

# **Management Sciences for Health LMG Ethiopia Annual Progress Report for Fiscal Year 2014: October 1, 2013 – September 30, 2014**

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October 30, 2014

The Leadership, Management and Governance Project (LMG) is a United States Agency for International Development (USAID) five-year Cooperative Agreement, designed to strengthen and expand the people-centered capacity building strategy pioneered under the Leadership, Management and Sustainability (LMS) Project, LMG's successor project. The LMG Project's objective is to support health systems strengthening by addressing the gap in leadership, management and governance capacity of policy makers, health care providers and program managers to implement quality health services at all levels of the health system. Governance functions – distinct from leadership and management functions – are an important focus of LMG because they provide the ultimate commitment to improving service delivery, and foster sustainability through accountability, engagement, transparency and stewardship.

Leadership, Management, Governance, Health Systems Strengthening, Ethiopia, Africa

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*Management Sciences for Health LMG Ethiopia*

**ANNUAL PROGRESS REPORT (APR14)**

**FOR**

**FISCAL YEAR 2014**

**(OCTOBER 1, 2013 TO SEPTEMBER 30, 2014)**

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## LIST OF ACRONYMS

AAU	Addis Ababa University
ALERT	All African Leprosy and TB Rehabilitation and Training
BPR	Business Process Re-engineering
BSC	Balanced Score Card
DMR	Desired Measurable Result
EHRIG	Ethiopian Hospital Reform Implementation Guideline
ENHRI	Ethiopia Nutrition and Health Research Institute
EPHOA	Ethiopian Public Health Officers Association
FinMAT	Financial Management Assessment Tool
FMHACA	Food, Medicine, and Health Care Administration and Control Authority
FMOH	Federal Ministry of Health
FMoE	Federal Ministry of Education
GF	Global Fund
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HAPCO	HIV AIDS Prevention Control Office
IGA	Income Generating Activities
IR	Intermediate Result
LLIN	Long Lasting Insecticidal Nets
L+M+G	Leadership, Management, and Governance
LMGIST	Leadership, Management, and Governance In-Service Training
MDSP	Maternal Death Surveillance and Response
MOST	Management Organizational Sustainability Tool
OALFA	Observe, Ask, Listen, give Feedback, and Agree
ODF	<a href="#">Open Deification Free</a>
PITC	Program for Infant Toddler Care
PSEP	Pre-service Education Program
PFSA	Pharmaceuticals Fund and Supply Agency
PR	Prime Recipient
PSM	Project Support Management
RHB	Regional Health Bureau
RCC	Rolling Continuation Channel
SNNPR	Southern Nations and Nationalities Peoples Region
SR	Sub-Recipients
TOT	Training of Trainers
USG	United Sates Government
VLDP	Virtual Leadership Development Program
WrHO	Woreda Health Office
ZHD	Zonal Health Department

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## 1. Reporting Period

<b>From</b> 1 October, 2013	<b>To</b> 30 September , 2014
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## 2. Publications/Reports

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

No/Not Applicable

Yes  If yes, please list below:

Publications/Reports/Assessments/Curriculums

Title	Author	Date
National L+M+G in-service training (IST) manuals (three manuals for senior, mid-level and facility management teams )	TWG for IST L+M+G under FMOH	February 2014
Management Organizational Assessment Report for Six Woredas in Oromia	LMG Ethiopia	December 2013
Gender Training Manual (Final)	FMOH with the technical assistance of the LMG Ethiopia Project	August 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
Belkis Giorgis	September 30, 2013	October 31, 2013	MSH	Gender Manual development
Jacqueline Lemlin	December 9, 2013	December 21, 2013	MSH	Program management support
Jim Rice	January 21, 2014	January 24, 2014	MSH	Governance academy training
Belkis Giorgis	March 28, 2014	April 10, 2014	MSH-LMG	Technical review of Gender Manual translation
Anupa Deshpande	June 9, 2014	June 13, 2014	MSH-LMG	Review post training evaluation tool and Annual Global PMP reporting

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

#### 4. Travel and Visits

**Did your organization support international travel during the reporting period?**

No/Not Applicable

Yes  Please list below:

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

Name	Destination	Departure from Ethiopia	Arrival	Host Organization	Purpose of the travel
Temesgen Workayehu	Nairobi	February 8, 2014	February 3, 2014	MSH Kenya	OCCAT harmonization
Jemal Mohammed	Arlington, VA/Boston, MA	June 2, 2014	June 27, 2014	MSH	To attend a global consultative meetings (Arlington) and a HRH workshop in Cambridge)

**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
Anupa Deshpande	June 9, 2014	June 13, 2014	MSH-LMG	Review post training evaluation tool and Annual Global PMP reporting

## 5. Activity

<b>Program Area (Tick all which apply)</b>	<b>Activity ID</b>	<b>Activity Title ( Please write the title of the activity)</b>
<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		

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

The Leadership, Management, and Governance (LMG) - Ethiopia Project continues to update and nurture the newly developed in-service leadership, management, and governance training modules with the FMOH. Additionally, the LMG Ethiopia Project worked during this reporting period to integrate L+M+G competencies and content into pre-service training curricula. The project addresses HIV/AIDS issues in terms of preparing managers and leaders to scan their internal & external environments, including the demographic, social, economic impacts of HIV/AIDS on the population that they serve. Both the pre- and in-service training curricula and modules address HIV/AIDS-related competencies. These competencies include the analysis of the impact of HIV/AIDS as part of existing and emerging health care issues, as well as the affect HIV/AIDS has on the health system in terms of: burdens upon health service delivery, human resources, supply chain management, and financial management.

In the policy analysis section of the curricula, participatory exercises are included to examine the reasons that Ethiopia needs an HIV/AIDS policy, despite the country already having a pre-existing, comprehensive health policy in place. The exercises that are incorporated into the curricula encourage participants to understand the multifaceted characteristics of HIV/AIDS and the importance of involving multiple stakeholders in prevention, care, support, and treatment programs. Other exercises are also included to improve participants' skills in providing basic services for children and families affected and infected by HIV/AIDS.

The curricula addresses the importance of community mobilization to improve awareness, care, treatment, and support for those who are affected by HIV/AIDS and other diseases. Most participating teams are also involved in implementing projects as part of LMG courses, wherein they work on PMTCT as part of maternal health programs. Other teams have also worked on improving their community conversation (CC) program. CC is an open communication and relationship skills-building program on HIV/AIDS, sexual health, as well as other community development issues at the village level. Teams use L+M+G skills to expand and sustain CC programs in their vicinities to improve participatory planning and mobilizing others for a shared vision. Training institutions started with integrating L+M+G into their training curriculum and rolling out training:

The WHO Making Health Systems Work: Working Paper No. 8 (2007) indicates that meeting MDG goals heavily depends on high level management, leadership, and governance skills of health managers and leaders in developing countries. Excellence in leadership and management has become one of the three thematic pillars of Ethiopia's Fourth Health Sector Development Plan (HSDP-IV). It involves ensuring functionality of strategic policy frameworks with effective oversight, coalition building, regulation, attention to system-design, and accountability.

In recent years, several approaches have emerged to fill gaps in the areas of leadership, management, and governance. One approach adopted by the Federal Ministry of Health (FMOH) through the LMG Ethiopia Project has been developing standardized, harmonized pre-service and in-service curriculum in Leadership, Management and Governance (L+M+G). At the beginning of FY 2014, The LMG Ethiopia Project started providing technical support to training institutions to effectively and efficiently integrate leadership, management, and governance courses into the existing pre-service curriculum.



## 5. Accomplishments and Successes During the Reporting Period

### **Readiness Assessment of Institutions Conducted**

During FY 2014, discussions were held with Addis Ababa, Mekele, Wollo, Gondar, Haramaya, and BahirDar universities on the need to examine the existing curricula of health service management courses. These courses are currently compulsory courses for all undergraduate medical, public health, nursing, midwifery, laboratory technology, and pharmacy students. From the discussions, it was noted that professionalization of leadership, management, and governance for these health cadres is critically important in order to improve health services in the country. Similar discussions were also held with the Federal Ministry of Education, including the State Minister of Education, who also urged the LMG Ethiopia Project to continue working with the pre-service team within the Ministry

Following these discussions, the LMG technical team conducted a desk review and needs assessment at all of the eight universities<sup>1</sup> to better understand the critical leadership, management, and governance gaps that exist within the health sector and the existing pre-service curricula. The findings of the desk review also remarked that L+M+G capacity building programs are a cornerstone for better management of a decentralized and democratized health system in Ethiopia. Moreover, the BPR and BSC implementation continues to be more productive if conducted by well-trained managers and leaders.

The needs assessment included interviews with 36 university staff, 474 students, and 22 recent graduates from participating universities; the assessment revealed critical gaps in L+M+G concepts and practices within the existing pre-service curricula. The assessment also indicated that the major gaps pertained to the leadership component of the curricula, as the existing pre-service curricula and modules only included a brief and theoretical overview of leadership. The curricula did not indicate any practical aspects of a leader who can effectively manage the health system. Additionally, the subject of governance was detailed in the existing curricula.

### **L+M+G Core Competencies Development Workshop**

During this reporting period, the needs assessment report was completed. The LMG Project designed and facilitated an L+M+G Core Competency Development Workshop, which was held April 7-13, 2014 in Adama. The workshop was organized in collaboration with the eight Ethiopian public universities and the Ethiopian Nurses, Midwives and Public Health Officers Professional Association. A total of 12 participants from the above partner institutions attended the workshop.

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<sup>1</sup> The eight universities are as follows: Addis Ababa, Gondar, Jimma, Haramaya, Hawassa, Mekelle, Wollo and Bahir Dar Universities

The workshop participants then developed their first draft of desired Core Competency Areas (CCAs) for both professional categories (public health officers and nurses/midwives) and carried out a thorough review and discussion of the draft CCAs in plenary. Finally, 14 CCAs were approved for the public health officers and 15 CCAs were approved for nurses/midwives. Following this, the two groups developed the desired competencies for each CCA and drafted objectives for each of them in the three main learning domains: cognitive domain/knowledge, affective domain/attitude, and psychomotor/practice.

### **Pre-service Content Integration and L+M+G Skills-building Workshop:**

To further support the process of integration, The LMG Project organized a three-day Pre-service Design and Management Skills-building Workshop in Dire Dawa. The workshop aimed at building pre-service program management and design capacity of selected trainers from Haramaya University College of Health Sciences and of Harar College of Health Sciences. Ummuro Adano, a Senior Principal Technical Advisor at MSH's Center for Leadership and Management (CLM), facilitated the training. A total of 11 trainers attended the workshop: nine from Haramaya University and two from Harar Health Science College.

The workshop sessions included topics such as: techniques for effectively aligning the stakeholders, assessing institutional readiness, introduction to the competency framework, experiential learning, monitoring and evaluation, and developing the integration road maps. The trainees also learned about competency framework; definitions of competency and merits of competency-based approach to leadership and management were given emphasis. The UK National Health Service framework (NHS) was introduced, and trainees used this framework to developed sub-competencies for their group. Main topics that were addressed during the workshop included: the pyramid of learning and experiential learning cycle, making communication less difficult, the importance of our conversation, consequences of bad conversation, internal, personal, professional and social conversation. Facilitation skills, maximizing implementation, coaching, and follow-up support were also covered during the workshop.

Developing the integration road maps was an important component of the workshop. During this session, the participants worked with their groups to identify and agree upon the key steps for content integration. Based on the identified key steps, each group set the preliminary road map for content integration in their respective universities using the integration plan worksheet.

Following the Core Competency Development Workshop, 25 university staff participated in a Content Integration Workshop, which was conducted from June 7-10, 2014 in Adama. During the workshop, participants reviewed the health service course syllabus of their respective universities and examined the core L+M+G competencies for each category under each of the attributes (knowledge, skills, and attitude). Accordingly, L+M\_G content was integrated into the existing Health Service Management course syllabus for Public Health Officers and Health Service Management courses for Nursing and Midwifery disciplines. Other outputs of the workshop included the allocation of time and assessment methodology of the new HSM course,

as well as the documentation of changes to the courses. The participants also produced the draft of the newly integrated L+M+G HSM syllabi and developed an action plan for its implementation at their respective universities.

To facilitate effective delivery of the integrated content, a five-day L+M+G orientation training was provided at Mekelle and Addis Ababa for university instructors and other staff who take part in team training programs (TTP). The Mekele training sessions were conducted from July 8-12, 2014 at Mekele Hyder Hospital; 35 instructors and other staff from Mekele and Wollo Universities (5 females and 30 males) participated in the training. Similarly, 27 HSM course instructors and other staff from Addis Ababa University (13 male, 14 female) also took part in team training programs from August 11-15, 2014. The overall objective of the trainings was to strengthen the capacity of lecturers/instructors in teaching a health service management course with leadership, management, and governance skills and practices. The trainings had three specific objectives:

- ✓ To build the capacity of the university academic staff, particularly HSM course instructors, in leading, managing, and governing knowledge and skills to provide the newly LMG integrated HSM syllabus;
- ✓ To create awareness about the newly L+M+G integrated HSM syllabus among the university academic staff and course recipients; and
- ✓ To create a venue for university instructors to share their practical experiences on the existing and newly revised HSM curricula.

The training was modular-based; methods were applied to include participative mini-lectures, case scenarios, simulating exercises, brainstorming, group discussions, and individual/group exercises. The Mekele training was facilitated by two trainers who had previously received L+M+G TOT from the university and two LMG-Ethiopia Project staff. The AAU training was facilitated solely by LMG-Ethiopia staff. In the five-day training participants learned about:

- ✓ Existing and emerging health issues and trends, including HIV/AIDS;
- ✓ Health systems building blocks and the role of the management system in health systems strengthening;
- ✓ Policy formulation and analysis and basic concepts of leadership and management;
- ✓ Leading and managing practices, effective communication and negotiation, and the strategic planning process;
- ✓ Understanding and using the Challenge Model, analyzing and mapping stakeholders, root cause analysis, and prioritizing actions;
- ✓ Leading health teams and creating high performance teams;
- ✓ Managing change and leading through breakdowns;
- ✓ Governance and enabling/impeding factors in health system governance;
- ✓ Human resources for health management and conflict management;
- ✓ Healthcare financing in Ethiopia, financial management, and financial audit in the health sector;
- ✓ Logistics and pharmaceutical management, inventory management, good storage practices, and Logistics Management Information System (LMIS);
- ✓ Health Management Information System (HMIS); and
- ✓ Concept and models of effective health service delivery and key characteristics of quality service delivery in hospitals/health centers.

Mekelle University and Hawassa University have started delivering the new L+M+G Integrated Health Management course. Hawassa University has 119 weekend and night nursing students participating, while the Mekelle University School of Nursing is offering the course to 133 summer school nursing students.

### **Content Integration Exercises Finalized**

A Content Integration Workshop was conducted in Adama; all eight of the universities had representatives in attendance. Twenty-one participants attended the workshop, which was held from September 22-25, 2014. This was the second content integration workshop, following the one that was conducted in June of 2014. At the conclusion of the first content integration exercise, all participating universities were advised to start with the newly integrated curricula, but only Mekele and Hawasa had summer classes to implement the revised curricula. Their experiences provided snapshot of what worked well and what needed improvement when implementing the new curricula, and aided an analysis for future implementation.

During the second round of the workshop, the content was refined and experiences from the Hawassa and Mekelle Universities were shared with other universities. These universities have already started delivering the new HSM course for their summer students. Both universities presented that the governance component is not covered during course deliberation. Three main reasons for this omission were mentioned by the universities:

1. The time allocated to deliver the course was insufficient;
2. The instructors were unclear of the concepts and practices of governance, even though they participated in the orientation workshops; and
3. Governance has been under-developed in the health sector (unlike other sectors, such as economics, political science etc.). Most of instructors did not have any pre-service training on governance.

Meanwhile, the TTP (Team Training Program), syllabus was also revised and the L+M+G Challenge Model was approved to be part of the TTP. The result of including the Challenge Model in the TTP is an increase of community-based services, offered by medical doctors, health officers, nurses, midwives, and pharmacists. The TTP lasts for approximately two months, after which teams of 10-14 students conduct a “community diagnosis.” The diagnosis examines existing health issues in the community and the responses to those issues, including how people with HIV live positively with the virus, as well as how they access ART (Anti-Retroviral Therapy) and other community-based care and support services. During the TTP all students from different disciplines work together to identify key community health issues and joint interventions that could be implemented to solve the identified issues. The students will use the Challenge Model, including scanning, focusing, aligning, mobilizing, and inspiring skills; the four management skills; and the five governance skills as part of their TTP program. This will be a practical application of their L+M+G training as part of the HSM course, usually given with 3-4 credit hours. The health centers that the graduating candidates are affiliated with will also be equipped with L+M+G skills to continue practicing and solving their own workplace challenges.

**Table 1: Summary of Key Activities and Achievements in the Pre-service Program During FY 2014.**

<b>Key Activities</b>	<b>Location</b>	<b>Purpose</b>	<b>Outcome of the activity</b>
<b>Reconnaissance discussions</b>	AAU, Mekele, Wollo, Gondar, Haramaya, and Bahirdar universities	To look into the existing HSM curricula	Noted that professionalization of L+M+G for these health cadres is critically important
<b>Desk review</b>	FMOH Health sector Policy and strategy documents reviewed	To better understand the critical L+M+G gaps that exist within the health sector	Noted that L+M+G capacity building programs are corner stones for better management of the decentralized and democratized health system
<b>Needs Assessment</b>	All eight universities and three health science colleges	To better understand the critical L+M+G gaps that exist within the pre-service curricula	Noted that there are critical gaps with respect to L+M+G concepts and practices within the existing pre-service curricula
<b>LMG Core competency development workshop</b>	All eight universities and three health science colleges	To develop draft desired core competency areas for public health officers and Nurses,/midwives	The draft desired core competency areas for both categories developed during the workshop
<b>Pre-service design and management skill building workshop</b>	Haramaya University and Harar Health Science College	To build the pre-service program management and design capacity of selected trainers from the University and the College	Nine instructors from Haramaya University and two from Harar Health Science College attended the training
<b>Content integration workshop</b>	All eight universities and three health science colleges	To review the health service course syllabus of their respective universities	L+M+G contents were integrated in to the existing Health Service Management course syllabus
<b>L+M+G orientation training for HSM course instructors</b>	Mekele , Wollo and Addis Ababa University	To build the capacity of the HSM course instructors in L+M+G knowledge and skills to provide the newly LMG integrated HSM syllabus	62 university staffs from Mekele, Wollo, and Addis Ababa University staff trained to deliver the new HSM course
<b>L+M+G content integration</b>	All eight universities and three health science colleges	To finalize the integration to the HSM course	Content integration finalized and Challenge Model integrated into the TTP syllabus

### **Technical Support Provided to Update the L+M+G IST Modules**

During the FY 2014, the LMG Project continued to provide technical and management support for the development and rollout of the in-service L+M+G training modules. After testing and initial application of the three modules in various rollout activities, feedback was solicited from key stakeholders to make the modules more user-friendly. Thus, during the FY, the LMG in-service training manual for the three categories of trainees (Senior, Facility, and District) was finalized and approved by the FMOH Senior Management Team. Additionally, as per the requests of the FMOH/HRH Directorate, the LMG Ethiopia Project team developed a standard

PowerPoint presentation for cascading trainings.

MOUs with proposed rollout plans were also prepared by the FMOH and LMG Ethiopia Project and sent by the FMOH to the five RHBs and one city administration (Oromiya, SNNPRS, Tigray, Amhara, Harari, and Dire Dawa) for comments. After obtaining their comments, the MOU will be formally signed by the FMOH, the LMG Ethiopia Project, and RHBs. The MOU is helpful for further mentorship and follow-up support of L+M+G rollout implementation and documentation. The MOU will also emphasize the clear role of the FMOH in terms of coordinating technical support from the central level. According to the MOU, the FMOH provides guidance and technical support for better implementation of the L+M+G in-service training program, based on the national IST directive and implementation guide. The FMOH will also support regions to mobilize resources for L+M+G IST rollout programs from development partners. Meanwhile, the regional health bureaus are expected to develop their own rollout plans and secure resources based on their needs, in order to carry out L+M+G training for their own staff. In collaboration with the FMOH, regions will select the training institutions to assist them in delivering the L+M+G training based on the approved training modules. Regions are also expected to develop progress reports to the FMOH on a quarterly basis.

## **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**

During the FY 2014, several health workforce teams were trained on L+M+G at different levels of the health system:

- 47 teams from the FMOH, RHBs ,ZHD, and WrHO facilities conducted result presentation workshops (Indicator #10);
- 449 health workforce staff from the FMOH, RHBs ,ZHD, and WrHO facilities and training institutes trained on L+M+G (Indicator #6);
- LMG orientation cascaded for 43 participants for FMOH General Service Directorate staff (Indicator #6); and
- 23 hospital staff received three rounds of L+M+G training delivered by AMREF (Indicator #4).

Improving leadership, management, and governance skills among the health workforce in Ethiopia is crucially important. Based on the FY 2014 plan, the LMG Ethiopia Project conducted a series of L+M+G training sessions for the health sector.

During the FY2014, a total of 47 teams from Federal Ministry of Health, Harari and Dire Dawa regional health bureaus and East and West Harerghe Zones completed their action plans and

carried out their results presentation workshop at Haramaya University and at the FMOH. The teams gained knowledge and skills regarding the basics of L+M+G concepts, implementing action plans, and presenting results. For instance, during the first round of workshops, the teams learned about the existing and emerging health care issues and trends; health system strengthening; health policy, strategies and reforms; policy analysis; basic concepts of leadership and management, leading and managing practices; optimizing individual and organizational performance; and moving from vision to action. During the second round of workshops, trainees learned about skills-building for prioritization; mobilizing resources; aligning organizational strategies, vision, and values; and creating linkages with stakeholders to achieve better health outcomes. The third round of workshops addressed governance practices, including cultivating accountability, engaging stakeholders, stewarding resources, evidence-based decision making, and creating a shared vision. During the fourth round of workshops, the teams presented their L+M+G project results, received feedback from the audiences, and showed commitment to sustainably use L+M+G skills to address their workplace challenge.

**Dire Dawa and Harari Regions Results Presentations:** Of the 47 teams that have completed their action plans, 9 teams from Dire Dawa and 9 teams from Harari made a joint Results Presentation Workshop on the 29<sup>th</sup> of March, 2014. The event was coordinated by LMG-Ethiopia and Haramaya University College of Health & Medical Sciences. During the results presentation, team representatives shared results achieved and made commitments towards the sustainability and expansion of the program. Senior officials from regional health bureaus, USAID, and Haramaya University were in attendance. During the occasion, it was noted that all of the teams have identified the second challenge that they chose during scanning exercises. Further, some teams, such as the Planning, Monitoring and Evaluation team, have already started addressing their second challenges.

During their presentations, teams noted that they were able to apply the L+M+G skills in improving their work climate. The teams also explained how the L+M+G courses empower each member of the organization to internalize their missions and visions. They further elaborated that staff at the workplace started with acknowledging the contribution of everyone in the organization to achieve the mission and vision of the organizations. It was also remarked that senior leaders within the organization started to delegate more activities and responsibilities for their staff at directorates and core processes/units.

At the event, a health bureau head indicated that after the L+M+G skills-building course, he is able to invest more of his time in high-level strategic issues rather than in routine matters of the core process/unit and departments. He also mentioned that the LMG courses empowered his staff to face challenges and achieve results independently. The courses have also helped the health bureaus to assess and identify gaps for improvement in their management systems including financial, human resources, logistics, and operations management. This implies that the teams are trying to create strong linkages and synergies among different systems and structures within their respective organizations for improving their performance.

In another example, using their L+M+G skills, the Legahare Health Center team in Dire Dawa was able to operationalize a clinical chemistry testing machine that had been unused since 2012. The health center is now providing the blood chemistry service for approximately 400 people

living with HIV and more than 150 OPD clients. In another instance, the Planning, Monitoring and Evaluation Core Process team from Harari Regional State Health Bureau applied their skills to improve the alignment of partner agency work plans with the Regional Health Bureau.

**East and West Harerghe Results Presentations:** During this FY, 14 teams (8 East Harerghe teams and 6 West Harerghe teams) presented their results on May 16 & 17, 2014 at Haramaya University. In the first day of the presentation, all teams presented their results and obtained feedback from participants on their Challenge Model, the results achieved, and the way forward. For the final day joint presentation, six selected teams presented their result and feedbacks were also obtained from the bigger group.

During the presentation, teams emphasized that the L+M+G skills have improved their work climate. Highlighted were improved workplace communication within and among the workplace teams, the practice of teamwork, and acknowledgment of each other for good work. For instance, the Tullo Woreda team used their L+M+G skills to improve the skilled delivery in the Woreda from 5% to 30%. To achieve the result, the team organized on-the-job training for ten midwives, conducted supportive supervision in the health centres, and used local media to inform the community about skilled delivery.

**FMOH Presentations:** 15 teams from the FMOH presented their results on May 23-24, 2014. During the first session, teams divided into 2 groups and gave presentations on the process and results achieved, followed by a feedback session. For the final day presentation, 5 directorates were chosen to make a presentation to a wider audience: the Gender Directorate, the Human Resource and Management Directorate, the General Services Directorate and the Communicable Disease, Prevention and Control Directorate. They presented their Challenge Model and results achieved, which was followed by a feedback and a discussion session.

An example of one of the presentations reveals the adaptability of the L+M+G process in addressing a variety of issues within the health system. The Human Resource and Management Directorate is responsible for providing comprehensive services to the Federal Ministry of Health, its agencies and all Regional Health Bureaus (RHBs). Developing, promoting and supporting human resource policies, programs, and practices to create a pleasant and motivating environment necessary to achieving excellence in the health care delivery system are among the Directorate's duties. However, as the team's Challenge Model revealed, on average 200 professionals/day come to the FMOH in need of services related to their centrally located personnel files. This seriously affects service delivery quality at the workplace (absenteeism) and also creates economic burden for those having to travel to Addis Ababa. In response to this issue, the HRMD workplace team committed to organize and transfer 60,000 health professional personnel files to the regional health bureaus by the end of February 2014.

The team used all the L+M+G tools and skills to address the situation, mobilize financial (birr 294,344) and human (hire 30 temporary staff) resources, and obtain free space to store hard copy files. They were able to reach 98% of their Demonstrated Measureable Result with the transfer of 58,804 health professional personnel files to their respective regions. As a result of this, the daily flow of health professionals coming to the FMOH seeking services dropped from



200/day to 18/day. The team has also selected its next challenge.

Overall, during in the three events, 47 teams completed their action plans and presented their results. In addition, 170 team members received certifications.

**Table 2: Distribution of Teams Presenting Results After Completing the L+M+G Action Plan**

Training Location	No. of Teams	No. of Participants		
		Male	Female	Total
FMOH	15	33	17	50
Harari RHB	9	29	9	38
Dire Dawa RHB	9	28	10	38
East Harerghe ZHD	8	19	4	23
West Harerghe ZHD	6	19	2	21
<b>Total</b>	<b>47</b>	<b>128</b>	<b>42</b>	<b>170</b>

**L+M+G First and Second Round of Trainings:** During the reporting period, the Oromia Region, Amhara Region, and three emerging regions (Afar, Somali, and Gambella) held first and second rounds of L+M+G workshops. Regional, zonal and Woreda health staff attended the workshops. A total of 449 staff, (359 male and 90 female) attended the workshops from all regions. During the workshop, 127 LMG teams were formed. Out of 449 L+M+G rollout trainees, 221 (49%) of the trainees and 71 (55%) of the teams are in the emerging regions.

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

During the FY, the first and second round L+M+G workshops were provided in the Oromia, Amhara, Afar, Somali and Gambella regions, as well as the east and former LMS zones. Regional, zonal, and Woreda health staff attended the workshops. A total of 402 staff (339 male and 63 female) are currently attending the workshop and a total of 117 LMG teams have been established. The training being conducted at the three emerging regions (Afar, Somali and Gambella) is primarily facilitated by the FMOH Health System Strengthening Directorate, with the technical support from the LMG Ethiopia Project. Out of 402 L+M+G rollout trainees, 221 (54%) of the trainees and 71(60%) of the teams are in the emerging regions. The training sessions in Oromia Region, former LMS zones, and the Amhara Region were primarily facilitated by the LMG Ethiopia Project, in collaboration with regional universities. Participants included 181 L+M+G rollout trainees in 46 established teams from regional and zonal health offices. The paragraphs below discuss the details of the training sessions at each of the entities.

**The Oromia Region:** The Oromia RHB workshop was conducted from May 16-18, 2014 at Adama Medical College in Adama and was facilitated by LMG Ethiopia staff. A total of 42

participants (5 females and 37 males) including vice department heads, process owners, and case team coordinators attended the workshop. Nine teams, based on their core process, were established. The DMRs of the teams mainly focus on provision of supportive supervision for HIV/AIDS activities at Woreda level, increase the TB detection rate, improving health service delivery, and improving the internal audit system.

The LMG workshop for West Arsi and East Shewa Zonal Health Department staff was carried out June 13-15, 2014 at Adama Medical College. There were 30 participants (5 female and 25 male) from various departments (family health, regulation, human resources, communicable disease control, and health services). A total of 12 L+M+G teams were formed (six from each zone); all teams created their draft Challenge Model, which will be completed by further scanning with the workplace team and during coaching. The team's L+M+G project mainly focused on improving TB detection, improving institutional delivery, improving the human resource management system and improving health service quality.

The South West Shewa Zonal Health Department received their first and second rounds of workshops from June 20-22, 2014 and August 29-31 2014, respectively, at the Woliso Bay Hotel. During the first round, there were 23 participants (1 female and 22 male) from various departments (family health, regulatory, human resource, communicable disease control, and health service departments). A total of four L+M+G teams were formed. During the second workshop, the numbers of participants increased to 29 and the number of teams increased to five due to the addition of the HIV/AIDS Control Team. The focus of the team challenge is on increasing the number of health facilities providing PITC services, increasing availability of essential drugs and supplies, increasing the LLINs utilization, and increasing the percentage of MDSR program implementing facilities. During the first day of the second workshop, all of the received a coaching session.

**The West Shoa Zonal Health Department:** The zonal health department also received their first round L+M+G workshops from July 11-13, 2014 at the Abebech Metaferia Hotel, in collaboration with Ambo University. There were a total of 25 participants (5 female and 20 male) from various departments. A total of 6 L+M+G teams were formed. The teams drafted their team vision, measurable results, and completed the Challenge Model. Increasing HIV testing and TB case detection data quality, improving customer satisfaction, and computerization of HR were all areas of focus. Coaching visits were also scheduled with the trainers from Ambo University.

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

**Afar:** The first and the second rounds of the Afar workshops were conducted in the Afar Region at the Semera Health Science College from May 1-3, 2014 and August 11-13, 2014, respectively. A total of 77 participants (15 females and 62 males) attended the first round of training and 22 LMG teams were formed. During the second workshop, 60 participants from 16

teams attended the training. Wollo University and Dessie Health Science College staff facilitated the trainings with the support from the MSH/LMG team. During the second round of workshops, Woreda teams presented their progress and received feedback from the larger group. Teams applied the Challenge Model and clarified their DMR, to be achieved at the end of 6 months. Focus was on improving institutional delivery, sanitation coverage, latrine construction coverage, EPI coverage, family planning coverage, ANC coverage, measles coverage, and increasing model households. The way forward was discussed, including coaching visits and activities expected from each team before the next workshop. It was also noted that the second round of workshops was conducted during the rainy season, and consequently some of the Woredas were out of reach due to flooding; participants were not able to attend the sessions. The LMG Ethiopia project, in collaboration with the FMOH, will arrange make-up classes.

**Gambella:** The first and second rounds of Gambella L+M+G workshops were conducted at Jimma University from May 17-19, 2014 and July 8-10, 2014, respectively. A total of 41 participants attended the first round training (all males). During the second round training, only 35 participants attended the training due to the inaccessibility of the Woredas during the rainy season. The training was facilitated jointly by LMG staff and trainers from Jimma University, who had previously received TOT training. Fourteen teams were formed; all teams received coaching sessions during the first day of the training. The teams presented their progress after the first round of training and received feedback from the rest of the teams. The teams have applied the Challenge Model and identified their DMRs. Improving institutional delivery, improving latrine construction coverage, improving vaccine coverage, increasing the number of ODF Kebeles, reducing malaria case prevalence, and increasing model households were identified as key focus areas.

**Somali:** The first and second round of the Somali Regional Health Bureau L+M+G workshops were conducted at the Somali Regional State's Management Institute in Jijiga from May 31-June 2, 2014 and August 6-8, 2014, respectively. A total of 103 participants (92 males and 11 females) attended both trainings and 35 LMG teams were established. Each team applied the Challenge Model and has crafted its DMR. Increasing PMTCT service utilization, improving institutional and skilled attended delivery, improving latrine construction coverage, immunization, measles and ANC coverage, and increasing model households were identified as key project focus areas. The participants also established a task force that has seven members from different core process of the regional health bureau. This task force is responsible for coaching all the 35 teams.

**Amhara Regional Health Bureau:** The first round of Amhara Regional Health Bureau L+M+G workshops was conducted in Bahir Dar from July 25-27, 2014. A total of 56 participants (18 females and 38 males) attended the training and 14 L+M+G teams from various FMOH Core Process Unites were formed. The workshop was delivered in collaboration with Gondar University. All of the teams created their DMR and applied the Challenge Model to be further clarified during workplace team discussions.

***Table 3: Distribution of L+M+G Workshop Participants by Sex, Team, and Region***

<i>Region</i>	<i># of Teams</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
<b>Emerging Regions</b>				
<b>Afar</b>	22	62	15	77
<b>Gambella</b>	14	41	0	41
<b>Somali</b>	35	92	11	103
<b>Emerging Subtotal</b>	<b>71</b>	<b>195</b>	<b>26</b>	<b>221</b>
<b>Oromia RHB</b>	9	36	5	41
<b>West Arsi</b>	6	14	2	16
<b>East Shoa Zone</b>	6	10	4	14
<b>South West Shoa Zone</b>	5	26	3	29
<b>West Shoa Zone</b>	6	20	5	25
<b>Amhara RHB</b>	14	38	18	56
<b>Sub-total</b>	<b>46</b>	<b>144</b>	<b>37</b>	<b>181</b>
<b>Grand Total</b>	<b>117</b>	<b>339</b>	<b>63</b>	<b>402</b>

**AMREF L+M+G Outreach Program:** During the FY, AMREF conducted organizational capacity assessments in 15 hospitals: Deber-Tabor, Bahir Dar, Dessie, Woldiya, Dubti, Mekelle, Hawassa, Jinka, Axum, Assela, ALERT, Yekatit 12, Gandi, St. Paulos, and Gondar hospitals. Three to six senior managers participated in the assessments, which were conducted in the form of FGDs. These assessments are part of the baseline assessment for AMREF to intervene as part of improving the L+M+G capacities.

During the FY, AMREF also conducted discussions with the FMOH Medical Services Directorate resulting in a signed agreement for collaborative and integrated work to avoid duplication of efforts. As per the agreement, the AMREF intervention will shift its focus from senior hospital management to selected departments that hospital management has identified as having L+M+G gaps. AMREF conducted the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> rounds of its L+M+G training at the Adama Health Science College from March 5-7 2014, April 23-25, 2014 and August 30-September 1, 2014, respectively. Eight teams consisting of 28 (25 male and 3 female) participants attended the training. The participants were from eight hospitals (Adama, Harar, Jijiga, Durame, Metu, Shashemene, Dupti and Tercha). During the second and third workshops, a total of 23 (19 male and 4 female) and 22 (18 male and 4 female) were in attendance. AMREF, in collaboration with the FMOH/MSD team, has also conducted coaching sessions for five hospital teams (from the Shashemene, Adama, Jijiga, Dupti and Harar hospitals).

**Yale-led SLP:** During the reporting period, the LMG Ethiopia Project hosted three sessions of the Senior Leadership Program (SLP), in collaboration with the FMOH. The program aims to strengthen the FOMH's leadership to develop highly effective and efficient senior teams. This was the third of four sessions scheduled through September 2014. The program was designed collaboratively with Yale University, the FMOH and MSH. The 22 participants included the

Minister of Health, state ministers, senior advisors and directors.

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

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

19 (18 males, 1 female) participants attended the second round of SLP training. The workshop was lecture and discussion-based; participants were introduced to the concepts of strategic problem solving, working across groups, and managing boundaries and authority relationships. Participants also had the opportunity to reflect on Session I, sharing their experiences of conducting one-on-one meetings with their staff.

During the workshop, the senior Ministry team identified key challenges facing the FMOH and engaged in the application of the problem solving methodology to address them. For this each participant assigned to a group for analysis of the four prioritized problems development of objectives, and planning of key implementation steps. Among others, the following were identified as critical problems:

- Inequitable implementation of human resource management across the FMOH;
- Poor service delivery in university hospitals in Ethiopia;
- Poor program implementation capacity in the emerging regions; and
- Poor Regional Health Bureaus implementation of the Health Care Reform Strategy.

The third workshop started with presentations from each of the four groups on their project progress. These projects and groups are based on the following problem statements identified in Session I of the SLP:

- Inadequate performance of university hospitals;
- Non-implementation of FMOH healthcare reform strategy by regional health bureaus;
- Lack of implementation capacity in the emerging region; and
- Non-uniformly applied human resource management system across the FMOH.

The purpose of these presentations was two-fold: first, to update the SLP facilitation team and their peers on their progress and areas that needed work and second, for groups to receive feedback from the facilitation team and their peers on their projects and presentation skills. Reporting also helps provide accountability for project progress. Managing Polarity - Effective Patterns of Change was also a key topic covered during the third workshop. This was followed by a work session where project groups identified polarities they were facing and plan how to effectively manage these opposing forces. Upon session's evaluation by participants, this was the highest rated module with 73% of the participants finding it very helpful and 20% helpful. (One respondent—denoting 7%, had no opinion). Another popular module, delivered during the

third workshop was Motivating Employees and Colleagues: Giving and Receiving Feedback. This was an interactive session with participants participating in various role-plays on providing feedback. The “actors” would portray a scenario and the observers would comment on the strengths and weaknesses of the approach. The other participants and the facilitation team also provided feedback. The 4<sup>th</sup> and final workshop will be carried out in October 2014.

**TOT on Facility Level LMG:** The LMG Ethiopia Project continued to expand its pool of L+M+G trainers within the health sector in Ethiopia. In collaboration with the FMOH, The LMG Ethiopia Project provided TOT, and local trainers cascaded, as per the national IST. A local trainer who has upgraded from being a participant of a basic training will be a master trainer after he/she has conducted trainings at least for 2 cohorts under supervision of senior trainers from LMG project. A master trainer should start from being a participant of a basic training, then attend TOT, then do cascading sessions at least for two cohorts.

During the FY 2014, an eight day training of trainers (TOT) was conducted for facility (hospitals and health centers) level trainers at the ALERT Institute. A total of 15 participants (13 males, 2 females) from regional health bureaus, the FMOH, and hospitals (CEOs) attended the training. Facilitators from LMG, FMOH, PFSA, USAID, and ALERT covered the sessions as per the in-service L+M+G training manual. Global and local emerging health issues including HIV/AIDS, health policy vis-à-vis HIV/AIDS policy and other policies, reforms and strategy in Ethiopia, and basic L+M+G concepts and practices were key topics covered during the training. At the end of the training, participants developed rollout plans to cascade L+M+G training in the health facilities in collaboration with RHBs and the FMOH. The rollout will be done in collaboration with the local training institutes and LMG staff will provide technical backstopping to maintain quality. Including the 15 new trainers, the LMG Ethiopia Project has thus far trained 72 trainers, most of them drawn from universities and health science colleges.

**Governance Academy in Addis:** During the FY, LMG Ethiopia project, in collaboration with the Global LMG office, organized a three-day Governance Academy in Addis. The Academy discussed in detail issues around basics of governance, good versus effective governance, linkages among governance, and leadership and management. It also emphasized the need to build the capacity of hospital and health center governing boards in Ethiopia. Considering the fact that governance is a new concept in the health sector, building the capacity of these board members in the area of governance is an imperative. 21 participants, consisting of USAID representatives, LMG Ethiopia staff, and staff from other MSH Ethiopia projects were in attendance.

**Skills in Strategic Planning and Implementation Developed in the FMOH Gender Directorate - 46 FMOH and Regional Health Bureau Staff Trained on Gender TOT Training (Indicator #5):** During the FY, the gender training manual was completed and approved by the ministry for use in the rollout of gender training throughout the country. The manual consists of a:

- ✓ Facilitator guide
- ✓ Participant note
- ✓ Participant manual

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 supports for those who are infected and affected by HIV/AIDS.

During the FY, the LMG Ethiopia Project worked closely with the Gender Directorate within the FMOH. The project provided technical support to the Directorate for the development of a *National Gender Training Manual* and a *Gender Strategic Plan*. The Directorate followed with five day training for 20 health staff (3 male, 17 female) to pre-test the content of the Manual and the time allotted for different sessions and topics. Gender directors, gender officers, and training managers from the FMOH, EHNRI, FMHACA, regional health bureaus (Gambella, Harari, Somali, Dire Dawa, Oromia, Addis Ababa, Amhara, and Benishangul) and hospitals (St. Peter, Amanuel, and ALERT) attended the training. Following the pre-test training, a TOT was delivered for a total of 26 health staff (10 male, 16 female) from federal agencies (HAPCO, ENHRI, FMHACA) and hospitals (St. Peter Hospital, Amanuel Specialized Mental Hospital, ALERT, St. Paul Hospital). At the conclusion of the TOT, participants developed action plans for cascading training. The cascaded training covered three major areas: basic concepts of gender, gender mainstreaming, and gender analysis. Trainees developed an action plan for each of the directorates to follow-up on and ensure that gender issues are well addressed within their programs and organizational functions.

The Gender Directorate of FMOH, in collaboration with the LMG Ethiopia Project, provided gender and leadership training for 80 mid- and senior- level female staff drawn from various directorates of the FMOH, National Blood Bank, FMHACA, EHNRI, St. Paul Hospital, Millennium College, St. Peter Hospital, Amanuel Mental Specialized Hospital, Federal HAPCO, and the ALERT Center. The training sessions addressed subjects such as: concepts of leadership, elements of good leadership, sources of power for leadership, styles of leadership, and gender and leadership.

The *Gender Strategic Plan* was developed and shared with all relevant stakeholders and is being followed by a costing exercise covering the first 3 years of implementation

**Technical support provided to Woredas for the Woreda-based Planning - MOST Conducted in Six Woredas of East and West Hararghe Woredas of Oromia Region (Indicator #11):** MOST follow-up visits were conducted for three Woredas in East Hararghe.

The Management Organizational Sustainability Tool (MOST) is a structured, participatory tool that allows organizations to assess their own management performances, and develop and implement a concerted action plan for improvement. During the FY, the LMG Ethiopia Project provided support to Woreda health offices in applying MOST prior to their Woreda based planning sessions. Accordingly, during the FY LMG facilitated MOST workshops in the six Woredas of East and West Hararghe zones of Oromia Regional State. The Woredas included Babile, Kombolcha, and Haramaya from East Hararghe, as well as Tullo, Mesio, and Habro Woredas from West Hararghe zones. A total of 103 staff, including drivers and guards, from the six Woreda health offices participated in the assessment.

**Table 4: The Number of Staff Attending the MOST Workshop, by Woreda**

No.	Woreda	Sex		Total
		Male	Female	
1	Tullo	12	3	15
2	Meiso	15	5	20
3	Babile	11	3	14
4	Kombolcha	11	6	17
5	Habro	16	3	19
6	Haramaya	12	6	18
		<b>77</b>	<b>26</b>	<b>103</b>

MOST follow-up visits were also conducted for the 3 Woredas in East Hararghe (Babile, Kombolcha and Haramaya Woredas) and Tullow Woreda in West Hararghe Zone. The Woredas have incorporated the MOST action plan into the Woreda annual plan and have started implementing the action plan. The Woredas have also conducted meetings at their workplace and oriented the Woreda staff about the MOST process after the workshop.

**Coaching Visits:** Coaching is a key L+M+G tool for assisting teams to fully exercise the L+M+G practices and move forward towards their desired measurable results. OALFA techniques are applied for helping teams to reflect on their behavior and realize their own potential in doing the activities identified in the action plan. During the FY, rigorous coaching sessions were provided for all teams which by now have completed their action plan. For instance, all the 47 FMOH, RHBs and Zonal Health Offices teams have received coaching sessions after their second workshop. Similarly, 33 teams of the 47 received post 3<sup>rd</sup> workshop coaching sessions. The coaching exercises supported teams in reflecting on their commitment towards meeting their measurable results, capitalizing on their intermediate outcome of creating a better work climate, and establishing a viable management system for taking ownership of the overall process. The session also helped the teams in refining their workplace challenges, baseline and endline data of their measurable results, indicators, and priority actions. Dire Dawa and Harari regional health bureau teams and East and West Hararghe zonal health department teams mainly received coaching support from local trainers at Haramaya University and Harare Health Science College.

Similarly, 60 teams (16 in Afar, 14 in Gambella, 8 in Oromia, 13 in Amhara, and 9 in East Showa and West Arsi zones) also received coaching sessions after their first workshop. The coaching conducted in Afar and Gambella was done during the first day of the second workshop. Three teams in East Showa (Family Health, Planning & Monitoring team) and West Arsi (Planning and Monitoring Team) were not coached due to scheduling conflicts. The Audit team in Amhara and Ethics and Anti-corruption team from the Oromia RHB were not coached for the same reason. During the coaching, teams were supported to:



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

**Table 5: Summary of Coaching Support Provided for New Teams in the Regional/Zonal Health Offices**

<i>Region</i>	<i># of Teams</i>	<i># of Teams Coached</i>
Afar	22	16
Gambella	14	14
Oromia	9	8
East Shoa & West Arsi	12	9
Amhara RHB	14	13
<b>Total</b>	<b>71</b>	<b>60</b>

Program area 18-OHSS

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

- 36 staff from 12 universities/health science college trained and certified on facilitation skills to deliver L+M+G training (Indicator #12);
- 13 staff from ALERT and the FMOH received grant management training (Indicator #3); and
- 47 staff from Addis Ababa University Black Lion Hospital received the first round of L+M+G training (Indicator #12).

During the FY 2014, a L+M+G facilitation skills-building training workshop was delivered for 36 (35 males, 1 female) university and health science college staff. The purpose of the training was to build a pool of resource persons and facilitators for cascading L+M+G trainings and workshops in the regions, Woredas, and health facilities. The training is a requirement for

certification based on the national IST guideline. During the training, participants learned about techniques and concepts around training skills development, core competencies, and goals of in-service training and methods of adult learning. The teaching sessions consisted of one day of theoretical training and two days of practical training in the form of microteaching. In another instance, L+M+G Ethiopia also established strong links between two institutes and the Dire Dawa and Harari Regional Health Bureaus. The teams at the institutes and health bureaus have jointly developed plans for the L+M+G rollout and follow-up of activities.

**Addis Ababa University (AAU) College of Health Sciences:** During the FY, a series of meetings were conducted with the dean and other senior officials of the AAU's College of Health Sciences about implementing capacity building activities. The LMG Ethiopia Project provided AAU with L+M+G team-based capacity building training using the local curriculum, a MOST workshop, and a FinMAT assessment as part of the process to strengthen their financial and property management practices. A senior alignment meeting was conducted with 23 senior staff at the university, where the LMG training modality was discussed and agreed upon. Following this, a four day LMG orientation session was given for 45 Addis Ababa University College of Health Sciences and Black Lion Hospital staff to acquaint them with the key principles and practices of L+M+G. Directors, deans, department heads and management teams attended the training.

From May 31 - June 1, 2014 and July 18-20, 2014 the 1<sup>st</sup> and 2<sup>nd</sup> LMG workshops were delivered for university staff from different departments of the college's administrative wing. The trainings were facilitated at the Adama Medical College by the LMG Ethiopia Project and the ALERT Center. During the first workshop, 47 (20 males and 27 females) staff participated; during the second workshop 45 (25 female and 20 male) staff participated. All the teams have drafted and revised their DMR and applied the Challenge Model. At the end of the training, next steps were thoroughly discussed and a tentative date was set for the next round of training.

After their first workshop, eight teams received coaching support and were assisted to critically scan their environment, reflect on their behavior, and realize their own potential in addressing their challenges. All the visited teams (except the registrar team) have conducted workplace meetings with documented meeting minutes.

Following the 2<sup>nd</sup> workshop, 7 out of 10 teams (Student Services, Procurement, Registrar, Finance and Budgeting, Library, Property Administration and Facility Management) received rigorous coaching visits. During the coaching visits, teams were supported to further refine their Challenge Model, exercise the L+M+G practices, and move forward towards their DMR. Through the coaching sessions teams appear to better conduct meetings, apply lessons learned, implement action plans, and document the process.

**LMG-Ethiopia Conducted Post-training Assessment:** From August 4-8, 2014, the LMG Ethiopia Project conducted a post-training assessment on 13 selected teams in Harari and Dire Dawa regional health bureaus and West Harerghe Zone Health Department (three teams from each) and the FMOH (four teams).

The data collection was conducted by five data collectors, who were instructors recruited from Haromaya University and who had previous training of VLDP. All of the data collectors were given a half-day orientation on the assessment checklist before deployment.

**Technical Assistance Provided to EPHOA:** The LMG Ethiopia Project supports associations which have members working at leadership levels. The support is designed to improve their involvement in the country's health care policy and decision making processes. More over our L+M+G capacity building assisted the associations to improve their program in the area of HIV/AIDS prevention, care and treatment services. During the FY, the LMG Ethiopia Project provided technical and financial support to EPHOA. As part of the support, an intern to assist EPHOA with environmental scanning for the strategic plan development and member mobilization activities has been recruited. Accordingly, the environmental scanning tool has been completed, reviewed by MSH home office experts, and approved by the association and the strategic plan development is on progress. Pretesting was conducted to further refine the tools. After the pretest, actual data collection by EPHOA volunteer members started and a total of 40 self-administered questionnaires and 15 key informant's interview were completed. The analysis is planned to be conducted with MSH technical support in the next reporting period.

EPHOA was also supported in conducting an orientation meeting to increase the awareness of different partners about the association. The 3<sup>rd</sup> annual conference of the association was also conducted with financial and technical support from the LMG Ethiopia Project. The theme of the 3<sup>rd</sup> annual conference was "Leadership, Management and Governance in Primary Health Care Units to Accelerate and Sustain Gains in the Health Sector." All the panel discussion topics of the conference were related to leadership, management, and/or governance and the project was officially acknowledged by the EPHOA board for its contributions to strengthening the association.

During the FY, EPHOA has also developed its own website with the support of the LMG Ethiopia Project. The development of the website serves members to register online, receive updates, share their experiences, and discuss on current health care issues and the challenges they face. The website is also an important tool for the association to advocate for itself and improve its visibility. Two members of the association and the intern supporting EPHOA have received training on how to run the website effectively.

**Technical Assistance for the ALERT Training Center:** The LMG Ethiopia Project continued to provide technical support to the ALERT Center for the implementation of their MOST action plan. With this support, the ALERT Center mobilized financial and human resources, as well as received additional support from its partners for the successful implementation of the Center's action plan. The Center caters training on HIV/AIDS services and competencies health care providers as part of its in-service training programs.

During the FY, the LMG Ethiopia Project provided a Management Organizational Assessment Tool (MOST) workshop for ALERT. The workshop helped them in the development of a six-month action plan to address the identified institutional capacity gaps. Accordingly, ALERT

managed to provide short-term training on catering and customer service for its hostel staff. The center has also networked its finance office computers with the Peachtree system and started generating reports. ALERT has also revised its financial guidelines, addressed the lack of certain amenities in its dormitories, such as satellite TV, and wireless internet services. It is worth noting that ALERT mobilized financial and human resources and solicited support from its partners for the successful implementation of the action plan.

During the FY, ALERT was also supported with grant management training that was provided for 13 staff from May 19-22, 2014. The aim of the grant management training was to build the grant managing capacity of the center and FMOH Resource Mobilization Directorate. The training was facilitated by experienced trainers from LMG team and the rules and regulations of the major donors including USAID, DFID and EU were addressed during the training. The training was very participatory and well linked with the previous grant writing/development training. One of the training outputs was production of draft Grant Management Training Module, which will later be incorporated into the Grant Development Module.

**Support Provided for the FMOH’s General Service Directorate:** The LMG Ethiopia capacity building team held a meeting with the Director of the General Service Directorate and the Transport and Property Management Case Team leaders of the FMOH to decide on a way forward with the trend analysis report. It was decided to prepare the Amharic version of the report and develop an action plan to fill the gaps identified during the assessment. The Director and case team leaders have assured the LMG team that they will incorporate the activities in the action plan and annual plan. The action plan clarifies what is needed from FMOH, LMG, and other partners for its implementation. It was also agreed to conduct follow-up and support for the General Service Directorate team to successfully implement the identified gaps during the trend analysis. Accordingly, as per the result of the trend analysis that identified drivers knowledge and skill gap about defensive driving, defensive driving training was planned and given for 41 drivers of the FMOH during the FY.

**Table 6: Summary of Key Support Provided for Training Institutes and FMOH Directorates by the LMG Ethiopia Project During the FY 2014**

	<b>Key Activities During the FY 2014</b>	<b>Accomplishment</b>
<b>1</b>	L+M+G facilitation skill building training delivered for university staff	36 staff from 12 university participated
<b>2</b>	LMG orientation session given for AAU and Black Lion	45 Addis Ababa University College of Health Sciences and Black Lion Hospital staff
<b>3</b>	Two rounds of LMG workshops delivered for AAU and Black Lion hospital staff	47 staff from the university and the hospital participated college’s administrative wing, 10 teams formed and coaching support delivered to the teams
<b>4</b>	Technical and financial support provided to EPHOA	The association strategic plan development process, the 3 <sup>rd</sup> annual conference of the association and the association’s website development supported
<b>5</b>	ALERT supported to conduct Management Organizational Assessment Tool (MOST) workshop	Action plan developed and ALERT managed to provide short term training for its hostel staffs. The center has also networked its finance office computers with the Peachtree system and started generating reports

6	ALERT staffs provided with grant management training	13 ALERT staffs took the training and trainees developed grant management training module
7	FMOH's General Service Directorate supported	Trend analysis report completed and 41 drivers received defensive driving training
8	FMOH's Gender Directorate supported	National gender training manual developed and approved by the ministry and the manual translated in to Amharic. The directorate supported to develop its three year Strategic plan developed

Technical Support Provided for Federal HAPCO Global Fund Management: The LMG Ethiopia Project has seconded a senior technical staff to the Federal HAPCO. During the FY, a two-day workshop on the RCC Phase II Year 5 work plan and budget implementation guide was given for 88 participants drawn from regions, FHAPCO and Federal level SRs. The workshop content included: HIV prevention commodity supply/availability and consumption, risk mitigation in grant management, implementation procedure of the interventions included in the ten service delivery areas of HIV RCC grant, expected result from sub recipients. Regions, PFSA, and other SRs were also supported to enhance the implementation of the RCC Phase II year 5 work plans. Accordingly, grant agreement between the PR and regions with clear deliverables was facilitated and \$11.1 million USD budget disbursed to the regions. A document to guide the monitoring and oversight of the GF HIV RCC supported School HIV interventions was also developed.

Additionally, 17 million USD was mobilized from the Global Fund for the procurement of 46 additional vehicles for PFSA, support of the comprehensive IGA plan, and bank services for pharmaceuticals and health products costs. Following this, a two day orientation about HIV RCC grant-supported IGA implementation and performance measurement was provided to 95 regional HAPCO, Health Bureau and IGA implementers in the regions (including the Women's Association, Bureau of Women, Children & Youth Affairs, Micro and Small Enterprises Development Agency, microfinance institutions, and the Bureau of Plan and Economic Development).

**2015-2020 HIV Investment Case Development:** During the FY, the 2015-2020 HIV Investment Case document was developed to guide the post- 2015 response to the HIV/AIDS epidemic in the country and access funds from the Global Fund. To enrich the document, presentation session was conducted with 80 participants comprised of different federal government sectors and inputs on the document received from all partners. Further, the document was presented during the joint FMOH and Regional Health Bureau steering committee high level consultation meeting held to deal with the draft Health Sector Development Plan (HSDPIV) and during the annual regional health bureaus, Federal sectors, development partners and CSOs joint planning meeting. Thus, the inputs and comments received during all these presentation sessions were used to enrich the document and accordingly the second draft report was developed.

**Enhancing the Implementation of the RCC 5-year Work Plan:** In order to enhance the implementation of the RCC 5-year work plan, the HAPCO staff were provided with:

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

During the FY, the updated PSM plan was also approved and 77.4 million USD was disbursed to HAPCO - raising the overall fund mobilized from the Global Fund within the last one year to approximately 200 million USD. These funds will be used for the procurement of ARV drugs, which will enable 400,000 PLHIV on ART to enroll by 2014. The funds will also be used for the procurement of drugs for OI, rapid test kits, early infant diagnosis supplies, and condom and laboratory equipment.

Additionally, with funding from the RCC HIV grant, seven project proposals from seven CSOs were presented to the National Review Board for approval; the board approved 0.7 million USD for disbursement to the organizations. Accordingly, to speed up the implementation of the RCC Phase II grant, a two-day orientation session that covered best practices for implementing and overseeing the RCC five-year grant was held with the seven CSOs. 18 program managers, finance, and M&E officers were in attendance.

**Preparation for No-cost Extension of Six Months HIV RCC Grant:** The HIV RCC Phase II grant will end by the 31st of December, 2014. Currently, there is approximately 47 million USD in undispersed funds begin held by the Global Fund Secretariat. In addition, there are funds that will not be fully expended until December 2014. Due to these funding concerns, preparation for a no-cost extension of the project has begun.

**Table 7: Summary of HAPCO FY 2014 Key Activities and Accomplishments**

	<b>Key Activity Areas</b>	<b>Accomplishments</b>
<b>1</b>	Training provided on the Implementation guide of RCC Phase II Year 5 work plan and budget	88 Staffs drawn from regions, FHAPCO and Federal level SRs participated
<b>2</b>	Support to enhance the implementation of the RCC Phase II, Year 5 work plan provided	Regions, PFSA and other SRs participated
<b>3</b>	Mobilized 17 million USD from the GF RCC year 5 resources	For IGA, procurement of vehicles, Bank service charges for the procurement of pharmaceuticals and health products
<b>4</b>	HIV investment case (2015-2020)	Developed and costing is on progress
<b>5</b>	Two days orientation on the implementation of IGA provided	Regional HAPCO, health bureau and IGA implementers in the region participated.
<b>6</b>	2014 RCC HIV Procurement and supply management plan amended	Mobilized 77.4 million USD
<b>7</b>	Orientation to CSOs sub recipients provided on how to	From the seven CSOs 18 program managers,

	implement the RCC year five grants they received and the oversight plan	finance, and M&E officers participated
8	Conducted field visits to the HIV RCC grants recipients and held two days consultation with the purpose of monitoring the progress and address challenges	Nine regions and two city administrations & selected sub-sub recipients visited. 116 staffs from region and federal offices participated in the consultation meeting
9	Preparation for no cost extension of six months of HIV RCC grant has been started	In progress
10	In- house capacity building activities conducted	Mainly focused on grant management, Coaching and reporting

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

### Quarterly challenges and Constraints for each program area

#### Program area 18-OHSS

During the first t quarter of FY 2014, LMG received a circular from FMOH via the USAID mission about freezing scheduled training plans for federal and regional health sector staff. This slowed our pace for implementing the approved work plan.

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

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

## 8. Data Quality Issues During the Reporting Period

<p><u>Specific concerns you have with the quality of the data for program areas reported in this report</u></p> <ol style="list-style-type: none"><li>1. No concerns.</li></ol>
<p><u>What you are doing on a routine basis to ensure that your data is high quality for each program area</u></p> <ol style="list-style-type: none"><li>1. Using Excel, we routinely capture data about the profile of the LMG trainees. Immediately after every training, we update the data. Checking for the completeness of the data before it is entered into the database is another way we ensure data quality.</li></ol>
<p><u>How you planned to address those concerns / improve the quality of your data for each program area</u></p> <p>N/A</p>



## 9. Major Activities Planned in the Next Reporting Period

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

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

- Pre- services L+M+G training will be delivered to university instructors using the revised curricula and modules.

### ***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.***

- Coaching for Amhara, Oromia and XLMS zones teams will be conducted
- Collaborate with FMOH to rollout LMG IST in emerging /developing regions including Afar, Benishangul Gumuz, Gambella and Somali Regions will continue.
- Financial management training (Public Financing) for finance and resources mobilization staff from FMOH and its affiliates at federal level.
- LMG rollout workshops at Amhara, Tigray, and SNNPRS RHBs will be conducted
- LMG rollout training in XLMS zones LMG rollout will continue

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

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

### ***Support to FHAPCO through embedded local senior professional***

Continue providing technical support to FHAPCO

## 10. Environmental compliance

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

The project does not have any environmental compliance issues.

## 11. Financial accomplishment

**(In USD)**

<b>Life of Project budget  (a)</b>	<b>Obligated to date  (b)</b>	<b>Expenditure (Accrual and actual disbursement) to date  (c)</b>	<b>Remaining balance  (d) = (b) – (c)</b>	<b>Remarks</b>
6,296,919	6,326,108	3,817,740.69	2,508,367.31	Estimate for August to September

## 12. Issues requiring the attention of USAID Management

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

Before doing any cascading in the other new regions, LMG has been advised by FMOH to have an MOU to be signed off 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

If yes, to which governmental office/s?

[Federal Ministry of Health]

If No, why not?

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?

[Federal Ministry of Health. There was no issue that came out from reconciliation]

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

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#### 14. Appendices

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

#### **1. Scope of Work:**

Destination and Client(s)/ Partner(s)	Ministry of Health , Ethiopia Gender Directorate
Traveler(s) Name, Role	Belkis Giorgis, Gender and Capacity Building advisor
Date of travel on Trip	October 1 to October 31 <sup>st</sup> . 2013
Purpose of trip	To provide support to the Gender Directorate of the Ministry of health to pre-test and conduct TOT on the gender training manual
Objectives/Activities/ Deliverables	<ul style="list-style-type: none"> <li>• Conducted pre-test of gender training manual for 5 days</li> <li>• Compile comments and incorporate into training manual</li> <li>• Revise the training manual as per the pre-test feedback</li> <li>• Submit training manual to HRD for feedback and comments</li> <li>• Incorporate feedback from pre-test into manual</li> <li>• Submit manual to MOH/HRD for approval and comments</li> <li>• Incorporate comments and revisions from HRD of FMOH</li> <li>• Organize and conduct training on manual for 6 days</li> </ul>
Background/Context, if appropriate.	The development of gender training manual has undergone various steps. The key steps undertaken during the manual development are: discussion with gender directorate and draft outline of the manual; drafting of the gender training manual for the health workforce;

	<p>conducting consultative workshop and incorporation of feedback. Based on this foundation the purpose of the trip was to conduct pre-test of the manual and incorporate feedback; obtain comment and approval from FMOH HR Directorate, incorporate revisions recommended by HRD; organize first round federal level TOT. The next step will be to translate the manual into Amharic; secure FMOH approval of the manual; cascade the training manual to regional health bureaus, and evaluate the outcome as well as the impact within six month period</p>

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

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

The **pre-test** was conducted between for October 1-5, 2013 in Adama and facilitated by Seble Daniel and Belkis W. Giorgis and was finalized according to plan. A total of 21 participants (4 male and 17 female) participated and tested the manual. ( *See appendix II*) for participant list. The participants were gender directors, gender officers and training managers whose knowledge and skill on gender varies from having no idea to being expert in the field. Summary of the pre and post training test indicated that participants’ knowledge, skill and attitude with regards to the seven modules has improved within five days.

The first round **TOT** on gender training manual was held from October 22 -27, 2013 and was facilitated by Seble Daniel and Dr. Belkis W. Giorgis and co-facilitated by Yamerot Andualem,

Alemayehu Bogale and Amsale Eshetu. The TOT was conducted for total of 26 (16 female and 10 male) participants drawn from federal agencies and hospitals, including the co-facilitators. (See Appendix III) The six day training was accomplished successfully as per the plan. The first half day was used to create a conducive learning environment by facilitating participant's introduction and settling key housekeeping issues. During this session, participants laid down their expectation and fears related to the training and filled out pre-training confidence test. During the six days, all training contents were covered giving adequate time for group work, discussion, role play and presentation. On the last day, time was taken to fill out post-training confidence tests, overall evaluation and preparation of action plans. During each day, participants filled out a daily mood barometer and facilitators with daily training management teams sit down together to discuss on participants feedbacks.

The final day of the training participants were asked to develop an action plan which will be reviewed and evaluated by the gender directorate after a period of six months. (see Appendix IV Summary of Action Plans)

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

Description of task	Responsible staff	Due date
The entire gender training manual (facilitator guide, participant note and participant manual) will be translated in to Amharic language once the final touch is being made to the manual. Currently, the search for a team of professional translators is underway to select qualified expert with prior exposure and experience on gender and health related issues and experience in translating English documents into Amharic.	Gender Directorate (support from LMG Gender Advisor and translator who will be hired	

<sup>2</sup> See Appendix V for more details and time line of activities

Following the translation of the manual, the documents will be submitted and presented to FMOH management team for their review, feedback and approval...		
Once FMOH management team feedback is incorporated the manual will be sent to publishing house for layout and duplication	Human Resources Directorate /Gender directorate support from LMG gender advisor	
Finally, both the Amharic and English version of the gender training manual for the health workforce will be used to facilitate regional level TOTs.	Under discussion by the Gender Directorate	
The Gender Directorate of FMOH will then exert its effort in following up the outcome and impact of the TOT at federal and regional level at least within six month period.	Following Six months	

**4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes

**5. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other CLM staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file

### **1. Scope of Work:**

#### **Purpose**

Project management and technical support visit.

#### **Objectives:**

Dates of Travel	December 9, 2013 to December 21, 2013
Traveler's Name and Role on Trip	Ms. Jacqueline Lemlin, Senior Program Officer (SPO)
Other Travelers and their Roles on trip	NA
Destination and Client / Partner	Addis Ababa, Ethiopia Federal Ministry of Health
Activities/ Deliverables	<ul style="list-style-type: none"> <li>• Carry out Workplan and Performance Monitoring Plan review.</li> <li>• In consultation with LMG PD review status of partners Yale University and AMREF.</li> <li>• Hold in depth meeting with support team members (those available).</li> <li>• Carried out field visit in order to meet with implementing partners and observe program delivery.</li> <li>• Reviewed STTA plan and needs for 2014</li> <li>• Discussed success story options and opportunities and plan for at least</li> </ul>



	<p>2 stories for 2014.</p> <ul style="list-style-type: none"> <li>• Review cost share strategy and plan and review targets for 2014</li> <li>• Meet with USAID</li> </ul>
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**2. Major Trip Accomplishments:**

2.1 Workplan Review

Several sessions were held throughout the visit with various staff to review workplan activities- status, challenges, changes, and new developments. **For Result Area 1**, LMG curriculum development, the project has been steadily moving forward with supporting the development of an in-service curriculum. A final draft/working document has received approval from the FMOH. It is currently being rolled out/tested and closely monitored by the MSH LMG team. Identified changes will be incorporated and a final version will eventually be reviewed and approved by the FMOH. It was also discussed and agreed that the curriculum be reviewed by an LMG curriculum specialist with knowledge and experience in both LMG and curriculum development. In regards to development of the pre-service LMG curriculum a meeting was held with the new Pre-service Education Advisor. The process is still at the early stages of development and discussions are still underway with the Ministry of Education on how to move forward. It will be a similar process as the development of the in-service curriculum with a MOE technical working group taking the lead and MSH providing coordination and technical, managerial support to the process. It is also advised that at some stage of the process that TA be provided by an MSH curriculum specialist in order to ensure that the final product meets the highest standards. **For Result Area 2**, the rollout of LMG training the project has made considerable progress. The project is meeting its targets. However, it will be important that over the next year that a rollout plan be developed that meets the expectations of the FMOH. It is good that a pool of facilitators and trainers is being created however the quality of what they will do will greatly depend on the trainings they can carry out and the TA they receive as they apply their new skills. They will inadvertently encounter challenges and it will be important that they are supported in addressing the challenges effectively. The current MSH staff have been providing this support but it will come to a point where the project may not have sufficient staff to oversee expanded activities.

**For Result Area 3** an Institutional Development Advisor has recently been appointed. This person is fairly new to this area of work and will require considerable support from her supervisor, the Capacity Building Manager. It will be some time before she will be able to work independently. The institutional development component to date has carried out several MOST workshops with training institutes and government entities i.e. Woreda health offices. Result 3 area is focusing on institutional, programmatic and financial sustainability of training institutions and associations. The idea is that these entities will in the long term be responsible for keeping LMG training “alive “ and also monitor quality. Granted this is a long term goal and probably beyond the life of the current project but all concerned do need to start thinking of a mid-term and long term strategy for sustainability purposes. Good work is underway with ALERT and the EPHOA and AAU College of Health Sciences with these institutions identifying particular needs to be addressed. However they should all have clearly articulated institutional capacity development plans in place with a short term, mid-term and long term horizons. These plans need to address the areas of institutional sustainability as illustrated in the original proposal. The project has indicated that they will work with 8 training institutions to cascade the training but these institutions will also need the “back end” support if we they are going to maintain momentum.

## 2.2 Partner Status and Outstanding Issues

- Staffing issues around the Yale SLP program were discussed in length with Yale, the HRH Directorate and USAID. Concrete steps to move ahead were identified and agreed by all concerned. Yale will be replacing there in country manager and will present a proposal within the next few weeks.
- AMREF are quite far behind in their implementation of activities. Several factors such delay in finalizing the sub-agreement, delays in finalizing the baseline assessments in the 20 selected hospitals (requiring negotiations with the regions) and the recent freeze on training. Unfortunately a meeting with AMREF to go over some of these issues was not possible as key staff were all in the field. However, the issue was discussed with both the MSH team and USAID and the PD will follow-up and continue to monitor progress.

Support team discussions

- Finance Manager to review the cost share plan and agree on way forward.
- Pre-service Education Advisor to review status of this component and strategy moving forward.
- Institutional Development Advisor to review workplan for this component and discuss STTA needs.

#### 2.4 Field Visit

Travel Addis to Dire Dawa 16/12, Harar 18/12, Dire Dawa to Addis 19/12.

- Dire Dawa  
Attended LMG review sessions of the Dire Dawa Regional Health Bureau, Legahare Health Center.
- Harar  
LMG review sessions of RHB Finance & Planning Core process, M & E core Process and Haramaya University.

Teams made presentations on their Challenge Model and progress to date on achieving their measurable results. Most were on track to carry out their 4<sup>th</sup> workshop. The teams displayed a considerable amount of enthusiasm for the process. Haramaya University staff have been providing coaching and are well positioned to take the lead on the program. In addition they completed a VLDP collaboration with LMG CORE. Discussions will follow on strengthening this link.

#### 2.5 STTA Plan Review

For the coming year, STTA is planned for support to M & E, communications, institutional capacity development and the gender component.

- The M & E advisor is new to the position and would benefit greatly from TA. The PMP needs to be revised. In addition to this there needs to be an M & E monitoring plan that goes beyond just counting the numbers of individuals trained. In order to address challenges especially in relation to sustainability it will be important to monitor quality and institutional capacity of training institutions and the FMOH in the delivery of the program.
- The program has produced a few draft success stories that were shared with the HO, M & E advisor. There needs to be a follow-up with the Communications Unit in HO to develop a full-

fledged communication plan. There is 3 weeks of virtual STTA that can cover this.

- One of the key results of the project is that there are training institutions and professional health associations that can plan, organize, deliver and supervise LMG in-service training by the end of the project. The institutional capacity strengthening component is crucial for this to take place. The project has faced challenges in securing an experienced institutional development advisor. Although one is now in place, this person will need considerable amount of technical support in order to effectively carry out this function. The STTA plan has 3 weeks of virtual support for this component programmed. Virtual support has its limitations and it is advised that an STTA visit to the project be carried out.
- Although not in the original STTA plan, a support visit by the HO LMG Gender and Capacity Building Advisor is now planned for some time in April – May 2014. This is at the request of the Gender Directorate. The MSH seconded Gender Advisor will work with the PD and HO LMG Gender Capacity Building Advisor to develop a SOW and scheduling.

#### USAID De-briefing

*A brief meeting was held at the ET USAID Mission attended by the MSH Project Director, visiting Senior Project Officer, USAID Activity Manager and the USAID Health Systems Team Leader. The discussion revolved around the current status of the project and impressions from the field visits. USAID was also provided and update on the staff situation with Yale and the need to replace the current Yale project manager based in Addis. USAID also provided insights into the situation and was very supportive and understanding and in agreement on MSH's approach to resolve the issue.*

USAID also had comments to share concerning the secondment of Dr. Tsegaye Legesse, GF Grants and Project Management Coordinator to the FHAPCO.

Dr. Tsegay's contract has been extended until August 2014 and USAID, at least at this point in time has made it clear that they do not intend to extend this. MSH's support is limited to payroll and benefits management and inclusion of Dr. Tsegaye's quarterly performance reports into the MSH LMG quarterly reporting to USAID. As part of LMG's technical SOW, the project will work with Dr. Tsegay and his team to identify capacity building needs and provide interventions that fall within the LMG

Ethiopia Project . As part of the agreement between FHAPCO and USAID are the recommendations that a “specific counterpart be identified within FHAPCO to carry on Dr. Tsegaye’s work” and a “handover process be benchmarked and initiated” before August 2014. Although this is not one of MSH’s responsibilities it will be to our advantage to monitor this process and keep USAID informed. Both USAID staff expressed a high level of satisfaction on how the project was developing and in particular with the performance of the MSH Project Director. In particular they highlighted his success in maintaining a very positive and productive relationship with the FMOH and his ability to bring partners and stakeholders together and motivated to work together toward a common goal.

#### Introductory Meeting- HRH Directorate

A very brief meeting was held with the Director of the Human Resource Development & Management Directorate. Main issue discussed was the issue around the Yale Project Manager and the reluctance of the FMOH to work with this person. Ways on how to move forward were explored and all agree that completing the Senior Leadership Program should take priority. The Director had recently completed the 1<sup>st</sup> SLP workshop and was fairly satisfied with the outcome. It was clear that the Director appreciated the LMG program and in particular the responsiveness of the MSH PD and his team. However, there were misgivings expressed about future Yale led activities citing high cost and the need to bring in expats when he felt that LMG had adequate local staff to lead trainings.

### **3. Relationship of TDY Accomplishments to Broader LMG Results and Outcomes:**

- Program design, workplan
- Coordination with USAD Mission
- Strategic partnerships-Yale and AMREF
- Cost share update
- STTA needs

**4. Lessons Learned / Key Insights:**

Importance of collaboration and feedback for honest buy-in by all stakeholders.

Flexibility important when the focus is on capacity building and giving the client what they want.

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

Description of task	Responsible staff	Due date
Review PMP and make necessary adjustments. Develop M & E plan which looks beyond just PMP indicators.	M & E Advisors project and HO level supported by SPO	Next quarter
LMG CORE to support LMG ET team and Haramaya University in developing pre-service LMG curriculum	ET Project Director, LMG CORE technical advisors, supported by SPO	Next Quarter
M & E Advisor with TA from HO Communications develops communication plan.	M & E Advisor, designated TA from HO, supported by SPO	Next Quarter
Develop detailed institutional development plan	Institutional Development Advisor with TA from TA from HO	Next Quarter
Finalize Yale staffing issues and develop transition plan.	SPO, Yale senior staff	Next Quarter
Develop SOW for STTA for the Gender Directorate	Gender Advisors, PD	Next Quarter

**5. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Home organization	Notes
Jemal Mohammed, LMG ET Project Director jmohammed@msh.org	MSH	Provided management and technical support
Dereje Ayele, LMG Senior Capacity building Manager dayele@msh.org	MSH	Provided management and technical support
LMG, M & E Advisor Temesgen Workayehu <tworayehu@msh.org>	MSH	Provided management and technical support
Friehowot Getaneh, Institutional Development Advisor <fgetahun@msh.org>	MSH	Provide Management and technical support.
Getnet Kabba, Pre-service Education Advisor <gkaba@msh.org>	MSH	Reviewed pre-service strategy
Yared Ketema, Project Finance Manager Yketema@msh.org	MSH	Review budget and cost share strategy
Gail Amare, Director of Country Operations Gamare@msh.org	MSH	Review COMU support
Negussu Mekonnen, Country Representative Nmekonnen@msh.org	MSH	Visit de-briefing and country updates
Petros Faltamo, Activity Manager HAPN Office, E-Mail: <a href="mailto:pfaltamo@usaid.gov">pfaltamo@usaid.gov</a>	USAID	Visit de-briefing,

	Ethiopia	updates.
Eshete Yilma, Team Leader HAPN Office, E-Mail: eyilma@usaid.gov	USAID Ethiopia	Visit de-briefing, updates
Rahel, Tesfaye Gizaw, Project Manager <rtesfaye@msh.org>	Yale, SLP, Ethiopia	Program review
Wendemagegn Enbiale, Human Resource Development & Management Directorate Director <wendaab@gmail.com>	FMO	Introductory meeting.

**6. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other CLM/LMG 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
NA		

**1. Scope of Work:**

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



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

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

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

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

**4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Temesgen Workayehu	tworkayehu@msh.org	MSH	- Reviewed In-Service Post Evaluation tools including protocol and data collection forms - Reviewed LMG Annual Reporting for global indicators - Reviewed Nurse/Midwife Health Service Management Course LMG Core Competencies document
Dereje Ayele	dayele@msh.org	MSH	- Reviewed Nurse/Midwife Health Service Management Course LMG Core Competencies document
Getinet Chali Kaba	gkaba@msh.org	MSH	- Reviewed Nurse/Midwife Health Service Management Course LMG Core Competencies document

**5. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other CLM staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

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

**1. Scope of Work:**

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

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

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

- Reviewed and edited the gender training manual

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

Description of task	Responsible staff	Due date
<ul style="list-style-type: none"> <li>• Review of the edited manual by the Gender Directorate of the Ministry of Health</li> </ul>	Belkis Giorgis, Seble Daniel	End of July, 2014

**4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name/Designation /Organization	Telephone #	Email Address	Physical Address	Date of Interview
Woizero Yamerot Andualem	0912054626 (251)	<a href="mailto:yamduale@yahoo.com">yamduale@yahoo.com</a>	Ministry Of health Gender Directorate	During the trip conducted four meetings to address changes in the manual

**5. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other CLM staff, as well as the document's

location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
1.		
2.		

## Appendix I:

**Table 1: National In-Service Training (IST) Courses Standardization Checklist** <sup>3</sup>

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

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

<i>objectives were revised to include attitude and practice)</i>	
2.8	Each <b>session</b> in the course includes specific, measurable, and achievable learning objectives.
2.9	The <b>content</b> of each session is aligned with the session's learning objectives
2.10	<b>Training methods</b> used are appropriate for the learning objectives
2.11	The curriculum includes <b>interactive training methods</b> designed to build on existing skills, knowledge, and experience of the participant and engage the participant in the learning process.
<b>Training Package includes:</b>	
3.1	Facilitator's Guide with: <ul style="list-style-type: none"> <li>a. Goal and learning objectives for the course</li> <li>b. Suggestions for creating a conducive learning environment</li> <li>c. Learning materials and equipment needed for delivering the course</li> <li>d. Step-by-step instructions and methods for presenting the content of each session</li> <li>e. Clear instructions to help trainer effectively lead active learning exercises (like group discussions, case studies, role plays, etc.)</li> <li>f. Answers for tests, quizzes, case studies</li> <li>g. Key points/messages as appropriate</li> </ul>
3.2	Participant manual ( <i>Facilitators Guide adapted as a Participant manual</i> )
3.3	Participant reference materials
3.4	Course timetable and schedule
3.5	Session outlines and descriptions
3.6	Hand-outs, worksheets, guidelines, job aids necessary to support learning
3.7	Audio-visual materials for delivering the course as appropriate: e.g., slides, DVD/videos, overhead transparencies
3.8	Guidelines and forms for evaluation of the training, including outcome evaluation if relevant.
3.9	Pre-/post-test or any other relevant assessment to measure achievement of learning

objectives of the course as  
appropriate.<sup>4</sup> (*Pre and post training test already included in the manual*)

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

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

## Annex Summaries of the results of the 47 teams in achieving their DMR

### West Hararghe Zone teams

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

### East Harerghe Zone Teams

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



## FMOH Teams

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