

Management Sciences for Health LMG Ethiopia FY13 Annual Report: October 2012 – September 2013

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October 30, 2015

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

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

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

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*Management Science for Health
LMG Project Ethiopia*

ANNUAL PROGRESS REPORT (APR) FOR

FISCAL YEAR 2013

(OCTOBER 2012 TO SEPTEMBER 2013)

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LIST OF ACRONYMS

ALERT	All Africa Leprosy and TB Rehabilitation and Training Center
AMREF	African Medical Research Foundation
AHRI	Armour Hans Research Institute
DQA	Data Quality Assessment
EHRIG	Ethiopian Hospitals Reform Implementation Guideline
EMA	Ethiopian Medical Association
EMI	Ethiopian Management Institute
EPHOA	Ethiopian Public Health Officers Association
FMHACA	Food Medicine Health Administration and Control Authority
FMOH	Federal Ministry of Health
HMIS	Health Management Information System
HPDP	Health Promotion and Disease Prevention
HRDM	Human Resource Development and Management
HSS	Health System Strengthening
LMG	Leadership Management and Governance
LMGIST	Leadership Management and Governance In-service Training
LMS	Leadership Management and Sustainability
MOST	Management Organizational Sustainability Tool
MSH	Management Science for Health
NGI	New Generation Indicators
NGO	Non-Governmental Organizations
PMP	Performance Monitoring Plan
RCC	Rolling Continuation Channel
RHB	Regional Health Bureau
SBA	Skilled Birth Attendants
SLP	Senior Leadership Program
SNNPR	Southern Nation and Nationalities People Region
SWOT	Strength Weakness Opportunities and Threats
TA	Technical Assistance
TOR	Term of Reference
TOT	Training of Trainers
TWG	Technical Working Group
USAID	United States Aid for International Development
VBA	Visual Basic Applications
WHO	World Health Organization
WrHO	Woreda Health Office
ZHD	Zonal Health Department

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1. Reporting period

From 1 October 2012	To 30 th September 2013
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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
LMG Baseline Assessment	LMG Project	February 2013
Gender Strategic document	With FMOH –Gender directorate	August 2013
LM&G training modules	With FMOH- HRDA directorate	July 2013

3. Technical assistance

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

No/Not Applicable

Yes Please list below:

Consultants/TDYers

Name	Arrival	Departure	Organization	Type of technical assistance provided
Jacqueline Lemline	24 September 2012	12 October, 2012	MSH	Project management support
Belkis W/Giorgis	09 January, 2013	25 January, 2013	MSH	Development of Gender Training Manual
Asta Petkeviciute	19 February, 2013	01 March, 2013	MSH	Assisting in the development of the cost share plan and introduce the project staff on FinMat applications
Alain Joyal	03 March, 2013	15 March, 2013	MSH	Overseeing the project progresses
Jeannie Mantopoulos	05 March, 2013	10 March, 2013	Yale Global Health Leadership Institute	She conducted senior leadership training for curative and rehabilitative core process teams of all regional health bureaus as part of the leadership, management and governance program.
Seims La Rue	14 April, 2013 23 April, 2013	19 April, 2013 24 April, 2013	MSH	To provide Monitoring and Evaluation Support
Jim Rice	23 April, 2013	28 April, 2013	MSH	To provided technical support on the development of strategic plan for Gender Directorate of FMOH
Belkis Giorgis	22 April, 2013	08 May, 2013	MSH	To provide technical support on the development of Gender training manual
Dr. Elizabeth	July 4	July 7	Yale Global	Dr. Bradley taught two topics; use of

Bradley			Health Leadership Institute	data for advocacy and effective scale up of strategies during SLP session IV.
Jeannie Mantopoulos	September 6	September 8	Yale Global Health Leadership Institute	Ms. Mantopoulos came to welcome and congratulate the SLP students for successfully graduating from the SLP program.

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
Dereje Ayele	Kenya	January 28 th , 2013	February 2 nd , 2013	MSH Kenya	To attend LMG workshop
Ademe Tsegaye	Pretoria, South Africa	June 19, 2013	June 27, 2013	MSH South Africa	To attend CLM global M&E retreat

Has any Monitoring Visit / supervision been made to your program during the reporting period?

Description of Monitoring team	Start date	End date	Sites visited	Written recommendations provided
The country portfolio director, Alan Joyal and two LMG staff visited the LMG activities being conducted at Diredawa Health Bureau, Harare Regional Health Bureau and Haromaya University	06 March, 2013	08 March, 2013	Diredawa Town Administration Health Bureau, Harari Regional Health Bureau and Haromaya University	Yes
LMG Technical staff	August 26 th 2013	September 6 th ,2013	Harari, west and east Harargehe zones , and Diredawa	Yes

5. Activity

Program Area (Tick all which apply)	Activity ID	Activity Title (Please write the title of the activity)
<input type="checkbox"/> 01-PMTCT		
<input type="checkbox"/> 02-HVAB		
<input type="checkbox"/> 03-HVOP		
<input type="checkbox"/> 04-HMBL		
<input type="checkbox"/> 05-HMIN		
<input type="checkbox"/> 07-CIRC		
<input type="checkbox"/> 08-HBHC		
<input type="checkbox"/> 09-HTXS		
<input type="checkbox"/> 10-HVTB		
<input type="checkbox"/> 11-HKID		
<input type="checkbox"/> 12-HVCT		
<input type="checkbox"/> 13-PDTX		
<input type="checkbox"/> 14-PDCS		
<input type="checkbox"/> 15-HTXD		
<input type="checkbox"/> 16-HLAB		
<input type="checkbox"/> 17-HVSI		
<input checked="" type="checkbox"/> 18-OHSS		

6. Accomplishments and successes during the reporting period

18-OHSS

Intermediate result 1: Management system in place for harmonized, and standardized, LMG -in-service training for Ethiopian health workforce

Sub Intermediate Result 1.1: LMG in-service training modules/curriculum development team established at the FMOH HRDM Directorate

- ✓ *The LMG in-service training module/curriculum development team is established(Custom indicator: PMP indicator # 1)*

Comment:

At the beginning of the reporting period the Federal Ministry of Health (FMOH) proclaimed that all partners including LMG to suspend their LM&G related in-services training programs until all materials are standardized. FMOH clearly expressed the country's need to have standardized and harmonized training modules in the area of leadership, management and governance. Throughout the course of the reporting period LMG continued to invest its enormous efforts to support the FMOH- in developing the training modules.

The process started with several meetings and discussion sessions held with the concerned officials within the Human Resources Development and Administration (HRDA) Directorate of the FMOH. The Ministry agreed with LMG to establish a Technical Working Group (TWG) to develop the L+M+G in-service training modules. At the first meeting of the TWG more than 20 participants drawn from 17 organizations, training institutions, universities and government ministries were represented. As per the recommendations reached after the launching of the TWG, LMG was tasked with drafting Terms of Reference (ToR) with a clear action plan for the TWG. The TWG chaired by the FMOH, conducted a series of meetings and work group sessions to develop three training modules, for senior, district and facility level management teams from the FMOH/regional health bureaus, Woreda and hospitals/health centers respectively.

At the request of the TWG, three local consultants were hired to assist the TWG in putting together the subject matter and pedagogical approaches for the three modules. The TWG received four drafts from the consultants. The drafts were critically reviewed in terms of pedagogical approach, experiential learning, logical sequencing, information clarity, applicability of the contents, and overall quality. In addition layout and grammatical structure of the contents was also reviewed and commented upon. LMG has assigned technical staff to facilitate the meetings, and conducted several meetings to review the document and submit our comments and inputs to the TWG.

Sub Intermediate Result 1.2: LMG in-service training module/curriculum developed and implemented

✓ *The LMG in-service training module development process is completed (Custom indicator: PMP indicator # 2)*

Comment:

A concerted effort has been made in the health sector to increase the capacity of human resources through leadership management and governance training. This has been done by various agencies throughout the years, and the curricula that has been used to train government health workers has not been uniform at all in terms of scope, content, and methodology. Moreover, these curricula have often been a wholesale adaptation of leadership training that is applicable in other, more developed countries and has not been successfully adapted for use in the Ethiopian health context. This has made it difficult for the Ethiopian Federal Ministry of Health (FMOH) to improve leadership management and governance in the health sector.

The TWG created a venue for all partners to contribute different materials in the area of leadership, management and governance. According to the recently completed mapping exercises for in-service training in Ethiopia, about eight organizations replied to the assessment team that they have leadership and management training programs for health workers in Ethiopia. During the LMG in-service training curriculum inventory, Ethiopian Public Health Association, AMREF, Yale University, MSH, and WHO shared their materials with the TWG. After reviewing these different materials as well as common competency areas in terms of L+M+G, the TWG developed course objectives, contents to address the objectives and course delivery methodology.

The team based training delivery approach for the entire in-service LMG training program was identified by the TWG as an important methodology to identify and address workplace challenges. The approach shall help health sector leaders and health workers to improve their managing, leading and governing practices at all levels. FMOH recommended the TWG develop TOR to hire local consultants as part of speeding up of the document write up based on the approved competency areas, course objectives and contents. Later at the end of the first quarter, in collaboration with FMOH, LMG identified three consultants to be part of the TWG to support the team finalize all the documents.

During the third quarter a final validation workshop on the Leadership, Management and Governance In-Service Training Modules was held by the FMOH June 11 -13, 2013 in Addis Ababa. A total of 42 participants attended from the FMOH, regional health bureaus, zonal health departments, Woreda health offices, hospitals, health centers, public and private universities, health science colleges, professional health associations, the Ethiopian Management institute, donor agencies, as well as representatives from international and local

NGOs. Several inputs were solicited from participants during the three days sessions , most inputs found to be focused on the logical sequencing and flow , contents , and more importantly to make the modules experiential than theoretical.

After discussion and consensus with the FMOH, LMG project staff also spent about three weeks further nurturing the LM&G training modules during the fourth quarter of this reporting period. This also included a review by MSH curriculum by experts from headquarters. All review information was shared with the TWG for their consideration. , Presenting information and ideas in a logical sequence in a way that reflects the learning objectives for each session was given high priority. Several experiential learning exercises and activities were reviewed and updated to make the manual more conducive for adult learners. LMG Ethiopia attempted to update the manuals with a clear process whereby knowledge is created and enhanced through the transformation of experiences. In each session participants were encouraged first to reflect on their own personal experiences and then to link and build up on their organizational and workplace experiences and challenges. After the consultative workshop and followed by additional reviews by LMG, the revised versions were submitted to the FMOH, and the first masters' training was held in the reporting period using the manuals.

Sub Intermediate Result 1.3: LMG in-service training integrated with training institutions and included in the RHBs in-service training plan.

✓ *Two regional health bureaus and two training institutions have started the LMG in-service training linkage (Custom indicator: PMP indicator # 3 and # 4)*

Comment: According to the newly approved National In-Service Training Implementation Guide, (June 2013) the federal ministry of health recognizes the need to build the capacity of local training institutions to have the capability to plan, implement, and evaluate; and maintain effective, efficient and sustainable training programs. Aligned with this strategic direction the LMG project, in collaboration with FMOH, has identified 6 training institutions in the 4 regions of Oromia, Amhara, SNNPR, Tigray, and in the 2 Town Administrations of Dire Dawa and Harari as intervention sites for institutionalization of LMG in-service trainings. With the completion of the draft modules, LMG initiated a joint rollout program in collaborating with two out of the 4 targeted regions and 1 town administration. Dire Dawa Town Administration, Harari Regional Health Bureau and Oromia Regional Health Bureau established a joint task force and developed joint plans with Haromaya University School of Public Health and Harar Health Sciences College. As per the joint plans, the regional/ zonal health offices have rolled out LM&G training sessions with 32 teams. Local facilitators from the training institutions and health offices run on job coaching sessions for the LM&G workshop participating teams.

After securing the go ahead from the FMOH to use the draft modules, LMG coordinated roll out sessions for 14 directorates of FMOH. Jimma University, in collaboration with

FMOH and the LMG project, offered the first and second rounds LMG in-service training in Jimma university campus for FMOH's senior staff.

During the fourth quarter of the FY, LMG had discussions with universities, health sciences colleges, health professional associations. The discussions focused mainly about the modules and the planned roll out sessions for next FY. It was noted that the joint planning exercises by training institutions and health sector bodies like FMOH, RHBs, WrHOs and facilities are vitally important to sustain the LM&G capacity building efforts in the operational areas. Though most facilitators will be from training institutions, trained facilitators from the health sector will closely work with the training institutions. The discussions were held with Haromaya University, Harar Health Sciences College, ALERT, Addis Continental Institute of Public Health, Ethiopian Management Institute, Ethiopian Medical Association, Ethiopian Public Health Association and Ethiopian Public Health Officers Association among others.

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

IR2.1: Health workforce teams trained on L+M+G available at different level of the health system

✓ *59 units were assessed for the existing LMG practices (Custom Indicator: PMP indicator # 5)*

Comment: One of the aims of the LMG program is to strengthen the L+M+G capacity of health staff from the federal to the Woreda level. In order to better determine the needs at the different levels, and develop and deliver appropriate interventions and monitor results, a baseline assessment was carried out within 59 different units of the health sector in Ethiopia. The assessment was done with several directorates of FMOH, core processes teams of RHBs and ZHDs, as well as 12 WrHOs. A similar assessment was also carried out within ALERT, a training institution and within the EHPOA, a professional health association as part institutional development efforts to assess and further develop their abilities to offer LM&G courses for health sector staff.

Table 1: List of Directorates/Core Processes/WrHO assessed

FMOH/Region	# of Directorates/ Core Processes/Offices	# of ZHD(Core Processes)	# of WrHO
FMOH	7	-	-
Oromia RHB	5	2 (7)	6
Amhara RHB	6	-	-
SNNPR RHB	7	-	-
Tigray RHB	6	-	-
Harari RHB	4	-	2
Dire Dawa Town Administration HB	4	-	3
Training institution	1	-	-
Professional health association	1	-	-
Total	41	7	11

✓ **3 training institutions started to deliver the LMG in-service training (Custom indicator: PMP indicator # 6)**

Comment: As mentioned above, Jimma University, in collaboration with FMOH, and the LMG project, has provided LMG in-service training for FMOH directorate staff described below under indicator #7. In addition, Haromaya University together with Harar Health sciences college provided LMG TOT training for 22 participants who are also described under indicator # 9.

✓ **217¹Senior managers trained on LMG in-service training (NGI: # H 2.3.D, PMP indicator # 7)**

Comment: During the second quarter of the reporting period, the first round LMG in-service training was provided for eleven directorates of the FMOH. This workshop was held at Jimma University, and was facilitated by staff from the University and LMG. Immediately after the training in Jimma University, the FMOH requested LMG to offer the same training for an additional three directorates who were not in attendance at Jimma University. LMG in collaboration with the ALERT training center offered the training for the additional three directorates in Addis Ababa. This training is the first round of a four round workshop of the LMG in service training in Ethiopia. The total number of participants at Jimma University and ALERT training centers were 50 of which 6 were Directors, 17 were females and 33 were males. After the first workshop trained staff conducted at least two team meetings at their work place as part of sharing the skills they learnt with the rest of the staff.

¹ Doesn't include those who are not health managers like teachers in training institutions.

After providing 2-3 coaching supports for each team at their workplaces, the second workshop was held from May 9-11, 2013 in Jimma where 38 FMOH senior staff of were in attendance.

The workshop content was based on the draft LMG in-service training module for senior managers and most of the training session were facilitated using different participatory exercises. Each team continued to work on important work place challenges which should be confirmed and shared as an important challenge faced by the work place teams and alleviated to achieve measurable results.

The Yale Global Health Leadership Institute (one of the LMG implementing partners) launched the Senior Leadership Program (SLP) in March 2013 at the Addis Ababa University Black Lion Medical Campus. Participants, totally 47, came from 11 regional curative and rehabilitative core process teams, the Medical Service Directorate of the FMOH and faculty members from Addis Ababa and Mekelle University. . In September 2013, of the forty seven who started the Yale SLP, 32 graduated with certificates from the university. The remaining 15 participants were not able to finish the course due to several reasons and competing priorities at their workplace. For these 15 participants, those in LMG operational regions will be able to continue the LM&G capacity building trainings through local universities in the coming FY 2014.

- ✓ ***14 Directorates of FMOH, 9 health teams in Harari Regional Health Bureau, 9 health teams in Dire Dawa Town Administration Health Bureau, 8 teams from East Harargehe and 6 teams from West Harargehe zones , 11 core processes of RHB under Yale's SLP project are implementing their action plan (Custom indicator: PMP indicator # 8) (Custom indicator: PMP indicator # 8)***

Comment:

The first and the second workshop for participants drawn from FMOH were held in the reporting period. During the first workshops in March participants were trained in areas like health systems, health policy and policy analysis, deferent reforms and initiatives of the Ethiopian health sector and their progresses so far. In addition introductory parts of leadership, management and governance were also covered. Before coming to the second round workshop in May, participants were also coached at their work places by the facilitators and they have also conduced work place team meetings to share what they learnt as well as to create work place team as part of the LM&G capacity building program. During the second round workshop participants covered areas like leading, managing and governing practices , planning , strategic planning and practical implication of Balanced Score Card (BSC) as well as governance skills , enabling and deterring factors for governance and the need for synergy among leadership, management and governances skills to improve health outcomes among others . Forty nine participants were in attendance in the two workshop sessions (only 38 came for the second workshop in Jimma), of whom 12 attended make up classes as they were not able to shown up at the second workshop.

Table 2 below shows the workplace challenge model project of participating teams under FMOH.

At the beginning of the FY, the federal ministry of health wants all partners including LMG to suspend their training activities until the national harmonized and standardized curriculum and modules are developed. This has its own significant impact barricading our efforts to achieve our planned training targets during the fiscal year. The LMG project, however, continued to provide the capacity building sessions with teams from Federal ministry of health, Harari, Oromia and Dire Dawa regional health offices and the respective zones and Woredas. This was done after we secured go-ahead to use draft modules developed by the technical working group within FMOH. During the fourth quarter of the FY, LMG conducted the first workshop sessions with east and west Harargehe zones health departments as well as three Woreda health office teams in each zones. In the first workshop participants practiced key skills on leadership, management and governances and how the current health system, policy, reform and strategies can be more functionally implemented as work place coaching and mentoring provided by LMG facilitators takes place. The participants identified key workplace challenges that they will address through LM&G capacity building sessions over the next six months. Thirty three and twenty two participants were in attendance in east and west Harargehe zones respectively.

During the fourth quarter of the FY, LMG conducted the second workshop with the 18 teams in Dire Dawa and Harari regional health bureaus. The workshop covers among others issues, the four governing practices, social accountability, strategic planning, and governance structures, laws and regulatory policies of the national health systems. During the workshops 27 and 34 participants were in attendance from Harari and Dire Dawa regional health bureaus respectively. During the first workshops, where participants learnt key skills about leadership, management and governances and how the current health systems, policy, reform and strategies the participants were 36 and 32 in Dire Dawa and Harari respectively. The absenteeism during the second workshop was due to the planning for Ethiopian Fiscal Year (EFY) 2006 and review of EFY 2005 performances. And facilitators from Haramaya university and Harar health sciences college and LMG staff did makeup classes and provided coaching supports in August and September 2013 at their work places.

The capacity building sessions are not confined only at the training halls; work place coaching sessions are instituted as a standard approach in the LM&G capacity building model in Ethiopia. During the reporting, period 32 participating teams in Oromia, Dire Dawa and Harari regional states as well as eleven teams from federal ministry of health were also provided with coaching supports. These coaching sessions are aimed at enabling the teams and their organizations to exercise LM&G skills in their daily activities and build better work climate to improve organizational performance, refine the desired measurable results with their larger teams at their work places. The coaching sessions were done by facilitators from higher learning institutions as well as project staff. During the coaching

visits it was noted that workshop participants did at least two team meetings where they share what they learnt in the workshop and bring the work place team to contribute in achievement of the measurable results. Some teams, however; were found in need of further supports, as they were busy due to the annual planning exercises as well as last Ethiopian Fiscal Year performance review meetings.

During the fourth quarter of the FY, a new restructuring within federal ministry of health, reshuffled staff to be in deferent directorates and hence some teams found to be reorganized to continue with the LM&G capacity building program. After discussions with HRDA directorate, the project staff spent three weekends to support teams within the federal ministry of health to provide make up classes for members who joined as teams within the newly created directorates.

As indicated above the SLP workshop participants under Yale university program participated in five rounds workshop during the reporting period. As part of the certificate program, the teams developed mini projects to show how they applied their skills in improving services and data quality under curative and rehabilitative core process of the 11 RHBs. It was noted that of the 47 participants who started with the course in Feb 2013, 32 completed and made their results presentations in September 2013 in the presence of higher officials at Addis Ababa university. LMG will provide additional follow up supports for these teams to finalize their project and start with addressing other challenges through their own initiatives.

Table 2: Project areas identified by the FMOH directorate to work on in the coming months

N	Directorates	Project areas
1	Agrarian HPDP Directorate (Health Extensions and primary health care)	Improving model household coverage
2	Internal Audit Directorate	Reducing fuel consumption
3	Human Resource Development and Management Directorate	Improving Human resource filling system
4	Resource Mobilization Directorate	Financial mobilization
5	Urban HPDP Directorate (Maternal and Child Health)	Technical support to increase skilled birth attendance rate

6	Law and Legal Affairs Directorate	Making contractors who handed over sub standardly constructed health centers legally liable
7	Public Relations Directorate	Increasing the number of publications within the ministry
8	Finance Directorate	Implementing the full package of integrated financial information management system
9	General Services Directorate– transport	Improving the transportation service for the Ministry staff
10	Gender Service Directorate	Develop a gender strategic plan
11	Policy and Planning Directorate	Increase HMIS coverage
12	Medical Service Directorate	Implement the EHRIG in a wider scale Improve patient satisfaction
13	Pastoralist HPDP Directorate (Health Systems Special Support)	Increase model household graduates
14	Public Health Infrastructure Directorate	Implement telemedicine and tele education

- ✓ 88, FMOH, RHBs staff and Training institutions, University lecturers participated in the LMG in-service training (Custom Indicator: PMP indicator # 9)

In the reporting period the project, in collaboration with federal ministry of health and Haromaya University, has offered TOTs on LMG in-service training for 88 FMOH, regional health bureau and staff from deferent universities and health sciences colleges, training institutions and professional health association .(Please see table 3 for participants) Haromaya university and Harar health sciences college have developed joint planning with Dire Dawa and Harar RHBs as well as east and west Harargehe zonal health departments to roll out the LMG capacity building sessions.

LMG will continue to use these trainers for the cascading sessions next FY in its operational

regions.

Table 3: LMG TOT training participants disaggregated by institution and region

S N o.	Name of Institution	Region	No. of people attended LMG TOT		
			Male	Female	Total
1	Addis Ababa University	Addis Ababa	2	0	2
2	Addis Ababa RHB	Addis Ababa	0	1	1
3	Gondar University	Amhara	5	0	5
4	Wollo University	Amhara	5	0	5
5	Amhara RHB	Amhara	4	1	5
6	Dessie Health Science college	Amhara	3	0	3
7	Bahirdar health science college	Amhara	2	0	2
8	Dire Dawa regional health bureau	Dire Dawa	4	1	5
9	Haromaya University	Oromia	5	0	5
10	Harar Health Science college	Harari	3	0	3
11	Harar regional health bureau	Harari	2	0	2
12	East Harargie zonal health department	oromia	5	0	5
13	West Harargie zonal health department	Oromia	3	0	3
14	Ambo university	Oromia	2	0	2
15	Jimma University	Oromia	5	0	5
16	Oromia RHB	Oromia	4	0	4
17	Hawassa University	SNNPR	3	2	5
18	Hawassa Health science college	SNNPR	1	1	2
19	SNNPR RHB	SNNPR	1	0	1
20	Mekelle University	Tigray	3	0	3
21	Dr Tewelde health science college	Tigray	2	0	2
22	Tigray ZHD	Tigray	2	0	2
23	Somali RHB	Somali	1	0	1
24	Gambella RHB	Gambella	1	0	1
25	Public health officers association (PHOA)		0	1	1
26	TWG member -USAID		1	0	1
27	TWG member -NASTAD		1	0	1
28	Ethiopian Management Institute (EMI)		1	0	1
29	HAPCO		1	0	1

30	Ethiopian Public Health Association		1	0	1
31	Addis continental Institute of Public Health		0	1	1
32	ALERT training center		1	0	1
33	FMOH		3	1	4
34	FMHACA		1	0	1
35	Ethiopian Medical Association		1	0	1
	Total		79	9	88

It is good to note here that during the first quarter of the next FY 2014, those who trained before the finalization of the draft modules will be certified by the FMOH after attending an additional 2 day session on facilitation skills as per the recommendation of the TWG.

IR2.2: Strategic and implementation plans development skills improved at FMOH

✓ ***Technical support was provided for the Gender Directorate of FMOH (Custom indicator: PMP indicator # 10 and # 11***

Comment:

Gender is an important pillar of the LMG project. Addressing gender issues in terms of access, availability and affordability of health care is important to improve health outcomes at all level within the health sector in Ethiopia. Throughout the FY, LMG continued to support the Gender Directorate within the FMOH. LMG seconded a technical advisor for the Gender Directorate to enhance the directorate’s capacity to mainstream gender issues in the health sector development in the country. LMG provided technical and financial support in the development of a standardized national gender training manual in the context of public health. The manual preparation started with identifying critical competency areas as well as gaps that should be addressed to enhance skills of health care leaders and providers in the areas of gender. After the drafts were prepared, a consultative workshop was organized to solicit inputs from regional health bureaus, partners and other affiliates of the health sector. After incorporation of the inputs, LMG planned will carry out practical pre-testing sessions as well as ToTs at the beginning of the next FY 2014.

As indicated above the Gender Directorate is one of the directorates participating in the ongoing LM&G capacity building program. The team from the directorate identified a critical challenge which affects their work. The challenge is lack of a strategic plan for the directorate. And consequently as part of their LMG training they chose developing a strategic plan as part of their challenge model. LM&G supported the Directorate to facilitate the development of the strategic document. LMG with FMOH organized a three days’ workshop in Adam from April 25-27, 2013. The workshop was attended by 53 participants

from various government offices, parliamentarians, INGOs and UN agencies participated. The participants with technical supports from senior experts from MSH/LMG headquarters managed to craft a three year gender strategic plan. This strategic plan is to be submitted to the senior leadership desk of FMOH for final approval.

The Executive Management Team within the FMOH chaired by the Minister, approached LMG Ethiopia, through the Human Resources Development and Administration (HRDA) Directorate to identify gaps and recommend improvement plans for General Services Directorate. The General Service Directorate is one of the 17 directorates within FMOH. It was established as a directorate in 2009. Since then it is helping all the directorates achieve their goals by providing different supportive services. In order to function properly, the directorate is organized into six case teams: transport case team, property management case team, security case team, cleaner case team, protocol and event coordination case team, and maintenance services case team.

LMG with HRDA directorate director held meetings with senior leaders of the general services directorate to identify priority case teams for the trend analysis of their functions. Of the six case teams, priority management and transportation case teams were selected to be assessed. The aim of assessment and trend analysis is to show the trends regarding the overall work related conditions of case teams with challenges and applicable recommendations for future use. The findings of the analysis show that the transport services have suffered a lot in terms of lack of proper fleet management, inability of keeping complete records of activities, and summarizing the available records into meaningful reports that can be presented to management for decision, and lack of supervisor's feedback enforcing planned vehicle use by directorates, as well as, to alleviate the longstanding challenge of inadequate budget for vehicle maintenance. Some key findings under property management unit include ; absence of commodity management procedure manuals, inconsistent inventory and reporting procedures , inappropriate storage of damaged and nonfunctional fixed assets, poor communication and working relation with purchasing department of the finance and procurement directorate, absence of job descriptions for many staff working in the unit, and lack of supportive supervision . The assessment was done applying focus group discussions with relevant staff, key informant interviews and document review of the last five years (both units were in different departments even before 2009). With close consultations with staff and the leadership within the directorate action plans were developed and some of the planned activities were taken up as part of the directorate's work plan for the next FY.

IR2.3: L+M+G training integrated with clinical outreach/hospital strategy to address the needs of L+M+G training at lower levels

AMREF conducted a joint consultative workshop with stakeholders to officially launch the LMG Integrated Clinical Outreach Program. The workshop was conducted on June 20 and 21, 2013 at Harmony Hotel along with the Clinical Outreach Annual Review Meeting and was attended by 37 participants. The participants came from AMREF Kenya Clinical and Diagnostic Directorate, FMOH Medical Service Directorate, AAU Medical Facility, Surgical Society of Ethiopia(SSE), Ethiopia Society of Obstetrics' and Gynecologist(ESOG) ,Anesthesia Society of Ethiopia, CEO of hospitals, Medical Directors and Surgeons .During the event, a brief presentation and discussion was held on the LMG project and what is next in terms of implementing the LMG in-service training for 20 hospital management teams in different regions.

In the fourth quarter of this FY, AMREF conducted a baseline assessment in 5 hospitals (Jijjiga, Bisidimo Harar, Tercha and Metu). The assessment was done in the form of FGD in all hospitals in the presence of 5-7 senior management team members. AMREF is planning to complete the assessment of all 20 selected hospitals in the coming quarter and start the first workshops for hospital management teams in November 2013.

The AMREF training program has experienced some delay. This is partly due to the delay in finalizing the sub-agreement which involved quite a bit of discussion between AMREF and LMG in order to clarify budgets, work plans and general conditions of the sub-agreement. Delay was also due to the delay to finalization of the LM&G modules by FMOH. The master trainer training for facility leadership team will be held in Nov 2013 using the newly developed manuals.

In addition to the above activities, AMREF has been actively participating in the LMG-IST module development TWG within the FMOH.

LMG continued to support a grant management position within FHAPCO. During the reporting period, the contract for the position was renewed. Technical support was also provided in the development of the EFY 2006 plan and review of the last EFY. Leadership supports were provided to ensure approval and renewal of RCC phase II. The support demonstrated results in strengthening grant management and good grant performance rating during the FY.

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

IR 3.1: Strengthened LMG capacity of training institutions and professional associations

- ✓ ***The LMG capacity building efforts of training institutions and professional health associations has been started (Custom indicator: PMP indicator # 15, # 16 and # 17)***

As part of developing capacity of training institutions and associations in delivering L+M+G training, the project is providing “back end support“ to the All Africa Leprosy and TB Rehabilitation and Training Center (ALERT) and the Ethiopian Public Health Officers Association (EPHOA) necessary for growth and sustainability of programs. This “back end support” covers areas such as institutional, programmatic, and financial capacity building. As a first step, LMG conducted a baseline assessment in both targeted institutions. Several leadership, management and governance capacity gaps were identified. In addition, a two day Management Organizational Sustainability Tool (MOST) workshop was also conducted with EPHOA and ALERT. MOST is a structured, participatory process that allows organizations to assess their own management performance, develop a concrete action plan for improvement and carry out the plan. The results of the baseline assessment and the MOST workshops were used to generate consensus on each organizations current status in terms of L+M+G capacity, select highest priority components to improve and prepare an action plan for improvement.

As part of action plan implementation, , EPHOA has started its strategic planning development process with the establishment of a Strategic Plan Development (SPD) Team and developing tools for environmental scanning. To support the process, LMG prepared a one day orientation on the strategic planning process for EPHOA’s SPD Team and board members. The aim of the orientation was to provide guidance on the process of strategic planning and to share the experience of the FMOH’s Gender Directorate strategic planning experience, supported by LMG. The tools developed by the SPD Team for the purpose of environmental scanning were reviewed and comments were forwarded to the team during the orientation. The SPD Team has revised the tools incorporating the comments provided during the orientation and is preparing to conduct environmental scanning.

The EPHOA is also working on mobilizing members from different regions of the country, including Addis Ababa. It has opened a regional chapter at Addis Ababa Regional Health Bureau in order to reach more members in this region...

LMG is also supporting the association technically and financially to establish a database to register members online and keep record of members profile. The MSH’s IT team has provided technical support in identifying the right approach for establishment of PHOA’s database.

During the reporting period, LMG provided support to ALERT training center. After the

MOST assessment workshop, two key areas were identified by the ALERT team to be improved. The first one is development of improved training plans for the health sector, and the second one is developing manuals on grant writing management to provide grant management courses for their clients i.e. staff from MOH. LMG supported the team to conduct a training needs assessment and develop a training plan that is shared with the clients. LMG has also provide opportunity to have a master trainer for the center in the area of LM&G, as ALERT identified the LM&G capacity building needs by the health sector staff. LMG provided technical and financial support for ALERT to develop a participant and facilitator manual on grant writing skills.

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

IR 3.1: Strengthened LMG capacity of training institutions and professional associations

- ✓ ***The LMG capacity building efforts of training institutions and professional health associations has been started (Custom indicator: PMP indicator # 15, # 16 and # 17)***

As part of the back end support, LMG conducted a baseline assessment in one of the training institutions, ALERT training center, and a professional health association named as the Ethiopian Public Health Officers Association (EPHOA). Several leadership, management and governance capacity gaps were identified. In addition, a two days MOST workshop, were also conducted with EPHOA and ALERT. This was done with the objective of conducting a self-assessment on management, organizational and sustainability issues of the association using the MSH MOST assessment tool.

As part of implementing the action plan developed during the management and organizational sustainability assessment exercise, PHOA has started its strategic planning development process by establishing a Strategic Plan Development (SPD) team and developing tools for environmental scanning. To support the process, LMG prepared a one day orientation about strategic planning process for PHOA's SPD team and board members. The main aim of the orientation was to provide guidance on the process of strategic planning and to share the experience of the FMOH's Gender Directorate strategic planning experience. The tools developed by the strategic planning team for the purpose of environmental scanning were reviewed and comments were forwarded to the team during the orientation. The SPD team has revised the tools incorporating the comments provided during the orientation and is preparing to conduct environmental scanning.

The association is also working to mobilize members at different regions of the country including Addis Ababa. It has started to open regional chapter at Addis Ababa regional health bureau to reach more members at Addis Ababa.

LMG is also supporting the association technically and financially to establish database to register members online and keep record of the members profile. The MSH's IT team has

provided technical support in identifying the right approach for establishment of EPHOA's database.

IR 3.2: Program offering a capacity of training institutions improved

✓ Program offering capacity building efforts has been started(Custom indicator: PMP indicators #17 & 18)

During the reporting period, two master trainers, one each from ALERT and EPHOA were trained. LMG will continue to train more master trainers on LM&G from both these two institutions. And efforts will be exerted to link these institutions with the health sector to provide LM&G capacity building training and mentorship at the grass root level. ALERT has already built LM&G courses in its training calendar in this new Ethiopian FY. And it was indicated by the leadership of ALERT that FMOH, and RHBs have planned to send their participants for the training.

The project, in collaboration with ALERT training center and FMOH, as part of institutional capacity building support, offered TOT training on grant writing for FMOH and ALERT training center staff. The training was conducted in Addis Ababa for 7 days from June 17 to 27, 2013 and was attended by 17 participants. In the workshop, how to write general grant writing, research grant writing and project grant writing was covered. The training was provided by experts from the GMS/World Learning, AHRI and ALERT. The training is going to be cascaded down to training institutions, universities and regional health bureaus as part of strengthening the capacity to offer the LM&G in-service training.

LMG supported ALERT Center to develop facilitators and training manuals on grant writing.

Project Management

During the FY 2013, LMG had one resignation, our M & E officer. This is only 7% of the total number of staff under the project (N=14). We have finalized the recruitment process and the position will be filled as of October 10th, 2013. We have also done a revision of the ToR of this position and it includes the learning and result communication part as well.

LMG received a new vehicle in July 2013 and hired a driver.

Together with the Director of the Gender Directorate and HRDM directorate representative of FMOH, a gender advisor was hired and seconded to the directorate. This position is a key position to coordinate technical support for the Directorate.

LMG has renewed a contract for a position within FHAPCO, and this position will help to provide technical and management support for GAFTM projects within FHAPCO. The positions will be on until August 2013, and based on availability of funds and satisfactory performances shall be renewed until May 2015.

7. Challenges and Constraints and plans to overcome them during the reporting period

Quarterly challenges and Constraints for each program area

Program area 18-OHSS

1. The FMOH is working towards having a standardized and harmonized LM&G training module for the health sector. It has requested that all training entities including development partners only use this standardized module. Working closely with the FMOH on developing this module has taken longer than expected and has delayed training and the achieving of this year's target.
2. Because of other competing priorities, including annual evaluation and planning, within FMOH, and regions, the LMG teams were not able to provide some the coaching sessions as per our work plan. .
3. Reshuffling of some of the directorates within FMOH as of July 2013 , affects the work place teams as some staff have taken on new roles and responsibilities

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

1. We are receiving requests from the regional health bureaus to start with the rollout. We held discussions with the Ministry and reached on consensus to commence the cascading sessions using the draft curricula in some of the regions as of next quarter.
2. We continued our discussion with the regions and rescheduled the sessions which overlapped with other priorities.
3. LMG provided five make up classes and several team meetings to strengthen team based LM&G exercises

8. Data Quality issues during the reporting period

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

1. The project doesn't have concerns with data quality issues.

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

1. LMG developed monitoring and evaluation tools and oriented the staff on the importance of using them consistently.
2. LMG developed a training profile database with visual basic application (VBA) in excel and entered all of the training related data which helps us a lot in storing and retrieving training related data
3. We entered training related data into the database and also keep it in hard copy
4. We compare the numbers on the hard copy against the data in the computer

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

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)

- Conduct preliminary assessment to start with LM&G pre-services programs
- Conduct an introductory workshop with faculties from seven universities and health sciences colleges
- With pre-services institutions develop an action plan for pre-services LM&G in Ethiopia
- Start with LM&G roll out sessions in Oromia for five new zones, and 15 Woredas with Jimma, Haramaya, Ambo universities
- Continue with FMOH, Harari and Dire Dawa RHBs for finalizing the LM&G courses and provide follow up supports
- Conduct MMT for facility facilitators
- With FMOH Certify 67 facilitators who work with LMG from higher learning institutions.
- Start with conducting LM&G training with Tigary , Amhara , and SNNPRS RHBs team
- Conduct testing of manuals and ToT on gender
- Work with AAU, Tikur Anbessa hospital to start with LMG capacity building , LM&G, MOST
- Support ALERT and EPHOA as per plan
- Work with the health sector to strengthen joint planning for LMG roll out (two new partnerships established between health sector and universities for LMG roll out)
- Identify 21 Woredas for MOST rollout.

10. Environmental compliance

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

The project does not have any environmental compliance issues.

11. Financial accomplishment

(... In USD)

Life of Project budget (a)	Obligated To date (b)	Expenditure (Accrual and actual disbursement) To date (c)	Remaining balance (d) = (b) – (c)	Remarks
\$ 3,674,303	\$ 5,576,108	\$ 1,850,317	\$ 3,725,791	

12. Issues requiring the attention of USAID Management

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

- ✓ The FMOH trainees are reported with Addis Ababa trainees as there is no specific category for FMOH
- ✓ It is known that LMG as a project is a field support from LMG global mechanism, but when we traveled across several regions to initiate the startup of the project, health bureaus demanded us to share the federal level MoU document signed between USAID and FMOH. This was communicated to FMOH and USAID and LMG needs to get any official communication to the regions for easy startup of the project.

13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes
No

If yes, to which governmental office/s?

[Please put your response here]

If No, why not?

The major data that we shared with them is the baseline assessment data that we have prepared.

14. Appendix I: TA Report



USAID
FROM THE AMERICAN PEOPLE

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

Process for completing trip report

1. This **trip report** must be completed by the traveler and distributed to the supervisor, relevant team leader, project manager and ProCo within 10 business days of the traveler's return to their home office.
2. The traveler will schedule a **debriefing** with their project manager and, if appropriate, the project team within 10 business days of their return to their home office. This meeting will highlight content for the trip report. If the traveler is a project manager, they will meet with the project team. Ideally, the debriefing will be scheduled prior to the traveler's departure. The appropriate Team Leader can serve as a resource to determine who else should be present at the debriefing.
3. Trip reports and addendums should be saved with the relevant TDY documents in sub-project eRoom.
4. Completion of the trip report and scheduling debriefings is the responsibility of the traveler.
5. In the event a trip report needs to be filed with USAID mission, the traveler must have the report **reviewed by the appropriate Team Leader first**, when possible, and project manager before sending the report to USAID mission.
6. When the entire template is completed, email the report along with all relevant documents to the relevant Program Manager, Team Leader, and ProCo. ProCo will determine if trip report and which documents should be sent to **Institutional Memory**.
7. Save this report using the following naming protocol: sub-project name_ traveler's name_ destination_program year_departure month (i.e. Global Fund-Stash- Pakistan -2006-6).

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Addis Abeba, Ethiopia
Traveler(s) Name, Role	Belkis Wolde Giorgis
Date of travel on Trip	January 13, 2013 to January 28 2013
Purpose of trip	To support the Gender Directorate at the Ministry of Health
Objectives/ Activities/ Deliverables	<p>Develop Plan of Action for gender advisor seconded to the Directorate and provide orientation</p> <p>Agree of guidelines for Gender Mainstreaming Manual for the Gender Directorate</p> <p>Draft facilitators manual on Gender Mainstreaming for Gender Directorate</p> <p>Develop a plan of action with Gender Directorate for Capacity Building</p> <p>Discuss the framework for the Strategic Planning Exercise for Gender Directorate</p>
Background/Context, if appropriate.	<p>LMG project is working to build the capacity of the Gender Directorate of the Ministry of Health. A gender advisor was seconded to the Directorate to support this activity. Plans for developing the capacity of the Directorate include the following:</p> <ul style="list-style-type: none"> • Produce gender mainstreaming manual to be used at the federal and regional level for both facilitators and participants • LMG training for staff of the Directorate • Develop Strategic Plan for the Directorate which will inform the work they are doing to mainstream gender into all Ministry activities

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

Plan of Action developed and agreed upon between LMG and the Gender Directorate
Guidelines for Gender Mainstreaming manual agreed upon between LMG and Gender Directorate
Draft of facilitators Manual prepared and shared with LMG country office

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

Description of task	Responsible staff	Due date
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Finalize the gender mainstreaming manual (both facilitators and participant guide)	Seble Danie Belkis Giorgis	April 20, 2013
Plan and conduct strategic planning for gender directorate	Jim Rice Belkis Giorgis and Seble Daniel	Workshop will be April 27 and 28 th finalization of strategic plan will be in June 2013
Plan and conduct pilot test of manual with regional focal points	Belkis Giorgis and Seble Daniel	September 2013 (tentative)
Plan and conduct training for gender directorate	Belkis Giorgis and Seble Danie	October 2013 (tentative)

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
Dr. Amin Aman	Ministry of Health		Met with the State Minister to define areas in which LMG can support the gender directorate and agreed upon the deliverables that are put into the SOW

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: Senior Leadership Program

Dates of Travel	March 4-11
Traveler's Name and Role on Trip	Jeannie Mantopoulos, SLP director, Yale GHLI
Other Travelers and their Roles on trip	n/a
Destination and Client / Partner	Addis Ababa/FMOH and AAU
Activities/ Deliverables	Launch SLP, Session 1

2. Major Trip Accomplishments:

Launched the SLP program; the first of five sessions was delivered March 9-10. SLP instructors also convened on curricular content and program preparation. 50 participants from 11 regional core process teams are enrolled in the program as well as a team from the FMOH.

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

Training is in response to Ethiopia SOW Yr 1: *Result Area 2 – Improved leadership, management and governance capacity of select ministry of health directorates and agencies as well as regional health bureaus, zonal and district health offices. Outcome 2: Select FMOH Directorates and other government agencies have received LMG support and are implementing plans to improve leadership, management and governance capacity.*

4. Lessons Learned / Key Insights:

Great to have participation of all 11 regions and a federal ministry team. High level Ministry of Health support is critical and we are fortunate to have this support.

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

Description of task	Responsible staff	Due date
SLP Session II	Zahirah McNatt, Rahel Gizaw, Martha	April 6-7

	Dale, Patrick Byam	

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
Alain Joyal	MSH/LMG	Visited program
Jemal Mohammed	MSH/LMG	Visited program
Ato Petros	FMOH	Visited program

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
SLP Session I Summary Report	Evaluation report of Session I	Attached in email
Participant list	List of students	Attached in email

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1. Scope of Work: Build the evidence base for which changes, behaviors, practices, and outcomes were sustained in Ghana where the LDP and senior leadership training interventions were conducted by:

- o Conducting and recording interviews of LDP Coordinators, Facilitators, and Team Members regarding sustainability for transcription and analysis;
- o Gather from coordinators supporting documents on the LDP rollout.

Destination and Client(s)/ Partner(s)	Ethiopia/LMG
Traveler(s) Name, Role	La Rue K. Seims
Date of travel on Trip	April 14-24, 2013
Purpose of trip	<ul style="list-style-type: none"> • Finalize several documents, the most important being a capacity assessment of 59 organizations; • Review PMP and M&E Workplans, recommend changes, and identify those aligned with the LMG PMP; • Assist with developing tool for coaching training participants.
Objectives/Activities/ Deliverables	<p>Deliverables:</p> <ul style="list-style-type: none"> • Finalize organizational capacity assessment document for 59 organizations • Revise PMP and M&E Workplan • Develop supervision checklist • Finalize Ethiopian Public Health Officers Association OCA report • Trip Report
Background/Context, if	The LMG Ethiopia program involves close collaboration with the

appropriate.	FMOH, regional Health Bureaus, Zonal/District Health Offices, training institutions and professional health associations to (1) standardize and accredit needs-based, in-service training for the Ethiopian health sector; (2) develop the leadership, management and governance capacity of selected partners; and (3) strengthen the institutional capacity of Ethiopian training organizations and professional health associations.
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2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

- Working closely with Ademe, the organizational capacity assessment document has been finalized and has been distributed to Ademe, Jemal, and Jackie for archiving;
- The PMP was revised with Ademe. A package was prepared to submit to USAID/Ethiopia for approval which provided a comparison of original indicators and revised indicators and gave justification for changes. In addition, Ademe and I reviewed the PMP indicators against the global LMG indicators and identified which indicators would be reported to LMG;
- I developed with Ademe and overall approach to monitoring the results of six coaching visits and will include a measure of whether each training participant has completed the steps expected at the end of the previous coaching visit. Training staff identified the content which needs to be covered during each visit, and Ademe has added the content to the template developed to monitor coaching;
- The Ethiopian Public Health Officers Association OCA report was finalized and submitted to Ademe, Jemal, and Jackie for archiving;
- In addition to my original deliverables, I developed inserts to strengthen M&E in a manual developed to integrate gender into existing training curricula. The inserts were given to Belkis Giorgis and Daniel Seble to incorporate into their training manual.

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

Description of task	Responsible staff	Due date
<ul style="list-style-type: none"> • Review the coaching package and an OCA report being revised by Ademe for the Gender Directorate, when these are ready. • Submit request for changes in the PMP to USAID. 	La Rue Seims	When near final drafts are available.

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
Ademe Tsegaye, MSH	All MSH staff in MSH directory.			
Jemal Mohammed, MSH				

Dereje Ayele, MSH	
Belkis Giorgis, MSH	
Daniel Seble, MSH	
Petros Faltamo, USAID	

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. Baseline Report on the Leadership Management and Governance (LMG) Capacity of Government Offices in Ethiopia 2. Capacity Assessment Results for The Public Health Officers Association: An Application of the Management and Organizational Sustainability Tool	Above	With Jackie Lemlin to be added to eRoom.

1. Scope of Work: To conduct strategic planning retreat for the Gender Directorate of the Federal Ministry of Health (FMOH) of Ethiopia and work towards feedback incorporation of the Draft National Gender Training Manual for the Health Sector

Dates of Travel	Jim Rice, April 24 to April 28 2013 Belkis Giorgis, April 22 to May 8 2013
Traveler's Name and Role on Trip	Jim Rice, Facilitator Resource Person Belkis Giorgis, Facilitator Resource Person
Other Travelers and their Roles on trip	
Destination and Client / Partner	Addis Ababa and Adama, Ethiopia
Activities/ Deliverables	<ul style="list-style-type: none"> • Prepare draft gender strategic plan for the Gender Directorate of FMOH through facilitating the three day strategic plan retreat held in Adama, Ethiopia.

- Incorporate feedback from consultative workshop and LMG M and E division on national gender training manual for the health sector into the draft gender manual.

2. Major Trip Accomplishments:

Activity 1: LMG helped organize and facilitate a strategy plan retreat which resulted in the drafting of a strategic plan for the gender directorate of FMOH.

The strategic plan includes the following:

- Reviewed and affirmed the vision, mission and values of the Gender Directorate.
- Identified key challenges of the Directorate based on the SWOT analysis and MOST assessment and incorporation of stakeholders input into strategic plan.
- Identified and prioritized six major objectives with specific strategies, actions and indicators.
- Clarified roles and responsibilities of stakeholders and their contribution in supporting the work of the Gender Directorate outlined.
- In collaboration with the Policy and Plan Directorate and HMIS the strategic plan defined Monitoring Evaluation and Reporting frameworks to monitor progress. **(See Draft of Strategic Plan)**

Activity 2: Incorporation of feedback from consultative workshop and M&E division of LMG

- Review of draft facilitators and participant manual to incorporate a session on Mental Health and module on M&E.
- Agreement on content for the manual.
- Agreement on time line for finalization of draft manual and submission for editing to LMG communications team

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

As part of its mandate, LMG supports mainstreaming of gender in Ministries of Health in low income countries. Support that LMG provides to the Gender Directorate of FMOH is part of this mandate. Through the development of the strategic plan, the Gender Directorate can increase awareness among all other staff members in the Ministry of the critical role gender plays, work towards the objectives that have been identified, mobilize adequate resources from stakeholders who participated in the development of the strategic plan, and implement the evaluation and monitoring framework which has been developed. Secondly, LMG is planning to develop a tool kit for gender directorates or similar machineries in other countries within Ministries of Health in order to provide guidance on how to mainstream gender into health institutions by using this case as a way to develop models and methodologies.

4. Lessons Learned / Key Insights:

Preparation of documents prior to the retreat provided participants with a rich source of information to actively engage in the process. The methodology for conducting the discussions allowed participants to work in small groups where they were able to participate more than if it was in the plenary. The use of voting was also very innovative and gave the workshop an opportunity to develop a consensus quickly and see the results of changing attitudes regarding the work of the Directorate.

In addition to this, the participation of diverse stakeholders (FMOH, federal hospitals and agencies, international NGOs, ministry of women, house of people’s representatives, regional health bureaus, UN organizations, etc) resulted in a very participatory discussion and important outputs. A total of 44 (29 female and 15 male Participants) from various stakeholders and 7 (3 female and 4 male) MSH/LMG staff members were present during the entire retreat.

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

Description of task	Responsible staff	Due date
Refine draft of Strategic Plan	Seble Daniel and Belkis Giorgis	May 30, 2013
Develop costing estimate for activities that have been identified in strategic plan	Gender Directorate with Plan and Policy and Resource Mobilization Directorates	TBD
Review the draft Strategic Plan document with gender and health Technical Working Group for the Gender Directorate	Seble Daniel	TBD
Validation Workshop for the Strategic Plan	Gender Directorate	TBD
Final Draft of Participant Gender Manual	Seble Daniel	TBD
Final Draft of Facilitators Gender Manual	Seble Daniel	TBD
Gender Training Manual Test	Seble and Belkis	TBD
TOT on Gender Training Manual	Seble and Belkis	TBD

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
Carol A. Miller, Senior Program Adviser East and Southern Africa, Center for Policy & Advocacy	Futures Group International	
Helen Amdemichael, Country Director	Future Groups International	

Aaron White	Center for Creative Leadership	Possible collaboration on Youth Program
Steadman Harrison, Regional Director Africa and the Middle East Leadership Beyond Boundaries	Center for Creative Leadership	Possible Collaboration for Youth Programs
Woiz. Ayelech Eshete Woldesemayat, Chairperson Women's Children and Youth Affairs, Standing Committee	The House of People's Representative	Possible collaboration on LMG training

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
List of Participants Gender Directorate Retreat	List of participants, address and organization who attended the workshop	
Workshop package	Workshop package for participants includes <ul style="list-style-type: none"> • Agenda • Worksheets • SWOT analysis • Gender Mainstreaming Guidelines excerpts 	
Draft Strategic Plan for the Directorate	Strategic Plan for the Gender Directorate	

1. Scope of Work:	
Destination and Client(s)/ Partner(s)	Addis Ababa, Dire Dawa and Harar, Ethiopia
Traveler(s) Name, Role	Alain Joyal, Director Country Portfolio, CLM
Date of travel on Trip	March 2 - 16, 2013
Purpose of trip	Supervisory support visit primarily to the LMG/Ethiopia program and team, and secondarily to the HRH Project sub-agreement team.
Objectives/ Activities/ Deliverables	<p>The objectives of the visit are as follow.</p> <ul style="list-style-type: none"> ▪ For LMG/Ethiopia <ul style="list-style-type: none"> ○ Introduction with the team and team leaders to discuss program start-up, challenges and opportunities. Program update. ○ Meet with USAID/Mission health team and USAID's LMG Activity Manager ○ Discuss the program with some of the clients in Addis and in the field ○ Observe activity delivery as practical in light of the visit calendar ○ Meet with LMG Institutional partners JHUSPH and Yale to discuss partnership, roles and responsibilities and coordination ○ Performance review and planning with Project Director ▪ For HRH <ul style="list-style-type: none"> ○ Meet with JHPIEGO's leadership of the project to ascertain level of satisfaction with MSH and MSH team's contribution to the project ○ Meet with our HRH team leader to review program and discuss challenges and opportunities.
Background/Context, if appropriate.	<p><u>LMG/Ethiopia project</u></p> <p>The LMG project in Ethiopia is working to improve the leadership and management capacity of the Ethiopian health workforce. To meet this objective, LMG/Ethiopia is collaborating with the Federal Ministry of Health, regional health bureaus, zonal and district health offices, training institutions, professional health associations, and civil service organizations to create the capacity and a process for systematically building leadership, management, and governance competencies of the Ethiopian health workforce.</p>

	<p>To that effect, MSH though the LMG project has received about \$5.6m so far in field support from the USAID Mission in Addis. This is expected to fund the first two years of a capacity building effort that is anticipated to take overall about three to four years. The project implementation started in mid-2012.</p> <p><u>HRH project sub-agreement to JHPIEGO</u></p> <p>The Strengthening Human Resources for Health (HRH) program is a five-year (2012 – 2017) bilateral cooperative agreement funded by USAID, with an overall goal of improving the human resources for health status in Ethiopia. In order to achieve this goal, the JHPIEGO-led consortium of MSH, Ethiopian Midwives Association (EMA), Ethiopian Association of Anesthetists (EAA) and the Open University (OU) will support the government of Ethiopia by building local capacity for development of sustained systems for improving and monitoring the quality of education, deployment, retention and continued professional development of health care providers.</p> <p>MSH contributions to the HRH project are primarily concentrated in strengthening HR management capacity, improving policies and practices as well as HRM motivation and retention schemes. All these areas belong to Intermediate Result 1 – improved HRH Management. MSH also contributes at the project’s research, learning and M&E efforts (IR 4).</p>

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

LMG ETHIOPIA PROGRAM

Meeting at the USAID Mission with the Office of Health, AIDS, Population and Nutrition (HAPN) team (March 11, 2013):

Dr. Jemal and I met at the USAID Mission in Addis Ababa with representatives of the agency’s HAPN Office, including the Activity Manager for our LMG project, and a representative from the CDC in Ethiopia to touch base on the LMG/Ethiopia project progress, challenges, opportunities and upcoming activities.

Participants to the meeting.

- Dr. Eshete Yilma, Health Systems Strengthening Team Leader, USAID (ADDIS/HAPN)
- Dr. Petros Faltamo, Health System Strengthening Advisor and LMG Activity Manager (ADDIS/HAPN)
- Dr. Faris Hussain, Health System Advisor (Nutrition), USAID (ADDIS/HAPN)
- John McKay, Project Support Manager (ADDIS/HAPN)
- Heather Devis, HIV/AIDS/PEPFAR Team Leader (ADDIS/HAPN)
- Dr. Jemal Mohammed, LMG/Ethiopia Project Director, MSH

- Mr. Alain Joyal, Country Portfolio Director, MSH

Meeting Agenda

1. Update on LMG/Ethiopia progress
2. Major upcoming activities
3. Key issues requiring USAID attention
4. L+M+G Operational Research
5. AOB

Salient points from the meeting

- a. Mission requests that once curriculum/modules are ready for final review, that the project share them with the USAID and CDC teams in Addis for comments. **Action: *Jamal*** to ensure this is done on a routine basis and incorporated as a standard step in the curriculum review process.
- b. Mission requests that the LMG project leaders in Ethiopia engage and team up with the Abt. Associate Health Care Financing project in order to ensure adequate coordination in connection to curriculum development and to avoid duplication of efforts. USAID (Dr. Petros who is Activity Manager for this project as well) will send an email to Abt Associate to request and encourage collaboration between the two teams and projects. **Action: *Dr. Petros*** to send within the next couple days an email to Abt Ass. Health Care Financing Project (copying Dr. Jemal).
- c. Dr. Petros is requesting MSH/LMG/Et a short periodical progress report on the seconding to the Federal HIV/AIDS Prevention and Control Office (FHAPCO) of a senior local professional by MSH with USAID/Ethiopia funding through LMG. **Action: *Alain/Jemal*** to establish at and maintain with FHAPCO the practice of submitting on a quarterly basis a short progress report on the assignment at the FHAPCO's Global Funds Program Coordinator position of a senior local professional. A progress report template will be developed and tested/ used by the FHAPCO.
- d. Operational Research: Dr. Eshete Yilma requested that the LMG project leadership in Ethiopia ensures that the level of effort (LOE) and level of attention allocated to the operational research remain proportional to the overall magnitude of the project as resources are already very limited and the overall project scope of work critically important to the Mission. Dr. Eshete stated that the Mission does not need an OR at the price range that has been discussed (between \$1 million to \$2 million.) At the conclusion of the meeting he repeated that we need to make sure our focus is on the project main objectives of rationalizing in-service training, including L+M+G's, building capacity of those organizations and units in charge of managing or delivering in-service training so that the system is institutionalized, and strengthen the Gender Directorate at the FMOH.

Actions:

- ***Alain/Jemal*** to discuss further with Dr. Petros the matter of OR cost and benefits, possible threshold in USAID's mind and way forward.
- ***Alain/Jemal*** to meet with ***Bill Weiss*** from JHU, the author of the Concept Note drafted on the OR in Ethiopia. Bill happened to be in Addis at that time and we were able to meet with him in order to ascertain the potential for research streamlining and adaptation in order to achieve cost saving while maintaining the validity and relevance of a research findings and results.
- ***Bill*** to consult with JHUSPH and MSH/LMG to update the concept note.

The work meeting with Bill Weiss from JHUSPH took place on 15 March at LMG/Ethiopia office. Bill clearly understood the budgetary challenge and the need for a streamlined OR of a shorter duration with (to the extent possible) a smaller sample. He promised to review this with specialists at JHU and come back with an updated concept note.

The follow-on meeting with Dr. Petros could not take place during this TDY but took place shortly afterward on 3 April over the phone during a dedicated teleconference call. Here are the notes on the main points that emerged from the telephone conference.

Present: Petros (USAID), Jemal, Jackie, Eden, La Rue and Alain

Re: Concept Note for Research in Ethiopia

Alain explained that the reason for our call was to clarify Petros and the Mission's position regarding the Concept Note and budget for a rigorous research study, to be conducted by JHU, of a planned LMG training program in Ethiopia. Alain and La Rue explained that JHU was working on a revision of the last Concept Note and explained the major changes being made in the research design and in the budget.

Petros explained that while he and the Mission are not against research per se, they felt that it must be applied research and that the JHU Concept Note was much too academic. He was looking for more of an M&E approach which makes it clear how data collected will be used to monitor the project on an on-going basis and how it will be used for program purposes. He was looking for support to the M&E Unit in Ethiopia in designing tools and in monitoring changes in organizational strengthening against the baseline that's already been conducted. He also stated that a research approach costing a reduced \$1.3 million (the initial concept note had the study at \$1.8 million), approximately a third of the available budget, was totally unacceptable. Petros was not against JHU involvement as long as their involvement was within the original budget and within the concept of M&E.

He stated in addition that the environment in Ethiopia would not be conducive to conducting research there at this time. The FMOH closely oversees project implementation, and they have at this time a strong inclination toward capacity building interventions and implementation and are opposed to doing additional studies and research. They would not find a more rigorous study acceptable, and certainly not at even the reduced \$1.3 million budget.

Given the clarifications from Petros, it's the recommendation of those on the telephone call that MSH should inform both JHU and USAID/Washington that the Mission is not supportive to a revised Concept Note for a more rigorous study in Ethiopia at this time.

LMG/Ethiopia Team (Staff) Meeting (March 4, 2013)

The project team held a staff meeting at the project office on the first morning of my visit to Ethiopia. The staff meeting was presided by the team leader and project director, Jemal Mohammed who managed it in a smooth and effective manner so that the team proceeded with good efficiency and dedication through the well-organized agenda. Discussions were open, constructive and collegial; conclusions/decisions/next steps defined clearly with precise timeline and assigned team member(s) whenever necessary. The staff meeting was a golden opportunity to meet with the whole LMG/Ethiopia team and introduce myself. It provided me with an excellent update on recently initiated or completed project activities, and on upcoming priority activities and interventions. The well-developed minutes from the previous meeting were reviewed to ensure nothing of import was amiss.

Additional observation: This is a new team and most members only joined MSH and LMG/Ethiopia very recently. I could observe through this meeting and at every occasion I spent afterward at the LMG/Ethiopia office that the work climate was excellent and that each team member was focused and purposeful.

Some important needs were expressed by the team (or observed by myself) during the meeting:

- The team would like to be further oriented and educated on the notion of governance in the health sector and related concepts. They feel that they do not know enough at this point in time to be effective advocate for strong governance. **Action: Alain** to suggest Jim Rice to conduct orientation/training session(s) on Governance in the Health Sector for the LMG/Ethiopia team during his upcoming visit to Addis Ababa (April 2013)
- The LMG/Ethiopia office needs visual material (posters, pictures, maps, etc.) on MSH (Vision and Mission statements, the Tao of Leadership, etc.); on CLM, on the LMG Project and on leadership, management and governance (L+M+G); on USAID, on the LMG/Ethiopia team itself, and on Ethiopia. **Action: Alain** to signal these needs to the support team at the home office and **Jemal/Jackie** to ensure appropriate follow-up actions in that regards are taken at each end so that within a two months the office space properly advertise and inform on relevant topics and themes.
- The LMG/Ethiopia team and office needs properly branded project information and communication material, technical documents (including MSH Traveling Toolkit flash drives) and files (including Power Point presentations) on the LMG Project and its institutional partners (MSH, Yale, IPPF, JHUSPH, AMREF, Medic Mobile). **Action: Alain** to signal these needs to the support team at the home office and **Jemal/Jackie** to ensure appropriate follow-up actions in that regards are taken at each end so that within a two months the office space properly advertise and inform on relevant topics and themes.

Field Visits at Provincial Level (March 6 & 7, 2013)

- A. **To Dire Dawa to meet with the Dire Dawa Provincial Health Bureau** (March 6th, 2013): Dr. Jemal Mohammed, Dr. Dereje Ayele and myself met with representatives from the Dire Dawa Health Bureau to discuss the upcoming LMG-P training in their region and how they will proceed to scale it up so that all facilities are covered. First they shared with us their very favorable impression on the recently held and LMG-organized Training-of-Trainers session on the LMG-P course they took part in a few weeks ago – five of the Dire Dawa Health Bureau participated. The training and program will fill an important gap in their region and their plan is to cascade it down to all health managers, workers and team with the LMG project technical support. This position appears to be quite reasonable as Dire Dawa is a small in size and population “province” (it is a town and surrounding with a special administrative status. The Health Bureau representatives appreciated the new elements added to the curriculum that were not present in the old LDP course.

Challenge/issue to address: While the representatives have a clear understanding of and knowledge about the region’s public health priorities, their plan is to leave the teams select their own priority to address during the LMG-P course. This position could present monitoring difficulties as challenges selection could be quite diverse and dispersed when left to the discretion of the teams. This approach, as observed in many countries may also result in the program having a reduced initial impact on public health status and indicators. **Action:** *Focusing challenges selection to the region’s public health priorities (or one of them) would be highly desirable and this matter*

*deserves some additional discussions at the project level (internal discussions to be led from a technical standpoint by **LaRue** and facilitated by **Jemal**) and with our partners and clients (also facilitated by **Jemal** and team).*

For reference, the public health priorities listed by the Dire Dawa Health Bureau were as follow: Family Planning; Partner Testing for HIV; Malaria; and Multi-drugs Resistant TB

The representatives from the Health Bureau were: Ahmedsham Abdela, Curative and Rehabilitation Core Process Owner and Mohammed Habib, Human Resources for Health Core Process Owner. The head of the Regional Health Bureau was on maternity leave and not present.

- B. **To Harar to meet with the College of Medical & Health Sciences at the Haramaya University** (March 7th 2013): We met with the in-service training team (seven members) who are all trained LDP facilitators and they took part in the recently delivered Training-of-Trainers session on LMG-P. They presented a Power Point presentation that showed their very good understanding of the program and their role as a training institution and team in deploying it in their region. They agreed with the notion of introducing similar L+M+G elements in the pre-service curriculum at the College. A few of them explained that some efforts had been initiated at the time of the LMS program in 2009 and 2010 but that they should have much better traction under LMG because of the project focus on building the capacity of the institutions delivering the standardized LMG course(s).

Visits to the Federal Ministry of Health (March 11, 2013)

- A. **Visit to the Policy and Planning General Directorate:** We met with Dr. Kiros Kidanu, Planning and Policy Directorate Director who took part in the recently held and LMG-organized Training-of-Trainers (ToT) session on the LMG-P course and facilitated one of its sessions. He sees leadership and management training and capacity building as an essential element to the realization of the Ministry of Health strategic objective of improving service delivery and quality of care. He admitted having been somewhat skeptical initially about the training but became totally supportive during the ToT once he understood the content of the modules and the course delivery mechanism. He valued the project commitment at ensuring the courses and capacity building methodology to be transferred to Ethiopian professionals and institutionalized within Ethiopian organizations. He believes that the contextualization of the training through addressing challenges that are important to the participants is a powerful approach. Dr. Kiros saw leadership and management improved capacity as an important missing link between the ministry's vision and the prevailing situation. He also believes that the LMG training and support will help with the Balance Score Card system being used at the FMOH in Ethiopia. Dr. Kiros is committed toward leadership and management training and will be a support to and advocate for the project.

- B. Visit to the Gender Directorate at the MoH

Participants at the meeting.

- Mr. Alemayehu Bogade, Assistant Director and Gender Case Team Leader
- Mrs. Amsale Eshetu, Gender Officer
- Mr. Meron Getahun, Gender Officer
- Mrs. Seble Daniel Solomon, Gender Advisor, LMG/Ethiopia Project, MSH
- Dr. Jemal Mohammed, Project Director, LMG/Ethiopia Project, MSH

Mr. Alemayu presented the Gender Directorate main activities and deliverables at this time and LMG's project notable contributions of which we can mention the following ones.

- o The seconding of Mrs. Seble to the Directorate and her smooth and effective integration
- o The finalization of the National Gender Training Manual
- o The assistance in the training of the provincial HAPCOs on the prevention of and communication on Female Genital Mutilation traditional practices
- o Women's International Day preparation
- o The participation of the Directorate in the LMG-P ToT that took place in Jimma
- o The technical preparation of the critically important Gender Strategic Planning exercise that is to take place in April 2013.

Alemayu considers MSH/LMG as a fast track partner that brings to bear high quality inputs in a timely fashion ("*you walk the talk*"). The Directorate is looking forward for the LMG-P modules to be fully developed and approved by the Ministry and for its strategic plan to be developed. This added to the strong political Gender Equity benefits from the top leadership at the Ministry will allow the Governorate to carry out its Mission with increase effectiveness.

In support to this team's effort at designing the strategic plan process, I forwarded them MSH eHandbook Chapter 4: Planning the work and working with the plan

C. Visit to the HRH General Directorate

We met with Mrs. Rahime Shikur, Manager for In-Service Training and Professional Development Case Team at the Human Resources for Health General Directorate, who expressed the Ministry's satisfaction with the progress realized this far by the Technical Working Group (TWG) on the LMG-P curriculum standardization at the three levels (Central, District and facility), the representation of key stakeholders from all levels and their active participation, and the quality of the contributions. This is particularly important in the view of the Ministry that this is the first technical area where curriculum standardization is being done. The present process will serve as a model for the following technical areas and will provide best practices and lessons learned for them. When it comes to LMG-P, her goal is to have 12 training institutions in Ethiopia accredited to deliver the LMG-P course at the three levels.

Mrs. Shikur was impressed with the quality of the ToT on LMG-P that took place recently at Jimma University under the LMG Project and with the relevance of the content of the course for the health sector. She is looking forward to the second session (28 March, 2013).

Miscellaneous

- On March 5th, USAID/HSS implementing partners took part in a one-day workshop sponsored by USAID/Ethiopia so that the partners could present their respective projects and activities and identify potential areas of collaboration between them. A total of 16 projects and initiatives were presented, of which four involved MSH directly (LMG, SCMS and SIAPS) or indirectly (Jhpiego/HRH). During the second half of the workshop the implementing partners mapped out the areas of collaboration between each possible pair of projects/initiatives and produced an astute matrix laying out clearly these potential synergies.
- On March 15th, touch-base meeting with Yale representative in Ethiopia, Mrs. Zahirah McNatt: Jemal and I met with Zahirah and Rahel Gisaw, Yale Technical Advisor assigned to the LMG project in Ethiopia to discuss areas of mutual interest for MSH and Yale in relation to the LMG project in Ethiopia. Among the topics covered we take note of the Yale current scope of work with LMG in Ethiopia, the participation of Yale to the Technical Working Group developing the LMG-P curriculum at three levels, the ongoing LMG project Senior Leadership Training course led by Yale and the project coordination.

Decisions: *It was agreed that*

- Rabel will be (re)inserted in the facility level curriculum development sub-group,*
- Rabel and Zahirah will be added in the Mail Serve,*
- That Yale's inputs to the draft curriculum under development will be communicated to Jemal and integrated into LMG's consolidated inputs, and*
- That the current Yale SOW for the work in Ethiopia under LMG will be reviewed and actualized (corrected, completed, changed) as required and jointly agreed by MSH and Yale.*
- Jemal will establish a regular LMG partners meeting at which Zahirah will be invited*

Actions: *Jemal to make the necessary contacts with the Technical Working Groups to ensure the (re)integration of Rabel in their proceedings, and this for the sub-group in charge with the facility level curriculum. Jemal to set-up a regular coordination meeting for LMG institutional partners active in Ethiopia under the project (Yale, JUH, AMREF)*

- On March 9th, I attended the opening ceremony of the Senior Leadership Program (SLP) initial training session led by Yale. This is a team-based leadership development certificate program that will equip members of Regional Health Bureaus Curative and Rehabilitative Core Processes Teams with the skills needed to address health system challenges with streamlines performance monitoring, evidence-based improvement strategies, effective management, and accountable governance.

HRH PROJECT

Visit to HRH Project office to meet with Project Director and with MSH Team Leader, Shelemo Shawula (March 13th, 2013):

Shelemo and I met with the HRH Project Director, Dr. Damtew Dagoya and with the HRH Senior Program

Officer, Sharon Kibwana – both from JHPIEGO. Dr. Damtew is pleased with the collaboration existing with MSH in implementing the project. He also acknowledged MSH's active collaboration (Shelemo and Jemal) in the earlier stage at sorting out roles and responsibilities between the LMG and HRH projects so that duplication of efforts and major gaps are avoided and tight coordination is ensured whenever necessary. The mutual feeling on both sides is that the two projects are now well aligned and that they complete one another. I have also suggested a standing meeting between HRH and LMG projects to exchange information, share promising practices and address challenges of interest for both projects on regular basis. This was welcomed by the HRH Director and Senior Program Officer. I've invited Dr. Damtew to contact me or Jackie Lemlin (SPO leading MSH support team at the Home Office for HRH) directly and with no hesitation moving forward in case he has any concerns that appear to be difficult to address or resolve locally.

After this meeting with JHPIEGO's team leaders, Shelemo walked me through the HRH project workplan areas where MSH is in charge of implementation or where MSH is playing a significant (if not leader) role. The WP is well structured and clear. Shelemo is satisfied with progress so far and he feels he is assembling a solid team around him.

3. Next steps: Key actions to continue and/or complete work from trip.		
Description of task	Responsible staff	Due date
The USAID Mission requests that once curriculum/modules are ready for final review, that the project share them with the USAID and CDC teams in Addis for comments.	<i>Jamal to ensure this is done on a routine basis and included as a standard step in the curriculum review process</i>	On a routine basis
The Mission requests that the LMG team in Ethiopia engage and team up with the Abt. Associate Health Care Financing project to ensure adequate coordination with curriculum development and to avoid duplication of efforts.	<i>Dr. Petros to send within the next couple days an email to Abt. Ass. Health Care Financing Project</i>	By 15 March, 2013
The Mission requests LMG a short regular progress report on the seconding to the Federal HIV/AIDS Prevention and Control Office (FHAPCO) of a senior local professional by MSH with USAID/Ethiopia funding through LMG.	<i>Alain/Jemal to establish at and maintain with FHAPCO the practice of submitting on a quarterly basis a short progress report on this secondment. They will propose to the FHAPCO a progress report template.</i>	By the 15 th of the month following the end of a quarter
On possible Operations Research under LMG:	<i>Alain/Jemal to further discuss with Dr. Petros the matter of OR cost and benefits, possible threshold in USAID's mind and way forward.</i> <i>Alain/Jemal to meet with Bill Weiss from</i>	As soon as possible (this actually took place on April 3, 2013)

Description of task	Responsible staff	Due date
	<i>JHU, the author of the Concept Note drafted on the OR to ascertain the potential for research streamlining and adaptation to achieve cost saving while maintaining the validity and relevance of a research findings and results.</i>	On March 14, 2013
<p>For the LMG/Ethiopia staff and office</p> <ul style="list-style-type: none"> - Orientation on the notion of governance in the health sector and related concepts - The LMG/Ethiopia office needs visual material (posters, pictures, maps, etc.) on MSH (Vision and Mission statements, the Tao of Leadership, etc.); on CLM, on the LMG Project and on leadership, management and governance (L+M+G); on USAID, on the LMG/Ethiopia team itself, and on Ethiopia. - The LMG/Ethiopia team and office needs properly branded project information and communication material, technical documents (including MSH Traveling Toolkit flash drives) and files (including Power Point presentations) on the LMG Project and its institutional partners (MSH, Yale, IPPF, JHUSPH, AMREF, Medic Mobile). 	<p><i>Alain to suggest Jim Rice to conduct orientation/training session(s) on Governance in the Health Sector for the LMG/Ethiopia team during his upcoming April visit to Addis Ababa.</i></p> <p>Action: <i>Alain to signal these needs to the support team at the home office and Jemal/Jackie to ensure appropriate follow-up actions in that regards are taken at each end so that within a two months the office space properly advertise and inform on relevant topics and themes.</i></p> <p><i>Alain to signal these needs to the support team at the home office and Jemal/Jackie to ensure appropriate follow-up actions in that regards are taken at each end so that within a two months the office space properly advertise and inform on relevant topics and themes.</i></p>	<p>April 2013</p> <p>By end of May 2013 the LMG/Ethiopia office space properly advertise and inform on relevant topics and themes.</p> <p>By end of May 2013 the LMG/Ethiopia office space properly advertise and inform on relevant topics and themes.</p>
<p>Focusing challenges selection to the region's public health priorities (or one of them) rather than disparate challenges selection would be highly desirable. This matter deserves additional discussions and a resolution.</p>	<p><i>Discussions (internal at the project level and with our clients) are to be led from a technical standpoint by LaRue and facilitated by Jemal.</i></p>	<p>On-going</p>
<p>Overall coordination with LMG's partner Yale University and (re)integration into the TWG</p>	<p><i>Jemal to make the necessary contacts with the Technical Working Groups to ensure the (re)integration of Rabel in their proceedings, and this for the sub-group in charge with the facility level curriculum.</i></p> <p><i>Jemal to set-up a regular coordination meeting for LMG institutional partners active in Ethiopia under the project (Yale, JUH,</i></p>	<p>Immediate</p> <p>By end of March 2013</p>

Description of task	Responsible staff	Due date
	AMREF)	

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
Elise Jensen	ejensen@usaid.gov	USAID-Ethiopia	Health, AIDS, Population and Nutrition (HAPN) Office Team Leader; arrived in Ethiopia in Aug/12. Elise was formerly USAID-Malawi Activity Manager for MSH/M&L project; then moved on to lead the HIV/AIDS team at USAID-Tanzania (2007-10); and to USAID-Afghanistan (2010-12).
Hannah Gibson	hgibson@jhpiego.net	JHPIEGO	Country Representative for Jhpiego in Ethiopia. Hannah was Project Director for the Jhpiego's HSSP project in Afghanistan from 2007 to 2010
Dr. Eshete Yilma,	eyilma@usaid.gov	USAID (ADDIS/HAPN)	Health Systems Strengthening Team Leader
Dr. Petros Faltamo	pfaltamo@usaid.gov	USAID (ADDIS/HAPN)	Health System Strengthening Advisor and LMG Activity Manager
Dr. Faris Hussain	fhussain@usaid.gov	USAID (ADDIS/HAPN)	Health System Advisor (Nutrition),
John McKay	jmckay@usaid.gov	USAID (ADDIS/HAPN)	Project Support Manager
Heather Devis	hdevis@usaid.gov	USAID (ADDIS/HAPN)	HIV/AIDS/PEPFAR Team Leader

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

File name	Description of file	Location of file
LMG_Ethiopia Staff Meeting Notes March 4 2013	LMG_Ethiopia Staff Meeting Notes March 4 2013	LMG/Ethiopia office
Kenya Health Leadrshp & Mgt Assessment Final Report - Team Edited 10 Jul 09	the Kenya health sector L+M assessment report (final)	Provided to the LMG/Ethiopia team
LMG_SLPBrochure_06 21 12	Senior Leadership Development Program	Provided to the LMG/Ethiopia team
LDP Plus Brochure 6 19 12	Leadership Development Program Plus	Provided to the LMG/Ethiopia team
msh eHandbook_ch04	MSH eHandbook Chapter 4: Planning the work and working with the plan	http://www.msh.org/resource-center/health-systems-in-action.cfm and http://www.msh.org/Documents/upload/msh_eHandbook_ch04.pdf
Copy of HSS program interface populated (3)	HSS program interface and collaboration matrix for USAID HSS Partners	See in annex to the present report

HSS Programs Interface and Collaboration Matrix

Program Areas	Implementing Mechanism /Name of the program /Project	Possible area of Collaboration with				
		a. LMG	b. HRH	c. Health Care Financing	d. Logistics	e. Health Inform Systems
Leadership, Management and Governance (LMG)	MSH/LMG		Standardization and institutionalization of Health sector in-service trainings, Lower, mid and higher level health Managers training	Strengthening hospital/Health center management board capacity in leadership and governance	Resource management Health commodities and products management	Health information management
Human Resource for Health	JHPIEGO/HRH	IST standardization and governance, Postgraduate training in HRH management		Motivation and retention of HCWs, Incentive mechanisms, Private wings, performance based incentives, CPD/IST financing mechanism	Health workforce development for supply chain management, Motivation of HCWs through making available drugs and equipments	HRIS, HIT
Health Care financing	Abt/HCFR	Governance , community accountability	Performance based financing, Private wings,		Revolving drug funds, Outsourcing, stockout	Information related HCF
Logistics and Pharmaceuticals	MSH/SCMS and SIAPS, USP, JSI/Deliver	Logistic management and leadership	Supply chain management personnel, Drug availability and HCWs motivation, Rational use of drugs	Outsourcing of Supply chain activities		Drug information systems
Health Information systems	JSI/Measure evaluation	Evidence generation for managers and leaders	HRIS for HRM, IST and CPD	HMIS	HMIS	
Private Health Sector	PHSP, DCA, SHOPS	Policy development for Private sector engagement	Policy development for Private higher teaching institutions	DCA	Private sector involvement for logistics/transportation, Supply chain management systems for private facilities.	HMIS
Service deliveries	HIV/AIDS, MCH/FP/TB, PMI	Integration with health sector LMG initiatives	Inservice training activities standardized and institutionalized	Utilization of CHI/SHI	Provision of feedbacks, integration with the scms	Utilization of HMIS