

Leadership, Management, and Governance (LMG) Project

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Project Year 5 Annual Report

October 1, 2015 to September 30, 2016

Inspired Leadership. Sound Management. Transparent Governance.



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Acronyms

ACHEST	African Centre for Global Health and Social Transitions	DCHA	Democracy, Conflict, and Humanitarian Assistance Bureau
AGYW	Adolescent Girls and Young Women	DDs	Departmental Health Directorates
AIDS	Acquired Immune Deficiency Syndrome	DG	Director General
AIDS 2016	International Aids Conference	DPOs	Disabled people's organizations
AMP Health	Aspen Management Partnership for Health	DRC	Democratic Republic of Congo
ANC	Antenatal care	DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe Initiative
APRA	Promise Renewed for the Americas	DRs	Regional Health Directorates
ART	Antiretroviral therapy	E2A	Evidence to Action Project
ARTF	Afghanistan Reconstruction Trust Fund	EAWMN	East Africa Women's Mentoring Network
ASHGOVNET	African Health Systems Governance Network	ECCD	Early childhood care and development
BLC	Building Local Capacity for Delivery of HIV Services in Southern Africa Project	ECOWAS	Economic Community of West African States
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa	ECSA	East, Central and Southern Africa
CBCSO	Community-based civil society organization	EMP	Essential Management Package
CBHI	Community-based health insurance	EPA s	Eligibility and performance assessments
CBR	Community birth registration	EPCMD	Ending Preventable Child and Maternal Deaths
CCM	Country coordination mechanisms	FBA s	Faith-based birth attendants
CMG	Core management group	FEI	France Expertise Internationale
CNAA	National Committee on Contraceptive Security (Spanish acronym)	FMOH	Federal Ministry of Health
CSO	Civil society organization	FP	Family planning
CSV R	Centre for the Study of Violence and Reconciliation	FP/SRH	Family planning and sexual and reproductive health
CVT	Center for Victims of Torture	FP/SRHR	Family planning/sexual and reproductive health and rights
CYP	Couple years of protection	FP2020	Family Planning 2020
		GBV	Gender-based violence

GFL	Global Fund Liaisons	LINKAGES	Linkages across the Continuum of HIV Services for Key Populations Affected by HIV
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit		
GMS	Grants Management Solutions project	LLIN	Long Lasting Insecticidal Nets
HAPCO	HIVAIDS Prevention and Control Office	LMG	Leadership, Management, and Governance Project
HAPPS	HIV/AIDS Provincial Planning Simulator	LMG/CIEB	Ebola Decentralized Management Support Project
HIS	Health information system		
HIV	Human immunodeficiency virus	LTAs	Long-term technical advisors
HR	Human resources	M&E	Monitoring and evaluation
HSRC	Human Sciences Research Council	MANASO	Network of AIDS Service Organizations
HSS	Health systems strengthening	MANET+	Malawi Network of People Living with HIV/AIDS
IBP	Implementing Best Practices Initiative		
ICFP	International Conference on Family Planning	MAAs	Member associations
ICRC	International Committee of the Red Cross	MDGs	Millennium Development Goals
ICRP	Integrated Child Rights Policy	MENA	Middle East and North Africa
ICT	Information and communication technology	MIGEPROF	Ministry of Gender and Family Promotion
IHAA	International HIV/AIDS Alliance	MIUSA	Mobility International USA
IPPF	International Planned Parenthood Federation	MNCH	Maternal, newborn, and child health
IPPF ARO	International Planned Parenthood Federation Africa Region Office	MOH	Ministry of Health
		MoPH	Ministry of Public Health
		MOST	Management and Organizational Sustainability Tool
ISPO	International Society for Prosthetics and Orthotics	MOU	Memorandum of Understanding
IST	In-service training	MSH	Management Sciences for Health
ISWP	International Society of Wheelchair Professionals	MSM	Men who have sex with men
IYAFF	International Youth Alliance for Family Planning	MSPP	Ministère de la Santé Publique et de la Population
JCRC	Joint Clinical Research Center	NCC	Rwanda's National Commission for Children
L+M+G	Leadership, Management, and Governance Concept	NGOs	Non-governmental organizations
LAC	Latin America and the Caribbean	NMCPs	National Malaria Control Programs
LDP+	Leadership Development Program <i>Plus</i>	NSP	Network Strengthening Program
LFA	Local fund agents	OHA	Office of HIV/AIDS
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex	OIG	Office of the Inspector General
		OVC	Orphans and vulnerable children

PASCA	Program for Strengthening the Central American Response to HIV	ToT	Training of Trainers
PATH	Partners in Trauma Healing	TWG	Technical working group
PDSS	Plan de Développement du Secteur Santé	UAFCE	Unit for the Administration of External Cooperation Funds
PEPFAR	President's Emergency Plan for AIDS Relief	UCDC	Ukrainian Center for Socially Dangerous Disease Control
PLAN-Health	Program to Build Leadership and Accountability in Nigeria's Health System	UCP	Unité de Coordination des Programmes
PLHIV	People living with HIV	UGD	Unit for Decentralized Management
PMI	President's Malaria Initiative	UNAIDS	Joint United Nations Programme on HIV/AIDS
PNC	Postnatal care	UNDP	United Nations Development Program
PPFP	Postpartum family planning	USAID	United States Agency for International Development
PPP	Public-private partnerships	USG	United States Government
PR DB	Principal Recipient Management Dashboard	WAHO	West Africa Health Organization
PRs	Principal Recipients	WHO	World Health Organization
RBF	Results-based financing	WHO-FIC	WHO Family of International Classifications
RCR	Referral and counter-referral	WILD	Women's Institute for Leadership and Disability
RELACISIS	Latin American Network for the Strengthening of Health Information Systems (Spanish acronym)	WSTP	Wheelchair Service Training Package
RMNCH	Reproductive, maternal, newborn, child, and adolescent health	WSTPt	Wheelchair Service Training of Trainers Package
SAP	Simplified Application Process	YAM	Youth Action Movement
SCM	Supply chain management	YSRH	Youth Sexual and Reproductive Health
SDGs	Sustainable Development Goals		
SEHAT	System Enhancing for Health Actions in Transition		
SFD	Special Fund for the Disabled		
SHARE	Southern Africa HIV and AIDS Regional Exchange portal		
SHTE	School of Health Technology at Etinan		
SLPs	Senior Leadership Programs		
SMOH	State Ministry of Health		
SPI	Strategic Planning and Investment Committee Manual of Procedures		
TA	Technical assistance		
TB	Tuberculosis		
TBAs	Traditional birth attendants		

Executive Summary



The Leadership, Management, and Governance (LMG) Project strengthens health systems to deliver more responsive services to more people by developing inspired leaders, sound management systems, and transparent governance practices within and among individuals, networks, organizations, and governments.

This report summarizes the activities and results of Project Year 5 (PY5) of the six-year, United States Agency for International Development (USAID)–supported LMG Project (Cooperative Agreement Number AID-OAA-A-11-00015) during the reporting period from October 1, 2015, through September 30, 2016.

The LMG Project consortium is led by Management Sciences for Health (MSH), with partners Amref Health Africa, the International Planned Parenthood Federation (IPPF), the Johns Hopkins Bloomberg School of Public Health (JHSPH), Medic Mobile, and the Yale University Global Health Leadership Institute. The LMG Project also works closely with ministries of health (MOHs), civil society organizations (CSOs), international organizations, networks, and health-training facilities to design, implement, and monitor a wide range of activities that improve health systems in low- and middle-income countries.

Throughout PY5, the LMG Project applied expertise through 13 USAID Mission–funded projects to develop the capacity of health systems to be truly responsive to the needs of all people. Additionally, activities funded by USAID/Washington were implemented worldwide.

We have made a number of contributions to USAID priorities through thought leadership and program innovations. Our work in family planning, including our study in Cameroon of the added value of a leadership development program to post-partum family planning service delivery, are contributing knowledge that can help achieve FP2020 goals. In HIV and AIDS programming, our Network Strengthening Program (NSP), tested with two HIV and AIDS–focused organizations in Malawi, is an example of a resource developed by the LMG Project to build capacity of organizations so they are able to contribute to and AIDS-free generation. Our certificate course to improve the leadership management and

governance skills of Midwives so they can overcome service delivery challenges in their clinics contributes to the goals of Ending Preventable Maternal and Child Deaths (EPCMD).

As in prior years, in PY5 the LMG Project continued to collaborate with community members, health workers, and government ministries to identify ways to improve service delivery and promote sustainability of programs. Our work focuses on all levels of the health system; to ensure **individual** medical personnel have the skills and competencies they need to lead and manage programs and health facilities once they graduate, we worked with pre-service training institutions in Ethiopia to deliver the new Health System Management course to almost 1,000 students at four universities.

We continued to strengthen the capacity of **organizations** so they could reliably deliver high-quality health services. A follow-up organizational capacity assessment of the Joint Clinical Research Centre (JCRC) in Uganda showed improved capacity across nearly all areas assessed.

At the **national** level, we strengthened the capacity of National Malaria Control Programs (NMCPs) in six West and Central African countries to effectively implement their national malaria strategies through the provision of ongoing technical support and implementation of the Leadership Development Program Plus (LDP+). In our work with the International Committee of the Red Cross (ICRC), we delivered senior leadership programs to multi-sectoral teams from 11 countries with the goal of strengthening the enabling environment for physical rehabilitation and disability rights. Through three regional Senior Leadership Programs (SLP), we trained 107 high-level decision-makers from 15 countries in Africa and East Asia.

To promote **regional** coordination on data dissemination and use, we collaborate with the Latin American Network for the Strengthening of Health Information Systems (RELACIS [Spanish acronym]), to standardize and strengthen health information systems (HISs) in the Latin America and Caribbean (LAC) region.

At the **global** level, we convened 72 governance and public-health leaders to hold our fourth governance roundtable, which will produce a roadmap to identify governance actions that will help achieve 2030 health targets. Additionally, in coordination with the WHO, we are developing a training of trainers program for wheelchair service providers to promote a standard global approach.

To ensure that the investments made by USAID over the years through the LMG Project are sustained, we made nine off-the-shelf tools and resources accessible and adaptable in PY5 so individuals and organizations could easily improve their skills in leadership, management and governance; these will continue to be accessible on LeaderNet.org after the project ends in 2017. Materials available include a facilitator's guide for the Communications and Coaching Program, the Leadership, Management, and Governance Certificate Course for Midwives, five governance guides, and the updated Health Systems in Action eHandbook.

As we begin the final year of the LMG Project, our work will focus on completing our ongoing activities, documenting results and lessons learned, and disseminating this information so others can build upon it. We will continue to ensure that our partners in the field are equipped with the skills and tools they need to continuously strengthen health systems by sustainably improving leadership, management, and governance practices.

Contributions to USAID Priorities



Family Planning 2020

Like Family Planning 2020 (FP2020), the LMG Project believes in the power of women's and girls' agency to affect positive change. We have therefore worked closely with men and women leaders, managers, and those who govern to underscore the critical role of women and girls in advancing health and wellbeing worldwide. While many of our activities focus on building health leadership, management, and governance skills, many of our tools and programs align with the FP2020 goal to increase the access to contraceptives of women and girls globally. Some LMG Project activities focus specifically on FP, while many others contribute to it holistically by strengthening service delivery and health systems overall. The LMG Project operates in 36 of the 69 FP2020 focus countries, and many of our regional projects include gender and/or FP components.

FP2020's recent 2016–2020 strategy stresses the importance of advocacy, rights, and youth “to inspire and strengthen the broad-based FP movement.”¹ In keeping with that strategy, LMG Project advocacy efforts and youth-focused activities are dedicated to advancing FP and reproductive health outcomes. For example, in Burkina Faso, Niger, and Togo, we support national advocacy networks developing advocacy plans to increase the allocation of national funds for FP and to promote favorable legislation for family-planning initiatives. We also supported the development of a youth sexual and reproductive health (YSRH) strategy document that serves as a guideline to help West Africa Health Organization (WAHO) member states develop their own national strategies for adolescent health.

This past year, the LMG Project used its large presence at the International Conference on Family Planning (ICFP) in Nusa Dua, Indonesia, to advocate for youth leadership in FP. The project partnered with the International Youth Alliance for Family Planning (IYAFP) and Women Deliver to conduct interactive skills-building workshops for participants at the youth pre-conference. Partnering

with youth leaders from both partner organizations, we hosted interactive, FP-focused workshops with various youth leaders on good leadership from the field, building advocacy messages, overcoming barriers, and using data visualization to share results.

Our leadership development programming for youth includes family planning (FP) components, such as the East Africa Women's Mentoring Network. This 18-month mentoring program pairs young women seeking guidance with experienced women leaders in the health sector; each of these pairs choose and focus on one personal, one professional, and one FP goal. Our global survey of youth leadership programs highlights those that have demonstrated positive outcomes for youth, organizations, and communities, and that contribute to health-service delivery improvements. The survey found that many of the top programs raise young people's awareness about health issues and support self-advocacy for health, particularly around FP, reproductive health, and human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Not surprisingly, several of the organizations implementing top programs work directly or indirectly to increase girls' knowledge about health and to help them to make their own health care decisions.

In Cameroon, the LMG Project conducted a study to understand the importance of strengthening the leadership and management skills of staff in health care to improve post-partum PF services. The research documented the important role that leadership and management play in coordinating task integration, providing resources, and motivating personnel in order to scale up high-quality FP services. The research suggests that adding a leadership development component to a post-partum FP clinical skills program led to higher rates of FP counseling and increased couple years of protection (CYP). This points to the potential that expanding leadership skills building can have on FP service delivery.

1. “Family Planning 2020: Accelerating Progress, Strategy for 2016–2020,” accessed October 12, 2016, <http://www.familyplanning2020.org/microsite/strategy>.

AIDS-Free Generation

In addition to supporting advancements in FP2020, the LMG Project also contributes to the three key goals of an AIDS-free generation: that virtually no children are born with the virus; that as these children become teenagers and adults, they are at a far lower risk of becoming infected than they would be today; and that they have access to treatment that helps prevent them from developing AIDS and passing the virus to others. The LMG Project's greatest contribution to this effort is through our activities that build health systems' management capacity through direct technical assistance (TA) to national and local-level health systems as well as through the provision of tools and resources.

In PY5, the LMG Project ensured HIV services and resources were used effectively by developing tools, resources, and information to help improve HIV services and information; supporting effective Global Fund governing bodies; and providing TA to develop the capacity of local public sector and civil society organizations (CSOs) so that they can more effectively deliver HIV and AIDS services to those who need them.

Through support from the USAID Office of HIV/AIDS (OHA), the LMG Project developed and tested a new Network Strengthening Program (NSP) to guide HIV service networks through a process to help them become stronger, more financially sustainable, and better able to meet the needs of their members. Preliminary results from the two networks in Malawi, where we tested the tool, are promising.

In Southern Africa, we supported the production of *Lucky Specials*—a feature-length film, which, when it is released in PY6, will be a resource for changing knowledge, practices, and attitudes on tuberculosis (TB) and HIV and AIDS in southern Africa.

The LMG Project also provided information and evidence to be used for effective programming of HIV resources. We finalized case studies of citizen engagement efforts in Democratic Republic of Congo (DRC) and Peru so the experience could inform other project designs. We

supported the research of Human Sciences Research Council (HSRC) on how to prioritize geographic areas for targeted service delivery for orphans and vulnerable children (OVC) and on how adult treatment adherence and reduced mortality affects children's development outcomes.

We continue to strengthen multi-sectoral responses to HIV and AIDS as a mechanism to reach an AIDS-free generation. The LMG Project provides TA and resources to the Global Fund Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) to improve their management and governance abilities. In collaboration with the USAID-funded Grants Management Solutions project (GMS), the LMG Project began developing a CCM member orientation program to ensure new members have the information they need to effectively carry out their roles. We continued to support interim Global Fund Liaisons to ensure effective US government (USG) programming in Cameroon and DRC. In Ukraine, under the President's Emergency Plan for AIDS Relief (PEPFAR)-Global Fund Country Collaboration Initiative (CCI), we strengthened select management capacities of the three PRs, enabling them to continue their key role in addressing HIV and AIDS.

With partners in national governments, the LMG Project's work has continued to build the capacity of local governments to respond to the epidemic, and to provide better services that meet the needs of their populations, including most at-risk groups. In Honduras, we provided TA to the Honduran Ministry of Health (MOH) so it could more effectively manage its results-based contracts with local non-governmental associations (NGOs) providing HIV prevention and testing services for key populations. To aid the DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe) Initiative in Zimbabwe, we performed a comprehensive review of financial management, knowledge management, human resources, and monitoring and evaluation policies and procedures and provided TA support in areas of identified need to Africaid, the local NGO partner. By supporting the development of these skills, we aimed to improve its ability to deliver evidence-based HIV interventions to adolescent girls and young women (AGYW). In prior years, the LMG Project provided financial and

organizational management capacity building assistance in the areas of programmatic, institutional and financial sustainability to the Joint Clinical Research Center (JCRC) in Uganda, an HIV and AIDS service provider and research institution. Through a follow-up organizational capacity assessment conducted this year, we found systematic improvements were maintained across assessed areas. JCRC has stronger systems, an indication that they are on course to strengthen sustainability and decrease donor dependency, which will allow it to continue to improve its HIV service delivery. In the Program for Strengthening the Central American Response to HIV/AIDS (PASCA), the LMG Project continued to support the implementation of the fast-track strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS). This involved providing TA for the reform, update, and implementation of policies and national and regional HIV strategies, as well as sustainability and financing strategies. We also provided TA for monitoring and evaluation (M&E) instruments, ensuring a focus on the continuum of care and achieving the 90-90-90 targets.

Ending Preventable Child and Maternal Deaths

The LMG Project advances USAID's commitment to APRA and EPCMD by improving the governance and management capacity of CSOs and ministries of health around the world. In activities across countries and technical areas, many LMG Project leadership team participants have identified challenges in improving maternal and child health or FP and sexual and reproductive health (FP/SRH). Through our training and support, the management, leadership, and governance capabilities of these groups was enhanced, enabling them to make more significant and sustained contributions in health services; this led to utilization gains at all levels of their health systems.

Also, in this past year, several of our project activities directly focused on improving maternal, newborn, and child health (MNCH). The Leadership, Management, and Governance for Midwifery Managers Certificate

Course was completed in PY5. The second cohort of midwives finished their six-month action plans, with 63% achieving the target they set out for themselves. A variety of action plans were created around different topics including: increasing male involvement in antenatal care (ANC), increasing deliveries in facilities with skilled birth attendants, decreasing neonatal mortality, and improving availability of essential medicines. The LMG Project conducted an endline evaluation of the entire course. It surveyed all 99 midwife participants, interviewed key informants, and conducted focus-group discussions with facility managers, trainers of trainers (TOTs), and midwives. The results of the evaluation will be available in early PY6; they will include data on the effect of the training on the midwives' knowledge of L+M+G and how they applied these learned skills to their work.

During this year, LMG/West Africa has provided technical support to WAHO for its second Good Practices in Health Forum, the theme of which is "Promoting Innovation in Reproductive, Maternal, Newborn, Child, and Adolescent Health in connection with the Sustainable Development Goals." This forum will be held in Abidjan, Cote d'Ivoire, from October 26 to 28, 2016. Some of the focus areas of the workshop will include institutional reforms, human resources (HR), knowledge transfer, and health technologies.

Empowerment and Inclusion

Strengthening health systems requires the meaningful participation of diverse stakeholders, including government, civil society, policymakers, health service providers, service users, and communities. Throughout the tenure of the LMG Project, we have also deliberately included key voices of persons with disabilities, youth, and lesbian, gay, bisexual, transgender, and intersex (LGBTI)—all critical to ensuring no one is left behind in the development process. We have collaborated with partners to identify inequities and promote inclusion of these key populations in health decision-making through three main avenues:

1. Equipping leaders from vulnerable populations with tools and training to engage in health program design, implementation, and oversight;
2. Organizing collaborative platforms for joint-planning and problem-solving where vulnerable groups work directly with policymakers and providers to address barriers to access and inclusion in the health system; and
3. Raising awareness of the need for inclusive health through global advocacy.

Many of the LMG Project activities in PY5 involved strengthening the leadership capacity of vulnerable or marginalized individuals to understand and advocate for their health rights and to be included in health and development programs. Most notably, we supported Mobility International USA (MIUSA) to scale up their WILD program by training former WILD alumni to become trainers of the WILD program themselves. These WILD trainers then took the program back to their communities and trained another 397 women with disabilities, qualifying them to become change agents in their communities to help increase access to health and education services.

Another example is our TA with young leaders, including our collaboration with the IPPF's Youth Action Movement, with IYAFP, and through the development of youth-focused eCourses to build this vital cohort's leadership capacity. This year, we developed a second eCourse for youth on the topic of governance; it aims to build the governance knowledge base among youth, encouraging them to use good governance practices or to become more involved in governing bodies in their communities.

The LMG Project also provides opportunities for vulnerable groups to work directly with policymakers and providers to stimulate joint action. In partnership with the International Committee of the Red Cross (ICRC) Physical Rehabilitation Programme, and the ICRC Special Fund for the Disabled (SFD), the LMG Project facilitated two regional SLPs. These SLPs brought government representatives, service providers, civil society, and disabled people's organizations (DPOs) together to strengthen the enabling environment for physical

rehabilitation services and advance the rights of persons with disabilities.

During PY5, multi-sectoral teams from 11 countries received training on good governance practices to promote inclusion and make better decisions about how to improve physical rehabilitation services. After the SLP, the majority of the teams have continued to collaborate on other challenges, creating an avenue for persons with disabilities to exercise their voice and their agency. Some of our other activities with ICRC included providing physical rehabilitation centers with tools and approaches to seek greater input and involvement from clients and DPOs in improving services at the facility level.

In PY5, we also supported wheelchair alignment meetings in six countries, bringing together diverse stakeholders from across sectors to make shared plans for improving wheelchair service provision. These efforts resulted in a variety of change processes including policy reforms, the establishment of professional associations and new partnerships, and increased resource allocation for the procurement of high-quality wheelchair supplies.

Globally, the LMG Project has engaged in multiple events this past year to promote a greater focus on inclusion in health systems strengthening (HSS) and development initiatives. This included participating in international conferences, hosting social media events, and co-hosting specific panel presentations at key global meetings such as the Conference of States Parties for the UN Convention on the Rights of Persons with Disabilities, and the youth-focused sessions at the ICFP.

Overall, the LMG Project continues to prioritize inclusion, recognizing the importance of contributions from youth, persons with disabilities, and other communities that have traditionally been missed in mainstream health programming. Many of these communities have large health status inequities compared to the general population, and global development goals will not be reached unless we create space for them as full participants in making decisions about the design, implementation, and oversight of health services.

Cross-cutting Impact



Tool/Resource Name	Description
Analysons nous memes nos besoins (French)	The French version of the International HIV/AIDS Alliance's guide <i>Let's analyse our needs ourselves</i> , for people conducting a Participatory Community Assessment with men who have sex with men.
Communication and Coaching Skills Program (English and French)	Communication and Coaching Skills Program to help managers develop the skills to improve their communication, teamwork, and coaching conversations with colleagues, supervisees, or clients.
Governance and Health eCourses on USAID Global Health eLearning Center	Four online courses created to teach the role of good governance for better health service delivery: Governance and Health; Key Practices of Good Governance; Infrastructure for Good Governance; and Good Governance in the Management of Medicines.
GovScore Global Governance Assessment Tool	A governance maturity assessment tool designed to assist health leaders and managers improve their organizational performance through periodic assessment and continuous enhancement of their governance practices.
Leadership Development Program Plus Facilitator's Guide (Portuguese)	Portuguese facilitator's guide for the LDP+ that presents the foundations of the program and explains how to conduct all the necessary activities.
Leadership Development Program Plus Facilitator's Guide (Spanish)	Spanish facilitator's guide for the LDP+ that presents the foundations of the program and explains how to conduct all the necessary activities.
Managers who Lead (Portuguese)	Portuguese edition of the Managers who Lead handbook that compiles 20+ years of experience in applying leadership and management concepts and best practices for managers on the front lines of health care.
Pre-service and in-service syllabi (French)	French versions of the LMG Project's generic pre-service and in-service syllabi for training health professionals to master leadership, management, and governance practices and competencies.
UCDC Management Dashboard	Management dashboard designed to help the Ukrainian Center for Socially Dangerous Disease Control track and apply management data for decision-making.
WILD Facilitator's Guide	The WILD Facilitator's Guide packages MIUSA's WILD curriculum as an empowerment tool to enhance the leadership skills of women with disabilities.

Table 1. Tools and resources created and updated by the LMG Project during PY5.

Tools and Resources

In PY5, the LMG Project created or updated ten tools and resources. The project's suite of tools are available on the website (www.LMGforHealth.org) and the LeaderNet resources page. All tools and resources are in English unless otherwise noted.

Health Systems Strengthening

Inspired leaders, sound management practices, and transparent health governance contribute to high-quality health services. Unfortunately, few clinicians ever get the much-needed L+M+G skills training during their academic schooling or on the job, which often means that clinics, ministries of health, and overall health systems cannot neither operate to their full potential nor deliver optimal preventive care and treatment services. By working with diverse stakeholders (including individuals, networks, organizations, and governments), the LMG Project is

helping countries advance USAID's Vision for Health Systems Strengthening 2015–2019, particularly for priority areas of HRH, health governance, and service delivery. In PY5, the LMG Project continued strengthening health systems with cross-cutting activities aligned with each of the World Health Organization (WHO) health system building blocks, with a particular focus on leadership and governance, the health workforce, and information and research.

Leadership and Governance

In PY5, our activities contributed to improved leadership and governance in the 89 countries where we have worked. By collaborating with multiple and diverse stakeholders we helped with aligning health goals with national priorities, we provided targeted technical assistance to staff in ministries, program staff, and service providers operating at all levels of the health system; and

we made our resources and approaches to build capacity in these areas widely available.

Building leadership among women and youth continued to be an area of focus in PY5. The East Africa Women's Mentoring Network program wrapped up with a final in-person meeting to gather feedback on the successes and challenges of the program and promote peer learning among mentor/mentee pairs. Outcomes of the pilot program suggest that virtual mentoring can be successful to build leadership skills among young women, and that an in-person element can strengthen the program and supplement the online communication.

We partnered with the International Youth Alliance for Family Planning (IYAFP) on leadership development and advocacy activities on FP and youth at the International Conference on Family Planning and at the Women Deliver conference.

Some of our governance strengthening work was demonstrated in West Africa, where we helped the WAHO strengthen their capacity to provide support to member countries, developing 18 advocacy plans that address political barriers to family-planning implementation in Burkina Faso, Niger, and Togo. In Rwanda, the LMG Project built the leadership and management skills of the NCC by providing their mid-level teams with tools to advance child rights and support families. To sustain advances despite high staff turnover, with LMG Project support, NCC established operational guidelines of the seven areas of the Integrated Child Rights Policy (ICRP), developed an integrated information management system, and established a governance mechanism to regularly convene partners involved in child protection. To strengthen capacity for epidemic preparedness in Côte d'Ivoire, we conducted a governance workshop with members of the country's regional Ebola coordination committees. We also provided leadership and management training and coaching to 16 teams from district and regional health teams in three regions to develop plans for epidemic preparedness.

During this project year, we supported embedded senior technical advisors in NMCPs in Burundi, Cameroon,

Côte d'Ivoire, Guinea, Liberia, and Sierra Leone. They provide direct technical support on strategic planning and organizational management. As part of this effort to enhance the NMCPs' leadership and governance skills we implemented the LDP+. Now these groups have the critical skills they need to effectively implement their countries' national malaria strategies and effectively manage Global Fund malaria grants.

On the HIV and AIDS front, we supported the governance role of multi-sectoral CCMs by developing and implementing orientation packages in Zambia and Côte d'Ivoire on CCM members' governance responsibilities, and reviewed and updated their governance manuals. We provided TA to Zambia's CCM to develop their oversight plan and budget and the CCM secretariat plan and budget.

We worked IPPFAR to develop resources to build their Member Associations' capacity to orient their governing board members to their roles and responsibilities, especially focusing on their youth board members. We developed a youth adult partnership guide for board members, and updated the IPPFAR board governance manual.

In October 2015, we launched a new resources section on LeaderNet.org to ensure that the suite of facilitator guides, tools, and other project resources remain easily accessible to health workers worldwide well beyond the end of the LMG Project.

Health Workforce

Over PY5, the LMG Project continued its work to build the skills of the health workforce and identify ways to transfer programs to local entities. Field- and Core-funded Activities focused on ensuring that health workers and women leaders had the capacity to participate effectively in leadership, management, and governance activities.

Examples of our work to build capacity for leadership, management and governance within the health workforce includes Ethiopia, where our ongoing collaboration with

the Ethiopian MOH (at national and regional levels) and with professional and training institutions continued to systematically build the leadership and governance competencies of the country's health workforce. We delivered the new L+M+G integrated Health System Management course to almost 1000 students at four universities, and taught 41 trainers (from the MOH and local universities) how to spread this in-service training (IST) even further. In Nigeria, we collaborated with the School of Health Technology at Etinan (SHTE) to introduce leadership and management content into their curriculum and improve teaching for mid-level health professionals.

The Leadership, Management, and Governance Certificate Course for Midwifery Managers demonstrated that providing relevant skills to midwives allowed them to make changes in their communities to solve local health challenges. Preliminary results from the end term evaluation found midwives utilized certain skills more than others. Most midwives found that they used concepts around using data to make decisions, creating a positive work climate, and creating a shared team vision to motivate their coworkers. Using these skills, midwives have been able to train their facility-based teams to mobilize resources, perform community outreach, and hold sensitization meetings, which enable them to solve local problems. In Kenya, Ethiopia, Zambia, and Lesotho, midwives conducted community outreach to increase the number of facility births with skilled birth attendants present. Midwives held sensitization meetings to increase women attending antenatal care before the delivery in South Sudan, Zimbabwe, Zambia, Lesotho, Kenya, Malawi, and Ethiopia.

Over the life of the project we have developed resources to share the lessons we have learned about improving leadership skills of health providers. In PY5, we finalized the facilitator's guide for our Communication and Coaching Program and have put it on LeaderNet.org for anyone to download and use. The resources section on LeaderNet.org ensures that the Project's facilitator guides, tools, and other resources that managers or service providers can use to strengthen L+M+G remain easily accessible to health workers worldwide well beyond the end of the LMG Project. We worked closely with MSH's

LeaderNet team to set up sustainable systems to update existing resources and upload new resources as they become available.

We have also completed the first prospective study examining how improved leadership skills can improve service delivery outcomes. Final analysis of the Cameroon Postpartum Family Planning (PPFP) study showed that the LDP+ intervention, in collaboration with clinical training, led to a significant increase in the number of women who received counseling during ANC (0% to 57%) and postnatal care (17% to 80%) compared to the clinical training intervention alone. Our results indicate that strengthening the leadership and management skills of the health workforce, combined with clinical training, results in increased services.

The LMG Project continued to collaborate with partners and experts to provide training to wheelchair service providers in order to improve services provided to wheelchair users. We supported the roll out of the WHO Wheelchair Service Training Package in nine countries in PY5, including the basic and intermediate levels, and the managers and stakeholder's modules, and translated and validated the International Society of Wheelchair Professionals (ISWP) Basic Level Knowledge and Skills Test. We also led the development of the Wheelchair Service Training of Trainers Package which will be finalized in PY6.

Information and Research

Health systems strengthening activities—especially in leadership, management, and governance—often lack the good data and evidence that allow implementers to make the link between these activities and improved service delivery. This gap exists in part because these interventions—which include tailored and customized mentoring, coaching, and facilitated team-based problem solving—are difficult to quantify or measure. Also, the pathways by which these interventions improve the health-service delivery components of health-system performance outcomes are not very well documented or understood. Given the nascent nature of this field, it

is important to employ innovative methods to generate, synthesize, and use project data to tell the story of how leadership, management, and governance help build strong health systems and improve service delivery. This has been a focus of the LMG Project. With support from USAID, we have successfully undertaken activities to shed light on the pathways by which these interventions improve health-service delivery.

Generating Evidence

Activities carried out in PY5 continued to generate evidence of the link between health-service delivery and leadership, management, and governance. In our study in Cameroon, completed in PY5 with the final report coming in PY6, we integrated the LDP+ in two maternity hospitals in Yaoundé, in collaboration with the Evidence to Action Project (E2A) Postpartum family planning (PPFP) clinical capacity building program. Results showed that combining the LDP+ intervention and the clinical training led to a significant increase in the number of women who received counseling during ANC (0% to 57%) and PNC (17% to 80%) compared to those hospital programs who received the clinical training intervention alone.

The results suggest that leadership and management play important roles in service-delivery improvement in the following ways: by providing strategic direction; by assuring adequate resources; by monitoring and evaluating the results of improvement initiatives; by providing oversight; and by helping to create a learning culture. LDP+ participants consistently mentioned the ability of leaders and managers to facilitate or hinder FP/PPFP improvement initiatives in various ways, including: staffing decisions; resources; training; task integration; communication; supportive feedback; workload; motivation; and influencing the culture and climate of the facility.

The Leadership and Management Behavioral Self-Assessment tool that was developed to gather data for this study will continue to be used in LDP+ programs in Côte d'Ivoire, with ICRC, and in NMCP countries supported by the LMG Project in PY6 to provide further

evidence of how the LDP+ affects leading and managing practices.

Data Use

In PY5 the LMG Project completed a rapid assessment to examine the state of the evidence for the cross-cutting role L+M+G can play in improving the performance of health systems. A specific objective of the Evidence Compendium is to use the existing evidence base—including external peer-reviewed and grey literature, as well as LMG Project data and experiences to date—to describe the mechanisms through which this change occurs.

In PY6 we will synthesize key points from the evidence to inform the content of the Evidence Compendium. The first section of the Compendium will provide an overview of L+M+G and the mechanisms through which L+M+G might influence or otherwise impact health system functioning. Subsequent sections will cover the influence of L+M+G on the health workforce, on health information systems, on pharmaceutical systems, on health financing, and on service delivery. A final discussion section will synthesize key findings and propose a results framework that will illustrate the influence of L+M+G on health system performance.

The LMG Project also continues to build capacity to use data by strengthening HISs in Latin America and the Caribbean (LAC). In PY5, the LMG/LAC Project continued to co-administer the RELACSYS network, which strengthens HISs in the LAC region. The network encourages sharing experiences and knowledge within the region for the benefit of local government officials responsible for capturing, managing, and using health data.

Core-funded Activities



Bureau of Global Health, Office of Population and Reproductive Health

The LMG Project enhances the competencies of those who lead, manage, and govern. By advocating for and supporting capacity development for individuals and institutions, we improve the performance of public and civil-society sector programs in the areas of: FP; reproductive health; and MNCH.

The LMG Project's core-funded PY5 outputs and activities focus on four areas:

- Professionalization
- Leadership Development
- Governance
- Building the Evidence

Professionalization

Graduates of medical, nursing, or other professional programs frequently complete their academic and clinical training programs and enter their chosen professions without practical training on leading teams, mobilizing community groups, or collaborating with political leaders. A critical component of the LMG Project has been to train and mentor health care providers to be competent leaders with the skills necessary to manage teams and steward resources effectively. To institutionalize leadership, management, and governance in the next generation of health-sector leaders, the project collaborates with universities and provides resources to assist with the inclusion of L+M+G in academic health curricula and midwifery training programs.

LMG Project Pre-service Curriculum Integration

The LMG Project's pre-service training activities enhance the leadership, management, and governance skills and competencies of students in clinical and public-health programs so they can be effective managers and leaders. In this vision, all health professionals leave schools with

a certain level of transformative education that includes practical skills learned via a team-based approach to addressing challenges. With this educational experience, graduates will be able to participate in patient-centered health systems as members of responsive work groups and teams that acknowledge challenges and seek to resolve them.

In PY5, the LMG Project facilitated workshops with the University of Rwanda and University of Zambia to begin integrating L+M+G training into academic and clinical curricula. Participants in these workshops included academic faculty and ministry officials who were key champions of the L+M+G integration process at their respective institutions. The objective of these workshops was threefold: (1) to review competencies needed for effective leadership and management; (2) to develop a shared understanding of experiential learning; and (3) to begin planning on how to integrate these L+M+G competencies into the pre-service curriculum. At the end of the workshops, participants developed an action plan for integrating L+M+G competencies into their university programs.

At the University of Zambia, the integration team completed a needs assessment to inform key focus areas for their L+M+G University curriculum and is working to adapt it. In the case of University of Rwanda, the integration team advocated for L+M+G within the MOH and academic system.

In PY6, a technical brief will be developed to document the pre-service integration experience, including challenges and best practices to inform future efforts in this area. Other resources created in PY5 include an updated Faculty Facilitation Guide in English and in French, which can be used to plan pre-service L+M+G content, and a virtual adaptation of the previously developed Pre-Service Faculty Facilitation Guide, which will be disseminated via Amref Health Africa's Virtual Training School. Both will be finalized early in PY6.

Leadership, Management, and Governance for Midwifery Managers

To strengthen midwives' capacity to respond to challenges in their facilities and communities, the LMG Project developed the Leadership, Management, and Governance for Midwifery Managers course. In this course, midwifery managers participated in a workshop focused on assertive communication, advocacy, coaching and mentoring, database and change management, and strategic problem-solving. Following the workshop, participants applied their new skills to implement a six-month action plan to address a clinical challenge. This enabled midwives to connect their theoretical learning to concrete service-delivery outcomes.

In PY5, we strengthened the capacity of participants and local facilitators to deliver the course upon the close of the LMG Project. We followed up with midwives from Rwanda, South Sudan, and Zimbabwe to assess progress on their six-month quality improvement plans and identify how they will now use their management and leadership skills to further improve the quality of services in their health facilities. This assessment will be available in PY6.

The 20 midwifery facilitators who were trained in the TOT went on to train 99 midwives in the 10 countries within sub-Saharan Africa. These midwives went on to develop 87 action plans. As of September 2016, the midwives had completed 44 of these action plans (51%) and met their targets (see Table 2).

LMG for Midwifery Managers Course Action Plan Status				
	Cohort 1 (pilot)		Cohort 2	
	# Action Plans	%	# Action Plans	%
Target Achieved ≥80% target	14	36	30	63
Target Not Achieved ≤80% target	16	41	13	27
Missing Data	9	23	5	10
TOTALS	39	100	48	100

Table 2. Status of action plans developed by midwives participating in the LMG for Midwifery Managers Course.



Midwives from Juba, South Sudan, discuss the negative societal perceptions of midwifery as a profession, saying that the scarcity of midwifery training programs has led to a dangerously low number of certified midwives in South Sudan. To address this and other similar perception challenges, the LMG for Midwifery Managers Course aims to build the capacity of midwife managers with the competencies needed to lead and manage in their clinics and health systems.

Photo: Sasha Grenier

To promote sustainability, the LMG Project conducted stakeholder meetings in Malawi, Tanzania, and Uganda to introduce the course. Stakeholders were invited from public and private sectors, including ministries of health, nurse and midwifery councils, and faith-based organizations. Stakeholders completed action plans to identify next steps to incorporate L+M+G skills building into pre- and in-service training programs.

The LMG Project conducted an evaluation of the two cohorts to assess the effectiveness of the training, barriers and facilitators for L+M+G, and potential opportunities for scaling up the course in countries where the program has been introduced. Interviews with the midwives who had focused on male involvement in reproductive health in their six-month quality-improvement projects were conducted to inform a technical brief on lessons learned and male engagement in improved FP services. Both reports will be finalized early in PY6.

Leadership Development

Leadership development is central to the LMG Project's activities with organizations and governments in developing countries around the world. In PY5, the LMG

Project continued to provide technical support and guidance for leadership activities with women, young people, and organizations committed to increasing access to reproductive health services and ministries of health. The Project also focused on capturing and disseminating knowledge and lessons learned about how to improve leadership practices, scale up what works in a systematic way, and adapt to common leadership challenges.

East Africa Women’s Mentoring Network

The EAWMN was launched in PY4 as a yearlong pilot to specifically address: (1) the lack of professional support for advancing leadership among women; and (2) the lack of formally structured mentoring networks. With 60 participants from 14 countries, EAWMN was an online network that connected women with substantial leadership experience throughout East Africa with aspiring young women in the region to forge supportive personalized mentoring relationships. Mentees set goals focused on reproductive health and women’s empowerment, as well as professional and personal development.

In PY5, the project extended the EAWMN by an additional six months to enable participants to continue their relationships to complete their goals. At the end of PY4, the project had brought together 30 of the most active members of the network to interact with those other than their mentorship partner and learn from peers by sharing their successes and challenges.

Outcomes of the pilot program suggest that virtual mentoring can be successful with an in-person element to strengthen the program and supplement the online communication. The online platform overcame geographical limits and allowed cross-country learning among participants from different contexts and backgrounds. This pilot suggests that success factors include: offering supplementary in-person meetings, where feasible; providing structured assignments; and increasing postings on various topics.

According to our feedback, there were some challenges. Many participants felt the platform was not conducive to daily use or managing the mentoring relationships, and some found it confusing. Others did not have reliable

enough Internet bandwidth to regularly access the platform to communicate with their mentor or mentee; in response to this challenge, the administrators set up other communication channels (WhatsApp groups, Skype, and e-mails) to complement the platform. Due to the time pressure that limited the availability of network volunteers with multiple career, family, and personal priorities, we made timelines more flexible, increased reminders of upcoming deadlines, and modified orientation for new members to manage expectations at the beginning of the program.

One of the mentors from the network delivered an oral presentation on the pilot program at the ICFP in January 2016. Two mentees were nominated for the “120 Under 40” campaign for being champions of FP. These achievements were influenced in part by participation in the mentoring network.

Youth Leadership

Youth around the world continue to face significant barriers to accessing FP and sexual and reproductive health services. The LMG Project collaborates with young people to develop their leadership skills, and helps them realize they have a voice in decision-making to demand youth-friendly planning services. In PY5, the LMG Project continued to provide organizational capacity-building assistance to the International Alliance for Family Planning (IYAFF) and partnered with IYAFF to co-present sessions for youth at the ICFP and at Women Deliver.

The LMG Project is now creating an eCourse tailored to young people. It focuses on what governance is, how they these young people can be involved, and describes some of the outcomes of good governance. The interactive eCourse covers the five key practices of good governance using videos, quizzes, and case studies. In PY6, the governance eCourse will be completed and disseminated through youth networks.

In PY5, The LMG Project expanded the Youth Peer Coaching Program at IPPF to member associations (MAs) in Malawi and Cote d’Ivoire. The program facilitated the transfer of knowledge from experienced peer educators who are aging out of the age range set by IPPF to

incoming youth peer educators working to increase FP awareness in their communities.

IPPF Learning Centers' Capacity Building

In PY5, the LMG Project developed a framework and began collecting data for a participatory evaluation of the capacity-building assistance that the LMG Project has provided to the IPPF Learning Centers in Uganda, Mozambique, Ghana, and Cameroon. This capacity-building support includes the Leadership Development Program Plus (LDP+) and trainings in financial management and business planning. The evaluation will assess the added value of the capacity-building interventions and analyze the success of the Learning Centers in institutionalizing key tools and approaches, particularly the LDP+. Led by the LMG Project, focus groups collected data for the evaluation report during the results presentations held by three of the four Learning Centers in January 2016, when teams shared their progress toward completing their action plans. Quantitative and qualitative data collection is ongoing to capture capacity-building results and the perspectives of staff trained by the LMG Project, the facility staff these trainers have trained, and the leadership team in each center.

The evaluation report, which will be completed in the first quarter of PY6, will be translated into French and Portuguese and disseminated to the Learning Centers. A written technical brief highlighting what was learned from the LMG Project's work with the Learning Centers will focus on institutionalizing tools and approaches. The LMG Project will present an e-poster on this subject at the Global Symposium for Health Systems Research in Vancouver.

Implementing Best Practices and Scale-Up

In PY5, the LMG Project contributed to the ICFP by partnering with the Implementing Best Practices Initiative to deliver a workshop on scale-up. Case studies were presented on real field experiences with scale-up from Ethiopia, Kenya, and Pakistan. Participants broke into small groups to discuss these real experiences with scaling up a FP or reproductive health innovation. An LMG Project moderator led a report out and plenary discussion on the takeaways and common themes. Participants commented that they found the scale-up framework especially useful,

and they appreciated the opportunity to discuss and share experiences about what works and what does not in planning and implementing scale-up.

In PY6, we plan to hold a results dissemination meeting in Cameroon during which the results and recommendations from the LDP+ hospital study will be shared with key partners and stakeholders. A facilitated discussion on systematic scale-up will be a key component of this event. In addition, the LMG Project presented at USAID to share reflections and lessons learned from working with Reproductive Health Uganda to develop a scale-up strategy for their Comprehensive Family Planning/Sexual and Reproductive Health and Rights (FP/SRHR) Surgical Camps Model. This presentation focused on an activity in PY4, when we introduced the Guide to Fostering Change, the Nine Steps Tool, and ExpandNet's Nine Steps for Developing a Scaling-up Strategy to select the surgical camps model as the one best suited for scaling up.

Aspen Management Partnership for Health

In PY5, the LMG Project contributed funding to the Aspen Institute to develop and launch the Aspen Management Partnership for Health (AMP Health). AMP Health is a collaboration among community health departments of MOHs in selected African countries to address management resource constraints in MOHs in order to improve community health systems. The LMG Project worked with AMP Health leadership to share technical knowledge in leadership development, community health, and M&E.

The collaboration includes USAID's Center for Innovation and Impact, the Millennium Development Goals Health Alliance, MOHs, and numerous private sector stakeholders. The program places Management Partners—i.e., individuals with private sector experience—within MOH teams that design and implement community health systems to build their capacity to deliver on priority initiatives and address challenges. The initiative enhances the leadership and management expertise of ministry officials so they are able to identify and address critical challenges in community health service delivery. The initiative was officially launched at the 2015 Clinton

Global Initiative, and Management Partners have been placed in Kenya and Malawi to date.

In PY6, the LMG Project will continue to support AMP Health efforts to expand the program. Activities will include holding two leadership labs with the partners, and putting in place a robust M&E system

Leadership and Management Resources

The LMG Project has made extensive use of techniques and approaches adapted from professional coaching as a strategy to overcome common challenges to the local ownership and sustainability of L+M+G programs. In PY5, we focused on developing resources to share the lessons we have learned over five years and to support others in adopting this approach. Following our pilot of our Communications and Coaching Program in Uganda in PY4, we designed a facilitator's guide for the program and made it available on LeaderNet.org in English and French. We also systematically reviewed documentation and lessons learned from the many L+M+G programs that used these coaching approaches and conducted interviews with MSH coaches. The consolidated findings of this review will be used to write a technical brief that will be published in PY6 to contribute to improved program design in the future.

Throughout its implementation, the LMG Project has developed a suite of facilitator guides, tools, and other resources that managers or service providers can use to strengthen L+M+G with little or no external support. In PY4, the LMG Project built a Resources Section on LeaderNet.org to ensure that these resources remain easily accessible to health workers worldwide well beyond the end of the LMG Project. This site was formally launched in October 2015 at the From the Shelf to Implementation event in Washington, D.C. Over a six month period, the LMG Project worked closely with MSH's LeaderNet team to set up systems to continuously update existing resources and upload new resources as they become available. The LMG Project collaborated with the LeaderNet team to examine site analytics, identifying and implementing strategies to improve the user-friendliness of the site, including improved language support and frequent rotation of featured resources.

Governance

The LMG Project has developed an array of governance tools, guides, handbooks, and other resources that use our practical approach to health governance development. This is based on four practices of good governance—cultivating accountability, engaging stakeholders, setting shared strategic direction, and stewarding resources. We have supported partners in using these tools over the course of PY5.

Governance Capacity Development for IPPF MAs

In PY5, the LMG Project undertook several activities to improve the governance capacity of nine IPPF MAs designated as Learning Centers in the Africa region: Cameroon, Cote d'Ivoire, Ethiopia, Ghana, Kenya, Mozambique, Swaziland, Togo, and Uganda.

One effort was to create an online version of IPPF's board governance assessment to facilitate its use as a tool to document current status of governance at the MAs, and track improvement over time. This was tested in PY5 with the initial MAs noted above, but IPPF ARO found the process so efficient, effective, and useful that it extended the requirement for the annual use of the tool to all 35 MAs in the region.

The LMG Project also provided assistance to improve the governance skills of IPPF MA board members, especially youth. We started with a survey and key informant interviews of young MA board members, and we used the results to design a Youth-Adult Partnership Guide for the board orientation program. We also updated the IPPF ARO Governance Manual to include participatory learning methodologies so it can be used as a guide for training new board members. To roll out the updated IPPF ARO Governance Manual and the new Youth-Adult Partnership Guide, the LMG Project held a weeklong Training of Trainers (ToT) for 26 adult and nine young board members from the nine Learning Centers. The training had two parts: (1) establishing youth-adult partnerships among board members; and (2) showing how to deliver governance orientation to newly elected board members, both young and adult. This pool of trainers and their materials ensure that a well-structured

governance orientation is consistently delivered to every new MA board member, and to see that the youth-adult partnership component becomes an essential part of this orientation.

The MAs in the Africa region now have an updated resource for delivering governance orientation to new board members. IPPF ARO will make these resources available to all MAs in English and French.

Governance Tools and Resources

In PY4, the LMG Project conducted governance development workshop for senior WAHO officials and for health leaders in Togo, Mali, and Nigeria. The objective was to build the capacity of the senior leadership of WAHO and of the ministries of health to govern the health sector. The LMG Project encouraged the participants to develop and implement governance action plans for their organizations. In PY5, a year after the workshops, the LMG Project followed up with participants and found that WAHO had accomplished 70% of its governance development plan, and the ministry of health in Togo had achieved 43% of its governance plan.

In PY5, the LMG Project made final improvements to the GovScore app, which measures the governance maturity of a health system/organization. After taking the assessment on a mobile device, the user receives advice for how to improve the organization's governance maturity. Version 1.2 was released for iPhone and Android mobile devices early in 2016. This version is available in English, French, Spanish and Portuguese.

In PY4, the LMG Project helped develop three courses for the global health eLearning Center: Governance and Health, Key Practices of Good Governance, and Infrastructure for Good Governance. The courses have proved to be popular, with 449 course completions in the first nine months. In PY5, course authors, in collaboration K4Health, hosted an online study group to allow learners the opportunity to share experiences in practical application of governance practices. In July 2016, 105 participants from 35 countries participated in the "Governance and Health Study Group" hosted on the USAID Global Health eLearning Center.

Governance Roundtable

During PY5, the project successfully hosted its 4th Governance for Health Roundtable Conference: Building a Governance Roadmap to Achieve Health Targets by 2030, in September 2016, in Washington, D.C. The roundtable convened 72 thought leaders in health and governance, and the deliberations will inform a roadmap to achieve 2030 health targets, with a focus on reaching an AIDS-Free Generation (AFG), EPCMD, and universal access to sexual and reproductive healthcare services.

Building the Evidence

In PY5, the LMG Project generated evidence around leadership, management, and governance interventions and their effects on health service delivery. The project also strengthened use of metrics and data, and disseminated findings.

Assessing the Evidence for L+M+G and Health System Strengthening

The LMG Project completed a rapid assessment examining the state of the evidence for the cross-cutting role L+M+G can play in improving the performance of health systems. To further our understanding of the influence of L+M+G on health-system functioning, we used a two-step approach. We began by examining evidence for the linkages between L+M+G strengthening and the WHO Health systems building blocks, focusing primarily on the health workforce, HIS, pharmaceutical systems, and health financing. We reviewed the existing evidence base, including external peer-reviewed and grey literature, as well as the LMG Project's data and experiences. We looked at the existing data to examine how the influence of L+M+G on these HSS building blocks contributes to scaling and sustaining service-delivery improvements.

Although we examined over 5,000 documents, less than 5% of the literature reviewed provided evidence on the role of L+M+G in HSS. In PY6 we will complete our review and synthesize key points to answer the following questions:

1. What do we know? What is the evidence of L+M+G's influence, effect, or impact on the health workforce, HISs, pharmaceutical systems, and health financing?
2. What don't we know? What are the gaps in knowledge?
3. What are the implications for HSS?

The output of this activity in PY6 will be the LMG Project Evidence Compendium, which will consist of technical briefs for each of the relevant WHO health system building blocks. The briefs will provide an overview of L+M+G and the mechanisms through which L+M+G might influence health system functioning. The LMG Project will be holding a session at the Global Symposium for Health Systems Research called From Intuition to Evidence: Connecting practitioners and researchers to build the evidence on leadership, management, governance's contribution to resilient health systems.



The LMG Project Evidence Compendium will consist of technical briefs for each of the relevant WHO health system building blocks.

Improving PFP Clinical and Counseling Skills of MNCH Staff in Cameroon

In collaboration with the E2A, we designed and implemented a first-of-its kind study prospectively examining the added value of a leadership development program on PFP clinical training. We integrated the LDP+ program in two maternity hospitals in Yaoundé, Cameroon where E2A was implementing an activity to improve the clinical and counseling skills of MNCH staff in four tertiary hospitals. The final analysis of the study

was completed in the first and second quarters of PY5. It showed that the LDP+ intervention, in collaboration with the clinical training, led to a significant increase in the number of women who received counseling during ANC (0% to 57%) and PNC (17% to 80%) compared to the clinical training intervention alone. Our results indicate that when the LDP+ is combined with clinical training, the number of expectant and new mothers who receive FP/SRH counseling increases; on average, the LDP+ intervention increased ANC rates by 54% and PNC rates by 69%. The LDP+ facilities also had significant increases in CYP with an average increase of 10 couple years per facility.

To help us understand how leadership and management behaviors contributed to better PFP service-delivery outcomes, the MNCH staff who completed the LDP+ self-evaluated their leading and managing practices at the beginning of the training and again at the end of the training using the Leading and Managing Behavioral Self-Assessment inventory developed in PY4. Hospital staff who completed the LDP+ reported significant improvements in inspiring, planning, organizing, and monitoring behaviors. Staff who participated reported they were better able to address barriers to PFP care because of improved staff attitudes, teamwork, and innovative participatory problem solving.

Identifying Effective Youth Leadership Programs

In PY4, the LMG Project launched a global survey to identify promising program models for youth leadership that demonstrated positive outcomes for youth, organizations, and communities. Responses were scored and ranked, and top organizations were interviewed to learn more about their respective approaches and distill common success factors. Due to a low response rate (n=31), we re-launched the survey in PY5 to generate a second cohort of programs. We received 30 responses, which were scored and ranked, and responders from the top organizations were interviewed. We found four key characteristics across the 11 most successful programs:

1. Youth develop their skills by designing and implementing a small project or action plan.

2. Youth may be provided with small grants or stipends to implement these projects.
3. Youth are linked to adult or alumni mentors for learning and TA.
4. Youth who age out of the program continue to be involved in different roles.

Findings will be summarized in a technical brief as recommendations for current and future youth leadership program implementers.

Central Database of Leadership Tool Implementation

In PY5, the LMG Project continued to adjust and apply a central database hosted on LeaderNet to capture key data from implementation of our suite of leadership tools (LDP, LDP+, VLDP, and SLP). These data include: participant and team characteristics; measurable results and indicators; and achievement of results that can be disaggregated by health systems building block and technical area (e.g., FP, RH, MNCH, HIV, malaria). Most of the PY5 efforts have been devoted to the following: (1) entering data into the system—including that from the tools for behavioral self-assessment and organizational capacity assessment; (2) identifying strengths and weaknesses of the existing system based on user and database administrators' feedback; and (3) finalizing a scope of work detailing the improvements to be made to the system to improve data collection and reporting functionalities. In PY6, a handover plan will be implemented to ensure the sustainability of the site. Over time, the use of this database and the analysis of data will allow the lead implementer, MSH, to demonstrate stronger links between improvements in individual practices, team achievements, organizational strengthening, and improvements in health-service delivery and health system performance outcomes.

Bureau for Democracy, Conflict, and Humanitarian Assistance, Program for Vulnerable Populations

In PY5, core funds from the Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) were used to support leadership development to improve the performance of service-delivery teams, senior government decision-makers, civil society advocates, and coalitions of stakeholders in the following 35 countries: Albania, Armenia, Barbados, Bhutan, Burkina Faso, Burundi, Cambodia, Cameroon, Chad, DRC, El Salvador, Ethiopia, Fiji, Ghana, Guatemala, India, Kenya, Lao People's Democratic Republic (PDR), Liberia, Madagascar, Malaysia, Mongolia, Myanmar, Niger, Nigeria, Pakistan, Peru, Philippines, Rwanda, South Africa, Togo, Vanuatu, Vietnam, Zambia, and Zimbabwe.

Habilitation and Rehabilitation

Professionalizing Wheelchair Service Provision

During PY5, the LMG Project continued to work with partners and experts in wheelchair service provision to train wheelchair service providers and improve the services provided to wheelchair users. The LMG Project supported the rollout of the WHO Wheelchair Service Training Package (WSTP), translating and validating the International Society of Wheelchair Professionals (ISWP)



Total number of wheelchair service providers trained by the LMG Project, by training.

Basic Level Knowledge and Skills Test, and leading the development of the Wheelchair Service Training of Trainers Package (WSTPt).

Over the last year, the LMG Project delivered:

- Six WHO Wheelchair Service Training Packages - Basic Level;
- Five Wheelchair Service Training Package - Intermediate Level;
- Eight Wheelchair Service Training Package for Managers; and
- Six Wheelchair Stakeholder Alignment Meetings.

In addition to rolling out to the WSTP, we led a team of experts to develop the WSTPt package and piloted it twice. The final pilot of the package took place in late September 2016. The authors have improved the training package after each pilot by incorporating feedback from trainers and trainees; the package will be published by WHO in 2017. The collaborative process to develop the package has helped build consensus on best practices among wheelchair providers. In addition to the WSTPt materials, the LMG Project has helped ISWP develop a trainer recognition process to be used along with the WSTPt. This will enable ISWP to keep track of all WSTP trainers and will give those in need of training a way to seek someone to train them on wheelchair service provision.



ICRC SFD staff and local partner at a learning summit in Tanzania.
Photo: Kate Wilson/MSH

We launched the ISWP Basic Level Knowledge and Skills Test in Spanish, French, and Portuguese. During PY5, we faced some challenges related to the translation and validation of the ISWP Basic Level Knowledge and Skills test. In many of the languages, we were not able to find enough people to take the test to be able to validate the translation. There were multiple factors that contributed to these challenges, including: (1) the need for Internet in order to participate in test validation; (2) the amount of time required to take the test; and (3) the lack of trained wheelchair service personnel in our network who speak the languages. As a result, the LMG Project will work with ISWP to continue validating the test translations during PY6.

In the LMG Project's final year, we look forward to following up on some of the work done over the last five years. We will launch the Wheelchair Service Training of Trainers Package at the International Society of Prosthetics and Orthotics in May 2017, conduct follow-up visits to centers where we supported the WSTP Intermediate Level, and provide co-trainings for those who attended ToT pilots. We also plan to conduct a survey of wheelchair stakeholders to assess the growth of wheelchair service provision over the last five years and identify priority areas for the next five years.

Strengthening Leadership and Management in Physical Rehabilitation in Partnership with the International Committee of the Red Cross

During PY5, the LMG Project's partnership with ICRC and SFD focused on four main activities: (1) delivering senior leadership programs to strengthen the enabling environment for physical rehabilitation and disability rights; (2) training and coaching teams to implement the EMP to strengthen the systems and services at physical rehabilitation centers; (3) training senior ICRC and SFD staff in communication and coaching skills; and (4) helping ICRC establish an internal body to institutionalize management capacity development within ICRC's physical rehabilitation programs.



Participants in the third workshop of the Southeast Asia Regional Senior Leadership Program.
Photo: Jozef Nagels/ICRC

Regional Senior Leadership Programs

The LMG Project and ICRC completed the final workshop of the Southeast Asia Regional Senior Leadership Program in November of 2015. The 38 multi-disciplinary participants from Cambodia, Lao PDR, Myanmar, Philippines, and Vietnam had been working together since March of 2015 to strengthen their leadership and governance skills. The teams also sought to apply these skills to a key challenge related to physical rehabilitation and disability rights identified in their respective countries.

In December of 2015, the LMG Project and ICRC completed the final workshop of the third Regional Senior Leadership Program in Francophone Africa. Teams from Burundi, Chad, DRC, Madagascar, Niger, and Togo participated, with a total of 41 senior leaders representing government and civil society actors.

Including the first regional SLP held in East Africa from 2014 to 2015, the LMG Project and ICRC have delivered these programs with high-level decision-makers from civil society and government for 15 countries, involving 107 participants. After USAID's investment in the program itself, ICRC and SFD continue to engage former SLP teams as platforms for advocacy and action in their

respective countries. As an example, this year, with SFD's coaching, the former SLP team from Tanzania was officially established as a civil society technical working group (TWG) to advise the Tanzanian MOH on inclusive health programs and policies related to physical rehabilitation. This was an important step in formalizing this kind of multi-disciplinary body in a way that can support future sustainability.

The LMG Project will disseminate the post-program evaluations of the Southeast Asia and Francophone Africa SLPs in early PY6 and collaborate with ICRC's Core Management Group (CMG) to analyze the evaluation



The third workshop of the Francophone Regional Senior Leadership Program in Lomé, Togo.
Photo: Jozef Nagels/ICRC



The Myanmar Red Cross team uses the Essential Management Systems Assessment in their center in Pa-aan.
Photo: Leo Gasser/ICRC

findings, identify additional ways to leverage the previous SLP teams, and leverage the learning for future programs.

Essential Management Package (EMP)

The second component of the LMG Project's partnership with ICRC and SFD in PY5 was to continue and scale up use of the EMP, a toolkit that was adapted from tested leadership and management capacity development approaches and tailored specifically for physical rehabilitation centers. In PY5, the LMG Project trained 11 teams of new trainers on using the EMP to help strengthen the management systems and teamwork at physical rehabilitation centers in addition to the five teams trained in PY4.

ICRC and SFD now have EMP trainers in these 15 countries: Benin, Burundi, Cambodia, DRC, Ethiopia, Haiti, Ivory Coast, Madagascar, Mali, Myanmar, Pakistan, Tajikistan, Tanzania, Togo, and Vietnam. These teams are in various stages of implementing the tools and the EMP package across multiple centers in the countries. The process is facilitated entirely by ICRC staff and managers at ICRC's partner organizations. Early promising results include greater involvement of center staff in developing their own goals to overcome obstacles to service provision, more direct engagement with people with disabilities

to seek their views on how to improve services, and increased service utilization. Additionally, EMP trainers are cascading the training with their own resources. In DRC, two EMP trainers trained an additional 10 participants from three additional physical rehabilitation centers without the LMG Project.

Coaching and Communications Workshops

During PY5, the LMG Project trained 21 ICRC senior staff in coaching and communications skills. These workshops provided hands-on practice in developing conversational and coaching skills to improve interpersonal communication, coordination of actions, and performance as a team. Two ICRC staff members attended a PY4 coaching workshop as participants and then took on a co-facilitation role in the two subsequent workshops offered to ICRC staff. ICRC has expressed interest in training staff in these skills as part of preparing them for management roles in the future. During PY6, the LMG Project will be working with ICRC and SFD to integrate some of the materials into these workshops and their internal staff development opportunities.



Strategy meeting between LMG Project staff and ICRC Leadership in Geneva, Switzerland.
Photo: Jozef Nagels/ICRC

Institutionalizing Leadership Development within ICRC

A key accomplishment of PY5 was working with ICRC to establish an internal coordinating body—i.e., the CMG—to take responsibility for integrating leadership and management development into ICRC’s existing strategies and operations to strengthen the way they prepare their program managers and engage in partnerships with in-country counterparts. The LMG Project facilitated a strategy meeting in Geneva with the initial members of the CMG and ICRC leadership to develop a “roadmap” with input from staff and partners to ensure the roadmap is grounded in the realities of the field from the start. Participants included ICRC and SFD program managers, ICRC resident staff, and representatives from partners at both the center and sector levels. The resulting roadmap recommends strategic action in three areas: (1) institutionalizing management capacity development internally in ICRC’s Physical Rehabilitation Programme; (2) developing management capacity at physical rehabilitation centers; and (3) strengthening leadership and governance at the sector level. A central decision was made that strategic alignment should guide all actions to create the conditions for stronger partnerships and better program results by ensuring that ICRC’s support is aligned with existing stakeholder priorities and plans. The CMG will be sharing the roadmap for broader validation during ICRC’s Roundtable in October 2016. During PY6, the LMG Project will coach the CMG as they launch the roadmap.

Strengthening the organizational development of torture rehabilitation centers

The LMG Project support to the Centre for the Study of Violence and Reconciliation (CSV) resulted in the development of key organizational policies and processes. For example, CSV now has mechanisms to recognize staff for good performance and impose clear consequences for poor performance. CSV has also clarified its management structure and lines of accountability and decision-making. CSV’s leadership has reported improved internal communication and more effective engagement with the board of directors as some of the immediate benefits of their collaboration with the LMG Project. During the extension period, the LMG Project will continue to provide coaching and capacity-building to CSV in multiple areas, including managing organizational culture, strengthening work climate, and managing effective change.

In December 2015, the LMG Project and the Center for Victims of Torture (CVT) co-hosted an event titled Responding to Trauma: Human Rights, Capacity Building, and Lessons for the Development Sector to share some of the experience and lessons learned during CVT’s stewardship of the five-year Partners in Trauma Healing (PATH) Project.

In PY6, the LMG Project will provide renewed technical support to select partners of the PATH project based on findings from a foundational visit and capacity assessment conducted by CVT.

Capacity building for Rwanda's National Commission for Children (NCC)

In PY5, the LMG Project continued to provide coaching and use team-based applied learning to strengthen NCC's institutional capacity and its approaches to overseeing the multi-disciplinary, multi-sector, multi-stakeholder effort required to advance child rights and support families in Rwanda.

The LMG Project's support is delivered through a Strategic Advisor at NCC who coaches the teams to implement their plans, assess their progress, and apply new strategies when unforeseen obstacles arise. The Strategic Advisor also plays an executive coaching and advisory role for the Executive Secretary and Deputy Director of NCC.

NCC's three capacity-building result areas include:

1. Establishing operational guidelines that outline obligations for implementation and monitoring of the seven areas of the ICRP;
2. Developing an integrated information management system to be used for multiple strategic purposes; and
3. Establishing a coordination mechanism by which NCC will regularly convene partners involved in child protection at all levels of the system.

Highlights of progress made by NCC's Capacity Building Teams:

- The operational guidelines have been drafted, reviewed by partners, and reviewed by the Ministry of Gender and Family Promotion (MIGEPROF). They will be validated in an official meeting by early October 2016, then formally distributed to all actors in the child protection system.



NCC staff participate in a retreat organized by the LMG Project in Rwanda. Photo: Kate Wilson/MSH

- NCC and partners identified the initial dataset and most critical indicators to include in the information management system. They are currently being trained on the system software and are developing the data collection forms and analysis tools.
- NCC has drafted a process for routine coordination of the actors working in child rights and protection from the cell to the national level, and they are incorporating input from stakeholder meetings and partner reviews. The proposed coordination mechanism is now under review by the MIGEPROF for validation. NCC aims to hold the first round of official coordination meetings in early 2017.

In late 2015, a new Executive Secretary was appointed to lead NCC. At the request of the new Executive Secretary, the LMG Project facilitated a retreat for NCC's entire staff to examine NCC's strategic direction and align the organization's various units in early 2016. Identified as strategic priorities during the workshop were: improving NCC's internal operations; increasing coordination and joint planning across levels of the child protection system; increasing engagement and accountability at local levels of the system; and improving services for children with special needs.

Through the end of 2016, the LMG Project will continue to provide support to the capacity-building teams to achieve their two-year goals. This period will focus on

the handover and transition from the LMG Project to full ownership by NCC, including the gradual exit of the Strategic Advisor. Targeted capacity-building will prepare NCC for this transition based on the jointly developed handover plan. The LMG Project will also complete the case study, which will analyze factors that contributed to both the successes and challenges of the LMG Project's support to NCC. This case study will be used to inform USAID's strategic decision-making and future investments regarding capacity-building interventions to strengthen local organizations.

Disability Rights and Inclusive Development

Women's Institute for Leadership and Disability (WILD)

Over the past five years, the LMG Project partnered with MIUSA to support and strengthen the WILD training program. We collaborated with MIUSA to document their processes, develop a training manual, and create a ToT program. As a result, the number of women with disabilities trained with the WILD methodology doubled from 200 to nearly 400.

In PY4, the LMG Project and MIUSA trained 20 WILD trainers, and in PY5, these women went to their home countries—Albania, Armenia, Barbados, Burkina Faso, Cameroon, El Salvador, Ethiopia, Fiji, Ghana, India, Kenya, Mongolia, Myanmar, Nigeria, Peru, Rwanda, Vietnam, Zambia, and Zimbabwe—and conducted mini-WILD



A WILD participant and trainer look through the WILD Facilitator's Guide.
Photo: Kiefel Photography

programs for a combined total of 397 women with disabilities. These newly trained women are creating action plans to develop women leaders with disabilities in these countries. Of the participants who reported on their action plan progress, an average of 65% had completed the first steps of their action plans within 30 days of their trainings. The WILD in-country trainings successfully prepared participants to lead change and advocate for their rights in reproductive health, education, economic empowerment, and the prevention of HIV and AIDS and gender-based violence (GBV). For example, as a result of a WILD training in Barbados, the Barbados Council for the Disabled recognized the need for increased access to sexual and reproductive health information, and it now plans to develop an ongoing Sexual and Reproductive Health program.

The WILD Facilitator's Guide is now final and will be distributed by MIUSA and made available worldwide as an empowerment tool to enhance the leadership skills of women with disabilities. MIUSA will encourage women's groups, NGOs, DPOs, and others to use this manual to create a training program that empowers women with disabilities to achieve their leadership potential. The ToT methodologies and WILD Facilitator's Guide were incorporated into MIUSA's 2016 WILD training, which was delivered without the LMG Project's direct support.

Bureau for Global Health, Office of HIV/AIDS

In support of PEPFAR priorities, the LMG Project focused its OHA-funded activities in PY5 on improving the skills of government managers and civil society leaders to provide HIV and AIDS information, services, and support to affected communities. The LMG Project works to ensure that resources are utilized effectively by disseminating planning tools, effective and participatory governing bodies, and participatory capacity-building approaches.

Focused leadership, participatory governing practices, and careful planning can ensure that networks, CSOs, and

governmental bodies design and implement HIV programs that are integrated into the health system and effective at serving those most in need. In PY5, the LMG Project priority areas in the OHA portfolio included:

- NGO capacity-building
- Support to the Global Fund to Fight AIDS, TB, and Malaria
- Ukraine CCI
- Tools and Resources
- PMI/NMCP

NGO Capacity Building

Joint Clinical Research Center (JCRC)

In PY4 at the request of the mission, the LMG Project conducted a participatory organizational capacity assessment using MSH's Program for Organizational Growth, Resilience, and Sustainability (PROGRES) which highlighted JCRC's progress against programmatic, institutional and financial sustainability. The LMG Project's support resulted in an Enhanced Governance Plan and a Board of Trustees Handbook, upgraded financial information management system, revamped business plan, development of a Resource Mobilization Strategy and Plan, and eight updated policy manuals - effectively rolling out change across the organization. The assessment helped JCRC to create a new capacity development plan to guide continued investments in its capacity. Since the assessment, JCRC has made steady progress against its plan and even targeted areas requiring additional LMG Project support, including financial management, business planning, and resource mobilization. In PY5, this additional targeted TA was coupled with a rapid re-assessment. JCRC cites business planning, in particular, as having helped them strengthen their use of limited resources and better mobilize resources. They have identified other donors beyond their primary donor (USAID) with the new business plan, put more memorandums of understanding (MOUs) in place, and opened a private clinic with new services beyond HIV and AIDS. Their new financial management system has resulted in a 50% cost savings. As a result of a strengthened lab system, lab

results are received sooner and patient waiting time is reduced; it is now down from 2 hours to 45 minutes. The re-assessment showed systematic improvement across areas assessed, evidence that JCRC has stronger systems and is on a course of strengthened sustainability and decreased donor dependency.

African Centre for Global Health and Social Transformation

In PY5, we continued to strengthen the management, leadership, governance, and operational capacity of African Centre for Global Health and Social Transformation (ACHEST) in order to improve their performance as a champion of health systems and network strengthening in Africa. Throughout the program year, ACHEST continued to strengthen their financial management practices, working closely with our local financial consultant. The LMG Project supported ACHEST to further develop their Health Ministers Leadership Program by attending the East, Central and Southern Africa meeting to promote the program among potential donors. Among their key achievements this year were: putting in place a sub-agreement with ACHEST to hold a Congress Meeting for African Health Systems Governance Network (ASHGOVNET) members and develop a searchable database to give ASHGOVNET a secure virtual platform to access and exchange information. The main challenge with our work with ACHEST is keeping activities on track, as events are not in the full control of ACHEST; for example, the Congress Meeting is dependent on the availability of high-level members.

In PY6, we will conclude financial management help, and ACHEST will have a completed, searchable database. ACHEST will hold an ASHGOVNET Congress Meeting with: (1) consensus on approaches to support targeted capacity-development initiatives on governance and leadership for African Health leaders and decision makers; and (2) a clear understanding of the network's governance and financing arrangements. This support has allowed ACHEST to continue to grow and develop on a stronger platform to fulfill their critical role as a thought leader in improving health systems in Africa.

Improving Access to Services for Key Populations

The Middle East and North Africa (MENA) Program was the first in the region to respond to the HIV prevention and sexual health needs of men who have sex with men (MSM). In PY5, we continued to support the program through the implementation of community-based MSM- and PLHIV-focused service delivery as well as the civil society–strengthening program of the International HIV/AIDS Alliance (IHAA) in Algeria, Lebanon, Morocco, and Tunisia. Toolkits on working with MSM and stigma, a participatory community assessment guide, and case studies on PLHIV and MSM were developed. The LMG Project strengthened financial management and strategic planning capacity of the partner CSOs in the four target countries and facilitated capacity building for project management, proposal writing, action planning, and M&E. The LMG Project also supported the development of a regional network of CSOs working on HIV and AIDS in the region.

PEPFAR funding for this activity finished in PY5, ending support to over a decade of work in the region through various USAID-funded instruments. However, new funding is being directed toward LGBTI and focusing on empowerment and inclusion through the DCHA Bureau, and some of the CSOs that were part of the MENA Program will remain involved. In addition, lessons learned from the final summary meeting in Tunis in February 2016 and the closeout event in Washington, DC in April 2016 have been documented and will inform future work with key populations by the CSO partners in the target countries.

Support to the Global Fund to Fight AIDS, TB, and Malaria

The LMG Project supports the work of the Global Fund by providing technical support to CCMs and PRs, by deploying interim USG Global Fund Liaisons (GFL) to work with country PEPFAR teams, and by collaborating with the Global Fund itself to develop tools and training programs to improve grant performance.

Country Coordinating Mechanism Eligibility and Performance Assessments

In PY5, the LMG Project continued to collaborate with the Global Fund to determine the eligibility of countries to receive Global Fund grants by implementing CCM Eligibility and Performance Assessments (EPAs).

Demand for EPAs has been lower than originally anticipated, in part because the Global Fund waived the requirement to conduct consecutive annual EPAs for higher-performing CCMs. Those CCMs that are required to conduct consecutive annual EPAs generally need TA that is beyond the scope of the LMG Project.

During PY5, the LMG Project did deploy a team of trained consultants to conduct the EPA in Zimbabwe and in PY6, we will conduct our final EPA in Lesotho.

CCM Orientation Program

The February 2016 Global Fund Office of the Inspector General Audit Report on CCMs noted gaps in CCM performance, particularly in coordinating and overseeing in-country grants. To address these gaps, the LMG Project is collaborating with the Global Fund and GMS to develop a CCM member orientation program, which will have e-learning and face-to-face components. The ultimate goal of the CCM orientation program is to improve the effectiveness of CCMs by providing CCM and committee members with the knowledge and skills they need to effectively carry out their governance and oversight roles and responsibilities.

The English language materials will be completed and handed over to the Global Fund by December 2016, and will include: (1) a facilitator guide for a face-to-face introduction to the CCM orientation program; (2) 16 eLearning modules for orientation of CCM members and committee members; (3) facilitator guides for face-to-face training of CCM members and executive and oversight committees, and (4) an overall facilitator guide to the entire CCM orientation program. These will be translated into French and handed over to the global fund in early 2017.

In addition to the Global Fund, numerous partners—including IHAA, Deutsche Gesellschaft für Internationale

Zusammenarbeit (GIZ) BACKUP Health, United Nations Development Program, and France Expertise Internationale—have validated the program’s content through an external review. In August 2016, the LMG Project and GMS held a two-day CCM Orientation Program Consultant Introduction training for 14 highly experienced CCM consultants to gather their feedback to help finalize the program and to prepare them for the rollout of the package in 31 countries starting in January 2017.

Interim Global Fund Liaison

In PY5, the LMG Project supported two interim Global Fund Liaisons (GFL), one in DRC and the other in Cameroon, to coordinate efforts in support of successful Global Fund grant performance. GFLs serve as the USG focal point on Global Fund activities in country. They work under the PEPFAR Coordinator and the USAID/Health Team on strategic, technical, and programmatic matters involving coordination between Global Fund and USG investment in AIDS, TB and malaria. They also manage critical communications between USG and GF stakeholders, including Principal Recipients (PR), Local Fund Agents (LFA), the Country Coordinating Mechanism (CCM) and the Global Fund Country Team in Geneva.

The interim GFL in the DRC provided support to USG staff, CCMs, PRs, and CSOs for successful performance of Global Fund grants. A newly implemented “rationalization” agreement assigned health zones to either PEPFAR or Global Fund programs. The interim GFL played an important coordination role in its rollout.

At the request of the PEPFAR team in Cameroon, the LMG Project deployed an interim GFL from April 2016 to February 2017. As the USG focal point on Global Fund activities, the interim GFL has consulted regularly with the PEPFAR Agency Leads and all other strategic technical stakeholders involved in HIV and AIDS, TB, and malaria programmatic matters.

Medium and Long Term Technical Support to CCMs

In PY5, the LMG Project provided technical support to the Guatemala CCM to orient new members who had been elected to the CCM. The two-day CCM

orientation was conducted for 24 CCM members. The two-person consultant team also conducted: (1) a one-day orientation for the Executive Committee; and (2) a two-day orientation for the Oversight Committee and staff from PRs, including an introduction to the use of dashboards for oversight. The Guatemala CCM recently created a multi-stakeholder Sustainability Commission, which is responsible for planning for the transition from Global Fund funding for AIDS, TB, and malaria to funding from domestic and other sources. In preparation for the transition, the LMG Project held a one-day workshop to assist CCM members and other stakeholders to begin planning for the transition; there it focused on strengthening the Commission itself to ensure it has members who will be able to advocate for and ensure successful transition.

The LMG Project was also requested to provide support to the Global Fund PR in Honduras, the ministry of health (UAFCE). The results of a recent PR capacity assessment conducted by the Global Fund indicated the existence of several weak management areas within UAFCE that would benefit from strengthening actions, including the start-up of new TB and HIV grants expected in 2017 and 2018, respectively. In response to this need, in PY5 the LMG Project began providing TA to strengthen UAFCE capacity by: (1) clarifying its expected role as the MOH unit responsible for managing Global Fund grant resources effectively and for impact; (2) identifying key bottlenecks to improve PR performance; and (3) providing technical support to address bottlenecks in the areas of financial management, organizational management, and governance—all within the framework of Global Fund policies and requirements. This work will be completed in the first quarter of PY6.

Ukraine CCI

In PY5, the LMG Project in Ukraine shifted its scope to work away from focusing on capacity development TA to UCDC to supporting health systems and HIV and AIDS clinical trainings of two Global Fund PRs—IHAA and All-Ukrainian Network of PLHIV. The LMG Project funded these trainings and also worked to further develop the PRs’ training capacity and sustainability planning in



Participants at clinic trainings by two Ukrainian networks of PLHIV.
Photo: MSH

response to the decrease in donor funding. Both PRs exceeded expectations for planned trainings and events with the funding received, training over 650 HIV and AIDS practitioners. Both PRs developed sustainability plans as part of the grant agreement requirements in response to the LMG Project's recommendation to invest the sustainability of their programs, as PRs have been overly dependent on donor funding for years.

While the LMG Project's focus was on the Alliance and Network, the Project continued to support the UCDC in some key areas to maximize outcomes of USAID's investment during a critical transition for UCDC into the Public Health Center. The LMG Project further supported developing resource mobilization and new partnerships and operationalizing UCDC's training coordination and HR strategies. They succeeded in developing a resource mobilization and new business manual, submitting grants and developing two international MOUs, and creating an online distance-learning platform. The main challenge is having UCDC sustain the change and adapt the policies,

procedures, and strategies developed with the LMG Project as it now transitions into Ukraine's Public Health Center.

Although the LMG Project's support ended in August 2016, plans for PY6 include development of a technical brief on developing UCDC's capacity in a time of crisis as well as highlighting the LMG Project's work in Ukraine as part of an end-of-project dissemination event.

Tools and Resources

To implement large-scale HIV programs effectively, policy makers and program managers need access to the latest research findings and resources to inform their programmatic strategy. As part of its PEPFAR portfolio, the LMG Project developed and disseminated tools, resources, and research findings on orphans and vulnerable children (OVC); it also finalized planning and project-management tools, including the PEPFAR dashboard and the HIV/AIDS Provincial Planning Simulator (HAPPS) tool. The latest research findings and tools are vital for ensuring that PLHIV have access to high-quality HIV and AIDS services and information.

In PY6, the LMG Project will consolidate learning to date about the tools and resources developed with PEPFAR support. We will disseminate the PEPFAR dashboard tool and explore venues for dissemination of the HAPPS tool, which was originally developed for Vietnam. This dissemination will include an event to highlight tools developed to increase knowledge of approaches and advance discussion of leadership and governance on HIV and AIDS.

Network Strengthening Program (NSP)

The NSP is a new capacity-building program tailored to address common challenges faced by networks so they are more effective at meeting the needs of their members. The LMG Project began developing this in PY4, and the content of the program is focused around five distinct challenge areas:

- Membership relations and management; benefits to members



MANASO members conducting a network mapping activity as part of the LMG Project's Network Strengthening Program.

Photo: MSH

- Financial sustainability
- Governance
- Both internal and external communications
- Leadership and management capacity

In PY5, the NSP was piloted with two networks in Malawi: (1) MANET+ (a network of people living with HIV [PLHIV] in Malawi); and (2) the Malawi Network of AIDS Service Organizations (MANASO), a network of HIV service organizations. The NSP consists of three workshops and ongoing coaching in between. Throughout the course of the program, the networks develop action plans around the topics above, as well as a final network strengthening action plan. In May, the two networks presented their NSP results to over 50 stakeholders, including UNAIDs, the National AIDS Commission, USAID, and government officials. MANET+ emphasized their work on their resource mobilization strategy and their recent selection as a Global Fund sub-recipient. MANASO's presentation highlighted their efforts to align

their members' community work with Malawi's latest National Strategic Plan for HIV and AIDS (2015–2020).

To investigate the effectiveness of the program, the LMG Project team is conducting a case study to evaluate the extent to which the NSP has supported MANASO in working more effectively within its operating environment. The case study will use data from the workshop final reports, the results of the document review, and findings from key informant interviews and a focus-group discussion.

In PY6, we will finalize the facilitator's guide and case study and disseminate the tool broadly.

Citizen Engagement

In PY5, at the request of the Office of Health Systems Strengthening at USAID, the LMG Project created two case studies of health projects with citizen engagement interventions to explore how citizen engagement influences health program results. These case studies

include the Health Communities and Municipalities Project II in Peru and the Integrated Health Project in the DRC.

Research on Orphans and Vulnerable Children for Organizational Capacity Building

For more than two years, the LMG Project has supported the PEPFAR OVC TWG's efforts to understand the long-term impact of HIV and AIDS on children and how to reduce the effects on children. As part of this work, the LMG Project supported the HSRC in South Africa to undertake research to better inform an effective and comprehensive response to the HIV epidemic in children.

During PY5, the LMG Project and HSRC researched child welfare, including a paper that examines how to prioritize geographic areas for targeted OVC service delivery and research on how adult treatment adherence and reduced mortality affects children's development outcomes. In addition, a short video was produced and disseminated on key findings and policy implications of recent OVC research.

PMI/NMCP

The LMG Project is strengthening the capacity of selected NMCPs to effectively implement their national malaria strategies. This is being done through targeted technical and organizational capacity-building support provided by long-term Senior Technical Advisors embedded in their respective NMCPs. In PY5, the LMG Project provided technical support to six countries—Burundi, Cameroon, Côte d'Ivoire, Guinea, Liberia, and Sierra Leone (Lao PDR closed in PY5)—to achieve the three main objectives below:

1. Effectively manage human, financial, and material resources;
2. Develop and direct policy and norms for the implementation and surveillance of the national malaria control strategy; and



Ghislaine Djidjoho, LMG/NMCP Senior Technical Advisor for Supply Chain Management (SCM) works with Dr. Yapi, Head of the SCM Unit in Côte D'Ivoire.

Photo: SCM NMCP in Cote D'Ivoire

3. Mobilize stakeholders to participate in national malaria control coordination and implementation efforts.

In PY5, the LMG Project built the capacity of the NMCPs in the following areas:

- **Partner coordination.** The LMG Project supported the NMCPs to fulfill their coordination roles. In Guinea, the NMCP developed and implemented regional Roll Back Malaria monitoring committees to strengthen the coordination between regional malaria stakeholders. The NMCP also developed a partnership with the Guinea Chamber of Mines that integrates the mining sector's malaria work with national malaria activities.
- **Global Fund Grant Management.** In Liberia, the LMG Project advisor helped the NMCP submit the Liberia Malaria Simplified Application Proposal to the Global Fund, and collaborated with key partners to address questions and revisions requested by the Global Fund.
- **Malaria Control.** The LMG Project advisors continued to help the NMCPs revise, implement, and monitor malaria-control activities. In Cameroon and Guinea,

senior TAs worked with NMCPs to organize and carry out the Long Lasting Insecticidal Nets mass distribution campaigns. In Liberia and Sierra Leone, senior TAs helped NMCPs to organize and launch Malaria Indicator Surveys.

- **NMCP leadership and governance.** The LMG Project strengthened NMCP staff leadership and governance through the development and review of countries' malaria operational plans, procedures manuals, strategic plans, and annual work plans. In Cameroon, NMCP staff developed the first integrated strategy document for the implementation of HIV/TB/malaria community activities.
- **Supply chain.** The LMG Project Supply Chain Management Advisor provided support to strengthen the supply chain management unit of the NMCP in Cote d'Ivoire. During this past year, the advisor and the NMCP conducted an End-User Verification Study across 10 district and hospital pharmacies and 15 health facilities to assess the overall performance of the malaria supply chain and adherence to national malaria policies.

Ongoing security concerns in Burundi led to the resignation of the country's Senior Technical Advisor. However, we identified a qualified replacement, who is now in Burundi working with the NMCP.

In PY6, LMG Project's NMCP advisors will do the following:

- Conduct a second organizational capacity assessment in each country in order to assess the progress made over the course of the project.
- Hold the third annual Senior Technical Advisor Coordination Meeting in Arlington, Virginia.
- Conduct a full LDP+ cycle in Sierra Leone; complete the LDP+ cycle in Burundi; and implement a second, modified LDP+ in Guinea, Cote d'Ivoire, and Cameroon.
- Continue to provide daily coaching and mentoring to NMCP staff to address organizational and technical capacity needs.

Field-funded Activities



Afghanistan

The LMG Project has supported the Afghanistan the Ministry of Public Health (MoPH) since 2012 by working together to strengthen the capacity of the MoPH. LMG/ Afghanistan finished program activities in June of 2015 and will continue to provide targeted technical support in Hospital Sector Reform until June 2017.

In November 2015, the LMG Project and the Hera Company conducted an assessment of the feasibility of a pooled procurement to procure high-quality medicines.

The LMG Project helped the MoPH draft the National Health Strategy 2016–2020 (NHS) and the Community Birth Registration Proposal. Finalizing the NHS required extensive consultation with Afghanistan’s MoPH, UN agencies, bilateral and multilateral agencies, NGOs, and private and CSOs. The MoPH signed the final NHS in August 2016.

In June 2016, Dr. Ferozuddin Feroz, Afghanistan’s MoPH, visited Boston, Massachusetts; Washington, DC; and Atlanta, Georgia, for an educational tour and presentation of results in coordination with USAID, MSH, and the Government of Afghanistan. The LMG Project managed all logistics for the trip. This provided Minister Feroz opportunities for in-depth discussions with public health officials, experts, and service providers about quality

assurance for services provided by NGOs; approaches to urban and community-based health care; and community-based approaches to opioid addiction treatment.

The LMG Project developed Afghanistan’s hospital reform and efficiency framework and a discussion paper on equity and user fees in Afghan hospitals. The project supported the MoPH to reach an agreement on the specific roles of hospitals in Kabul, focusing on curative services, community services, governance, and networking hospitals together. The project will continue to support the Hospital Sector Reform initiative until June 2017.

Côte d’Ivoire

The LMG Project has been working in Côte d’Ivoire since 2011 on activities in three focus areas:

1. Global Fund Country Coordinating Mechanism and PRs (LMG/CI)
2. Ebola Decentralized Management Support Project (LMG/CIEB)
3. National Malaria Control Program support, which is described in the section on OHA/PMI-funded activities

LMG/CI

Since December 2011, LMG/CI has been providing technical assistance to the Global Fund Country Coordinating Mechanism (CCM) and Principal Recipients (PRs) to build their capacity in the areas of leadership, management, and governance; monitoring and evaluation; supervision; and resource mobilization. Technical assistance is designed to help clarify the roles and responsibilities of the CCM and the PRs, with the goal of enabling these entities to fulfill their critical functions and be effective players in rallying all sectors to combat HIV and AIDS, malaria, and TB.



An LDP+ participant, in red, poses for a photo alongside his team from the Man Ebola Treatment Center in Côte d’Ivoire and the LMG Project’s Dr. N’Guessan.

Photo: MSH

LMG/CI pursues three objectives:

1. It aims to provide TA to the Global Fund CCM and PRs to build their capacity in: leadership, management, and governance; M&E; supervision; and resource mobilization.
2. It aims to improve health-service delivery and health outcomes through HSS and by creating motivated leaders with strong skills in governance, leadership, and management at the Regional Health Directorates (DRs) and the Departmental Health Directorates (DDs).
3. It aims to strengthen governance capacity at sub-national levels for better leadership and coordination in the context of Ebola and other pandemic threats.

Achievements of LMG/CI in PY5 include:

1. They supported the CCM to develop and finalize a procedures manual.
2. They provided TA to the CCM in developing and submitting a Simplified Application Process HIV Concept Note to the Global Fund.
3. They trained 100% of the CCM technical committee members on their roles and responsibilities.

During PY5, LMG/CI faced implementation challenges due to a vacant permanent secretary post at the CCM from November 2015 to July 2016. This vacancy challenged timely implementation of project activities with the CCM, because the position is responsible for managing CCM operations. To overcome this challenge, LMG/CI TA provided help to the interim permanent secretary, helped develop the candidate profile for the permanent secretary position, and helped to advertise the open position.

LMG/CIEB

The goal of (LMG/CIEB), started in July 2016, is to build sustainable, well governed, and effective coordination structures for preparedness and response to Ebola and other infectious threats at the decentralized level.

LMG/CIEB pursues four objectives:

1. They increase the capacity and performance of the sub-national health directorates through improved leadership, management, and governance practices of leaders and managers of health in the DDs, DRs, and in the private sector.
2. They improve governance, ownership, and coordination practices on sub-national levels for advocacy, mapping, strategic planning, activity monitoring, application of regulations, and conveying information to DRs and DDs.
3. They establish routine cross-sectoral collaboration mechanisms among actors—from human, animal, and environmental health—to pilot implementation of the One Health Initiative and whole-government approach to addressing existing and emerging infectious threats.
4. They integrate health emergency preparedness and response into broader, national strategies that aim to strengthen systems and thus ensure sustainability and coherence of these initiatives over time.

Achievements of LMG/CIEB in PY5 include:

1. They conducted a governance training workshop with members of the regional Ebola coordination committees from the target health regions of Tonkpi, Kabadougou-Bafing-Folon, and Cavally-Guémon.
2. They trained and coached 16 improvement teams from district and regional health teams in Tonkpi, Kabadougou-Bafing-Folon, and Cavally-Guémon to develop challenge models.
3. They provided technical support to the DRs of Tonkpi and Kabadougou-Bafing-Folon to develop three performance merit systems.

Changes in district and regional health leadership (DRs and DDs) challenged the LMG/CIEB implementation because the health directors work closely with LMG/CIEB TA providers and are responsible for leading the organization of meetings and events. To overcome this, LMG/CIEB TA providers worked closely with district and

regional bodies to assist with meeting and workshop planning, scopes of work, and reporting.

During PY6, LMG/CI and LMG/CIEB will continue their technical support to the CCM and to the regional and district health entities responsible for epidemic preparedness in the three target regions. This support will emphasize planning for the continued use of leadership, management, and governance practices after the LMG Project closeout in September 2017. In addition, the LMG/CI and LMG/CIEB projects will each run an LDP+ cycle. The LMG/CI improvement teams will be made up of the CCM Secretariat and CSO members, and the LMG/CIEB improvement teams will be composed of representatives from the health districts in the three target regions.

Ethiopia

The main objective of LMG/Ethiopia—started in 2012—is to improve the leadership and management capacity of the Ethiopian health workforce. To meet this objective, LMG/Ethiopia collaborates with the Federal Ministry of Health (FMOH), regional health bureaus, zonal and district health offices, training institutions, professional health associations, and CSOs. The ultimate goal is to strengthen the health system and improve access, quality, and utilization of priority health services for Ethiopian citizens.

The LMG Project delivers interventions among these three result areas:

1. Management systems for harmonized, standardized, and accredited IST for the health workforce, including training in leadership, management, and governance;
2. L+M+G capacity improvements of select FMOH directorates, agencies, and select regional health bureaus/zonal/district health offices, and facilities; and
3. Institutional capacity improvements of Ethiopian training institutions and PLHIV/OVC/ professional health associations.

The LMG Project developed a standardized curriculum for health workers customized for Ethiopia. The MOH

adopted the L+M+G curriculum as the sole approved training program in the country for leadership, management, and governance. Additionally, the MOH is funding L+M+G curriculum in emerging regions with minimal TA from the LMG Project.

In PY5, key achievements in integrating leadership, management, and governance into pre-service curricula included a newly L+M+G integrated health system management (HSM) course. The HSM course was delivered at four universities (Haromaya, Bahir Dar, Hawasa, and Wollo universities), reaching 970 students, including: 91 nursing students, 87 midwifery students, 89 health officer students, 83 pharmacy students, and 620 medical students.

In PY5, LMG/Ethiopia's key achievements that integrate leadership, management, and governance into in-service curricula included:

- After reviewing the contents, methodology, and delivery practices of the L+M+G curriculum materials, 27 representatives from universities, regional health bureaus, and the FMOH provided feedback to help the TWG update the manuals.
- LMG/Ethiopia and the FMOH conducted an eight-day ToT in the L+M+G curriculum for 41 participants from FMOH, regional health bureaus, and local universities.
- A total of 172 teams (600 trainees) completed their L+M+G curriculum action plans to address priority challenges and held results presentation workshops.
- A total of 87 teams (234 trainees) from Amhara regional and zonal HIVAIDS Prevention and Control (HAPCO) offices, PLHIV/OVC associations, and local NGOs working on HIV and AIDS completed their action plans and held results presentation workshops.
- A total of 122 teams (459 trainees) from teaching hospitals in Wolita, Assela, Gonder, Ayder, Gonder, Hawassa, Jimma, Dilla, and Hiwot Fana completed their L+M+G curriculum action plans and held results presentation workshops.

- A total of 92 teams (283 trainees) from the Oromia regional health bureau and the emerging regions health bureau (Afar, Benishangul, Somali, and Gambella) attended senior- and district-level L+M+G curriculum workshops and developed their action plans. Among them, 81 teams (233 trainees) completed results presentation workshops.
- Local facilitators provided rigorous coaching support for leadership, management, and governance teams of the different regional health bureaus, teaching hospitals, and PLHIV/OVC associations; in some areas, LMG/Ethiopia staff have also assisted the local facilitators to improve their coaching skills.
- Data collection has been finalized as part of our operational research to assess the contribution of enhanced L+M+G skills to improve health-service delivery and utilization in collaboration with the local universities and the FMOH. The final report will be circulated in early PY6.

In PY6, LMG/Ethiopia will:

- Support the FMOH IST system so it sustains its efforts to build the L+M+G capacity of regional HAPCOs, HIV and AIDS core processes and facilities, PLHIV associations, and teaching hospitals in the project focus area.
- Print large quantities of the approved L+M+G training materials in hard copy, following the ministry's communications and printing guidelines.
- As part of an effective exit strategy, the project will collaborate with the FMOH Human Resources Development and Management Directorate to ensure the L+M+G capacity building program is incorporated as part of their HR development portfolio.
- Organize multiple post-training evaluation sessions as appropriate.
- Organize a project closeout conference.
- Develop and disseminate a comprehensive results report and nine success stories.

Haiti

LMG/Haiti, in partnership with the World Bank and under the guidance of the Haitian Ministry of Public Health and Population (MSPP), has been working in Haiti since September 2012 to generate inspired leadership, sound management, and transparent governance for stronger health teams, services, organizations, and healthier Haitians.

LMG/Haiti's four objectives are to strengthen:

1. Capacity of the Ministère de la Santé Publique et de la Population (MSPP) contracting function to manage all sources of funding (USG funds) to improve the quality of and access to health services;
2. MSPP's capacity to better regulate, manage, and monitor the health system;
3. Leadership, management, and governance—i.e., L+M+G—capacity of the CCM to improve financial oversight and accountability as well as improve performance and coordination; and
4. Strategic communication capacity of the MSPP and local Haitian journalists, and support USAID/Haiti to engage, inform, and elevate awareness of the Haitian public, diaspora, and US-based policy makers on key health issues for the country.

LMG/Haiti continued to provide coaching and TA to the MSPP Contracting Unit to implement and scale up the results-based financing (RBF) program in PY5. The project strengthened local ownership and the sustainability of the program by training 77 MSPP staff and RBF stakeholders on RBF key concepts and operational procedures. LMG/Haiti and the contracting unit also evaluated the operational aspects of RBF implementation with the seven pilot sites and revised the RBF operational manual—the guide for the national RBF strategy—by incorporating recommendations and lessons learned from the evaluation. The project provided TA to the contracting unit to develop a plan for scaling up RBF to four additional geographic departments. RBF is currently implemented in seven geographical departments

(Nord-Est, Nord-Ouest, Nord, Sud, Centre, Nippes, and Grande-Anse).

In PY4, LMG/Haiti provided TA to the national priority programs (HIV, TB, and malaria) to conduct an assessment of their management capacity using the Management and Organizational Sustainability Tool (MOST) and develop capacity-building action plans. To continue strengthening the management capacity of these programs in PY5, LMG/Haiti provided TA to develop dashboards to monitor programmatic indicators. All programs started using dashboards to analyze programmatic data during the quarterly and annual reviews. The project also strengthened the M&E function of the Unité de Coordination des Programmes (UCP)—the MSPP unit responsible for coordination among the three programs—and the Director General’s (DG) office by developing dashboards for these units to use to monitor progress towards achieving prioritized programmatic indicators. All dashboard indicators are aligned with indicators in the national HIS.

LMG/Haiti strengthened the capacity of the MSPP to manage the health system by developing referral and counter-referral (RCR) tools to track services and monitor the flow of patients within the RCR system. The MSPP pilot tested these tools in the Matheux referral network and revised the tools with support from the project. LMG/Haiti provided funding to print the validated tools, which were then disseminated for use in four departments (Nord-Est, Grande Anse, Artibonite, and Ouest).

LMG/Haiti is providing TA to the national HIV and TB programs to facilitate the integration of HIV and TB services. The programs developed a joint HIV and TB supervision tool with LMG Project support, which was field-tested and is currently used during site visits. In the Nippes department, hospital officials established a laboratory for TB testing at the facility where HIV patients are seen and treated.

Significant changes in MSPP leadership have caused delays in several activities, including the project’s work with the DG’s dashboard and activities with the UCP. LMG/Haiti



Marie Carmelle Luc Aliot explaining the integrated HIV/TB model to Dr. Blema, Medical Director of Sainte Thérèse Hospital in the Nippes Department Directorate, during the joint HIV/TB supervision visit. Photo: MSH

and USAID presented project activities to the new DG and minister to obtain their support and ownership.

LMG/Haiti will continue to provide TA to the UCP to plan for and implement RBF scale-up, finalize the RBF baseline assessment, and support the MSPP in preparing for the RBF endline assessment. The project will also provide TA to the MSPP to pilot test the Package of Essential Services (PES), a regulatory tool used to govern the health system that was developed with assistance from LMG/Haiti in PY4. The project also will train community-based civil society organization (CBCSO) constituencies working in the departments on community-based grant oversight tools developed with project support in PY4.

Honduras

From September 2012 to January 2016, LMG/Honduras provided technical assistance to the Ministry of Health (MOH) and to local non-governmental organizations (NGOs) and other non-public institutions to implement a new results-based management framework for the delivery of an HIV prevention and education services package to these key and priority populations.

The objectives of LMG/Honduras were:

1. Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms, management, and stewardship of HIV prevention services provided by local NGOs.
2. Organizational capacity developed within local NGOs to support the implementation of evidence-based, quality HIV prevention services for key and priority populations in compliance with the new MOH funding mechanisms.

Over the life of LMG/Honduras, the MOH and NGOs' achievements include:

- Twenty-five contracts were issued to NGOs through four rounds of the government bidding process. These contracts made it possible for key populations—including female sex workers, MSM, Garifuna, and transgender populations—to have access to HIV and AIDS prevention services in four regions over three years.
- The NGOs met or surpassed most of their programmatic targets, reaching close to 40,000 people from key populations with quality HIV prevention and education services.
- NGOs shared knowledge with one another and with regional health staff on successful education methods in reaching key populations. For example, LMG/Honduras hosted a knowledge exchange fair in June 2014; there 60 participants from five NGOs, six regional health departments, and the MOH central level units (Unit for the Administration of External Cooperation Funds [UAFCE] and Unit for Decentralized Management) shared their educational tools, such as Friends Educating Friends and Bingomania.
- The MOH and NGOs are better equipped to recognize and respond to cases of GBV, especially as it relates to HIV and AIDS. LMG/Honduras trained 85 people from local NGOs, MOH regional health staff, and health facility counselors. This resulted in the development of: 14 training plans for use by NGOs with their own beneficiaries on the prevention of

GBV; 14 referral plans for use by NGOs for cases of GBV; and six monitoring tools for regional health staff to monitor the NGOs' activities on prevention of GBV.

- Coordination at the local level between NGOs and regional health offices was established and reported upon as a useful and positive experience for the improvement of service delivery to key populations and in organizational strengthening for both the NGOs and the regional health offices.

At the start of the project, LMG/Honduras experienced a change management challenge on two fronts: one was of new groups working together—the MOH and the NGOs—and another was shifting to an RBF model. LMG/Honduras fostered relationship-building through joint trainings with the MOH and NGOs, and coordination at the local level with the regional health offices. Through a series of presentations on RBF and individual discussions with the MOH units and the NGOs, LMG/Honduras helped these groups understand RBF—i.e., what it is, how it would work under the NGO contracts with the MOH, and the kind of impact on their work they could expect from this new model.

LAC

The overall objective of the LMG Project's program in Latin America and the Caribbean (LMG/LAC) is to find synergies between USAID work in the LAC region and the International Development Bank-funded Salud Mesoamerica 2015 Initiative. The five activities under the LMG/LAC program are:

1. Support to the Contraceptive Security Committees in Guatemala and the Dominican Republic;
2. Participation in the existing Alliance for Health Logistics;
3. Participation in the APRA Working Group on Monitoring and Metrics, and a study on income inequality and access to family-planning services in the region;

4. A study on the successes and lessons learned on integrating FP and maternal and child health within MOHs in the region; and
5. Support to the implementation of RELAC SIS.

The LMG Project continued to provide TA in leadership, management, and governance to the Contraceptive Security Committees of Guatemala and the Dominican Republic (Activity 1). In Guatemala, we collaborated with a small group of the National Committee on Contraceptive Security (Spanish acronym CNAA) to finalize the manual of roles and responsibilities for the different members of the CNAA. The LMG Project and the CNAA are planning the next TA activity—which is expected to be a workshop on strengthening the roles of the sub-commissions and defining their responsibilities—to shift responsibilities to the member organizations and away from the MOH. We are also collaborating with the CS Committee of the Dominican Republic on a workshop to strengthen the Committee’s advocacy plan and capacity.

As part of the Alliance for Health Logistics (Activity 2), the LMG Project completed the “Characterization of Pharmaceutical Logistic Chains” document in Spanish and English as part of a contraceptive security resource kit.

In consultation with USAID/LAC, we agreed to cancel the study on income inequality and access to FP services, which was originally planned as part of Activity 3. The LMG Project participated in an APRA-facilitated workshop on measuring inequalities in health in the LAC region in Costa Rica in May 2016.

Under Activity 4, the LMG Project facilitated a one-day workshop with stakeholders in Guatemala to discuss integration and share tools for service providers. The results of this workshop is being compiled into a study that will be completed early in PY6; the study will also include the previous work that reviewed integrated strategies for FP and maternal and child health in Mexico and Panama, and included interviews with key stakeholders in the countries of Central America.

LMG/LAC’s Activity 5 is the ongoing support that USAID provides to RELAC SIS. This is the largest of the five LMG/LAC activities, and includes monitoring the network’s eight most active working groups and maintaining the interactive RELAC SIS web portal (www.relacsis.org). Highlights of the support to RELAC SIS during the reporting period include:

- Co-facilitation of the VII Annual RELAC SIS Meeting in Costa Rica in October 2015;
- Finalization and dissemination of the 2015–2016 RELAC SIS Workplan;
- A meeting of the Ibero-American Network of Collaborating and National Reference Centers for the WHO Family of International Classifications in Guatemala in June 2016;
- Facilitation of the Dr. Roberto Becker Forum on the correct international coding of causes of death and diseases (online through the RELAC SIS portal); and
- Expansion of the bank of exercises as part of the online course on the correct completion of death certificates.

Coordination of dates of meetings and events with local government actors in Guatemala and the Dominican Republic continues to be a challenge, although planning for upcoming activities is moving along efficiently. Co-administering and co-financing RELAC SIS activities with PAHO represents challenges, as each organization has its own policies and procedures that must be followed; however, we will still try to move quickly on implementation.

In PY6, LMG/LAC will complete the work with the CS Committees in Guatemala and the DR during the first quarter. We will continue to co-administer RELAC SIS, following a 2016–2017 Annual Plan to be developed during the 2016 RELAC SIS Annual Meeting in November 2016. A new activity has been added to LMG/LAC at the request of USAID/LAC. This new activity will work with three USAID-funded networks in the LAC region on financial sustainability planning.

Madagascar

The LMG/Madagascar Project aims to improve FP, reproductive health, and maternal and child health services through effective leadership, management, and governance practices at the central and decentralized (focusing on two regions and four districts) levels of the public health system. LMG/Madagascar is building the capacity of the MOH managers and leaders to effectively implement the Campaign for Accelerated Reduction of Maternal Mortality in Africa roadmap through the LDP+ approach. The LMG Project aligns and supports the MOH National Health Development Plan (Plan de Développement du Secteur Santé or PDSS), particularly in response to the MOH objective to improve the leadership and management skills of personnel at all levels as a critical factor in the improvement of health outcomes.

The two objective of LMG/Madagascar are:

1. Strengthen MOH stewardship of the health sector through promoting good leadership, management, and governance practices of central- and regional-level managers to coordinate delivery of essential quality services; and
2. Increase the leadership and management capacity of district managers to support effective delivery of quality reproductive health services and essential maternal and child health services at health facilities.

LMG/Madagascar made significant strides in establishing the project as a contributing partner to the MOH in Madagascar. LMG/Madagascar engaged key strategic partners to align strategies and priorities and to coordinate program implementation. Most importantly, LMG/Madagascar has engaged the MOH in close collaboration, building relationships with the Secretary General and across departments, ensuring that the project is responsive to the ministry's own priorities and securing commitment and staff participation at all levels.

In PY5, LMG/Madagascar achieved the following:

- It gained the commitment of the central MOH to the LMG Project activities and coordination, including the commitment of three ministry focal points to serve as LDP+ coaches.
- It gained the commitment of MOH participants for LDP+ at the central, regional, and district levels.
- It developed the capacity of the MOH by sponsoring two staff members to attend the World Bank Global Flagship Course, Health Systems Strengthening and Sustainable Financing: The Challenge of Universal Health Coverage.
- It trained facilitators and coaches and adapted LDP+ tools to the local context and language, and then launched LDP+ at the central, regional, and district levels, with alignment meetings, workshops, and coaching sessions at each location.

LMG/Madagascar has adjusted the implementation plan to account for common challenges. New leadership appointed to the MOH during the year—including the Secretary General—has required additional meetings and coordination for the LMG/Madagascar program manager. In addition, the MOH issued a new policy restricting ministry staff from attending off-site training, as a means to ensure that health personnel are available for service delivery. In response, LMG/Madagascar scheduled LDP+ workshops at the district level to bring the workshops to the ministry personnel so that they would not need to travel to the regional workshops. This change effectively ensured participation of district MOH staff in the LDP+ activities; however, it required the LMG Project program manager and MOH focal points to travel to the four districts to implement each of the three LDP+ multi-day workshops, a considerable investment of funds and time.

LMG/Madagascar activities began in late 2015, and the LMG Project will be extending implementation through late 2016, effectively spreading the funding over an entire year of implementation. Final LDP+ coaching sessions and workshops will be held in October and November 2016 at the central, regional, and district levels; afterwards, the teams will present their results to the ministry.

Nigeria

LMG/Nigeria is a continuation of the work started under the Program to Build Leadership and Accountability in Nigeria's Health System (PLAN-Health) from 2010-2015. LMG/Nigeria activities began in December 2015 and ended in May 2016. The goal of LMG/Nigeria was to improve the ownership and sustainability of the HIV epidemic response. This will be done by strengthening the leadership skills, management systems, and governance structures of key stakeholders at the state and local government area (LGA) level.

The objectives of LMG/Nigeria were:

1. Strengthen community-based health insurance (CBHI) to provide affordable health care and HIV services;
2. Improve maternal, newborn, and child health as well as to increase uptake of prevention of mother-to-child transmission in selected local government areas in Akwa Ibom State through the engagement of traditional birth attendants (TBAs); and
3. Improve ownership and sustainability of HIV and AIDS programs in Akwa Ibom State through leadership and management training of community health workers.

To strengthen the Ukana West Ward II CBHI scheme, LMG/Nigeria provided TA in resource mobilization, demand creation, data management, quality-of-care improvement, and advocacy for public-private partnership and health-financing policy change. As a result of these interventions, we observed a rise in enrollment into the system, greater utilization of health services, and improvement in the quality of care at the primary health care facility that serves the CBHI. The CBHI database was significantly strengthened to capture enrollee, utilization, and financial information and was useful for generating reports. LMG/Nigeria worked closely with the State Ministry of Health (SMOH), the system's health fund, and its board of trustees to come up with and propose policy revisions that would favor sustainability.

LMG/Nigeria worked closely with the SMOH to review and finalize TBA/FBA engagement manuals and guidelines



*The LMG/Nigeria Project provided technical assistance to support the Ukana West Ward II CBHI scheme.
Photo: MSH*

developed under PLAN-Health and they conducted a ToT, which was important for engaging clinicians and getting their buy-in. The project then supported the SMOH efforts to enroll TBA/FBAs into the system, and the response was very positive—over three times as many as expected enthusiastically paid approximately US\$60 to enroll in the training program. This was followed by site verification using guidelines refined during the ToT. Site verification prompted many TBA/FBAs to invest in improving their sites in accordance with requirements outlined in the guidelines. LMG/Nigeria supported the SMOH to conduct a 12-day basic training followed by a 12-day general hospital internship for 98 TBA/FBAs, who then received annual practice licenses. Improved referral and hygiene practices by TBAs/FBAs were observed following the trainings.

Introduction of the PEPFAR Fellowship program at SHTE included sensitization of SHTE management and staff about the program, which was followed by a ToT to select those who could disseminate the training to other staff. We also supported resource-mobilization training and conducted a baseline student satisfaction survey on teaching and learning methods used at the school. As a result of the ToT, the school's curriculum has been modified to include PEPFAR Fellowship leadership and management content. Resource-mobilization skills gained through the program enabled the school's principal to present a strong case to the SMOH to allocate additional funding to build a girls dormitory. The student



TBA/FBAs participate in a training program using engagement manuals and guidelines supported by the LMG/Nigeria Project.
Photo: MSH

satisfaction survey indicated that modern adult learning techniques are not commonly used at the SHTE, leading to widespread student dissatisfaction. It is expected that modern adult learning/teaching methodologies introduced by LMG/Nigeria will address this situation and that subsequent student satisfaction surveys will reflect improvements.

The limited lifespan of LMG/Nigeria coincided with a transition in the state administration following a court challenge of general election results. Because key officials had not been appointed, it took the project much longer than usual to engage the SMOH. LMG/Nigeria's early results lead us to recommend that these interventions be part of a community-led and -owned package of services that have the potential to help communities to play a greater role in improving health outcomes by providing a critical link between the health system and the most vulnerable sections of the population. Nigeria's decentralized structure lends itself well to implementation of this type of community-level intervention.

PASCA

The USAID|PASCA LMG Project is the USAID Program for Strengthening the Central American Response to HIV. The program began in March 2014 and ends in September

2017. The goal of the USAID|PASCA LMG Project program is to improve the policy environment to achieve a more effective response to HIV and AIDS in Central America.

The program provides TA and training geared toward ensuring that HIV policies are implemented effectively and activities contribute to the following objectives:

1. Budget, implement, monitor, and support national and regional HIV and AIDS strategic plans (including HIV projects financed by the Global Fund);
2. Effectively implement national and regional advocacy agendas; and
3. Involve the private sector in the HIV response.

Cross-cutting themes include gender and its relation to the HIV epidemic, and stigma and discrimination related to HIV. The USAID|PASCA LMG Project works in the Central America region, specifically in Belize, El Salvador, Nicaragua, Guatemala, and Panama. Activities in Costa Rica ended in May 2016, and new activities began in Honduras in June 2016.

The USAID|PASCA LMG Project operates within the strategic framework that exists between the government of the United States and the MOHs of Central American countries. Their activities are focused on the UNAIDS strategy Fast Track: ending the AIDS epidemic by 2030. This focus includes implementation of the Cascade of HIV

Care and the 90-90-90 targets, as well as the adoption of the WHO 2015 strategies.

The project provided TA for the reform, update, and implementation of policies and national and regional HIV strategies, as well as sustainability and financing strategies. The program also supported instruments for M&E, ensuring a focus on the continuum of care and the achievement of the 90-90-90 targets (90% of people with HIV diagnosed, 90% of them on ART [antiretroviral therapy], and 90% of them virally suppressed by 2020). In addition, the program supported the adoption and incorporation of the WHO strategies in the policies and national and regional plans regarding early start of treatment and innovative service models.

The USAID|PASCA LMG Project provided TA focused on strategic monitoring for improved efficiency of Global Fund projects, moving them toward identifying and implementing operative adjustments in Global Fund grants to positively impact the HIV continuum of care for key populations. The program also continued to strengthen capacities for generating strategic information for decision-making, developing analyses that contributed to improved decisions regarding sustainability, and closing the gaps in the continuum of care.

The USAID|PASCA LMG Project results include:

1. There were eight regional and 15 country-level positive policy changes related to the continuum of care.
2. Three national plans and one regional plan were modified to incorporate clear directives that address the themes of the continuum of care and the achievement of the 90-90-90 targets.
3. Five countries and the region developed and used a basic package of harmonized indicators.

The program achieved these and other results at the country and regional levels. However, the team faced challenges related mainly to the fact that the program has one set of indicators and follows a regional strategy, but is implemented in six countries. Within each country, the program also works with a number of stakeholders

(civil society, the MOH, international organizations, the Global Fund), significantly increasing the number of actors with whom we work and with whom we seek to find consensus on different issues. Specifically, the USAID|PASCA LMG Project has worked through the challenges of aligning the different actors in each country to focus on Fast Track and refining the evidence base for the definition and measurement of the 90-90-90 targets.

In PY6, the USAID|PASCA LMG Project will continue providing TA and training to close the individual gaps identified by PEPFAR in each country in order to move toward a sustainable response to HIV.

Southern Africa

LMG/Southern Africa is a continuation of activities began under the five-year Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC). These activities facilitated greater integration and coordination among partners and ultimately improved health infrastructure from the regional to the community level. LMG/Southern Africa activities will last for one year, and will fall into three areas:

1. The Southern Africa HIV and AIDS Regional Exchange portal (SHARE)
2. The Lucky Specials TB film
3. The Mphatlalatsane Project (Early Morning Star) in Lesotho

The Southern Africa HIV and AIDS Regional Exchange Portal (SHARE)

SHARE (www.hivsharespace.net) is an online hub connecting people to resources, peers, organizations, and free online learning and collaboration tools. SHARE facilitates knowledge and information-sharing on HIV and AIDS, TB, and other health-related areas.



The Southern Africa HIV and AIDS Regional Exchange portal connects people to resources, experts, organizations, and tools tailored to the region's context.

The following statistics provide a glimpse of cumulative activity:

- There are over 2,200 registered users, 2,038 visitors, and 2,300 visits.
- Among the 55 SHARE groups, 1,090 individuals belong to at least one group.
- There are approximately 2,000 mailing-list subscribers.
- There are over 4,000 page views.
- There are 520 followers on Twitter.

Over the next year, LMG/Southern Africa will transition the management and maintenance of the SHARE portal to Baylor International Pediatric Aids Initiative Malawi. LMG/Southern Africa will provide comprehensive capacity-building support focusing on technical and management components to ensure Baylor has the skilled personnel to promote, maintain, and manage the portal.

The Lucky Specials TB Film

The Lucky Specials is a TB-focused educational film created in collaboration with the Discovery Learning Alliance. Additional partners include the Howard Hughes Medical Institute and Wellcome Trust. The objective of the feature-length film is to change knowledge, practices, and attitudes on TB and HIV and AIDS in Southern Africa. The film will be distributed to civil society and state actors responding to TB, HIV, and AIDS in Southern Africa. A facilitators guide will be developed for use during screenings to strengthen dialogue on TB and HIV. The film will also be promoted through website, social media, and

national (South Africa) and international premieres and launches.

The TB movie script was finalized in February 2016. In July 2016, MSH and Discovery Learning Alliance screened The Lucky Specials trailer at the International AIDS Conference. Movie production is underway, and was to be released in October 2016. A draft facilitators' guide for the movie is under review by the LMG Project and partners. The movie's website (www.luckyspecials.com) and social media accounts have been launched.

Production challenges have delayed the film's delivery date; this, in turn, has impacted the production of the facilitators guide and the scheduling of launching and screening events.

The Lucky Specials was scheduled for release in October 2016, but will now be released in early 2017. The trailer was shown at the 47th Union World Conference on Lung Health in Liverpool, England, on October 28, 2016. LMG/Southern Africa will conduct five primary and secondary premieres/launches in 2016–2017 in Southern Africa, and evaluation by June 2017. The film and the facilitators guide will be produced and distributed in the southern Africa region in PY6.

The Mphatlalatsane Project in Lesotho

The Mphatlalatsane Project (Early Morning Star) integrates early childhood care and development (ECCD), HIV testing and treatment services, nutrition, and positive parenting practices into informal rural nursery care. It does this through the delivery of book-sharing and health messages to caregivers of children from one to five years of age to provide holistic support for children's minds and bodies at a critical point in their development.

The objectives of the project are:

- Develop and pre-pilot a scalable, culturally relevant, evidence-based program to improve child development, including increasing HIV testing and treatment among children between the ages of one and five years in Lesotho;

- Evaluate the program effectiveness using a randomized controlled trial design; and
- Disseminate findings and use evidence generated to improve further ECCD programs and inform wider programming.

Achievements include:

- Training in book-sharing was given to 733 children and 648 caregivers (146.6% of the target).
- The Mphatlalatsane project has completed nearly all community health outreach days in Phases 1 and 2 of the intervention.
- The project completed Phase 1 activities in eight intervention villages in late April 2016.
- Phase 2 activities in the remaining eight intervention villages, and all intervention activities, were completed by September 30, 2016;
- Researchers assessed 394 caregivers and 528 children for Phase 2 baseline data collection for both intervention and control groups, surpassing the 500 caregiver/child pair targets by adding two communities to the sample.
- Project transition to the local partner organization mother2mothers is ongoing.
- Closeout of the ECCD project is underway.

West Africa

Beginning in October 2013, the goal of LMG/West Africa is to strengthen the organizational capacity of WAHO as a regional leader and HSS resource for member countries.

LMG/West Africa has these three objectives:

1. Strengthen WAHO's leadership role in the development, harmonization, and adoption of critical region-wide health policies;
2. Strengthen WAHO's institutional capacity to develop and maintain public-private partnerships (PPPs); and



Participants at the validation workshop of the Regional Youth Sexual Reproductive Health Strategy in Dakar, Sénégal, from June 28-29, 2016. Photo: MSH

3. Strengthen WAHO's institutional capacity in the area of PPPs in health emergencies in order to increase the role of the private sector in the mobilization of additional financial and technical resources for priority health problems, and also to promote a multi-sectoral engagement in the health sector through PPPs.

During PY5, LMG/West Africa accomplished the following:

1. They developed 18 advocacy plans in Burkina Faso, Niger, and Togo to mobilize financial resources for FP and promote favorable legislation for the implementation of FP initiatives.
2. They established a pool of WAHO staff trained to support the use of L+M+G tools within WAHO.
3. They supported the development of a YSRH strategy document that serves as a guideline for WAHO member states' national strategies.
4. They provided technical support to the development of the WAHO 2016–2020 Strategic Plan.
5. They conducted an analysis of the potential for PPPs within the health sector in Economic Community of West African States (ECOWAS) states.
6. They provided technical support to the development of the WAHO advocacy and communication plan.

Due to the busy schedules and competing priorities of the WAHO staff, it has been a challenge for LMG/West Africa to ensure continued improvement in L+M+G practices and to maintain the continued engagement and motivation of LDP+ participants. To overcome this challenge, LMG/West Africa and LDP+ participants established a monthly “quality circle” in each country to review a different tool/approach. By establishing the monthly quality circle as a regular practice, LMG/West Africa is facilitating the transfer of expertise in L+M+G and the sustainability of project interventions in these countries.

In PY6, LMG/West Africa will continue to support the organization of the Second Good Practices Forum scheduled for October 26–28, 2016, in Abidjan, Cote d'Ivoire. In addition, LMG/West Africa will assist WAHO with the organization and facilitation of the Health Information Systems Forum from September 26–30, 2016, in Praia, Cape Verde. Lastly, LMG/West Africa will conduct a final Organizational Capacity Assessment (OCAT) and develop a roadmap for continued L+M+G practices at WAHO after the project closes in December 2016.

Zambia

During PY5, LMG/Zambia supported the finalization of the CCM Orientation Manuals and the CCM annual retreat, which was held in July 2016.

LMG/Zambia finalized the manuals in November 2015, and they were submitted to the CCM and the USAID/PEPFAR Coordinator. The manuals were well received, and as a result, the CCM requested additional support from the LMG Project to develop the Strategic Planning and Investment Committee Manual of Procedures. Because it could provide the needed technical support, this activity was moved to the GMS Project.

In July 2016, the CCM in Zambia convened an annual retreat in Lusaka July 25–29, 2016. The LMG Project supported the retreat with co-funding from the CCM's Global Fund budget. The four-day CCM retreat was designed around these three key objectives:

1. Review the Zambian Portfolio and the CCM performance since the retreat in November 2014;
2. Review and update the CCM Governance Manual, the Oversight Plan and Budget, and the CCM Secretariat Plan and Budget; and
3. Recommend to the full CCM the above changes along with proposed TA, new manuals, roadmaps, and improvement plans, and also to seek CCM endorsement.

The LMG/Zambia Project was extended to December of 2016, and planning is underway for additional programming for the remainder of the year.

Zimbabwe

In PY5, the LMG/Southern Africa office was asked to begin activities in Zimbabwe in support of the DREAMS partnership. An effort to decrease the incidence of HIV infection in AGYW ages 15 to 24 years old by 40% in at least 10 sub-Saharan African countries over two years. As one of the DREAMS recipients, Zimbabwe has developed a comprehensive package of interventions to be implemented by partners already engaged with this vulnerable population. The DREAMS initiative in Zimbabwe aims to reduce new HIV infections among AGYW by 40% in six districts of Zimbabwe (Bulawayo, Chipinge, Mutare, Gweru, Makoni, and Mazowe) by the end of 2017.

The LMG Project provides TA to Africaid, building the organization's capacity to deliver evidence-based HIV interventions to AGYW within the DREAMS initiative and to appropriately manage USG funds. Africaid is a local NGO in Zimbabwe; it has been developing and implementing adolescent-responsive HIV prevention, treatment, care, and support programs in Zimbabwe since 2004.

LMG/Zimbabwe supported improvements in Africaid's systems and structures to drive effective program delivery. Achievements of this collaboration include:

- They completed a comprehensive review of financial management, knowledge management, HR, and M&E policies and procedures.
- They addressed gaps in Africaid's expansion strategy.
- They developed a performance review system, job evaluations, remuneration policies, job grading, and full HR policies and procedures.
- They completed a review of Africaid's organizational structure to ensure effective performance by flattening out the chain of command and reducing the number of subordinates for some management positions.
- They completed work planning in Makoni district.
- They developed an M&E results framework that includes relevant indicators from Zimbabwe's National Strategic Framework, PEPFAR, and Africaid's strategic plan.
- They identified Africaid's potential cost-sharing partners.
- They trained and coached the Executive Committee on key governance documents, committee functions, and gaps identified through the committee assessment conducted by Africaid.

LMG/Southern Africa was unable to provide communications training in July 2016 as previously planned due to political protests. Africaid preferred that all staff attend the training, instead of only their Harare staff, requiring additional resources and invitations to the staff located in the project's districts. LMG/Southern Africa is planning this training for early PY6. In the interim, LMG/Southern Africa created a shared repository of communications resources, including a range of tools and templates to create short stories, success stories, fact sheets, and case studies. These interim resources will help Africaid develop and present communications products.

During PY6, LMG/Southern Africa will take the following actions:

- Accelerate implementation of Africaid's capacity-building plan and provision of training to address the organization's development needs. Specifically, LMG/Southern Africa will conduct two board trainings and a communications training.
- Provide ongoing mentoring and coaching to improve Africaid's M&E skills and culture. LMG/Southern Africa will also assess Africaid's reporting and help the organization produce informative reports that enhance its visibility and inform relevant stakeholders of its work.
- Arrange an independent simulated pre-award survey for Africaid and provide support to implement the recommendations that result from the survey.

Project Management



The LMG Project team has developed efficient financial management, HR, and administrative support systems. These systems provide proper budgeting and internal reporting for project managers, and ensure that USAID receives timely and accurate quarterly performance and financial reports. The project team continues to refine internal infrastructure for effective administrative operating procedures to support the entire LMG Project team and its consortium partners, and to ensure adherence to USAID rules and regulations.

The cost to plan, develop, guide, and manage the LMG Project was forecasted at the beginning of PY4 to be 12% of core and field support funding. After review of program management costs in PY5, the allocation was reduced to 10% in January 2016. The LMG Project will maintain the 10% allocation for project management through PY 6. This has resulted in more funds being available for technical implementation.

The LMG Project has continued to pursue opportunities for cost share and follows a system for scanning, screening, and accounting for non-USG cost share. As of September 2016, the LMG Project had secured US\$36.8 million in cost share, which is 25% of our total obligation funding of US\$148 million.

Knowledge Management and Exchange

Throughout PY5, the LMG Project collaborated with MSH's knowledge management team to:

1. Develop and deploy technical publications standards;
2. Develop a project knowledge management policy;
3. Develop a technical handover strategy of project knowledge assets; and
4. Review technical publications for consistent quality.

This collaboration has improved the quality of the project's technical publications and the consistency among technical highlights, technical briefs, and evaluative case

studies. Standardizing and archiving the LMG Project's implementation experiences, achievements, impact, and lessons learned over the course of PY6 will ensure access to this knowledge after the project ends.

Communications

The LMG Project's strategic communications objectives are to identify, share, and package tools, approaches, lessons learned, and testimonials that underline the importance of leadership, management, and governance for improving health. The LMG Project's global external communications include www.LMGforHealth.org, social media, and printed materials.

In PY5, the LMG Project launched Passport to Leadership, an end-of-project campaign to:

1. Document project achievements;
2. Promote and disseminate project achievements; and
3. Advance the conversation about leadership, management, and governance interventions for improved health service delivery.

Passport to Leadership contributes to overall project documentation efforts and is made up of two activities: storytelling and in-person discussion events. Passport to Leadership stories are based on beneficiary interviews, and are first-person accounts of the changes experience by one participating in an LMG Project intervention. These stories paint a picture of impact, and are a source of anecdotal project data. Interview subjects were photographed, and their stories and images were used in print, online, and on social media. These stories have documented and contextualized several project activities, including the LDP+, the WILD Program, the Leadership, Management, and Governance for Midwifery Managers course, the East Africa Women's Mentoring Network, LMG/Ethiopia, LMG/Côte d'Ivoire, organizational capacity development in Uganda, and more.

Passport to Leadership in-person discussion events are an opportunity for LMG Project stakeholders to discuss

progress, achievements, and challenges in leadership, management, and governance in strengthening health systems. In PY5, we held events in Uganda, Ethiopia, and Côte d'Ivoire, with approximately 35 people attending each one. Events included presentations from project beneficiaries and an interactive activity called Brainwriting, where participants work in small groups to identify promising ideas for sustaining gains made over the life of the project. Output reports from each of these events will inform global end-of-project events in the final year of the project.

In PY5, we created technical publication standards for the LMG Project, setting guidelines for technical highlights, technical briefs, and evaluative case studies. These, coupled with updated publication design templates, have given the LMG Project technical materials a more consistent look and feel.

In January 2016, we debuted a video at the ICFP highlighting the LMG Project activities in Uganda, Afghanistan, and Ghana. The video illustrates the kinds of FP achievements possible with leadership, management, and governance interventions. The video is available on the homepage of the project's website, www.LMGforHealth.org.

Throughout PY5, we continued to use analytics to improve the reach and engagement of our digital communications. More details on these metrics can be found in the Online Media Monitoring Report.

Advocacy

The LMG Project collaborated with MSH and other consortium partners throughout the year to promote our activities and results on a global stage. At the ICFP in Indonesia in January 2016, we had two oral presentations, three posters presentations, and hosted two side events. In addition, we had a large presence at the ICFP Youth Pre-Conference, collaborating with the IYAFP and Women Deliver to conduct four interactive workshops for youth participants at the conference.

Of the two side events we hosted at ICFP, one was on Leadership and Management Best Practices for Family Planning, where a panel of speakers shared barriers they encountered and the leadership and management interventions they used to overcome them. They also shared stories about developing leaders and managing youth, women, and women with disabilities using mentoring as a tool for developing leadership among women. The second side event revolved around youth leadership and increasing access to FP. Partnering with IYAFP and Women Deliver, this side event brought together eight youth leaders from different parts of the world to present on their activities. This interactive session allowed participants to hear multiple stories about the impact youth are making on improving access to FP for their peers through innovative approaches and activities.

In PY6, five oral or poster sessions will be presented at the Health Systems Research Symposium in Vancouver, Canada, along with a pre-conference satellite session. The side session will provide the opportunity to introduce the LMG Project's Evidence Compendium and will connect practitioners and researchers to help build the evidence on the contribution of L+M+G to resilient health systems. Speakers from the LMG Project, MSH, and the Gates Foundation will interact with the participants and discuss their work with L+M+G and how researchers and implementers can come together to push forward L+M+G to strengthen health systems. The LMG Project is also preparing for a presence at the Prince Mahidol Award Conference in Bangkok, Thailand in January 2017. We will have two posters and a side session on the role of governance in ensuring inclusive health, as well as sponsoring a speaker for a USAID/JICA panel on the political economy of social inclusion.

Appendix I

Performance Management Plan Summary



Indicator	CUMULATIVE TOTAL	PY1 Total	PY2 Total	PY3 Total	PY4 Total	PY5 Total	Trend	PY5 Target (cumulative)	Percent of Target Achievement ¹
PO: Number of organizations that report increased demonstrated capacity to perform a key function for which it has received LMG technical assistance	7	N/A	N/A	0	6	1		15	
R1: Percent of web survey respondents that report use of an LMG resource (tool, model, approach) that was downloaded from the LMG portal	N/A*	N/A	N/A	N/A	1.97%	2.91%	N/A	2,280 / 4,150 = 55%	N/A
1.1a: Number of global health agencies, private sector partners, and professional networks or associations that have actively partnered with LMG	25	0	7	14	2	2		10	
1.2a: Number and names of global health agencies, international CSOs, private sector partners, and professional networks or associations that institutionalized LMG tools, models, and/or approaches	5	0	4	0	1	0		8	
1.3a: Total resources in USD booked as cost share for LMG global activities and implementation of country-level LMG strategies, tools, models, and/or approaches	\$36,349,062	0	\$168,658	\$9,561,945	\$16,404,773	\$10,213,685		\$40 million	
1.4a: Number and names of meetings, conferences, and KE events at which LMG staff or partners present on priority LMG topics, evidence-based approaches, tools, or research findings	198	20	37	35	47	59		50	
1.4b: Number of leadership, management, and governance advocacy materials developed and disseminated with USAID, global practitioners, and other key stakeholders	129	3	10	10	23	83		35	
1.4c: Total number of website visits on LMG web portal	69,003	N/A	6,352	11,290	27,982	23,379		6,655	
1.4d: Percentage of new and returning visitors on LMG web portal	N/A	N/A	45.8% new / 54.2% returning	33.9% new / 66.1% returning	70% new / 30% returning	76% new / 24% returning	N/A	50% new / 50% returning	N/A
1.4e: Number of likes on the LMG Facebook page	N/A	N/A	263	429	1,136	1,366		450	
1.4f: Number of followers of LMG on Twitter	N/A	N/A	163	351	1,079	1,573		240	
1.4g: Number of views of LMG videos on YouTube	N/A	N/A	1,947	4,026	1,567	3,099		3,500	
R2: Number of global panels or working groups that LMG staff participate in as technical resource or expert on L+M+G	55	N/A	N/A	8	27	20		13	
2.1a: Number of current tools, models, and approaches assessed to determine gaps for further improvement	19	4	3	4	5	3		10	
2.1b: Number of LMG current tools, models, and/or approaches adapted or improved and field-tested	17	0	4	5	6	2		5	
2.1c: Number of new LMG tools, models, and/or approaches created and field-tested	41	0	12	9	10	10		5	
2.2a: Number of operations research studies, evaluations, or case studies assessing the effects of LMG interventions on health service delivery or health systems performance completed	12	0	0	4	6	2		10	
2.2b: Number of abstracts or papers submitted to international conferences and peer reviewed journals	87	0	2	17	33	35		10	
2.2c: Number of abstracts or papers accepted and/or published by international conferences and peer reviewed journals	55	0	1	11	24	19		5	

Key
 50% or less of target achieved 51%- 75% of target achieved

Indicator	CUMULATIVE TOTAL	PY1 Total	PY2 Total	PY3 Total	PY4 Total	PY5 Total	Trend	PY5 Target (cumulative)	Percent of Target Achievement [†]
R3: Number of CSOs and public sector organizations/teams who received leadership, management, and governance interventions and report improvements in health service delivery or health systems performance	137	N/A	6	2	71	58		80	
3.1a: Number of teams trained by LMG staff using LMG tools, models, approaches, and/or in-service curricula	2,649	5	159	1,657	470	358		150	
3.1b: Number of teams trained using LMG tools, models, approaches, and/or in-service curricula who develop action plans	791	4	119	161	240	267		250	
3.1c: Number of teams that previously received training in LMG tools, models, and/or approaches who report completion of an action plan	496	N/A	87	87	150	172		200	
3.1d: Number of local facilitators or faculty trained by LMG staff to deliver LMG tools, models, approaches, and/or in-service curricula	890	1	210	220	228	231		70	
3.1e: Number of teams trained by local facilitators who previously received training by LMG staff in LMG tools, models, and/or approaches	238	2	30	14	85	107		40	
3.2a: Number and names of local, national, and regional CSOs, public sector partners, and universities that institutionalized LMG tools, models, and/or approaches	28	0	5	9	7	7		8	
3.3a: Number of local facilitators or faculty who are trained by LMG staff to integrate and/or deliver the pre-service curriculum	174	0	0	38	37	99		40	
3.3b: Number of institutions in which LMG staff have begun integrating LMG pre-service training programs by holding engagement meetings with the staff of the training institution, and/or holding a curriculum integration workshop, and/or coordinating a stakeholder validation workshop	8	N/A	0	5	1	2		10	
3.3c: Number of LMG pre-service training programs approved by training institution	3	N/A	0	1	2	0		8	
3.3d: Number of institutions that have integrated LMG pre-service training programs	9	N/A	N/A	N/A	9	0	N/A	5	
3.3e: Number of students enrolled in integrated LMG pre-service training program	1113	N/A	N/A	N/A	430	683	N/A	750	
3.4a: Number of facilitators trained by LMG staff providing capacity building to health organizations using LMG tools, models, and/or approaches	64	1	0	0	59	4		105	
3.4b: Number of local institutions trained by LMG providing capacity building to local health organizations using LMG tools, models, and/or approaches	16	0	13	0	0	3		10	

Key

● 50% or less of target achieved ● 51%- 75% of target achieved

Notes

*Development of the technology platform for Indicator R1 was delayed and therefore was not reported in PY1-PY3.

† Target achievement is calculated using the cumulative total as a proportion of the PY5 cumulative target. If the indicator does not have a cumulative total, the project year with the highest achievement is used to calculate the proportion of the target achieved.

Appendix 2

Cost Share



LMG Life of Project Cost Share Report: September 2016

Cost Share Requirement	Total Obligations to Date	Total Cost Share Booked to Date	Total % Cost Share Booked to Date	Cost Share Pipeline	Cost Share Pipeline (% of Obligation)
20%	\$147,943,744	\$36,796,467	25%	\$6,824,030	5%

LMG Project Annual Cost Share Report - PY5

Cost Share Requirement	Total Obligations to Date	Total Cost Share Booked in PY5	Total % Cost Share Booked in PY5
20%	\$147,943,744	\$10,213,685	7%

Of the 25% cost share booked to date, 7% was booked in PY5.

Project Director - Megan Kearns					
Core & Field Support Funds for all LMG (including Subawards)		Total Obligation Through PY5	Percentage of Cost Share Booked (goal is 100%)	Total Cost Share Pipeline	Total Cost Share Booked to Date
CORE	PM	N/A	N/A	\$11,136	\$294,244
	PRH	\$13,495,000	73%	\$3,185	\$1,966,698
	OHA	\$20,740,081	78%	\$18,476	\$3,215,567
	DCHA	\$14,652,376	26%	\$381,561	\$749,529
	HIDN	\$105,000	0%	\$24,000	\$0
FIELD SUPPORT	Afghanistan	\$38,341,106	253%	\$0	\$19,422,064
	Benin	\$2,361,317	4%	\$0	\$20,594
	Côte d'Ivoire	\$5,900,000	123%	\$814,605	\$1,451,705
	Ethiopia	\$7,876,108	3%	\$613,497	\$41,544
	Haiti	\$19,380,722	230%	\$4,004,000	\$8,913,792
	Honduras	\$2,658,820	131%	\$0	\$697,110
	LAC	\$1,000,000	0%	\$782,666	\$0
	Lesotho	\$1,209,567	0%	\$4,387	\$0
	Libya	\$995,667	12%	\$0	\$23,622
	Madagascar	\$300,000	0%	\$900	\$0
	West Africa Regional	\$2,273,370	0%	\$165,616	\$0
TOTALS		\$147,943,744	933.86%	\$6,824,030	\$36,796,467
PARTNERS	JHU	\$995,674	135%	\$0	\$269,452
	Medic Mobile	\$176,079	217%	\$0	\$76,579
	IPPF	\$1,246,554	203%	\$0	\$506,293
	AMREF	\$873,692	827%	\$0	\$1,445,471
	Yale	\$1,379,048	192%	\$0	\$528,585
SIGNIFICANT SUBAWARDS	Alliance	\$2,169,736	101%	\$0	\$437,004
	MIUSA	\$1,347,929	124%	\$0	\$333,601
	PIA	\$1,907,584	91%	\$0	\$347,594

Total Obligation Through PY5 includes obligations received through September 2016 and delayed FY16 obligations received in PY6.

Note that all partner and subawards cost share contributions are included in the summary table above. This table is to illustrate individual partner cost share obligations and contributions.

Appendix 3

Expenditure Report



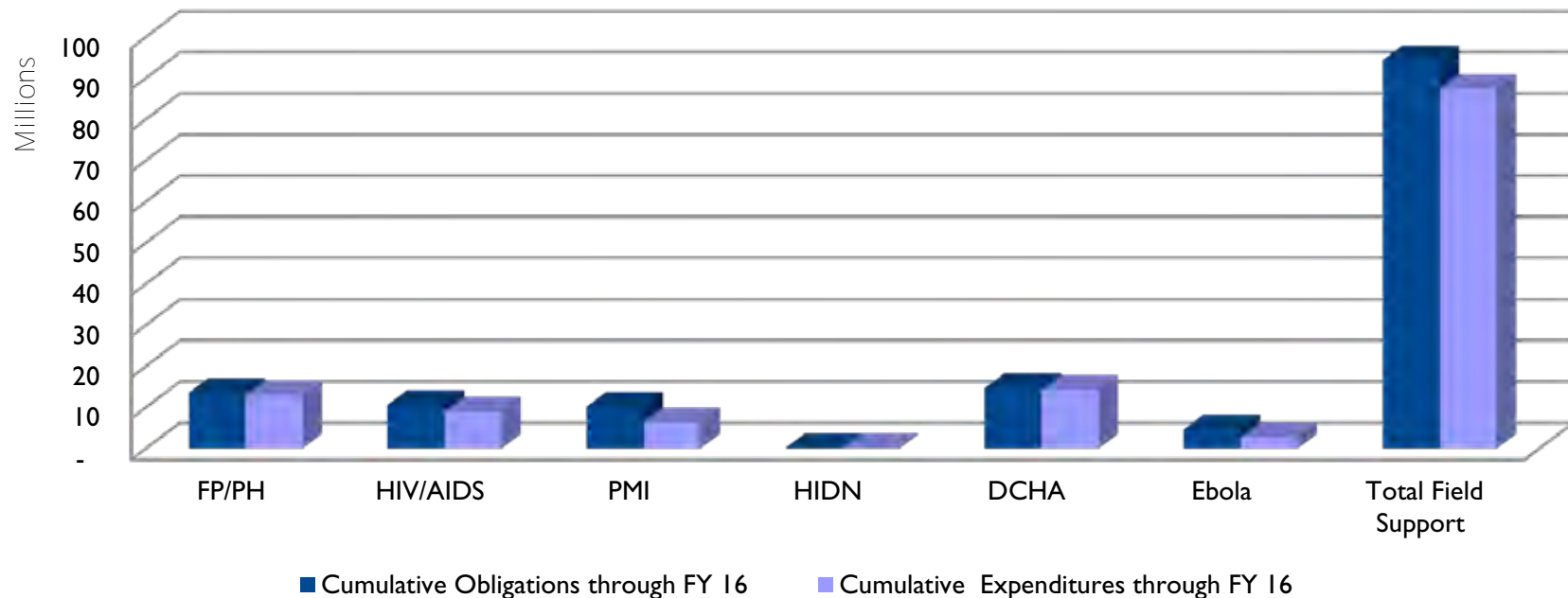
Cumulative Life of Project Actual Expenditures Through September 2016

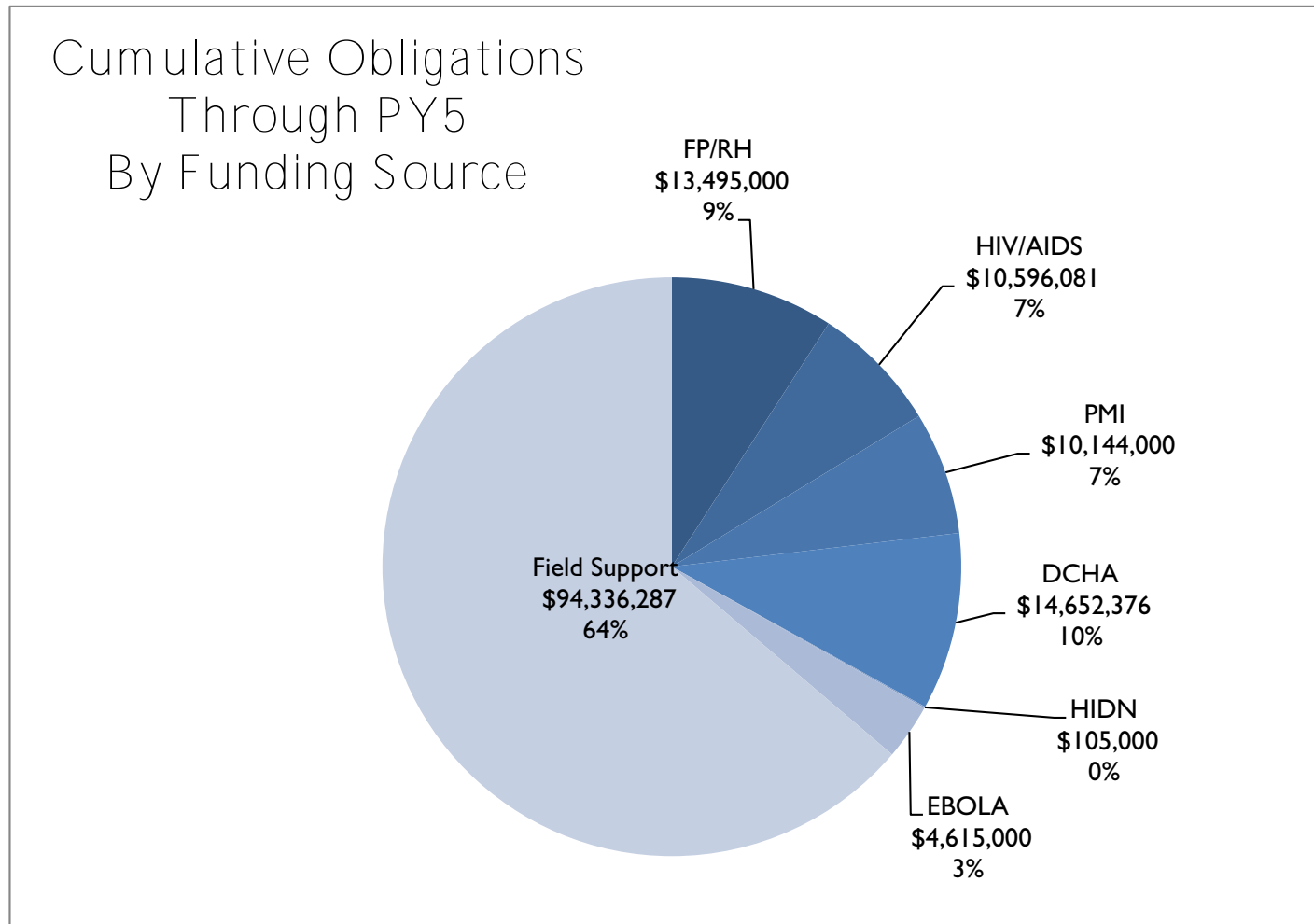
	FP/RH	HIV/AIDS	PMI	HIDN	DCHA	Ebola	Total Core	Total Field Support	Total
Cumulative Obligations Through FY16	13,495,000	10,596,081	10,144,000	105,000	14,652,376	4,615,000	53,607,457	94,336,287	147,943,744
Cumulative Expenditures Through FY16	12,882,107	8,947,684	6,330,932	101,749	14,119,086	2,574,423	44,955,981	87,292,038	132,248,019
Pipeline as of 10/1/16	612,893	1,648,397	3,813,068	3,251	533,290	2,040,577	8,651,476	7,044,249	15,695,725

* Life of project obligations and expenditures are from September 25, 2012, to September 30, 2016.

** Actual expenditures do not include accruals.

Cumulative Obligations Through FY16 vs. Actual Expenditures By Funding Source



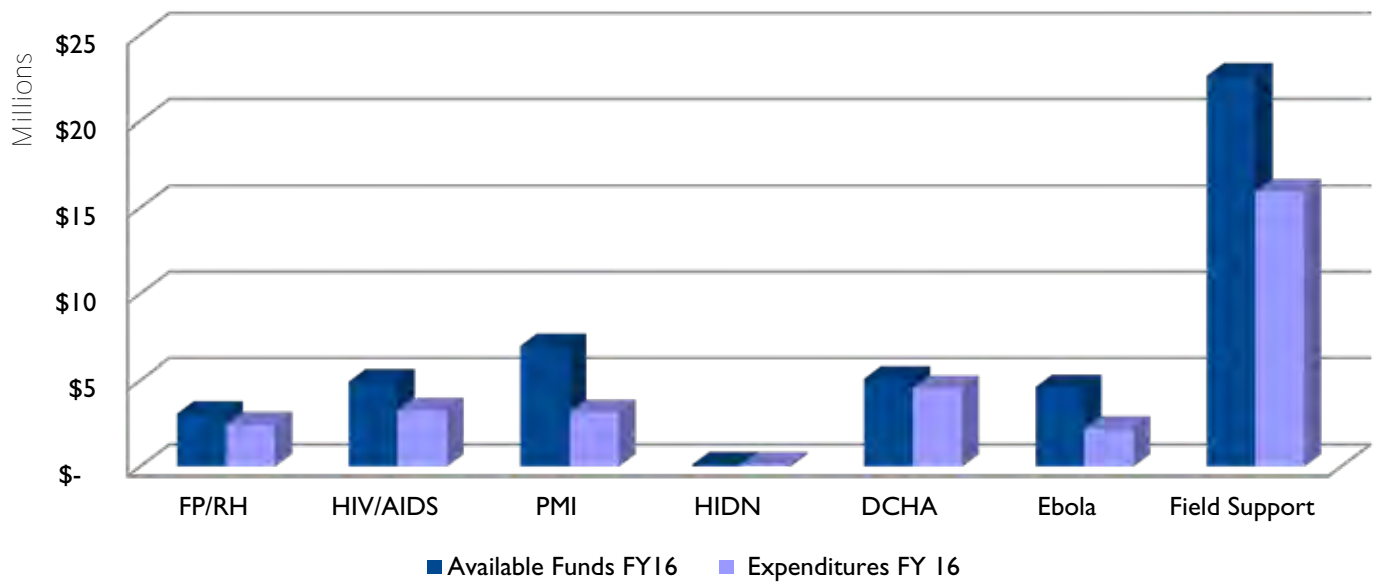
Cumulative Obligations Through PY5 By Funding Source

FY16 Expenditures By Funding Source

Funding Source	Available Funds FY16	Expenditures FY16	Pipeline FY17
FP/RH	\$3,062,458	\$2,449,565	\$105,000
HIV/AIDS	\$4,927,943	\$3,279,545	\$1,648,398
PMI	\$6,961,928	\$3,148,861	\$3,813,067
HIDN	\$104,750	\$101,499	\$3,251
DCHA	\$5,097,946	\$4,564,656	\$533,290
Ebola	\$4,615,000	\$2,212,234	\$2,402,766
Field Support	\$22,615,925	\$15,933,866	\$6,682,059
TOTALS	\$47,385,950	\$31,690,226	\$15,695,724

* FY16: 10/01/2015 - 09/30/2016

FY16 Available Funds vs. Expenditures By Funding Source



Appendix 4

Online Media Monitoring



Overview

The LMG Project uses three digital communications platforms to engage external stakeholders: the LMG Project website (www.LMGforHealth.org), social media, and email marketing. During PY5, the LMG Project built on global and audience trends to disseminate the project's tools and impact, and to impress upon our audiences the value of leadership, management, and governance interventions for health service delivery.

LMG Project Blog

One of the main tools the LMG Project uses to communicate with external stakeholders is blogging. In PY5, web traffic to the LMG Project blog comprised more than 22% of all website pageviews. This included:

- 55 blog posts; and
- 3,299 pageviews for the top five blog posts

Indicators

I.4c: Total Number of Website Visits (October 1, 2015 – September 30, 2016)

- Total Number of Sessions (actively engaged user within a time period): 23,379 sessions
- Total Number of Unique Users: 17,509 users

I.4d: Percentage of New/Returning Website Visitors (October 1, 2015 – September 30, 2016)

- New Visitors: 73.86% (17,267 sessions)
- Returning Visitors: 26.14% (6,112 sessions)

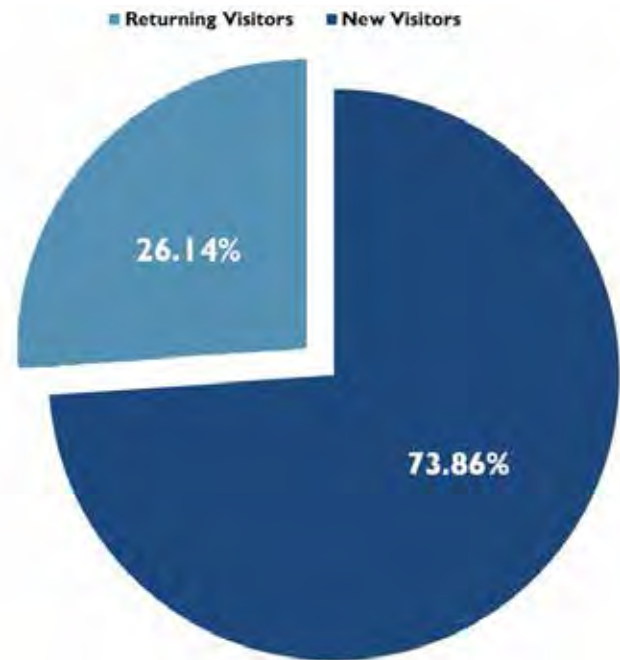
The LMG Project website had visits from 198 countries around the world during PY5.

Blog Title	Pageviews
#YouthDay: 10 Reasons why Youth Leadership is Important for the Health of All	1,833 pageviews
The LMG Project at the 4th International Conference on Family Planning	502 pageviews
World Clubfoot Day - June 3rd	427 pageviews
Young Midwife Leaders Making a Difference	312 pageviews
Inspiring Young Leaders To Improve SRHR	225 pageviews

Top 5 blog posts by total pageviews during PY5.

Indicators	
I.4c: Total Number of Website Visits	23,379 sessions
I.4d: Percentage New/Returning Website Visitors	73.86% new/ 26.14% returning
I.4e: Total Number of Facebook Page Likes	1,365 likes
I.4f: Total Number of Twitter Followers	1,573 followers
I.4g: Total Number of YouTube Views	1,532 views

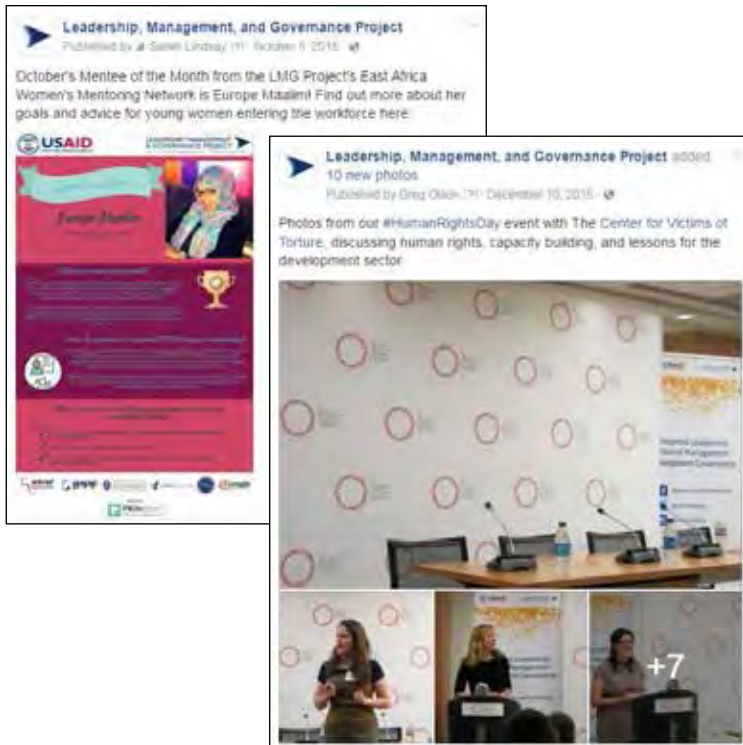
Summary of Indicators and Results for LMG Project Digital Platforms through September 30, 2016.



Graph of the LMG Project Website's New Visitor vs. Returning Visitor Audience in PY5.

Country	Sessions (% of total)
United States	9,505 sessions (40.66%)
Kenya	1,502 sessions (6.42%)
United Kingdom	839 sessions (3.59%)
India	824 sessions (3.52%)
Philippines	568 sessions (2.43%)

Top five countries represented among visitors to www.LMGforHealth.org, by sessions.



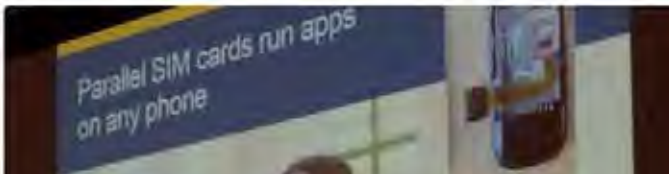
The LMG Project's top performing Facebook posts in PY5.

I.4e: Total Number of Facebook Page Likes (on September 30, 2016): 1,365 Facebook likes.

An October 5, 2015, Facebook post about the Mentee of the Month was the most engaging post during PY5 with 162 likes, comments, and shares. The Facebook post with the most exposure during PY5 was a December 10, 2015, post with photos from an LMG Project event with the Center for Victims of Torture (CVT) that reached 1,533 users.



.@jacqedwards from LMG partner @Medic talking #mHealth during Ebola in Liberia & Sierra Leone. #Connect2Health



The LMG Project's highest exposure tweet in PY5.

I.4f: Total Number of Twitter Followers (on September 30, 2016): 1,573 Twitter followers.

During PY5, the most exposure for a single tweet was more than 33,800 impressions, and the LMG Project's most retweeted tweet was retweeted nine times.



Let's talk #YouthLead for #FP at @ICFP2016
Join @WomenDeliver @IYAFF & us!
ow.ly/VUPU5 #ICFP



The LMG Project's most retweeted tweet in PY5.

I.4g: Total Number of YouTube Views (October 1, 2015 – September 30, 2016): 1,532 YouTube views.

The two most viewed videos on the LMG Project YouTube channel during PY5 were both posted during PY5, and they were viewed a total of 275 times.

Video Title	Number of Views During PY5	Percent of PY5 Views
WILD 2015 - Ekaete	160	10%
Controlling Malaria Despite Ebola	115	7.5%
Writing Winning Abstracts for Conferences	88	5.7%
WILD 2015 - Anisa	83	5.4%
WILD 2015 - Ruth	69	4.5%
Children's Risk & Resilience in the Age of HIV/AIDS	66	4.3%
Advancing Healthcare Leadership Competencies Webinar Recap	64	4.2%
Children's Risk & Resilience in the Age of HIV/AIDS - Speaker	63	4.1%
Children's Risk & Resilience in the Age of HIV/AIDS - Panel	60	3.9%
Inspired Leadership, Sound Management, Transparent Governance	57	3.7%

Table 6. Ten most viewed LMG Project YouTube videos during PY5.