Leadership, Management & Governance (LMG) Project

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Acronyms

ACHEST	African Centre for Global Health and Social Transformation
AFG	AIDS-Free Generation
AIDS	acquired immunodeficiency syndrome
AHLMN	African Health Leaders and Managers Network
APRA	A Promise Renewed for the Americas
ART	antiretroviral therapy
ARV	antiretroviral (drugs)
AU	African Union
BPH	Business Planning for Health
BPHS	Basic Package of Health Services
CBO	Community-Based Organization
CCI	Country Collaboration Initiative
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CI	Côte d'Ivoire
CIDMP	Decentralization Management Support Pilot Project
CIEB	Ebola Decentralized Management Support Project
CQI	Continuous Quality Improvement
CSO	civil society organization
CVT	Center for Victims of Torture
DCHA	Bureau for Democracy, Conflict, and Humanitarian Assistance (USAID)
DCOF	Displaced Children and Orphans Fund
DD	Departmental Health Directorate
DDS	Directions Départementales Sanitaires
DFID	Department for International Development
DOH	Department of Health
DR	Regional Health Directorate
DRC	Democratic Republic of the Congo
DRC	Center of Excellence on Democracy, Human Rights, and Governance (USAID)
E2A	Evidence to Action Project
EAWMN	East African Women's Mentoring Network
ECOWAS	Economic Community of West African States
EMP	Essential Management Package
EPA	Eligibility and Performance Assessment
EPCMD	Ending Preventable Child and Maternal Deaths
EPHS	Essential Package of Hospital Services
ER	eligibility requirements
EVD	Ebola virus disease
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
FP	family planning
FP2020	Family Planning 2020
GCMU	Grants and Management Contracts Unit
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFL	Global Fund Liaison
GHeL	Global Health eLearning Center (USAID)

GIROA	Government of the Islamic Republic of Afghanistan
GMS	Grant Management Solutions
HAPCO	HIV/AIDS Prevention and Control
HAPPS	HIV/AIDS Provincial Planning Simulator
HFG	Health Financing and Governance Project
HIDN	Office of Health, Infectious Diseases, and Nutrition (USAID)
HIS	health information system
HIV/AIDS	human immunodeficiency virus
HMIS	hospital management information system
HOMEL	Maternal and Child Hospital
HPP	Health Policy Project
HR	human resources
HSGG	Health Shura Governance Guide
HSM	Health Services Management
HSS	Health Systems Strengthening
HSSP	Health Services Support Project
IBP	Implementing Best Practices Initiative
ICAAP	International Congress on AIDS in Asia and the Pacific
ICASA	International Conference on AIDS and STIs in Africa
ICFP	International Conference on Family Planning
ICRC	International Committee of the Red Cross
ICRP	Integrated Child Rights Policy
ICT	information and communication technology
IDB	Inter-American Development Bank
IHP	Integrated Health Project
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IMS	information management system
IPPF	International Planned Parenthood Federation
IQHC	Improving Quality in Health Care
IRSP	Institut Régional de Santé Publique
ISWP	International Society for Wheelchair Provision
IYAFP	International Youth Alliance for Family Planning
JCRC	Joint Clinical Research Centre
JHSPH	Johns Hopkins Bloomberg School of Public Health
JHU	Johns Hopkins University
JICA	Japan International Cooperation Agency
L+M+G	Concept of Leadership, Management, and Governance
LAC	Latin America and the Caribbean
LC	Learning Center
LDP	Leadership Development Program
LDP+	Leadership Development Program Plus
LLIN	Long-lasting Insecticidal Net
LMG Project	Leadership, Management, and Governance Project
M&E	monitoring and evaluation
MA	Member Association (IPPF)
MANET+	Malawi Network of People Living with HIV
MENA	Middle East and North Africa
MEPI	Medical Education Partnership Initiative
MER	Monitoring, Evaluation, and Research
MIS	management information system
MIUSA	Mobility International USA
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
MOPH	Ministry of Public Health
MOST	Management and Organizational Sustainability Tool
MOU	memorandum of understanding
MSH	Management Sciences for Health
MSM	men who have sex with men
MSPP	Ministère de la Santé Publique et de la Population
NCC	National Children's Commission
NGO	nongovernmental organization
NMCP	National Malaria Control Program

OCAT	Organizational Capacity Assessment Tool
OHA	Office of HIV/AIDS (USAID)
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Committee
PASCA	Program for Strengthening the Central American Response to HIV/AIDS
PATH	Partners Aligned in Trauma Healing Project
PEPFAR	President's Emergency Plan for AIDS Relief
PHO	Provincial Health Office
PIA	Ponseti International Association
PLHIV	people living with HIV
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNCM	National Malaria Program
PNLS	National AIDS Program
PNLT	National Tuberculosis Program
PPAG	Planned Parenthood Association of Ghana
PPP	public-private partnerships
PR	principal recipient
PRH	Office of Population and Reproductive Health (USAID)
PROGRES	Program for Organizational Growth, Resilience and Sustainability
RBF	Results-Based Financing
RELACSIS	Latin American and Caribbean Network for Strengthening Health Information Systems
RH	reproductive health
RHU	Reproductive Health Uganda
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SEHAT II	System Enhancement for Health Action in Transition II
SFD	Special Fund for the Disabled
SLP	Senior Leadership Program
SOP	standard operating procedure
SRH	sexual and reproductive health
STTA	short-term technical assistance
TOT	training of trainers
UAFCE	Unit for Administration of External Cooperation Funds
UCDC	Ukrainian Center for Socially Dangerous Disease Control
UCP	Unité de Coordination des Programmes Nationaux
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAAC	Vietnam Administration for HIV/AIDS Control
VLDP	Virtual Leadership Development Program
WAHO	West African Health Organization
WHO	World Health Organization
WILD	Women's Institute on Leadership and Disability
WISN	Workload Indicator of Staffing Need
WSTP	Wheelchair Service Training Package
YWCA	Young Women's Christian Association

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 4 (PY4) of the five-year, United States Agency for International Development (USAID)–supported LMG Project (Cooperative Agreement Number AID-OAA-A-11-00015) during the reporting period starting July 1, 2014, and ending September 30, 2015. This project year spanned five quarters to align with the USAID Office of Population and Reproductive Health's (PRH's) new fiscal calendar.

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 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 improving health systems in low- and middle-income countries.

Throughout PY4, the LMG Project applied expertise through 14 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 preserved access to health services during crises by building resilience into health institutions in the fragile contexts of Afghanistan, Libya, and Ukraine so they can withstand external shocks and stresses and still deliver quality health services.

We collaborated with community members, health workers, and government ministries to identify and overcome gender barriers to equitable services. At the individual level, we created an online mentoring network for 65 women working in family planning and reproductive health in East Africa. At the health system level, we investigated the influence of gender on supervisory relationships in the family planning workforce in East Africa. At the national level, we developed the National Gender Mainstreaming Manual for Health Workforce in Ethiopia, and developed a gender mainstreaming strategy for the MOH in Benin. In an effort to break down gender barriers in many countries, we helped turn a leadership training program for women with disabilities into a robust training-of-trainers (TOT) program to enable women to cultivate the next generation of leaders in their home countries.

We are helping develop the next generation of public health leaders by launching an online course on youth leadership and a peer coaching program with IPPF Member Associations (MAs) in Ghana, Kenya, and Uganda.

We continued to deliver and improve leadership training programs for individuals and teams. We developed the Faculty Facilitation Guide to help universities incorporate leadership, management, and governance into their pre-service curricula for health workers. We created an in-service training guide on leadership, management, and governance for midwives and delivered it to 106 midwives in Ethiopia, Kenya, Lesotho, Malawi, Rwanda, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe—and then we supported a community of practice for these midwives on WhatsApp so they can continuously exchange knowledge with each other. To help leaders maintain momentum after participating in leadership, management, and governance (L+M+G) training activities, we formalized a coaching and communications skills course and piloted it with 18 managers and supervisors; it will soon be available to everyone on LeaderNet.org. Across five countries, we trained 83 people in basic-level wheelchair service provision, 56 people in intermediate-level wheelchair service provision, and 86 people in the management of wheelchair services. In Haiti, we collaborated with the Ministry of Health on a results-based financing training for 59 of the country's regions.

We continued to strengthen the capacity of organizations and governments so they could reliably deliver high-quality health services. The IPPF Member Associations (MA) that completed the LMG Project's Leadership Development Program Plus (LDP+) reported improvements in family planning/sexual and reproductive health (FP/SRH) services: the MA in Uganda saw an increase in clients accessing

family planning services, from 484,000 in 2013 to 750,000 in 2014, as a result of the LDP+. We held a governance development workshop for senior leaders of the West Africa Health Organization (WAHO), following which we worked with WAHO leadership to conduct similar workshops in Mali, Nigeria, and Togo. We strengthened institutional, programmatic, and financial capacity of the Ukrainian Centre for Socially Dangerous Disease Control (UCDC) as the national agency for the control of HIV/AIDS and tuberculosis. We began building capacity of seven National Malaria Control Programs (NMCPs) to effectively implement their national strategies by supporting seconded Senior Technical Advisors. We facilitated the adoption of policies on HIV in the workplace with 15 private companies in Central America. We supported the MOH in Honduras to hold two contract bidding cycles for nongovernmental organizations (NGOs) to provide HIV services, resulting in eight contracts signed with six NGOs.

We made off-the-shelf tools and resources accessible and adaptable so individuals and organizations could sustainably improve their skills, which will continue after the project ends in 2016. In Vietnam, we worked with provincial leaders in Hai Phong to develop a Web-based planning tool called the HIV/AIDS Provincial Planning Simulator (HAPPS), which helped them plan for the transition away from donor funding of HIV and AIDS services. We curated the most-used leadership, management, and governance tools and packaged them on LeaderNet.org so universities, training institutions, ministries of health, and health service providers can access them from a central, reliably updated source.

As we begin the final year of the LMG Project, we will ensure 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

The LMG Project—led by MSH, in cooperation with Amref Health Africa, IPPF, JHSPH, Medic Mobile, and Yale University Global Health Leadership Institute—is a USAID investment for stronger leadership, management, and governance, building on over 30 years of investment. This support is a way to achieve USAID priority goals of saving mothers and children, fostering an AIDS-free generation, combating infectious diseases, increasing the availability and use of voluntary family planning methods, strengthening health systems, and ensuring access to services for vulnerable populations.

Family Planning 2020

Many of our approaches contribute to the Family Planning 2020 (FP2020) vision that women and girls should have the same access to lifesaving contraceptives no matter where they live. We have activities in 34 of the 69 FP2020 countries: Afghanistan, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo (DRC), Egypt, Ethiopia, Ghana, Guinea, Haiti, Honduras, Kenya, Lao PDR, Lesotho, Madagascar, Malawi, Mongolia, Mozambique, Myanmar, Nicaragua, Nigeria, Philippines, Rwanda, Sierra Leone, South Sudan, Tanzania, Togo, Uganda, Viet Nam, Zambia, and Zimbabwe.

Although not all activities focus on family planning, they all strengthen the ability of governments to deliver health and social services. Since well-governed and well-managed ministries of health and well-governed and well-managed health service delivery organizations can make a difference in the performance of the health systems, health indicators, and ultimately health status of the people they serve, the LMG Project is helping countries reach their FP2020 goals.

We supported the WAHO Forum on Good Practices in Health by organizing and facilitating a pre-conference workshop in partnership with the Implementing Best Practices Initiative (IBP) that introduced over 100 participants from WAHO national health systems to scaling-up tools, shared lessons from field experience, and provided an opportunity for hands-on application of tools help them see how they can use the tools to improve FP/SRH outcomes in their countries.

At the clinical level, we improved the leadership and management skills of IPPF member associations so each could reach their goals of increasing FP uptake. IPPF partners who complete the Leadership Development Program Plus (LDP+) improve their abilities to deliver family planning services. So far, the LDP+ has been rolled out in Cameroon, Ghana, Malawi, Mozambique, Tanzania, and Uganda. Facilities chose challenges such as increasing youth access to services, improving supplies to eliminate stock-outs, and increasing use of long-acting methods. In PY4, we also assisted Reproductive Health Uganda (RHU) in developing a scale-up strategy for their comprehensive integrated family planning surgical camp approach, which takes services to rural clients who have limited access to facilities.

Other core funded activities contributed to the improved access to health services in these countries as well; the core funded youth leadership and mentoring activities both include family planning as a priority, and provide skills for youth to improve leadership in FP and for women working in the field to improve their ability to advocate, serve clients, and increase access. The quasi-experimental Cameroon study, where we integrated the LDP+ into two maternity hospitals in Yaoundé, involved a post-partum family planning clinical capacity building program; larger increases were found in the number of women adopting a post-partum FP method in the LDP+ intervention hospitals compared to control hospitals

AIDS-Free Generation

The LMG Project develops health systems management capacity at local levels and thus contributes to reaching the 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.

We work to promote these goals at various levels of the health system. The USAID Office of HIV/AIDS (OHA) supported the development of a new network-strengthening tool, which can help networks improve their abilities to serve their constituents and advocate effectively. With the

International HIV/AIDS Alliance, we wrapped up support to NGOs and local service providers in the Middle East and North Africa (MENA) region, closing out 10 years of reaching men who have sex with men (MSM) and people living with HIV (PLHIV) with links to testing and treatment support and working to decrease stigma. We made available tools, resources, research, and knowledge on orphans and vulnerable children (OVC) and finalized planning and project management tools, including the PEPFAR (President's Emergency Plan for AIDS Relief) dashboard and the HAPPS tool.

The LMG Project has continued to strengthen multi-sectoral responses to HIV and AIDS by helping Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) improve their management and governance abilities. The result is stronger HIV and AIDS programs that reach more of those in need in-country, including those groups traditionally bypassed by MOH programs. Eligibility and Performance Assessments (EPAs) conducted under the LMG Project will ensure the CCMs have critical information and systems in place for managing their GFATM grants. Under the PEPFAR–Global Fund Country Collaboration Initiative (CCI), we strengthened UCDC's organizational (institutional, programmatic, and financial) capacity as a Global Fund PR and as a key national agency implementing the HIV response. In Haiti, to improve coordination between the National AIDS Program (PNLS), National Tuberculosis Program (PNLT), and National Malaria Program (PNCM), we conducted an organizational and management assessment to comprehensively evaluate and strengthen the programs' management capacity. Each program developed an action plan to address weaknesses identified in the assessment, and a key result is the PNLS has successfully developed mechanisms and procedures for transmitting information between the three programs and the Unité de Coordination des Programmes Nationaux (UCP).

At the regional level, we strengthened the management, leadership, governance, and operational capacity of the African Centre for Global Health and Social Transformation (ACHEST) so the organization was further equipped to fulfill its coordinating role for the Medical Education Partnership Initiative (MEPI), improving its performance as a champion of health systems and network strengthening in Africa. In the Program for Strengthening the Central American Response to HIV/AIDS (PASCA), advances were made toward the implementation of National HIV Strategic Plans, including the development of 24 political changes affecting HIV policy during the reporting period. These political changes include the adoption of norms for integral HIV services, directives for equal attention to HIV-positive patients regardless of sexual orientation, and others.

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 worked with the Ministry of Health to develop contracting mechanisms with NGOs so they can reach key populations with evidence-based HIV prevention services. The LMG Project worked with the MOH to carry out two contractual bidding cycles, resulting in eight contracts signed with six NGOs. Following that, we provided technical assistance to the NGOs throughout the year to develop products and followed up with the NGOs on Continuous Quality Improvement (CQI) plans. In Ethiopia, we continued to work with the Ministry of Health to integrate leadership, management, and governance into the pre-service training programs and to promote leadership training in the ministry. This year, 60 teams (136 trainees) from Amhara Regional and Zonal HIV/AIDS Prevention and Control (HAPPCO) offices, PLHIV and orphans and vulnerable children (OVC) associations, and local NGOs working on HIV/AIDS were established. In Côte d'Ivoire, we improve health service delivery and health outcomes through health systems strengthening 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). We implemented the LDP+ to help them identify and remove barriers to service delivery. In the PRH-funded LMG for Midwives course, some participating midwives identified and selected challenges around prevention of mother-to-child transmission (PMTCT) and put in place plans to successfully retain pregnant women on treatment.

Ending Preventable Maternal and Child Deaths

The LMG Project assists with USAID's commitment to A Promise Renewed and Ending Preventable Maternal and Child Deaths (EPCMD) (by accelerating progress on maternal, newborn, and child survival to bring together public, private, and civil society actors committed to advocacy and action for women, newborns, and children, to reduce by two-thirds the under-five mortality rate by 2015) by developing capacity for governance and management of both CSOs and ministries of health. Many of the leadership teams that participated in our capacity building programs selected problems related to improving maternal and child health or family planning and reproductive health. The enhanced management, leadership, and governance capabilities they have attained help achieve more significant and sustained gains in health services utilization at all levels of their health systems.

The LMG for Midwives Course has now gone through two cohorts, with 106 midwives trained in 10 countries. The trained midwives have made incredible inroads in their communities on selected challenges, such as improving men's involvement during their partners' pregnancies and increasing the numbers of women delivering in facilities. The countries selected for participation in the program are those with poor maternal, newborn, and child health (MNCH) indicators, and in most countries the selected midwives are from rural or disadvantaged areas.

Bureau for Democracy, Conflict and Humanitarian Assistance Priorities

The LMG Project supports USAID's Programs for Vulnerable Populations funded within the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) to help move closer to the bureau's goal of protecting the human rights of and developing the capacities of vulnerable populations. In PY4, the LMG Project worked with partners in 11 countries to improve wheelchair providers' skills and strengthened management of wheelchair programs to better ensure that wheelchair users receive appropriate chairs that allow them to regain their mobility and participate fully in society. Despite these and other investments in training wheelchair providers, there remains a great need for additional providers. A key bottleneck to scaling up wheelchair service trainings is the limited number of qualified trainers, so in cooperation with the World Health Organization (WHO), LMG initiated the process of developing a training of trainers (TOT) program for wheelchair service provision which will be finalized for implementation in PY5. In addition, the LMG Project worked with the International Committee of the Red Cross (ICRC) to strengthen management, governance and leadership skills in physical rehabilitation and disability rights, including training facility-level teams to address service delivery gaps and conducting Senior Leadership Programs for government and civil society leaders from six African countries and five in Southeast Asia. The SLP teams worked to improve the enabling environment for delivering physical rehabilitation services and increase awareness of the right to rehabilitation and habilitation (as outlined in the UN Convention on the Rights of Persons with Disabilities) in their respective countries. In PY4, we completed our work with the Ponseti International Association (PIA) to scale up effective clubfoot treatment in Nigeria, Pakistan, and Peru, helping to ensure that children born with clubfoot in those countries are able to grow up without disability associated with untreated or poorly treated clubfoot. Our work with the Center for Victims of Torture (CVT) helped strengthen the organizational capacity of torture rehabilitation centers to improve the mental health of their clients and rebuild their communities from conflict and crisis. We also worked with Mobility International USA (MIUSA) to turn their successful Women's Institute on Leadership and Disability (WILD) training program into a TOT, thus allowing more people to have access to the tools and skills needed to conduct their own mini-WILD program. Additionally, we improved the strategic planning and leadership development skills of staff from the Rwanda National Children's Commission (NCC) to better enable them to fulfill their mandate to monitor, coordinate and report on all interventions aiming at protecting and promoting the rights of children in Rwanda.

Health Systems Strengthening

Throughout PY4, the LMG Project contributed to strengthened health systems. Health systems must have inspired leaders, incorporate sound management practices, and be transparently governed so they can respond to people's needs and maintain access to high-quality health services. Few clinicians receive leadership, management, or governance skills training during school or their careers, with the result that clinics, ministries of health, and overall health systems are poorly equipped to deliver high-quality prevention, promotion, treatment, and care services. By working with individuals, networks, organizations, and governments, the LMG Project is helping countries advance toward USAID's Vision for Health Systems Strengthening 2015–2019, particularly for priorities in the human resources for health, health governance, and service delivery functions.

To contribute to stronger health systems, we worked on cross-cutting activities that helped strengthen the different health system building blocks, these activities were in the areas of gender and leadership; youth leadership; and the generation and use of evidence on how leadership, management, and governance interventions impact health service delivery.

Gender and Leadership

Women experience a disproportionate burden of disease and death due to inequities in access to basic health care, nutrition, and education. Part of this burden can be attributed to a significant underrepresentation of women in leadership and management positions and on governing bodies worldwide. Over the course of PY4, the LMG Project continued to identify and seize opportunities to ensure that women leaders participate effectively in leadership, management, and governance activities through the following field-funded and core-funded activities:

- We established and launched the East Africa Women's Mentoring Network (EAWMN), an online mentoring network for women working in FP/RH. Mentors support mentees with strategies for balancing career and family, combating harassment, and prioritizing work that will develop and enhance mentees' leadership competencies, careers, and overall professional development. The one-year virtual mentoring relationship culminated with an in-person Learning Collaborative Forum that promoted peer learning from other mentor/mentee pairs.

- The LMG Project developed a theoretical framework on how gender norms and attitudes may influence supervisor-to-staff interactions, which in turn influence or affect service delivery. The framework explains how applying a gender lens to these core functions illuminates opportunities for such supervision practices (supportive or facilitative supervision) to be gender transformative.

- We conducted a gender analysis to assess the state of gender integration in Benin's health system, which informed the development of the Gender Mainstreaming Strategy, which was finalized and signed by the Minister of Health in September 2014. Through effective implementation and scale-up, Benin's Gender Mainstreaming Strategy will help MOH staff integrate gender concerns, enabling the provision of responsive and equitable access to health services.

- The LMG Project seconded a Gender Advisor to the Ethiopian FMOH's Gender Directorate to mainstream gender by building capacity of staff, providing technical support, and coordinating a Gender Stakeholder Group. This ensures priorities are integrated into other directorates and upgraded training guidelines are developed and implemented for the federal, regional, and *woreda* levels, thus mainstreaming gender training.

- We implemented capacity building activities in Honduras with NGO and MOH staff on prevention of gender-based violence related to HIV, resulting in capacity building plans and strengthening of referral networks.

- The LMG Project and MIUSA developed, finalized, and implemented a TOT for the Women's Institute on Leadership and Disability (WILD) program in June 2015. The WILD program is designed to address the untapped leadership potential of disabled women, strengthening their ability to advocate for inclusion of disabled women in national and local development and training them to reach other disabled women through a rights-based approach.

- We managed the content on OVCsupport.net during a period of increasing focus on the participation of

adolescents in governance, particularly within HIV and AIDS policy, and promoted new resources and disseminated information focusing on approaches for serving vulnerable populations of adolescents, especially adolescent girls.

Young health leaders in Nairobi, Kenya.
Photo credit: Sarah Lindsay

Developing Youth Leaders

The USAID Youth in Development Policy recognizes that youth participation in planning and implementing programs targeted at youth is vital if programs are to address their needs, including needs for family planning and reproductive health services. There are over 1.8 billion young people in the world and now, more than ever, young people are taking on leadership roles to improve sexual and reproductive health. With strengthened leadership skills, young people are able to participate in and influence policies and programs that impact their access to FP/RH services.

Throughout PY4, the LMG Project developed strong youth leaders through advocacy, by hosting learning opportunities, and by providing technical support. In collaboration with partners, we implemented activities to support young people as leaders in the health sector at the community, country, and international levels:

- The LMG Project provided technical assistance to the International Youth Alliance for Family Planning (IYAFP) to build their capacity to set up and manage their financial systems as a newly incorporated organization.

- We created and disseminated video interviews, supported IYAFP in presenting at the International Conference on Urban Health, and hosted a side event at the 69th World Health Assembly in Geneva titled Youth Lead: Setting Priorities for Adolescent Health, along with partners Women Deliver; the Partnership for Maternal, Newborn, and Child Health; the White Ribbon Alliance; the World YWCA; and the International Federation for Medical Students' Associations.

- In response to a request from youth networks, the LMG Project conducted a webinar titled Writing Winning Abstracts for Conferences, which drew 57 participants, many of whom indicated interest in submitting abstracts to the International Conference on Family Planning.

- With our support, IPPF launched its Youth Leadership Peer Coaching Program at the IPPF Member Associations in Ghana, Kenya, and Uganda to facilitate the transfer of knowledge from experienced peer educators aging out of the "youth" category to incoming youth peer educators working to increase FP awareness in their communities.

- In West Africa, the LMG Project provided technical assistance to WAHO for the development of a guide for establishing national reproductive health strategies adapted for adolescents and youth in the ECOWAS (Economic Community of West African States) region.

- We managed the content on OVCsupport.net and promoted new resources and disseminated information focusing on approaches for serving vulnerable populations of adolescents, especially adolescent girls.

- The LMG Project contributed to the evidence base on youth leadership programs through a programmatic review. The review will be used to develop practice-based recommendations distilled from successful youth leadership programs around the world. This review, conducted in collaboration with the International Youth Alliance on Family Planning, will also inform how to best support youth in becoming contributing members and role models in their communities and beyond.

Generating and Using Evidence

Health systems strengthening activities—especially in leadership, management, and governance—often lack the good data and evidence that allow implementers to make the link to 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 health service delivery components of health system performance outcomes are not very well documented or understood. Given the nascent nature of this field, being able to employ innovative methods to generate, synthesize, and use project data to tell the story of leadership, management, and governance for strong health systems and service delivery improvement is important, and 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.

In PY4, the LMG Project worked in both:

1. Generating evidence around leadership, management, and governance interventions and the effects on health service delivery

2. Using metrics and data, strengthening their use, and disseminating findings

Activities carried out in PY4 continue to generate evidence on the link between and importance of leadership, management, and governance and health service delivery. Preliminary analysis of data from our study in Cameroon, where we integrated LDP+ in two maternity hospitals in Yaoundé (where the Evidence to Action [E2A] Project was implementing an activity to improve the clinical and counseling skills of MNCH staff in tertiary hospitals), shows that LDP+ hospitals have larger increases in the number of women adopting a FP method compared to control hospitals. We piloted a leadership, management, and governance behavioral self-assessment tool to measure L+M+G behaviors at the baseline and at the end of the program and hope that this will provide insight into ways to measure behavior change.

To assess the sustainability of leadership and management tools and programs implemented by our predecessor projects and our Associate Awards or other bilateral agreements, we looked at Kenya, Nepal, and South Africa experiences with two programs: the Institutional Strengthening Program (which uses the Organizational Capacity Assessment Tool [OCAT]) and the Leadership Development Program (LDP). Findings demonstrate that the LDP and OCAT, with accompanying mentoring, coaching, and capacity development, have had effects at the organizational level as well as on service delivery improvement. Many of these ripple effects have outlasted the respective projects.

The central database, which captures key data from implementation of the LMG Project suite of leadership tools (LDP, LDP+, Virtual Leadership Development Program [VLDP], and Senior Leadership Program [SLP]), will also be a source of evidence going forward. This database captures 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). Over time, the use of this database and the analysis of data will allow us to demonstrate stronger links between improvements in individual practices, team achievements, organizational strengthening, and improvements in health service delivery and health system performance outcomes.

In PY4, we launched a global survey to identify promising models for youth leadership development. We have started to interview the five highest-scored organizations to understand more about their leadership models. Because of a low response rate, this survey will be re-launched in early PY5.

We also began a study of how citizen engagement can have an impact on health programs. As a first step, we conducted a literature review on the use and impact of citizen engagement interventions to improve health service delivery and ultimately health outcomes in developing countries. Using this as a starting point, we began data collection in two projects, the Integrated Health Project (IHP) in DRC and the Healthy Communities and Municipalities (HCM) II project in Peru. These will be completed early in PY5.

An exciting innovation in the field was the first-of-its-kind formative study on the influence of gender on supportive supervision among the family planning workforce. This study aligns with PRH's priority to ensure a supportive and equitable work environment that promotes productivity and encourages retention. Using a targeted literature review and interviews with global experts on gender, human resource management, and/or family planning, we drafted a conceptual framework. We then tested this framework with IPPF MA staff in two East African countries to assess if the framework, the components, and the concepts resonated and were relevant to their daily lives as family planning managers and providers. The test shows that the framework does indeed reflect the realities, the aspirations, and the personal-professional tensions that male and female FP providers face in these two countries. This study could help identify useful entry points for designing gender-transformative supportive supervision interventions at multiple levels.

The LMG Project focused on data dissemination and use throughout PY4. We used Performance and Management Plan (PMP) data to guide work planning, management, and technical decisions; communicated findings from rapid assessments (pre-service integration and the VLDP desk review) to shape and influence design of technical products; developed and submitted abstracts to international conferences; authored blogs and newsletter articles; and designed conference panels and satellite sessions to raise awareness about the importance of leadership, management, and governance and showcase the work done by the LMG Project and other implementing partners working in leadership, management, and governance. Finally, we used the PMP data to improve the quality of our reports. We conducted an internal analysis of three chronological indicators and presented this to LMG staff in an effort to improve the timeliness, completeness, and quality of data reported in the PMP.

We continue to better articulate and measure changes over the course of interventions, and to identify avenues for nested studies, operational research, and performance monitoring and assessments, and we continue to use performance data for analysis and decision making. In PY4, we incorporated measurement, tracking, or assessment activities into core (PRH-funded LMG for Midwifery Managers Course, PRH-funded use of the Fostering Change Guide in Uganda, DCHA-funded work with ICRC in multiple countries) and field support projects (Haiti, Côte d'Ivoire, NMCP).

Core-funded Activities

Bureau for Global Health, Office of Population and Reproductive Health

The LMG Project strives to enhance the performance of public and civil society sector programs in family planning, reproductive health, and maternal, newborn, and child health by advocating for and supporting capacity development for individuals and institutions. This work is dedicated to enhancing competencies of those who lead, manage, and govern.

This section summarizes core-funded PY4 outputs and activities in these areas:

- Professionalization
- Capacity development
- Leadership development
- Governance
- Monitoring and evaluation (M&E)

Professionalization

One focus of the LMG project has been ensuring that health providers have the appropriate skills needed in leadership and management to do their jobs effectively and preparedly when they begin their careers. We have been working with partners to promote the importance of this, so that LMG Project training and support becomes an integral part of training for health workers. We have worked with universities to include leadership, management, and governance in their curricula, continued to refine our midwives training program in L+M+G, and continued to support the Africa Health Leadership and Management Network (AHLMN) as an avenue toward reaching training institutions with L+M+G information.

Pre-service Curriculum Integration. Pre-service training is a critical component of health worker education across sub-Saharan Africa. The LMG Project supports universities and training institutions in strengthening their curricula by helping them incorporate leadership and management education into pre-service health curricula, and prepare faculty to deliver the program. This dual-track approach provides professionals and students in training schools with the essential skills and tools needed for improved health service delivery. To this end, the LMG Project provided technical assistance to Mananga Centre for Regional Integration and Management Development (Swaziland) and the University of Witwatersrand (South Africa). The overarching purpose of the technical assistance was to share current concepts, challenges, and approaches to institutionalizing leadership, management, and governance practices and how, when appropriately applied, they translate to positive and sustainable impact on health outcomes.

To better prepare faculty to deliver L+M+G content, we also developed and finalized a comprehensive Faculty Facilitation Guide (with nine modules), with slide presentations accompanying each module. The guide will be disseminated via Amref Health Africa's Virtual Training School and each participating pre-service training institution.

In PY5, the LMG Project will support the University of Rwanda and the University of Zambia as they integrate leadership, management, and governance content into their pre-service curricula. We began building the foundation for these integration efforts in PY3 and will use our last project year to complete the process. Collaborating with the appropriate USAID Missions, we will support the institutions in developing action plans to ensure that the L+M+G curriculum will be integrated and offered to students continuously.

LMG for Midwifery Managers. To strengthen midwives' capacity to respond to complex health system challenges, we developed the LMG for Midwives course. Midwifery managers participate in a workshop focused on assertive communication, advocacy, coaching, and mentoring; data use for decision making; change management; and strategic problem solving. Following this workshop, participants use their new skills to implement a six-month action plan to address a clinical challenge.

To date, the course has been delivered to 106 midwives from 10 Eastern and Southern African countries: Ethiopia, Kenya, Lesotho, Malawi, Rwanda, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe. Using skills learned during the

workshop, participants have developed 88 action plans, which aim to improve service delivery in MNCH, FP/RH, or HIV/AIDS. Selected results include:

- Eliminating the incidence of HIV-positive women defaulting on the use of antiretroviral (ARV) medication in rural Zimbabwe at Mucheke Community Health Centre (overcoming a 22.6 % default rate)
- Increasing the number of men accompanying their partners to antenatal care in southeastern Tanzania at Mikindani Health Centre by 2,250 % (from 2 to 47 men per month)
- Decreasing the unmet need of five essential supplies at Ndamga Hospital in Zimbabwe by 33.58%
- Reducing the incidence of post-cesarean infection at Kibuye District Hospital in Rwanda's West Province by 16.1%
- Increasing infant HIV/AIDS testing at six weeks to 100% at Chimanimani Hospital in Zimbabwe

In PY5, the LMG for Midwifery Managers activity will focus on strengthening the capacity of local facilitators to deliver the course upon the close of the LMG Project. The course will be delivered to a third and final cohort of trainers, who will train participants from Senegal (for further independent francophone scale-up), Ghana, and Nigeria; and second cohorts from Malawi and Tanzania. The activity will be closed out with two evaluations—one focusing on strategies for male involvement in reproductive health, and another focusing on the EPCMD improvements achieved by the action plans implemented by members of cohorts 2 and 3.

Africa Health Leadership and Management Network. The LMG Project continued our support to the AHLMN by helping with the 3rd General Assembly Meeting. The delegates discussed and identified a set of resolutions to guide the network's work moving forward. Predominant among these resolutions were strategies to overcome AHLMN's dependence on donor funding and improve its sustainability, including development of a resource mobilization strategy and a business plan. Other resolutions included aggressive marketing of the network to grow its membership, as well as diversification of the products and services it offers. We also provided support to conduct a member mapping of their governance capacity and help conceptualize a community of practice for members around key issues of leadership, management, and governance.

In PY5, we will continue to work with AHLMN to support implementation of the resolution to develop a resource mobilization strategy, as well as further develop the community of practice to facilitate greater peer learning exchange between the network members.

Organizational Capacity Development

IPPF Learning Center Capacity Building. Building on the PY3 collaboration with the IPPF Learning Centers (LCs) to develop their capacity in delivering the LDP+ and in business planning, the LMG Project focused in PY4 on the last of the four selected Learning Centers, and delivered an LDP+ and business planning workshop in Mozambique. At the same time, we continued to provide technical assistance to LC staff from Cameroon, Ghana, and Uganda trained during PY3, and as IPPF rolled out the LDP+ training to additional LCs in other countries. The staff from these countries' LCs continued to expand and refine their delivery of the LDP+ and business planning both within their networks and in new markets. Of particular note is Reproductive Health Uganda (RHU), which conducted LDP+ TOTs in Tanzania and Malawi and continues to support those teams through the implementation of their action plans.

The IPPF MAs that completed LDP+ training have reported marked improvements in provision of FP/SRH services. For example, RHU reported an increase in service access, with total SRH services increasing from more than 3,500,000 in 2013 to 4,548,789 in 2014. The volume of FP services increased from over 484,000 in 2013 to above 750,000 in 2014. Upon completing their projects and reaching their targets, many of the teams went on to select a new challenge and create a new action plan without support from the LMG Project.

In PY5, we will assess the comprehensive suite of L+M+G tools and approaches used within the LCs throughout the project. The final assessment will be translated into French

and Portuguese and disseminated to the LCs, as will the final, translated LDP+ tools. The LCs that have completed their step-down trainings will hold results presentations to highlight how they have sustained the original gains made from their LDP+, as well as the results from their step-down trainings.

Collaboration with the IBP Consortium to Build Capacity for Scaling Up FP Services. In PY4, the LMG Project contributed to the WAHO Forum on Good Practices in Health by organizing and facilitating a pre-conference workshop that introduced over 100 participants to scaling-up tools, shared lessons from field experience, and provided an opportunity for hands-on application of tools to three case studies about improving FP/SRH outcomes in the region.

We also worked with IPPF Member Association RHU to develop a scale-up strategy for their comprehensive integrated family planning surgical camp approach, which takes services to rural clients with limited access to facilities. The LMG Project introduced RHU to the Guide to Fostering Change and the associated Nine Steps tool, and used the CORRECT model with RHU to select this from several innovations that have been demonstrated to be effective, as the one best suited for scaling up.

In PY5, we will provide follow-up technical support to RHU if they are successful in finding funding to implement their scale-up strategy, including M&E support to track the scale-up and document lessons learned. The LMG Project will also continue to support the IBP Secretariat and its partners and contribute to international conferences, facilitating hands-on experience applying the scaling-up tools in an approach similar to that used at the WAHO pre-conference workshop.

Improving and Promoting L+M+G Tools and Resources. To strengthen our understanding of how people use LMG tools and the effectiveness or staying power of these, we conducted an assessment of two tools developed by MSH, focusing on the Leadership Development Program (LDP) and Organizational Capacity Assessment Tool (OCAT) implementation in Kenya, Nepal, and South Africa. This external assessment included a series of interviews to ascertain the continued use of leadership and management tools, the benefits of using these tools, and consequent results for various stakeholders. The study was designed to assess the sustainability of the selected interventions and associated processes by way of continuing or institutionalizing the tool.

Over the years, we have realized the importance of coaching to help sustain some of the momentum from what people learn in our programs. To make this available as a resource, we developed a coaching and communication workshop to improve the capacity of facilitators to guide participants through leadership and management–focused tools. This was delivered to 18 managers, supervisors, and facilitators with coaching roles in their organizations, several of whom used this workshop to identify opportunities to improve family planning services in their workplaces through strengthened coaching and communication. In PY5, the LMG Project will continue to collect feedback from participants from the coaching workshop and make final changes to the program based on this feedback. The program will then be translated into French and hosted on LeaderNet.org.

In an effort to ensure easy external access to a broad variety of leadership, management, and governance tools, we packaged a selection of MSH's and the LMG Project's most-used tools and resources into an interactive site on LeaderNet.org. Our technical experts reviewed all relevant L+M+G tools, articles, and books against a set of criteria to ensure the most relevant tools were included on the L+M+G Global Resource Center section on LeaderNet.org. The criteria included that the resources be technically relevant, free, easy to use without facilitation, and applicable to an external audience. To ensure a seamless user experience, the LMG Project developed an intuitive and jargon-free taxonomy for the site, as well as a search tool that enables users to find tools based on challenges they may be experiencing in the workplace. The site was formally launched October 13, 2015. In PY5, we will continue to add to the site and promote its use.

Leadership Development

Although leadership development is integral to all our work, two activities in PY4 had this as a main principle: the youth leadership and women's mentoring activities.

Strengthen Youth Leadership. In PY4, the LMG Project provided technical assistance to the International Youth

Alliance for Family Planning (IYAFP) to set up and manage their financial systems as a newly incorporated organization. Additionally, we supported IYAFP staff in attending the International Conference on Urban Health to elevate their advocacy message on the importance of youth leadership for family planning. In an effort to continue to promote the visibility of young leaders, we produced videos of youth sharing their leadership strategies and the subsequent impact those strategies have had on family planning activities in their communities.

The LMG Project also created a new virtual learning eCourse tailored to young global leaders working to improve family planning outcomes in their communities and countries around the world. The Youth Leadership eCourse has four sessions that cover the eight leading and managing practices in an interactive fashion, with videos, quizzes, and case studies. Additionally, the LMG Project launched its Youth Leadership Peer Coaching Program at IPPF Member Associations in Ghana, Kenya, and Uganda. This program aims to facilitate the transfer of knowledge (via the coaching relationship) from experienced peer educators aging out of the "youth" category to incoming youth peer educators working to increase FP awareness in their communities.

In PY5, the LMG Project will continue to strengthen youth leadership skills and engagement around FP/RH by building upon the youth leadership eCourse to create additional eLearning opportunities on leadership topics. As part of this activity, the youth leadership peer coaching program will expand to additional IPPF Member Associations in sub-Saharan Africa, with an emphasis on francophone countries. We will also continue to provide technical assistance to IYAFP to build organizational capacity.

East Africa Women's Mentoring Network. The East Africa Women's Mentoring Network (EAWMN) aims to build upon a strong and extensive pool of mentors that were identified in LMG Project–supported activities during PY1–PY3. This pool of mentors was the starting point for establishing the network in East Africa to help aspiring young women leaders address some of the barriers faced in achieving leadership positions. We constructed a vibrant online platform that supported young women seeking leadership skills by linking them to women with substantial professional and leadership experience. Mentors helped mentees develop strategies for balancing career and family, combating harassment, and prioritizing work; all of this to enhance mentees' leadership and overall professional development.

At the end of the first year of the network, we hosted a Learning Collaborative Forum for the 30 strongest-performing mentors and mentees to give them a face-to-face opportunity for peer learning through sharing and discussing challenges, successes, and leadership skills. Participants who continued their relationship were incentivized through a "Mentor of the Month" and "Mentee of the Month" blog series on the LMG Project website celebrating outstanding network members. Lessons learned from this activity will be shared as an oral presentation at the International Conference on Family Planning in November 2015.

We will continue to support the women's mentoring network in sub-Saharan Africa for FP/RH leaders in the coming project year. While facilitating strong mentoring relationships and ensuring accomplishment of mentee goals, we will also develop a plan to transition the ownership of the network to IPPF once the LMG Project ends.

Governance

In PY4, the LMG Project continued leading the discussion around issues of good governance, refining and improving tools, and providing technical assistance to partners.

Governance Roundtable. In collaboration with the Health Financing and Governance (HFG) Project, the Health Policy Project (HPP), and the CapacityPlus Project, the LMG Project convened the Third Roundtable Conference on Governance for Health to share experiences in governance development in the health sectors of low- and middle-income countries, and to explore strategies for establishing good governance in these settings. This two-day conference was held in Cape Town, South Africa, on September 29–30, 2014, in conjunction with the Third Global Symposium on Health Systems Research 2014.

Over 40 governance experts, thought leaders, and practitioners participated in the deliberations. Participants represented ministries of health, CSOs, academic institutions, the

private sector, and donors including USAID, the UK Department for International Development (DFID), WAHO, WHO, and the Japan International Cooperation Agency (JICA). The conference yielded a rich set of insights, including:

- There is a need to identify associations and causal links between governance interventions and health outputs.
- Governance capacity for marginalized populations can be built by training key populations to engage with governance structures and strengthening representative networks by linking them to policy makers, helping them develop advocacy plans, and providing them with mentorship.
- Deploying USAID's Center of Excellence on Democracy, Human Rights, and Governance's (DRG) Political Economy Assessment Field Guidance before implementing governance interventions can avoid common pitfalls like flagging political will, dysfunctional institutions, and the absence of credible sanctions for enforcing rules.

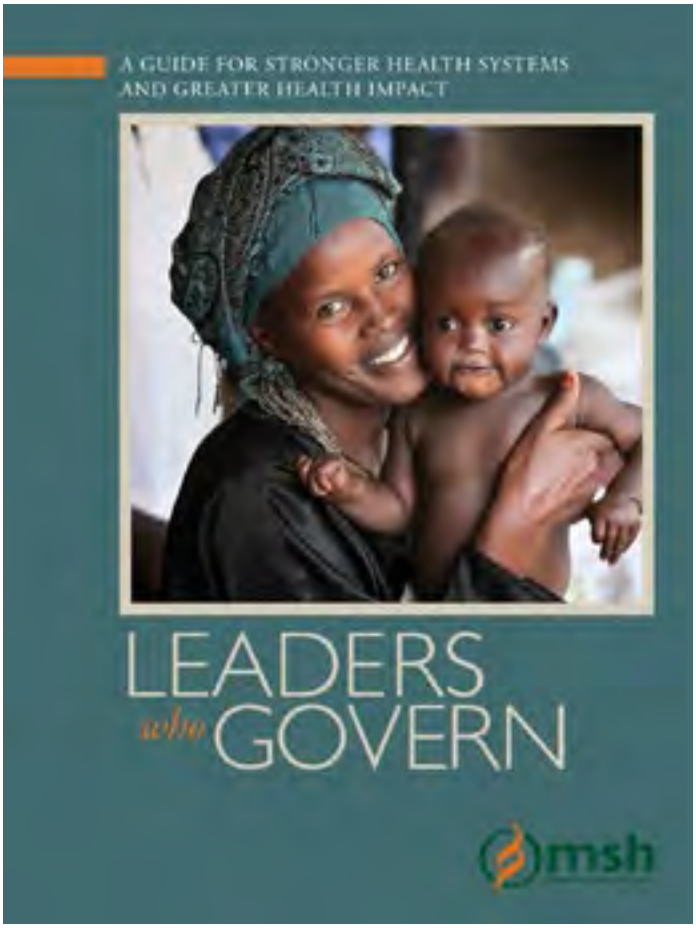
The Third Global Governance for Health Roundtable.
Photo credit: Sarah Lindsay

Building on the experience and insights from the three roundtable conferences that the LMG Project organized in the past four years, a summative governance event will be organized in Addis Ababa in conjunction with the African Union in PY5. The event will facilitate exchange of experiences and insights in the integration of USAID's DRG principles (transparency, accountability, inclusion, and participation) in health programming; application of these lessons will improve the effectiveness and sustainability of FP/RH and health programs.

Governance Workshops. In PY4, we worked with WAHO to introduce the practices of good governance to the health ministries of three West African countries. We first jointly planned and implemented a governance development workshop to build the capacity of WAHO's senior leadership team to strengthen its own governance as a regional health organization, and to engage with member countries to improve the governance of national health sectors. The main output of the workshop was a governance development plan that WAHO implemented over the six months following the workshop, from April to September 2015. The Director General of WAHO will review the results of the development plans in early PY5. Realizing the importance of governance improvement for countries in the region, WAHO asked the LMG Project to organize similar governance development workshops for health ministry officials in three member countries: Mali, Nigeria, and Togo.

Using the organizing framework of the LMG Project's five practices of good governance, participants created governance development plans to advance their health ministry's overarching strategic objectives over the 6–9 months following the workshop.

The LMG Project will continue to support WAHO and the ministries of health in Mali, Nigeria, and Togo in the implementation of their governance action plans in PY5. We will document the results of governance development in these organizations.



Leaders Who Govern is a digital guide for governing boards and councils in the health sectors of low resourced countries.

Governance Tools and Resources. The LMG Project developed GovScore in PY4, a mobile phone–based governance self-assessment, reporting, and improvement system for measuring and increasing the governance maturity of health systems. GovScore provides assessment instruments and guidance that can be used to set achievable governance improvement goals and progressively remove barriers to improving organizational governance.

The LMG Project also developed a certificate program in Governance and Health, consisting of three eLearning courses for USAID's Global Health eLearning Center (GHeL), hosted by the Knowledge for Health Project. This is now available to the large and diverse body of users who access the GHeL.

Similarly, LMG Project staff substantially contributed to MSH's Leaders Who Govern book, which will guide governing bodies and councils in the health sectors of low-resourced countries. This book is designed to help explore, adapt, develop, master, support, and apply the practices of good governance. The principles and practices in the book apply to most types of organizations and to sectors beyond health, although its focus is to support better health care and greater health impact.

We conducted a three-part webinar and seminar series to help leaders who govern and the people who support these leaders unleash the power of good governance in their organizations—whether governmental or nongovernmental—and reap the benefits in terms of higher service performance. Fifty-three attendees from 12 countries and 43 attendees from 13 countries participated in the two webinars, respectively. Two in every three respondents of the post-webinar survey said the webinars provided tools, techniques, or approaches that would help them overcome governance challenges their organizations are currently facing. The subsequent LeaderNet.org seminar, offered in English, French, and Spanish, built on the presentations and discussions in the two webinars. In three days, 93 participants representing 75 organizations from 36 countries joined the discussion. Eighty-eight percent of the post-seminar survey respondents said the seminar would likely or very likely help their organization improve its governance and performance.

In PY5, the LMG Project will use our practical approach to governance development to build the capacity of the national Member Associations of the IPPF Africa Region by creating a pool of trainers who will be able to deliver governance orientation to all new members, including young members, of the governing boards.

Evidence

In late PY3, the Monitoring, Evaluation, and Research (MER) team undertook a month-long series of brainstorming exercises with technical advisors at USAID, global technical experts at MSH and other cooperating agencies, and external industry experts; a review of cutting-edge research methods; and a review of global initiative strategy documents to generate the PY4 work plan to generate and disseminate the value-add and results of leadership, management, and governance interventions.

Improving clinical and counseling skills of MNCH staff in Cameroon. In collaboration with the Evidence to Action Project (E2A), we designed and implemented a first-of-its-kind study in Cameroon. We integrated the LDP+ program in two maternity hospitals in Yaoundé where E2A was implementing an activity to improve the clinical and counseling skills of MNCH staff in tertiary hospitals. Despite delays in receiving ethical approval from the MOH in Cameroon, we completed the baseline, midline, and most of the endline data collection in PY4. The final analysis of the study will be completed in the first quarter of PY5. Preliminary analysis shows that LDP+ hospitals have larger increases in the number of women adopting a FP method compared to control hospitals. We also had an opportunity to pilot a leadership, management, and governance behavioral self-assessment tool to measure L+M+G behaviors at the baseline and at the end of the program. Additionally, we leveraged the opportunity to pilot this behavioral self-assessment tool in Mozambique in collaboration with the Elizabeth Glaser Pediatric AIDS Foundation. We will assess the validity of this instrument in PY5.

Central Database of Leadership Tool Implementation. In PY4, the LMG Project continued to adjust and apply a central database to capture key data from implementation of our suite of leadership tools (LDP, LDP+, VLDP, and SLP). This database captures 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). We conducted face-to-face and virtual training for facilitators so they can enter the data themselves. This is phase 1. Our MER team is looking closely at the data and program quality gaps. In phase 2 in PY5, we will start to transfer the database to end-users based on feedback received from the facilitators. In PY4, we also added the behavioral self-assessment tool and the standardized organizational capacity assessment tool to the database. Over time, the use of this database and the analysis of data will allow us to demonstrate stronger links between improvements in individual practices, team achievements, organizational strengthening, and improvements in health service delivery and health system performance outcomes.

Youth Leadership Survey. We launched a global survey to identify promising models around youth leadership—a concept that we defined as overlapping with, yet distinct from, youth participation and development. We worked closely with our USAID Technical Advisor and two international youth networks to launch a website—www.youthleadglobal.org—and disseminate a survey globally to USAID Missions, international and national NGOs, and community-based organizations (CBOs). We received 31 responses, which were scored and ranked. We have started to interview the five highest-scored organizations to understand more about their leadership model. Because of the low response rate, this survey will be re-launched in early PY5 with plans for wide dissemination at the International Conference on Family Planning in November 2015.

Formative Study on Influence of Gender Among the Family Planning Workforce. We designed and implemented a first-of-its-kind formative study on the influence of gender on supportive supervision among the family planning workforce. This study aligns with PRH's priority to ensure a supportive and equitable work environment that promotes productivity and encourages retention. Using a targeted literature review and interviews with global experts on gender, human resource management, and/or family planning, the LMG Project drafted a conceptual framework. We then tested this framework in two East African countries, with IPPF Member Association staff, to determine if the framework, the components, and the concepts resonated and were relevant to their daily lives as family planning managers and providers. The fieldwork supplement to the framework shows that the framework does indeed reflect the realities, the aspirations, and the personal-professional tensions that male and female FP providers face in these two countries. This study could help identify useful entry points for designing gender-transformative supportive supervision interventions at multiple levels.

Documentation and Dissemination of Project Findings. Finally, the LMG Project submitted several abstracts to international conferences in PY4. All abstract submissions were reviewed by subject matter experts and MER staff. In addition, we continued to work with the Tulane School of Public Health and USAID's Health Finance and Governance (HFG) Project to review and fine-tune indicators on health systems strengthening and governance, respectively. The MER team continues to work closely with all LMG Project teams to better articulate and measure changes over the course of interventions, and to identify avenues for nested studies, operational research, and performance monitoring and assessments. We

also continue to work closely with our project teams to use performance data for analysis and decision making.

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

In PY4, 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 38 countries: Albania, Armenia, Barbados, Bosnia and Herzegovina, Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, Chad, DRC, El Salvador, Ethiopia, Fiji, Georgia, Ghana, India, Lao PDR, Lebanon, Liberia, Madagascar, Moldova, Mongolia, Myanmar, Niger, Nigeria, Pakistan, Peru, Philippines, Rwanda, Sierra Leone, South Africa, Tanzania, Togo, Ukraine, Vietnam, Zambia, and Zimbabwe.

Strengthening Leadership and Management in Physical Rehabilitation in Partnership with the International Committee of the Red Cross. The LMG Project has continued to implement our two-pronged capacity building approach throughout the ICRC's Physical Rehabilitation Programme and the Special Fund for the Disabled: (1) strengthen service delivery and (2) strengthen the enabling environment for physical rehabilitation. In PY4, we evaluated the results of the pilot implementation of the Essential Management Package (EMP) from PY3. Taking into account the lessons from the pilot, the LMG Project conducted a TOT on the Essential Management Package for teams of ICRC staff and local managers of physical rehabilitation centers in Ethiopia, DRC, Myanmar, Tanzania, and Togo. The TOT oriented ICRC coaches and center managers to the EMP, provided practicum sessions that allowed them to become comfortable in delivering the program, and resulted in each team developing a plan for launching the EMP in their initial partner center. The center managers facilitated the implementation of the EMP with their staff in the physical rehabilitation centers, and the ICRC coaches in each country provided ongoing support. The LMG Project provides regular coaching support to the ICRC staff, giving feedback on progress and offering guidance when the managers experience difficulties.

The manager at Hpa-an Orthopaedic Rehabilitation Centre in Myamnar, leading her staff through the leadership development modules of the LMG Project and ICRC's Essential Management Package for Physical Rehabilitation Centers.
Photo credit: Zin Min Hitke

During PY4, the LMG Project and ICRC conducted a six-month evaluation of the East Africa Regional Senior Leadership Program implemented in PY3, which was a multi-country team-based SLP focusing on physical rehabilitation and disability rights. This evaluation illustrated both evidence and examples of improvement in these areas: improvement in all 21 self-assessed core competencies; application of leadership, management, and governance practices (86%); and an increased understanding and prioritization of disability rights and the UN Convention on the Rights of Persons with Disabilities (UNCRPD) (81%).

In 2015–2016, we also launched two new regional SLPs, one with

five countries in Southeast Asia (Cambodia, Lao PDR, Myanmar, Philippines, and Vietnam) and one with six countries in francophone Africa (Burundi, Chad, DRC, Madagascar, Niger, and Togo), applying lessons learned from the East Africa Regional SLP experience and evaluation to continue to strengthen the gender, inclusion, and practical governance components of the program.

In the coming year, the LMG Project will wrap up the two Senior Leadership Programs, train ICRC trainers to deliver the Essential Management Package for five to six more countries, and hold coaching and communications workshops for up to 20 of ICRC's senior leaders around the world. The LMG Project and ICRC will hold a learning summit to take stock of accomplishments to date and outline a strategy for how ICRC and the Special Fund for the Disabled (SFD) can continue to invest in leadership development to strengthen its physical rehabilitation programs.

Supporting Mobility International to Scale Up the Women's Institute on Leadership and Disability (WILD). In PY4, LMG support focused on training previous WILD graduates as trainers to replicate the leadership training in their own communities. This included supporting MIUSA in developing a WILD Facilitator's Manual and package of communications materials, and implementing a new WILD TOT program. MIUSA and the LMG Project co-facilitated the TOT in June 2015, in Eugene, Oregon, USA, for 17 participants representing diverse disabilities and nationalities. Prior to the TOT, MIUSA coached participants to prepare to organize WILD trainings in their communities alongside development organizations or NGO partners once they completed the TOT, and coaching is continuing after the TOT. Participants received small grants to help support the in-country WILD trainings. The in-country trainings will be conducted with at least 20 disabled women participants and will include an introduction, three modules from the WILD Facilitator´s Manual, an empowerment activity, and an evaluation component.

In PY5, we will continue collaboration with MIUSA to support the 20 WILD TOT participants as they implement their planned trainings for women and girls with disabilities in their local communities. The LMG Project and MIUSA will use the results of these in-country WILD programs to inform the final version of the WILD Facilitator's Guide.

Building Organizational Development Capacity of Torture and Trauma Rehabilitation Centers in Collaboration with the Center for Victims of Torture. We collaborated with the USAID-funded Partners in Trauma Health (PATH) Project, led by the Center for Victims of Torture (CVT), to strengthen the organizational and leadership capacity of the nine PATH Project partner organizations in nine countries. The LMG Project works closely with CVT to help partner centers plan for systematic strengthening of their organizational capacity, in harmony with the work CVT does to strengthen clinical services and M&E.

We completed nine trips to CVT's PATH centers during PY4—to Bosnia and Herzegovina, Cambodia, Georgia,

Executive directors of PATH partner organizations in Sierra Leone and Liberia share their experiences from the Ebola crisis with other workshop participants to facilitate a discussion on practices of effective leadership in crisis situations.
Photo credit: Edie Lewison

Staff of the PATH partner organization in Lebanon present their vision for sustainability with staff from the PATH partner in Bosnia and Herzegovina for peer-to-peer feedback.
Photo credit: Edie Lewison

Lebanon, Moldova, Sierra Leone, and South Africa—to build capacity in areas identified by the centers themselves. We employed a local consultant to provide financial management training in Liberia, as travel was restricted due to Ebola. Technical support from LMG included financial management strengthening, strategic planning, performance management, organizational sustainability, external communications, and resource mobilization.

In June 2015, the LMG Project and CVT facilitated a cross-team and cross-discipline workshop in Georgia. The theme was "Sustaining Gains and Integrating Domains" and the objective was for partner organizations to work together as an integrated team to create a step-by-step plan for sustaining a specific gain made in the PATH Project.

The PATH Project is scheduled to end December 31, 2015, so our activities in PY5 will be limited. We will work closely with CVT to host an event to recognize the accomplishments of the project, disseminate program results, and explore the way forward in building local organizations' capacity. We will also provide some targeted capacity building and coaching for select centers.

Institutionalizing Effective Clubfoot Programs with Ponseti International Association. DCHA invested in the Ponseti International Association (PIA) program to learn how to ensure the Ponseti method would be accessible to children who needed it— this was done by capturing lessons and principles that could catalyze change in Nigeria, Pakistan, and Peru. In PY4 LMG wrapped up its support to PIA; the activity ended December 31, 2014.

As a result of the LMG Project's convening of champions and supporting them in planning, advocating for, and establishing national clubfoot programs, a total of 55 new clinics were established across the three participating countries during the two-year project period. As PIA estimates that each of these clinics will soon be caring for an average of 50 new patients each year, this represents an expanded capacity to treat 2,750 children with clubfoot each year for the foreseeable future. The treatment capacity developed—and the expanded capacity that is likely to result from continuing the scale-up activities—meet the criteria for sustainability: integrated into the available health care services, functioning effectively for the foreseeable future, and using resources

mobilized by the community and the government. Although a number of challenges to strengthening essential elements of these programs persist, important and generalizable lessons were learned that might help guide other champions, particularly in low-resource situations, who are working to establish and/or strengthen the clubfoot care pathway in their countries.

Model wheelchair user with family, participants, and co-trainer after wheelchair fitting during the WSTP-I training in the Philippines.
Photo credit: Maggie Lamiell

Professionalizing Wheelchair Service Provision. In PY4, we conducted trainings for wheelchair service providers in 10 countries using the WHO's standard Wheelchair Service Training Package (WSTP). This was done in collaboration with WHO, the International Society for Wheelchair Provision (ISWP), and a host of local service delivery, university, civil society, and government partners. We trained 83 people in five countries in basic-level wheelchair service provision, 56 people in five countries in intermediate-level wheelchair service provision, and 86 people in five countries in the management of wheelchair services. We are also building a foundation for increasing the number of skilled wheelchair service providers by developing a curriculum for training trainers to deliver the Wheelchair Service Training Packages (WSTP). The LMG Project convened global stakeholders to begin the design of the TOT in July, which will result in a clear and standard process for the development of high-quality trainers. We also supported Wheelchair Stakeholder Alignment Meetings in six countries which convened providers, policy makers, disability advocates, and other key stakeholders to set future direction for wheelchair services at the local level.

In PY5, the LMG Project will continue to work with a group of global wheelchair trainer experts to author a pilot-ready draft of the TOT for the Wheelchair Service Training Package. We will then pilot the TOT program in at least two countries. We will also continue to deliver basic and intermediate level wheelchair service trainings.

Enhancing the Institutional Capacity of Rwanda's National Commission for Children. Through coaching and team-based applied learning, the LMG Project is strengthening the institutional capacity of Rwanda's National Commission for Children's (NCC's) so it can effectively lead the multi-disciplinary, multi-sectoral, multi-stakeholder effort required to advance child rights and support families. In PY4, we worked with the NCC to establish three capacity building teams composed of NCC staff: the Guidelines team, the Information Management System team, and the Coordination Strategy Development team. The capacity building process aims to strengthen the leadership skills of staff by demonstrating that they can make progress as a team towards overcoming difficult challenges, regardless of their position level. Using the Challenge Model, each team analyzed its focus area and developed a one-year work plan broken down into short-term activities; this makes large challenges manageable and give teams the ability to celebrate short-term wins, which is important to maintaining momentum. Support to the teams was coordinated through the Strategic Advisor seconded to NCC. The LMG Project coached teams to meet regularly, implement their plans, assess their progress, and apply new strategies when unforeseen obstacles arose. The Strategic Advisor also played an executive coaching role for the Executive Secretary and Deputy Director of NCC.

Highlights of progress made by NCC's capacity building teams include:

- The Guidelines team drafted operational guidelines for each of the seven areas of the Integrated Child Rights Policy (ICRP). These have been review by the NCC staff, its Board of Commissioners, and national technical working groups.

- The Information Management System (IMS) team recruited an expert consultant to work on the IMS design and agreed on a design process and plan. The consultant provided M&E training to team members as well as to other key NCC staff, and launched a participatory process to identify the most essential data around which the system will be based.

- The Coordination Strategy Development team drafted a coordination mechanism, which was internally reviewed and shared with the NCC Board of Commissioners for input at their September quarterly board meeting.

The LMG Project also facilitated a Governance Enhancement Retreat with the NCC Board of Commissioners in September 2015. During the retreat, the board identified opportunities to strengthen its support for NCC and developed an action plan for enhancing its governance capacity. Members reaffirmed their commitment to improving collaboration on child protection, from the community to the national level, by working with key ministry counterparts and other partners. Further, the board reaffirmed the priorities of the Integrated Child Rights Policy and the 2011–2016 Strategic Plan, and committed to launch a process for updating the strategic plan for 2017–2021.

In PY5, we will continue to second the Strategic Advisor to NCC, as well continue to support the capacity building teams to achieve their two-year results. We will also finalize a case study documenting the capacity building experience with NCC.

Bureau for Global Health, Office of HIV/AIDS

In line with PEPFAR priorities, the LMG Project focused its HIV and AIDS activities in PY4 on enhancing the ability of governments, civil service organizations, and health care providers to provide critical HIV treatment and care to affected communities. We worked to ensure that health systems strengthening goals were incorporated into prevention, care, and treatment programs by using L+M+G approaches to strengthen management, leadership, and governance practices. These strategies are vital for ensuring that people living with HIV, including key populations, have access to high-quality HIV and AIDS services and information.

Globally, civil society groups have played a key role in the response to HIV/AIDS by providing services; advocating at local and global levels for services, resources, and human rights; and working with governments and donors to better design HIV prevention, care, and support programs for key populations. Many of these organizations are small, mission-driven, and without adequate resources (funding, human, information, and connections) to help them continue to effectively serve their critical role in the HIV response.

Focused leadership and management development can ensure networks, CSOs, and governmental bodies provide high-quality HIV services and information. In PY4, our priority areas in the OHA portfolio included:

- Capacity building among organizations that work to improve HIV services

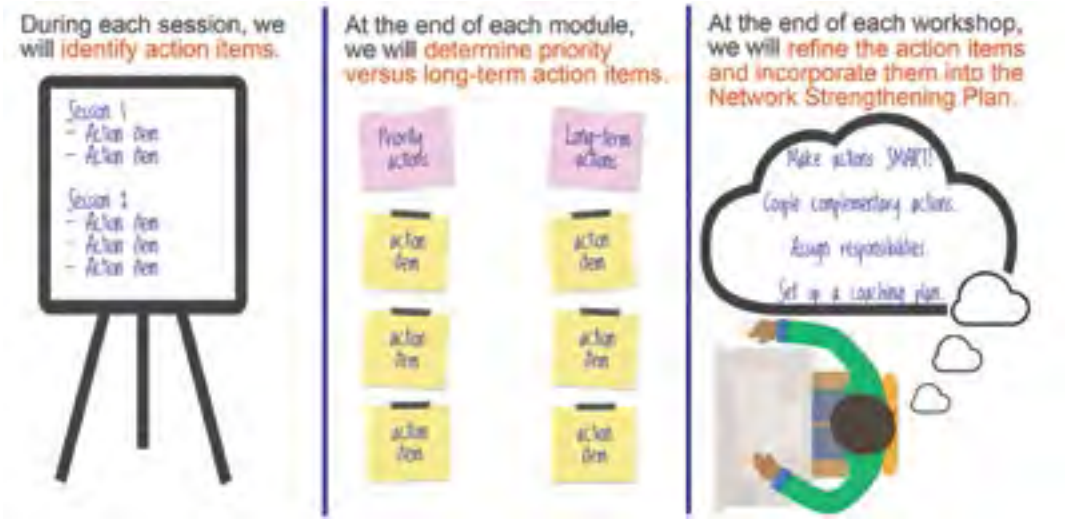
- Research and dissemination of findings to key stakeholders to inform HIV programming

- Improving access to services for key populations

- CCM support

- President's Malaria Initiative (PMI)

Capacity Building among Organizations That Work to Improve HIV Services. In the area of capacity development, the LMG Project had key successes in our work strengthening the organizational capacity of two local institutions, including the African Centre for Health and Social Transformation (ACHEST) in Uganda and the Ukrainian Centre for Socially Dangerous Disease Control (UCDC) in Ukraine.



Development process for the Network Strengthening Program

In the case of ACHEST, we worked to strengthen the management, leadership, governance, and operational capacity of ACHEST so the organization was further equipped to fulfill its coordinating role for the Medical Education Partnership Initiative (MEPI) and bolster its performance as a champion of health systems and network strengthening in Africa. In PY4, key successes included identifying ACHEST products and services that could be the focus of resource mobilization. ACHEST continued to strengthen its financial management practices, working closely with our financial consultant. ACHEST further developed their Health Ministers Leadership Program so as to advance the program with potential donors.

The LMG Project worked to strengthen UCDC's capacity as the national agency for the control of HIV/AIDS and tuberculosis. Under the PEPFAR–Global Fund Country Collaboration Initiative (CCI), the CCI/LMG-Ukraine strengthened UCDC organizational (institutional, programmatic, and financial) capacity as a Global Fund PR and as a key national agency beyond the lifetime of Global Fund grants. As this support has now come to an end, the LMG Project and UCDC hosted an internal event in September 2015 to showcase capacity gains over the past 21 months and commit to plans for UCDC to apply their new capacity. Described as a breakthrough and significant milestone by UCDC, the partnership allowed for a focus on internal capacity development that may not have been possible otherwise during a time of crisis in Ukraine. Although roles are changing in-country, this increased capacity is transferrable for UCDC staff as they enter into their new roles. In PY5, the LMG Project in Ukraine will shift to a different role, that of working with the Global Fund PRs International HIV/AIDS Alliance and All-Ukrainian Network of PLHIV to support clinical trainings.

In PY4, we developed a new capacity building program to improve the functionality of networks so that they are more effective at meeting the needs of their members. The program is focused around six distinct challenge areas identified through a literature review and a series of interviews with network stakeholders, and can be tailored to the needs of the network. The areas include membership relations and management; benefits to members; financial sustainability; governance; both internal and external communications; and leadership and management capacity. Currently, the LMG Project is field-testing the new program with the Malawi Network of People Living with HIV (MANET+). The findings from the field test, including participant feedback, will inform the final design and structure of the program.

Research and Dissemination of Findings to Key Stakeholders to Inform HIV Programming. A key underlying component of high-performance leadership is evidence-based decision making. In line with the LMG Project's objective to strengthen the capacity of CSOs that provide HIV services and information, we developed a project management and improvement dashboard for PEPFAR-funded NGOs. In PY4, the standard dashboard tool and standard operating procedures (SOPs) were made available on the LMG Project website. This tool can be used by PEPFAR implementers to track their progress against set targets in the area of financial management and budgeting,

Members of the Malawi Network of People Living with HIV (MANET+) conduct a Net-Map as part of the LMG Project's network strengthening program.
Photo credit: MSH

indicators, and project management (human resources, policy, supplies). This allows them to quickly view and report progress, spot problem areas, and identify solutions to the problems.

In PY4, the LMG Project supported and disseminated critical research in child development to inform future OVC programming. In recent years, PEPFAR has supported a three-phase research activity with leading child development experts to ensure an effective and comprehensive response to the HIV epidemic in children. On October 1, 2014, LMG partnered with the Human Sciences Research Council, USAID, and the Office of the U.S. Global AIDS Coordinator to host a seminar on the third phase: Children's Risk and Resilience in the Age of HIV/AIDS. The event featured a presentation on the preliminary results from a new forecasting model to predict long-term outcomes for children affected by AIDS and how to effectively mitigate those impacts. The day-long event also included panel discussions and audience questions-and-answers with global experts on children, HIV/AIDS, and child development to showcase the evidence of the long-term impact of HIV/AIDS on children with approximately 180 total participants.

With support from the USAID Office of Health Systems Strengthening, to explore how health interventions can be enhanced through the active engagement of community members, we undertook research using a case study methodology to document two examples of health projects that include citizen engagement interventions in the health project design. The two cases identified (the Healthy Communities and Municipalities Project II in Peru and the Integrated Health Project in the DRC) include citizen engagement interventions within a larger health project with a range of interrelated health interventions contributing to project results. The case study reports will be finalized and disseminated in PY5 to inform future programming.

Improving Access to Services for Key Populations. The MENA region has one of the fastest-growing HIV epidemics, and MSM are particularly vulnerable due in part to high levels of stigma and discrimination. In PY4, we continued to support the International HIV/AIDS Alliance's implementation of the community-based MSM- and PLHIV-focused service delivery program in Algeria, Lebanon, Morocco, and Tunisia. Over the past ten years, this has been a key program responding to the HIV prevention and sexual health needs of MSM in the MENA region. In the four countries, partner CSOs provide services that are not available elsewhere, including distributing relevant health materials, conducting peer outreach, and providing HIV testing to link PLHIV to treatment and support services. Advocacy efforts have contributed to raise awareness of the specific vulnerabilities and needs of MSM among health authorities and service providers and to reduce stigma and discrimination in health care and other settings. In PY4, the program expanded its activities to strengthen the involvement, care, and support for PLHIV, and to provide support to RANAA, the Regional Arab Network Against AIDS, which is, to date, the only regional network of CSOs working on HIV/AIDS. Information and Communication Technologies in the region are being largely used by MSM to access information safely, liaise and support each other and meet sexual partners. The project developed, in partnership with B-Change Technology, a web-based HIV counseling and outreach intervention responsive to the online behaviors of MSM, local context and the capacity of partner civil society organizations. The activity is closing out in the first quarter of PY5 as a result of shifting PEPFAR priorities.

CCM Support. The LMG Project continued to support the work of the Global Fund for AIDS, TB and Malaria (GF). In PY4, we collaborated with the GF to determine

the eligibility of countries to receive GF grants by implementing Country Coordinating Mechanism (CCM) Eligibility and Performance Assessments (EPAs). For countries to be eligible, CCMs must meet the six eligibility requirements (ERs) or put a Performance Improvement Plan in place to meet them. This activity consists of deploying consultant teams to conduct EPAs as well as providing short-term targeted technical support to CCMs to assure compliance with Global Fund ERs. During PY4, the LMG Project deployed teams of trained consultants to conduct EPAs in four countries: Ghana, Mali, Morocco, and Sierra Leone. While none were found to meet all GF ERs, all countries successfully developed Performance Improvement Plans to achieve compliance and were certified by the Global Fund as eligible to submit their concept notes and receive grants.

Felipe Berho, interim GFL In Mozambique (center), with Baslucas Nhar, Mozambique CCM Oversight Specialist, and Leucipo Gonçalves, Mozambique CCM Executive Secretary, at the Mozambique CCM retreat, July 29–-30, 2015.
Photo credit: Felipe Berho

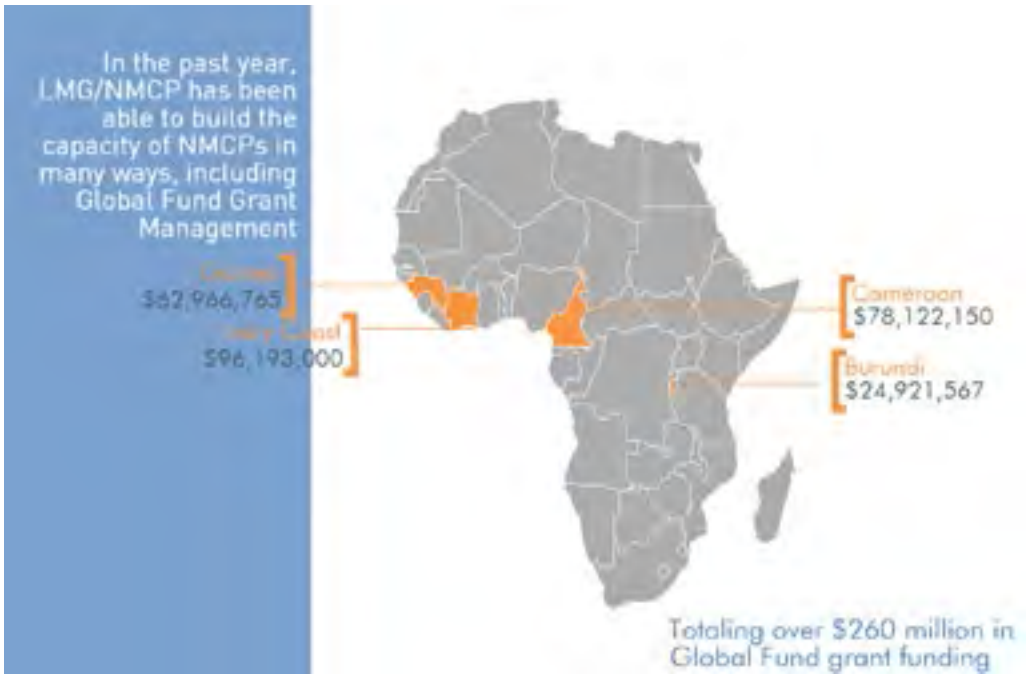
In preparation for the Morocco EPA, the LMG Project also provided short-term technical support to the Morocco CCM to develop procedures and mechanisms for engaging the five constituencies representing key affected populations (MSM, persons who inject drugs, and sex workers, PLHIV, and persons living with or who have had tuberculosis). The deliverable for the consultancy was a draft document for the CCM that provided guidance on how to ensure representation of key affected populations.

Demand for EPAs has been lower than anticipated, in part because the GF waived the requirement to conduct consecutive annual EPAs for higher-performing CCMs. Those CCMs that are required to conduct consecutive annual EPAs generally need greater technical assistance that is beyond the scope of the LMG Project. In PY5, we will be continue to be ready to deploy consultant teams to conduct EPAs at the request of USAID, as well as provide CCMs with short-term targeted technical support related to compliance with GF eligibility requirements.

The LMG Project also provides medium-to-long-term technical support to CCMs and PRs and for other activities related to improving performance of GF grants. We provided technical support to the Timor Leste MOH from February to July 2014; this consultant completed the assignment in PY4 with an M&E assessment; an indicator report, including M&E frameworks for the three diseases aligned to international indicators; a MOH M&E capacity building report; and M&E training guides.

During PY4, we deployed an interim Global Fund Liaison (GFL) in Mozambique from May to August 2015. Based at the CCM, he provided technical support to refocus the CCM oversight strategy; plan and implement oversight site visits; successfully secure US Government (USG) technical support for facilitation of a CCM member retreat and implementation of the new CCM/PR dashboard and improve external communications. Another interim GFL was deployed in July 2015 to the DRC, he has worked on a variety of tasks including identifying USG program priorities related to the GF in country and developing an implementation plan; collaborating on CCM member orientation; establishing a document sharing system; training the USAID health team on GF strategy, structures, organization and systems and on in-country collaboration; and initiating a partners´ coordination group to support the national TB program. In PY5, the LMG Project will be poised to receive additional USG requests for GF–related medium-to-long-term technical support.

President's Malaria Initiative



The LMG Project is building the capacity of the local National Malaria Control Programs (NMCPs) to effectively implement their national malaria strategies through targeted technical and organizational capacity building support provided by Senior Technical Advisors who are seconded to NMCPs in seven target countries. The Senior Technical Advisors, with technical and operational support from a home office LMG Project/NMCP team, work with country NMCPs toward three main objectives, adapted to country needs:

- National Malaria Control Program effectively manages human, financial, and material resources.
- National Malaria Control Program develops and directs policy and norms for the implementation and surveillance of the national malaria control strategy.
- National Malaria Control Program mobilizes stakeholders to participate in national malaria control coordination and implementation efforts.

In the past year, the LMG Project has built the capacity of NMCPs in six key areas:

1. Global Fund grant management: LMG Project/NMCP Senior Technical Advisors have worked with NMCP teams to develop and submit concept notes for Global Fund New Funding Model grants. In Burundi, Cameroon, and Côte d'Ivoire, the project supported NMCPs throughout grant negotiations, contributing to over 193 million US dollars (USD) total in grant funding.
2. Global Fund grant rating: The LMG Project/NMCP also worked with NMCPs to improve management of Global Fund grants. In Côte d'Ivoire, NMCP staff were coached to address specific financial and management issues, contributing to an increase in the grant rating from B2 to B1.
3. NMCP leadership and governance: The LMG Project/NMCP has improved NMCP staff and organizational leadership and governance by ensuring regular coordination meetings, revising and updating governance and policy documents, revising human resource systems and guidelines, and updating M&E systems and tools.
4. Partner coordination: The LMG Project/NMCP has helped NMCPs fulfill their coordination roles in all target countries. In Guinea, the project has helped the NMCP to schedule and lead monthly coordination meetings with working and technical groups, and working groups in Liberia have been revived. This work has elevated the ability of assisted NMCPs to work with partners to address challenges and resolve bottlenecks.
5. Malaria control: The LMG Project/NMCP assisted NMCPs to revise, implement, and monitor malaria control activities. In Guinea and Liberia, we revised malaria prevention and care strategies and approaches during the Ebola outbreak. In Liberia and Côte d'Ivoire,

we helped the NMCP plan and carry out mass distributions of long-lasting insecticide-treated nets (LLINs), with over 2.7 million and 14.6 million nets distributed, respectively.

6. Supply chain: The LMG Project/NMCP is helping malaria programs to get malaria commodities where they need to be by supporting supply chain management. In Lao PDR, the project is supporting the Center for Malariology, Parasitology, and Entomology (CMPE) in assessing, revising, and updating management of malaria commodity supply chains.

The greatest challenge in PY4 for the LMG Project/NMCP was posed by the Ebola outbreak in Guinea, Liberia, and Sierra Leone. From August to October 2014, the Senior Technical Advisor to Liberia was evacuated and supported the Liberia NMCP remotely. In Sierra Leone, the outbreak delayed recruitment of the LMG Senior Technical Advisor. In all countries, the outbreak delayed malaria activities, stalled planning for NMCPs, and negatively affected regional travel. Thankfully, LMG Project support and NMCP activities have resumed in more recent months.

Otherwise, funding gaps for NMCP activities and human resource weaknesses have posed challenges to Technical Advisors as they attempt to help NMCPs move forward with work plans. The project is mitigating these challenges by working with NMCPs to find additional sources of funding and recruit qualified staff.

In the next year, we plan to:

- Hold the second annual coordination meeting
- Pilot a cellphone-based reporting project in Champasak Province from Health Centers and selected villages in Lao PDR
- Facilitate the LDP+ in Burundi, Liberia, and Sierra Leone
- Support implementation of phased LLIN distribution in Cameroon
- Support Global concept note development in Liberia

Volunteers crossing a swamp to distribute PMI-donated LLINs in the Chickensoup Factory community outside of Monrovia, Liberia.
Photo credit: Kwabena Larbi

Field support-funded Activities

Afghanistan

LMG/Afghanistan strengthens the Ministry of Public Health's (MOPH's) capacity to lead, govern, and manage the scale of access to quality health care services throughout the country. LMG/Afghanistan supported effective utilization of the Basic Package of Health Services (BPHS) and other client-oriented health services and strengthened the Government of the Islamic Republic of Afghanistan's (GIRoA's) stewardship of the health system by:

1. Improving the capacity and governance of the central MOPH to support the delivery of BPHS and the Essential Package of Hospital Services (EPHS), primarily through NGO service providers

2. Improving capacity and governance of the MOPH Provincial Liaison Directorate and Provincial Health Offices (PHOs) in 17 provinces to support the delivery of BPHS and EPHS

3. Improving the capacity of the Ministry of Education's (MOE's) Management Support Unit to administer, monitor, and report on the USAID on-budget activities

Although LMG/Afghanistan's period of activity was extended to the end of December 2015, technical activities concluded for most programmatic areas by June 30, 2015. From July 2015 onward, LMG/Afghanistan continued to provide operational support to maintain the local professionals embedded within the MOPH and MOE; this is anticipated to continue until other mechanisms are in place to take this over. LMG/Afghanistan has also been implementing short-term technical assistance (STTA) in specific areas as requested by the USAID Mission.

Examples of PY4 achievements included:

- As a result of our TA to transition the MOPH from off-budget to on-budget support, 21 BPHS/EPHS service delivery contracts were awarded to NGOs by the MOPH Grants and Contracts Management Unit (GCMU).

- The MOPH addressed 50% of the Ernst & Young Pre-award Assessment findings and submitted to USAID a report containing recommendations for the remaining ones.

- Six MOPH departments in achieving an above-80% performance score in their practice of stewardship functions.

- The MOPH established 3,898 new Family Health Action (FHA) groups across the country.

- The community health workers (CHWs) curriculum was revised and by June 30, over 91% of 28,800 CHWs had been trained using the new manual.

- The MOPH developed a Health Shura (Council) Governance Guide (HSGG) and a total of 500 new shura members were trained in eight provinces.

- Data use and distribution index of MOPH was increased by 57%.

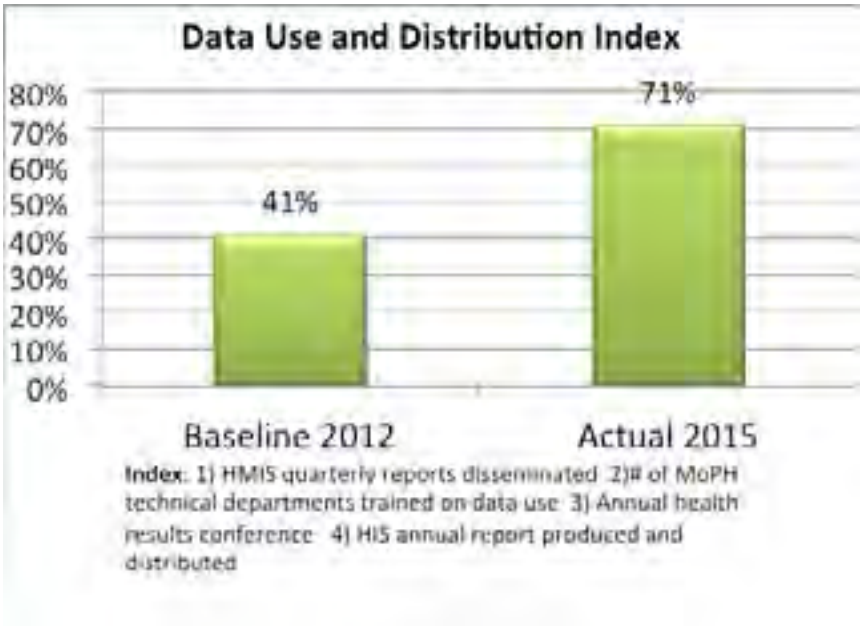
- The MOPH initiated the implementation of Nursing Performance and Quality Improvement (NPQI) Standards in 10 hospitals in Kabul; by June 30, 2015, all hospitals had achieved the required compliance score.

- The MOPH integrated content on the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) into the pre-service curriculum of the Kabul Medical University and the Institute of Health Sciences.

- A high-quality Hospital Administration training by JHU was supported for management teams of national hospitals. Sixty-one percent (41 out of 58) professionals were certified.

- An external assessment of phase 2 of the hospital autonomy process was completed to explore changes in functional performance of the hospital management teams; quality of services delivered; and health outcomes of the clients who use services of these hospitals. The assessment report provides recommendations for sustaining the gains and moving on to the next phases of the hospital autonomy national plan.

- A second National Patient Satisfaction Survey was sponsored at 14 national and specialty hospitals to



The LMG/Afghanistan program managers began to use different data visualization techniques in their semiannual and annual reports to highlight results in a visually friendly manner.

Safiullah Sadiq, a community health worker from the Nangarhar province, Afghanistan, is one of 14 residents who sits on his village's health shura.
Photo credit: Jawad Jalali/Afghan Eyes

drive service delivery and quality improvement. Results show increases in health care provider trust among users of hospital services from the baseline survey.

➤ The MOPH leadership, management, and governance institutionalization strategy was completed in February 2015 under the leadership of the Deputy Minister for Policy and Planning and is being submitted to MOPH Technical Advisory Group for approval.

➤ A program brief documenting progress and impact of the hospital autonomy process was developed, and we held the Voices from Kabul event with stakeholders at USAID/Washington, discussing the progress made in health sector development under the LMG Project and challenges for sustaining these results.

Two of LMG/Afghanistan's top program managers were designated by the Minister as acting directors at the MOPH. While this attests to the quality of our staff and constitutes a prime opportunity to further operationalize leadership, management, and governance principles and practices within the sector at the strategic level, the loss of staff made the completion of the project's M&E and provincial health systems strengthening areas scope of work somewhat more difficult than anticipated.

Technical activities for LMG/Afghanistan closed in June 2015. From July 2015 to the end of PY4, LMG/Afghanistan focused on assisting the MOPH with transitioning activities that were led by the project back to the ministry's oversight. Particular attention will be paid to having transition and sustainability strategies defined for programs not prioritized in SEHAT (System Enhancement for Health Action in Transition) II proposals, but which are considered essential, especially in the areas of Community-Based Health Care (CBHC) and Improving Quality in Health Care (IQHC) areas. As the MOPH approval for the revised CBHC strategy is in process, LMG/Afghanistan will support

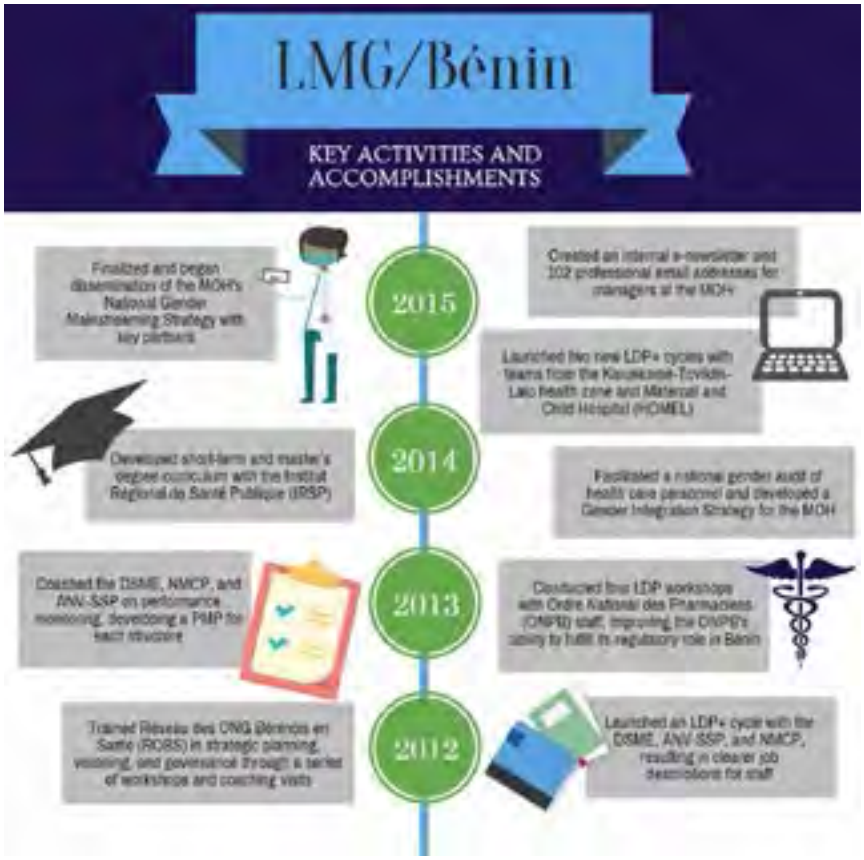
strong advocacy with both the ministry and donors to integrate existing CBHC and IQHC departments and consultants into the MOPH Tashkeel.

Another key area is to further build Health Management Information System (HMIS) capacity across programs to better leverage accurate data for policy setting and for decision-making. Specific activities include training provincial CBHC officers on the use and maintenance of the CHWs database, and training officers in the nine provinces on Human Resource MIS and Training MIS.

Minister of Health, Dr. Pascal Dossou-Togbe, greets USAID's representative in Benin, Tom Van Boven, during the official tools transfer ceremony for LMG/Benin, June 20, 2015.
Photo credit: MSH

Benin

The three-year goal of LMG/Benin consisted of strengthened leadership, management, and governance capacity at all levels of the health sector, targeting the result of universal and equitable access to a high-quality and integrated Essential Health Package, and improved health outcomes. LMG/Benin had three main objectives toward this overall goal: enhance governance practices such as advocacy, policy formulation, regulation, and use of information for decision making at the highest levels of the MOH; develop leadership, management, and governance practices of health leaders and managers at central and decentralized structures of the ministry and in the private sector; and strengthen institutional capacity of the competitively selected local training institution.



In PY4, LMG/Benin accomplished the following:

- Capacity building of local training institution: The Regional Public Health Institute (IRSP) developed training modules for a short-term, on-demand course, and a

five-day intensive training, both on leadership, management, and governance for implementation with the MOH, and to respond to needs and demands of the sub-region for ad hoc technical support. A first cohort of 25–30 trainers from the MOH were trained on L+M+G content. IRSP submitted the registration application for a master's degree in L+M+G to the authorization body of the University of Abomey Calavi.

- Implementation of high-impact health intervention package: LMG/Benin built the leadership and management capacity of the MOH to develop a national community health policy, and to coordinate and implement the national high-impact health intervention package.

- Leadership development: In response to an MOH request that the next LDP+ prioritize intermediary and peripheral levels of the health system, LMG/Benin launched a new LDP+ cycle with teams from the Klouékamè-Toviklin-Lalo health zone in February 2015. LMG/Benin has also supported the Maternal and Child Hospital (HOMEL) in its efforts to increase the neonatal examination rate through the modular LDP.

- Strengthening of Ministry of Health internal communication: LMG/Benin developed professional e-mail addresses for MOH staff and an internal e-newsletter, reinforcing MOH visibility, credibility, and governance while also improving communication and coordination within the ministry. LMG/Benin trained 16 participants on the use of the e-mail directory and the role of the new e-newsletter in July 2015.

Participants receive certificates of completion during the results presentation for the regional Leadership Development Program Plus led by LMG/CIDMP in January 2015.
Photo credit: MSH

Côte d'Ivoire

LMG Project field support activities in Côte d'Ivoire (CI) are divided into four focus areas, including the Global Fund Country Coordinating Mechanism and Principal Recipients (LMG/CI), the Decentralization Management Support Pilot Project (LMG/CIDMP), and the Ebola Decentralized Management Support Project (LMG/CIEB). A fourth area, support to the NMCP, is described in the report's section on OHA/PMI-funded activities.

LMG/Côte d'Ivoire pursues three objectives:

1. Provide technical assistance to the Global Fund CCM and PRs to build their capacity in the areas of leadership, management, and governance; M&E; supervision; and resource mobilization.

2. Improve health service delivery and health outcomes through health systems strengthening 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. 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 PY4 include:

- We conducted the Eligibility and Performance Assessment (EPA) of the Côte d'Ivoire CCM in line with Global Fund requirements

and supported meetings with the CCM ad hoc committee to follow up on implementation of the Performance Improvement Plan.

- We helped develop terms of reference and work plans for each for each of the four constituent parties of the CCM (private sector, public sector, civil society, and bilateral partners) and assisted with the development of a draft strategic oversight plan for the CCM.
- We completed the first LDP+ cycle with 16 CCM members, who presented their results in March 2015.
- We trained 35 CCM members and 18 PR representatives on the Global Fund's new funding model and supported the CCM to develop the malaria concept note, which was approved by the Global Fund on January 15, 2015.

Achievements of LMG/CIDMP in PY4 include:

- We organized the LDP+ first cycle results presentation in January 2015, for all LDP+ teams to present the results of their improvement projects to key stakeholders and demonstrate that learning about how to lead, manage, and govern has produced measurable results.
- We provided support to all 11 regional and reference hospitals to draft governance improvement plans, which are now being implemented.
- We launched a second LDP+ cycle with 19 health facilities in each of the districts supported by the project, conducting a total of 9 alignment meetings, 19 workshops, and 19 coaching sessions in the two regions to date.
- We trained 87 members from selected health facilities in leadership, management, and governance through the LDP+.

During PY4, the DR and DD teams frequently received requests from the MOH and other programs for time-consuming activities and meetings, which slowed the implementation of certain planned activities in the LMG/CIDMP annual work plan. To address these challenges, LMG/CIDMP staff closely monitored activities at the DR/DD level. LMG/CIDMP also supported DR/DD teams to draft terms of reference for activities to ensure more effective implementation.

Final results from the Decentralized Management Support Pilot Project will be presented to in-country stakeholders in November 2015. Preliminary results of the pilot project have already encouraged the MOH to advocate for the expansion of the project to other health regions with other technical and financial partners. [redacted] Additional funds will be used to support the Government of Côte d'Ivoire in strengthening governance capacity at sub-national levels for better leadership and coordination in the context of Ebola and other pandemic threats.

Ethiopia

The main objective of LMG/Ethiopia 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 civil society organizations to create a process for systematically building leadership, management, and governance competencies of the Ethiopian health workforce. The goal is to strengthen the health system and improve access to—and quality and utilization of—priority health services for Ethiopian citizens.

The project delivers interventions among three result areas:

1. Management systems in place for harmonized, standardized, and accredited in-service training for the health workforce, including training in leadership, management, and governance.
2. L+M+G capacity of select FMOH Directorates and agencies as well as select Regional Health Bureaus/Zonal/District Health Offices developed.
3. Institutional capacity of Ethiopian training institutions and professional health associations strengthened.

In PY4, key achievements in integrating leadership, management, and governance into pre-service curricula included:

- L+M+G contents were integrated into the existing Health Service Management (HSM) course syllabi for students of Medicine and Pharmacy.
- Sixty-two trained university staff from Mekele, Wollo, and Addis Ababa universities delivered the integrated course for 1,273 students.
- Capacity building training on concepts and practices of governance was provided for 20 HSM course instructors.
- The Challenge Model was integrated into the Team Training Program (field-level internship program for graduating class students) of eight universities as part of the planning and management module.

In PY4, LMG/Ethiopia's key achievements integrating leadership, management, and governance into in-service curricula included:

- A total of 84 teams (275 trainees) completed their LMG Project action plans and held result presentation workshops.
- Sixty teams (136 trainees) from Amhara Regional and Zonal HIVAIDS Prevention and Control (HAPCO) offices, PLHIV/OVC associations and local NGOs working on HIV/AIDS were established.
- Fifty-seven teams (302 trainees) from Ayder, Gondar, Hawassa , Jimma, and Hiwot Fana teaching hospitals started the training.
- Rigorous coaching support was provided for 67 leadership, management, and governance teams of the Regional Health Bureaus, Black Lion Teaching Hospital, and PLHIV/OVC associations.

Key achievements in gender equality in PY4 included:

- A TOT course on gender in the context of public health was delivered for 109 female staff from the FMOH, its agencies, and hospitals.
- Training on assertiveness skills was delivered for 100 female staff of the FMOH and its agencies.
- Leadership training was delivered for 47 female leaders from Regional Health Bureaus, federal agencies, and hospitals.

Key achievements in LMG/Ethiopia's support to the Global Fund to Fight Aids, Tuberculosis and Malaria included:

- Through the secondment of a Senior Technical Expert to serve as Ethiopia's Grant and Project Management Coordinator, Ethiopia's 2015–2020 HIV Investment Case document was officially adopted by the Federal HAPCO.
- The HIV Rolling Continuous Channel Grant and budget was approved.

In PY5, LMG/Ethiopia will:

- Organize post-training evaluation sessions to assess the status of the work climate, management systems, challenges, and the senior leadership commitment to support the teams and institutionalize the L+M+G capacity enhancement programs
- Conduct operational research in collaboration with one of the local universities and the FMOH
- Organize a project closeout conference
- Develop and disseminate 11 success stories and four technical briefs

Haiti

LMG/Haiti works in partnership with the Ministry of Public Health and Population (MSPP) and the Haiti Country Coordinating Mechanism (CCM) to generate inspired leadership, sound management, and transparent governance for stronger health teams, organizations, and healthier Haitians.

LMG/Haiti supports four objectives:

1. Strengthen the capacity of the MSPP contracting function to manage all sources of funding (including USG's) to improve the quality of and access to health services

2. Strengthen the MSPP's capacity

3. Strengthen the leadership, management, and governance capacity of the CCM

4. Strengthen the 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 is collaborating with USAID and the World Bank to implement the national Results-Based Financing (RBF) strategy, which was developed with support from LMG/Haiti, in seven health facilities in the Nord-Est department. Between April and June 2015, LMG/Haiti collaborated with the MSPP's Contracting Unit to conduct training on RBF implementation for 59 Directions Départementales Sanitaires (DDS) staff in the Nord-Ouest and Centre departments. The training equips MSPP staff with knowledge on key RBF technical and operational concepts and engages them to fulfil their role in RBF implementation.

In an effort to support improved coordination between the three national priority programs, LMG/Haiti conducted workshops with the National AIDS Program (PNLS), National Tuberculosis Program (PNLT), and National Malaria Program (PNCM) to conduct an assessment of their management capacity using the Management and Organizational Sustainability Tool (MOST). This is a field-tested assessment that uses a participatory approach to enable units and organizations to comprehensively evaluate and strengthen their management capacity. Each program developed an action plan to address weaknesses identified in the assessment. LMG/Haiti also provided technical assistance to support the implementation of these plans. Key results include the following: (1) the PNLS has successfully developed mechanisms and procedures for transmitting information between the three programs and the Unité de Coordination des Programmes Nationaux (UCP); and (2) the PNLT has developed and/or revised job descriptions for all staff. Results for the PNCM are expected in the coming year. The limited availability of the PNCM staff delayed the finalization of the MOST action plan. As a result, this unit has not achieved any of its desired results. LMG/Haiti will continue to work with PNCM staff to implement its action plan in the coming year.

Since mid-2013, the CCM Oversight Committee has used the Global Fund's "generic" grant dashboard to present information on the performance of HIV, TB, and malaria grants. Unfortunately, this tool was not easy to understand for either the general public or those CCM members who represent civil society. LMG/Haiti provided technical assistance to revise the dashboard to add an executive summary of each grant's performance. This product was tested by each grant's Principal Recipient (Population Services International for malaria and the UNDP for HIV and TB). Each reviewed grant was presented at the CCM/Haiti Oversight Committee meeting in November 2014, and the global performance of each grant was immediately evident to people not versed in the technical details of grant management. This dashboard supports LMG/Haiti's mission to enhance the participation of key affected groups and people living with diseases in the oversight of Global Fund grants by making it possible for the public to read and raise questions about each grant's performance.

LMG/Haiti will conduct the following key activities in PY5 (which align with the LMG Project's global indicators): (1) develop RBF curriculum to be adopted by training institutions for health professionals; (2) implement the Director General's dashboard that is used to monitor strategic health indicators and the performance of MSPP central directorates; and (3) develop a dashboard for the UCP to monitor the performance of national priority programs.

Honduras

LMG/Honduras works with the Honduran Ministry of Health to build its capacity to implement funding received directly from the USG. The USG funds are used to finance grants to local NGOs to provide HIV and AIDS services, including prevention, education, and rapid testing, for key populations. This direct funding mechanism is unusual and

LMG/Honduras Project staff facilitate an expo for the MOH and NGOs to share best practices in HIV prevention and education methods.
Photo credit: MSH

precedent-setting—in no other country in the region is USAID funding a local government directly.

The expected results of the LMG/Honduras program are:

1. Develop organizational capacity within the MOH to establish and carry out effective funding mechanisms, management, and stewardship of local NGOs to provide HIV prevention services.

2. Develop organizational capacity within local NGOs to support the implementation of evidence-based, quality HIV prevention services for key populations in compliance with the new MOH funding mechanisms.

Organizational Capacity Development within the MOH. The LMG Project worked with the MOH to carry out two contractual bidding cycles, resulting in eight contracts signed with six NGOs within a managing-for-results model for 2015. In particular, we assisted the Unit for the Administration of External Cooperation Funds (UAFCE) in developing bidding a process timeline, the request for proposals, and the proposal evaluation tools, as well as with the ceremonies to sign and disseminate the awarding of the contracts.

Throughout the year, we assisted the MOH in reporting to USAID by providing TA in how to prepare written reports, analyze their PEPFAR indicator data, and prepare for the monthly monitoring meetings and quarterly partners meeting with USAID. The LMG Project also assisted regional health staff in conducting routine technical and financial closings and audits for the NGOs they monitor, including preparation of guidelines and forms for these processes.

Organizational Capacity Development within NGOs. Concurrent with its support to the MOH, the LMG Project provided technical assistance to the NGOs on the negotiation and realignment of their proposals to address the observations and meet the requirements of the internal and external evaluation committees. Once contracts were signed, the LMG Project provided continual technical assistance to the NGOs throughout the year to help them develop the products according to their contracts. We also followed up with the NGOs on their Continuous Quality Improvement (CQI) Plans. LMG/Honduras also carried out workshops on Prevention of Gender-Based Violence related to HIV for the contracted NGOs, regional health staff, and clinic counselors.

Frequent turnover in key MOH positions stalled progress with key project processes and deliverables, leading to delays in signing of contracts between the MOH and selected NGOs, which in turn led to a late start for activities. In addition, the LMG/Honduras project director resigned in June 2015. An Interim Project Director began in July and continued through September.

Between October 1, 2015, and January 31, 2016, we will work with the Ministry of Health and NGOs to transition LMG/Honduras activities to them and close out the project.

Latin America and the Caribbean

The overall objective of the LMG Project's program in Latin America and the Caribbean (LAC) is to find synergies between USAID work in the LAC region and the International Development Bank (IDB)-funded Salud Mesoamerica 2015 Initiative. LMG/LAC has four principal activities focused on family planning, and one activity focused on strengthening health information systems.

The five activities are:

1. Provide support to the Contraceptive Security Committee(s) in the region
2. Participate in the Alliance for Health Logistics
3. Participate in the A Promise Renewed for the Americas (APRA) Working Group on Monitoring and Metrics, and conduct a study on income inequality and access to family planning services in the region
4. Conduct a study on the successes and lessons learned on integrating family planning and maternal and child health within ministries of health in the region
5. Provide support to the Latin American and Caribbean Network for Strengthening Health Information Systems (RELACSIS)

In PY4, LMG/LAC achievements included:

- Development of a self-assessment tool in Spanish for measuring capacity in leadership, management, and governance, including an easy-to-use Excel-based tallying tool.
- Application of the self-assessment tool in Guatemala and the Dominican Republic, and definition of areas to work on.
- Implementation of a process to define roles and responsibilities of the members of the Civil Society (CS) Committee of Guatemala.
- Implementation of a two-day workshop to define the roles, functions, and responsibilities of each member of the CS Committee of the Dominican Republic in the implementation of their advocacy plan.
- Ongoing participation in the Alliance for Health Logistics; this year, we created and implemented a tool for characterizing the medicines supply chain in 11 countries in LAC.
- Development and implementation in six countries of a tool to characterize the supply chain of medicines and medical supplies.
- Ongoing participation in the Monitoring and Metrics subcommittee of the A Promise Renewed for the Americas Initiative (limited to when meetings are scheduled).
- Analysis of the integration of family planning and maternal and child health services in six countries in Mesoamerica.
- Participation in Annual meeting of the Ibero-American Network of Collaborating Centers for the Classification of Health Information.
- Provide training on the Intentional Search and Reclassification of Maternal Deaths.
- Maintain the RELACSIS portal (www.relacsis.org).

The five activities of LMG/LAC are quite distinct in nature, making it difficult to find a common thread. Each one is developed in parallel, using different timelines and targets. In Guatemala, it was initially difficult to get commitment from the leader of the CS Committee due to her many competing priorities, but once we started our work with her team, she enthusiastically participated and rallied her group to participate. The scheduling of the Alliance for Health Logistics and APRA Subcommittee meetings is handled by other organizations, so LMG can only participate in those forums when meetings are convened. Activities of those groups were limited in this year.

In the second year of LMG/LAC, we will provide follow-up to the governance-strengthening activities carried out with the CS Committees in Guatemala and the Dominican Republic,

and will re-apply the self-assessment tool to compare baseline and endline data. We will actively participate in the Alliance for Health Logistics and APRA Subcommittees, and will design and carry out a study on income inequality and access to family planning. We will complete the study on integration of family planning and MNCH. Finally, we will support the Seventh Annual RELACSIS meeting and the development and implementation of the 2015–2016 RELACSIS Annual Plan.

Libya

In Libya, the LMG Project's objective was to build the capacities of the Government of Libya to provide high-quality health care, rehabilitation services, and support for the war wounded through evidence-informed and well-designed, managed and governed strategies provided by the government's ministries.

After the suspension of in-country activities, USAID convened a partners meeting in PY4 Q1 to assess the feasibility of continuing various programs, including LMG/Libya. Since in-country activities were suspended, we proposed to finalize the program in Libya with the development and submission of a leadership guide titled Center for Leadership Development for the Libyan Ministry of Health for Improved War Wounded Care. This guide was submitted to USAID on March 31, 2015, in both English and Arabic.

Due to the political insecurity and escalation of violence in Libya, the US Embassy was evacuated in July 2014 and USAID requested the suspension of activities in-country. With submission of the guide, LMG/Libya activities ended in March 2015.

Madagascar

LMG/Madagascar provides direct technical assistance to the MOH at the central level as well as at the regional and district levels in two regions and four districts with two main objectives:

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
2. Increase 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

The project has not yet been launched (start scheduled for Mid-October 2015), but the local Project Manager for Capacity Building has been selected. The estimated start date for this Project Manager is October 12, 2015. The project will include implementation of the LDP+, and the first LDP+ training is expected to be conducted by the end of October 2015.

Political instability has been a major issue since September 2014, with a new government and minister (as well as most of the MOH leadership team) of health nominated in February 2015. This has postponed the start of LMG/Madagascar from January 2015 to October 2015. Now that the project has been presented and accepted by the new leadership team (MOH General Secretary), we are confident that it will be able to start and perform as expected.

Illustrative activities for PY5 include:

- Conduct the Program for Organizational Growth, Resilience and Sustainability (PROGRES), an organizational capacity assessment exercise, with the general secretary and targeted central directorates, to assess gaps and weaknesses in these offices.
- Implement an LDP+ training with cabinet staff (10 people), central directorates (10–12 people), DR (2–3 people), and districts (4-6 people), for a total 25–30 people. This process includes four workshops and regular coaching sessions.
- Support joint (MOH-donor) health sector review and field visits.
- Develop a stakeholder engagement action plan in collaboration with international donors (such as USAID, WHO, UNICEF, and the European Union) and monitor its implementation.

- Provide technical support to the MOH in facilitating quarterly implementing partner coordination meetings.
- Implement the LDP+ with four districts and their respective CBS (four LDP+ trainings with 20 participants each).
- Conduct performance assessment and improvement, as part of the LDP+ teams' activities.
- Conduct Business Planning for Health (BPH) for four districts and their CBS.

Program for Strengthening the Central American Response to HIV/AIDS (PASCA)

LMG/PASCA works in six Central American countries (Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, and Panama) to strengthen the political environment to improve the response to HIV/AIDS in the region. With a focus on key populations, the LMG/PASCA team works with both government and civil society counterparts to strengthen their capacity to develop and implement effective HIV/AIDS strategies.

The purpose of PASCA is to implement the policy strategy defined in the Partnership Framework, with the aim of improving the HIV policy environment in the Central American region and consolidating the achievements to date. The three objectives of PASCA are (1) regional and national HIV/AIDS strategic plans budgeted, implemented, monitored, and supported (including Global Fund projects); (2) regional and national advocacy agendas effectively implemented; and (3) increased business-sector involvement in the technical approach to the response to HIV.

Key achievements in PY4 included:

1. Advances toward the implementation of National HIV Strategic Plans, including the development of 24 political changes relevant to HIV policy during the reporting period (the political changes include the adoption of norms for integral HIV services, directives for equal attention to HIV-positive patients regardless of sexual orientation, among others).
2. Support to Belize, Costa Rica, Nicaragua, and Panama to obtain a total of USD 27.7 million in grants from the Global Fund. These funds will support cost-effective interventions to reach key populations at risk of contracting HIV.
3. Technical assistance in political dialogue, advocacy, and citizen vigilance with at least 60 organizations throughout the region that work with key populations.
4. Adoption of HIV-in-the-workplace policies in at least 15 new private companies, and the strengthening of at least

LMG/PASCA Panama Country Representative Modesta Haughton interviews staff of the National AIDS Program regarding access to post-exposure prophylaxis for victims of sexual violence, and adherence to established protocols. Colón, Panama, August 25, 2015.
Photo credit: USAID|PASCA/LMG

20 private sector leaders in the area of HIV-in-the-workplace policies.

Changes in the Governments in Costa Rica and Guatemala have resulted in delays in implementation of national policies, including National HIV Strategic Plans, protocols for access to post-exposure prophylaxis, and others. In Guatemala, there were at least three different Ministers and Vice-Ministers of Health, which meant that technical staff within the MOH virtually stopped work during periods of transition while waiting to learn if their positions were to be eliminated.

In addition, for the countries that received Global Fund support, the additional funds mean a significant increase in workload and responsibilities for government actors and CSOs. The entire HIV agenda in these countries needs to be reorganized to take into account this increased workload, making it difficult for LMG/PASCA to meet defined timelines for certain activities.

In PY5, we will focus on the elimination of political, structural, institutional, and operational barriers for the implementation of the HIV treatment cascade. This focus represents a strategic shift for PASCA in three significant ways. First, we will now concentrate on 13 geographic units that have been prioritized by USAID, no longer focusing only at the national level in each country. Second, we will support countries in the definition and implementation of activities to achieve the 90-90-90 targets through an accelerated action plan. Finally, PASCA will prioritize the adoption of the implementation of the regional HIV sustainability plan.

Uganda

The LMG Project aims to strengthen the management, leadership, governance, and operational capacity of the Joint Clinical Research Centre (JCRC) by helping it address identified organizational capacity gaps so that JCRC can maintain its eligibility for donor funding and continue to evolve as a leader in the HIV/AIDS response in Uganda. Support to JCRC ended in August 2015.

Main achievements in PY4 included:

- Developed Governance Enhancement Plan and achieved nearly all actions.
- Developed and received approval of a Board of Trustees Handbook.
- Upgraded financial management information system to NAVISION 2013 software and trained staff on how to use it.

- Updated eight manuals (Finance, Audit, HR, three information and communication technology (ICT) manuals [Information Technology Training and Support, IT Asset Management, ICT Data Administration and Security], Procurement, and Inventory Management Policies and Procedures), got board approval and oriented staff on the revised policies.

- Developed and implemented a business plan at the AIDS Development Partners Group.

- Developed a Resource Mobilization Strategy and Plan.

In PY4, with OHA funding, an organizational capacity re-assessment was conducted and found that all eight assessed domains were in place and of expected quality. JCRC received a score of 4 (out of 5) for six capacity domains, and a score of 3 (out of 5) for three capacity domains, for an average overall organizational capacity rating of 3.75 out of 5—a rating that demonstrates JCRC's strong commitment to developing its capacity. The re-assessment showed significant improvements in finance and operations, governance and leadership, resource mobilization, project management, and collaboration and coordination. Furthermore, moderate progress was noted in human resource management and ICT.

Vietnam

The LMG Transition Support Project (LMG/TSP) in Vietnam piloted the WHO Workload Indicators of Staffing Need (WISN) tool to prepare for HIV workforce planning in Hai Phong, and developed the HIV/AIDS Provincial Planning Simulator (HAPPS) to model funding and output target scenarios in Hai Phong.

LMG-TSP closed on December 31, 2015, following a three-month no-cost extension. In its second and final year, the overarching strategic objective was to help ensure a more sustainable HIV response in Vietnam by building the capacity of key decision makers, planners, and managers to use evidence to inform human resource planning and health financing.

Workload Indicators and Staffing Need Tool. LMG-TSP helped Hai Phong successfully pilot WISN in 2014 in all 12 Outpatient Clinics (OPCs) in the province and used the outputs to develop a human resource transition plan for HIV treatment services. The WISN User's Manual and accompanying materials are now available in Vietnamese. Based on the positive experience with the WISN pilot, the VAAC requested technical assistance from LMG-TSP in further training on WISN to the national Human Resource Technical Working Group at VAAC, which was provided during the final months of the project.

HIV/AIDS Provincial Planning Simulator. LMG-TSP worked with provincial leaders in Hai Phong province to develop and test a provincial planning model that is appropriate, accessible through the web, and results-oriented in local settings, called the HIV/AIDS Provincial Planning Simulator (HAPPS). The project also developed a set of training materials for the model that can be shared with other provinces, with adjustments and adaptations as necessary. The tool and its accompanying guides are available in both Vietnamese and English.

The LMG-TSP Dissemination Meeting was held in Hanoi on September 24, 2014. Representatives from the Ministry

The HIV/AIDS Provincial Planning Simulator (HAPPS) is a tool leaders can use to simulate results-based scenarios for resource planning.

of Health, Vietnam Administration for HIV/AIDS Control (VAAC), Hai Phong (Department of Health [DOH], Provincial AIDS Committees (PACs), and representatives of key populations), PEPFAR and PEPFAR partners, international organizations such as UNAIDS, and Vietnamese research institutions attended. LMG/TSP reported in two major areas of accomplishment: the piloting of the WHO WISN tool, and the development and piloting of HAPPS. In his opening speech, the USAID Mission Director remarked, "The US Government is very proud of their work in Vietnam and we want to take transition to the next level."

LMG-TSP was a relatively short project, with two years of implementation. The short duration of the project was challenging, as the project's fiscal years did not necessarily align with the provincial planning timeline. The three-month no-cost extension period was helpful for working with the provincial authorities in Hai Phong to make the final refinements to the HAPPS tool so that it would be most useful to them during their planning cycle.

Though project activities have ended, the results of LMG-TSP are still being disseminated. Two abstracts from the project's work were accepted for presentation at international conferences: International Congress on AIDS in Asia and the Pacific (ICAAP) in Dhaka, Bangladesh, in November 2015 (oral presentation), and the International Conference on AIDS and STIs in Africa (ICASA) in Harare, Zimbabwe, in November–December 2015 (poster presentation).

West Africa

LMG/West Africa provides technical assistance to the West Africa Health Organization (WAHO) with the goal of strengthening its organizational capacity as a regional leader and as a health systems strengthening resource for member countries.

LMG/West Africa has three main objectives:

1. Improve leadership, management, and governance practices
2. Strengthen organizational M&E capacity and regional Health Information Systems (HIS) management and implementation oversight
3. Strengthen capacity in internal and external communication and advocacy

In the past year, LMG/West Africa accomplished the following:

- Provided technical support to WAHO staff to develop an organizational strategic plan through participatory working sessions.
- Provided support for the organization and completion of the first Economic Community of West African States (ECOWAS) Forum on Good Practices in Health held in Ouagadougou, Burkina Faso, from July 29–31, 2015. The forum was attended by more than 300 health professionals, researchers, donors, implementing partners, and stakeholders, and 80 panel presentations and 30 posters were provided by participants.
- Completed seven country governance profiles (Benin, Burkina Faso, Côte d'Ivoire, Liberia, Mali, Nigeria, and Togo).

- Developed eight country profiles to document member states' epidemiological systems and serve as a baseline for WAHO's future HIS work.

Participants engaged in discussion during a break out session at the WAHO Forum on Good Practices in Health. Photo credit: MSH

- With co-funding from the PRH core funds (see PRH section), conducted four Governance Academies in Burkina Faso, Mali, Nigeria, and Togo. These academies trained senior staff from WAHO and ministries of health on key governance practices and the elaboration of governance development plans that participants produced during the academies for implementation over the next six months. In total, 126 participants completed the Governance Academies.

- Provided coaching to the 14 WAHO Governance Academy participants to help them apply governance practices and transparency and accountability measures following participation in the academy.

- Developed the terms of reference for the Center of Excellence on E-Health and Health Information Systems. The purpose of this center is to provide ECOWAS countries with a center of expertise in HIS and e-health focused on training and research.

- Developed a public-private-partnership (PPP) framework for WAHO as a first step before finalizing a PPP strategy.

- Conducted two private sector partnership mapping trips to Côte d'Ivoire, with meetings held at Unilever, Coca-Cola, SUNU Group Insurance Company, the African Development Bank, Nestlé Research & Development Center, and Pisam.

The Ebola outbreak presented a challenge to project implementation. During the outbreak, the low availability of WAHO staff and member state representatives became an obstacle to carrying out planned LMG/West Africa activities, including LDP+ workshops. Currently, reports of the Ebola virus have decreased in the region but the outbreak has shown the need for WAHO to strengthen its response planning. As a result, LMG/West Africa will continue working with WAHO on private sector partnerships, with a focus on PPP during health emergencies, like the recent Ebola outbreak.

During PY5, LMG/West Africa will be supported by two distinct tranches of funding. The first tranche of PRH funds includes ongoing technical assistance to strengthen WAHO's leadership role in the development, harmonization and adoption of critical region-wide health policies; and to strengthen WAHO's institutional capacity to develop and maintain PPP. LMG/West Africa was obligated the second tranche of Ebola supplemental funds on July 10, 2015, to provide technical assistance to strengthen WAHO's institutional capacity in the area of PPP in health emergencies to increase the role of the private sector in the mobilization

of additional financial and technical resources for priority health problems, and to promote a multi-sectoral engagement in the health sector through PPP.

Zambia

LMG/Zambia provides technical assistance to the Zambian Country Coordinating Mechanism (CCM) for development of a CCM orientation program. Building on the support provided by the Grant Management Solutions (GMS) Project since 2010, the LMG Project's assistance focuses on building the capacity of Zambia's CCM Secretariat staff to provide (1) orientation to new CCM members, (2) refresher training to returning members, and (3) training for the following committees: Executive Committee, Oversight Committee and the Strategic Planning and Investment (SPI) Committee.

During PY4, LMG/Zambia developed the CCM orientation program and assisted the Zambia CCM Secretariat to deliver it. In developing the program, we held extensive meetings with CCM members, Secretariat staff, and other stakeholders to clarify the role of the Zambia CCM, its challenges, and needs for information in an orientation program for members. Following on this consultation, the program was designed to be carried out in four tiers: introductory briefing, self-learning, face-to-face training, and coaching and mentoring.

For the self-learning tier, LMG/Zambia prepared a series of 12 self-study modules for CCM members on the following topics: (1) Introduction to the CCM Orientation Program; (2) Global Fund and Its Stakeholders; (3) CCM Function and Form; (4) Governance Principles; (5) Global Fund Value Chain; (6) CCM Oversight; (7) Zambia Portfolio; (8) Mentoring, Coaching, and Training CCM Members; (9) Oversight Committee Training; (10) Strategic Planning and Investment Committee Training; (11) Executive Committee Training; and (12) CCM Secretariat. All CCM members received copies of the self-learning modules on a flash drive.

Once the modules for the self-learning tier were developed, LMG/Zambia designed the face-to-face trainings, developed facilitator guides, and trained CCM Secretariat staff to provide training to CCM members as well as to the three committees. With technical backup from LMG/Zambia, CCM Secretariat staff delivered the face-face-training for 18 (of 33) CCM members in May 2015 and for the 18 members of the three committees in August 2015.

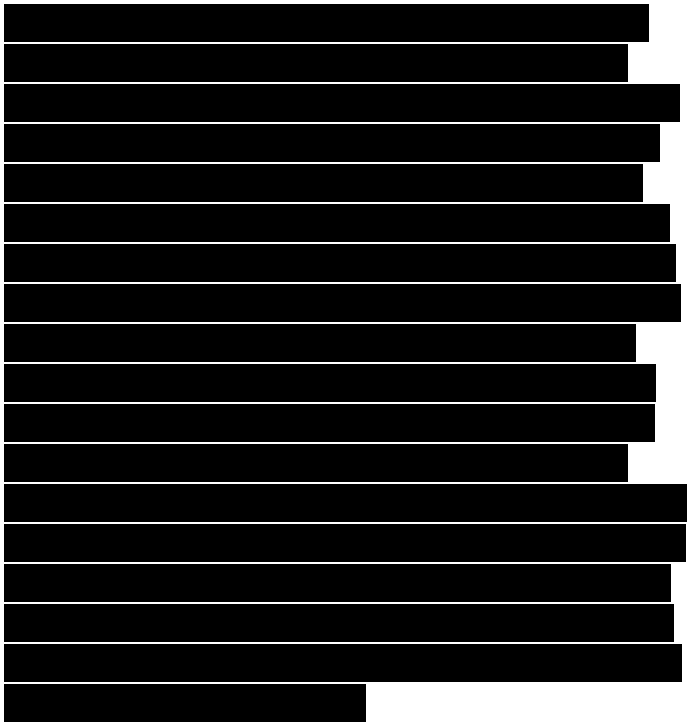
During the CCM orientation program development phase, the stakeholder consultation indicated support for coaching and mentoring as the final tier of the orientation program. This tier will be developed in PY5.

Final PY5 activities are currently under development, with close out scheduled by June 2016.

A sample page from the Zambia CCM Orientation Program self-learning module on CCM function and form.

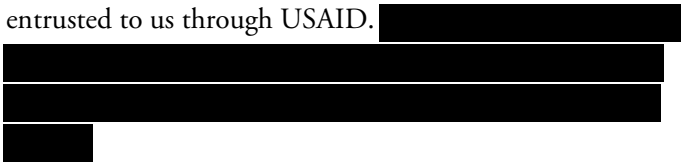
Project Management

The LMG Project support team has developed efficient financial management, human resources, and administrative support systems. These stewardship systems provide proper planning, budgeting, and internal reporting for project managers, and ensure that USAID receives timely and accurate performance and financial reports. During several staffing changes, including a change in Project Director and Deputy Director for Finance and Administration, the project support staff continued to refine the internal infrastructure for effective administrative operating procedures to support the work of the LMG Project team, its consortium partners, and to ensure adherence to all USAID rules and regulations.



Funds have been used in PY4 to help USAID define how best to engage LMG Project resources to meet their country-based plans (client engagement). Our client engagement strategy is based upon regular, ongoing dialogue with USAID/Washington, USAID Missions, and other partners to effectively promote, manage, and enhance effective leadership, management, and governance through the project mechanism.

LMG has put in place and follows a system for scanning, screening, and accounting for non-USG cost share. These investments by others help us to enable and facilitate greater impact and sustainability of our project accomplishments, and ensure the prudent stewardship of US taxpayer funds entrusted to us through USAID.



Advocacy and Partnerships

LMG Project's advocacy and partnerships activities aim to raise the visibility of and promote the work of the LMG Project and its various partners and collaborators on an international stage and to share tools, models, approaches, best practices, evidence-based research, and contribute to the conversation around leadership, management, and governance in health.

The LMG Project collaborated with MSH and other consortium partners throughout the year to partner on events to promote our technical excellence. In addition to hosting the PRH-funded LMG Third Governance Roundtable and presenting at the Third Global Symposium on Health Systems Research in Cape Town, South Africa, we presented at the American Public Health Association Conference in New Orleans and the Global Health and Innovation Conference in New Haven.

The LMG Project highlighted the importance of gender in the MSH-organized International Women's Day event in March 2015 in Washington, DC. The event, Tailored Solutions to Prioritize Women's and Girls' Health Globally, included a panel with private foundations, technical experts

at NGOs, and the International Youth Alliance for Family Planning (IYAFP), and highlighted the need for leaders to keep women's health at the forefront of the Sustainable Development Goals.

In May 2015, we also hosted a side event at the 69th World Health Assembly in Geneva, along with partners Women Deliver; the Partnership for Maternal, Newborn, and Child Health; the White Ribbon Alliance; the World YWCA; and the International Federation for Medical Students' Associations. The event, Youth Lead: Setting Priorities for Adolescent Health, brought together young leaders, policy makers, and diverse stakeholders for a dynamic discussion on meaningful youth participation in decision making at local and international levels.

Meggie Mwoka, Regional Coordinator for Africa for the Africa for the International Federation of Medical Students Association, speaks at the LMG Project World Health Assembly event, Youth Lead: Setting Priorities for Adolescent Health.
Photo credit: Sarah Lindsay

Throughout the last year of the project, we will identify and partner on events to promote our technical excellence, ensure our visibility and presence at appropriate conferences through presentations and side sessions, and prepare relevant advocacy materials.

Strategic Communications

The objectives of the LMG Project's strategic communications activities are to identify, share, and package tools, models, lessons learned, and testimonials that underline the importance of leadership, management, and governance for improving health. Our communications team manages external communications for the project globally, including www.LMGforHealth.org, social media, and printed materials. Additionally, the team advises field-funded projects on their country-specific communications activities.

At the beginning of PY4, we updated the project's communications strategy and created a global editorial team to improve reach and engagement of our stakeholders. We introduced an editorial calendar that is crowd-sourced and constantly refreshed. This internal process improvement helped us better plan external communications activities and more efficiently share project achievements.

The LMG Project refined our use of web and social media analytics in PY4 to measure our reach and engagement. This deliberate analysis of what our stakeholders seek from us has helped us design communications activities that are truly responsive to their needs. More details on these metrics can be found in the Online Media Monitoring Report.

In PY4 year, the communications team:

- Increased our social media audience. As of September 30, we have 1,079 Twitter followers and 1,136 Likes on our Facebook page.
- Established semi-regular Twitter chats. Our first, in August 2015, focused on youth, and the second, in September 2015, focused on governance.

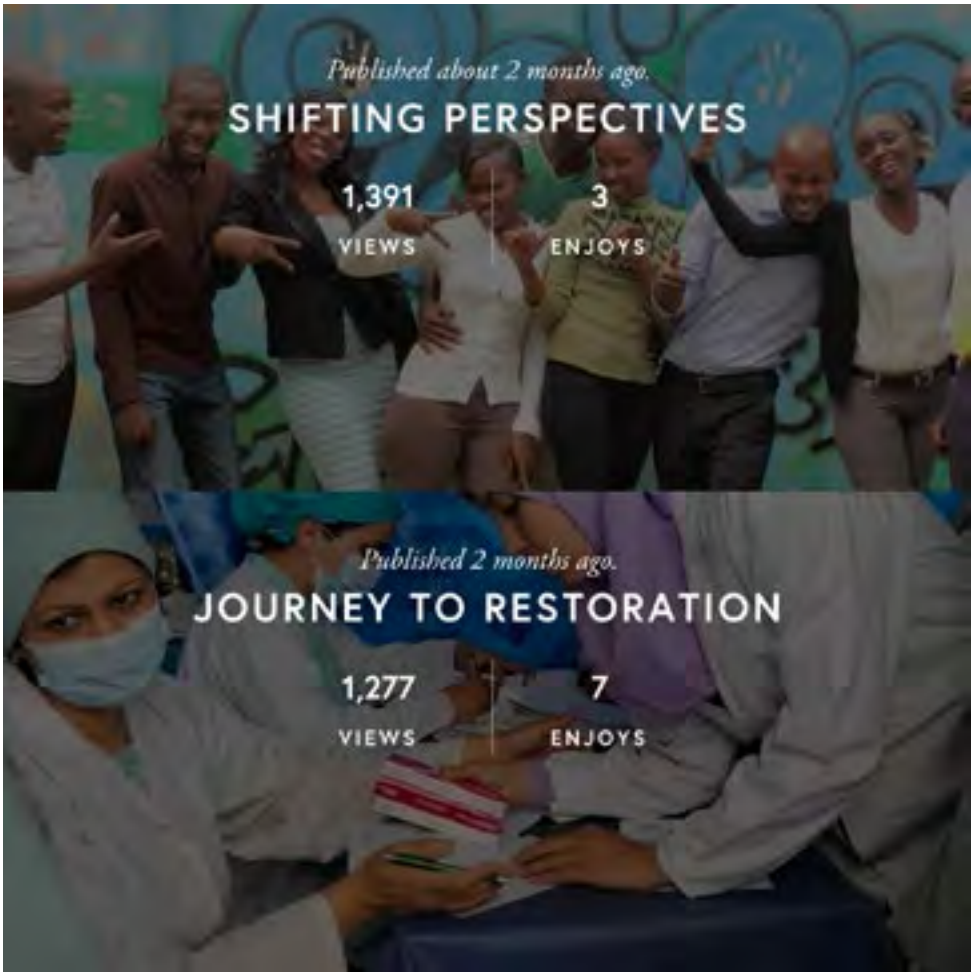
- Redesigned our newsletter from a collection of success stories to a photo/video-journalistic format. We currently have 6,371 subscribers, and an average open rate of 21.04%, which is on par with industry standards. The final two newsletters of the year were published on Exposure.co, and had average views of 1.361 per story.

- Published Leadership Breaks Down Barriers to Health Services in Uganda in USAID Frontlines magazine.

- Made the website mobile responsive.

Throughout PY5, the communications team will:

- Continue to maintain and improve ongoing communications activities, including social media.



Metrics from Exposure.co for the redesigned LMG Project newsletter.

- Manage all end-of-project (EOP) communications activities. The objectives of EOP activities are (1) documentation of project achievements, (2) promotion and dissemination of project achievements, and (3) moving the conversation forward about the importance of leadership, management, and governance for improving health. EOP activities throughout the final year of the project will include:

- Host and participate in in-person and virtual events. When possible, we will host events where our stakeholders are already convening, leveraging events like the International Conference on Family Planning, the Women Deliver conference, and others.

- Create and disseminate a series of publications based on achievements throughout the lifespan of the LMG Project

- Update the way website content is organized so stakeholders can find resources more quickly and easily.

- Continue to monitor analytics to ensure we are continuously improving the reach and engagement of the project's communications products.

- Continue to serve as advisors to field projects for in-country communications activities.

- Update the project's printed materials so they have a consistent look and feel.

Appendix 4

Online Media Monitoring

Overview

Three tools comprise the LMG Project's main digital communications platforms to external stakeholders: the LMG Project's website, social media presence, and traditional email marketing. Through the life of the LMG Project, these platforms have continued to be developed, maintained, and scaled up in order to best reach our audiences "where they are." The LMG Project website was launched during PY1, email newsletters began during PY2, and the LMG Project expanded its social media presence during PY3. In PY4, the LMG Project has continued to identify and capitalize on global and audience trends to ensure that the LMG Project's work is communicated effectively among external stakeholders. Recognizing our audience's propensity for visual content and powerful stories, the LMG Project reformatted email newsletters to better highlight individual stories using the Exposure.co photo blogging platform. The first two installments using Exposure during PY4 each received more than 1,300 views. The LMG Project website had visits from 192 countries around the world.

Indicators	
1.4c: Total Number of Website Visits	27,982 sessions
1.4d: Percentage New/Returning Website Visitors	70.03% new/29.97% returning
1.4e: Total Number of Facebook Page Likes	1,136 likes
1.4f: Total Number of Twitter Followers	1,079 followers
1.4g: Total Number of YouTube Views	1,064 views

Summary of indicators and results for LMG Project digital platforms through September 30, 2015

Country	Sessions (% of total)
United States	12,732 sessions (45.50%)
Kenya	1,727 sessions (6.17%)
United Kingdom	839 sessions (3.00%)
India	776 sessions (2.77%)
Ethiopia	677 sessions (2,42%)

LMG website sessions between July 1, 2014 and September 30, 2015, by country

Indicators

- 1.4c: Total Number of Website Visits (July 1, 2014 – September 30, 2015)

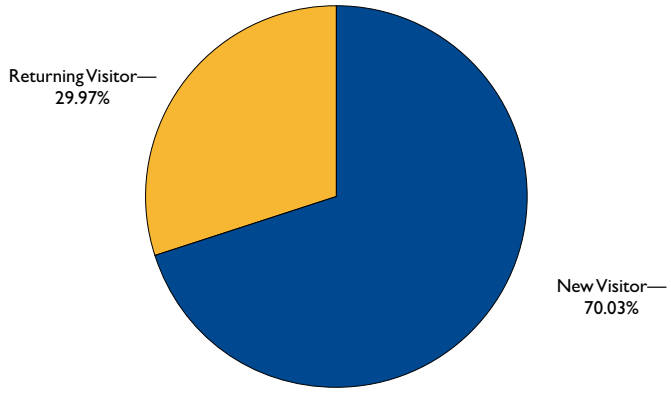
  Total Number of Sessions (actively engaged user within a time period): 27,982 sessions

  Total Number of Unique Users: 19,813 users

- 1.4d: Percentage of New/Returning Website Visitors (July 1, 2014 – September 30, 2015)

  New Visitors: 70.03% (19,596 sessions)

  Returning Visitors: 29.97% (8,386 sessions)



Graph of the LMG Project website's new visitor vs. returning visitor audience in PY4

The LMG Project's best performing Facebook post in PY4

- 1.4e: Total Number of Facebook Page Likes

  1,136 Facebook likes.

  Our top Facebook post during PY4 reached over 1,800 Facebook users and received 149 total likes.

The LMG Project's most retweeted Tweet in PY4

- 1.4f: Total Number of Twitter Followers

  1,079 Twitter followers.

  During PY4, the most impressions we received on a single tweet was more than 12,950 impressions, and the most retweets we received on a single tweet was 9 retweets.

➤ 1.4g: Total Number of YouTube Views (July 1, 2014 – September 30, 2015)

1,064 YouTube views.

We uploaded our most popular video of all-time during PY4. "Writing Winning Abstracts for Conferences" has been viewed 217 times since April 2015, in over 50 countries.

Geography	Views
United States	50 (23%)
Nigeria	20 (9.2%)
Kenya	19 (8.8%)
Indonesia	16 (7.4%)
Tanzania	8 (3.7%)
Nepal	5 (2.3%)
Ethiopia	5 (2.3%)
Côte d'Ivoire	5 (2.3%)
Burkina Faso	4 (1.8%)
Ghana	4 (1.8%)

Top 10 countries viewing "Writing Winning Abstracts for Conferences" during PY4

LMG Project Blog

One of the main ways that the LMG Project communicates with external stakeholders is through the LMG Project's blog. In PY4, web traffic to the LMG Project blog comprised over 14% of all website pageviews. The top-five most viewed blog posts were:

Blog Title	Pageviews
LMG Mentoring Network March Mentor of the Month	443 pageviews
World Clubfoot Day—June 3rd	355 pageviews
YouthLead WHA Side Event	301 pageviews
#YouthDay: 10 Reasons Youth Leadership Matters	220 pageviews
Register for 3-part Governance Webinar	164 pageviews

Total Number of PY4 Blog Posts: 93 blog posts

Total Number of Views for Top Five Posts: 1,483 pageviews