SUBMITTED TO
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USAID | 1300 Pennsylvania Avenue, NW, Washington, DC 20523

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The LMG Project is led by MSH in cooperation with Amref Health Africa, the International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, Medic Mobile, and Yale University Global Health Leadership Institute.

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Executive Summary
EXECUTIVE SUMMARY

Many people in low- and middle-income countries (LMICs) are not able to access quality health care. Too many women and infants die during birth because skilled health workers are not present with the right supplies. Over 200 million girls and women in developing countries lack access to modern contraceptives, information, and services, resulting in more than 60 million unintended pregnancies every year, putting them at serious risk of death or disability. Too many men who have sex with men (MSM), sex workers, and drug users are infected with human immunodeficiency virus (HIV) due to a lack of health programs. Too many children around the world undergo unnecessary and painful surgery to correct clubfoot because practitioners are not aware of the Ponseti Method. Good leadership, management, and governance (L+M+G) can minimize these challenges and help avoid preventable maternal and infant deaths.

This report summarizes the work and results of Project Year 3 (PY3) of the five-year, United States Agency for International Development (USAID)-supported Leadership, Management, and Governance (LMG) Project (Cooperative Agreement Number AID-OAA-A-11-00015) during the reporting period of July 1, 2013 through June 30, 2014. LMG is a consortium led by Management Sciences for Health (MSH) with partners Amref Health Africa, the International Planned Parenthood Federation, Johns Hopkins Bloomberg School of Public Health (JHSPH), Medic Mobile, and Yale University Global Health Leadership Institute. LMG also works in close coordination with ministries of health (MOH), civil society organizations (CSOs), international organizations, networks, and health training facilities to design, implement, and monitor a wide range of activities focusing on improving the leadership, management, and governance capacities of health systems in LMIC.

For almost three years, over 260 staff and advisers of the LMG Project have worked diligently and creatively to find ways to work with partners in LMIC to improve and strengthen health system leadership, management, and governance, and to help ensure that systems are able to sustain high-quality programs that meet the needs of the population, including those traditionally excluded. We have also worked to ensure that gains in health system performance improvement are likely to be significant and sustained past the LMG intervention.

Our journey to achieve stronger health systems and greater health outcomes is mapped and guided by intentional and innovative interventions that develop the capacity of individuals and institutions to be more effective in the use of scarce resources for health (health workers, medicines, supplies, technologies, knowledge, and money). To do this, LMG works with partners to use effective methods, tools, resources, and approaches to engage diverse stakeholders to remove barriers to the use of health services that protect, promote, and restore health, especially among high risk and marginalized populations.

Supporting government agencies and civil society organizations, LMG activities help enable those women and men who deliver services and manage health systems to develop and continuously enhance the competence, confidence, and courage they need to understand and overcome challenges to their effectiveness. What citizens expect from good governance of the health system is not lofty ideals, but concrete results and opportunities for the people working within and receiving services from the system. Good governance solves problems and replaces bad management with effective, efficient systems and helps ensure that those populations traditionally excluded from the system are able to get the care they need.

As a result of activating and accelerating the use of programs for stronger health system management, leadership, and governance, USAID and MSH investments in the LMG Project have generated these results for Project Year 3 (July 1, 2013 to June 30, 2014):

- LMG developed the leadership, management, and governance capacity of over 13,000 women and 1,200 men across 23 countries. A significant volume of this work took place in Afghanistan, where Family Health Action Groups, consisting of women, were trained to carry out their roles in community-based health care. This overall number includes 230 (78 female and 152 male) facilitators trained by LMG across eight countries. These facilitators have just started to disseminate and train others. More than 30 women and 75 men have been trained by LMG-trained facilitators in two countries.

- Nine local, national, or regional organizations in six countries have institutionalized leadership, management, and governance tools, models, or approaches. This includes academic institutions, CSOs, government agencies, and public and private health facilities.

- LMG has partnered with 13 global or regional organizations to disseminate the importance of the concepts of leadership, management, and governance (L+M+G) in the global health agenda – many of these have helped contributed to project cost share. These
In PY3, LMG trained over **15,000 individuals and over 1,600 teams in 23 countries**.

Including the five countries with the most trainings highlighted below.

- **Afghanistan**
  - 1,345 teams
  - 13,242 individuals

- **Vietnam**
  - 53 teams
  - 248 individuals

- **Honduras**
  - 62 teams
  - 170 individuals

- **Ethiopia**
  - 121 teams
  - 437 individuals

- **Haiti**
  - 9 teams
  - 372 individuals
organizations include global agencies (like the World Health Organization (WHO) and the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM)), international non-governmental organizations (INGOs), private sector partners, and public-private partnerships.

- LMG has worked with over 150 organizations, including civil society organizations, country coordinating mechanisms, global agencies, INGOs, MOHs, and other governmental agencies, multilaterals, private sector partners, public-private partnerships, public and private health facilities, training institutions, and universities.

The LMG Project is following our results framework to:

- Carry out monitoring, evaluation, and research that will generate a respected evidence base that shows the value of improved leadership, management, and governance for health.

- Promote the importance of taking gender into account when designing and implementing L+M+G activities, to advocate for women’s equal role in governance.

- Make the link between good leadership, management, and governance to achieve more significant and sustainable health outcomes.

- Ensure that populations often excluded from health systems, either as providers or clients, are able to demand changes so that the systems meet the needs of the entire population.

- Make available a comprehensive digital library of proven tools and materials used to strengthen leadership, management, and governance in the health sector.

- Create a collaborative culture dedicated to innovation and respectful cooperation with other implementing organizations to create synergies, share knowledge, and leverage resources to the benefit of communities in Africa, Asia, Latin America, and Caribbean regions and beyond.

- Work with national or regional training organizations to collaborate in the professionalization of health services management by improving training programs.
Exhibit 3. LMG Results Framework

LMG Project Objective

Health systems strengthened through sustainable leadership, management, and governance capacity of health providers, program managers, and policymakers to deliver quality health services at all levels of the system.

**Result 1:** Strengthen global support, commitment, and use of state-of-the-art leadership, management, and governance tools, models, and approaches for priority health programs.

- **IR 1.1:** Partnerships with global agencies engaged in management, leadership, and governance of public health care systems established.
- **IR 1.2:** Tools, models, and approaches for sustainable leadership, management, and governance incorporated into the program of, or endorsed by, key global management and leadership agencies/organizations.
- **IR 1.3:** Resources for leadership, management, and governance activities with key global partners leveraged.
- **IR 1.4:** Strategies for advocacy with USAID missions, governments, and nonprofit entities regarding health systems strengthening with specific technical approaches for leadership, management, and governance developed and implemented.

**Result 2:** Advance and validate the knowledge and understanding of sustainable leadership, management, and governance tools, models, and approaches.

- **IR 2.1:** Tools, models, and approaches for sustainable leadership, management, and governance identified, improved, and evaluated.
- **IR 2.2:** Impact evaluation of leadership, management, and governance approaches conducted, and results published in peer-reviewed journals and disseminated widely, including to USAID staff and missions.
- **IR 2.3:** Indicators for supporting country-led leadership, management, and governance processes and capacity-building developed and tracked.

**Result 3:** Implement and scale up innovative, effective, and sustainable leadership, management, and governance programs.

- **IR 3.1:** Proven leadership, management, and governance tools, models, and innovative approaches for sustainable health care systems scaled up, tested, and impact on health systems and health outcomes documented.
- **IR 3.2:** Leadership, management, and governance tools, models, and approaches institutionalized within CSOs and public sector institutions throughout health care systems.
- **IR 3.3:** Human resource capacity in pre-service and in-service settings for integrated leadership, management, and governance developed and strengthened.
- **IR 3.4:** Capacity-building for country-led leadership, management, and governance processes and approaches systematized, documented, and disseminated.
Section 1: How LMG Contributes to USAID Priorities
SECTION 1: HOW LMG CONTRIBUTES TO USAID PRIORITIES

The LMG Project, led by Management Sciences for Health (MSH) in cooperation with the Amref Health Africa, the International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, Medic Mobile, and Yale University Global Health Leadership Institute, is a USAID investment for stronger leadership, management, and governance. This investment 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, strengthening health systems, and ensuring access to services for vulnerable populations.

LMG is committed to supporting USAID priorities and the Global Health Initiative (GHI) principles. Our work contributes to reaching Office of Population and Reproductive Health (PRH) and United States government (USG) goals established Family Planning 2020 (FP2020), Ending Preventable Child and Maternal Deaths (EPCMD), a Promise Renewed, and AIDS-Free Generation (AFG).

LMG’s work reflects the spirit of GHI in multiple ways. LMG builds upon and expands existing platforms by taking proven leadership, management, and governance approaches and adapting and integrating them into the work habits of local health leaders and their teams. By working with local partners using a collaborative approach, we support country ownership and invest in country-led plans. Our work builds sustainability in countries by strengthening health systems. LMG collaborates for greater impact by promoting global partnerships in implementing our interventions, seeking out the expertise and experience from USAID, development partners, thought leaders, academia, and other key informants. LMG promotes research and innovation to identify what works and by facilitating the wide dissemination of information about and the scale up of high impact family planning (FP) and reproductive health (RH) practices. The project also focuses on women, girls, and gender equity, but our work goes beyond gender considerations alone and ties into broader issues of inclusion and equity by promoting and facilitating improved health outcomes for vulnerable populations (including as defined by Office of HIV/AIDS (OHA), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), and the Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA). We have built monitoring and evaluation strategies into our activities to help us identify what works and to adjust our approaches when needed.

Many of our approaches also contribute to other goals, including the FP2020 vision that women and girls should have access to lifesaving contraceptives and services no matter where they live. Our work with the Implementing Best Practices Initiative (IBP) and with International Planned Parenthood Federation (IPPF) in the Africa Regional Office aims to support this. By using the Guide for fostering change to scale up effective health services, LMG is helping countries reach their FP2020 goals, and through IPPF we work to improve the leadership and management skills of their member associations so they may increase FP uptake.

Our work develops health systems management capacity at local levels to help reach 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. Funding from the office of HIV/AIDS also helped develop management tools for civil society organizations to better reach vulnerable populations and enhance the resources available to leaders and decision makers to design and implement programs. These tools include the LMG President’s Emergency Plan for AIDS Relief (PEPFAR) dashboard and performance improvement process that help non-governmental organization (NGO) managers set and track program goals and adjust their work if they are not achieving these goals, and the resources and information available to policymakers and services providers on the OVCsupport.net website.

To enhance host countries’ capacity to assume sustainable ownership and control of PEPFAR-funded HIV programming, we are engaged in innovative activities in Honduras and Vietnam. In Honduras, we worked with the MOH to develop contracting mechanisms with NGOs so they can reach key populations with evidence-based HIV prevention services and by a computer assisted program developed in Viet Nam. The scenario-based stakeholder engagement tool makes it easier for provincial program managers to do long range and accurate planning for intervention strategies that reduce the human and economic burden of HIV and AIDS. Work to strengthen country coordinating mechanisms (CCMs) and principal recipients (PRs) in countries by improving their management and governance abilities will hopefully lead to stronger HIV and AIDS programs that reach all of those in need in the country, including those groups traditionally by-passed by MOH programs.
USAID’s commitment to A Promise Renewed and the EPCMD Goal of ending preventable child and maternal deaths (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) is also assisted by developing capacity for governance and management of both CSOs and MOHs. LMG efforts can help countries reach these goals by promoting multi-stakeholder engagement and action planning toward specific goals and assisting countries in scaling up promising practices through tools such as the Fostering Change Guide. Many of the leadership teams that participated in LMG’s capacity building programs selected problems related to improving maternal and child health or family planning and reproductive health. Their enhanced management, leadership, and governance capabilities resulting from their increased participation helps achieve more significant and sustained gains in health services utilization at all levels of their health systems.

In PY3, LMG supported activities that helped promote the PRH Office’s cross-cutting goals of reaching gender equality, strengthening health systems, conducting research, and reaching youth with FP and RH services. LMG’s activities in PY3 also centered on one of PRH’s key priorities, as many of our activities contributed to strengthening the family planning workforce by providing tools and approaches that improve leadership, management, and governance. LMG continues to highlight the need for communication and behavior change among FP program leaders around leadership, management, and governance and for adopting and implementing these practices.

LMG also worked in support of the DCHA Bureau’s Vulnerable Populations Programs to help them realize their goal of protecting the human rights of and developing the capacities of vulnerable populations. In PY3, the LMG Project worked with partners in 37 countries for a variety of vulnerable populations. We worked in specific countries to improve wheelchair providers’ skills and strengthen management of the wheelchair programs. In addition, LMG worked with the International Committee of the Red Cross to strengthen program management and leadership skills programs, including a Senior Leadership program with government leaders in five African countries. LMG also worked with Ponseti International Association (PIA) to scale up effective clubfoot treatment within a few target countries.

Developing the ability and capacity of health workers in LMIC to better govern and manage their health systems is a fundamental component of the LMG Project. The following pages describe the principles and processes being used to enhance the leadership, management, and governance of health systems in countries in Africa, Asia, and Latin America.
Section 2: Key Cross-Cutting and Focus Areas
SECTION 2: KEY CROSS-CUTTING AND FOCUS AREAS

2.1 Cross-cutting Areas

a. Evidence Generation And Use

In the first two years, the investments made by the USAID Office of Population and Reproductive Health allowed the LMG Project to develop literature reviews and concept notes for rigorous studies and disseminate evidence that L+M+G is important through newsletters, blog posts, abstracts to conferences and papers. In PY3, our efforts focused on refining the performance monitoring plan (PMP), strengthening the identification and monitoring of results (outputs and outcomes) in field-supported projects, conducting an analysis of virtual leadership development programs (VLDP) over the last five years, and using the findings to improve the VLDP and the monitoring of its results.

In PY3, LMG focused on improving data dissemination and use. We used PMP data to guide work planning, management, and technical decisions; communicated our findings from rapid assessments of the sustainability of pre-service integration and the VLDP desk review to shape and influence the design of technical products; developed and submitted abstracts to international conferences (11 of 17 abstracts submitted were accepted in PY3, up from 1 accepted out of 2 submitted in PY2); authored blog posts and an edition of the eNewsletter for the LMG website; and designed panels to raise awareness about the importance of L+M+G and showcase the work done by the LMG Project and other implementing partners working in leadership, management, and governance.

We strove to develop and design rigorous research studies with the Johns Hopkins School of Public Health in PY1 to PY3. This has proved challenging for a number of reasons: mission support has been slow to come by, we had resource/funding challenges in designing strong case-control studies while minimizing selection bias, and in-country scopes and work plans changed very quickly, rendering it difficult to evaluate the intervention. The LMG Project developed concept notes for USAID missions in Ethiopia, Afghanistan, Haiti, and Egypt. We did not receive funding support from the missions for any of these concept notes. In Kenya, the implementation approach for a Leadership Development Program (LDP) was altered, making it unfeasible to evaluate the intervention. The LMG Project continued to reach out to other implementing partners to channel interest in collaborating on the evaluation of a family planning-related leadership, management, and governance intervention.

This year, at its mid-point, the LMG Project took stock of these challenges and recognized the need to refocus our strategic approach, shifting away from implementation of rigorous research studies, such as taking an applied or implementation research approach. This revised strategy (see PRH/monitoring, evaluation, and research (MER) section) will allow the LMG Project to advance its research agenda while being mindful of the challenges noted above, in order to meet project results.

In addition, in PY3 the MER team worked with the Agreement Officer’s Representative (AOR) team and the USAID/PRH Monitoring and Evaluation (M&E) Advisor to revisit and finalize the project PMP. Several indicators were reworded, revised, or replaced. In addition, outcome (result) level indicators were identified for inclusion. Performance Indicator Reference Sheets were developed along with an internal database that will allow us to collect data for all core-funded or field-supported LMG-related activities.

In addition to evidence generation, LMG works with field support country teams and a broad range of global and in-country partners to use data and evidence for a range of purposes:

- In Benin, LMG supported the Ministry of Health’s Direction de la Programmation et de la Prospective (DPP) to improve the performance measurements for each Ministry of Health structure by developing performance monitoring plans with the Direction de la Santé de la Mère et de l’Enfant (DSME), National Malaria Control Program (NMCP), and Agence National de la Vaccination et les Soins de Santé Primaire (ANV-SSP). During a workshop, the participating structures identified ten indicators that can be used to better measure and assess their performance. Additionally, the project supported a validation workshop of the 2013 National Health Statistics report. The contributions integrated into the report included LMG/Benin Performance Monitoring Plan indicators, partners’ key results, and LMG/Benin’s analysis of three years of data from the Ministry’s National Health Statistics directorate.
- In Viet Nam, the LMG/Vietnam Transition Support Program (LMG-TSP) team partnered...
with the Health Strategy and Policy Institute to explore and develop policy options for the future of HIV/AIDS out-patient clinics that are currently funded by the PEPFAR program and options and resources for sustaining community-based outreach workers’ activities during HIV/AIDS program transition. The Hanoi School of Public Health partnered with LMG-TSP to review the transition of family planning programs in Vietnam from being largely donor funded to being funded domestically. The papers are intended to inform Viet Nam’s sustainability plan for the national HIV/AIDS program. LMG-TSP also engaged various stakeholders in the Hai Phong province to successfully use data on the epidemic, service delivery requirements, human resource requirements, and funding scenarios to think through alternate scenarios and plans within the larger context of reducing donor funds for HIV and AIDS programs.

• LMG conducted a rapid assessment of the SimApp – an LDP+ data collection system using cell phones and a computer hub - that was piloted in Nigeria by the ProAct project. We collected data from the oversight team (two members of a local Kwara state NGO CESAR and one MOH representative), six of the eight facilities in which the SimApp was piloted, as well as members of the Prevention and Organizational Systems – AIDS Care and Treatment Project (ProACT) team. Health staff reported that using the app led to less travel (for reporting purposes) and an overall improvement in their work efficiency. The assessment unearthed challenges with the review and feedback loop at the computer hub. These findings were fed back to the team and the health facilities, who have already put into place mechanisms to improve reporting rates. The ProAct team is working on improving feedback to the facilities based on data received monthly.

• LMG conducted a desk review of the results from the last five years of the VLDP program. We looked at predictors for success across 300+ teams and explored the challenges that these teams were facing. There is a need for follow-up with teams that do not voluntarily report their findings. The study report was used by the program implementers and the findings of a VLDP platform technology audit to revise the VLDP. LMG used the findings to inform the design of an online results database.

b. Communication

Specific activities this year focused on external communications, driven by the LMG web portal and social media efforts, publication of key documents, and capacity building support to host country partners.

External communications via LMG web portal and social media. Communication to external stakeholders is supported by the LMG web portal (www.lmgforhealth.org). In PY3, the communications team increased social media efforts, with frequent additions/updates of content to the web portal, steady stream of Facebook postings, Twitter usage by development and posting new videos, bi-monthly newsletters, and regular blog posts.

Table 1 shows how these efforts to increase viewership culminated in overall growth in online participation in PY3.

The total number of visits to the LMG web portal jumped by 40 percent as compared to PY2, and the

Exhibit 5. Online Media Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>PY2</th>
<th>PY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1: LMG web portal – total number of unique visitors</td>
<td>6,352</td>
<td>10,106</td>
</tr>
<tr>
<td>Indicator 2: Facebook – total number of likes</td>
<td>262</td>
<td>429</td>
</tr>
<tr>
<td>Indicator 3: Twitter – total number of followers</td>
<td>163</td>
<td>351</td>
</tr>
<tr>
<td>Indicator 4: YouTube – total number of views</td>
<td>1,947</td>
<td>4,026</td>
</tr>
<tr>
<td>Indicator 5: LMG Blog – total number of views of top 5 blog posts</td>
<td>1,388</td>
<td>1,435</td>
</tr>
</tbody>
</table>
number of “unique visitors” for PY3 was 10,106.

The project surpassed the target number of “total likes” for Facebook set for PY3 (300) by 129. This was a result of LMG’s promotion of the site at international conferences and events such as the World Conference on Youth 2014 in Sri Lanka, the International Conference on Family Planning 2013 in Ethiopia, and the 67th World Health Assembly held in Switzerland. In addition, the project’s technical work, such as LDP+ workshops in different countries, has been reported on other online media sites, which sends more traffic to the LMG site.

At the end of PY3, the LMG Twitter account was following 411 other Twitter users, most of whom worked in international development. LMG had 351 followers and posted 923 tweets. LMG staff used Twitter chats and tweeted live while participating in and attending major events and discussions, such as the World Conference on Youth 2014, the 67th World Health Assembly, the SwitchPoint Conference, and CSISLive events.

On YouTube, LMG’s playlist has had great success with the additions of our Governance for Health Roundtable interview clips and a video jointly produced by MSH and the LMG project that celebrated International Women’s Day 2014. The Women’s Day video featured interviews with the Ministers of Health from Afghanistan and Haiti with messaging that reflected on leadership and supported and encouraged future women leaders in the health sector. Through continued viewing of these videos, which were “pushed out” through the LMG newsletter – and in the case of the Women’s Day video, through MSH’s own online mailing, LMG reached its highest views to date. The International Women’s Day video had a total of 729 viewings.

Six bi-monthly LMG eNewsletters were posted in PY3. The themes included:

- **Strengthening Health through Governance** (July 2013)
- **Our Focused Response to HIV and AIDS** (September 2013)
- **Innovative Health Leadership Programs** (November 2013)
- **Country Ownership: Perspectives from around the World** (January 2014)
- **Gender Matters in Health Leadership, Management and Governance** (March 2014)
- **Professionalization of Health Leaders and Managers** (June 2014)

Throughout PY3, the LMG eNewsletter has been a crucial tool to get more visitors to the LMGforHealth.org site and to our various social media channels. A total distribution list of 7,615 people gave us a strong core of readers with more views of our blog posts, and a bigger percentage of the page views now coming from overseas audiences. Our opening rate (the rate the newsletter is clicked on by the total sent addresses in their inbox) continued to increase past the industry standard of 20 percent for electronic newsletter formats, with an average 22 percent opening for all the newsletters. We also added four authors from the field for the 27 articles published in PY3, many of whom were regional partners and country directors from the various LMG offices.

Looking forward, the LMG Project will be using a new email marketing website to create and distribute our newsletters in PY4. Migrating to the Mail Chimp platform will enable overseas audiences with slower internet speeds and computers to view the content more easily and quickly.

In addition to LMG’s own web site, the communications team also was featured on...
USAID’s web site and Impact Blog for one post highlighting LMG’s work through the LDP+. The blog, “Fostering Leadership to Eliminate Mother-to-Child Transmission of HIV in Nigeria,” was published as part of USAID’s “10 for 10” social media campaign, a 10-day program highlighting stories of PEPFAR and USAID’s accomplishments in honor of PEPFAR’s 10-year anniversary. It was cross-posted on the LMG and MSH web sites, and the Healthy Newborn Network, a web initiative of Save the Children.

**Publication of key documents:** LMG published and disseminated technical documents and other publications throughout PY3. These included:

- One issue of the eManager: “Paving the way toward Professionalizing Leadership and Management in Healthcare” (written in PY2 but disseminated in PY3).

**Sharing LMG-generated knowledge at technical conferences:** LMG, including partners, presented leadership, management, and governance tools, approaches, and results at 33 conferences and events, and 2 global virtual events, in 14 countries in PY3.
Exhibit 7. LMG Capacity Transfer for Enhanced FP and RH in IPPF Affiliates.

LMG's ability to influence gains in family planning and reproductive health is a function of how we strengthen the networks that support frontline service providers. This figure illustrates this path for impact related to our support of learning centers of the International Planned Parenthood Federation (IPPF). Portions of this figure are adapted from IPPF Africa’s Annual Performance Report 2013.

**IPPF Learning Centers**
- **Uganda**
- **Ghana**
- **Cameroon**
- **Mozambique**

**IPPF Member Associations**
- Kenya, Ethiopia, Tanzania, Ethiopia, Malawi, Swaziland, Lesotho, Mauritius, Madagascar, Seychelles, Zimbabwe, South Sudan, Rwanda, Namibia, Zambia
- Liberia, Sierra Leon, Nigeria
- Central Africa Republic, Congo DRC, Congo Brazzaville, Gabon, Chad, Senegal, Cote d’Ivoire Coast, Guinea-Conakry, Burundi, Togo, Benin, Comoros, Niger
- Angola, Cape Verde, Sao, Tome, Guinea-Bissau

**IPPF Results Enhanced**

**LEARNING CENTERS COMPLEMENTED BY THE LEADERSHIP MANAGEMENT GOVERNANCE PROJECT**
- Leadership, Management and Governance project is rooted in the MAs of Benin, Cote d’Ivoire, Ethiopia, Ghana, Kenya, Sierra Leone, and Tanzania. The project aims to prioritize leadership as a key driver for improved outcomes in reproductive health programming.
- The project continued to expand based on country buy-ins and activities by USAID Missions
- IPPFR Learning centers increased from 4 to 9
c. Capacity Development: Re-defining the Pathway to Creating Capable Organizations

Low- and middle-income countries need to improve the performance of their public, private, and civil society sectors if they are to reduce poverty, accelerate economic growth, and achieve universal health coverage. To improve performance, we need capable organizations with the tools, resources, and skills required. Changes in development assistance strategies, articulated in global pronouncements such as the Paris Declaration, Accra Agenda for Action, and the Busan Agenda, as well as in national initiatives such as USAID Forward which aim to improve aid effectiveness through greater country ownership of development programs, have highlighted the need for further investments in capacity development.

LMG has created and applied organizational capacity building tools and methodologies in a wide variety of team and organizational settings to assess needs and develop action plans and interventions to address performance gaps.

Our collective thinking and practice around capacity includes the following principles:

- **Ownership and leadership:** Capacity development assessments and planned improvements are defined and carried forward by the implementing organization, with the guidance and assistance of any external partners as needed.

- **Demand-driven technical support:** Implementing organizations work collaboratively with the technical assistance provider to identify what they need and endorse the key interventions proposed.

- **Evidence-based capacity development practices:** Capacity development approaches, tools, and methodologies are designed or selected based on proven evidence of impact and their appropriateness for the type of organization, setting, and needs. Implementing organizations develop and use indicators to measure progress toward achieving organizational and program results.

These principles help to make the design and implementation of LMG’s capacity development more purposeful, demand driven, locally owned, and sustainable. In PY3, some of the capacity development highlights that incorporate the above principles included:

- LMG delivered a Leadership Development Program Plus (LDP+) training of trainers (TOT) with IPPF Learning Centers (outputs P4 and P7) to scale-up its use within the IPPF network. This also helped build the programmatic and institutional sustainability of the member associations through in-depth orientation and participation in the LDP+ methodology and results process.

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Exhibit 8. LMG Teams Who Developed and Completed Action Plans

Of the trainings LMG conducted in PY3, 48% of teams developed action plans, and 14% of teams successfully completed their action plans. This includes only those trainings with an intended action planning component.

*Since the period for implementing action plans is typically 6 – 9 months after the initial training, LMG expects that additional teams who were trained in PY3 will go on to complete action plans in the future (which will be reported in PY4).
• LMG delivered a 13-week Virtual Leadership Development Program (VLDHP) for the Anglophone members of the African Health Leaders and Managers Network (AHLMN) to develop plans for integrating Amref’s L+M+G pre-service curriculum into their institutions (output P2).

• In Haiti, LMG implemented management and governance interventions to foster improvements in the health services within seven referral networks. For example, in the Matheux referral network in Haiti’s west department, LMG facilitated the establishment of several governance committees, facilitated quarterly coordination meetings with local and departmental stakeholders and partners to improve planning, monitoring, and evaluation strategies and activities, and supported referral network staff to develop annual action plans and supervision plans to improve health services in the network. These interventions contributed to several improvements in health service delivery, including an increase of deliveries reported from 2,728 in October 2012 to 3,210 in September 2013 and an increase in vaccination rates from 43 percent to 80.5 percent during the same period.

• In Haiti, LMG provided ongoing capacity building support to the Ministry of Health Contracting Unit to prepare for the implementation of the results-based financing (RBF) strategy. LMG supported the Contracting Unit to develop the RBF manual and necessary contract management tools to guide implementation in Haiti. LMG also trained 106 staff from the Ministry of Health on the RBF strategy.

• In Honduras, LMG supported the MOH to issue a competitive call for proposals and issue new contracts to local NGOs to serve key populations in five regions of the country, including one municipal area. By working with the MOH to design and carry out the competitive procurement process, the MOH was able to issue eight 12-month contracts to six local NGOs to serve key populations in five regions of the country, including one municipal area.

• In Ukraine, LMG worked with the Ukrainian Center for Disease Control (UCDC) to plan and carry out a strategic planning retreat to chart their next three years of operation. During the development of this strategic plan, the socio-political situation in Ukraine escalated, leading to the election of a new government. In light of this national shift, the project was able to work with the UCDC to adapt their strategic plan to effectively address their actual needs. As a result, the UCDC and other close counterparts developed their plan, and the LMG Senior Technical Advisor will continue to support the UCDC in their ongoing monitoring of progress toward achieving the objectives established in the strategic plan.

• In Benin, L+M+G capacity building began with the National Order of Pharmacists in Benin (ONPB) and with Ministry of Health staff from the three targeted central-level units: the DSME, NMCP, and ANV-SSP. Twenty-two pharmacists from the ONPB completed the first three LDP workshops. Twenty-one participants from the DSME, NMCP, and ANV-SSP completed three LDP+ workshops.

• In Ethiopia, the ministerial level Senior Leadership Program (SLP) workshops were held with Federal Ministry of Health senior leadership. Twenty-two Federal Ministry of Health senior leaders, including the Minister of Health and state ministers, attended the training, which focused on accountability, group dynamics, leadership, strategic problem solving, working across groups, managing boundaries, and authority relationships.

d. Multi-Stakeholder Engagement

To achieve better health service utilization at all levels of a country’s health system, the LMG team recognizes the value of having those who lead, manage, and govern health programs engage diverse stakeholders in program design, development, and operations. But who are the key stakeholders, and how are we engaging them for health systems strengthening?

**Stakeholders include:**

- Health workers of all types
- Health professional associations
- Health science university training program leaders
- Politicians and policy makers within Ministries of Health, Education, Gender, Economic Development, and Finance
- MOH officials and managers
- Community leaders, elders, and religious leaders
- Civil society organization leaders
- Media
- Citizen, women’s, and community advocacy organizations
- International governmental and non-governmental organizations
- Donors
- Health systems clients
- Technical assistance providers

**Engagement includes:**

1. Helping to assess the performance of the health program, facility, or system via focus groups, surveys, or participation in work groups, task forces, or committees. This may include the use of the MSH “Challenge Model” and various other tools to enable individual and group problem definition and needs assessment.
2. Participating in planning and design of program interventions and investments, as well as in determining metrics for measuring how the plans progress and performance can best be monitored.

3. Helping implement the interventions and then tracking results as the interventions are implemented.

4. This engagement increases the opportunity for stakeholders to better shape, understand, and own the plans and activities needed to address health system performance challenges. Examples of this multi-stakeholder engagement in PY3 include:

   • In Côte d’Ivoire, LMG provided ongoing technical and financial assistance to members of the Global Fund’s CCM and PRs on the Global Fund’s new funding model (NFM). As a result, 53 participants, including members from each of the three CCM disease committees, the secretariat, the financial committee, and representatives from each of the six PRs were trained on the Global Fund’s NFM in preparation for concept note submission later this year. The workshop focused on increasing the understanding of CCM members and PRs of the proposal development process and clarifying roles and responsibilities within the new CCM structure and in line with the NFM. This training has enabled the CCM to lead the process of developing a concept note for malaria funding under the NFM, which will be submitted to the Global Fund for review on August 15, 2014.

   • In Côte d’Ivoire, LMG conducted supportive supervision training sessions with six trainers from the N’Zi-Iffou region and 50 senior departmental health team members from six departmental directorates. These were to strengthen the capacity of N’Zi-Iffou regional- and departmental-level leadership to conduct effective supervision of technical teams, through the introduction and development/adaptation of methods, tools, and specific channels of supervision.

   • In Vietnam, LMG supported PEPFAR and the MOH to develop and pilot a Stakeholder Engagement Planning Tool to support local planners and stakeholders in the comprehensive planning of limited resources for HIV and AIDS. This Systems Dynamics-based computer model includes baseline data on the HIV and AIDS epidemic and services in Hai Phong province and the ability of users to forecast different scenarios in the future based on budget and service needs.

2.2 PY3 Focus Areas

e. Gender and Inclusion, Youth, and Traditionally Excluded Populations

LMG recognizes social exclusion and gender discrimination as key barriers to vulnerable populations realizing the right to health. Women continue to face barriers to their economic and political participation, and are vastly under-represented in leadership and management positions and on governing bodies worldwide. Women’s exclusion is often supported by social norms and traditional values. The 15 percent of the world’s population estimated to live with some form of disability are also often excluded from participation in leadership, management, and governance. Persons with disabilities experience greater unmet needs for health and rehabilitation services and are more likely to be denied care and have poorer health outcomes than persons without disabilities.

Women, older people, and the poor are disproportionately affected by disability; and women with disabilities face a double burden as they experience exclusion on account of their gender as well.1 Some of the barriers to accessing health services and participating in health decision-making are physical, such as inaccessible buildings and transport, while some are institutional, such as inadequate policies and information. Others are attitudinal, such as stigma. As recognized at the 2013 and 2014 World Health Assemblies, improved health for persons with disabilities and other key populations serves as a catalyst to their participation in society and to positive outcomes in wider-reaching areas such as education, employment, family, community, and public life.2

Capacity development in leadership, management, and governance is critical to strengthening the performance and service delivery of organizations and programs that meet the health needs of these historically excluded groups. It is also important to equip women, persons with disabilities, youth, and others with the capacity to influence health system policies and services and the opportunities to participate directly in addressing existing health inequities and disparities. Through its field programs and core funded activities, LMG has seized opportunities to ensure that some socially excluded and marginalized groups participate effectively in leadership, management, and governance activities. Programs ranging from institutional strengthening for gender mainstreaming to training women with disabilities on leadership skills demonstrate LMG’s efforts to promote inclusion and improved health of those who are marginalized because of their identities.

Throughout PY3, LMG has amplified the voices of women leaders as change-makers in the health sector. At the International Conference on Family Planning, An Open Mind and a Hard Back: Conversations with African Women Leaders was launched at IPPF’s Africa Region’s Annual Learning and Sharing Platform and at the African Women’s Leadership Network High Level Panel. The publication documents and shares the perspectives of women leaders including their challenges and successes. In celebration of International


2 http://apps.who.int/gb/ebwha/pdf_files/WHA67A67_16-en.pdf?ua=1
Women’s Day, LMG released video interviews with prominent women leaders to support and encourage future women leaders in the health sector (LMG Core Activity P8). LMG hosted an interactive three-day online seminar on LeaderNet called “Women in Leadership” to raise awareness on the challenges women face in the workplace and to develop strategies to overcome them. The seminar discussed qualities of women’s leadership and challenges women face in the workplace with nearly 400 health professionals from 74 countries. Due to the popularity of the seminar, a follow-up seminar will be held in PY4.

As youth were identified as a priority group for LMG in PY3, we started to work with young leaders in partnership with IPPF’s Youth Action Movement. At the International Conference on Family Planning, IPPF and LMG co-facilitated a session titled, “Youth Leadership Workshop on Family Planning,” attended by more than 25 young people from Africa and Asia. Additionally, at the World Conference on Youth, LMG and IPPF co-facilitated a side session titled “Building Youth Leadership for Family Planning and Global Health in the Post-2015 Development Agenda.” Beyond conference workshops, LMG has developed a partnership with the newly created International Youth Alliance for Family Planning (IYAFP) to elevate the voices of young leaders for more accessible youth friendly services LMG Core Activity P8).

LMG has also invested in a growing portfolio of activities to strengthen leaders and organizations aiming to expand rights and opportunities for other socially excluded populations, including persons with disabilities, torture survivors, and victims of conflict and war. These efforts have included facilitated trainings on rights-based programming, including “Human Rights and the Convention on Rights for Persons with Disabilities Seminar Series,” part of the Regional Senior Leadership Program for Ethiopia, Sudan, Tanzania, and Zambia with the International Committee for the Red Cross. In addition, there were three national wheelchair stakeholder meetings in Mongolia, the Philippines, and Vietnam. LMG also hosted 12 leaders of Disabled People’s Organizations (DPOs) from six countries for the “Leadership Training on Disability Rights and Independent Living,” in collaboration with the National Council on Independent Living (NCIL). LMG provided technical assistance in organizational development to the ten torture rehabilitation centers involved in the Center for Victims of Torture’s Partners in Trauma Healing Project and worked with Ponseti International Association to apply a public health approach to the scale up of clubfoot treatment in Nigeria, Pakistan, and Peru, among others.

As LMG prepares for our fourth year, we are working to better articulate and refine our approaches to supporting the meaningful participation and voice of vulnerable populations. We aim to leverage lessons learned and identify opportunities to continue to innovate in this area. Experience from PY3 that we will build on in PY4 includes:

• In Benin, LMG supported the MOH to develop a gender policy and strategy document using the participatory gender audit to develop a realistic and clear strategy. As a result, the Gender Mainstreaming Strategy is in the final stages of review with key in-country stakeholders, and a formal validation is planned for August of 2014.

• In Honduras, LMG supported six local NGOs implementing prevention projects to learn more about preventing gender-based violence, especially in relation to HIV and AIDS. LMG conducted three three-day workshops, each geared to a different NGOs audience, including those that work with female sex workers, men who have sex with men and transgender populations, and the ethnic Garifuna population. As a result, eight capacity development plans on gender-based violence prevention were developed by the NGOs, and a referral plan was created for the NGO staff to implement when faced with cases or potential cases of gender-based violence. Six regional health offices also participated and developed checklists to periodically monitor the work of the NGOs on preventing gender-based violence.

f. Professionalization of Health Services Management

Health systems depend on well-prepared and competent health service providers. However, there is a recognized global deficit in doctors and nurses who have been trained in the practical managerial skills necessary to provide clinical services. Health professionals at all levels face increasingly complex health environments that are characterized by new epidemiological, economic, social, demographic, political, and technological challenges.3 As a result, they must regularly update their technical and managerial skills to perform optimally and contribute to national and global health targets. The skill set and competencies needed in this kind of environment are vastly different from what their counterparts needed a decade ago.4 In particular, health managers must have deeper and broader leadership, management, and governance skills to meet the evolving challenges of their jobs.5

With many low- and middle-income countries facing this need, the LMG project partnered with African academic institutions to develop these essential capabilities through pre-service health professional training in PY2. In PY3, LMG continued working with these institutions to support them in the development, adaptation, and/or integration

3 MSH, eManager on Professionalizing, 2013.
of L+M+G curricula into their current educational offerings through:

1. Continued technical assistance for PY2 VLDP graduating institutions along the pathway of pre-service curriculum integration (LMG Core Activity P6)

2. Preparation of academic faculty to deliver practical L+M+G learning and application (LMG Core Activity P6)

3. Support to countries in standardizing pre- and in-service L+M+G curriculum (LMG Ethiopia Activities 1-3 and LMG Core Activity P6)

4. Virtually supporting networks of institutions to scale-up L+M+G pre-service curriculum across countries and regions (LMG Core Activity P2)

5. Developing a joint Amref/MSH LMG Pre-service Curriculum for scale-up among Amref’s networks and virtual training school (LMG Core Activity P2).

These activities produced several significant achievements. In Ethiopia, the in-service LMG curriculum was approved and endorsed by the Federal Ministry of Health (FMOH). The team is now working with various universities and training institutes at the national and regional level in rolling out the training country-wide. This has also served as the basis for the development of a LMG pre-service curriculum, and the project is working in tandem with 8 local universities and the Ministry of Education to similarly approve and accredit a pre-service curriculum for health professionals.

Several other institutions also made strides towards integrating practical L+M+G competencies and learning in their curricula with LMG support in PY3. Regina Pacis University in Kenya (LMG Core Activity 6.6 deliverable) revised their nursing curriculum to include L+M+G concepts, and has submitted it to the Nursing Council of Kenya for review. LMG plans to continue supporting this and other school’s plans to prepare students with these competencies in 2014.

Amref and MSH jointly developed an innovative pre-service curriculum, which includes elements of gender, action-oriented leadership development, and governance, to be dissemination and scaled-up among the 23 member Africa Health Leaders and Managers Network (AHLMN). This strategic partnership aims to reach thousands of students in 15 Sub-Saharan countries with transformational L+M+G training.

As part of LMG support for professionalizing careers of health leaders/managers, LMG published the eManager “Paving the way toward Professionalizing Leadership and Management in Healthcare” at the end of PY2. In PY3, LMG publicized and disseminated the electronic publication to thousands of health managers around the world. LMG also continued to support the updated LeaderNet Platform that reaches 10,000 health managers/leaders around the world with Leadership Development Forums and resources in PY3. As an important vehicle toward supporting career paths for health managers and leaders, the LeaderNet platform was updated by the LMG project to enhance users’ experiences and the sharing of best practices.

LMG’s multipronged strategy to promote the professionalizing of health leaders employs a variety of approaches, including virtual programs and platforms that provide guidance for institutions of higher learning and other health managers/leaders, targeted support to MOH for accomplishing its professionalizing priorities, and longer-term, specialized, technical assistance for health colleges and universities from multiple Sub-Saharan countries. Thus, the LMG project works to strengthen the skills of health professionals at all
levels of the system, as a means of improving health system performance and achieving sustainable health outcomes.
Section 3: Project Progress Report
3.1 Project Activities within PRH (Core Funding)

The LMG Project strives to enhance the performance of government and CSO programs in family planning, reproductive health, and maternal-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 PY3 outputs and activities in these areas:

- Professionalization
- Capacity development
- Communications and advocacy
- Knowledge exchange and innovation
- Monitoring, evaluation, and research

a. Professionalization

**Output P1: Amref Capacity Building with Midwives - Amref LMG Certificate Program for Midwives**

The lack of leadership, management, and governance (L+M+G) training for sub-Saharan African midwives has been identified among many,¹ ² as a bottleneck in the effective and efficient delivery of health services related to family planning and the reduction of maternal and infant mortality. In PY3, LMG has built a practical, experiential-learning based course that aims to ensure that every African midwifery services manager can be an agent of transformative leadership in her workplace.

To inform and guide the development of this course curriculum, the LMG team conducted an assessment of gaps among practicing midwife managers, which included interviewing midwives about their experiences. The interviewees noted a lack of leadership, management, and governance content in current midwife training curricula. They highlighted six L+M+G areas that were deemed most important for their professional preparation,

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<thead>
<tr>
<th>Country</th>
<th>Output Number</th>
<th>Output Title (type of support)</th>
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<tbody>
<tr>
<td>Uganda</td>
<td>P4, P7</td>
<td>LDP+ and Learning Center Capacity Development through Business Planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LMG Midwife Certificate Course</td>
</tr>
<tr>
<td>Ghana</td>
<td>P4, P7</td>
<td>LDP+ and Learning Center Capacity Development through Business Planning</td>
</tr>
<tr>
<td>Cameroon</td>
<td>P7</td>
<td>LDP+</td>
</tr>
<tr>
<td>Kenya</td>
<td>P1, P2</td>
<td>VLDP with Amref and Pre-service Curriculum</td>
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<td></td>
<td></td>
<td>LMG Midwife Certificate Course</td>
</tr>
<tr>
<td>South Africa</td>
<td>P2</td>
<td>VLDP Participant Team</td>
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<td>Zambia</td>
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<td>Botswana</td>
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<td>VLDP Participant Team</td>
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<tr>
<td>Swaziland</td>
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<td>VLDP Participant Team</td>
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<td>Rwanda</td>
<td>P6</td>
<td>LMG Pre-service Curriculum Integration into Academic Institutions</td>
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<td>Ethiopia</td>
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<td>Tanzania</td>
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<td>Malawi</td>
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¹ ² ¹ ²

1 WHO working paper 8: Managing the Health Millenium Development Goals—The challenge of Health Management Strengthening; Lessons from Three Countries.
including team work and communication, advocacy, coaching and mentoring, database management and decision making, change management, and the strategic problem solving process. These areas were then included in the revised curriculum, which consisted of a five-day intensive course that prepared participants for a six-month implementation phase, during which the course facilitators would offer continued supportive supervision and coaching.

Representatives of the MOH and Regulatory Bodies from Kenya, Tanzania, Uganda, Ethiopia, and Malawi convened in Amref’s Nairobi office in February of 2014 to discuss the adoption of the new curriculum for midwifery services managers and to select program facilitators. Facilitators from Kenya, Uganda, Malawi, Ethiopia, and Tanzania were then trained at Amref’s headquarters to deliver the certificate course to midwives in their local communities.

Returning to each of their countries, the facilitators trained ten midwives during the five-day course, conducted in May and June of 2014. After completing the training, the midwives began implementing their six-month long plans or “challenge projects” which they developed during the course to help them achieve maternal, neonatal, and child health improvements in their local work stations. The course facilitators are responsible for providing ongoing coaching and follow-up to the midwives during this period. At the end of the six months, the midwives will report on their successes and challenges. Following successful completion of the six month follow-up, the midwives will receive their certificates from Amref.

This activity also focused on developing a mentorship network for the graduating midwives. Mentoring is a key component of this activity to ensure that graduates of the LMG Certificate in Midwifery continue their exchange and build a strong foundation for collaboration and support after the training concludes.

With this aim in mind, the LMG project, in close partnership with Amref Health Africa, hosted a stakeholder roundtable on lessons learned for course scale-up and mentorship on July 10, 2014, in Nairobi, Kenya. The roundtable was attended by representatives of Kenya’s MOH, the National Association of Midwives, and the National Nurses Association of Kenya who are interested in the effect of leadership training on midwife performance and health outcomes. Five of the midwives trained and two of the trainers representing Ethiopia, Kenya, Malawi, Tanzania, and Uganda shared their stories on how the training has impacted their work and their ideas for the structure of a sustainable mentorship network for midwife graduates. Collectively, the midwife managers decided to create an informal Facebook network for communication among graduates and a formal LMG for Midwife Managers Graduate Network on MSH’s newly redesigned LeaderNet platform. The LeaderNet network will stimulate continued communication among the midwives and provide additional technical resources, seminars, and opportunities to interact with the broad base of LeaderNet members around the world.
The five teams developed action plans in collaboration with the VLDP facilitators that outlined clear steps to attain measurable results. These teams fully completed the VLDP’s coursework and requirements, and continued support will be offered to them through the implementations of their action plans in PY4. The teams will come together in August of 2014 for a virtual session to discuss achievements and challenges, and again in October of 2014 to present results.

In their evaluations, teams reported gaining leadership and management skills and noted personal and organizational changes as a result of the VLDP. Comments among the participant’s feedback included:

“(The VLDP was) a very robust and well-researched program – a real treasure for organizational success!”

“I have improved my communication skills, team-building skills, and organizational skills. I recognize that everybody has a role to play in the development of our institution; therefore I am more inspiring and encouraging to team members. I offer genuine praise where my team has done well.”

“After the program, I have started to listen to my colleagues a lot better. I praise my subordinates when they do a good job and plan for my events better. I can even come up with indicators easily now, and these have helped me to see whether I am making progress (towards my goals) or not.”

Output P3: Toolkit on Decentralized Health Governance

Good governance is essential to strengthening health systems. It enables those who manage and deliver health services, and results in wiser strategic plans that make health systems stronger, mobilizes resources to support implementation of these plans, and encourages the stakeholder engagement that fosters country ownership. It ensures effective and efficient use of medicines, information, human resources, and finances, enables improved health system performance, and results in better health outcomes.

In the first project year, LMG distilled and defined several effective governing practices, including cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance enhancement. This was done through extensive surveys, key informant interviews, literature review, roundtable discussions, and fieldwork. In PY2, LMG tested these governing practices with encouraging results in Afghanistan.

Building on the experience of the first two project years, LMG developed a series of five guides on effective governance of the health sector and health institutions.

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

The primary users of these guides are the teams of leaders who govern and who manage the health sector and health institutions in low- and middle-income countries. The guides are designed to help these leaders implement the essential governing practices in their organizations. The guides are applicable to the public sector as well as to NGOs and to the national, provincial, district, or community levels of the health system, as well as at the institutional, organizational, or health facility level. Using these materials, members of governing bodies that direct provincial health systems, district health systems, hospitals, and health centers in public and not-for-profit sectors will be able to
adapt and apply effective governing practices to their own settings, improve their governance and, improve their organization’s performance.

To facilitate the structured delivery of the guides’ content, LMG has also developed facilitator handbooks. The handbooks are designed as the training facilitator’s resource and tool for increasing governance capacity of health systems leaders and managers. Separate handbooks have been developed for training governance leaders or members of governing bodies of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers.

Three Provincial Public Health Coordination Committees and 11 District Health Coordination Committees in Afghanistan developed and completed governance development action plans based on their use of the governance guides. By the end of the PY3, nine more Provincial Public Health Coordination Committees and 24 health facility consultative councils were in the process of implementing governance development action plans.

In PY4, LMG will widely disseminate the guides and handbooks and provide some technical assistance in their use. The emphasis will be on applying effective governing practices to strengthen the African health systems and help obtain better health and FP/RH outcomes. The toolkit will be distributed for use in the Ministries of Health in sub-Saharan Africa via collaboration with the East, Central and Southern African Health Community (ECSA-HC) and the West African Health Organization (WAHO). The ECSA-HC has 10 member countries and the WAHO has 15 member states. Translation into French will be accomplished in PY4 Q1, and dissemination of the guides and handbooks will be done with Francophone countries in PY4 Q2.

Output P4: IPPF Learning Centers Capacity Building

One of the goals of the LMG Project was to strengthen the capacity of IPPF’s four Learning Centers (LCs) in Ghana (Planned Parenthood Association of Ghana (PPAG)), Uganda (Reproductive Health of Uganda (RHU)), Cameroon (Cameroon National Planning Association for Family Welfare (CAMNAFAW)), and Mozambique to provide quality leadership, management, governance, and sexual and reproductive health and rights (SRHR) services to other IPPF member associations. The LCs are intended to be resources for and provide technical support to other IPPF members. In PY3, the LMG Project strengthened the ability of the LCs in Ghana and Uganda to sustain their work by leading them through MSH’s Business Planning for Health (BPH) Program, designed to build their self-sustainability and their capacity to develop new business or sources of income. In PY4, LMG will similarly work with the LCs in Mozambique and Cameroon.

The BPH Program equips organization’s team members with the skills to draft sound business plans that will help them advance their mission. The BPH guided participants to learn how to capture and package new business opportunities, identify target markets and marketing strategies, determine the best staff to develop opportunities, navigate financial aspects of a business plan, including making projections of social and financial returns, and develop a strategy for approaching funders and investors.

In the BPH workshops, the facilitators guided PPAG and RHU staff through the process of selecting a viable product/service, developing marketing messages, costing out the new service, and budgeting for its launch and implementation. In Ghana with PPAG, the team developed a draft business plan focused on selling SRH training to private sector organizations. In Uganda, the team RHU selected the LDP+ to be scaled up and delivered to regional MAs and other Ugandan CSOs. During PY4, the facilitators will continue to follow up with the LCs to support the plan development and implementation to increase their sustainability.

b. Capacity Development

Output P5: Implementing Best Practices (IBP) Initiative supported and Guide on Fostering Change for Scale Up of Effective Health Practices updated

At the end of PY2, LMG transferred the role of IBP Chair to Pathfinder International. During PY3, LMG continued to play an active role in the IBP Consortium as a member of the Steering Committee and as the Chair of the Fostering Change for Scale Up Task Team. Additionally, LMG served in an advisory role throughout early PY3 to Pathfinder by helping orient their staff and
sharing lessons learned from MSH’s experience as IBP Chair, LMG participated in the semi-annual IBP meetings, making a presentation on Fostering Change for Systematic Scale of FP/RH Practices at the December 2013 meeting. In the June 2014 IBP meeting, LMG worked with IBP to coordinate a dedicated planning session related to IBP’s upcoming collaboration with the West Africa Health Organization (WAHO).

LMG continued to take an active global leadership role with the IBP Secretariat and other IBP partners to promote the IBP Guide to Fostering Change to Scale Up Effective Health Services and to provide technical assistance on systematic approaches to scaling up best practices. As the Chair of the related task team, LMG collaborated with IBP to plan its track at the November 2013 International Conference on Family Planning in Addis Ababa, Ethiopia. The IBP track included eight sessions and 20 workshops. With guidance from LMG, all 28 sessions and workshops highlighted the principles of change and reinforced the importance of deliberately leading change and systematically planning for scaling up. In addition to advising in the design of these sessions, LMG led an interactive workshop where 15 participants had hands-on practice with the Guide to Fostering Change to Scale Up Effective Health Services.

Additionally, LMG has continued to coach and support our ECSA-HC partners as they work with member states and other constituencies to scale up FP/RH approaches in the ECSA region. This included technical advising throughout ECSA’s Best Practices Forum in August of 2013. ECSA, the IBP Secretariat, and LMG organized a preconference workshop on reproductive health and disability, where ECSA highlighted the unmet need for FP/RH services among women with disabilities and WHO presented tested approaches to overcoming barriers. IBP and LMG facilitated a session where country teams identified steps they could take to overcome barriers and made recommendations for medium- and long-term plans for addressing unmet needs, based on the principles of fostering change. Some of these recommendations were then taken up by ECSA for dissemination to the region’s health ministers. During the Best Practices Forum, LMG also participated in the ECSA Council of Nurses’ Family Planning Update for Senior Nurses and Midwives, and supported the ECSA organizers in highlighting USAID’s High Impact Practices throughout the Forum presentations. As requested, LMG has provided virtual coaching to ECSA representatives as they have continued to provide technical assistance to their member states throughout the year.

Throughout PY3, LMG served on the Resource Team for the USAID and Evidence 2 Action Community of Practice on Systematic Approaches for Scaling Up. As a member of this team, LMG collaborated with other FP/RH cooperating agencies to strengthen the knowledge-base and coordination of partners’ scaling up efforts globally.

Output P6: Supporting Pre-service Curriculum Integration in Academic Institutions

In PY3, LMG continued working with institutions of higher learning to support them in the development, adaptation, and/or integration of L+M+G competencies into their current educational offerings. This activity focused on providing continued technical assistance to four PY2 VLDP graduating institutions to support them in integrating L+M+G content into their educational programming and to prepare the faculty of these institutions to facilitate practical L+M+G learning and application.

LMG supported several institutions in integrating practical L+M+G competencies and learning in their curricula. LMG staff supported Regina Pacis University in Kenya (see case study, deliverable P6.6) in revising their Nursing Curriculum to include L+M+G concepts. Their faculty was also trained in experiential learning facilitation and in L+M+G concepts, curriculum revision, and institutional integration. The team has already submitted the new curriculum to the Nursing Council of Kenya and to the University Senate in order to begin preparing students with these competencies in 2014.

Similarly, Kibogora Polytechnic School of Health Sciences is working to revise their curriculum to adequately and innovatively prepare their student body for the L+M+G challenges that they will face in their workplaces. The new institution, which is run by the Free-Methodist church, admitted their first class for advanced nursing in 2012. Since participating in the 2013 VLDP for Pre-service Institutions, Kibogora expressed interest in improving the L+M+G competencies of their students, as well as enhancing the overall quality and delivery of its training program. LMG facilitators focused on developing Kibogora faculty’s skills in the curriculum review process, adult learning and facilitation approaches, and coaching and team dynamics. To ensure application of these skills, the facilitators supported lecturers from multiple colleges (including Health Sciences, Business, and Education) to improve their curricula and integrate L+M+G content. After the completion of the review process, the department will present the curricula to the college board for approval in PY 4.

Working within the LMG Ethiopia project’s strategy to standardize pre- and in-service LMG curriculum, LMG provided technical assistance to Haramaya University and Harar Health Sciences College to support faculty in understanding and navigating the curriculum review and integration process in the Ethiopian context. They worked to develop a shared understanding among university faculty of experiential learning, communication and facilitation, the competency framework, coaching, monitoring and evaluation. They shared lessons and experiences from other contexts, explored the pros and cons of various integration options, and developed a draft Integration Pathway that can be customized to generate a plan for integrating
The team from Kibogora Polytechnic
L+M+G into pre-service curriculum in Ethiopia. See deliverable P6.3 for the integration plans of the three universities.

The Rwamagana School of Nursing and Midwifery was the fourth school selected, after their participation in the PY2 VLDP for pre-service institutions. Planning for the first pre-service integration workshop with Rwamagana was delayed due to a country-wide restructuring of public institutions of higher learning under the University of Rwanda system. Discussions will progress through PY4 in hopes of supporting Rwamagana after the restructuring.

Output P7: LDP+ with IPPF - Scaling up LDP+ through IPPF learning centers in Sub-Saharan Africa

Despite improvements in recent years, significant challenges persist regarding access to family planning services, especially among youth, across sub-Saharan Africa. As a strategy to support family planning providers in the Africa Region, IPPF’s Africa Regional Office has established Learning Centers (LCs) in selected IPPF Member Associations in Ghana, Uganda, Cameroon, and Mozambique to decentralize technical assistance and to serve as centers of knowledge and technical support. As a strategy built on south-to-south exchange principles, the objectives of the LCs are to strengthen the capacity of other reproductive and sexual health service delivery providers in the region. PY3, the LMG Project worked with the LCs to meet these goals by training their staff to deliver one of MSH’s most widely used tools—the Leadership Development Program Plus (LDP+). The LDP+ is a team-based, results-oriented, participatory leadership development process that enables teams to face challenges and achieve results through action-based learning. In the program, individuals from the same workplace form teams to learn and apply leadership, management, and governance practices to improve a common set of health indicators. By achieving workplace results, program participants gain key leadership, management, and governance skills that lead to improvements in their performance.

In the next six months, participants in the clinics will implement action plans developed during the training to improve indicators, such as: the number of reproductive health services offered; the number of STD screenings and treatments provided; the number of cervical cancer screenings; and the number of stock outs of contraceptives. During this phase, the newly trained facilitators will provide continual coaching to the other clinics, and will organize a mid-term meeting for sharing team achievements, best practices, and implementation challenges.

This first level of roll-outs to PPAG, CAMNAFAW, and RHU clinic branches will provide the experience needed to later enable the LCs to scale up the LDP+ to other IPPF MAs and to other regional health organizations. These activities are continuing through 2014. Through improved leadership, management, and governance capacity, it is anticipated that reliable access to family planning services for youth will be improved throughout sub-Saharan Africa to prevent unwanted pregnancies, and reduce unsafe abortions and maternal mortality.

c. Communications and Advocacy

Output P8: Promoting L+M+G (Activities P8.1–P8.3)

The International Conference on Family Planning (LMG Core Activity P8.1), sponsored in November, 2013 by the Bill and Melinda Gates Institute for Population and Reproductive Health, convened 3,000 global health professionals, political leaders, advocates, and young leaders in Addis Ababa,
Ethiopia. At the conference, LMG co-facilitated a side session with IPPF titled, “Youth Leadership Workshop on Family Planning.” More than 25 young people attended the session from Africa and Asia. Participation in the conference expanded LMG’s audience to young professionals entering the health workforce, and was key to launching LMG’s youth activities. The LMG Youth Brief (Deliverable P8.1) was shaped by the side session and detailed LMG’s vision for youth leadership in PY4. Additionally, the conference facilitated a partnership between LMG and the newly created International Youth Alliance for Family Planning (IYAFP). LMG signed a Memorandum of Understanding with IYAFP in Q3 of PY3 to work together to elevate the voices of young leaders calling for more accessible, youth-friendly services (LMG Core Deliverable P8.2).

Building on the momentum from the International Conference on Family Planning, the Technical Advisor for Global Advocacy and Partnerships attended the World Conference on Youth in Colombo, Sri Lanka in May of 2014. Collaborating with IPPF, LMG hosted a side session titled “Building Youth Leadership for Family Planning and Global Health in the Post-2015 Development Agenda,” which also discussed ways that the LeaderNet platform could address the needs of youth leaders in PY4.

At the International Conference on Family Planning, the publication, An Open Mind and a Hard Back: Conversations with African Women Leaders, was launched at IPPF’s Africa Region’s Annual Learning and Sharing Platform and at the African Women’s Leadership Network High Level Panel. The publication was a result of interviews with African Women leaders and parliamentarians (LMG Core Activity P8.3), and has been important for documenting and sharing the perspectives of women leaders. The publication amplifies the collective voices of women to bring about change. To celebrate International Women’s Day, LMG launched video interviews with Afghanistan’s Minister of Health, Dr. Suraya Dalil, and Haiti’s Minister of Health, Dr. Florence Guillaume, (LMG Core Deliverable P8.3).

As a way to raise awareness of the challenges women face in the workplace and of strategies to overcome them, LMG hosted a three-day online seminar on LeaderNet called “Women in Leadership.” The seminar discussed women’s leadership and the challenges women face in the workplace. Nearly 400 health professionals representing 74 countries participated (Activity P8.3). Due to the popularity of the seminar, a follow-up seminar is planned for PY4.

The Director of Global Advocacy and Partnerships attended the Business for Social Responsibility Conference in San Francisco in November of 2013 to continue to explore partnerships with private sector companies. LMG continues to have discussions with the private sector to mobilize support for L+M+G from non-USG sources.

d. Knowledge Exchange and Innovation

Output P9: Appropriate technology is leveraged to support robust knowledge exchange and innovation in the area of leadership, management and governance for health

A technology audit completed in March of 2013 looked at key eLearning trends and their impact on knowledge exchange delivery in LMICs. Specific platform recommendations were then implemented, launching a new upgraded and agile LeaderNet.org platform that went live in March of 2014. This offered interactive team based courses (VLDPs), online seminars, self-paced leadership courses, and opportunities for south-to-south knowledge exchange and support for communities of interest.

The original VLDP and LeaderNet websites were developed on a ColdFusion-based system, a web application server and software development framework launched more than ten years ago. Each VLDP was a separate website and database, as was LeaderNet, and all were hosted on the same U.S.-based web server. LeaderNet and each VLDP had its own SQL database, which were also hosted on a U.S.-based web server. The administration associated with building the sites was extensive and the ability to promote south-to-south knowledge exchange and support for communities of interest was very limited.

The new LeaderNet.org has expanded social networking functionality that better supports the global community of those who lead, manage, and govern in the health sector of LMICs. Built on an open-source WordPress platform and using BuddyPress plug-ins to develop unique groups to host communities, courses, and seminars, the
site now also houses the database that collects reporting information for all MSH leadership programs, both face to face and virtual programs. LeaderNet.org supports a revised program for the VLDP that is easily replicable, with limited developer/management time needed, scalable, as LMG can easily offer multiple concurrent programs, and is mobile friendly. As a result, the courses are less expensive to run, and the platform allows for technology transfer to local organizations supporting decentralized administrative roles. It offers opportunities for external partners to leverage the expanded functionality and global reach through the use of subdomains.

With the launch of the new LeaderNet.org, health managers have the opportunity to strengthen their leadership skills and exchange information and ideas with peers around the world. Equipped with the latest features in eLearning, LeaderNet.org now enhances peer-to-peer collaboration through the use of customized profiles, social media, and personalized interactions. Action-learning is delivered through face-to-face and online course facilitation, self-paced distance learning, virtual seminars, and support for knowledge exchange across global communities of practice.

Output P10: Develop Enhanced Web portal for M&E

In 2012, LMG began to collaborate on a LDP+ data collection tool using cell phone technology, based on Medic Mobile’s mHealth expertise. Nigeria was selected as the pilot country because of its high proliferation of cell phones and because of the presence of an MSH office that could facilitate the pilot process. They were also conducting an LDP+ for which the tool could be used to collect action plan completion data. A feedback loop messaging system was developed with two components, one that would track LDP+ action plans and offer assistance through mobile coaching, and another that would track prevention of mother to child treatment (PMTCT) indicators, such as the number of HIV+ pregnant women counseled on FP and the

![Exhibit 11. Screenshot of LeaderNet.org Web Portal](Image)
number of HIV+ non-pregnant women counseled on FP. LMG developed what medic mobile calls a SimApp to create the feedback loop between a user’s phone and central hub phone that the MSH office used to track the LDP+ and PMTCT data. The SimApp works by loading data collection forms directly on to a SIM card, enabling health workers to collect structured data using any mobile phone.

Working with the MSH ProACT Project, LMG trained two staff from eight health facilities in Kwara State, Nigeria, on how to use the SimApp tool in November of 2013. ProACT is a leading USAID-funded project based in Nigeria that supports HIV and AIDS and Tuberculosis (TB) services, while emphasizing building government and CSO capacity to strengthen and deliver integrated health services. The trained staff were given parallel SIM chips for their personal phones so they could use them to submit selected data. After the training took place, these staff were asked to submit data on the identified indicators prior to implementation (from April through November of 2013), along with their LDP+ action plans. From November onward, the facility was instructed to send new indicators for PMTCT, LDP+, and FP/ HIV reports on a monthly basis. ProACT put in place a local oversight team to monitor and aid the facilities. The oversight team consists of a local NGO based in Kwara state and a MOH official that provides technical assistance for the PMTCT information. The team was trained on using the phone and the dashboard as well.

In June of 2014 LMG assessed SimApp use in Nigeria. Informants confirmed that all the participants who received training understood the use of the Medic Mobile SimApp and that each facility had been trained in how to collect and submit the data. When interviewed on how useful the application had been for submitting data and reinforcing the LDP+ practices, health staff reported that using the app had led to less travel and an overall improvement in their work efficiency at the facility. Throughout the interviews, the facilities staff and oversight teams had repeatedly stated that they had no problems with entering the data, but as the assessment continued, it was clear most of the information was not being reviewed properly.

During the assessment, there was a review of the data submitted to ProACT through the online Medic Mobile dashboard, with the ProACT staff stating that they reviewed this dashboard often. However, a number of challenges were quickly identified. A review of the LDP+ and PMTCT implementation data from January to June of 2014 identified that many of the facilities had failed to send in their monthly reports with no follow-up or consequence. While the pilot design included a monthly review of the data at the facility, oversight team, and ProACT project level, this had not happened. Without this review, many of the teams had not seen the need to consistently complete their data submissions. Some facilities sent data in for one month but not the next. Additionally, the oversight teams had not been told how to improve the facilities’ handling of submissions and for what the data was used.

It was discovered during the assessment that regular feedback was not being provided to the facilities after initial training and data submission had begun. A formalized feedback mechanism is critical for this type of partnership and for the mobile technology to work as designed, along with committed participation and a constant review of the information and data being sent. To solve these problems, LMG and the ProACT project staff need to implement monthly coordination meetings, conduct more reviews of the information entered into the dashboard, and work quickly through their IT staff to resolve any technology issues related to the phones and SIM cards. This type of review and subsequent follow-ups will recognize the facilities’ hard work, allow for proper data evaluation, and provides an opportunity to fix any data errors.

Output P1: Second Governance for Health Roundtable

Beginning in 2012, LMG has organized an annual roundtable conference on health governance to share experiences and insights in applying effective governing practices. The aim is to achieve higher health system performance and better health outcomes and to explore trends and strategies for improved governance in the health sectors of low- and middle-income countries.

In PY3, LMG organized the Second Roundtable Conference on Governance for Health and hosted a post-roundtable briefing at USAID. The two-day event was in collaboration with USAID and other USAID-funded projects working on health governance, including the Health Financing and

### Exhibit 12. Sample Indicators for LMG/Medic Mobile SIMApp Activity in Nigeria

<table>
<thead>
<tr>
<th>Sample Indicator</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Pregnant counseled (# of HIV+ pregnant women counseled on FP)</td>
<td>14</td>
</tr>
<tr>
<td>Pregnant referred (# of HIV+ pregnant women referred for FP services)</td>
<td>0</td>
</tr>
<tr>
<td>Not-pregnant counseled (# of HIV+ non-pregnant women counseled on FP)</td>
<td>14</td>
</tr>
<tr>
<td>Not-pregnant referred (# of HIV+ non-pregnant women referred for FP services)</td>
<td>1</td>
</tr>
<tr>
<td>Post-partum counseled (# of HIV+ women post-partum counseled on FP)</td>
<td>3</td>
</tr>
<tr>
<td>Received FP info (# of HIV+ men &amp; women receiving FP info during support group meeting)</td>
<td>2</td>
</tr>
<tr>
<td>Total HIV+ women</td>
<td>14</td>
</tr>
<tr>
<td>HIV+ women that attended FP Clinic</td>
<td>7</td>
</tr>
<tr>
<td>Total support group attendees</td>
<td>8</td>
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</table>
Governance Project, Health Policy Project, and CapacityPlus. The roundtable, held at Georgetown University’s McDonough School of Business in Washington, D.C., in August of 2013, involved more than 30 international governance thought leaders and practitioners. These discussions yielded seven key insights:

1. Governance enhancement contributes to health system performance enhancement, but only if intentionally designed and developed.
2. Women’s leadership is vital to good health system governance.
3. New technologies can enable smart governance decision-making.
4. Governance practices must flourish in decentralized health systems.
5. Corruption must be attacked by those who govern the systems and institutions in the health sectors.
6. Governance for essential medicines is an important opportunity for health systems strengthening.
7. Investments are needed to support evidence-based governance.

A summary of key observations from this second Roundtable Conference was made available on the LMG website (http://www.lmgforhealth.org/expertise/governing/governance-roundtable). The summary, which has been downloaded 35 times, has been reported by colleagues in the field to be a useful resource to health sector policymakers and managers for enhancing governance. It is a helpful framework to guide governance enhancement work in their organizations and to foster investments in health system governance. The roundtable conference generated insights on the value of good governance for health systems strengthening, and helped position USAID as a leader in health sector governance.

To continue these conversations on improving governance for better health system performance in PY4, about 50 practitioners, thought leaders, and experts will be invited to participate in PY4 in the third roundtable to be organized in conjunction with the Third Global Symposium on Health Systems Research at Cape Town in South Africa.

As noted earlier, at its mid-point, the LMG Project took stock of the M&E activity portfolio and recognized the need to refocus our strategic approach, shifting away from the implementation of rigorous research studies – i.e., taking on an applied or implementation research approach. This revised strategy allows the LMG Project to advance its research agenda, mindful of the challenges noted above, in order to meet project results. The revised MER strategy was developed with the following guiding principles in mind:

- **Leverage existing and ongoing LMG programmatic work**, as well as through the Leadership, Management, and Sustainability Project (LMS) Associate and Bilateral Awards and/or other projects where MSH is a partner.
- **Build an incremental, multi-year approach** that emphasizes key technical areas of importance and relevance across multiple countries.
- **Balance retrospective documentation and evidence synthesis with prospective measurement and evidence generation.**
- **Showcase programmatic (or operational) lessons as well as service delivery outcomes** to demonstrate the implementation and results of practical L+M+G interventions.

The ideas included in the revised strategy fall under two broad areas:

1. **Generating evidence around leadership development and its effect on health service delivery**: youth leadership, leadership development in decentralized contexts, LDP in FP integration, and LeaderNet-hosted data collection for leadership programs.
2. **Innovation, data use, and dissemination**: papers and webinar series, collaboration with implementing partners to identify and develop health system strengthening (HSS) metrics,
using LMG PMP for internal reviews and course-corrections.

The revised activities emerged from a month-long series of brainstorming with technical advisors at USAID, global technical experts at MSH and other cooperating agencies, external industry experts, review of cutting-edge research methods, and a review of global initiative strategy documents. The activities started in PY3 and will continue through PY4.

**Output M1: Results of In-Depth Case Studies Disseminated on L+M+G Programming and Interventions and Effects on Health Service Delivery**

During PY3, LMG had hoped to conduct two in-depth case studies – one focusing on IPPF’s experience with accreditation and governance and its results on family planning services and a second on integrating leadership and management into Amref’s midwifery curriculum. We were unable to get IPPF’s buy-in on the first study and there were significant delays in the second activity. LMG’s USAID AOR team agreed to rethink our MER strategy given the challenges in identifying case study examples as well as a multi-year rigorous evaluation research study.

**Output M2: Multi-Year Evaluation Research Initiatives Developed and/or Implemented**

During PY3, our efforts to identify and conduct a multi-year quasi-experimental evaluation research study were not successful due to a host of reasons beyond our control. We developed a detailed concept note and study design to evaluate the LDP in Kenya. During June-July 2013, several drafts of the concept note and budget were developed to determine the costs, within the ceiling of over a two year period. In August of 2013, the LMS Kenya implementation plan was moved up to October 2013 by the MOH, and there was a change in the focus counties, levels of facilities, and number of facilities. After several discussions with the LMS Kenya Project, the MOH could not accommodate a later start date. This revised focus no longer made it possible to implement a rigorous quasi-experimental design. The timeline did not give us enough time to get institutional review board approvals from JHSPH.

As an alternative, LMG held preliminary discussions with the MSH office in South Africa, which was conducting the LDP with pharmaceutical teams. The 12 teams in one district and nine possible teams in another were deemed insufficient for the study. JHSPH had advised a minimum sample size of 60 teams. At the end of 2013, LMG decided to take stock of these continued challenges and develop a new MER strategy, as described in section 2.1 of this report.

**Output M3: Web-based System to Collect, Track, and Monitor Results Developed, Tested, and Modified**

Based on a desk review of the last five years of MSH’s VLDP and a technology audit of the LeaderNet Platform conducted in PY2, the LMG Project identified the need to develop a web-based system to collect, track, and monitor the results and sustainability of MSH’s leadership development programs (LDP, LDP+, VLDP, and SLP).

This web-based system puts data collection, monitoring, and reporting into the hands of improvement teams that participate in the various leadership programs. They can log in to enter and track their own results over time (beyond the life of the intervention). This platform will improve the capture of results and leverage the learning and sharing benefits of the LeaderNet platform. The platform currently has 8,000 participants and a growing subscription base of leaders and managers.

In PY3, LMG worked with a vendor to implement the recommendations from the technology audit and overhaul the LeaderNet platform where the
The database is hosted. The database has:

1. User-specific views set by log in permissions: teams/facilitators can enter, review, and use their own data for monitoring progress and reporting results. Home office staff can input and review all data across teams.

2. Standardized indicator selection from a drop-down menu, and the ability to add unique indicators specific to an action plan: results across program offerings in different countries can be aggregated to show MSH’s impact on health service delivery and health system performance by health area.

3. Capability to be easily used on a mobile device: collect and upload data using a Medic Mobile application and access shared learning resources, such as discussion boards.

Sample data points include:

- Participant level data: Non-identifying demographic information (e.g., gender, position).

- Team level data: Measurable result, health area, health system building block, organization/institution, standardized and unique indicators.

- MSH level data: Programs offered, start/end dates, country, region.

The database will be piloted in PY 4 Q1 and Q2 in existing LMG or Center for Leadership and Management (CLM) countries implementing leadership development programs. LMG teams in Ethiopia, Nigeria, and South Africa have indicated interest.

Output M4: Capacity-Building Processes and Approaches Systematized, Documented, and Disseminated

In PY3, LMG had a > 80 percent abstract acceptance rate at international conferences. The LMG Project submitted 17 abstracts to five international conferences, and 11 of these were accepted.

The MER team also submitted papers, but had less success than with abstracts. The team submitted a paper featuring the results from a governance intervention pilot in Afghanistan to a special issue of the Health Policy and Planning Journal. The manuscript was not accepted. We revised and resubmitted the paper to the Conflict and Health Journal and are awaiting their decision.

We have also drafted a third manuscript entitled “Practical Insights for Inoculating People-centered Health Systems against Corrupt Practices,” and have tentatively shortlisted two journals – Global Health Governance and Global Health Science and Practice – as target publications. We will decide to which journal the paper is better suited in PY4 Q1.

We received approval for the next set of revised activities (LMG Core Activities M5, M6, and M7) via an email from the PRH Technical Advisor on April 7, 2014. In PY3, we started planning for each of these activities in April 2014 and started conceptualizing the designs based on literature reviews and field work.

Output M5: Key findings on how the skills and practices imparted through the in-service programs (LDP and LeHHO) are used after the program

This new activity was approved in April of 2014 and will continue into PY4. LMG undertook a detailed planning exercise and discussed possible designs. We met with the LMS Kenya team and in-country M&E advisors to understand what data was being collected in-country. LMG staff conducted a series of meetings in Nairobi to ascertain the appropriateness of the design, speak to key stakeholders about the utility value of the study, and tweak the study design to ensure that it addresses the needs of the country as well as the project mission. LMG staff also met with Health Policy Project country staff to understand some of the devolution and decentralization-related challenges. In early PY4 we will start to develop the study design, questionnaires, and protocol, and we will begin data collection in September or October of 2014.

Output M6: Key findings from Kenya on how the skills and practices imparted through the in-service programs (LDP and LeHHO) are used after the program

This new activity was approved in October of 2014 and will continue into PY4. LMG undertook a detailed planning exercise and discussed possible designs. We met with the E2A technical expert who traveled to Yaoundé in April of 2014 to present the FP integration intervention to the Ministry of Health. We are pleased to report that the Mission and the Ministry are interested in the study.

The next step for the E2A Project is to have the Ministry identify three or four hospitals where the intervention will take place. The MOH would like to consider hospitals with high volumes of deliveries. The plan to conduct a visit to the hospitals to assess their interest in the LDP, and the feasibility of the study has been delayed. We expect that activities will pick up as soon as the hospitals are identified and E2A designs its intervention for FP integration. The next step is for LMG staff to meet newly hired E2A project staff, the identified consultant, and MOH and facility-based colleagues. These meetings will provide information about site selection, site characteristics, including governance structures that are relevant to LDP+, and data collection.

Output M6: Key findings from Kenya on how the skills and practices imparted through the in-service programs (LDP and LeHHO) are used after the program

This new activity was approved in April of 2014 and will continue into PY4. LMG undertook a detailed planning exercise and discussed possible designs. We met with the LMS Kenya team and in-country M&E advisors to understand what data was being collected in-country. LMG staff conducted a series of meetings in Nairobi to ascertain the appropriateness of the design, speak to key stakeholders about the utility value of the study, and tweak the study design to ensure that it addresses the needs of the country as well as the project mission. LMG staff also met with Health Policy Project country staff to understand some of the devolution and decentralization-related challenges. In early PY4 we will start to develop the study design, questionnaires, and protocol, and we will begin data collection in September or October of 2014.
Output M7: Document successful youth leadership models

This new activity was approved in April of 2014 and will continue into PY4. LMG started a targeted literature scan to differentiate and get definitional clarity around youth leadership as somewhat distinct from, yet overlapping with, youth empowerment, development, and participation.

The next step is to work with the AOR team and the PHY Youth Advisor to develop and define the scope and boundaries of the project. We drafted a list of key organizations and experts and will reach out to these experts to help identify program models that meet certain minimum inclusion criteria.

3.2 Project Activities with DCHA Funding

Capacity development in leadership, management, and governance is critical to strengthening the performance and service delivery of organizations and programs that meet the needs of vulnerable populations. In PY3, LMG focused on piloting and refining proven L+M+G approaches that had been adapted from years of USAID, MSH, and other partners' experiences. LMG's activities within the portfolio of work funded by USAID's Programs for Vulnerable Populations are accomplished with partners working toward shared goals and in collaboration with our USAID advisory team.

The six major output areas implemented in PY3 are:

- Strengthening International Committee of the Red Cross (ICRC)
- Women's Institute on Leadership and Disability
- Center for Victims of Torture (CVT) Partners Aligned in Trauma Healing (PATH)
- Scaling up clubfoot treatment
- Wheelchair professionalization
- Independent living

Exhibit 14. Dissemination of Capacity-building Processes in PY3

<table>
<thead>
<tr>
<th>Abstract title</th>
<th>Conference</th>
<th>Format</th>
<th>Author(s)/ Presenter</th>
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<tbody>
<tr>
<td>Reducing Maternal Mortality: Supporting Midwives to be Leaders, Managers and</td>
<td>Yale Global Health Innovation Conference, New</td>
<td>Panel</td>
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<td>Governors</td>
<td>Haven, CT</td>
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<td>Sustainable Health Gains from Good</td>
<td>Mini-University</td>
<td>Oral</td>
<td>Mahesh Shukla, Jim Rice</td>
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<td>Governance of Hospitals and Health Systems.</td>
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<td>Proximal, Distal and Everything In Between: Measuring Organizational Capacity</td>
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<td>Oral</td>
<td>Reshma Trasi, Stephanie Calves</td>
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<td>People-centered health systems and corruption: A global survey of health</td>
<td>Third Health Systems Research Conference, Cape</td>
<td>Panel</td>
<td>Meghan Guida, Reshma Trasi</td>
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<td>managers' perceptions of the causes of, and recommended ways to reduce, health</td>
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<td>presentation</td>
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<td>sector corruption</td>
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<td>Building collaborative and equitable governance mechanisms: Experiences</td>
<td>Third Health Systems Research Conference, Cape</td>
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<td>Mahesh Shukla</td>
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<td>strengthening health committees in diverse health systems contexts</td>
<td>Town, South Africa</td>
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<td>IBP Satellite Session</td>
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<td>Town, South Africa</td>
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<td>Corruption in the health sector: an analysis of health leaders' and managers'</td>
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<td>Roundtable</td>
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<td>of corruption and priority areas for action</td>
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<td>service delivery and strengthen health systems</td>
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<td>Corruption Unraveled: Research and Practical Insights for Enabling Equitable</td>
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<td>A New Architecture for G4H (Governance for Health) in Low Resourced Countries</td>
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### Exhibit 15. VPOPs Core-funded Activities

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<th>Country</th>
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<th>Output Area (type of support)</th>
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<tr>
<td>Albania</td>
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<td>Professionalizing Wheelchair Service Provision</td>
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<tr>
<td></td>
<td>D6</td>
<td>Leadership Training on International Disability Rights and Independent Living</td>
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<td>Bangladesh</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
</tr>
<tr>
<td>Barbados</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Bosnia Herzegovina</td>
<td>D3</td>
<td>Organizational development for CVT/PATH torture rehabilitation centers</td>
</tr>
<tr>
<td>Burkina Faso</td>
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<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Cambodia</td>
<td>D2</td>
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<td>Women’s Institute on Leadership and Disability</td>
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<td>Ecuador</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Ethiopia</td>
<td>D1</td>
<td>Strengthening the L+M+G of ICRC and its partners</td>
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<td>Organizational development for CVT/PATH torture rehabilitation centers</td>
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<td>Haiti</td>
<td>D6</td>
<td>Leadership Training on International Disability Rights and Independent Living</td>
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<tr>
<td>India</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<td>Jordan</td>
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<td>Kazakhstan</td>
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<td>Leadership Training on International Disability Rights and Independent Living</td>
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<td>Kenya</td>
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<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Lebanon</td>
<td>D3</td>
<td>Organizational development for CVT/PATH torture rehabilitation centers</td>
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<td>Liberia</td>
<td>D3</td>
<td>Organizational development for CVT/PATH torture rehabilitation centers</td>
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<tr>
<td>Malawi</td>
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<td>Women’s Institute on Leadership and Disability</td>
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<td>Mali</td>
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<td>Mexico</td>
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<td>Women’s Institute on Leadership and Disability</td>
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<td>Moldova</td>
<td>D3</td>
<td>Organizational development for CVT/PATH torture rehabilitation centers</td>
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<tr>
<td>Mongolia</td>
<td>D5</td>
<td>Professionalizing Wheelchair Service Provision</td>
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<tr>
<td>Myanmar</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Nepal</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Nigeria</td>
<td>D4</td>
<td>Scale up of the Ponseti Method for clubfoot treatment</td>
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<tr>
<td>Pakistan</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Paraguay</td>
<td>D6</td>
<td>Leadership Training on International Disability Rights and Independent Living</td>
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<tr>
<td>Peru</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>Philippines</td>
<td>D4</td>
<td>Scale up of the Ponseti Method for clubfoot treatment</td>
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<td>Rwanda</td>
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<td>Women’s Institute on Leadership and Disability</td>
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<td>Sierra Leone</td>
<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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<tr>
<td>South Africa</td>
<td>D3</td>
<td>Organizational development for CVT/PATH torture rehabilitation centers</td>
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<td>Sri Lanka</td>
<td>D3</td>
<td>Organizational development for CVT/PATH torture rehabilitation centers</td>
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<td>Sudan</td>
<td>D1</td>
<td>Strengthening the L+M+G of ICRC and its partners</td>
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<tr>
<td>Tanzania</td>
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<td>Strengthening the L+M+G of ICRC and its partners</td>
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<td>Vietnam</td>
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<td>Professionalizing Wheelchair Service Provision</td>
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<td>Zambia</td>
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<td>Strengthening the L+M+G of ICRC and its partners</td>
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<td>D2</td>
<td>Women’s Institute on Leadership and Disability</td>
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a. Strengthening ICRC

Output D1: Strengthening the L+M+G of ICRC and its partners providing physical rehabilitation services

Building on the PY2 needs assessment and consultations, LMG and the ICRC Special Fund for the Disabled and Physical Rehabilitation Program began implementing a two-pronged approach to strengthen the service delivery and the enabling environment for physical rehabilitation of ICRC’s local partners.

To strengthen the enabling environment, LMG and ICRC conducted a Regional Senior Leadership Program (SLP) in East Africa from August of 2013 to May of 2014. Multi-disciplinary teams from Ethiopia, Sudan, Tanzania, and Zambia participated in the program, which had 23 participants in total, representing ministries of health, social affairs and labor, non-profit organizations, academia and research, disabled people’s organizations, and physical rehabilitation service organizations. Each team focused on a field assignment that addressed a priority challenge in their country. Please refer to Table 7 for a list of the team’s field assignments and their major accomplishments to date.

ICRC country representatives served as SLP team facilitators and received coaching from SLP faculty throughout the program. This provided mutual benefits. First, LMG was able to capitalize on ICRC’s contacts and field location to ensure the right participants were included on the SLP teams and to maintain momentum on field implementation activities between SLP sessions. Second, ICRC facilitators gained experience guiding a high-level, multi-disciplinary team through a step-by-step process to address a systems-level challenge regarding the provision of physical rehabilitation services and supporting the rights of persons with disabilities. ICRC facilitators can now adapt and apply this same process to other challenges and/or other stakeholder groups within the convening role they play for ICRC’s ongoing work in these countries. LMG will remain available to the SLP teams for technical support and feedback as they continue to work on their projects. An in-depth evaluation of the program and field assignments will be completed approximately six months from graduation.

To strengthen leadership and management at the service delivery level, LMG and ICRC launched the Essential Management Package during PY3 in a rehabilitation center in Bahir Dar, Ethiopia. The Essential Management Package consists of two main components, a management systems assessment tool and ten four-hour leadership development modules that adapt the LMG’s LDP+ program to be self-directed by managers at the rehabilitation center. LMG and the ICRC co-facilitator then modeled the Essential Management Package’s leadership development modules, leading participants through an analysis of the work climate challenge area, developing a vision for success and a desired measurable result, establishing a baseline, and analyzing key obstacles to achieving the desired result. The team then developed an action plan to address these challenges.

With coaching from the ICRC/Ethiopia co-facilitator, the Bahir Dar staff are now continuing the leadership development modules in weekly two-hour meetings. The Bahir Dar management team will continue to focus on the four priority management areas, and the service delivery staff are looking at service delivery-related challenges. They will finalize their action plans at the start of PY4, after which they will implement the plans. LMG is providing virtual coaching to the ICRC/Ethiopia co-facilitator and will provide follow-up technical assistance and evaluation approximately six months after the start of implementation. LMG is capturing lessons learned throughout the pilot process and incorporating recommended changes into the package that will be rolled out to ICRC partners in other African countries in PY4.

b. Women’s Institute on Leadership and Disability

Output D2: Women’s Institute on Leadership and Disability

In the beginning of PY3, LMG supported Mobility International USA (MIUSA) to deliver its signature Women’s Institute on Leadership and Disability (WILD) program. This incorporated lessons learned from the PY2 delivery of the program, including more attention to action planning during the program, more extensive follow up
<table>
<thead>
<tr>
<th>SLP Country Teams</th>
<th>SLP Field Assignment Summaries</th>
</tr>
</thead>
</table>
| Ethiopia          | **Objective:** Develop a comprehensive advocacy plan to develop a national supply system for physical rehabilitation and other related materials by the end of 2014.  
**Strategy:** Advocate for a national supply procedure for physical rehabilitation materials.  
**Progress as of May 2014:**  
- The team developed a concept note, which was approved by the Ministry of Labor and Social Affairs (MOLSA) in February 2014  
- Conducted a three-day stakeholder workshop in March 2014 with the MOH, MOLSA, Bureau of Labor and Social Affairs, Pharmaceuticals Fund and Supply Agency, and ICRC to draft the Framework for Supply Chain Integration.  
- Held a validation workshop with stakeholders in April of 2014 to review and finalize the Framework.  
- Submitted the final Framework document to MOLSA for approval in late April 2014. |
| Sudan             | **Objective:** To reduce the waiting list at the National Authority for Prosthetics and Orthotics (NAPO) by one month by May of 2014.  
**Strategy:** To increase the current staff productivity through motivation and tasking.  
**Progress as of May 2014:**  
- Developed incentive and performance management policy and procedures.  
- Revised technician job descriptions and NAPO’s organizational structure.  
- Developed a scheme to subsidize low income clients’ fees.  
- Used mobile workshops to support clients who live in other states. |
| Tanzania          | **Objective:** Increase physical rehabilitation services attendance at Muhimbili Orthopaedic Institute (MOI)/Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) by 10% by June 2015.  
**Strategy:** Public awareness campaign.  
**Progress as of May 2014:**  
- Assessment of the two hospitals–80% returning patients and 20% new attendants.  
- Developed IEC flyer in accessible formats, printed 1,000 copies, and distributed to CCBRT, DPOs, and schools.  
- Gave presentations to promote assistive devices to MOHSW, CCBRT, MOI, and DPO management teams.  
- Promoted assistive devices at two government schools where several students with disabilities were invited to act as Ambassadors for physical rehabilitation services.  
- Organized live programs about physical rehabilitation services on two TV stations and multiple radio spots. |
| Zambia            | **Objective:** Improve national statistics for upper and lower limb amputees.  
**Strategy:** Develop data collection tool and embed it in the National Health Management Information System.  
**Progress as of May 2014:**  
- Meet the IT Specialist at MOH Provincial Health Office. Showed interest and assured support to embed data capturing tool into MOH HIMS once it is finalized.  
- Developed first draft tool to be piloted if suitable for incorporation into the hospital management information system (HMIS).  
- Engaged Livingstone General Hospital and Mukuni Village Medical Centre, University Teaching Hospital, Cheshire Homes, and Zambian Italian Orthopaedic Hospital in Lusaka to pilot the tool. |
and coaching of WILD Alumni by MIUSA staff, and stronger M&E. Twenty-one women attend WILD 2013, representing 21 countries. MIUSA coached all WILD participants to develop action plans as part of the training. Six-month follow-up data was obtained from 100 percent of the 2013 WILD participants, compared to 88 percent of WILD 2012 participants. The increased emphasis on action planning as part of WILD 2013 and the increased coaching by MIUSA led to 87 percent of the WILD 2013 participants completing their action plans by the six month follow-up period, compared to 51 percent of the WILD 2012 participants. A list of some of the activities and accomplishments of WILD 2013 Alumni is shown in the table below.

Following WILD 2013, LMG, MIUSA, and USAID agreed to postpone another WILD training in 2014, and to instead invest time in taking stock of lessons learned and packaging the WILD curriculum into something that can be replicated by WILD alumni. During WILD 2013, MIUSA documented the WILD training, and they are now working on incorporating the content into a WILD Facilitator’s Manual, the first module of which has been reviewed by many WILD alumni and pilot tested in five countries. The full manual will be finalized in PY4. LMG has also supported MIUSA to outline and plan a communications package for the WILD program. This package will highlight lessons and results from WILD 2012 and 2013 available from MIUSA’s strengthened approach to M&E. This communications package, comprised of video, print, and Internet-based materials, will be refined and finalized in the first half of PY4. It will be used by MIUSA to disseminate WILD, demonstrate its impact, and mobilize resources for future programs.

c. CVT PATH

Output D3: Organizational development for torture rehabilitation centers participating in The Center for Victims of Torture (CVT)’s Partners in Trauma Healing (PATH) project

In the third year of partnership with the Center for Victims of Torture (CVT), LMG continued to provide organizational development technical assistance to torture and trauma rehabilitation centers participating in CVT’s PATH project. Between July 2013 and July 2014, LMG provided direct technical assistance to PATH partners in seven countries: Bosnia Herzegovina, Cambodia, Cameroon, Georgia, Liberia, Sierra Leone, and Sri Lanka. The technical approach was tailored for each partner based on the organizational development needs articulated in their annual PATH capacity building plan. This covered a variety of topics including financial sustainability, performance management and effective supervision, leadership of change, setting strategic direction, and effective board engagement.

In addition to working with individual PATH partners, LMG collaborated with CVT to expand the PATH Annual Workshop in September of 2013. Originally planned to convene just clinical representatives, the Annual Workshop included all three domains of PATH capacity development: clinical, M&E, and organizational development. LMG and CVT collaboratively designed sessions around a theme of “Sustaining and Expanding the Missions” of the PATH partners. This workshop included jointly facilitated sessions with participants working in their organizational teams, as well as tracks for each domain so they could learn from others working in similar positions at other centers. As part of the workshop, each of the ten centers used the Challenge Model approach to identify a key area for improvement, analyze the problem and the current situation, and draft an improvement plan aimed at achieving a specific measurable result in their priority area. Feedback from CVT staff and PATH participants showed that linking the three domains in an integrated approach to organization development was beneficial for the participants and their respective organizations. All organizational development and M&E participants agreed that their teams gained knowledge on organizational and M&E strengthening, found the Challenge Model useful for step-by-step problem solving, and benefitted from the cross-center exchange.

<p>| Exhibit 18. Sample activities and accomplishments of selected WILD 2013 alumni |
|-----------------------------|-------------------------------------------------------------------------------------------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Alumnae/Home Country</th>
<th>Description of Activity</th>
<th>Number of people reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atika/Pakistan</td>
<td>Workshop on sports and recreation offered in December 2013</td>
<td>11 women and girls with disabilities; nine men and 23 boys</td>
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<tr>
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<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
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<tr>
<td>Barbara/Peru</td>
<td>Workshop on leadership</td>
<td>22 women with disabilities</td>
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<td>-----------------</td>
</tr>
<tr>
<td>Fatima/ Malawi</td>
<td>One-day training on Malawi’s disability law</td>
<td>25 girls and young women with disabilities</td>
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<tr>
<td>Melba/Mexico</td>
<td>One workshop on empowerment of women with disabilities; one lecture on Convention of the Rights of Persons with Disabilities</td>
<td>12 women with disabilities and 70 non-disabled for the first activity; 200 people both disabled and non-disabled</td>
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<td>(CRPD Article 6)</td>
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</table>

Output D4: Ponseti International Association – Fostering Scale Up of the Ponseti Method for Clubfoot Treatment

During PY3, LMG continued supporting Ponseti International Association (PIA) to work in Pakistan, Peru, and Nigeria toward two goals: (1) increase
access to the low-cost, low-tech, non-invasive, and the highly effective Ponseti Method for treating clubfoot through a public health approach; and (2) better understand and strengthen the essential elements of the public health model for effective national clubfoot programs.

In this second year of partnership, PIA continued to articulate and refine its public health approach for institutionalizing effective clubfoot programs, which hinges on supporting in-country champions—primarily orthopedic surgeons trained in the Ponseti Method—to build a national program within their country. The figure below depicts the refined model, where the clubfoot care pathway (from client identification through treatment and follow-up) is supported by clinical, local, and national level resources. The diagram also indicates where PIA sees champions as important catalysts in ensuring the system support for quality, locally-owned, and sustainable national clubfoot programs.

PIA support of focus country champions during PY3 targeted different aspects of clubfoot programming and the public health model, based on each focus country. In Peru, where the Ponseti Method is quite new, PIA and champions focused on establishing a foundation for a national clubfoot treatment program. This included training 25 medical personnel in the Ponseti Method and meeting MOH officials and other stakeholders to provide an overview of the Ponseti Method and make the case for a national program.

In Pakistan, PIA champions have expanded the Ponseti Method to 20 clinics and gained significant support from national and provincial health directorates. For example, Sindh Provincial government has directed all its district and teaching hospitals to establish integrated Ponseti research centers in collaboration with the PIA champions. In Nigeria, Ponseti Method champions focused on quality and scale up. PIA and Nigerian champions have created a clinical site assessment and planning and performance tools designed to evaluate the clinical site, analyze the needs identified in the assessment, and plan specific actions to address those needs. Building on the support from the MOH gained in PY2, Nigeria’s National Sustainable Clubfoot Program has successfully secured resources from Obafemi Awolowo University and other partners to establish a national secretariat office for coordination of the program.

In addition to managing PIA’s grant for the focus country work, LMG also provided technical assistance alongside PIA, combining PIA’s expertise in the Ponseti Pathway with LMG’s experience in practical approaches to leading change and systematically planning for scale up. This was primarily done with the Nigerian champions during PY3. LMG and PIA’s engagement with the Nigerian champions on the leadership of change processes and systematically planning for scale-up consisted of a series of two webinars followed by an in-person facilitated workshop for 12 champions. Through this collaboration, Nigerian champions outlined a plan for the scale up of the national program and for the six geopolitical zones within the national program. Additionally, they identified and drafted action plans to address quality assurance, training and mentoring, and costing and resource mobilization. In PY4, the project will continue to work with the PIA Secretariat to help the Nigerian champions finalize and roll out the plans and other activities before the end of the project in December of 2014.

e. Wheelchair professionalization

Output D5: Training and Professionalizing Wheelchair Providers

During PY3, LMG contributed to the scale-up of the WHO’s Wheelchair Service Training Package by supporting basic-level trainings for 87 trainees in Albania, Cambodia, Mongolia, the Philippines, and Vietnam. Additionally, LMG facilitated meetings of service delivery managers and/or wheelchair service stakeholders in the Philippines, Vietnam, and Mongolia, for a total of approximately 180 participants. LMG will continue to work with local partners in Ukraine, Peru, and El Salvador, as well as several new countries to support basic level trainings in PY4.

LMG coordinated the initial development of a knowledge and skills assessment for basic wheelchair service provision to support the
professionalization of wheelchair service providers. LMG convened a group of six wheelchair experts, facilitated by a test development organization, to create a multiple choice test that would assess the competency of basic level wheelchair service providers. The team identified crucial domains and subdomains to test knowledge and competency, which were validated by a larger group of 27 stakeholders representing a range of organizations in the wheelchair sector.

The six wheelchair experts wrote multiple choice questions that were reviewed by a secondary team of nine other wheelchair experts, following which the test developer created three versions of the test, in the interest of test security, and put them into an online platform so providers can take the assessment without a proctor. The online tests were then piloted by wheelchair providers and non-wheelchair experts. This pilot test helped LMG and the wheelchair experts to identify and improve any poorly worded questions. The next step in PY4 is for a second beta test to be sent to a larger audience so the test developers can validate the three versions of the test, set a pass score, and finalize the knowledge and skills assessment. Once the assessment is finalized, it will be transferred to the soon-to-be established Global Wheelchair Secretariat, which will use the test to certify providers in order to professionalize wheelchair service provision.

f. Independent Living

Output D6: Leadership Training on International Disability Rights and Independent Living

During PY3, LMG organized the Leadership Training on International Disability Rights and Independent Living (IL). The program brought 12 leaders of disabled people’s organizations (DPOs) from Albania, Georgia, Haiti, Kazakhstan, Paraguay, and South Africa to Washington, D.C., for an eight-day program in July of 2013. USAID missions in the respective countries identified and nominated the participants, who were selected because they are well-positioned in their organization, will benefit from exposure to IL, and will be able to apply what they learned upon returning home. Nine of the 12 participants were female leaders.

The NCIL conference provided an opportunity for the international participants to witness the effort required to successfully organize and sustain a large movement for change, like the U.S. disability movement. Additionally, LMG organized site visits to the D.C. and Northern Virginia Centers for Independent Living (CILs), which allowed the participants to meet local IL leaders and see the practical application of IL concepts in the community. This included concrete examples of how CILs provide a wide range of information and referral services, career counseling, support groups, independent skills training, and advocacy for and outreach to the disability community. During reflection sessions, participants highlighted two concepts that stood out during the NCIL conference and site visits: (1) the importance of mobilizing people with disabilities to collectively demand change and (2) the value of taking a cross-disability approach to advocating for the human and civil rights of people with disabilities.

Participants from six countries representing four geographic regions were exposed not only to the IL Movement in the U.S., but also to the varying levels of disability rights around the world. Participants reportedly recognized that they are part of a larger global movement and that their colleagues from other countries face many of the same challenges and offer diverse experiences, creating fertile ground for knowledge exchange. In addition to this “South-to-South” exchange, there was also significant “South-to-North” learning, which occurred through partnerships with NCIL mentors as well as informal interactions between the international participants and NCIL attendees. Many NCIL organizers and attendees remarked on the added value of interacting with the international participants, who brought a new and fresh perspective to the conference.

To aid participants in connecting their knowledge from NCIL to their current organizational goals, LMG used the MSH Challenge Model where participants developed an action plan for overcoming challenges faced by their organizations and for achieving measurable results.

When participants were asked to list the three most valuable things they gained from the LMG and IL program, the following were most commonly listed:

- Networking and information sharing (nine respondents)
• Advocacy skills (six respondents)
• Understanding the importance of IL (six respondents)
• Using the Challenge Model and action planning (six respondents)
• Leadership skills (five respondents)

LMG checked-in with the participants three and six months after the program to verify the status of their action plans and to provide coaching. In March of 2013, LMG hosted a webinar with seven of the 12 participants, representatives from NCIL, and USAID. Participants reviewed the challenges they addressed, desired measurable results, and achievements to date, and exchanged lessons learned. Some of their achievements included:

• Haiti developed a partnership with the national statistics institute to improve the identification of persons with disabilities and the collection of disability data. They held four workshops, adapted a survey form, and developed a module on disability that will be part of the training manual for census surveyors.

• Another participant from Haiti opened a specialized library for children with disabilities, teachers, and the community. They organized contributions from a wide variety of local partners and community members, and had 960 books available as of March 2013.

• A participant from Kazakhstan conducted technical consultations with 20 DPOS on identifying sources of funding and writing proposals to donors. As part of the consultations, all 20 DPOs developed action plans for how they would pursue donor funding. Within six months, two of the DPOs had applied for and received grant funding.

• In Paraguay, a forum of 35 CSOs was organized to develop a strategic action plan for ensuring the rights of people with disabilities, leading to a government resolution to consider the forum’s plan of action and recommendations when making policies.

• In Albania, three legal cases of voter discrimination for persons with disabilities were found in favour of the disabled persons. Importantly, this was the first time cases for persons with disabilities were heard in the Albania Commission against Discrimination.

Importantly, participants are working on many fronts in their respective countries, and indicated in their feedback that the exposure they gained from the July, 2013 program has continued to motivate them in activities beyond the focus of their Challenge Models.

### 3.3: Project Activities with OHA Funding

The HIV epidemic has highlighted some of the weaknesses in national health systems, as many LMIC countries have often been unable to provide basic HIV prevention, care, treatment, and support services. Much has been done under PEPFAR and other programs with international donor support to respond to the global emergency and to build systems and programs to provide these needed services. However, as the emergency nature of the epidemic has decreased, there is now a need to build strong health systems to allow for a sustained response to the disease.

This section highlights the LMG Project’s work and results for stronger country ownership and health systems strengthening via initiatives funded by USAID’s Office of HIV/AIDS (OHA). PY3 output areas for OHA were:

- Professionalizing leadership and management
- Piloting a standardized performance improvement dashboard for PEPFAR
- Capacity building with AHLMN
- Piloting a Health Minister’s Orientation Package
- Publishing a study on the transition of the HIV Response in Viet Nam
- Strengthening organizational capacity of the African Centre for Global Health and Social Transformation (ACHEST)
- Provision of technical support to CCMs and PRs
- Providing Support for orphans and vulnerable children (OVC)

#### a. Professionalizing Leadership and Management

**Output O1: Professionalizing Leadership and Management**

This output contained a number of discrete but thematically linked activities aimed at demonstrating the added value of leadership and management capabilities in the health sector. Activities included demonstrating the value of L+M+G, updating and making L+M+G resources available, and supporting efforts to professionalize...
The panelists described the experience of their respective organizations in developing L+M+G with the public health workforce and presented evidence that L+M+G can lead to strengthened health systems and improved health services. A common theme was the need to expand the effort with the development and integration of L+M+G curricula across public and private institutions, for all levels of the health workforce. The main challenge in the health workforce is that leaders, managers, and governors in the health sector receive insufficient formal preparation and the value of their role, complementary with that of surgeons or nurses, has yet to be fully recognized in many countries. Gauging from the presentations and audience discussion the message was clear – the need to mobilize partners, take stock of processes, and align and reaffirm commitment that ensures action to addressing persisting HRH challenges in the area of L+M+G.

### Updating and making available resource documents:

Activity O1.2 focused on updating the MSH electronic publication *Health Systems in Action - an eHandbook for Leaders and Managers*, published at the end of the LMS project in 2010. The LMG project developed a new section on gender and updated the section on governance, facilitated an expert review, and oversaw a new design and layout. The eHandbook was completed (Deliverable O1.2) and will be translated and launched in PY4. In addition, the two eManagers were translated into French and Portuguese and made available to MSH field programs and partners and are posted on the LMG web portal. The generic in- and pre-service curricula were finally approved in June of 2014, which will be translated in PY4 and made available on the web portal. The *Managers Who Lead* publication is in the process of being translated into Portuguese and will be complete in PY4.

### Strengthening health manager associations:

To ensure that leadership and management are being given appropriate focus, LMG is supporting
efforts to develop criteria for certification to make health management a profession. At the request of USAID, LMG’s Project Director began co-chairing (with the director of the Uganda-based ACHEST) a working group of the GHWA. The group looks at ways to better prepare health workers (clinical and managerial) by strengthening the management and governance of country-focused Human Resources for Health systems. This initiative will call for expanded development health sector manager competencies through increased training opportunities and for more disciplined approaches for certification of these competencies as a condition for employment. To help identify these competencies, LMG continued to work with the Leadership Academy of the National Health Service of England. LMG also worked with the American Society for Healthcare Human Resources Administration (ASHHRA) and the American Hospital Association to identify factors that influence reliance on certification to demonstrate that those who lead, manage, or govern the health system have mastered basic competencies for their work. Certification guidelines are being adapted from those of ASHHRA as well as the American College of Healthcare Executives. Linking these competencies for certification is still ongoing and will extend into PY4.

Based on two workshops focused on strengthening health professional associations in Tanzania and Zimbabwe, LMG drafted two guides for health professional associations (deliverable O1.4a) that were disseminated as part of the LMG’s May eNewsletter. These guides address factors that constrain the effectiveness and sustainability of health professional associations, including weak governance and strategic planning and weak resource mobilization. The guides describe strategies for enhanced governance and resource mobilization. LMG was invited to serve in a committee to design and launch an annual award program for high performing health services managers in Nigeria, but the award program was not implemented in PY3.

b. Dashboard and Performance Improvement

Output O2: Dashboard and Performance Improvement for 3–4 Local PEPFAR Implementing Partners

The PEPFAR program management dashboard activity began in 2012. The dashboard is a project management tool for PEPFAR-funded NGO implementing partners that provides a simple way to communicate program progress with management, board, and others, and links program results with financial data. The tool is accompanied by a performance improvement process which helps the NGO use the data from the dashboard to plan more effective actions. The dashboards were customized to meet the needs of the individual NGO, and the best and most standard elements of these completed dashboards will feed into the creation of a standardized dashboard for PEPFAR implementing partners.

The first phase of the project concluded in February 2014 with follow up of two NGOs who had piloted the initial dashboards. Following meeting with the teams at Reproductive Health Uganda (RHU) and Protecting Families Against HIV/AIDS (PREFA), the old version of the dashboard was updated and the process for using it improved. To date, RHU has used the dashboard to present project information to USAID, partners, and subrecipients and for decision-making, and PREFA has used the dashboard during a board meeting and two district meetings for the same purpose.

In March 2014 and June 2014 the second phase of the project commenced with two NGOs in Kenya, the National Organization of Peer Educators and the Kenya AIDS NGOs Consortium. To date, draft dashboards for the two organizations have been developed, reporting processes have been mapped, reporting indicators have been defined, and target and actual data has been collected. The second phase will conclude in July of 2014, and the standardized dashboard and user manual will be available in September of 2014.

c. Capacity Building with AHLMN

Output O3: Capacity-Building with the Africa Health Leadership and Management Network

Through financial and technical assistance to Amref Health Africa, currently serving as the AHLMN Secretariat, LMG and JICA supported the AHLMN’s network assembly meeting in December of 2013. The activity was designed for the International Secretariat to revise the AHLMN Constitution and Action Plan, and present them to the General Assembly for approval. The assembly meeting took place with AHLMN member organizations and 18 individual members from 14 countries on December 3, 2013, at Amref’s International Training Centre, in Nairobi, Kenya.

Presenters drew attention to the benefits resulting from the partnership and collaboration with LMG and JICA. The Virtual Leadership Development Program (VLDP) and the training curriculum on leadership, management, and governance were cited as key outcomes of this collaboration. The chair of AHLMN gave a status report and appraised the members on the many achievements and milestones attained by the network. He also drew the members’ attention to the high default rates in subscriptions (70 percent in 2012 and 90 percent in 2013) which have stymied the operations of the network, including the implementation of its Business Plan and its other core functions and mandate. In subsequent plenary discussions, it was noted that the members saw the Secretariat as a custodian/clearing house of useful information on effective LMG strategies and programs, innovations, and good practices. To strengthen this, they recommended that novel approaches be deployed to expand the income base of the network, including finding additional revenue streams from the private sector.

The network Constitution was revised by the
Secretariat and subsequently approved by the General Assembly (deliverable O3.4). The AHLMN Action Plan was not revised as planned, as, prior to the Assembly, the International Secretariat determined that a new plan that would include a resource mobilization strategy was needed. This modification to deliverable O3.4 was approved by USAID. Working on a resource mobilization strategy for AHLMN was identified as a key next step to be undertaken in PY4, together with the drafting of a communication strategy and continued support to the secretariat. In PY4, the LMG project will continue to collaborate with AHLMN to help fully develop its capacity.

Additionally, the AHLMN initiated the development of a quarterly AHLMN newsletter. It has taken the first steps towards meeting this network objective by establishing selection criteria of an Editorial Board and Editorial Team. The Editorial Team and Board will ensure that the newsletter maintains its reputation as a source of high-quality information for members, practitioners, advocates, governments, and other stakeholders to inform readers of improvements in the coverage and quality of health services in Africa through institutional L+M+G strengthening. To further support the needs of network members, the LMG project has supported AHLMN in the redesign of its website to enhance interactive functions and user experience. This will better serve the needs of its members for communication and collaboration, technical resources, and mobile accessibility. AHLMN had planned for the launch in PY3, but it is still in the final stages of completion, with an expected launch date in July, 2014. With the redesign complete, the LMG communications team will provide support and assistance in PY4 on how best to leverage new linkages with social media (Twitter, Facebook, and Google Plus).

Two other important activities were planned for but delayed, including the development and launch of a community of practice, and the capacity mapping of AHLMN member institutions. The launch of a new AHLMN community of practice is being planned through the collaboration functionality provided on the LeaderNet.org community sites. This will be promoted through a newly developed AHLMN Newsletter, the AHLMN website, and an online assessment survey to map the governance maturity and capacity of AHLMN member institutions. By continuing work started in PY2 and 3, AHLMN will continue to gauge and serve the needs of its members in PY4, thus promoting proven effective L+M+G throughout Sub-Saharan Africa.

d. Health Ministers Orientation Package

Output O4: Health Ministers Orientation Package

A global study published by ACHEST and the New York Academy of Medicine as "Strong Ministries for Strong Health Systems" identified the need for the preparation and orientation of new health ministers and their senior staff. Ministers and stakeholders expressed the need for significant support and for an executive leadership development program for new ministers, leadership support for sitting ministers, and the establishment of a virtual information resource center on health systems stewardship and governance. The objective of LMG’s subcontract to ACHEST was to partner in piloting an induction program, a part of the proposed Orientation Package, jointly with the East, Central, and Southern African Health Community (ECSA-HC) during the annual Health Ministers Conference due to take place in Arusha, Tanzania.

In collaboration with ACHEST and ECSA, the draft induction program was piloted with the goal of developing support for Ministers and others that will include an induction program and a program of support and follow-up based on peer learning, which involves sitting and former Ministers and senior staff. The orientation package equips ministers of health, permanent secretaries, and the leadership of the national HIV and AIDS programs with the skills and capabilities to advocate for greater resources for the health sector and to better direct and oversee the provision of HIV and AIDS prevention, treatment, care, and support services. The expected outcome of this work is better governance and stewardship of health and HIV services and stronger sustainable health systems in participating ECSA-HC countries.

LMG supported the pilot test of the induction program with senior MOH staff from the ECSA countries in February of 2014. The timing and location of the pilot took advantage of the presence of health ministers from the ECSA-HC to offer a closed roundtable session, which provided a report on the pilot’s outcomes. LMG provided logistical support and supported one staff member to participate in the pilot work with ACHEST to develop a plan to identify potential funding for future scale-up of the program.

ACHEST refined the induction program and designed the follow-up support program that will be the second part of the package. This will include developing the plan for the follow-up peer support networks and developing an electronic resource center for Ministers and Ministries of Health. A strategic business plan was developed for future scale-up, including a costing component.

e. Transition Study

Output O5: Study the Transition and Transfer of HIV Response in Viet Nam

LMG staff went to Viet Nam in September of 2013 to finalize the direction of the study, which was changed based on guidance from the OHA technical advisor. Our initial focus was on the implementation of the transition process and sustainability planning and to examine how plans are defined and how this process plays out at the national and sub-national level. We learned that the planning process in Viet Nam had been moving
slowly. Mission staff expressed interest in learning from countries that were further along in the process. LMG submitted several rounds of revisions to the concept paper to adjust for OHA’s changing priorities. Eventually, LMG was asked to focus on documenting the process of developing Country Sustainability Plans for national HIV programs and not the implementation of these plans. This modified focus was presented to the Intra-agency Technical Working Group on Country Ownership in March of 2014, and it was decided that the study should focus on three countries. Viet Nam and Namibia have been approved, and a third country is under discussion. The concept paper, work plan, and budget reflecting this new scope were approved in May of 2014.

Following approval, LMG undertook a detailed internal planning exercise and reviewed the objectives, approach, and evolution of the study with the new OHA Technical Advisor. LMG has now been asked to reconsider the following countries: Viet Nam, Namibia, Botswana, Guyana, and South Africa. LMG has begun a targeted literature and documentation scan on country ownership, sustainability, and transition to build a conceptual framework that will form the basis for the study. The recommendations will be presented in PY4 for review.

f. Capacity Building with ACHEST

Output O6: Strengthening the Leadership, Management and Governance Capacity of the African Centre for Global Health and Social Transformation (ACHEST Uganda)

LMG supports ACHEST to strengthen its management, leadership, governance, and operational capacity. This will further equip it to directly manage donor funds, fulfill its Coordinating Center role and responsibilities for MEPI, and improve its performance as a continental champion of health systems and network strengthening in Africa.

As the USG would like ACHEST to manage direct funding, in September HRSA conducted a clinical assessment for systems strengthening to identify areas in need of improvement. Recommendations for specific capacity building support mesh in many areas with LMG’s work plan, with financial management as the main area. The assessment further refined and prioritized LMG’s support to ACHEST this program year.

Institutional Sustainability

**Human Resources for Health:** An LMG technical advisor and MSH Uganda human resources (HR) partner provided technical assistance to update and improve the ACHEST HR manual, particularly the sections on induction/orientation, performance appraisal, and salary/wages. ACHEST’s HR manual was approved by their board and is now in use (deliverable O6.3).

**Communications and knowledge exchange:** The LMG communications director worked with ACHEST staff to map stakeholder groups and develop a stakeholder survey in order to develop a communications strategy. Surveys for both internal and external stakeholders were analyzed and used to inform ACHEST’s three-year Communications and Knowledge Exchange Strategy and one-year Communication and Knowledge Exchange Action Plan. This strategy and plan is now being implemented by a new ACHEST communications specialist on staff.

**Financial Sustainability**

**Financial and administrative systems and procedures:** The objective of LMG’s support is to further improve financial management practices by building on present business practices and industry standard expectations. In January of 2014, an LMG technical advisor provided financial management TA, building on LMG’s financial assessment conducted in May of 2013.

LMG worked with ACHEST to review basic principles in financial management, grant management, and risk management and to further develop and implement more effective financial management practices that are consistent with donor requirements that will contribute to the organization’s sustainability. The project also supported the revision of the finance and administrative/operations manuals, which incorporate travel management policies and procedures, cash flow management policy and procedures, and the overhead cost management policy, for example. In addition to international TA, LMG also engaged a local financial management consultant to support the ACHEST leadership and finance team to operationalize revised finance and administrative manuals. LMG also supported ACHEST staff to attend an InsideNGO training on USAID rules and regulations in Kampala.

**Revenue generation strategy and plan:** In March of 2014, the LMG technical advisor conducted work sessions with ACHEST staff to develop a resource mobilization strategy. ACHEST produced an 18-month plan which will: (1) mobilize staff to actively engage with their current funders and leverage current programs to advocate for additional resources; (2) leverage current work within the region, including workshops and meetings, and start providing consultancy services and commissioned work through its networks; and (3) develop concept notes for their existing donors to fund follow up on activities they have already engaged in. Additionally, ACHEST developed an internal team to work on resource mobilization, assigning team members clear roles and responsibilities. To ensure ownership and organizational sustainability, the resource mobilization strategy is directly related to ACHEST’s
strategic plan and includes all activities undertaken to secure new and additional financial, human, and material resources.

Grant Writing: In March of 2014, two ACHEST staff attended InsideNGO grant writing workshops in Ethiopia. These staff have become resources within ACHEST and are directly engaged in proposal writing.

As LMG moves into the monitoring phase of its support to ACHEST, the PY4 work will build on some of the support already provided during an intensive period of technical assistance this past year. LMG will also continue to support ACHEST in addressing the CIASS recommendations. Specific examples of capacity building support include improving ACHEST’s knowledge sharing and exchange role as the secretariat of the African Health Systems Governance Network and facilitating cost recovery work sessions as part of the resource mobilization strategy and plan, which will contribute to ACHEST’s financial sustainability.

g. Global Fund Technical Assistance

Output O7: Global Fund Technical Assistance - Mid-to-long-term Technical Support to Country Coordinating Mechanisms and Principal Recipients

In PY3, LMG received funds to provide mid-to-long term technical assistance to Country Coordinating Mechanisms and Principal Recipients of GFATM grants. The first assignment was to assist the Timor-Leste Ministry of Health, the Global Fund Principal Recipient, with its M&E system for reporting on grant performance. LMG deployed an M&E consultant to provide mid-term technical support. Charged with improving the systems for reporting on GFATM grants, harmonizing and integrating those systems into the national Health Management Information System, and building the capacity of MOH M&E staff in the area of M&E, LMG reports the following accomplishments to date:

- Preparation of an assessment report on the existing M&E design, tools, and processes for GFATM-supported programs along with recommendations on the existing reporting formats, reporting mechanisms, monitoring and evaluation design, tools, and processes.
- Preparation of a two-year capacity building action plan based on application of the M&E section of the Global Fund’s Capacity Assessment Tool.
- Preparation of an indicator report that reviews indicators for the HIV/AIDS, TB, and malaria programs to ensure that they are in line with the National Health Sector Strategic Plan, the MOH’s overarching Monitoring and Evaluation Framework, other MOH programs, and Global Fund reporting requirements.
- Preparation of a revised indicator list that reflects changes to/reductions (as appropriate) in indicators for GFATM grants.
- Preparation of an M&E Fundamentals Training Manual and Facilitator Guide that was tested in a workshop and, after revision, will be submitted to the MOH National Health Science Institute (MOH training body) to adopt as its own.

One noteworthy achievement attributed to the consultant is the improved communication among the Global Fund grant project advisors, grant project technical staff (including M&E), and the overarching national HMIS team members. This improved communication and collaboration has improved the country-led guidance and quality of the deliverables produced as result of LMG technical support. The assignment will end in early PY4, and the consultant will put the data collection systems in place and build the capacity of the M&E teams to use the system and forms.

New Output: Eligibility and Performance Assessments of Country Coordinating Mechanisms

As part of the Global Fund’s New Funding Model, CCMs are required to conduct annual Eligibility and Performance Assessments (EPA) before submitting concept notes. EPAs must be conducted with technical support from external TA providers. During PY3, OHA asked LMG to build its capacity to facilitate and conduct EPAs as a GFATM-recognized TA provider. Two EPAs were conducted and LMG staff and consultants were trained as EPA facilitators.

One LMG staff and two consultants attended EPA trainings in Dakar, Senegal, in May of 2014 and in Siem Reap, Cambodia, in June of 2014. These trainings were organized by the International HIV/AIDS Alliance for GFATM in order to create a pool of assignment-ready consultants. In the case of LMG, the individuals trained will continue to facilitate EPAs for LMG at the request of the USG in PY4. They will also organize an EPA training in Washington, D.C., in order to increase the pool of LMG consultants available as EPA facilitators.

In May of 2014, two teams of two LMG consultants facilitated the EPA for the Mozambique and Senegal CCMs. The CCMs first conducted a self-assessment in a workshop setting. The consultants then conducted extensive interviews with CCM members and non-members to validate the results of the self-assessment. Since neither of the CCMs were fully compliant with GFATM’s eligibility requirements, a second workshop was held with each CCM to develop a performance improvement plan, which was later endorsed by the both CCMs.

The Mozambique and Senegal CCM improvement plans have three areas in common that require particular strengthening: governance, oversight, and management of conflict of interest. Senegal’s plan also highlighted the need for strengthening the executive secretariat (staff and facilities) and for improving overall communications. In both countries, the consultants worked with the CCMs to identify potential sources of TA to implement the activities in the Improvement Plan, including the USG, France Expertise Internationale, Joint United
Nations Programme on HIV/AIDS (UNAIDS), and the Deutsche Gesellschaft für Internationale Zusammenarbeit (German Federal Enterprise for International Cooperation) - GIZ Back-up Initiative, among others. In early PY4, LMG will conduct the Sierra Leone CCM EPA.

**New Output: Democratic Republic of the Congo (DRC) Support**

LMG supported a New Funding Model consultant to work with the PEPFAR team and the CCM's in-country concept note writing team. The consultant built capacity of USG staff on GFATM processes, identified needs, and worked with the PEPFAR Coordination Office to source targeted TA for the MOH, CCM, and PRs to support the resubmission of the joint TB/HIV concept note. He supported the PEPFAR Coordination Office in maintaining appropriate communication with relevant U.S. agency staff, GFATM stakeholders, and members of DRC CCM, as required. The consultant focused on how to effectively engage the PEPFAR team in the writing process and on the strategic thinking and guidance necessary to align the GFATM and PEPFAR programs. The consultant reviewed the DRC's 2010-2014 National Strategic Plan, and provided ideas for the development of the 2014-2017 plan. The consultant also led and coordinated TA for the development of the HIV/AIDS section of the concept note, and worked with the in-country writing team and the lead coordinator of the entire concept note process. In November, 2013, the first draft of the concept note was submitted to the Global Fund's Technical Review Panel. The panel provided the CCM with feedback on the interventions, priority activities, and the budget in December of 2013, and the consultant provided feedback and will continue to work on the concept note for one month into PY4. As of June 2014, the project had not been notified of project extension or continuation.

**New Output: Ukraine Support**

The PEPFAR-Globa Fund Country Collaboration Initiative (CCI) is a three-year effort aimed at both increasing coordination between PEPFAR and GFATM-funded HIV programs, and enhancing performance of GFATM grants in order to expand access to high-quality HIV/AIDS services. LMG supports this initiative to build the programmatic, financial, and operational capacity of the Ukrainian Centre for Socially Dangerous Disease Control (UCDC) as one of the Global Fund PRs. LMG builds on the progress achieved by the AIDSTAR-Two Project in their year of work (July 2012-July 2013) to further strengthen the UCDC – the only Government of Ukraine entity acting as a PR— and build the institution's overall capacity as the key national agency for the control of HIV/AIDS, and tuberculosis.

The CCI/LMG-Ukraine program is designed to help the UCDC rapidly address grant conditions and management actions required by the GFATM. LMG works closely with UCDC staff as well as with the Ministry of Health of Ukraine, State Service on HIV/AIDS and other Socially Dangerous Diseases, other PRs, and other U.S. Government-funded programs and development partners working in Ukraine.

LMG’s assistance entails addressing legal and structural obstacles to UCDC as a PR, helping UCDC to develop its organizational strategy and procedures, assisting UCDC to build its capacity in grant management, and sub-recipient (SR) selection and management. LMG support also includes training and technical assistance for UCDC’s TB SRs to strengthen their capacity to implement their grant activities and report to UCDC.

LMG implements this program with a senior technical advisor embedded within UCDC as well as through engaging LMG staff and consultants, both regional and local.

The project started in June of 2013, and start-up activities included:

1. Development of the project’s PY1 work plan, associated budget, and PMP
2. Onboarding of the project’s senior technical advisor
3. Obtaining LMG project registration
4. Re-aligning project priorities to be responsive to UCDC’s needs
5. Developing working relationships with other implementing partners

The LMG team’s focus has been to provide targeted TA in areas that will strengthen the UCDC’s organizational capacity as a GFATM PR and as a key national HIV/AIDS and TB agency beyond the lifetime of GFATM grants. Although LMG has been working in a number of areas of support, the following achievements stand out as the project concludes its first year:

**Institutional Strategic Planning:** LMG supported the development of UCDC’s institutional strategy and three-year strategic plan, which provide a vision and direction for UCDC in the new public health system. Material from this strategy has been used to develop a position paper and strategic communication for key meetings, including a parliamentary hearing planned for early July of 2014.

**UCDC’s SR Management and TB SR training:** Although UCDC’s knowledge of Global Fund policies and requirements is strong, the GFATM recognized weaknesses, and a detailed time-bound capacity development plan was developed. In June of 2014, LMG held five trainings for UCDC staff and SR representatives. Training sessions and templates were handed over to UCDC to use in future training and to improve their existing policies and procedures. The Procurement and Supply Management (PSM) manual was also reviewed and discussed in detail. The UCDC PSM Manager will introduce some additional provisions and
Two project, which had previously been managing at the conclusion of the USAID-funded AIDSTAR-Two began hosting the OVCsupport.net website infected with and affected by HIV and AIDS.

The LMG Project strives to increase the knowledge and capacity of individuals and institutions that will be the primary focus until the new grant implementation structure is finalized and UCDC’s role is clarified.

Implementing in a time of crisis: LMG was still able to implement a number of key activities despite the Ukrainian political crisis and the uncertain environment within the MOH. Securing LMG’s project registration through navigation of the complicated Ukrainian system was also a key accomplishment.

Much work has been done to lay the ground work for activities that will be implemented early in PY4. These include developing a communications strategy and tools, designing and launching a new UCDC website, and strengthening UCDC’s capacity in resource mobilization and new partnership development to diversify funding sources. Institutional capacity development should be transitioned from its current platform to a WordPress content management system to facilitate easier site management in preparation for transfer to a regional organization. In addition, the site’s appearance was updated to reflect current trends in web design. LMG managed the site renovation, with a soft launch of the re-designed site in late June of 2014. Along with a new platform and appearance, the re-designed site also includes expanded technical content, with new sections on systems strengthening, programming for special populations, age-appropriate programming, and gender.

LMG also assumed responsibility for the development and dissemination of the What’s New in Research? eNewsletter, another product originally developed under AIDSTAR-Two. While research regarding the effectiveness of OVC programming has identified a number of successful interventions, many policy makers and program implementers remain unaware of evidence and continue to pursue programmatic approaches and strategies that are unproven or untested. To help close this gap, What’s New in Research? was launched with the Human Sciences Research Council of Durban, South Africa. This summarizes six peer-reviewed research articles and provides commentary on how the findings can be implemented in programming. Since January of 2012, 19 newsletters have been disseminated to over 3,000 readers. The content from each newsletter is posted and archived on OVCsupport.net. The first edition of the newsletter under the partnership with LMG was issued in June 2014. The newsletters will continue to be produced and disseminated in PY4.

LMG is continuing AIDSTAR-Two’s commitment to improving the lives of children affected by HIV and AIDS through making significant contributions to the growing body of evidence on cutting-edge practices. LMG continued the partnership with Human Sciences Research Council to develop an economic modeling resource to be used by senior leaders in government, civil society, and the private sector. This prioritized OVC interventions in terms of long-term health, social, and developmental outcomes of AIDS-affected children, and enhanced the leadership capacity to advocate for and manage current and future investments in OVC programs. Preliminary data analysis was completed and preliminary results will be included in a special addition of AIDS, which will be disseminated at the Coalition for Children Affected by AIDS meeting prior to the International AIDS Conference. The launch of the resource will happen in PY4 with a gathering of experts in the field.

3.3: Project Activities with PMI Core Funding

The President’s Malaria Initiative (PMI) is providing direct technical assistance to six National Malaria Control Programs (NMCPs) through the Leadership, Management, and Governance National Malaria Control Program Capacity Building Project (LMG/NMCP). The two-year goal of the LMG/NMCP Project is to build the capacity of the local NMCPs to effectively implement their national malaria strategies. The LMG/NMCP project is providing this assistance to six target countries (Burundi, Cameroon, Côte d’Ivoire, Guinea, Liberia, and Sierra Leone) with three main objectives towards this overall goal:

1. To effectively manage human, financial, and material resources.
2. To develop and direct policy and norms for the implementation and surveillance of the national malaria control strategy.
3. To mobilize stakeholders to participate in...
LMG/NMCP aims to provide targeted training and coaching support to NMCPs on effective implementation of GFATM grants, given the NMCPs' role in the implementation of GFATM malaria grants and the impact of national malaria strategies on GFATM grant design.

The project began in September 2013, and startup activities have included:

1. Recruitment of senior technical advisors for all six LMG/NMCP countries.
2. Drafting an overview program description for all six PMI target countries.
3. Conducting situational analyses within the NMCPs to identify priority technical assistance areas and define country-specific project activities and objectives.

a. LMG/National Malaria Control Program Capacity Building Project

The LMG/NMCP team finalized the recruitment of senior technical advisors for the following target countries:

1. Guinea (November 2013)
2. Liberia (January 2014)
3. Côte d'Ivoire (January 2014)
4. Cameroon (April 2014)

Recruitment for Sierra Leone and Burundi is ongoing, and shortlisted candidates have been shared with respective missions for final interviews and selection.

b. New Output: LMG/NMCP Guinea

Completed a situational analysis: The senior technical advisor for Guinea began working in the country in November of 2013, and has worked with the NMCP and USAID teams to identify immediate priorities and to conduct a situational analysis for long-term strategic planning.

Developed a work plan: Based on results of the situational analysis, the LMG/NMCP team worked with the NMCP and USAID mission to develop and finalize a Year 1 work plan, which was finalized and approved in March of 2014.

Coordinated NMCP activities: The senior technical advisor is assisting the NMCP to draft and finalize their National Strategic Plan (NSP) and other policy documents. LMG/NMCP Guinea has assisted in the finalization of the NSP, the NMCP Monitoring and Evaluation Plan, and the National Policy documents for the Fight against Malaria. The project has also coordinated regular meetings between the NMCP, Catholic Relief Services (the Global Fund Principal Recipient in Guinea), and other anti-malaria stakeholders.

Supported GFATM concept note development: The senior technical advisor supported the Guinea NMCP to set up task forces and working groups to develop the GFATM concept note in December of 2013. The technical group strengthened its organizational structure by finalizing the development roadmap and set up a task force and five thematic working groups to lead the concept note process. The task force held several working sessions focused on the technical aspects of the concept note, and participated in the CCM General Assembly as well as three CCM meetings during the GFATM portfolio team visit. This group also conducted advocacy efforts, resource mobilization activities, and the systematic sharing of all required documents in preparation for the first concept note development workshop held in Kindia in March of 2014. The Guinea NMCP submitted the Global Fund concept note on June 15, 2014.

c. New Output: LMG/NMCP Cameroon

Started a situational analysis: The senior technical advisor for Cameroon joined the project in April, 2014, and has worked closely with the NMCP and USAID teams to identify immediate priorities and begin coordinating a situational analysis for long-term strategic planning.

Supported GFATM concept note development: The senior technical advisor provided support to the Cameroon NMCP from April to June of 2014, and worked with a local consultant from Roll Back Malaria to finalize the Global Fund concept note. In June of 2014, LMG/NMCP Cameroon presented the concept note for review at a Global Fund workshop in Kribi. The concept note was submitted on June 15, 2014.

d. New Output: LMG/NMCP Côte d'Ivoire

Completed a situational analysis: The senior technical advisor for Côte d’Ivoire began working in the country in November of 2013, and has worked with the NMCP and USAID teams to identify immediate priorities and to conduct a situational analysis for long-term strategic planning.

Supported GFATM concept note development: The senior technical advisor supported the Côte d’Ivoire NMCP to set up task forces and working groups to develop the GFATM concept note in December of 2013. The technical group strengthened its organizational structure by finalizing the development roadmap and set up a task force and five thematic working groups to lead the concept note process. The task force held several working sessions focused on the technical aspects of the concept note, and participated in the CCM General Assembly as well as three CCM meetings during the GFATM portfolio team visit. This group also conducted advocacy efforts, resource mobilization activities, and the systematic sharing of all required documents in preparation for the first concept note development workshop held in Kindia in March of 2014.
Completed a situational analysis: The senior technical advisor for Côte d’Ivoire joined the project in January of 2014, and has worked with the NMCP and USAID teams to identify immediate priorities for support and conduct a situational analysis for long-term strategic planning. The LMG/NMCP team in Côte d’Ivoire utilized the Organizational Capacity Assessment tool (OCAT) to conduct a thorough analysis of the NMCP in nine institutional areas. A report outlining the OCAT results was drafted in May of 2014, and it will be shared with the NMCP and USAID/PMI once finalized.

Developed a work plan: Based on results of the situational analysis, the LMG/NMCP team worked with the NMCP and USAID mission to develop a Year 1 work plan. The work plan for LMG/NMCP Côte d’Ivoire is currently in the final stages of review.

Coordinated NMCP activities: The senior technical advisor led an exercise with NMCP staff to review key strategic and organizational documents to better understand the mission, vision, goals, and objectives of the NMCP. This exercise revealed that the NMCP’s strategies are not in line with contractual targets set by the Global Fund. LMG/NMCP also assisted the NMCP in presenting the NMCP’s Dashboard, strategic framework, and results from supervision visits to the CCM. The LMG/NMCP Côte d’Ivoire team participated in a meeting between the GFATM management team and the CCM to review the CCM’s work plan and evaluate its eligibility to receive funding under the Global Fund’s NFM. The LMG/NMCP senior technical advisor supported the NMCP in developing implementation strategies in line with the NSP and PMI strategies.

Supported GFATM concept note development: The project assisted NMCP in the development of a work plan, a detailed calendar for review of the NSP for 2012-2015, and a roadmap for concept note development. In January and February 2014, the senior technical advisor participated in several conference calls with the Global Fund portfolio manager for Côte d’Ivoire to monitor the implementation of the NSP review and concept note development activities. The project also supported the NMCP team with the review and documentation of conditions precedents when submitting the Progress Update Disbursement Report. The senior technical advisor co-facilitated a training session for members of the CCM and each of the PRs on the Global Fund’s NFM in February of 2014. After this training, the LMG/NMCP team and the NMCP worked together to prepare the draft concept note, which was presented in Dakar, Senegal, to a mock technical review panel workshop in April 2014.

e. New Output: LMG/NMCP Liberia

Completed a situational analysis: The senior technical advisor for Liberia joined the project in January of 2014. They have worked with the NMCP and USAID teams to identify immediate priorities for support and conduct a situational analysis for long-term strategic planning. The LMG/NMCP Liberia team conducted a baseline organizational capacity assessment of the NMCP using the OCAT between February and March 2014. The NMCP assessment report, including recommendations, is in the final stages of review and will be shared with the NMCP and other implementing partners once finalized.

Developed a work plan: Based on results of the situational analysis, the LMG/NMCP team worked with the NMCP and USAID mission to develop and a Year 1 work plan, which is currently in the final stages of review.

Coordinated NMCP activities with key partners: The project reinforced collaboration between the current PR, Plan International, the NMCP, and other key stakeholders by developing a time-bound road map for the mass long-lasting insecticide-treated nets distribution campaign of the Global Fund grant. The LMG/NMCP Liberia project staff also provided technical support to the NMCP to review progress towards the 2009-2014 Malaria Control Strategic Plan. The successes, gaps, and recommendations were synthesized into a memorandum, and key partners were committed during the signing ceremony with the Minister of Health and Social Welfare, the head of USAID/Liberia, the WHO country representative, and the chief of party of Plan International. In April, 2014, the senior technical advisor shared the Liberia draft concept note at a mock technical review panel workshop hosted by Roll Back Malaria in Harare, Zimbabwe. The Liberia draft concept note was reviewed by experts from the GFATM, RBM, and peers in the sub-region.

In PY4, LMG/NMCP will continue to expand current program activities and start up activities in Sierra Leone and Burundi. Other key activities will include:

- Finalize situational analysis reports and share with all key partners.
- Finalize outstanding target country work plans.
- Support the development, submission, and finalization of Global Fund concept notes.
- Provide technical support to NMCPs to assess human resources and revise staffing structures.
- Provide technical support to the NMCP to develop or revise a multi-year national malaria control policy.
- Provide intensive technical support on Global Fund grant management in those countries where the NMCP is the PR.
- Train all senior technical advisors to facilitate the Leadership Development Plus Program (LDP+).
- Facilitate a LDP+ for each target country’s NMCP.
• Launch an adapted Virtual LDP+ platform for NMCP staff to support cross-regional sharing and learning.
Section 4: Country Program Highlights
A significant proportion of the impact from investing in L+M+G occurs in the following thirteen country or regional programs. A new LMG activity in the Latin America and the Caribbean region (LMG-LAC) activity focused on FP/RH was under development during the last quarter, and will begin activities in the next project year.

4.1 Afghanistan

Source of funding: Economic Support

a. Objectives of the Program

1. Improved capacity and governance of the central MOPH to support the delivery of basic package of health services and essential package of hospital services, primarily through NGO service providers.

2. Improved capacity and governance of the MOPH provincial liaison directorate and provincial health offices in 17 provinces to support the delivery of basic packages of health services and an essential package of hospital services.

3. Improved capacity of the Ministry of Education’s Management Support Unit to administer, monitor, and report on USAID on-budget activities.¹

b. Key Achievements

LMG’s Afghanistan (LMG-AF) field support activities commenced in September of 2012, just as the former Tech-Serve and Health Services Support Project ended. The project was scheduled to end in February of 2014; however, USAID/Afghanistan extended the field support-funded scope of work to October 31, 2014. LMG-AF is currently in discussions with USAID for a program extension with a projected end date of February 2015. In May of 2014, LMG-AF’s former deputy project director was appointed to the position of project director. The outgoing project director remains with the project as a senior technical advisor for leadership, management, and governance strengthening initiatives.

All major components of the work plan have either been completed or started over the past nine months. All deliverables under the Community Health Nursing Education program were met, and project support to the program area was finalized in February of 2014. Additionally, in late 2013, the transition of activities from the Health Care Improvement Project (formerly implemented by University Research Co. with USAID funding) was completed successfully. This resulted in the integration of the support activities to the Improving Quality in Health Care (IQHC) National Strategy and to the IQHC unit at the Ministry of Public Health (MOPH) within the LMG-AF work plan. During the reporting period, USAID/Afghanistan finalized its decision to transition a significant part of its financial assistance to the health sector through the recently launched World Bank-led System Enhancement for Health Action in Transition (SEHAT) Project. To support this, LMG-AF assisted the MOPH in meeting its deadlines for submitting financial and technical assistance proposals covering key areas of the health system to the World Bank for SEHAT’s support. To facilitate a process for institutionalizing the strengthening of leadership, management, and governance in the health sector, LMG-AF held a roundtable meeting to engage key stakeholders and initiate a strategy for this process. Additionally, LMG-AF supports management strengthening and rationalization of in-service training activities at the

¹During the final quarter of the reporting period, the wording and organization of the objectives for the LMG-AF project were revised in collaboration with USAID-Afghanistan. The changes did not substantively impact the project work plan, but were rather designed to improve the reporting of activities and results under the project monitoring plan.

Female community health worker, who promotes healthy lifestyle in the community, encourages appropriate use of health services, provides FP services, and treats and refers common illnesses.
MOPH, including for reproductive and child health, for hundreds of service delivery NGO staff.

The LMG-AF project completed a benchmarking workshop in August of 2013 updating its work plan, aligning activities to the PMP, and developing plans for the project extension period from February of 2014 to October of 2014. The project team also updated the PMP and realigned the results framework by relocating IR3 (LMG+ G capacity development of the MOPH and 17 Provincial Health Offices) as one of the main elements under IR1. The updated and realigned PMP and the results framework were finalized and approved by USAID/AFghanistan.

As of April of 2014, LMG-AF has booked $500,000 of cost share from various sources—the largest portion of cost share under the Global LMG portfolio.

c. Challenges

- LMG-AF experienced a number of challenges in the past year related to effective engagement with the Ministry of Public Health (MOPH). In particular, the pending Presidential election in Afghanistan has resulted in a limited availability of senior leaders and an uncertainty as to how any potential leadership changes will impact program activities. The security situation also continues to impact the project, affecting engagement with international technical assistance and consultants and the ability of MOPH personnel members to travel to sites.

- A major challenge has been navigating the changing funding environment, as USAID is preparing to channel its direct support for on-budget activities at the MOPH to the SEHAT project. This change has required the project and the MOPH to engage with new partners and stakeholders and to develop revised technical strategies and implementation plans for each of the program areas that will be funded through SEHAT. LMG-AF's scope of work continues to expand by absorbing additional activities from other projects (IQHC). New program activities at USAID's request have required additional staff and an updated budget and PMP.

- During activity implementation, coordination across key MOPH departments remains a challenge because department functions and leadership alignment is not consistent with what is necessary to support a coordinated implementation of systems. For example, coordination among the Health Information, HMIS, Research, Disease Early Warning and Response, and M&E Departments has been difficult, as all departments are under different director generals at the MOPH, resulting in weak coordination and inadequate feedback mechanisms to the health care system.

- A high turnover of provincial community-based health care officers also continues to slow processes, and the shortage of female community health supervisors continues to plague the maternal and child health interventions. Cultural barriers prevent male community health supervisors from delving into maternal health issues at the community level, which challenges their direct access to mothers and female community health workers (CHWs).

d. Next 6-12 Months

LMG-AF will continue to support the preparation for the transition from off-budget technical assistance to the on-budget funding mechanisms planned under SEHAT. This will include support to the Grants and Contracts Management Unit at the MOPH to prepare for the re-procurement of health service delivery contracts, which serves as the follow-on requirement to the on-budget Partnership Contract for Health Services Project. The project will also provide technical assistance for the SEHAT third party evaluation. LMG-AF will provide technical assistance for addressing the findings of the Ernst & Young's pre-award assessment of the MOPH, which is a precondition to on-budget funding.

The project expects to complete the community shuras training and a follow up assessment on community leadership and governance in five of the eight targeted provinces. The HMIS department of the MOPH will prepare the medical record tools for an electronic Medical Record System of Indira Gandhi Children Hospital.

The Nursing & Midwifery Department, with TA from LMG-AF, will provide the necessary oversight to Kabul-based hospitals where the nursing standards are being applied. The HI department will complete the baseline assessment based on different service standards in selected health facilities in five provinces. Additionally, the hospital autonomy process will initiate its next phase by establishing staff recruitment committees within each hospital. The final hospital management training by Johns Hopkins University will be completed.

LMG-AF will support the formation of a third Provincial Health Learning Center (PHLC) in one of the northern provinces of the country. In addition, each of the existing PHLCs will conduct the task sharing exercises in the coming quarters. LMG-AF will also assist the MOPH Provincial Liaison Department to scale up the application of Provincial Public Health Coordination Committee governance practices (guides) into nine additional provinces, bringing the total number of provincial health teams where these important guides are integrated to 12, and guide the decentralization strategy formulation of the MOPH.

LMG-AF will assist the General Directorate of Human Resources of the MOPH to perform data entry and analysis of the ongoing Leadership and Management Competence Assessment. LMG-AF will support the Management and Leadership Development Directorate to scale up LDP+ at the central and provincial (above health facility) levels.
Community health Shuras in training. Shuras provide leadership and support to all health-related activities in the community.
LMG-AF is planning to develop and launch the L&M Institutionalization Strategic Plan and provide an L&M orientation for the Afghan Parliament health committee.

4.2 Benin

Source of funding: MCH, FP/RH

a. Objectives of the Program

USAID and MSH, in collaboration with other members of the existing leadership, management, and governance consortium in Benin, requested that the LMG Project in Benin (LMG/Benin) build on their common interest in addressing the challenges of L+M+G. The consortium team is focusing on strengthening the capacity of health managers, leaders, and teams to effectively carry out health program stewardship.

The three-year goal of LMG/Benin is strengthened leadership, management, and governance capacity at all levels of the health sector, targeting universal and equitable access to a high quality and integrated Essential Health Package, and improved health outcomes. We are achieving this goal through training health leaders and managers in key health systems strengthening building blocks and developing the senior leaders’ stewardship capacity through specialized training and mentoring support over the long term.

The program has three key objectives:

1. Strengthen governance practices such as advocacy, policy formulation, regulation, and information at the highest level of the Ministry of Health.

2. Develop leadership, management, and governance practices of health leaders and managers at central and decentralized structures of the Ministry and in the private sector.

3. Strengthen institutional capacity of a competitively-selected training institution.

b. Key Achievements

LMG/Benin officially launched in Cotonou on July 11, 2013. PY3 activities included:

**Held leadership, management and governance trainings:** Technical activities to improve L+M+G capacities began with the National Order of Pharmacists in Benin (ONPB) and with Ministry of Health staff from the three targeted central-level units of the Ministry: the DSME, the National Malaria Control Program (NMCP), and the Agence National de la Vaccination et les Soins de Santé Primaire (ANV-SSP).

Twenty-two pharmacists from the ONPB completed the first three LDP workshops. As a result, the ONPB teams completed validated action plans, identified key obstacles and challenges, established a legal services council for the ONPB, and revised procedures and regulations for membership dues.

Twenty-one participants from the DSME, NMCP, and ANV-SSP completed three LDP+ workshops. The MOH teams have enthusiastically embraced the LDP+ and are actively employing the challenge model to develop job descriptions for senior staff within each agency.

Throughout the year, the LMG/Benin team provided targeted coaching to both the ONPB and MOH teams between LDP/LDP+ workshops, which allowed the teams to review concepts presented during the workshops, develop activity roadmaps, and track priority actions to respond to identified challenges.

**Completed training mapping exercise:** LMG/Benin team launched a training needs mapping exercise within the MOH in February of 2014. The mapping exercise revealed the Ministry’s need for training in a number of management and leadership areas, including review of leadership, management and governance concepts, time management, decision-making, delegation, negotiation and conflict management, technical resource mobilization, information management, audit preparation, and management based on results.

LMG/Benin shared the finalized and validated results of the exercise with partners in the MOH, in collaboration with the human resources directorate, which will be used to prioritize training needs for the remainder of the project.

**Supported development of a gender policy and strategy:** TA to the Ministry of Health for development of a gender policy and strategy document began in December of 2013. The Ministry first conducted a participatory gender audit as the basis for developing a realistic and clear gender strategy. In March of 2014, LMG/Benin held a national training workshop for the facilitators of the gender audit, which allowed the project to identify a pool of national facilitators, validate the methodology and tools that were used, and align the audit’s strategy within the MOH.

LMG/Benin provides technical assistance to the Ordre National de Pharmaciens du Benin to conduct a Leadership Development Program for pharmacists.
Provided strategic planning, visioning, and governance TA to the Réseau des ONG Beninois en Santé (ROBS): Following the Strategic Planning, Visioning, and Governance workshop held in PY1, LMG/Benin provided coaching support to ROBS. ROBS participants reported that following their leadership trainings with LMG/Benin, they have developed and executed a partnering agreement with the Ministry of Health. They also responded to three requests for applications in alignment with their business planning strategy and goals, and participated in a number of activities with the MOH and other partners in the health sector, including the International Family Planning conference held in Addis Ababa, Ethiopia.

Improved MOH performance measurements: In collaboration with the Ministry of Health’s DPP, the LMG/Benin project held a technical workshop to develop performance monitoring plans with the DSME, NMCP, and ANV-SSP. The goal was to improve the performance measurements for each Ministry of Health structure. As a result of the workshop, the participating structures identified ten indicators that can be used to better measure and assess their performance. Additionally, the project supported a validation workshop of the 2013 National Health Statistics for the MOH. During the validation workshop, various contributions by LMG/Benin were adopted into revisions to the validation workshop, various contributions to the MOH. The working group included LMG/Benin Performance Statistics report. The contributions integrated into the report included LMG/Benin Performance Monitoring Plan indicators, partners’ key results, and LMG/Benin’s three years of data analyzing the Ministry’s National Health Statistics directorate.

c. Challenges

- Delays in signing the subcontract with the Institut Régional de Santé Publique (IRSP): In September 2013, USAID informed the project that the Mission would directly contract with the IRSP. LMG/Benin assisted the IRSP in providing USAID with a revised proposal package to expedite the process; however, in February 2014, USAID requested MSH to sign directly with the IRSP.

7. Develop and implement a mentoring and supervisory mechanism between the USAID/LMG/MOH and IRSP to follow up with participants that have completed the leadership, management, and governance program to monitor how they are incorporating new values and attitudes within their work environment.

4.3 Côte d’Ivoire

Source of funding: PEPFAR

a. Objectives of the Program

LMG field support activities in Côte d’Ivoire are divided into two focus areas: support to the Global Fund Country Coordinating Mechanism and Principal Recipients (LMG/CI CCM), and the Governance Decentralization Pilot Project (LMG/CI Decentralization Pilot). A third area, support to the National Malaria Control Program (NMCP), is described in the report’s section on PMI core funding.

The goal of LMG/CI CCM is to provide technical assistance to the Global Fund CC) and PRs to build their capacity in the areas of L+M+G, monitoring and evaluation, supervision, and resource mobilization. TA is helping to clarify the roles and responsibilities of the CCM and the PRs to enable them to fulfill their critical functions and effectively rally all sectors to combat HIV/AIDS, malaria, and TB.

The LMG/CI Decentralization Pilot is improving health service delivery and health outcomes through health systems strengthening and by creating motivated leaders with strong management skills the regional health directorates (DD) and the departmental health directorates (DD). This ensures ownership and sustainability of all interventions, including HIV activities at the decentralized level.
LMG/CI CCM:

1. Ensure that the CCM understands the updated GFATM directives and is following a plan to ensure compliance with GFATM regulations and internal CCM governance and operational processes. Also, strengthen orientation standards to ensure transparent, streamlined, and sustainable implementation of CCM activities.

2. Strengthen M&E of Global Fund grant performance by utilizing effective tools.

3. Harmonize CCM activities with key stakeholders and mobilize additional resources to be able to carry out basic CCM functions.

4. Strengthen CCM and PRs’ leadership, management, and financial skills as well as their capacity to implement, monitor, and evaluate programs.

LMG/CI Decentralization Pilot (in the two regions and the nine districts of N’Zi-Iffou and Indenié-Djuablin):

1. Strengthen governance practices, including advocacy, strategic planning, coordination, guideline development, and the application of regulations and information within the DDs and DRs.

2. Develop and implement leadership, management, and governance practices for health leaders and managers in the DRs, DDs, and private sector.

3. Strengthen the capacity and performance of the DRs and DDs.

b. Key Achievements

LMG/CI CCM:

Provide Interim Permanent Secretary support to the CCM: Following the non-renewal of the contract for the previous CCM Permanent Secretary in June of 2013, the CCM submitted a formal request to USAID/PEPFAR requesting that the LMG/CI consultant, under the Global Challenge Corporation (GCC) subcontract, be made available to serve as interim Permanent Secretary. The GCC subcontract was then amended to include full-time support to the CCM president and secretariat through September 30, 2013. As part of this support, the interim permanent secretary, with technical support from other GCC consultants, developed a detailed site visit reporting template for CCM members. In October 2013, the project held a training session with the CCM to discuss oversight principles and provide detailed guidance on how to plan, conduct, and report on site visits to oversee GFATM grant implementation.

Regularize CCM Technical committee meetings: The LMG/CI team provided technical and financial assistance to the CCM to ensure that the technical committees began to hold regular meetings, starting in December of 2013. Committee rosters had not been finalized, meetings were not held regularly or at all, and the committees’ scopes of work, including their roles and responsibilities, were not clarified since the restructuring of the CCM into four thematic committees in April of 2013. LMG/CI staff have worked to support the HIV, TB, and finance committee meetings and helped each committee to understand its roles and responsibilities.

Conducted Grant dashboard refresher training workshop: Given the restructuring of the CCM committees and the significant staffing changes within several of the PRs over the past year, in October of 2013 LMG/CI held a refresher Grant Dashboard training for the 2012 session. To maximize the benefits of the trainings, the project team met with each PR individually to tailor a review of their specific grant dashboards and provide an in-depth orientation for PRs with new staff. This follow-up work allowed new staff members from the CCM and PRs to learn basic oversight and monitoring strategies, taught them how to use the Grant Dashboard tool, and provided an opportunity for the project team to troubleshoot and provide feedback to the PRs on tools that have been completed since the first training session.

Support and hold CCM’s General Assembly Meeting: In partnership with the Global Fund, LMG/CI provided technical and financial assistance to the CCM for the organization of the General Assembly (GA) meeting which was held at the CCM headquarters in Abidjan in February of 2014. The main activities during the GA included the reading and validation of the minutes from the prior GA meeting of September 26, 2013, a
presentation by the finance committee, program reviews (malaria, tuberculosis, and HIV), and a discussion of the GFATM’s NFM.

Trained CCM members and PRs on the Global Fund’s new funding model: LMG/CI provided ongoing technical and financial assistance to members of the CCM and PRs on the Global Fund’s NFM throughout the year. In February of 2014, the LMG/CI team facilitated an intensive training workshop on the NFM at the CCM office. There were 53 participants, including members from each of the three CCM disease committees, the secretariat, the financial committee, and representatives from each of the six PRs. The workshop focused on increasing the CCM members’ and PRs’ comprehension of the proposal development process and clarifying roles and responsibilities within the new CCM structure in line with the NFM.

LMG/CI Decentralization Pilot:

Completed a situational analysis, program description, and priority needs workshops: In June of 2013, PEPFAR proposed a new field support activity under LMG/CI to support a decentralized management pilot project in two health regions. The aim was to improve overall management capacity and functioning in respect to planning, monitoring, coordination, and integration of HIV and other health services. In July of 2013, the LMG/CI team visited the two selected health regions, Indénié-Djuablin and N’Zi-Iffou, to hold working sessions with the leadership of regional and district management teams to identify the operational status of the directorates and priority material and technical needs. Based on the findings of this situational analysis, the team drafted a technical approach and program description document for the decentralized management pilot, which began in August of 2013.

Held regional work plan development workshops: The LMG/CI Decentralization Pilot team provided technical and financial support to the regional health teams to conduct a participatory workshop to develop a regional work plan that integrates components from each district’s work plan. The support provided by the LMG/CI Decentralization Pilot resulted in a fully developed and validated action plan for each region. Regional project staff will regularly monitor the implementation of these validated work plans during quarterly coordination meetings with regional and departmental senior health teams.

Held quarterly regional coordination meetings: The LMG/CI Decentralization Pilot project provided technical and financial support to regional teams to hold quarterly coordination meetings with the regional senior health team to evaluate the status of regional-level activities. The overall objective of this meeting was to determine priority activities for the next quarter that are in line with the annual operational plan and regional challenges. All five priority activities identified were launched as planned.

Held supervision training sessions with senior regional and departmental health team members: The LMG/CI Decentralization Pilot conducted supportive supervision training sessions with six trainers from the N’Zi-Iffou region and 50 senior departmental health team members from six DDs. The two training sessions, held in March of 2014, aimed to strengthen the capacity of N’Zi-Iffou regional- and departmental-level leadership to conduct effective supervision of technical teams, through the introduction and development/adaptation of methods, tools, and specific channels of supervision.

Launched leadership Development Program Plus (LDP+): The first LDP+ workshop for members of the regional and district health teams from both N’Zi-Iffou and Indénié-Djuablin was held in April of 2014, and the first targeted coaching sessions were held in June of 2014.

c. Challenges

LMG/CI CCM:

- CCM restructuring: As previously reported, the CCM General Assembly passed a vote to restructure the CCM by disease rather than by CCM oversight technical area. During this period of restructuring, a number of project activities were put on hold. In addition, the CCM permanent secretary position was vacant from July-November of 2013. While LMG/CI provided interim support to fill the position through the end of September, 2013, a permanent replacement was not recruited until November of 2013. This stalled the implementation of a number of activities.

- Due to a shift in the focus of the project’s work with CSOs, scheduled activities have been delayed. Based on discussions with USAID/PEPFAR in response to the PY3 work plan, LMG/CI shifted its focus on Global Fund support to more direct technical assistance and capacity building for the PRs. In addition, the project is providing more basic-level support to the CCM in response to the reorganization.

LMG/CI Decentralization Pilot:

Work plan approval delays: The LMG/CI Decentralization Pilot annual work plan for PY1 was approved February 4, 2014, which provided the project with only nine months to implement the planned project activities. Activities in N’Zi-Iffou have launched at a steady pace; however, the project needs to accelerate the implementation of activities in Indénié-Djuablin.

d. Next 6-12 Months

LMG/CI CCM:

LMG/CI CCM will continue to expand current program activities, providing technical assistance to the CCM, and working directly with selected
Global Fund PRs to provide capacity building assistance to strengthen grant implementation, management, and monitoring. The project will develop a detailed work plan for October 2014-September 2015, in close coordination with the donor and local stakeholders, to identify priority needs. The following activities are anticipated:

- Provide technical coaching support to the CCM committees in the monthly review and analysis of completed dashboards and to the GA in quarterly reviews.
- Provide technical support to CCM committees to regularly review and assess capacity building needs within the PRs’ organizations.
- Conduct an organizational capacity assessment of the CCM in order to identify gaps to inform training activities.
- Support implementation of the CCM Eligibility and Performance Assessment (EPA) to be carried out by an external facilitator.

LMG/CI Decentralization Pilot:
The LMG/CI Decentralization Pilot will continue to work together with USAID/PEPFAR, stakeholders, and partners to implement activities scheduled for the current year’s work plan and to develop a detailed work plan for the period of October 2014-September 2015. In addition to supporting monthly regional senior health team meetings and quarterly coordination meetings, the project plans to:

- Carry out the next three LDP+ workshops with regional and district health teams.
- Conduct supportive supervision training sessions with senior regional and district health members in Indéné-Djuablin.
- Provide technical and financial support to the senior regional health team to conduct integrated supportive supervision to districts and referral hospitals on a quarterly basis.

- Provide technical and financial support to the regional health team to develop a performance merit system to recognize high-performing staff.
- Develop and conduct trainings for regional and district administrative and financial managers on tools and procedures for effective financial management, followed by monthly coaching visits.

4.4 Ethiopia
Source of Funding: PEPFAR

a. Objectives of program
LMG Ethiopia project’s objective is to support health systems strengthening by addressing the gap in the leadership, management, and governance capacity of policy makers, health care providers, and program managers to implement quality health services at all levels of the health system. Governance functions – distinct from leadership and management functions – are an important focus of LMG, as they provide the ultimate commitment to improving service delivery and foster sustainability through accountability, engagement, transparency, and stewardship. The project works in collaboration with the FMOH, regional health bureaus (RHBs), zonal health departments (ZHD) /district health offices, training institutions, professional health associations, and CSOs in Ethiopia. Our support will be to advise and guide our counterparts and to equip them with the tools necessary to elevate their capacity and performance. LMG’s inputs are also designed to support the Business Processing Reengineering and Balanced Scorecard rollout within the health sector. Specifically based on the results from the pilot program of Balanced Scorecard, the Ministry of Health is expanding use

2. Develop the leadership, management, and governance capacity of selected FMOH directorates and agencies, as well as selected RHBs/ZHD/district health offices and facilities through LMG training so that they can apply new leadership and management skills and manage and deliver standardized training to improve health planning and management.

3. Strengthen the institutional capacity of Ethiopian training institutions and professional health associations.

These strategies are designed to perpetuate the strong local ownership that permeates the FMOH, regional and district health offices, training institutions, professional health associations, and CSOs in Ethiopia. Our support will be to advise and guide our counterparts and to equip them with the tools necessary to elevate their capacity and performance. LMG’s inputs are also designed to support the Business Processing Reengineering and Balanced Scorecard rollout within the health sector. Specifically based on the results from the pilot program of Balanced Scorecard, the Ministry of Health is expanding use.
of the balanced scorecard throughout the entire national health system. The LMG approaches allow all participants in the system to understand how their performance contributes to the achievement of FMOH strategic objectives, and helps align the Ministry of Health’s vision with the work people do on a day-to-day basis.

b. Specific Objectives

1. To facilitate the development of LMG in-service training modules for higher level, mid-level, and low level health managers.
2. To facilitate the provision of LMG in-service training.
3. To institutionalize LMG through integration into pre-service curriculum, contributing to greater sustainability.
4. To capacitate training institutions and professional health associations so that they partner with FMOH to provide LMG technical assistance.

c. Key Achievements

Key Achievements (Pre-Service)

- LMG conducted a desk review and needs assessment in eight federal universities (Addis Ababa, Wollo, Jimma, Hawassa, Gondar, Mekele, Bahirdar and Haramaya) to gain a better understanding of the critical leadership, management, and governance gaps that exist within the health sector in Ethiopia.
- We conducted work group sessions with Addis Ababa, Mekele, Wollo, Gondar, Haramaya, and Bahir Dar universities and the Federal Ministry of Education to review the existing health service management curricula and identify how to professionalize leadership, management, and governance for the health cadres.
- An LMG Core Competency Development Workshop was conducted April 7-13, 2014, in Adama by LMG/Ethiopia project in collaboration with the eight Ethiopian Public Universities mentioned above, the Ethiopian Nurses Association, Midwives Association, and Public Health Officers Association, resulting in a first draft of the desired core competency areas for both public health officers and nurses.
- LMG held a Content Integration Workshop from June 7-10, 2014, in Adama where 25 representatives from eight universities were in attendance. Participants mapped the attributes in the core competency document and L+M+G contents were integrated in to the existing Health Service Management course syllabus and Health Service Management/nursing administration courses for public health officers and nurses.
- LMG held a Content Integration Workshop from June 7-10, 2014, in Adama where 25 representatives from eight universities were in attendance. Participants mapped the attributes in the core competency document and L+M+G contents were integrated in to the existing Health Service Management course syllabus and Health Service Management/nursing administration courses for public health officers and nurses.

Key Achievements (In-Service)

- The LMG in-service training manual for the three categories of trainees (senior/ federal, facility, and district) was finalized and approved by the FMOH Senior Management Team.
- LMG conducted a TOT for 72 FMOH, RHBS, training institute and university staff for the purpose of building a pool of resource persons and facilitators for cascading L+M+G trainings and workshops in the regions, woredas, and health facilities.
- From December 13-19, 2013, LMG conducted Management and Organizational Tool (MOST) workshops in the six woredas/districts (Babile, Kombolcha, Haromaya, Tullo, Mesio, and Habro) of the East and West Hararghe zones of Oromia regional state for the purpose of facilitating the woreda base planning process. A total of 103 staff from all six woreda health offices participated in the process.
- From March to May, 2014, a total of 47 teams in Hareri, Diredawa, and East and West Harerghe and the FMOH went through the six month LMG Workshop, received rigorous coaching between workshops, and completed their LMG project action plan.
- LMG provided technical and management support to the FMOH as it rolled out L+M+G workshops in three emerging regions (Afar, Somali and Gambella regions).
- During the reporting period, the LMG delivered ministerial level Senior Leadership Program (SLP) workshops to FMOH senior leadership. The program was adapted from the original Yale GLHI SLP design to meet senior Ministry development needs. Twenty-two FMOH senior leaders, including the MOH and state ministers attended the training. The focus of the training was accountability, group dynamics, and leadership, strategic problem solving, working across groups, and managing boundaries and authority relationships. A baseline assessment was conducted within 20 hospitals. Two consecutive LMG workshops...
for 28 participants drawn from eight hospitals were held.

Key Achievements (Gender)

- LMG continued to provide technical support to FMOH for the completion of the Gender Training Manual and Gender Directorate

Dr. Amir, State Minister at FMOH, attending the FMOH Result Presentation Workshop, May 24, 2014 at FMOH Hall

Strategic Plan.

- A Gender TOT was provided for 46 participants drawn from three federal agencies and three hospitals.

- The Gender Directorate of FMOH, in collaboration with LMG-Ethiopia, organized two rounds of gender and leadership training for the Ministry’s mid- and senior-level female staff. A total of 80 female case-team leaders and directors attended the training.

d. Challenges

Because of other competing priorities within the FMOH, some project activities were not implemented as per the original schedules.

e. Next 6-12 Months

- L+M+G workshops for the health workforce will be expanded to Amhara, Tigray, Southern Nations Nationalities People’s Region, and Oromiya regions.

- LMG will continue to strengthen synergy between RHBS and nearby universities, including a joint rollout planning for L+M+G in service training at the regional and Woreda/district level.

- L+M+G training for university staff (Mekelle and Wollo, Hawasa, Jimma and AA, Bahirdar and Gondar) will be conducted.

- Integration of L+M+G content for health officers’, nurses’ and mid-wives’ syllabi will be completed and similar efforts will be exerted with medical graduates and pharmacists.

4.5 Haiti

Source of funding: PEPFAR, TB, MCH, FP, Nutrition

a. Objectives of the Program

The USAID-funded LMG/Haiti field support project, implemented by MSH in partnership with the World Bank and under the guidance of the Haitian Ministry of Public Health and Population (MSPP), has been working in Haiti since September of 2012 to strengthen the health system to ensure greater government participation and good governance. The project’s original two objectives (from project launch through December of 2013) were:

1. Reinforce the MSPP’s capacity to manage all sources of funding (including the USG) and to contract and manage health services.

2. Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to rationalize allocation and use of resources, improve accessibility and quality health services, and strengthen the continuum of care.

In February of 2014, USAID/Washington approved a new scope of work for LMG/Haiti. This revised scope of work continues to strengthen the MSPP’s contracting function; however, support to referral networks at the department level has been replaced with a broader capacity building mandate geared toward strengthening the MSPP at the central level. LMG/Haiti proposed four objectives under the new scope of work that are currently pending USAID approval.

b. Key Achievements

From July 2013 – June 2014, LMG/Haiti continued capacity building support to the MSPP to contract and manage health service and strengthen the continuum of care in departmental referral networks. Key activities and achievements include
the following:

**Strengthened capacity of the Contracting Unit to implement the RBF program:** The MSPP and the World Bank officially approved the Results-Based Financing (RBF) manual and operational tools, developed with technical assistance from LMG/Haiti, which will guide the implementation of the RBF strategy in Haiti. LMG/Haiti also supported the Contracting Unit to conduct several trainings on the RBF strategy and operational procedures for a total of 123 key stakeholders (60 females, 63 males) involved in implementation of the program, and develop and finalize key elements of the RBF program, such as a costing and forecasting tool to define the costs of health services to be funded by the RBF program, contracting templates, the roadmap for the RBF pilot implementation in the Nord-Est department, and several technical strategy notes to guide RBF implementation in Haiti.

**Supported the MSPP to define the referral network concept:** LMG/Haiti developed a concept paper outlining the organizational model, operational procedures, and implementation steps for referral networks. To raise awareness on the concept and promote adoption of the model, LMG/Haiti provided planning and financial technical support to the Direction Sanitaire de l’Artibonite to organize the “On the Road to the Unité d’Arrondissement de Santé (UAS)” forum for 47 participants (18 females, 29 males) to discuss the establishment and implementation of the referral network in the Artibonite and Nord-Est departments.

**Strengthened the continuum of care in referral networks:** In collaboration with other partners and stakeholders, LMG/Haiti implemented management and governance interventions to foster improvements in health services within several referral networks. LMG/Haiti accomplished the following to strengthen the continuum of care:

- **Established three management and governance committees** in the Matheux network (management committee, community-based health oversight committee, steering committee); four management committees established in the Nord-Est department (Trou du Nord, Vallières, Ouanaminthe, and Fort-Liberté networks).
- **Developed six action plans** to strengthen health services in referral networks (four three-month plans developed in the Trou du Nord, Vallières, Ouanaminthe, and Fort-Liberté networks; two annual plans developed in the Matheux and St. Michel Marmelade networks).
- **Developed one monitoring and evaluation plan** in the Matheux network.
- **Tracked and monitored health services data** using dashboards by referral network leaders within five networks (Trou du Nord, Vallières, Ouanaminthe, Fort-Liberté, and Matheux).
- **Assessed health equipment needs** at 58 health institutions, and initiated procurement to fill gaps.
- **Developed three supervision plans** for the Nord-Est department and the Matheux and St. Michel Marmelade referral networks to improve the capacity of departmental supervisors.
- **Trained 18 MSPP staff** (17 males, 1 female) on supportive supervision in the Matheux referral network.
- **Finalized three departmental integrated development plans and one departmental integrated development plan** and one departmental integrated development plan
- **Finalized four investment and staffing plans** in the Trou du Nord, Vallières,

**Conducted a performance evaluation of MSPP’s central directorates:** LMG/Haiti supported the office of the Director General (DG) in conducting a performance evaluation of the MSPP’s central directorates. The program helped by developing an assessment tool, analyzing the data, and writing a report on the findings. Performance targets were identified that will be included in the central directorates’ action plans. LMG/Haiti also supported the office of the DG to develop a performance monitoring tool to measure the central directorates’ progress towards improving performance on a quarterly basis.

**Supported Country Coordinating Mechanism (CCM) in submitting a concept note for additional Global Fund funding:** LMG/Haiti, in collaboration with France Expertise Internationale, supported the CCM in conducting a financial gap analysis of HIV and TB funding in Haiti and developing a concept note to request additional funding from the Global Fund to address these gaps. The concept note was submitted on May 15, 2014.
Conduct a MOST assessment with the Unité de Coordination des Programmes Nationaux (UCP): To increase the integration of priority health programs in Haiti (HIV and AIDS, tuberculosis, and malaria), LMG/Haiti implemented the Management and Organizational Sustainability Tool (MOST), with 34 UCP staff (22 males, 12 females), to identify gaps in organizational management capacity and develop a capacity building plan to strengthen the identified weaknesses and improve coordination between the three national programs.

Revised year two work plan, budget and performance monitoring plan (PMP) submitted to USAID: In response to the new proposed scope of work, LMG/Haiti developed and submitted a revised year two work plan, budget, and PMP to USAID on April 15, 2014.

c. Challenges

- Delays in clarifying the revised scope of work: The lack of clarity in the project’s scope of work for almost a full quarter hindered project planning and affected staff motivation. After MSH received USAID approval for the revised scope of work in late February of 2014, staff resources over the last month of quarter one were primarily devoted to revising the year two work plan based on the new scope of work.

- Availability of MSPP staff: MSPP staff members are often not available to participate in technical meetings due to their competing priorities, causing delays in the implementation of project activities. To address the challenge, LMG/Haiti staff have established a procedure for confirming meetings with MSPP staff and share the agenda of the meeting in advance, including decisions to be made and actions to be taken during the meeting, to encourage participation.

4.6 Honduras

Source of Funding: PEPFAR

a. Objectives of the Program

In October of 2012, USAID/Honduras invited LMG to present a program description for work to help build the capacity of selected units of the Honduran Ministry of Health to implement funding received directly from the USG. LMG’s counterparts at the MOH are the Sub-Secretary of Networks, including the Decentralized Management Department (DGD, in Spanish), the regional health departments, and the Unit for Administration of External Cooperation Funds (UAFCE, in Spanish).

d. Next 6-12 Months

In the next six months, LMG/Haiti will continue to strengthen the leadership, management, and governance capacity of the MSPP by conducting the following key activities:

- RBF implementation: LMG/Haiti will launch the RBF program in the Nord-Est department, conduct the baseline assessment for the RBF impact evaluation, develop a monitoring plan for RBF projects, and establish MSPP fiduciary and procurement units to oversee sound financial management for RBF projects.
  - Provide technical support to UCP to integrate the three priority health programs.
  - Strengthen the governance and oversight functions of the CCM.
  - Develop the norms and standard for the Package of Essential Services.
  - Support the MSPP to revise its supervision manual.
  - Conduct eight working sessions with the central directorates to develop annual performance plans.

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.

b. Key Achievements

Developed capacity building plans with MOH and NGOs. LMG concluded capacity needs assessments with the MOH and NGOs and shared the results with the MOH and NGOs through a series of meetings. During this process, LMG also identified priorities for capacity building which led to the development of capacity building action plans. Three workshops were conducted in May of 2014, in La Ceiba, Honduras, aimed at strengthening practical knowledge and skills to target and refer victims (or potential victims in suspected cases) of HIV-related gender-based violence affecting key populations within the NGOs and MOH. Based on identified needs, LMG hosted an expo on HIV/AIDS prevention educational methodologies in June of 2014 in Tegucigalpa, Honduras.

Provided TA on the contracting process and monitoring of NGO contracts: LMG provided technical assistance to UAFCE and DGD to develop an approach for implementing results-
based financing of MOH contracts with NGOs that work with key populations. This included bidding, selection, and contracting. TA was provided to six NGOs implementing eight projects to prepare them for carrying out health promotion and sexually transmitted infection (STI) and HIV/AIDS prevention services for key populations under results-based financing contracts with the MOH. The LMG team accompanied the DGD on visits to perform technical audits of the contracted NGOs. In April-June 2014, LMG supported the DGD to develop a request for proposals and a contracting process and schedule to work with NGOs to provide targeted HIV education and prevention services to “hidden populations.” This includes men who have sex with men, and people engaged in commercial sex that did not identify as such, including those who use anonymous online communications and are not easily reached through the current outreach approaches.

**Provided TA to MOH on USAID financing rules and regulations:** LMG supported the UAFCE in the reconciliation of previous contracts (also referred to as Implementation Letters) between the MOH and USAID. It also provided TA to UAFCE to complete reporting requirements with the USAID Financial Implementation Letters.

**Oriented new officials following the national elections in November 2013:** Following national elections in November of 2013 and changes in key MOH staff in early 2014, LMG met with new staff in the units/departments of UAFCE and DGS to orient them to the TA provided by LMG and review the capacity building plans that had been previously developed. LMG also supported the new MOH staff in understanding and administering their duties related to the management of USAID funds for services for health promotion and prevention of sexually transmitted infections (STIs) and HIV/AIDS for key populations.

c. Challenges

- The project has experienced turnover in the project director position over the last year. The situation has been analyzed carefully, and at the time of reporting, a new project director will start in July of 2014. All efforts are being made to ensure the new project director’s success in the role.
- The national elections in Honduras, and resulting turnover in key MOH positions, stalled progress with key project processes and deliverables, such as delays in signing contracts between the MOH and selected NGOs, leading to a late start for activities. LMG’s investment of staff time to orient the new officials to the TA and the processes facilitated by the project has been received positively by MOH officials.

**d. Next 6-12 Months**

In the next six-twelve months, LMG will continue to support the MOH and NGOs in the implementation of their capacity building plans, with special emphasis on provision of TA in the area of management with the new MOH staff. Planned activities include:

1. Implement and monitor prevention of gender-based capacity building plans and referral networks.
2. Conduct a workshop with senior-level MOH staff on strengthening management skills.
3. Following a training on results-based financing facilitated by a partner organization, LMG will conduct a satellite training specifically with the MOH units and contracted NGOs on results-based financing in the context of their contracts.
4. Following training on quality improvement facilitated by a partner organization, LMG will conduct satellite training with the regional health departments and NGOs to develop their own quality improvement plans.
5. Provide technical assistance on the NGO contracts for “hidden populations”.
6. Continue to support the MOH in conducting technical and financial audits of the contracted NGO’s work and in the MOH’s reporting to USAID.
7. Continue to support NGOs in their reporting to the MOH.

June 3, 2014, Tegucigalpa, Honduras. NGO staff demonstrate the educational game Bingomania.
4.7 Libya

Funding source: Economic Support

a. Objectives of the Program

The objective of the LMG Libya program is 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. LMG works with local counterparts at the MOH, the Ministry of War Wounded Affairs (MoWWA) and the Ministry of Social Affairs (MoSA). To support this objective, three intermediate results are defined:

1. Develop and implement a Capacity Enhancement Program for the MoWWA and Swani Rehabilitation Center.

2. Develop and implement ministry cooperation and coordination strategies.

3. Develop knowledge exchange learning opportunities for the MoWWA and the MoSA.

LMG Libya began with an initial client engagement visit in June of 2012. Recently, the project received a no-cost extension, and it is now expected to end on January 31, 2015.

b. Key Achievements

Continue successful client engagement: Although there were more challenges than key achievements for LMG Libya during PY3, the relationships with USAID, MOH, and MoWWA continue to be strong and collaborative. The MOH continues to be interested in engaging LMG for additional work, as evidenced by discussions during PY2 and PY3 for the design and management of a Leadership Academy. A senior delegation from the MOH visited Washington, D.C. in December of 2013. LMG hosted a breakfast meeting for the delegation on December 3, 2013, to discuss the current collaboration as well as to explore additional opportunities. This meeting was attended by several senior MOH representatives, including the Deputy Minister of Health, Dr. Emhemed Mohammed El Hammali. Other attendees included representatives from USAID, the American-Libyan Chamber of Commerce and Industry, the Libyan Embassy, and MSH. Other opportunities were discussed with the MOH delegation, which LMG will follow up on during subsequent visits to Libya.

Continue the Leadership Development Program (LDP): At the request of the MoWWA, an LMG leadership development expert traveled to Libya to carry out a coaching visit in October of 2013. During this visit, LMG provided additional assistance to the three teams that had requested it. This visit was designed to keep these teams on track for the third LDP workshop, planned for November of 2013. However, during the first days of the team’s visit, the Prime Minister declared a mourning period for those who had died during recent violent protests. This resulted in an escalated security situation, which caused airlines to cancel flights. The LMG team had to depart before no flight options were left. The workshop was postponed until January of 2014.

In January of 2014, an LMG technical advisor was in Libya to prepare for the LDP workshop. After working with the MoWWA to confirm dates, participants, and venue, the workshop was canceled at the request of the MoWWA Deputy Minister, Mr. Abdel Kader Faraj, due to the escalated violence in other cities and the concern that participants from outside Tripoli would not be able to travel safely to the workshop location. Additional attempts to reschedule the workshop were made in March and April 2014, but Libyan counterparts never confirmed dates due to the heightened political and security situation. The LDP workshops will resume in PY4.

Cancelled rehabilitation center administration training: Late in PY2, the minister of social affairs halted the training program at the Al Swani Center for Rehabilitation, requesting that an agreement that had been drafted between MSH and the MoSA be finalized and signed before the program continued. Over the course of PY3, LMG and USAID followed up with MoSA and the Ministry of Foreign Affairs to deliver the agreement for signature. Staff in the Swani Center indicated that there are some issues between the Minister and head of the International Cooperation department in the MoSA that was the cause for the lack of progress. After various meetings/discussions from July-November of 2013, LMG and USAID requested the U.S. Embassy to help move the project forward. After the cancellation of a February 2014 meeting between the U.S. Ambassador and the Minister of Social Affairs, USAID advised that we should no longer engage with MoSA due to their lack of cooperation. With the cabinet change expected in July of 2014, LMG will propose to USAID that we should re-engage with the new minister of social affairs to resume training in PY4.

c. Challenges

- Security: The security situation in Libya has continued to be unstable during this reporting period. The LMG team had to cut short visits in November, 2013 and January, 2014 due to additional violence and threats targeting international staff (there were multiple kidnappings and attacks of diplomatic and civil society representatives, with some being killed). With the added political uncertainty during April-June 2014, the U.S. State Department had advised against any travel to Libya, and, as an added precaution, had removed USAID staff from Tripoli in July of 2014.

- Political changes: During this reporting period, especially March through June 2014,
the Government of Libya underwent several changes which brought to the surface tensions between the prime minister and parliament. The latter dismissed the Prime Minister (Ali Zeidan) in March of 2014 and appointed a new Prime Minister (Abdullah Thinni) in April, 2014. There was a further division within parliament, and a section voted in early May to appoint a new Prime Minister (Ahmed Maetig), which was not recognized as legitimate by some members. In May and June of 2014, the confusion over the rightful prime minister escalated the violence even further and resulted in an attempted “coup” by a general and his affiliated militias. In early June of 2014, Libya’s Supreme Court ruled that PM Maetig’s election was unconstitutional and upheld PM Thinni’s role as the head of the current caretaker government. These events prompted protests and calls by Libyan citizens as well as the international community to have early parliamentary elections, which took place in late June of 2014. The new Parliament was appointed in August of 2014 and a new Prime Minister is expected to be named in the coming month.

- **Securing visas:** The visa process continues to be difficult and unpredictable, requiring support on the ground by MOH (or other) counterparts to move things forward on LMG’s behalf. The LMG team depends heavily on these counterparts, and sometimes even they do not control the process, since visas are issued at the Ministry of Foreign Affairs. The fact that this process is not under our control often results in frustrating last minute travel plans and/or delays to trips for as much as several weeks (a one-month delay resulted in the September, 2013 visit being pushed to October of 2013). LMG was able to secure multiple entry visas for frequent travellers, but when those visas expired, we were again faced with the same difficulties.

d. Next 6-12 Months

Because of the various delays in program implementation, LMG requested and received in April of 2014 a no-cost extension until January 31, 2015. The July 2014 through January 2015 period is expected to be the final period of the LMG program. During this time, LMG will finish the LDP (Workshops 3 and 4) and, if the new MoSA is amenable, will also deliver the remaining six modules of the Rehabilitation Center Administration Training. If the U.S. visas are granted to the study tour participants in a timely manner, LMG will also host a study tour in Washington, D.C., which will include visits to veterans’ organizations and rehabilitation hospitals.

4.8 Middle East/North Africa MSM Project

Funding source: PEPFAR

Through the USAID-supported Responding to MARPs in MENA Region project, as well as through other initiatives such as the Global Fund and UNAIDS, there has been an increasing focus on a HIV response to meeting the needs of most-at-risk populations (MARPs) in the Middle East and North Africa (MENA). The activity, led by the International HIV/AIDS Alliance, has supported partner organizations in Morocco, Lebanon, Tunisia, and Algeria to strengthen their service delivery and to influence their environments to increase access to population-friendly services in locations that are generally hostile to MARPs. The project has also supported the Regional Arab Network against AIDS to play a critical role at the regional level, and has started to support regional advocacy efforts focused on civil society and government collaboration. The activity also addresses the issue of access to care and support for people living with HIV (PLHIV) in the region, and promotes increased recognition of HIV infection as concentrated epidemics in the region.

The strategic objective of the Responding to MARPs in MENA project is to increase HIV/AIDS programming that meets the needs of most-at-risk populations in the Middle East and North Africa Region.

a. Objectives of Program

1. Increased access of MSM to combination prevention services.
2. Improve the quality of combination prevention services for MSM.
3. Improve the enabling environment for HIV prevention, care, and support programming for MSM.
4. Strengthen the involvement care and support of PLHIV in the MENA region.

b. Key Achievements

The partner CSOs in Algeria, Lebanon, Morocco, and Tunisia continued to implement a package of combination prevention services aimed at men who have sex with men (MSM). Their behavioral and biomedical interventions include peer education outreach activities, provision of prevention commodities, HIV testing and counseling, referral for STI diagnosis and treatment.

Martha Villanueva, Liaison to the Working Group on Sexual Diversity in Nicaragua, presents a communication proposal to the Minister of Health.
and social and other support. Advocacy and capacity building activities at the country level were suspended due to budget constraints. In the last year, approximately 2,000 MSM accessed voluntary counseling and testing (VCT) through the project and received their results. Additionally, more than 140,000 condoms were distributed and more than 12,000 MSM were reached through peer outreach interventions.

During the reporting period, two planning workshops were facilitated for the PLHIV partners in Algeria (a group of HIV+ women called ‘AMEL’) and Tunisia (a group of PLHIV called ‘GS++’). These workshops were designed as a capacity building activity. Simple concepts and tools were presented and explained (the project cycle and logical framework, planning steps, budgeting steps, M&E principles), and the core members of these two groups were guided to formulate a project proposal, work plan, and budget. The second pilot project of GS++, entitled “Outreach intervention on positive health, dignity and prevention for PLHIV living in Tunisia,” aims to reach isolated PLHIV in need of critical information by mobilizing a team of HIV+ “socio-medical agents” who will visit isolated PLHIV for sessions on positive health, dignity, prevention, and referral to existing care and support services between May and September of 2014. The second project of AMEL, entitled “Support of AMEL to families affected by HIV in Oran,” is to help improve the well-being of PLHIV living in the west of Algeria, particularly women living with HIV, infected and affected infants, and some men. For security reasons, it was not possible to facilitate a similar workshop for the PLHIV partner in Lebanon, Vivre Positif, who nevertheless organized a planning workshop and formulated a project focusing on promoting positive prevention and challenging the stigma against PLHIV through awareness-raising activities in the media and sessions in schools and universities.

The International HIV/AIDS Alliance (IHAA) collaborated with the UNAIDS Regional Support Team on the co-production of a Training Toolkit on HIV programs for MSM in MENA, whose purpose is to train and guide organizations willing to initiate MSM programs in their country/locality. During this reporting period, IHAA organized a technical review of the draft Toolkit at different levels: 1) a review at the field level by coordinating the organization of focus group reviews with representatives of the key target group in Algeria, Lebanon, Morocco, and Tunisia; 2) incorporation of international good practices for similar training guidelines by recruiting a co-writer who will provide English narrative inputs to be integrated by a UNAIDS lead-writer.

c. Challenges

The project faced funding uncertainty and delay over the reporting period. They delay in funding meant that project partners had to reduce their activities to minimal service provision and could not organize critical advocacy and stigma reduction activities. Additionally, regional capacity development activities were postponed.

d. Next Six Months

1. MSM partners will finalize their new annual work plans and budget and will initiate a full complement of advocacy activities alongside their comprehensive prevention work.
2. The MSM in MENA Toolkit will be finalized and launched during a regional event.
3. MSM partners will gather to hold a workshop to design an online prevention pilot project.
4. PLHIV groups will hold a regional workshop to review their successes and challenges of the previous year.

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

Source of funding – PEPFAR

a. Objectives of the Program

The USAID/PASCA LMG program is a six-month bridge program linking the previous five-year regional PASCA project and the new PASCA project that is expected to be awarded in the near future. Program dates for the USAID/PASCA LMG program are March 27, 2014 – September 15, 2014. This report includes activities for the months of May and June 2014, as April was dedicated to transition and startup.

This policy project contributes to the goal of the Partnership Framework (PF), USAID’s regional program that currently supports the Central American response to the HIV epidemic in prevention, health systems strengthening (HSS), use of strategic information, and improvements in the policy environment to more effectively address HIV/AIDS. USAID has also supported the PF through improvements in the policy environment that expand and strengthen the regional response to HIV/AIDS. PASCA works in six countries in Central America: Guatemala, Belize, El Salvador, Nicaragua, Costa Rica, and Panama.

The USAID/PASCA LMG program continues the same objectives of the previous PASCA project:

1. Budget, implement, monitor, and support (to include Global Fund projects) regional and national HIV/AIDS strategic plans.
2. Implement regional and national advocacy agendas effectively.
3. Increased involvement of the business sector in the response to HIV.
b. Key Achievements

Contribution to the regional HIV Agenda: LMG provided technical assistance to the Regional Coordinating Mechanism (Spanish acronym MCR), the technical advisory group on HIV issues to the Commission of Central American MOH. TA included an initial letter of interest to the GFATM to present a concept note regarding integrated care for HIV, focusing on most at-risk populations. LMG continues to be a member of the MCR, with a seat on the Policies and Strategic Information Commission. LMG is also supporting all countries to develop roadmaps for implementation of the national protocols for offering Post-exposure prophylaxis (PEP) services to victims of sexual violence. Finally, LMG is continuing to provide technical assistance to the MCR to develop a map for the regional sustainability strategy in HIV.

Analysis of the AIDS Program Index (API) 2013 in three countries: The API measures a country’s efforts to address the HIV/AIDS epidemic. In Costa Rica, El Salvador, and Guatemala, LMG worked with civil society organizations that support MARPs to understand the API 2013 results, particularly focusing on how they can best monitor the political environment and advocate for the needs of MARPs.

Support to the Sexual Diversity Group in Nicaragua: LMG facilitated a working session with the Sexual Diversity Group in Nicaragua to strengthen the group’s capacity to advocate for specific policies that will decrease stigma and discrimination in access to health services for MARPs.

Support to the MOH and civil society in El Salvador for the gathering and publication of strategic information about HIV: Together with the Ministry of Health of El Salvador, LMG hosted a working meeting of the El Salvadorian HIV National Technical Committee on Monitoring and Evaluation. The objective of this committee is to generate a culture of M&E, and promote the accurate monitoring of policies and publication of strategic information on HIV in El Salvador.

Support to increased access to PEP services in El Salvador: LMG facilitated a meeting of the Technical Working Group on Gender, a group of CSOs and public sector organizations, including the MOH and the Ministry of Justice. The objective of this group is to increase access to PEP for MARPs in El Salvador. At this meeting, the group made progress toward the approval of a multi-sectoral protocol to provide access to HIV prophylaxis for victims of sexual violence.

Adaptation and rollout of the National AIDS Assessment Spending Tool in Panama: This tool was developed by UNAIDS and is designed to assist countries in estimating the funding invested by the country in the national HIV/AIDS response. LMG provided technical assistance to the MOH in Panama for the collection, compilation, analysis, processing, and discussion of results from the application of this tool.

c. Challenges

• Limited timeframe of the USAID/PASCA LMG program: The limited term of the project and the tight agendas of various cooperation agencies in the region pose a challenge to coordinating financial and technical efforts.

• Government turnover in Costa Rica, El Salvador, and Panama: Changes within counterpart ministries in Costa Rica, El Salvador, and Panama, due to presidential elections in 2014, may bring about delays in the development and implementation of policies, especially related to sustainability, sexual violence, access to HIV PEP, and guidelines for MARPs. In addition, potential changes in the leadership of the HIV programs could affect the implementation of national and regional processes by the Regional Coordinating Mechanism.

d. Next Two Months

The USAID PASCA LMG program is scheduled to end on September 15, 2014, leaving two months in PY4 for implementation. In these two months, LMG will continue to carry out the activities in the work plan, supporting all three of the program’s objectives. In the final month of the program, LMG will focus on closeout and transition to the new implementing partner.

4.10 Uganda

Funding source: PEPFAR

a. Objectives of the Program

The Joint Clinical Research Centre (JCRC) provides advanced pediatric and adult HIV and AIDS in-patient and out-patient care, as well as a comprehensive range of services, including: TB management, nutrition support, special clinics for young people, rheumatic heart disease clinic, EMTCT clinic, screening for cancer of the cervix, adherence support, psychosocial support and outreach. LMG’s program is designed to build its capacity to match its quick growth in HIV/AIDS service delivery and clinical research programs, which were not adequately matched by parallel growth in the area of financial management, leadership, and governance, and overall information system management. JCRC annual audits exhibited recurrent internal control and compliance issues pertaining to finance, procurement, and inventory management which warranted a further in-depth assessment. In July of 2012, USAID Uganda contracted a consultancy firm (BDO) which conducted an independent organizational capacity and systems assessment of JCRC. Systems, policies, and procedures in areas such as board governance, business planning, financial management, human resources, and procurement were identified as weak, and recommendations were made. As a result of this assessment, JCRC management requested external technical assistance from...
USAID that would support them to effectively address the weaknesses in a relatively short period of time.

The goal of this U.S. Government-funded assistance is to increase the management, leadership, governance, and operational capacity of JCRC, addressing identified organizational capacity weaknesses so that JCRC maintains its eligibility for donor funding and continues to evolve as a leader in addressing HIV/AIDS in Uganda.

Specific objectives include:

- Support JCRC to fully implement its corrective action plan for addressing organizational capacity weaknesses.
- Assist JCRC to strengthen effective finance and operations and other management information systems.
- Finalize revision of JCRC manuals and systems for finance, procurement, inventory/stock control, information management, audit, and human resources.

Directly work with the JCRC staff, management, and board to ensure that all the weaknesses are addressed, and the capacity building plan is being implemented and achieves the desired result.

LMG implemented this one-year program with a lead local capacity building consultant and engaging local and international LMG staff and consultants. Although some support from LMG was initiated in September of 2013, the project officially started on October 1, 2013, once the lead local consultant was engaged.

b. Key Achievements

The LMG team’s focus has been to provide targeted TA in areas that will strengthen JCRC’s organizational capacity. Although LMG has been working in a number of areas of support, the following achievements should be highlighted:

- **Financial management**: LMG provided virtual and in-country support to strengthen JCRC’s financial management. The finance manual has been revised to strengthen understanding of functions and roles in the finance unit. The financial management information system is being upgraded, so that all necessary staff can use the improved system to assist with planning and reporting.

- **Information and Communication Technology (ICT)**: LMG supported an ICT analysis to determine whether systems should be changed or upgraded. This analysis also informed JCRC’s work plan to strengthen information management across the organization.

- **Board governance**: LMG has been supporting JCRC to strengthen the capacity of the Board of Trustees to provide institutional guidance. Following a workshop in February of 2014, LMG worked with JCRC to incorporate 18 strategic actions into a JCRC Governance Enhancement Plan that indicated timelines, responsibilities, and benchmarks. A board manual is being developed.

- **Business planning**: LMG built on JCRC’s existing business plan to strengthen it for re-submission to USAID to secure funding and to become more mission-driven and sustainable.

- **Human resources**: LMG supported JCRC to strengthen its HR policies and procedures. For example, LMG supported the selection of the new HR Manager; a full review of the organization’s HR manual, the launch of a personnel appraisal system, and the development and/or updating of job descriptions to match with staff’s current responsibilities.

The project has three months to complete its capacity building support to JCRC. In addition to the direct support in the areas mentioned above, LMG serves in a coaching role to JCRC, which has struggled with being a direct recipient of USAID funding. Together with USAID Uganda, LMG will support a financial/organizational systems assessment of JCRC to assure that it can continue to receive USAID funds.

c. Challenges

Over this year, LMG has been educating JCRC on the role consultant’s should play if their aim is to build capacity of an organization. There has been an expectation that LMG will fully create JCRC’s policies and procedures and “fix” everything so that JCRC’s high risk status is lifted. Although LMG has a significant role to play to spur change, the change process must be owned and operationalized by JCRC leadership, with active participation across the organization. It has been an ambitious one-year of support, but JCRC is now on the path to demonstrating its results to USAID.

4.11 Vietnam

Funding source: PEPFAR

a. Objectives of Program

The LMG/Vietnam Transition Support Program (referred to locally as “LMG-TSP”) supports Vietnam’s HIV/AIDS response in transitioning to greater country ownership and sustainability. The project facilitates development of an evidence-based transition approach to inform policy, coordination, and planning.

Based on achievements, developments and lessons learned from the first year of the project’s implementation in Vietnam, the project’s result framework was revised and strengthened to achieve the following objectives.

- Implement an evidence-informed planning process in one province (Hai Phong) that builds the planning capacity of the Provincial AIDS Committee (PAC), Department of Health, and the Vietnam Administration for HIV/AIDS Control (VAAC) officials; leads to human resource and health financing plans for a more sustainable HIV response in the
Joint Clinical Research Centre (JCRC). Photo: MSH Staff
province; and results in a planning model that can be scaled up to other provinces.

- Compile evidence and engage in dialogue that informs strategies, plans, and decisions by the Government of Vietnam for human resource planning and health financing options that will ensure a more sustainable HIV response in Viet Nam.

### b. Key Achievements

**Stakeholder Engagement Planning Tool**

Throughout FY14, the project team, in close collaboration with the international consultant on systems dynamics modeling, Mr. Gary Hirsch, continued to work on building the Stakeholder Engagement Planning Tool for application in the Hai Phong province. The project team worked with Hai Phong Planning Task Force, including the Hai Phong Department of Health (DoH) and PAC, to collect the required available data at the provincial level to use as inputs for continued development of the model. A user interface for the model was developed, and it is accompanied by an overview, introduction, and list of variables taken into consideration in the model.
Two design studios were held in February and May of 2014 in Hai Phong to introduce the tool to the planners, gather feedback, refine the tool, and hand it over to the province. The design studios included participants from Hai Phong DoH, Department of Labor Invalids and Social Affairs, Department of Planning and Investment, Department of Internal Affairs, Department of Finance, PAC, and community-based organizations; VAAC, PEPFAR and implementing partners (FHI360, VAAC-CDC). It provided an opportunity for all stakeholders, including intravenous drug users, female sex workers (FSWs), and MSM, to participate in the discussion and test different scenarios related to available resources and program targets in the HIV/AIDS provincial planning exercise.

The final version of the Systems Dynamics provincial planning package was completed in May of 2014. This includes the computer model and three guiding documents: the planning guide (volume 1), the user's guide (volume 2), which explains the technical assumptions underlying the model, and the user’s manual (volume 3), which walks the user through the model interface and functions. The computer model and the accompanying guides are available in both Vietnamese and English. Based on the results gained, a paper entitled “A Model-Based Governance and Planning Tool for HIV/AIDS Services in Vietnam” was co-authored by the consultant and the project team members, and presented by the consultant at the 32nd International Conference of the System Dynamics Society, in Delft, Netherlands (Delft University of Technology) in July 2014.

**Workload Indicator of Staffing Need**

Throughout the course of FY14, the WHO Workload Indicator of Staffing Need (WISN) tool was piloted in Hai Phong province, first in one outpatient clinic and then to the additional twelve outpatient clinics in the province. Through this pilot, LMG-TSP and the Hai Phong technical working group drew lessons learned in the application of the tool. The WISN manual, which was translated into Vietnamese by LMG-TSP, was been adapted and shortened for practical use, such as in a training of trainers and the roll out of WISN in the province.

Final results from the pilot were disseminated to PEPFAR in Hanoi and to stakeholders in Hai Phong in May of 2014. The international consultant, Ms. Joyce Smith, who is experienced in implementing WISN in other countries, facilitated the pilot while working closely with the LMG-TSP staff and stakeholders in Hai Phong to ensure that capacity of use of the tool was built. The LMG-TSP team feels confident that Hai Phong stakeholders are well poised to train other provinces on its use. In addition, PEPFAR and the VAAC have expressed interest in technical assistance from LMG-TSP for the application of WISN with central and provincial management level staff during the final months of the project.

Based on initial results of the WISN pilot in Hai Phong, an abstract was developed and submitted to the 20th International AIDS Conference, which will be held in Melbourne, Australia in July of 2014.

**Discussion Papers**

LMG-TSP worked with local research partner institutions to develop four strategy papers, which will be finalized in August of 2014:

1. Feasibility of and options for integrating HIV/AIDS outpatient clinics into state hospitals (authored by the Health Strategy and Policy Institute).
2. Options and resources for sustaining community-based outreach workers’ activities during HIV/AIDS program transition (authored by the Health Strategy and Policy Institute).
3. Review of the current policies of the government on human resources systems and management in light of Decree 41 (Decree No 41/2012/ND-CP, dated May 8, 2012), which promulgates job position identification in public professional career units to determine the impact of these policies on HR management in the HIV/AIDS program (authored by the Hanoi Medical University).
programs in Vietnam from being largely donor funded to being funded domestically, and lessons learned that can be applied to transitioning HIV/AIDS programs (authored by the Hanoi School of Public Health).

c. Challenges
The short span of the project meant fewer opportunities for scale-up of the tools developed and tested in Hai Phong provinces to other provinces of Vietnam.

d. Next 6-12 Months
The project will conclude on September 30, 2014. The next three months will be devoted to completing the project deliverables and disseminating the results. An end-of-project dissemination event is being planned for September of 2014 in Hanoi. LMG plans to continue to follow-up with Hai Phong province on their application of the Stakeholder Engagement Planning Tool during their provincial planning cycle in December 2014 – January 2015. LMG will explore how the tool could be scaled up to other provinces in Vietnam and applied to other PEPFAR countries in transition.

4.12 West Africa
Source of funding: FP/RH

a. Objectives of the Program
Building on the achievements of the Leadership, Management, and Sustainability Program (LMS) and West Africa Leadership and Management Strengthening Project Associate Award (WA-LEAD), LMG/West Africa is supporting the USAID/ West Africa/Regional Health Office strategy to strengthen the leadership and management capacities of the West Africa Health Organization (WAHO). LMG/West Africa is focusing its capacity building interventions on supporting governance and leadership practices within the organization, reinforcing the Health Management Information System and the M&E system, and supporting the strategic vision and planning capacity of WAHO.

The two-year goal of the LMG/West Africa Project is to strengthen WAHO’s organizational capacity as a regional leader and health systems strengthening resource for member countries. This is being achieved through workplace action-oriented training and by developing the stewardship capacity of senior leaders through specialized training and mentoring over the long term.

LMG/West Africa has three main objectives towards this overall goal:
1. Improved leadership, management, and governance practices.
2. Strengthened organizational M&E capacity and regional health information systems (HIS) management and implementation oversight.
3. Strengthened capacity in internal and external communication and advocacy.

LMG/West Africa is building WAHO’s institutional capacity to carry out regional health program stewardship effectively in close collaboration with implementing partners and direct investments to WAHO.

b. Key Achievements

Project startup: LMG/West Africa began in October of 2013 by conducting an initial organizational capacity assessment within WAHO and jointly developing the program design. The capacity assessment and project design took place from October 13-22, 2013, and consisted of a two-week visit to WAHO headquarters, located in Bobo Dioulasso, Burkina Faso, as well as meetings with USAID/West Africa. The team conducted in-depth interviews and group meetings with seven WAHO directors and 19 professional staff, with the objective of assessing WAHO’s staff capacity needs in key capacity areas. The assessment results informed the project’s program description and Year 1 work plan, which USAID approved in March of 2014.

The LMG/West Africa senior technical advisor in capacity building was recruited and began in December of 2013 to strengthen coordination with the WAHO leadership, particularly with the arrival of new senior leadership in February of 2014. The project team met with the new leadership and other key stakeholders to clarify the restructured roles and responsibilities in supporting the LMG/ West Africa activities and to ensure that the program’s approaches reflected and aligned with WAHO priorities.

LDP+ launch: In April of 2014, LMG/West Africa launched the first LDP+ workshop for WAHO staff. LMG/West Africa worked with WAHO leadership to identify participants for LDP+, adapt LDP+ to the organization’s needs, and conduct the first workshop to identify challenge models for teams going through LDP+. At the first LDP+ workshop, 14 professional and administrative WAHO staff members were organized into four challenge model teams. One focused on WAHO’s internal work climate, and the other three focused on launching a future LDP+ for national health programs in three ECOWAS member countries (Liberia, Guinea, and The Gambia). Each team is now being coached and advised by the LMG/West Africa team as they move forward with their challenges.

Review WAHO staff capacity and structure: The LMG/West Africa senior technical advisor launched the staff capacity and structure review with key administrative teams at WAHO, in collaboration with the Direction des Ressources Humaines to identify the best tools and criteria for review. The review process will be participatory to maximize the buy-in of staff and ensure the sustainability of any recommendations for implementation.
Provided planning support for the Annual Economic Community of West African States (ECOWAS) Annual Health Ministers’ meeting (AHM): The project provided technical support to the WAHO team in planning regional-level dialogue on the implementation of the HIS policy and to explore the most effective means to promote data collection during the AHM in April, 2014. LMG/West Africa then drafted a detailed plan for the development of tools to further the implementation of the disseminated HIS policy in line with the outcomes of the AHM discussions.

Trained WAHO senior managers in key governance practices: Trainings for WAHO senior managers in key governance practices began after the project worked with internal LMG project governance experts to outline the implementation framework. Prior to the AHM in April of 2014, LMG/West Africa sent targeted survey questions to WAHO focal points in the 15 member countries and compiled results to develop governance profiles for each country. These profiles are meant to facilitate the adaptation of LMG governance tools and manuals to the specific regional context.

c. Challenges

- **WAHO staff availability**: WAHO staff members are not always available as planned. Activity timelines shifted for the LDP workshop 1 and for offering technical support to WAHO leadership in developing a budgeted advocacy plan for a revised liaison officer position based on WAHO priorities due to WAHO staff availability. The project team, and particularly local staff, continues to advocate for the prioritization of L+M+G priorities as a means of addressing systemic challenges through targeted organizational capacity building.

- **Memorandum of Understanding (MOU) with WAHO**: LMG/West Africa has encountered some challenges with the new WAHO leadership regarding their commitment and relationship to the project in the course of drafting and approving an MOU. It appears that the transition between leadership teams did not include detailed information about all projects. The project team is working to ensure that WAHO leadership clearly understands the project’s objectives and approaches, as well as expectations for both WAHO and LMG/West Africa.

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**d. Next 6-12 Months**

In addition to facilitating monthly reviews and regular meetings with WAHO, LMG/West Africa will:

1. Finalize the MOU with WAHO.
2. Complete the LDP+ for WAHO staff.
3. Adapt, launch, and complete the LDP+ for ECOWAS state representatives who did not complete the LDP under WA-LEAD.
4. Provide technical support to the WAHO HIS team to roll out an implementation plan with a detailed timeline for developing and implementing tools to accompany the previously distributed HIS policy, including methodologies and tools for data collection, data quality assessment, and reporting.
5. Provide technical support to WAHO staff to develop an organizational strategic plan through participatory working sessions.
6. Conduct a workshop for WAHO staff to develop a business development strategy and detailed development plan.
7. Provide technical support to WAHO in reviewing the organization’s reproductive health and reproductive health commodity security strategies for regional implementation.

**4.13 Zambia**

**Funding source: PEPFAR**

**a. Objective of the Program**

The LMG Project was asked to provide TA to develop the capacity of the Zambian organizations and units responsible for the grants awarded to the country by the GFATM to fight HIV/AIDS, tuberculosis, and Malaria. This assistance aimed to support Zambia’s national response against these diseases, with specific focus on the CCM and the CCM Secretariat.

**WAHO leadership and staff convened for the organization’s annual Work Planning Retreat in Banfora, Burkina Faso, January 22-25, 2014. Mr. Stanislas Kambou, Director of Research and Health Information Systems at WAHO, seated in the middle, is surrounded by professional officers from various units.**
b. Key Achievements

On January 21, 2014, LMG facilitated a retreat for the Zambia CCM and its secretariat. Eleven participants, including four from CCM, four from the secretariat, and three from the Zambia National AIDS Commission, met to learn about leadership, management, and governance as it relates to the CCM.

The retreat had an overall theme of teambuilding, including characteristics of successful teams and getting results from a volunteer decision making body. The program covered leading, managing, and governing practices that can streamline the effectiveness of the CCM and its secretariat. The participants discussed what was going well and what needed improvement in the CCM, and generated ideas and priorities on how to keep partners and stakeholders engaged and up to date. Most importantly, the group identified and agreed upon critical priorities for leadership and management strengthening.

One of the highlights of the retreat was the active engagement by all participants, with open discussion of both strengths and challenges. This cordial atmosphere provided an excellent environment for a further leadership and management development planning to enable the CCM to build on its successes to achieve results in Zambia’s fight against AIDS, TB, and malaria.

All participants (ExCo, Secretariat, and NAC) were willing to contribute to an open discussion about needs and priorities for improvement. It was a very positive atmosphere, even when the issues were challenging. This teamwork bodes well for being able to develop and implement an action plan with measurable results.

The individual perspectives of participants about the most critical capacity development needs were very similar, regardless of where they worked. Through two different participatory exercises, similar priorities emerged which the participants confirmed reflected their individual priorities. That meant that it was quite easy to reach consensus and develop a priority action list.

In both exercises, the priorities were to address any lack of clarity and shared understanding of the relationship between NAC and the CCM secretariat and to develop a plan to find more financial resources for the CCM.

Participants expressed a commitment for moving forward with USAID/PEPFAR support to address these issues and strengthen CCM leadership and management skills through the LMG project. As a key stakeholder, NAC will be part of the consultations as LMG develops its proposed plan for approval by the CCM chair.

c. Challenges

• Given the process for the new funding mechanism for the Global Fund, it has been a challenge to get the CCM engaged in the capacity development process. The timing of activities has conflicted with obligations to develop concept notes, which has limited their ability to engage on capacity development.

• Given the lack of engagement at the CCM and Secretariat levels, it has been a challenge for USAID Zambia to develop a clear scope of work for continued activities to support the CCM Secretariat.

d. Next 6-12 Months

Over the next six months, we will engage with USAID-Zambia to develop a scope of work and budget for our activities:

1. Develop a training program for the CCM Secretariat that will enable them to routinely orient and train new CCM members with external technical assistance.

2. Develop an operations manual for the CCM Secretariat.
Section 5: Program Management and Support
The LMG Project support team has developed efficient management, 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. The project support team continues to refine internal infrastructure for effective administrative operating procedures to support the work of the LMG team and its consortium partners, and to ensure adherence to all USAID rules and regulations.

The LMG finance team completed a mid-project partners retreat in the U.S. for JHSPH and Yale University on December 4, 2014 and January 30, 2014, respectively, and in Kenya for IPPF, AMREF, and Medic Mobile on March 26-March 28, 2014. All partners were retrained in LMG procedures for cost share, travel, invoicing, and other administrative aspects.

Since the LMG Project has begun to mobilize resources (cash, in-kind, and political) for the design, development, scale up, and roll-out of programs, and for technical assistance and tools for L+M+G, we developed a new system for scanning, screening, and accounting for non-USG cost share. These investments enable and facilitate greater impact and sustainability of our project accomplishments and the prudent stewardship of U.S. taxpayer funds entrusted to us through USAID (See Appendix II).

Output A1 and A2: PM Advocacy and Partnerships

Working with the MER team, the Global Advocacy and Partnerships team supported the development of an abstract for the Yale Global Health and Innovation Conference titled “Reducing Maternal Mortality: Supporting Midwives to be Leaders, Managers, and Governors,” (Deliverable, A1.2). The abstract was accepted, and the LMG technical officer participated in the conference in April, 2014 (Activity A1.2).

Additionally, with the MER team, the LMG Global Advocacy and Partnerships team supported the development of other abstracts for the...
“We have been investing substantially in the health sector. But have we been getting optimal benefits for our investments? No! We could get more benefits if we have better governance.”
- Minister of Health from Uganda, H.E. Dr. Ruhakana Rugunda

At the side event, the LMG Project also launched the beta version of its Govern4Health app, targeted to leaders, managers, and those who govern within health systems. The African Center for Social Transformation, an LMG sub-partner, also launched its publication “Strong Ministries for Strong Health Systems: Handbook for Ministers of Health.”

LMG has adjusted its strategy for PY4 to focus its time on partnerships with women- and youth-led organizations and to promote the need for developing L+M+G capacity. Working with the Global Women’s Leadership Network, AMREF, African Women’s Leadership Network, and IPPF, LMG designed a pilot mentoring program for emerging women leaders in East Africa to improve their skills in family planning and reproductive health (Activity A1.4).
Appendix V: Online Media Monitoring Report
APPENDIX V: ONLINE MEDIA MONITORING REPORT

Overview

Communication to external stakeholders is supported by the LMG web portal (www.lmgforhealth.org). The web portal was launched at the end of PY1, with social media efforts and the LMG newsletter launched in PY2. In PY3, the communications team stepped up social media efforts, with frequent additions/updates of content to the web portal, a steady stream of Facebook postings, active Twitter usage by many of the LMG project team, development and posting of new videos, and an editorial calendar that featured bi-monthly newsletters and regular blog postings. The summary table below shows how these efforts culminated in overall growth from the end of PY2 to the end of PY3.

Table 12: The LMG Project’s mainstay online media channels and the date each one was established.

<table>
<thead>
<tr>
<th>Channel</th>
<th>Date Established</th>
</tr>
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<tbody>
<tr>
<td>LMG YouTube</td>
<td>May 14, 2012</td>
</tr>
<tr>
<td>LMG Twitter</td>
<td>May 31, 2012</td>
</tr>
<tr>
<td>LMG Facebook</td>
<td>June 17, 2012</td>
</tr>
<tr>
<td>LMG Web Portal</td>
<td>August 14, 2012</td>
</tr>
<tr>
<td>LMG Blog</td>
<td>May 20, 2013</td>
</tr>
</tbody>
</table>

Indicators

LMG Web Portal—July 1, 2013—June 30, 2014

Total Number of Sessions (actively engaged user within a time period): 6,352; Total Number of Unique Visitors: 10,106

Visitors to the site came from many countries, led by the U.S., but including hundreds of visitors from African countries, including Kenya, Nigeria, South Africa, Uganda, and Ethiopia, India, the Philippines, the U.K., and Brazil.

Table 13: Indicators and results for LMG online media as of June 30, 2014

<table>
<thead>
<tr>
<th>Summary of Indicators and Results for PY3</th>
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<tbody>
<tr>
<td>Indicator 1: LMG web portal—total number of unique visitors</td>
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<tr>
<td>Indicator 2: Facebook—total number of likes</td>
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<tr>
<td>Indicator 3: Twitter—total number of followers</td>
</tr>
<tr>
<td>Indicator 4: YouTube—total number of views</td>
</tr>
<tr>
<td>Indicator 5: LMG Blog—total number of views of top 5 blog posts</td>
</tr>
</tbody>
</table>
Facebook: July 1, 2013 – June 30, 2014
Total Number of Likes: 167

Twitter: July 1, 2013–June 30, 2014
Total Number of Followers: 1,884.

YouTube: July 1, 2013–June 30, 2014
Total Number of Videos: 12
Total Number of Views: 4,026

The LMG Facebook post with the highest reach in PY3.

The USG is a global leader providing $3 billion in reproductive health aid & services since 2009. - Anne Richard #CSISLive @SmartGibiHealth

Table 14. Top ten countries from which visitors to www.LMGforHealth.org come.
LMG Blog: July 1, 2013-June 30, 2014

The web portal’s blog feature was launched in the last quarter of PY2. In PY3, the team posted a total of 67 blog entries from U.S.-based staff, technical advisors, and colleagues from country programs including Afghanistan and Ethiopia, and guests. The blog is interactive, as readers can comment on, like, or forward blog posts to their colleagues. The five most read blog posts in PY3 were:

1. How Do We Measure Impact?
2. Photo Blog: Governance for Health Roundtable 2013
3. Standardizing In-Service Training in L+M+G to Improve Health Systems in Ethiopia
4. Flying Halfway Around the World and Creating a Real Fundamental Change
5. Five Leadership Vices to Avoid for Health Systems Strengthening

Total Number of Posts: 49; Total Number of Views for Top Five Posts: 1,435.

The blog post highlighted to the right provides a backdrop for a significant success by the LMG Ethiopia team. Their work has enabled the Federal Ministry of Health to issue a standard curricula for all future health sector training. This work will help yield stronger health systems and greater health outcomes for over 91 million people.

Standardizing In-Service Training in L+M+G to Improve Health Systems in Ethiopia

By Semail Mohammed, Project Director, LMG/Ethiopia

MAR
21
2014

In-service training with LMG Ethiopia staff work on the L+M+G results model. Photo: Semail Mohammed/NSH Staff