

# Leadership, Management, and Governance (LMG) Project

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Inspired Leadership. Sound Management. Transparent Governance.



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Yale Global Health Leadership Institute





# Contents

Acronyms	5
Executive Summary	8
Contributions to USAID Priorities	11
Family Planning 2020	12
AIDS-Free Generation	12
Ending Preventable Maternal and Child Deaths	13
Empowerment and Inclusion	14
Health Systems Strengthening	16
Human Resources for Health	17
Building the Evidence	18
Improving Service Delivery	20
Core-funded Activities	21
Bureau for Global Health, Office of Population and Reproductive Health	22
Bureau for Global Health, Office of HIV and AIDS	32
The President's Malaria Initiative-National Malaria Control Program	37
Bureau for Global Health, Office of Health, Infectious Disease, and Nutrition	39
Bureau for Democracy, Conflict, and Humanitarian Assistance, Program for Vulnerable Populations	39
Field-funded Activities	46
Afghanistan	47
Bénin	49
Côte d'Ivoire	50
Ethiopia	51
Haiti	52
Honduras	54
Latin America and the Caribbean	55
Libya	57
Madagascar	57
Nigeria	58
Program for Strengthening the Central American Response to HIV and AIDS (PASCA)	59
Southern Africa	60
Uganda	61

Vietnam	62
West Africa	63
Zambia	64
Zimbabwe	65
Project Management	66
Knowledge Management and Strategic Communications	67
Advocacy for L+M+G	68
Annexes	
Appendix I Performance Management Plan Summary	69

# Acronyms

<b>ACHEST</b>	African Centre for Global Health and Social Transitions	<b>CVT</b>	Center for Victims of Torture
<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>DCHA</b>	Democracy, Conflict, and Humanitarian Assistance Bureau
<b>AMODEFA</b>	Associação Moçambicana para Desenvolvimento da Família	<b>DLA</b>	Discovery Learning Alliance
<b>AMP Health</b>	Aspen Management Partnership for Health	<b>DPO</b>	Disabled people's organization
<b>ANC</b>	Antenatal care	<b>E2A</b>	Evidence to Action Project
<b>ART</b>	Antiretroviral therapy	<b>ECOWAS</b>	Economic Community of West African States
<b>ARV</b>	Antiretroviral medicine	<b>EMP</b>	Essential Management Package for Physical Rehabilitation Centers
<b>ASHGOVNET</b>	African Health Systems Governance Network	<b>EPA</b>	Eligibility and performance assessment
<b>ASPiRE</b>		<b>EPHS</b>	Essential package of hospital services
<b>BLC</b>	Building Local Capacity for Delivery of HIV Services in Southern Africa Project	<b>FBA</b>	Faith-based birth attendant
<b>BPHS</b>	Basic package of health services	<b>FHAPCO</b>	Federal HIV and AIDS Prevention and Control Office
<b>CAMNAFAW</b>	Cameroon National Planning Association for Family Welfare	<b>FMOH</b>	Federal Ministry of Health
<b>CARMMA</b>	Campaign for Accelerated Reduction of Maternal Mortality in Africa	<b>FP</b>	Family planning
<b>CBHI</b>	Community-based health insurance	<b>FP/RH</b>	Family planning and reproductive health
<b>CCI</b>	Country Collaboration Initiative	<b>FP/SRH</b>	Family planning and sexual and reproductive health
<b>CCM</b>	Country coordination mechanisms	<b>FP2020</b>	Family Planning 2020
<b>CETA</b>	Common Elements Treatment Approach	<b>GBV</b>	Gender-based violence
<b>CHW</b>	Community health worker	<b>GF</b>	Global Fund to Fight AIDS, Tuberculosis, and Malaria
<b>CMG</b>	Core management group	<b>GFL</b>	Global Fund Liaison
<b>CNAA</b>	National Committee on Contraceptive Security (Spanish acronym)	<b>GMS</b>	Grants Management Solutions Project
<b>CSO</b>	Civil society organization	<b>GTSS</b>	Gender Transformative Supportive Supervision Framework
<b>CSVr</b>	Centre for the Study of Violence and Reconciliation	<b>HAPPS</b>	HIV/AIDS Provincial Planning Simulator
		<b>HIDN</b>	Health, Infectious Diseases, and Nutrition

HIV	Human immunodeficiency virus	MOH	Ministry of Health
HSRC	Human Sciences Research Council	MoPH	Ministry of Public Health
HSS	Health systems strengthening	MoSA	Ministry of Social Affairs
IBP	Implementing Best Practices Initiative	MOU	Memorandum of understanding
ICFP	International Conference on Family Planning	MoWWA	Ministry of War Wounded Affairs
ICRC	International Committee of the Red Cross	MSH	Management Sciences for Health
ICRP	Integrated Child Rights Policy	MSHP	Ministry of Health and Public Hygiene
IL	Independent living	MSM	Men who have sex with men
IPPF	International Planned Parenthood Federation	MSP	Ministère de la Santé Publique et de la Population
IPPFAR	International Planned Parenthood Federation Africa Region	NCC	National Commission for Children
ISWP	International Society of Wheelchair Professionals	NGO	Nongovernmental organization
IYAFP	International Youth Alliance for Family Planning	NMCP	National Malaria Control Program
JCRC	Joint Clinical Research Centre	NOPE	National Organization of Peer Educators
JHU	Johns Hopkins University	NSP	Network Strengthening Program
JHUSPH	Johns Hopkins University Bloomberg School of Public Health	NUPAS	Non-US Organization Pre-Award Survey
L+M+G	Leadership, management, and governance skills	OHA	Office of HIV/AIDS
LAC	Latin America and the Caribbean	OVC	Orphans and vulnerable children
LC	Learning center	PAHO	Pan American Health Organization
LDP+	Leadership Development Program <i>Plus</i>	PASCA	Program for Strengthening the Central American Response to HIV and AIDS
LMG	Leadership, Management, and Governance Project	PATH	Partners in Trauma Healing Project
LMG-TSP	LMG-Transition Support Project	PEPFAR	President's Emergency Plan for AIDS Relief
M&E	Monitoring and evaluation	PES	Paquet Essentiel de Services
MA	Member association	PIA	Ponseti International Association
MANASO	Network of AIDS Service Organizations	PIP	Performance improvement plan
MANET+	Malawi Network of People Living with HIV/AIDS	PLAN-Health	Program to Build Leadership and Accountability in Nigeria's Health System
MENA	Middle East and North Africa	PLHIV	People living with HIV
MIUSA	Mobility International USA	PMI	President's Malaria Initiative
MNCH	Maternal, newborn, and child health	PNC	Postnatal care
		PPFP	Postpartum family planning
		PPHCC	Provincial Public Health Coordination Committees
		PPP	Public-private partnerships
		PR	Principal Recipient

<b>PREFA</b>	Protecting Families Against HIV/AIDS	<b>VAAC</b>	Vietnam Administration for HIV/AIDS Control
<b>PRH</b>	Office of Population and Reproductive Health	<b>VLDP</b>	Virtual Leadership Development Program
<b>PRP</b>	Physical Rehabilitation Program	<b>WAHO</b>	West African Health Organization
<b>PY</b>	Project year	<b>WHO</b>	World Health Organization
<b>RBF</b>	Results-based financing	<b>WILD</b>	Women's Institute for Leadership and Disability
<b>RELAC SIS</b>	Latin American Network for the Strengthening of Health Information Systems (Spanish acronym)	<b>WISN</b>	Workload Indicators of Staffing Need
<b>RH</b>	Reproductive health	<b>WSTP</b>	Wheelchair Service Training Package
<b>RHAP</b>	Southern Africa Regional HIV/AIDS Program	<b>WSTP<sub>tot</sub></b>	Wheelchair Service Training of Trainers Package
<b>RHB</b>	Regional health bureau	<b>YAM</b>	Youth Action Movement
<b>RHJS</b>	Réseau Haïtien des Journalistes en Santé		
<b>RHU</b>	Reproductive Health Uganda		
<b>ROBS</b>	Réseau des ONG Béninois en Santé		
<b>SCM</b>	Supply chain management		
<b>SDGs</b>	Sustainable Development Goals		
<b>SHARE</b>	Southern Africa HIV and AIDS Regional Exchange portal		
<b>SHTE</b>	School of Health Technology at Etinan		
<b>SLP</b>	Senior Leadership Program		
<b>SMOH</b>	State Ministry of Health		
<b>SRH</b>	Sexual and reproductive health		
<b>STI</b>	Sexually transmitted infection		
<b>TB</b>	Tuberculosis		
<b>TBA</b>	Traditional birth attendant		
<b>TOT</b>	Training of trainers		
<b>UC</b>	Unité de Contractualisation		
<b>UCDC</b>	Ukrainian Center for Socially Dangerous Disease Control		
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS		
<b>USAID</b>	United States Agency for International Development		
<b>USG</b>	United States Government		



# Executive Summary





For six years, the Leadership, Management, and Governance (LMG) Project strengthened health systems to deliver more responsive services to more people by developing inspired leaders, establishing sound management systems, and promoting effective governance practices to unlock the potential of individuals, networks, organizations, and governments.

This report summarizes the Project's activities, achievements, and results made possible with the support of the US Agency for International Development (USAID), under Cooperative Agreement Number AID-OAA-A-11-00015, from September 25, 2011, to September 24, 2017. The support from both USAID country and regional Missions and the Offices and Bureaus within USAID headquarters in Washington, DC, allowed us to contribute to USAID priorities in the areas of family planning and reproductive health (FP/RH), human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), maternal health, empowerment and inclusion, and health systems strengthening (HSS).

The LMG Project consortium was led by Management Sciences for Health (MSH), with partners Amref Health Africa, the International Planned Parenthood Federation (IPPF), the Johns Hopkins Bloomberg School of Public Health (JHSPH), Medic Mobile, and the Yale University Global Health Leadership Institute. Alongside these and other dedicated partners in more than 90 countries, we adapted tools and resources, facilitated trainings, and supported sustainable organizational development to improve the access, quality, and effectiveness of health services.

Over the life of the project, we have worked with partners at every level of the health system to advocate for the importance of strong leadership, management, and governance (L+M+G) skills for health systems strengthening; to document the added value of L+M+G in the health sector; and to improve service delivery through the development and tailoring of tools, approaches, and technical assistance.

Too often, health professionals are promoted into management and governance positions based upon their clinical expertise instead of their capacity to effectively administer programs and services. We worked with pre-service training institutions and universities to address this challenge on the front end by developing curricula that orient health workers to these essential skills before they enter the workforce. Among in-service health professionals, we partnered with organizations and networks to develop their staff through a variety of programs including the Leadership Development Program Plus (LDP+), Essential Management Package for Physical Rehabilitation Centers (EMP), Network Strengthening Program (NSP), and Communication and Coaching Skills Program. We worked with Member Associations (MAs) from the IPPF Africa Region (IPPFAR) to give them the tools and resources to improve family planning service delivery.

Our enduring commitment to empowerment and inclusion has driven our promotion of healthier and more inclusive societies. We partnered with the Center for Victims of Torture (CVT), the International Committee of the Red Cross (ICRC), Mobility International USA (MIUSA), and the World Health Organization (WHO) to

#### Project Year 1

September 25, 2011  
– June 30, 2012

#### Project Year 3

July 1, 2013 –  
June 30, 2014

#### Project Year 5

October 1, 2015 –  
September 30, 2016

#### Project Year 2

July 1, 2012 – June  
30, 2013

#### Project Year 4

July 1, 2014 –  
September 30, 2015

#### Project Year 6

October 1, 2016 –  
September 24, 2017

improve rehabilitation service delivery, empower women leaders with disabilities, and roll out wheelchair service training programs.

We developed adaptable management tools and governance resources to help health program leaders make informed decisions and improve performance. With funding from the President's Emergency Plan for AIDS Relief (PEPFAR), we created and piloted a management dashboard and improvement process to make data more accessible for managers and decision-makers, and, co-funded by the USAID Office of Population and Reproductive Health (PRH), we designed interactive governance roadmaps that managers can use to identify common challenges and corresponding governance actions to address them.

In Cameroon, we collaborated with the USAID-funded Evidence to Action Project to evaluate the added value of leadership development provided in complement with a clinical training program. The study documented a statistically significant 3.7-fold improvement in the number of postpartum women counseled on family planning and sexual and reproductive health compared to hospital teams that did not receive leadership development training. We have used other approaches to document the results of many of our activities including assessments, evaluations, case studies, and other research methods, and have identified key elements to support the effectiveness and sustainability of our approaches.

USAID Mission-funded LMG Projects responded diligently to specific regional or country needs by adapting, revising, or creating tools to fit local contexts and support national strategies. In Côte d'Ivoire, for example, we worked with the Ministry of Health and Public Hygiene to launch a L+M+G decentralization approach to strengthen capacity at the regional, district, and hospital level in two regions in support of the national decentralization process. The LMG/Ethiopia Project partnered with the Federal Ministry of Health to design and implement an in-service leadership development program and to develop a pre-service L+M+G training program that was adopted as the national standard. And in Haiti, we partnered with the Ministry of Public Health and Population to strengthen key health system functions that support sustainable improvements in the delivery of essential health services. As part of the effort to improve quality of and access to health services and to better regulate, manage, and monitor the health system, we developed a national results-based financing strategy and revised the *Paquet Essentiel de Services*, which sets clear national standards for healthcare delivery.

In the last year of the Project, we prioritized documentation of our work and dissemination of our tools, resources, program materials, and research so that others may learn from and use our successful approaches in the future.

# Contributions to USAID Priorities





## Family Planning 2020

Since 2012, Family Planning 2020 (FP2020) has brought together governments and partners around the world to empower women and girls in some of the world's poorest countries to make important choices about their reproductive health (RH). With the common goal of providing information on family planning (FP) and contraceptives to 120 million women and girls in 69 focus countries, the LMG Project, in support of PRH and other FP2020 partners, is committed to women controlling their bodies and futures—no matter where they live, or how much money they have.

In line with the FP2020 goals, the LMG Project strengthened the L+M+G capacity of organizations and governments around the world to ensure access to contraceptives and FP counseling. While some initiatives focused specifically on FP, others improved FP access by strengthening health systems and improving service delivery to people of reproductive age.

In Africa, part of our work with the West African Health Organization (WAHO) strengthened youth advocacy initiatives, increased access to contraceptives, and developed FP strategies for teenagers and young adults. In June 2016, these efforts resulted in the Appel de Dakar, a pledge to improve adolescent and youth health across the region. Other initiatives, such as the East Africa Women's Mentoring Network, linked aspiring and experienced women leaders working in sexual and reproductive health (SRH) to facilitate their personal and professional development. In all, 60 mentor-mentee pairs from 14 countries participated in the program. The mentoring network improved participants' leadership and management skills, demonstrated by their progress toward goals and the self-reported achievements of mentees and mentors.

To improve FP service delivery in Africa, we worked with IPPFAR MAs to roll out the LDP+ to improve clinic and service provider performance through a team-based experiential learning opportunity. Using a training of trainers (TOT) approach, we trained facilitators at four MAs to then deliver and scale up the program. After

going through the training, teams at the MAs' clinics worked towards a measurable FP service delivery goal. For example, Reproductive Health Uganda's (RHU) Mbarara clinic increased the monthly number of young people coming in for SRH services by 175% over a six-month period, and the Planned Parenthood Association of Ghana's Cape Coast clinic partnered with primary and secondary schools to link 2,500 students with FP and sexually transmitted infection (STI) services over six-months.

In the Latin America and Caribbean region, we ensured access to FP commodities by strengthening Contraceptive Security Committees in the region and collaborated with partners to improve access to contraceptives, integrate FP with other health services, and improve the quality of health information available to policymakers in each country. The LMG Project supported the Latin American and Caribbean Network for Strengthening Health Information Systems (Spanish acronym RELACSIS) by supporting regional coordinating meetings and improving the network's communications and web portal functionality.

At the global level, the LMG Project advocated for the importance of good L+M+G to support FP service provision. We did this by sharing best practices, evidence, and tools online and at global FP conferences and meetings. We co-organized and facilitated workshops and side-sessions at the International Conferences on Family Planning (ICFPs) in 2013 and 2016 to promote youth engagement and leadership development in FP and SRH. The Project also actively engaged in the International Best Practices (IBP) Consortium to help scale up proven and effective FP/RH practices by revising the *Guide to Fostering Change for Scale Up of Effective Health Services* and by providing technical assistance to partners in using these.

## AIDS-Free Generation

The LMG Project, in support of PEPFAR and international partners, contributed to the progress toward an AIDS-free generation by 2030. By spreading awareness, reducing stigma, and ensuring access to important antiretroviral

(ARV) medicines, we have worked toward the initiative's three major goals: ensuring that virtually no children are born with the HIV virus, greatly reducing the chance of HIV infection later in life, and ensuring that proper treatment is available.

Since 2012, the LMG Project has worked with the USAID Office of HIV/AIDS (OHA) to collaborate with local governments and health institutions to develop sustainable strategies for addressing the HIV and AIDS epidemic. We have developed the capacity of local HIV and AIDS service providers and national institutions to better lead, manage, and monitor their programs by providing resources, management tools, and technical assistance. We have also provided support to Global Fund (GF) Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) to improve their abilities to lead and manage GF-financed HIV and AIDS programs. Over the life of the project, we conducted CCM Eligibility and Performance Assessments (EPAs) in eight countries, allowing the countries to certify their eligibility to receive GF allocations in the amount of US\$1.78 billion; conducted CCM member orientations in two countries; and developed a standardized CCM member orientation program that combines virtual and in-person training. We supported Interim Global Fund Liaisons in three countries to ensure effective coordination between US Government (USG) and GF investments in HIV, Tuberculosis (TB), and malaria programs. We also supported two PRs with capacity building support to improve their organizational and management systems.

With support from PEPFAR in Ethiopia, the LMG Project strengthened HIV services by integrating L+M+G skills into in-service and pre-service health provider trainings. Working with eight universities and the Federal Ministries of Health and Education, we developed L+M+G curricula (for nursing, medical, midwifery, pharmacy, and public health officer programs) that were eventually implemented in 37 school programs. By June 2016, 2,394 students had completed the pre-service course. In Panama, the USAID LMG Program for Strengthening the Central American Response to HIV and AIDS (PASCA) Project worked with government partners to assess the viability of adopting the HIV Test and Start Guidelines that increase antiretroviral therapy (ART) coverage through

early initiation of treatment. The Project used evidence to convince stakeholders and build political will and stakeholder support to adopt the updated guidelines.

At the LMG Project's close, its legacy includes widespread improvements in the L+M+G capabilities of organizations fighting HIV and AIDS. Our support to the Joint Clinical Research Centre (JCRC) in Uganda has helped the organization maintain its eligibility for donor funding and continue as a leader in the country's HIV and AIDS epidemic response. In Ukraine, our work with the Ukrainian Center for Socially Dangerous Disease Control (UCDC) to develop institutional, programmatic, and financial sustainability prepared the organization to become the first institution to merge into a national Public Health Center, forming the nucleus of the Ministry of Health's (MOH) newly established public health institution. In the Middle East and North Africa, we worked with civil society organizations (CSOs) in four countries to strengthen their organizational capacity and improve their abilities to reach key populations; combat stigma and discrimination against men who have sex with men (MSM) and people living with HIV (PLHIV); and link people to testing, treatment, and care. This community-based program increased MSM access to HIV, STI, psychological, and legal services for 14,188 people over a two-year period.

In Southern Africa, we supported the Southern Africa HIV and Regional Exchange (SHARE) platform as a go-to resource for HIV and AIDS information, and we worked with international partners to produce *The Lucky Specials*, an educational film to spread information about and reduce TB and HIV and AIDS stigma that premiered in February 2017.

## Ending Preventable Child and Maternal Deaths

The LMG Project supports USAID's commitment to ending preventable child and maternal deaths (EPCMD) by improving L+M+G capacity in local CSOs, MOHs, and other administrators of public health services. By

improving the ability of local teams to plan for and respond to local health crises that commonly affect mothers and children—such as common childhood infectious diseases, mother-to-child HIV transmission, and limited access to crucial pre- and antenatal care—the LMG Project promoted sustainable improvements in maternal and child health.

To improve management of maternal health services, we deployed the LMG for Midwifery Managers Certificate Course to 99 midwives in rural and disadvantaged areas in ten countries. This course responded to the essential leadership and management competencies midwives lacked, and created an experiential and practical training program that introduced participants to key L+M+G skills. After returning to their clinics, each midwife practiced these skills while implementing a six-month quality improvement project. Overall, the majority of the midwives achieved their quality improvement goals within the six-month period; these included improving pre-natal management practice, increasing the number of women delivering in medical facilities with skilled personnel, and expanding men's involvement during their partners' pregnancies. In the final evaluation, midwife participants across all ten countries overwhelmingly reported improved teamwork, joint problem solving, documentation, and conflict resolution, improvements which were also mentioned by their facility managers.

The LMG/Madagascar Project reported impressive improvements in maternal and child health as a result of the LDP+, at both the central and district levels in three regions. In the final year, all three regions reported improvements as a result of the program, including decreased maternal mortality rates, increased cooperation and improvements in staff morale, better coordination among staff at the facility level, improved time management, and increased number of trained community volunteers in remote areas.

In October 2016, the LMG/West Africa Project supported WAHO in arranging its second Good Practices in Health Forum, in Abidjan, Côte d'Ivoire. The forum's theme was "Promoting Innovation in Reproductive, Maternal, Newborn, Child, and Adolescent Health in Connection with the Sustainable Development Goals." The forum

focused on establishing regional best practices in institutional reform, human resources for health, health technology improvement and expansion, and knowledge transfer and evidence-based policy development.

We also advocated for increasing programming on L+M+G skills to contribute to EMPCD goals. This included collaborating with the United Nations Population Fund (UNFPA) and other international partners to design and conduct a one-day leadership workshop for 32 young midwives from 30 countries at the 2016 Women Deliver Midwifery Symposium, and presenting the results of the LMG for Midwifery Managers Certificate Course at five international conferences.

## Empowerment and Inclusion

Building stronger health systems requires input from a broad spectrum of policymakers, stakeholders, and communities. For six years, the LMG Project partnered with historically marginalized and vulnerable populations—including youth and persons with disabilities—to ensure they could advocate for and access responsive health services.

The LMG Project worked with individuals and organizations to cultivate the next generation of public health leaders by engaging young people around the world. With input from partners, we designed two eLearning courses, *Youth Leadership* and *Bringing Youth to the Table: Governance for young people*, which are available in English and French on LeaderNet.org. We also partnered with the International Youth Alliance on Family Planning (IYAAP) to develop their financial and management capacity and to advocate at global conferences for the involvement of young people in FP/RH. We took advantage of international conferences to reach youth, co-hosting youth-centered workshops at the 2013 and 2016 ICFPs and conducting youth leadership sessions at the 2016 Women Deliver conference. With our partners at IPPFAR, the LMG Project developed the Forging Youth-Adult Partnerships on the Board guide to prepare MA board members, young and old alike, to effectively partner in governing. We also conducted research on global youth



leadership programs to evaluate what makes a successful program and disseminated the results through youth-focused fora.

With support from the USAID Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA), the LMG Project helped local governments establish sustainable wheelchair service provision strategies with the rollout of global plans and training guides. Since 2012, we supported the WHO to roll out the Wheelchair Service Training Package (WSTP) basic and intermediate levels, which help service providers develop the skills needed to provide appropriate wheelchair services. In project year (PY) three, the Project helped design WSTP Managers and Stakeholders modules. In the Philippines, participants in the Managers and Stakeholders training established a national-level professional association, the Philippines Society of Wheelchair Professionals, to advise the government on initiatives to expand access to wheelchair services.

Over the last six years, the LMG Project promoted the empowerment and inclusion of persons with disabilities to identify and fight for their health rights. We partnered with MIUSA to deliver their Women's Institute on Leadership and Disability (WILD), expand the program's monitoring and evaluation, and develop a WILD TOT program. In June 2015, we supported a TOT for WILD alumnae. Following the training, each trainee partnered with an organization in her community to deliver a mini-WILD of her own. As of 2016, these WILD alumnae had trained 399 disabled women in their communities, helping those women become advocates for access to health and education services.

Our programming has helped improve service delivery to vulnerable populations in line with key USAID/DCHA priority areas. For five years, we worked with the ICRC MoveAbility Foundation to improve their ability to remove barriers to services for people with physical disabilities. This partnership resulted in multiple resources for ICRC staff, including the EMP, Senior Leadership Programs (SLPs), Communication and Coaching Skills Program, and strategic planning support. In testament to the results of these efforts, ICRC has institutionalized elements of our support and committed to continue to developing leadership and management skills among their program staff.

# Health Systems Strengthening



The USAID Vision for Health Systems Strengthening calls for the sustainable provision of high-quality health services that are responsive to the needs of all segments of the population, regardless of financial means. In line with this vision, the LMG Project has worked with USAID and a diverse range of stakeholders—including governments, professional networks, and domestic and international nongovernmental organizations (NGOs)—in over 90 countries to integrate and improve L+M+G practices in the health sector. By supporting responsible management of local resources, the LMG Project helped these countries advance key USAID and WHO priority areas for HSS, including building the capacity of human resources for health, expanding the L+M+G evidence base, and improving service delivery.

## Human Resources for Health

A well-performing health workforce is responsive, fair, and efficient, and drives health systems to achieve the best health outcomes possible, given available resources and circumstances. When the L+M+G skills of health workers are built to complement their clinical expertise, health workers can promote systematic improvements in health outcomes at the facility, district, and national levels. The LMG Project helped ensure responsive health services by providing resources for and designing and implementing in-service and pre-service programs to build the L+M+G skills and abilities of the health workforce.

Many of the LMG Project's Core- and Field-funded in-service capacity building activities have been based around the LDP+ model. We have implemented the LDP+ or an adaptation of it in more than 20 countries to give health workers the leadership and management skills needed to reach their service delivery and health systems strengthening goals. In PY6 we updated the LDP+ Facilitator's Guide to make it more user friendly and translated it into French, Portuguese, and Spanish. In Ethiopia, the "LMG Program"—an LDP+ tailored to the country's needs—was institutionalized by the Federal Ministry of Health (FMOH), the Federal HIV and AIDS Prevention and Control Office (FHAPCO), regional health bureaus, zonal health departments, districts, and

## LEADERSHIP DEVELOPMENT PROGRAM PLUS (LDP+)

The LDP+ is Management Sciences for Health's approach to leadership development and builds upon the preceding Leadership Development Program (LDP) that was created in 2002.

The LDP+ creates an experiential and catalytic learning experience that empowers people at all levels of an organization to learn and apply leadership, management, and governance practices; face challenges as a team; and achieve measurable results.

facilities to develop their L+M+G capacity. This was done by training trainers from different parts of the health systems in a modified LDP+ and supporting them as they conducted step-down trainings. Since the beginning of the effort, 185 trainers, from universities, health science colleges, the FMOH, regional health bureaus, districts, and hospital executives, were trained in the methodology, helping more than 1,700 individuals learn and practice the new leading and managing skills through the program. Out of the 451 teams participating, 391 teams achieved more than 80% of their desired measurable results. In IPPFAR MAs, 296 participants from 33 clinics went through the LDP+ facilitated by the 'master trainers' trained by the LMG Project. Clinic teams identified their challenges and developed action plans to address them and received coaching from the facilitators during implementation. The course is now institutionalized within four high-performing MAs and continues to be delivered to IPPF clinic teams and other partners.

The LMG Project also worked with universities to incorporate leadership and management training into their pre-service curricula for health workers. We researched the L+M+G competencies many newly minted health professionals lacked and developed a syllabus for a pre-service program that addresses these gaps. We also developed the Pre-service Integration Guide with accompanying slides and materials to assist universities and training institutions integrate these competencies into their programs. As part of our effort to develop

pre-service L+M+G programs, we conducted two Virtual Leadership Development Programs (VLDPs) that focused on developing an action plan for integration, in which 21 universities participated. We worked with a subset of these universities from Ethiopia, Kenya, Rwanda, South Africa, Swaziland, and Zambia as they began to implement their plans, providing support such as curriculum design workshops, needs assessments, and adult learning methodology training for instructors.

Our LMG for Midwifery Managers Certificate Course contributed to human resources capacity by preparing midwives to better respond to challenges in their local health systems. We created the course after conducting an assessment to identify competency gaps in midwives' L+M+G skills, which provides hands-on practical skills based training. After taking part in a workshop focused on key management skills, including advocacy and communication; coaching; mentoring; data use for decision making; change management; and strategic problem solving, participants then identified a clinical challenge in their local setting and used their new skills to implement an action plan to address it. In the endline evaluation of the program, midwife participants across all ten countries overwhelmingly reported – and facility managers later confirmed – improved teamwork, joint problem solving, documentation, and conflict resolution skills.

## The eManager Series

The LMG Project published two new installments in the *eManager* series, an online leadership and management publication that focuses on specific management topics of interest to health leaders and managers.

### March 2013

*How to Govern the Health Sector and its Institutions Effectively*

### June 2013

*Paving the Way Toward Professionalizing Leadership and Management in Healthcare*

Both chapters are available in English, French, Spanish, and Portuguese at [www.LMGforhealth.org/emanager](http://www.LMGforhealth.org/emanager)

The LMG Project also developed and upgraded L+M+G resources for health professionals. These included:

- Updated *Health Systems in Action: An eHandbook for leaders and managers*
- Updated LDP+ Facilitator's Guide
- New pre- and in-service training syllabi
- New Pre-Service Integration Guide and accompanying materials
- Two new editions of the *eManagers*
- New Communication and Coaching Skills program
- Companion Guide to MSH's *Leaders who Govern* book

These resources and additional eLearning courses are available online at [LeaderNet.org](http://LeaderNet.org), and many can be downloaded in English, French, Portuguese, and Spanish.

## Building the Evidence

Although L+M+G skills are critical to improving service delivery, the evidence about how they add value to HSS and contribute to reaching health goals is scarce. While many USAID-funded HSS programs have included L+M+G components and collect anecdotal and program data about results, the lack of rigorous research documenting their contribution can make it difficult to advocate for continued investment in this area by governments, donors, and other organizations. To address this, one of the LMG Project's goals was to gather evidence of the link between L+M+G and service delivery outcomes. By monitoring and evaluation of Core- and Field-funded activities, and through some limited research, the LMG Project expanded the evidence base on the added value of L+M+G interventions.

To standardize monitoring, we developed a Performance Management Plan against which all programs reported. We also provided technical assistance to partners to help improve their data collection and program monitoring systems.



We conducted case studies to document successful approaches to L+M+G capacity building and identify areas for improvement, including of our Network Strengthening Program (NSP), on two citizen engagement activities, on our support to integrate L+M+G into pre-service education, and on our efforts to build the capacity of the Rwanda National Commission of Children (NCC). We conducted literature reviews that informed our approaches and helped us develop frameworks for further research, such as the Gender-Transformative Supportive Supervision framework and the Leadership and Management Behavioral Self-Assessment Tool. We identified the key elements of successful youth leadership programs, investigated what led to the sustainability of leadership and management approaches, and conducted a small ground breaking mixed-methods prospective study with the Evidence to Action Project in Cameroon of the added value of a leadership development program on a postpartum family planning (PPFP) service delivery improvement project.

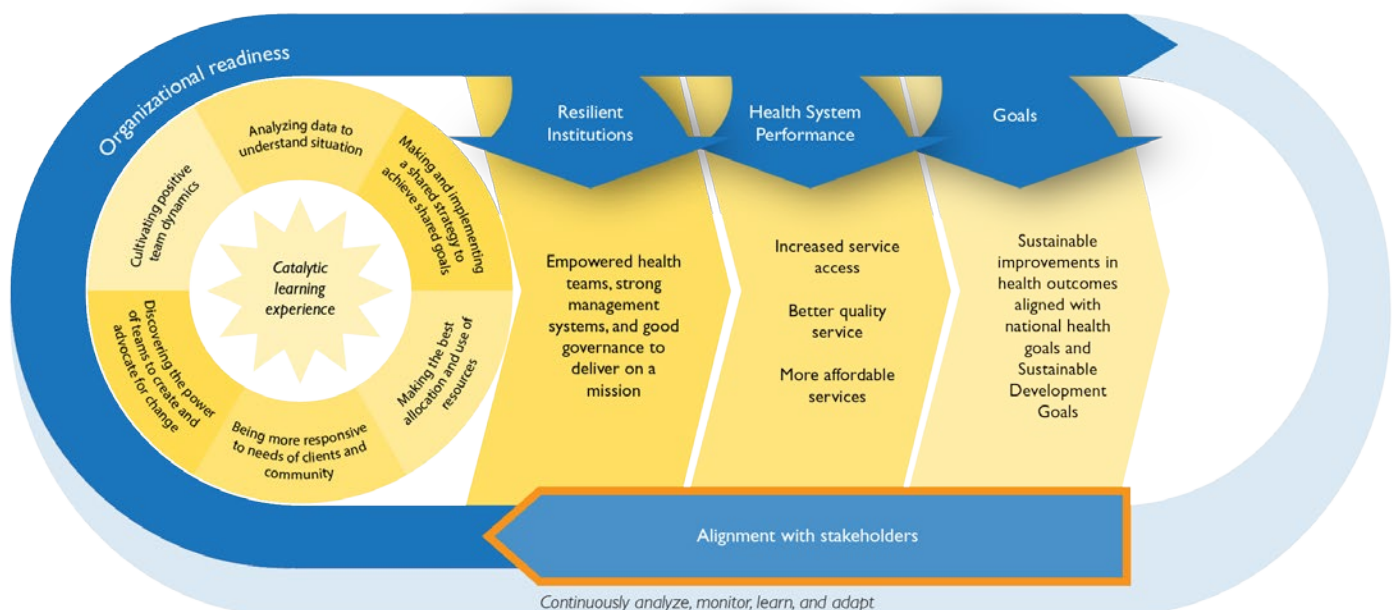
We conducted an evaluation on the effectiveness of our approach to long-term technical assistance by embedding technical advisers in seven National Malaria Control Programs, on the outcomes of our governance strengthening efforts in Afghanistan, and on the results of male involvement in quality improvement projects

implemented by midwives participants in the LMG for Midwifery Managers Certificate Course.

In the Project's final year, we compiled an Evidence Compendium, based on a rapid assessment of the current evidence on the role of L+M+G in improving health system performance. We examined more than 5,000 documents of peer reviewed and grey literature on the influence of L+M+G on the health workforce, health information systems, pharmaceutical systems, health financing, and service delivery to identify what evidence existed in each area and where additional investment would be worthwhile.

Overall, we have compiled significant data through project indicators, outcomes of team-based action plans, and results and lessons learned from our experience in implementing L+M+G activities that are an important contribution in understanding how L+M+G skills contribute to HSS.

We applied our experiences and data collected over the last six years to refresh our thinking about the L+M+G conceptual model and incorporate many of the lessons we have learned. The revised conceptual model unpacks key concepts and ideas to explain how strategies to



strengthen L+M+G work to strengthen health systems and improve their performance and impact.

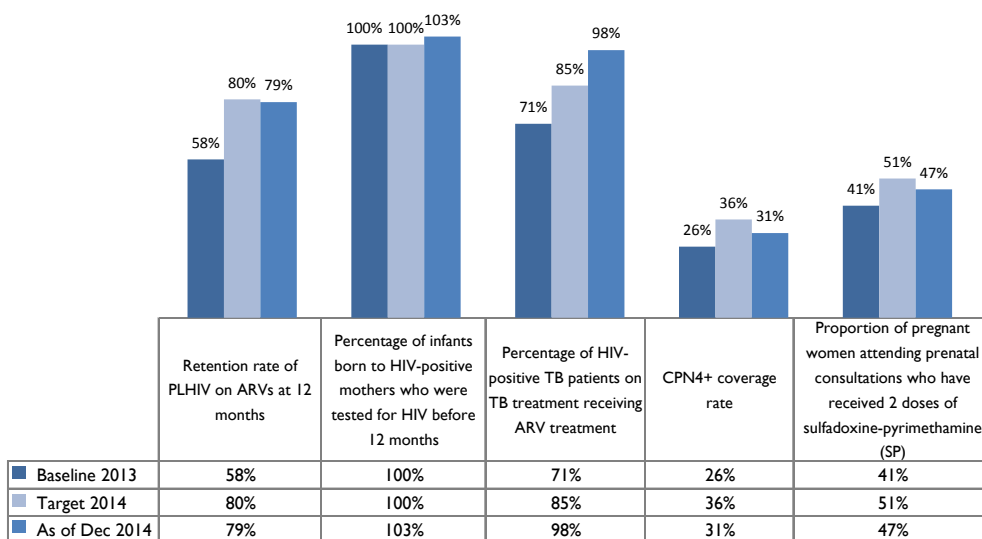
The figure above illustrates our systematic approach, starting from the bottom right. We begin by aligning with client needs, their mission, and mandate and engaging stakeholders, taking into account socio-political economy and national priorities. Together with partners, we proceed to a catalytic learning experience that enables teams to apply effective L+M+G practices for organizational readiness and resilience, resulting in more empowered teams, stronger management systems, and better governance, that contributes to greater health system performance and the achievement of health goals.

## Improving Service Delivery

The LMG Project has worked with individuals, organizations, networks, and governments to improve the quality and responsiveness of health service delivery. High performing health systems deliver effective, safe, and high-quality health interventions to people who need them, when and where they are needed, with a minimal waste of resources. Many of our activities and interventions, such as the LDP+ and the LMG for Midwifery Managers Certificate Course, have been found to change health worker behaviors and contribute to service delivery improvements.

Many of our efforts have resulted in documented service delivery gains. For example, between October 2013 and September 2015, staff from the Ministry of Health and Public Hygiene (MSHP) in the Indenie-Djuablin and N’Zi-Iffou-Moronou regions of Côte d’Ivoire increased the retention rate of PLHIV on ARVs by about 40% after participating in the LDP+ (see figure below). Our partnership with IPPFAR MAs resulted in service delivery improvements, such as in Ghana, where three teams of health workers completed the LDP+ process, led by local facilitators and coaches. In less than six months, the three teams, working toward their goal of increasing services, reached an additional 15,096 youth and adults with SRH services and information.

Similarly, one of RHU’s branches implemented action plans to improve health education and outreach for youth. Their initiative resulted in the clinic increasing its monthly provision of SRH services to youth by 175%. Similarly, another clinic successfully carried out innovative strategies to reach marginalized groups, including sex workers, and doubled their provision of STI services to the community within six months.



*Changes in baseline indicators in N’Zi-Iffou-Moronou.*



# Core-funded Activities



The LMG Project received funding from USAID Missions to engage in specific scopes of work at the national or regional levels and from USAID headquarters' Offices and Bureaus. This section provides an overview of the activities implemented and managed at the global level with funding from the Bureau for Global Health, including from PRH, OHA, the President's Malaria Initiative (PMI), and the former Office of Health, Infectious Diseases, and Nutrition (HIDN); and from the USAID DCHA Center of Excellence on Democracy, Human Rights, and Governance Empowerment and Inclusion Division.

## Bureau for Global Health, Office of Population and Reproductive Health

The LMG Project has worked with PRH to help countries around the world meet FP/RH needs. In line with international initiatives like FP2020 and the Sustainable Development Goals (SDGs), we have strengthened L+M+G capacity in the areas of FP/RH and MNCH. Over the lifetime of the project, our activities in this area have been broadly divided into the following categories:

- Professionalization
- Strengthening Individual and Organizational Capacity
- Promoting Effective Governance
- Gathering and Sharing Evidence

### *Professionalization*

The presence of administrators and medical professionals who are well-trained in modern leadership and management practices is central to an efficient health system. The LMG Project collaborated with local health workers, universities, and global partners to improve in- and pre-service training and ensure health providers were able to effectively manage teams and resources.

### **Integrating L+M+G into Pre-Service Training**

Over the life of the Project, we partnered with MOHs, training institutions, professional associations, and universities using a dual-track approach to develop curricula and prepare trainers and faculty to deliver the program.

Integrating L+M+G skills into pre-service training programs helps ensure that graduates have a basic orientation to and skills to lead teams and the foundation to manage health programs and facilities. To promote this integration, in PY2, the Project delivered a VLDP for teams at pre-service institutions in Egypt, Ethiopia, Indonesia, Kenya, Nigeria, and Rwanda. The VLDP helped teams identify the challenges to integrating L+M+G into their curricula and develop action plans to overcome those challenges. We conducted a similar VLDP in PY3 with African Health Leadership and Management Network members, including universities in Botswana, Kenya, South Africa, Swaziland, and Zambia.

The LMG Project supported several of these institutions as they moved along the path towards integration. At Regina Pacis University in Kenya, university staff worked to revise their nursing curriculum ahead of the 2014 academic year. Similarly, after staff at Kibogora Polytechnic School of Health Sciences, in Rwanda, completed the VLDP in 2013, they worked with LMG Project facilitators to enhance training quality with improvements in the curriculum review process, adult learning and facilitation approaches, and coaching and team dynamics. In PY6, 91 nurses and 37 midwives were enrolled in the course. PRH funds were used to help the LMG/Ethiopia Project in its work with the Federal Ministries of Health and Education to develop standardized L+M+G pre-service programs for all health cadres and to train instructors in how to deliver the content, including a workshop focused on how to teach governance.

In PY4, we provided technical assistance to the Mananga Centre for Regional Integration and Management Development, in Swaziland, and to the University of Witwatersrand, in South Africa, to share current concepts, challenges, and approaches to institutionalize L+M+G practices. We also partnered with the Universities of Rwanda and Zambia during PY5 to assess competencies

needed for effective L+M, develop a shared understanding of experiential learning, and begin integrating these L+M+G competencies into the pre-service curriculum. As of September 2017, both universities are in the process of updating and accrediting their L+M+G programs.

To ensure that future health workers and professionals learn these essential skills for managing and leading health programs, the LMG Project developed several tools, including syllabi for in- and pre-service delivery and a Pre-Service Integration Guide. This step-by-step guide can be used by staff at pre-service training institutions to incorporate L+M+G training into their curricula. It provides both a guide to the process of integration—drawing lessons learned from our experience—as well as the curriculum and instructional materials for delivering the course.

### Building Midwives' L+M+G Skills

In response to a documented lack of L+M+G capacity among midwives in sub-Saharan African countries, the LMG Project designed the LMG for Midwifery Managers Certificate Course in PY3.

The five-day course trains midwife participants in six areas:

- teamwork and communication
- advocacy
- coaching and mentoring
- database management and decision-making
- change management
- strategic problem solving.

After the workshop, participants entered a six-month implementation phase, where they implemented a quality improvement project they developed during the course, with supportive supervision and coaching from the course facilitators. During implementation of the six-month quality improvement projects, the midwife participants self-reported data to track and document individual progress toward targets set in their action plans.



*Linvell Chirwa is a midwife at the Mitundu Community Hospital in Malawi. Six months after starting the LMG for Midwifery Managers Certificate Course, her hospital decreased premature neonatal mortality by 25 percent. Above, is Linvell during her attendance at the 2016 Women Deliver Conference in Copenhagen, Denmark.*

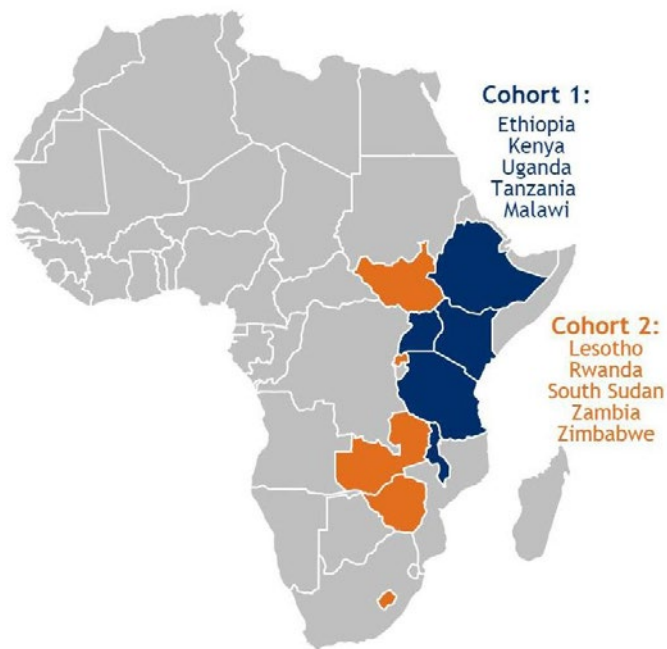
*Photo: Matt Martin/MSH*

We piloted the course in 2014, first training midwife facilitators from Ethiopia, Kenya, Malawi, Tanzania, and Uganda, in Nairobi, Kenya, to deliver the course. These midwife facilitators then returned to their countries to train ten midwives each.

After assessing the pilot, the Project team updated and improved the curriculum, including strengthening the monitoring and evaluation component, and then trained a second cohort of midwife participants from Lesotho, Rwanda, South Sudan, Zambia, and Zimbabwe during PY4. In PY5, we strengthened the capacity of participants and local facilitators in select countries to deliver elements of the course in the future. Midwives in Malawi, Tanzania, and Uganda invited stakeholders from public and private sectors, MOHs, nurse and midwifery councils, and faith-based organizations to a workshop to plan for incorporating L+M+G skills-building into existing in- and pre-service training programs. Several action plans came out of these meetings, including plans to establish an accredited L+M+G course for midwives in Uganda, create a national mentoring framework for nurses and midwives in Tanzania, and conduct more TOTs in Malawi.

In sum, the project trained 20 midwife facilitators to deliver the course, who then trained 99 midwives in ten countries. In PY6 our evaluation of the program found





Countries with midwives who participated in the LMG for Midwifery Managers Certificate Course.

that participants reported increased capacity to lead and manage, which allowed them to address barriers and solve complex problems in their day-to-day work. Midwife participants overwhelmingly reported improved teamwork, joint problem solving, documentation, and conflict resolution skills as a result of their participation. Furthermore, in the endline evaluation, these improved skills were reportedly sustained as of one to two years after the completion of the course.

In October 2016, the LMG Project organized Supporting Midwives, Saving Lives: Celebrating the achievements of the Leadership, Management, and Governance for Midwifery Managers Certificate Course at the Amref headquarters in Nairobi to document and disseminate the achievements of midwives who completed the course. We completed several studies to assess the impact of this activity, including on the results of quality improvement projects focusing on improving male involvement, on the benefits of using WhatsApp to facilitate program coordination and reporting, and on outcomes of the first, pilot cohort.

## Strengthening Individual and Organizational Leadership Capacity

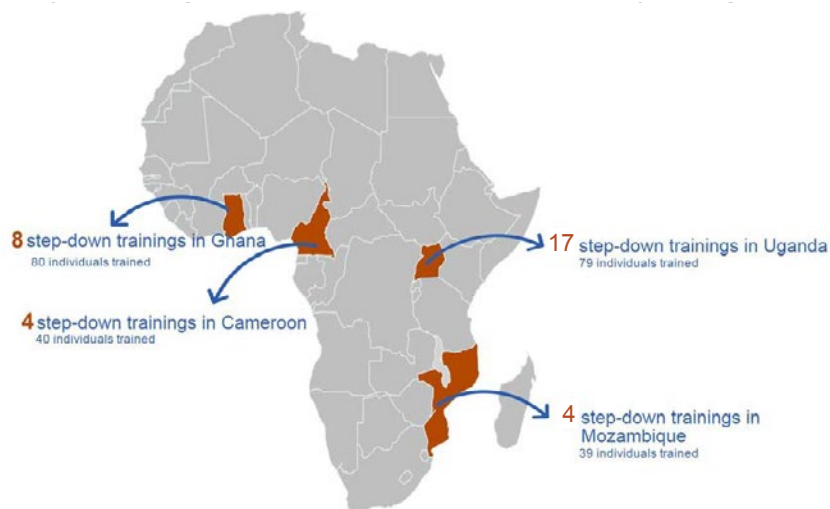
L+M+G skills play a central role in establishing sustainable and resilient organizations that provide high-quality care. The LMG Project has provided technical support to individuals, teams, organizations, and governments to scale up implementation of—and participation in—leadership activities.

### Implementing Best Practices for Systematic Scale Up

The LMG Project has supported the efforts of the IBP Consortium to disseminate proven and effective methods for scaling up FP/RH best practices. In the first years of the project, we led the revision of the *Guide to Fostering Change for Scale Up of Effective Health Services*. It has been translated into French and is available on the LMG Project and Knowledge for Health (K4Health) websites. Throughout the life of the project we participated actively as members in the Community of Practice on Systematic Approaches to Scale-Up and on the Fostering Change Task Team.

In collaboration with other IBP Consortium partners, we capitalized on international events, such as the 2014 Health Research Symposium, the 2015 ECOWAS Forum on Good Practices in Health, and the 2016 ICFP, by organizing workshops to help health workers gain experience with systematic scale-up tools and learn how to apply those tools in their facilities.

In Uganda, the LMG Project provided technical assistance to RHU to use the *Guide to Fostering Change for Scale Up of Effective Health Services* and the Nine Steps for Developing a Scaling Up Strategy to plan for scale up of the Comprehensive Family Planning/Sexual and Reproductive Health and Rights Surgical Camps Model. Although this was not fully implemented by the end of the Project, following this support, IPPFAR selected the scale up of the surgical camp model as a best practice, leading other IPPF MAs to adopt and replicate the model in their countries.



Map of step-down trainings and staff trained in Cameroon, Ghana, Mozambique, and Uganda.

### Support to IPPF Learning Centers

The LMG Project implemented a plan to build the capacity of four MAs in Africa, which IPPFAR had designated as Learning Centers (LCs), to give them skills and resources so they could then roll out the tools and approaches to other IPPF MAs. The LMG Project offered a variety of skills-building programs, including the LDP+, financial management capacity building, business planning, youth leadership development and mentoring, and governance strengthening.

The support from the LMG Project included training five MAs (the four LCs plus Family Health Options Kenya) in the requirements of the Non-US Organization Pre-Award Survey (NUPAS) tool and providing resources to help them improve their financial processes and systems to meet these requirements.

We also provided business planning training to the LCs, working with them to identify a product to market, conduct market assessments, identify costs, and develop a plan to market their product or service. Although all four LCs created business plans for specific products (three chose the LDP+, one chose laboratory testing) none were able to fully implement the plan because of resource constraints.

In 2014 and 2015, we trained facilitators at the LCs in the LDP+ program. This was done to fulfill IPPFAR's goal to

## IPPF LEARNING CENTERS

IPPFAR designates Member Associations with strong leadership capacity as "Learning Centers" that lead south-to-south exchanges with other associations.

The LMG Project worked with Centers in:

### Cameroon

Cameroon National Planning Association for Family Welfare (CAMNAFAW)

### Ghana

Planned Parenthood Federation of Ghana (PPAG)

### Mozambique

Associação Moçambicana para Desenvolvimento da Família (AMODEFA)

### Uganda

Reproductive Health Uganda (RHU)

institutionalize the program to sustainably strengthen MA capacity in L+M+G and to have a training program to offer as a way to bring in resources. The LMG Project used a TOT approach to train LC staff as LDP+ master facilitators. After participating in the TOT, facilitators gradually rolled out the program to facilities in their own countries, facilitating 33 trainings and providing follow-up coaching to 269 participants across the four countries by the end of the Project.

Beginning in PY5 and continuing into PY6, the LMG Project conducted an assessment of the impact of the Project's support to LCs, and the facilitators and barriers to success for each of the three primary initiatives investigated (financial management training, business planning, and LDP+). We interviewed leadership teams from each LC to understand the steps taken to institutionalize the various tools and programs. We found that the LDP+ was the most institutionalized initiative within the LCs, but the LC leadership acknowledged incorporating elements from the financial capacity and business planning activities into their work, and continuing to use these skills and resources after the training.

After completing the LDP+, nearly all facility teams trained by the LMG Project reported increases in the number of FP/SRH services accessed by local communities. Of the 25 centers that reported data to the LMG Project on progress toward achieving their desired measurable result, 17 reached their targets, while another 7 increased the number of clients served with FP/SRH screening, counseling, and other services, but fell short of their targets. The last center did not provide data in a format that allowed comparison.

The assessment concluded that the LMG Project, in partnership with the four selected LCs, set out on an ambitious program of L+M+G capacity building and achieved some successes, while also identifying lessons to strengthen future initiatives. The assessment identified facilitators and barriers to the successful implementation and sustainability of these three program sand identified gaps that affected the ability to assess progress. Overall, the LCs reported that many of the objectives of the three initiatives were met, and that the skills learned continued to be implemented to improve LC performance.

### East Africa Women's Mentoring Network

In PY4, the LMG Project launched the East Africa Women's Mentoring Network as a year-long pilot to address a lack of professional support for leadership development and formally structured mentoring networks for East African women. The core goal of this pilot program was to connect experienced professional women with younger women who aspired to leadership positions in the health field, with an emphasis on those working in FP/RH.

The Project used an online community to connect mentors and mentees, recruiting 60 mentor-mentee pairs from 14 countries. It connected women with substantial leadership experience to aspiring young women leaders across the region to forge supportive, personalized mentoring relationships. Mentees set specific goals focused on RH and professional and personal development.

The mentoring network facilitated the development of leadership and management skills, as demonstrated by the progress made towards goals and the self-reported



Countries represented	Number of participants within each country
Benin	1
Botswana	1
Burundi	2
DRC	1
Ethiopia	4
Ghana	1
Kenya	30
Malawi	1
Mozambique	1
Rwanda	2
Somalia	1
Tanzania	2
Uganda	12
Zambia	1
<b>Total Countries: 14</b>	<b>Total Participants: 60</b>

Countries represented among East Africa Women's Mentoring Network participants.



achievements of mentees and mentors. The mentoring support enabled participants to achieve many of their professional and personal goals.

Through this pilot program, we identified best practices for mentoring, including offering supplementary in-person meetings where feasible, providing more structured assignments, creating opportunities for mentees to connect with other network members (beyond their mentor), gain access to more practical resources and toolkits, and generate more group discussions to engage all network participants.

Following this pilot, the project documented the results and recommendations and provided them to IPPFAR, who has since begun to incorporate these learnings into its own mentoring program.

### **Engaging Youth in Leadership and Decision-making**

The LMG Project cultivated the next generation of global health leaders in low- and middle-income countries by developing resources for individual training and supporting organizations to engage youth in decision-making.

In PY3, we began to partner with IPPFAR's Youth Action Movement (YAM) to create resources and support young leaders. With Yam, we organized a Youth Leadership Workshop on Family Planning at the 2013 ICFP in Addis Ababa, Ethiopia, and on Building Youth Leadership for Family Planning and Global Health in the Post-2015 Development Agenda at the World Conference on Youth. Between 2015 and 2016, with Yam member input, the LMG Project designed two eLearning courses for young peoples: Youth Leadership and Bringing Youth to the Table: Governance for young people. These two courses are publicly available on LeaderNet.org to help young people learn leadership and governance skills.

Starting in 2013, we provided technical assistance to the International Youth Alliance for Family Planning (IYAfp) to establish financial management systems and elevate their advocacy of youth leadership in FP. We continued to partner with IYAfp on leadership development and

advocacy activities in several workshops and side-sessions at the 2016 ICFP and Women Deliver conferences.

### **Enhancing LeaderNet**

LeaderNet (<http://LeaderNet.org>) is a global community of health professionals working to strengthen health systems in low- and middle-income countries. It is an online platform designed to foster learning and knowledge exchange among health leaders and managers around the world. LeaderNet is a one-stop-shop to learn (through courses and online seminars), connect (by networking with colleagues and joining professional groups), and find resources (by accessing practical tools and information).

During PY1 the LMG Project conducted a review of partners' knowledge exchange approaches to inform the vision and design for the Project's own strategy. Based on the findings of the assessments and the perceived needs of the LMG Project, we decided to upgrade LeaderNet with the following goals:

- Modernize LeaderNet
- Integrate eLearning programs, specifically the VLDP, with the LeaderNet platform
- Make the site more lively and engaging with social networking, communities of interest, and self-instructional courses
- Make LeaderNet easier and less time-consuming to administer
- Incorporate program data collection and reporting functionality

During PY4, MSH assumed fulltime management of LeaderNet.

The updated site has been used by the Project for several seminars on L+M+G topics (women's leadership, governance, network strengthening), and we have created and posted several self-directed courses (communications and coaching skills, youth leadership, youth governance). The LMG Project also invested in the development of a resource section on the site to disseminate curated, up-to-date, free, and easy-to-use tools and resources that

can be used to address specific health challenges from the facility level to the national health system level—including challenges in access to services and reaching underserved populations. The resources are categorized to increase accessibility to these materials and tagged with keywords that make them easily searchable. The section is a repository for the legacy skills-building tools from PRH's 30 years of support for L+M+G for health. Many tools use proven adult learning approaches like action planning and team-based problem solving to empower health workers to improve health service delivery.

## Promoting Effective Governance

After many years of USAID investment in L+M, many recognized that leadership and management improvement needed to go hand-in-hand with strong governance—without governance, leadership and management interventions had limited prospects for sustainability. The LMG Project was tasked with making governance an integral part of all HSS work. As part of startup, the Project identified five key practices of good governance that were distilled from reviews of literature, surveys, key informant interviews, and governance roundtable discussions. Based on the identified practices, we developed an array of governance tools, guides, handbooks, resources and eLearning courses for use in the health sector.

One of the key products for good governance is our series of governance guides, one for each of the five practices (cultivating accountability, engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement) and accompanying handbooks to help trainers and educators deliver the content of the guides. These are all available in English and French.

We validated the guides with partners in the Ministry of Public Health (MOPH) in Afghanistan and in WAHO. In Afghanistan in 2014, we organized a series of workshops in 16 of the 34 provinces to introduce the key practices of good governance to Provincial Public Health Coordination Committees (PPHCCs). After consistently applying the practices for six months, the



*The LMG Project's five key practices of good governance.*

PPHCCs improved their governance scores by 20% and experienced statistically significant improvements in six health system indicators:

- outpatient department visits per capita by an average of 18 percentage points
- achievements in Penta 3 immunization by 17 percentage points
- antenatal visits by 14 percentage points
- postnatal visits by 12 percentage points
- tuberculosis case detection by 11 percentage points
- facility delivery by 5 percentage points.

We also conducted a governance workshop with the WAHO management team in March 2015 to introduce them to the practices and approaches to good governance. This resulted in a governance improvement action plan, which included plans for them to conduct governance workshops in member countries. We subsequently assisted the WAHO team to roll out workshops in Mali, Nigeria, and Togo.

The LMG Project also built the governance capacity of IPPFAR MAs. We rolled out an online board governance assessment and annual improvement process to 35 MAs, revised IPPFAR's Governance Manual to incorporate participatory training methodology, and developed tools to improve how youths and adults work together on IPPF governing boards. Recognizing the value of youth engagement in decision-making, IPPF mandates 20 percent youth representation in MA governing bodies, but they did not have effective programs to ensure they worked together well. To prepare board members for their roles, the LMG Project developed the *Forging Youth-Adult Partnerships on the Board* guide to improve the effectiveness of MAs' inter-generational governing bodies. In 2016, the LMG Project conducted a TOT workshop for adult and youth board members from nine MAs, resulting in a pool of trainers on the new and updated guides. The initiative has shown results: following the TOT, the trainers from the Association Togolaise pour le Bien-Etre Familial conducted an orientation for newly elected national and regional board members without any assistance from the LMG Project. The governance materials developed

with and for IPPFAR are now being used to improve SRH services across Africa.

Partnering with the Knowledge for Health Project, USAID, and other partners, the LMG Project developed three courses in the USAID Global Health eLearning Center: Governance and Health, Key Practices of Good Governance, and Infrastructure for Good Governance, which comprise the Governance and Health certificate track. This certificate features tools, techniques, and resources to overcome organizational governance and performance challenges. Worldwide, there were about 500 unique certificate earners across these three courses. The certificate track proved popular with staff from MOHs, CSOs delivering health services, and USAID Mission health officers.

In September 2016, we held the Project's final Governance Roundtable. The main outcome of this was the development of roadmaps for good health governance. In PY6, with support from both PRH and OHA, the LMG Project created three roadmaps, all available in English and French:

1. Governance Roadmap for Achieving an AIDS-Free Generation
2. Governance Roadmap for Ending Preventable Child and Maternal Deaths
3. Governance Roadmap for Ensuring Universal Access to Sexual and Reproductive Health

These Roadmaps clarify the role of governance at various levels of the health system in the advancement of the three USAID priority health areas. The Roadmaps can assist USAID health and governance officers, at headquarters or in Missions, to identify barriers and governance actions to overcome them. They are also useful tools that USAID implementing partners, other donors, international organizations, governments, and CSOs can use to improve the performance of their health programs.

In PY6 we also conducted two successful LeaderNet seminars on good governance, *Dream Teams: Bringing boards and staff together for organizational success* and

## GOVERNANCE FOR HEALTH ROUNDTABLE CONFERENCES

Leveraging our convening power, we organized four Governance for Health Roundtables to complement our development of tools, advance a foundation of knowledge and get consensus on topics related to good governance in the health sector. These governance roundtables helped us continuously inform and improve our approach to health governance development.

### **September 2016**

*Building a Governance Roadmap to Achieve Health Targets by 2030*

### **September 2014**

*Third Roundtable Conference on Governance for Health*

### **August 2013**

*Second Roundtable Conference on Governance for Health*

### **May 2012**

*Governance for Health Roundtable*

*Governing for Good.* We highlighted the governance roadmaps in the second and introduced the new Companion Guide for MSH's 2014 publication *Leaders Who Govern*.

## Gathering and Sharing Evidence

One of the LMG Project's three goals was to increase the availability of evidence about the role of L+M+G role in improving service delivery and health outcomes. We have assessed the current state of the evidence, led an implementation research study, and shared our knowledge and experience for use by others in the global health sector. LMG Project staff and partners presented at 236 knowledge exchange events, and we submitted 90 abstracts to conferences and peer-reviewed journals, of which 58 were accepted. The LMG Project organized a side session at the Fourth Global Symposium on Health Systems Research in November 2016, titled *From Intuition to Evidence*. This session highlighted the LMG Project's work to compile, create and disseminate evidence of the impact and value of investing in L+M+G to promote service delivery improvement. One of the objectives of the session was to promote collaboration between researchers and implementers to better understand and document the link between L+M+G skills and health service delivery improvements. The session was very well-attended with participants from academia, implementing partners, and donor organizations. Several academics and a public health journal expressed interest in disseminating and publishing results from our work.

### L+M+G Evidence Compendium

Recognizing the nascent level of evidence linking L+M+G skills to health systems performance, we have prioritized the documentation and dissemination of findings and lessons learned to ensure that these essential skills and interventions can be sustained and carried forward in the future.

In PY5, the LMG Project examined more than 5,000 documents to assess the state of the evidence on the influence of L+M+G on health system functions. We reviewed existing peer-reviewed and grey literature, data, and our project's experience. Less than 5% of the

literature reviewed documented evidence on the role of L+M+G in HSS.

During PY6, we have built upon this review and advanced the state of evidence on L+M+G for health systems strengthening by compiling an L+M+G Evidence Compendium, a five-chapter analysis that documents successful approaches, lessons, and emerging pathways linking L+M+G to improvements in health service delivery. This compendium reflects the current state of the evidence, including the LMG Project's lessons learned.

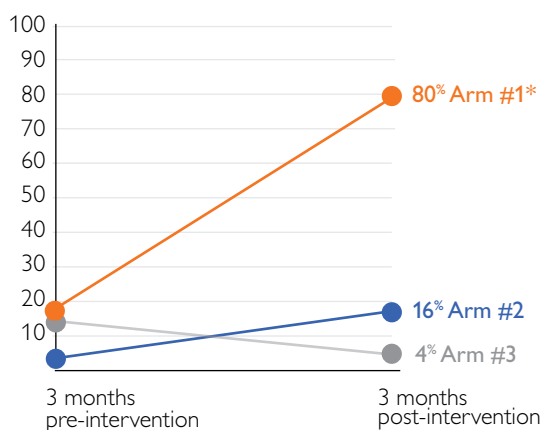
### Cameroon Postpartum Family Planning Study Publication and Dissemination

We partnered with the USAID-funded Evidence to Action (E2A) Project in Cameroon to document the added value of leadership development to clinical training and health service delivery. In PY4, we integrated a LDP+ into a pre-existing E2A Project activity to improve PPFP services at hospitals in Yaoundé and collected baseline, midline, and endline data.

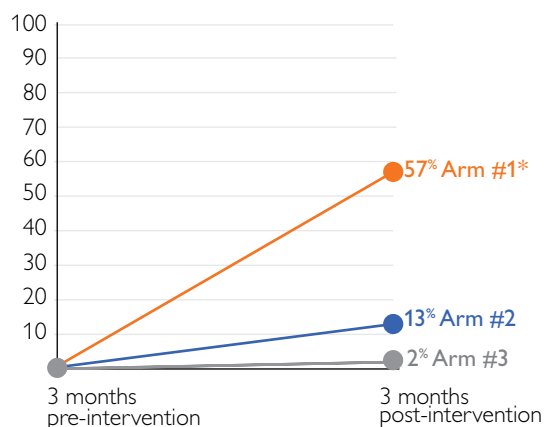
During PY5, our analysis of the study data showed that the LDP+ intervention led to a statistically significant increase in women receiving counseling during antenatal care (ANC) (0% to 57%) and post-natal care (PNC) (17% to 80%) compared to the clinical training intervention alone. Our results suggest that when the LDP+ is implemented in a hospital, the percentage of expectant and new mothers receiving FP/SRH counseling increases; on average, the LDP+ intervention increased ANC rates by 49% and PNC rates by 59%. Our study results indicated that leadership development enhances the ability of clinical training to improve health service delivery. The practice/implementation research partnership can be used as a model for future studies to document the added value of leadership development programs for health system strengthening.

### Gender Transformative Supportive Supervision Framework

During PY5, we designed and implemented a formative study on the influence of gender on supportive supervision within the FP workforce. This was in response to PRH's priority to ensure a supportive and equitable work environment that promotes productivity



\* = statistically significant result



\* = statistically significant result

LDP+ hospitals had greater increases in the percentage of postpartum clients receiving FP/SRH counseling (left), and LDP+ hospitals had greater increases in the percentage of ANC clients receiving FP/SRH counseling (right).

and encourages retention. The LMG Project drafted a conceptual Gender-Transformative Supportive Supervision Framework (GTSS) using a targeted literature review and interviews with global experts on gender, human resource management, and FP.

We then tested the GTSS with IPPF Member Association staff in two East African countries to determine if the framework, components, and concepts were relevant to their daily lives as FP managers and providers. The fieldwork indicated that the framework reflected the realities, aspirations, and personal-professional tensions that male and female FP providers face in these two countries.

The GTSS for the FP workforce was presented at the Fourth Global Symposium on Health Systems Research in November 2016 as a poster and an oral presentation. It generated rich discussion on the importance of gender considerations in the supervisory relationship. In PY6, with the support of OHA, we adapted the GTSS to suggest gender-transformative strategies for supportive supervision of the HIV workforce.

### Youth Leadership Development

In 2014, the LMG Project began a study of youth leadership development programs. This began with a targeted literature scan to differentiate different models of youth leadership and youth empowerment, development, and participation. During PY4 and PY5, we

conducted a global survey to identify promising youth leadership development models. We scored and ranked the responses and interviewed the top organizations to learn more about their respective approaches and distill common success factors. The findings were shared in the Youth Leadership Programmatic Review Report and on our website.

We identified six recommendations for implementing an effective youth leadership development program:

1. Recognize young people's agency and ability to effect change
2. Involve youth in program development
3. Include hands-on experience
4. Provide funding
5. Provide support
6. Engage long-term

The top youth leadership programs were highlighted on our website, and we disseminated the final report broadly through youth-oriented forums and at international conferences.



## Bureau for Global Health, Office of HIV and AIDS

The LMG Project worked with the Office of HIV/AIDS (OHA) to improve the capacity of governments, health institutions, and civil society leaders to provide HIV and AIDS information and treatment services. By ensuring proper staff training and efficient resource usage, we supported local and regional organizations in meeting PEPFAR goals for managing the global HIV and AIDS crisis.

Our initiatives have included:

- Strengthening Health NGO Capacity
- Supporting the Global Fund and Country Coordinating Mechanisms
- Country Collaboration Initiative-Ukraine
- Developing Tools and Resources

### Strengthening Health NGO Capacity

#### African Center for Global Health and Social Transformation

The LMG Project provided technical support to the African Centre for Global Health and Social Transformation (ACHEST), a Uganda-based policy think tank established by African health and development leaders. ACHEST advocates for the use of evidence to strengthen the L+G capacity of institutions and individuals in the health sector.

With LMG Project support, ACHEST strengthened its organizational capacity in: L+M+G of its staff and board; information and communications; human resources; finance and administration; new business development; and grant management. A follow-up organizational capacity assessment conducted in 2015 indicated improvements across all areas where ACHEST had previously identified challenges. Out of 20 areas scored, the number of areas receiving the highest score increased from nine in 2012 to 15. By the time of the assessment,



*Attendees at the third ASHGOVNET Congress Meeting, November 2016, in Kampala, Uganda.*

*Photo: ACHEST*

16 out of 19 actions ACHEST had identified to improve organizational functioning had been fully implemented.

In PY6, our strategic support allowed ACHEST to continue to strengthen its financial capacity and grow as a leader in improving health systems in Africa. ACHEST engaged a local financial management consultant to help develop grant management guidelines, complete a rapid financial management re-assessment, and update the financial manual. We supported ACHEST in hosting its third Congress Meeting for African Health Systems Governance Network (ASHGOVNET) members, titled “Fostering capacity for health governance and leadership with a focus upon health.” Forty-one health system experts from across Africa attended, including academics and international development partners. ACHEST also procured a searchable database to ensure that ASHGOVNET members have a secure platform to access and exchange information.

#### Responding to Key Populations in the Middle East and North Africa

With USAID support, from 2005 to 2015, the MENA Program, implemented by the International HIV/AIDS Alliance, responded to the HIV prevention and sexual health needs of key populations in the region. This was the only continuous MSM-focused service delivery program in the region. It was a community-based outreach program



for MSM and persons living with HIV (PLHIV) that was implemented in nine sites in Algeria, Lebanon, Morocco and Tunisia by six HIV-thematic organizations, one development organization and one LGBT organization. The LMG Project supported the program from 2013 until December 2015 in its provision of technical and financial support, trainings, and materials to CSOs in each of the four focus countries. Partner CSOs implemented a package of combination prevention, care, and support services for MSM, providing life-saving prevention, care and support services. Under the LMG program, 3,492 MSM were tested, diagnosed, and/or treated for STIs, and 8,205 MSM received testing and counseling services for HIV and received their results.

Advocacy efforts contributed to making the voice of MSM heard by stakeholders working in the HIV response and to reducing stigma in clinical and health care settings. Stigma reduction and advocacy activities, including workshops and trainings with policy makers, lawyers, and police, meetings with journalists, religious leaders, social workers, health providers, educators, and psychologists and media campaigns reached 3,020 individuals and 608 decision makers.

Together with partners, the program also developed resources for the region, including the development of a toolkit for working with MSM and case studies on PLHIV and MSM. These were disseminated at closeout meeting in Washington DC and in the region.

## ***Supporting the Global Fund and Country Coordinating Mechanisms***

From 2014 to 2017, the LMG Project collaborated with USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) to improve grant performance in 13 countries, working with Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs). We worked in two areas, one to support CCM strengthening, and the other to provide medium- and long-term technical support to CCMs, PRs, and other GF-related activities.

## **Strengthening Country Coordinating Mechanisms**

In PY6, we continued to collaborate with the Global Fund to determine the eligibility of countries to receive Global Fund grants by implementing CCM Eligibility and Performance Assessments (EPAs). For countries to be eligible, CCMs must meet the six eligibility requirements (ERs) and, if not, develop a Performance Improvement Plan (PIP) to meet them. Under the FY2012 obligation, the LMG Project utilized funds to conduct eight CCM EPAs and other short-term follow-up activities to strengthen CCM governance of Global Fund grants. Over the course of the project, we conducted EPAs in: Ghana, Lesotho, Mali, Morocco, Mozambique, Senegal, Sierra Leone, and Zimbabwe. The eight successfully completed EPAs allowed the countries to certify their eligibility to receive their 2014-2016 or 2017-2019 Global Fund grant allocations in the amount of US \$1.78 billion.

The LMG Project also conducted member orientations for two CCMs, in Guatemala and Lesotho, and provided technical support to the CCM in Morocco to organize members that represent key affected populations and persons living with the diseases into constituencies and to define procedures and mechanisms for information exchange and consultation.

## **Medium- and Long-term Technical Support to Country Coordinating Mechanisms, Principal Recipients and Other GF-related Activities**

Under the FY2013 obligation, the LMG project provided medium- and long-term technical support for GF-related activities that could not be met by other USAID funding mechanisms. This included supporting the placement of interim Global Fund Liaisons (GFL) until the GFL positions could be permanently filled. As the US Government (USG) focal point on Global Fund activities, interim GFLs consult with the PEPFAR Agency Leads and other strategic technical stakeholders involved in HIV and AIDS, TB, and malaria programmatic matters; coordinate critical communications between the USG and several stakeholders; and participate in key meetings of the CCM. The LMG Project supported Interim GFLs in Cameroon, the Democratic Republic of Congo, and Mozambique.

The LMG Project also partnered with the Global Fund and the Grant Management Solutions (GMS) Project to

develop a CCM member orientation program for the 120 CCMs and 3,800 CCM members worldwide. Comprising eLearning and face-to-face components, the ultimate goal of the CCM Orientation Program is to improve effectiveness by providing CCM and committee members with the knowledge and skills they need to effectively carry out their governance and oversight roles and responsibilities. The program consists of:

- A facilitator guide for a face-to-face introduction to the CCM Orientation Program
- 16 eLearning modules for orientation of CCM members and committee members
- Facilitator guides for face-to-face training of CCM members and executive and oversight committees
- An overall facilitator guide to the entire CCM orientation program.

In addition to the Global Fund and the GMS Project, the LMG Project collaborated with numerous partners—including the International HIV/AIDS Alliance, German International Cooperation (GIZ), United Nations Development Program (UNDP), and Expertise France—to develop the CCM Orientation Program.

In the first quarter of PY6, the LMG Project produced the CCM Orientation Program (eLearning modules and facilitator guides) in English. By the end of the project year, the materials were translated into French, Portuguese, and Spanish and transferred to the Global Fund to begin implementation.

Additionally, the LMG Project provided technical support to two MOH PRs to build their capacity to manage GF grants more effectively in Honduras and Timor Leste. A LMG Project consultant team worked with the Honduras MOH on organizational strengthening in the areas of human resource management, financial management and governance. More than 175 staff persons were also trained in relation to their responsibilities with regard to Global Fund grants. In Timor Leste, a LMG Project consultant provided technical support and training to build the M&E capacity of MOH staff working on HIV and AIDS, TB, and malaria programs.

## *Country Collaboration Initiative-Ukraine*

The Country Collaboration Initiative (CCI)/LMG-Ukraine Project's goal was to strengthen the programmatic, institutional, and financial capacity of the Ukrainian Center for Socially Dangerous Disease Control (UCDC) as a key national HIV/AIDS and TB agency. Over 20 months, the UCDC and CCI/LMG developed more than 40 strategic documents and tools. Each document addressed a pressing challenge identified by the UCDC, including financial issues, operations management, and communications gaps.

The Project supported the development of strategies and policies; conducted targeted capacity assessments and reviews; and developed strategic plans for priority management areas. This support positioned UCDC to become the first institution to merge into a national Public Health Center, forming the nucleus of the MOH's newly established public health institution. The CCI/LMG-Ukraine Project supported development of resource mobilization and new partnerships and operationalization of UCDC's training function. Achievements included the development of a resource mobilization and new business manual, submission of grants, signature of two international MOUs, and creation of a distance learning platform.

In PY6, the CCI/LMG-Ukraine Project supported two Global Fund PRs, the AIDS Alliance (now the Alliance for Public Health) Ukraine and the All-Ukrainian Network of PLHIV, by providing financial and strategic support to their health system and HIV and AIDS clinical trainings under fixed obligation grant agreements. While the LMG Project's focus was on these two PRs, the project continued its support of the UCDC in some key areas to maximize the outcomes of USAID's investment during UCDC's transition into the Public Health Center.

## *Developing Tools and Resources*

Leading effective and efficient HIV programs requires the latest knowledge, evidence, and resources. With funding from OHA, the LMG Project has developed and

disseminated tools, resources, and research findings to help policymakers and program managers make informed decisions for high-quality HIV/AIDS services. We updated and translated a number of key resources, conducted webinars and seminars to disseminate our tools and approaches, presented on our products at conferences, and recently completed a literature review on how L+M+G fostered PEPFAR Sustainability. Some of the key tools and resources are highlighted below.

### Management Dashboard

The LMG Project developed a Standard Management Dashboard that any organization can use to improve its financial, programmatic, and management performance. We did this by creating custom dashboards for four complex and differently-structured local Civil Society Organizations (CSOs) in Kenya and Uganda, and then taking the best parts of each to create a Standard Dashboard.

In 2012, the LMG Project began development of a PEPFAR dashboard as a user-friendly tool to help NGO managers apply data for decision-making and identify areas for performance improvement. The dashboard visualized financial, management, and programmatic indicators for PEPFAR programs so decision-makers could quickly spot trends and identify problem areas.

From July to September 2012, we partnered with teams at RHU and the Uganda-based Protecting Families Against HIV/AIDS (PREFA) to develop the customized dashboards and performance improvement process that would allow them to better track performance on their PEPFAR-funded programs. By February 2014, both RHU and PREFA reported using the dashboard to present project information to stakeholders and make decisions.

In 2014, the LMG Project worked with two Kenyan NGOs, the National Organization of Peer Educators (NOPE) and the Kenya AIDS NGOs Consortium, to develop a more flexible version of the dashboard that could be adapted to any funding source and any type of programming. During this experience, we improved the tool, making it more flexible and more adaptable to the needs of NGOs. NOPE reported that they used the dashboard as an opportunity to improve the

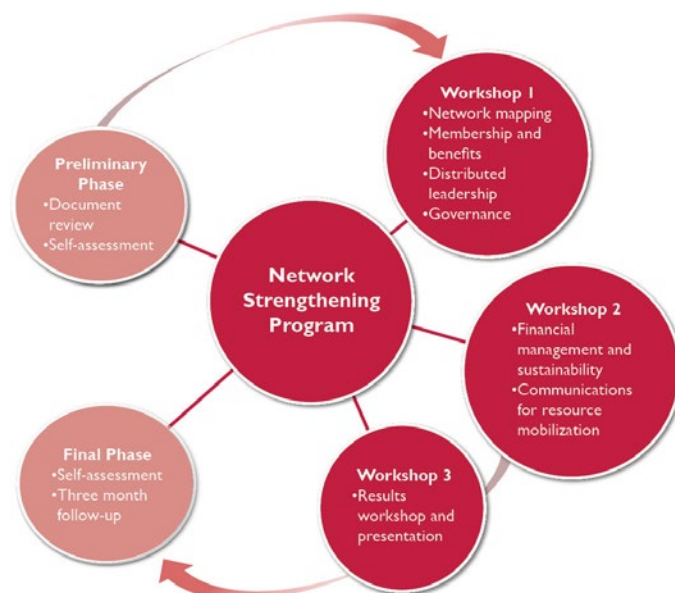
involvement of the advisory board and the management team overseeing programs' performance, and that the monitoring and evaluation presentations to the board always include the dashboard. The final, more flexible and customizable version of the tool is available for download on the LMG Project and LeaderNet websites. During PY6 the results of this effort were presented in a webinar featuring the NGO partners.

### Network Strengthening Program

Alongside the dramatic proliferation of local non-governmental organizations (NGOs) in recent decades has been a focus on collaboration through voluntary networks. However, little or no focus was given to the unique characteristics of network management, their differences from individual NGOs, and the need to strengthen leadership and management for self-sustainability.

In 2014, the LMG Project began development of the Network Strengthening Program, a capacity building program designed to support network senior managers in expanding financial sustainability as donor funds decrease.

The NSP helps network managers understand the unique characteristics of network management and better meet the needs of their members, enhancing the network's long-term sustainability. To do this, the program



Implementation phases of the Network Strengthening Program.

focuses on five success factors identified through a literature review and a series of interviews with network stakeholders:

1. Membership and benefits
2. Distributed leadership
3. Network governance
4. Financial systems and sustainability
5. Communications for resource mobilization

The NSP is highly participatory, based on adult learning theory, and relates directly to the needs and desires of network management. It is designed to allow network managers to develop both short-term plans to address specific topics (implemented while they are going through the NSP) and a long-term plan that frames how they will strengthen their own networks in the 12 months following the program.

From September 2015 to May 2016, the LMG Project piloted the NSP with two networks in Malawi: the Malawi Network of AIDS Service Organisations (MANASO) and the Malawi Network of People Living with HIV/AIDS (MANET+). MANASO and MANET+ achieved a number of significant results after participating in the NSP. MANET+ improved coordination among network members, helping it win funding as a Global Fund sub-recipient. MANASO engaged its board, secretariat, and members in an intensive effort to become self-sufficient. Setting membership fees aligned with member benefits, and a spirit of volunteerism reignited during the NSP, helped MANASO continue to build member capacity and to advocate for HIV prevention and care. Following this experience, we collected feedback from the two organizations and conducted a case study of the experience with MANASO. We used the findings to strengthen the course materials, which are now available for download on the LMG Project website. The issues networks face and how the NSP can help address them were highlighted in PY6 in a LeaderNet seminar, *Sustainable Health Networks: How to Make Your Network Thrive*.

## Orphans and Vulnerable Children

The LMG Project supported the work of the PEPFAR OVC Technical Working Group to understand the long-term impact of HIV and AIDS on children. The Project supported the Human Sciences Research Council (HSRC) in South Africa to undertake research to better inform an effective and comprehensive response to the HIV epidemic in children. This partnership produced several research summaries and technical reports, including how to prioritize geographic areas for targeted OVC service delivery and how adult treatment adherence and reduced mortality affects child development outcomes.

During PY3, we served as interim hosts for the OVCsupport.net website that was created under the USAID-funded AIDSTAR-Two Project. This global knowledge-sharing hub linked more than 110,000 unique users from 191 countries to the most up-to-date information on programming and policy for children affected by HIV and AIDS. The website management was transitioned to the USAID-funded 4Children project in 2014.

On October 1, 2014, the LMG Project co-hosted a seminar with HSRC, USAID, and the Office of the US Global AIDS Coordinator, titled *Children's Risk and Resilience in the Age of HIV/AIDS*, at the World Bank. This event brought together researchers, implementers, and program recipients to discuss advances in research and programming. One of the session presented preliminary results from a new forecasting model to predict long-term outcomes for children affected by AIDS and how to effectively mitigate those impacts.



## The President's Malaria Initiative— National Malaria Control Program

From 2013-2017, PMI provided direct technical assistance to NMCPs through the LMG/NMCP Capacity Building Program. The LMG/NMCP Project led long-term technical assistance efforts to build NMCP capacity to effectively implement national malaria strategies in seven target countries (Burundi, Cameroon, Côte d'Ivoire, Guinea, Laos, Liberia, and Sierra Leone). The project had three main objectives:

1. NMCPs effectively manage human, financial, and material resources.
2. NMCPs develop and direct policies and norms for the implementation and surveillance of the national malaria control strategy.
3. NMCPs mobilize stakeholders to participate in national malaria control coordination and implementation efforts.

The LMG/NMCP Project embedded Senior Technical Advisors who worked with NMCP staff to develop skills and knowledge and promote practices and behaviors that led to organizational improvements and increased the ability of NMCPs to mobilize and manage Global Fund grants. These advisors developed country workplans aligned with project objectives based on the results of an initial organizational capacity assessment conducted with NMCP and stakeholder participation.

The LMG/NMCP Project built the capacity of the NMCPs in partner coordination, malaria control, L+G, supply chain management, and human resources. In 2016 and 2017, we led a study of this long-term technical assistance model that found NMCP leaders considered their LMG Project advisors to be trusted colleagues to whom they could turn for mentoring and coaching when facing challenges. Another study finding indicated that NMCP staff confidence in their abilities to carry out daily job functions increased by an average of 31% during the advisor's tenure, with 17% of the increase being attributed to the LMG/NMCP Project support. The results of the

effort in these seven countries fell into several themes, which are highlighted below.

The Project facilitated **partner coordination** between the NMCPs and the private sector:

- In Guinea, the Senior Technical Advisor facilitated the signature of an MOU between the NMCP and the Guinea Chamber of Mines.
- In Côte d'Ivoire, the Senior Technical Advisor worked with the NMCP to sign an agreement with the Association of Private Hospitals of Côte d'Ivoire. This was the first NMCP/Côte d'Ivoire partnership with the private sector under the current Global Fund grant.

LMG/NMCP advisors supported the NMCPs to revise, implement, and monitor **malaria control** activities:

- In Burundi, Liberia, and Sierra Leone, LMG NMCP Senior Technical Advisors provided ongoing support to the NMCP to organize and carry out country-wide insecticide-treated bednet distribution campaigns.
- In Liberia, LMG/NMCP financed NMCP and Montserrado County Health Department supervision visits to 90 private health facilities. During the visits, NMCP staff used direct observation and a checklist to assess the skill level and knowledge of health workers, including pharmacists, laboratory technicians, and clinicians.
- In Sierra Leone, the advisor organized training in accordance with WHO guidelines on malaria case management and rapid diagnostic tests for district health medical teams and tutors of nurse training institutions.
- In Guinea, the LMG Senior Technical Advisor supported the NMCP to organize workshops to launch two RBM regional committees to strengthen coordination of malaria control activities among partners.

The Project contributed to strengthened NMCP **leadership and governance**:



LMG/NMCP Project Senior Technical Advisors and support staff met at the MSH offices in Arlington, Virginia, for an annual meeting in November 2016.

Photo: Santi Ngo/MSH

- In PY6, the project completed LDP+s with NMCP teams in Burundi, Cameroon, Côte d'Ivoire, Guinea, and Liberia. NMCP leaders in each country attribute improved staff motivation and productivity to LDP+ involvement.
- NMCP staff in Guinea noted improved coordination of interventions and improved internal communication at the NMCP through weekly and monthly meetings, regular activity monitoring and more rigorous activity implementation, and better activity planning and team alignment.

LMG/NMCP Project advisors provided tools and resources to improve **supply chain management (SCM)**:

- Based on findings from the End User Verification survey conducted in PY5, the LMG Project Senior Technical Advisor SCM in Côte d'Ivoire advised the NMCP to conduct an analysis of logistics data for malaria-related commodities. This enabled NMCP and other SCM staff to more effectively conduct spot checks to verify the logistics information reported in the electronic logistics management and information system, identify abnormal consumption of medication, appropriately reallocate commodities, and assess whether current storage conditions meet established standards.

- The Côte d'Ivoire SCM advisor also assisted in the development of a procedures manual that clearly defines the rules and regulations for managing malaria medication and other commodities within the health system.
- The advisor launched the LDP+ for the SCM unit to strengthen coordination of commodity purchases and optimize the procurement of antimalarials and other commodities.

Senior Technical Advisors reviewed the structure of their respective NMCPs and revised organograms and job descriptions to help with management of **human resources**:

- In Guinea, the Senior Technical Advisor and the Deputy Director of Catholic Relief Services-led the selection and recruitment process for two new positions, a financial and administrative officer and an internal auditor, to build the financial capacity of the NMCP.
- In Côte d'Ivoire, the advisor provided technical assistance in staff performance evaluations, which consisted of self-evaluations, 360-degree evaluations, and supervisor assessments.

- In Liberia, the project implemented performance and individual development plans for the NMCP staff in accordance with the ongoing Ministry of Health effort to roll out performance management practices in all government ministries, departments, and agencies.
- In Guinea, the project created district malaria focal points in coordination with partners modeled on the LMG Senior Technical Advisor role at the NMCP. The NMCP recruited 19 focal points in 2016 to assist the prefectural health offices in Global Fund target regions to coordinate, plan, and monitor activities; manage data; and manage the pharmaceutical supply chain.
- In Liberia, the LMG Senior Technical Advisor, in consultation with WHO and PMI Technical Advisors, reviewed the structure and functions of the NMCP to ensure their fit with the post-war role as coordinators and facilitators of the malaria control effort. The NMCP organogram was redesigned and a plan put in place to retain staff able to perform the new role of the NMCP, which resulted in a significant improvement in implementation of malaria activities with fewer staff.

## Bureau for Global Health, Office of Health, Infectious Disease, and Nutrition

For a two year period, the LMG Project supported the efforts of USAID's Center for Accelerating Innovation and Impact to launch the Aspen Management Partnership for Health (AMP Health) initiative. AMP Health is a multi-sector partnership working with ministries of health to strengthen community health systems and to build the next generation of global health leaders. Housed at the Aspen Institute, the AMP Health collaboration addresses management resource constraints in African Ministries of Health to improve community health systems, with a focus on private sector and multi-sectoral collaboration at the country level. The program places Management Partners—i.e., individuals with private sector experience—within MOH teams that design and implement community health systems to build their

capacity to deliver on priority initiatives and address challenges. In PY5, the LMG Project worked with AMP Health leadership to share technical knowledge in leadership development, community health, and M&E.

In PY6, the LMG Project supported AMP Health staff in their Leadership Lab which took place May 2017 in Kenya for their Management Partners and their teams based in Kenya, Malawi, and Sierra Leone. The curriculum focused on leading at the system level through engaging and mobilizing stakeholders, and also included technical management sessions on supply chain management and mHealth. AMP Health also expanded their M&E activities by completing country baseline assessments for Kenya and Sierra Leone and updating their frameworks and indicators based on the findings of the baseline assessments. AMP Health will continue working beyond the LMG Project and is prepared to implement their new leadership and management curriculum with new partners, to include more Ministry of Health team members and incorporate online learning.

## Bureau for Democracy, Conflict, and Humanitarian Assistance

The establishment of resilient, democratic, and inclusive societies requires strong leadership and management and transparent governance at the local, national, and international levels. Working with core funding from USAID's DCHA Empowerment and Inclusion Division, the LMG Project has supported leadership and organizational development among service delivery teams, CSOs, government decision-making bodies, and other health system stakeholders in 70 countries.

### Support to the International Committee of the Red Cross

In response to the recommendations from the 2012 Evaluation of the Physical Rehabilitation Program (PRP) of the International Committee of the Red Cross (ICRC), the LMG Project began working with ICRC/PRP and the ICRC MoveAbility Foundation to strengthen the management capacity of ICRC staff and partner organizations. We established programs to work at the





Strategy meeting between LMG Project staff and ICRC Leadership in Geneva, Switzerland.

Photo: Jozef Nagels/ICRC

service delivery level, focusing on collaboration with ICRC's local partner organizations providing physical rehabilitation services, and at the sector level, focusing on activities with governments and other key stakeholders. As part of this effort, we conducted regional SLPs with 15 countries, trained 23 teams from 17 countries to support service delivery managers in the use of the Essential Management Package (EMP), and provided coaching and communications skills training to 42 senior PRP and ICRC MoveAbility Foundation staff.

#### *Senior Leadership Program*

The three Regional SLPs on Physical Rehabilitation and Disability Rights brought together multi-sectoral teams from 15 countries in West Africa, East Africa, and Southeast Asia. In most countries, this was the first time that government and civil society stakeholders had come together to work on a shared challenge in the disability rights sphere. Results included increased access to services, increased financial contributions from governments, heightened awareness of needs and services for disabled individuals, and improved service delivery efficiency.

#### *Essential Management Package*

Using the EMP, ICRC teams assess their management systems and current service statistics, set measurable improvement goals, analyze the gap between their current performance and their goal, and then develop a focused plan to overcome obstacles and reach their

goal. The program equips participants with L+M skills to implement their plans as a team. We launched the EMP in 17 countries, with 70 ICRC staff members and managers of ICRC's partner organizations trained as trainers. These local trainers then facilitated the EMP in the sites. Results identified in our evaluation of the effort included:

- greater involvement of staff teams in developing and implementing action plans allowing them to overcome challenges to service provision,
- more direct engagement with persons with disabilities to seek their views on how to improve services,
- increased service utilization.

Many centers reported positive changes in the way staff communicate with one another and how managers provide feedback to their teams. They have also started to make changes to improve the management systems and processes in their centers. For example, in Madagascar, the team recognized many clients were coming to the center and there was no appointment system to manage this large client load. They established a notebook for appointments, started making appointments for each doctor, and limited the number of clients each doctor would see each day.



In May 2017, the LMG Project presented on the EMP at the International Society for Prosthetics and Orthotics World Congress in Cape Town. ICRC and MoveAbility staff and an EMP trainer from Madagascar participated on a panel discussion during the session, sharing their experiences implementing the EMP and how the leading and managing approaches benefited their personal and professional development.

### *Communication and Coaching Skills Program*

In July 2017, the LMG Project facilitated its third Coaching and Communications Skills Workshop with ICRC, convening 17 senior ICRC staff and one partner organization manager. Participants reported that the workshop helped them identify areas for growth in their own coaching and communication skills and provided them with tools they can apply to the challenges they face in their workplaces.

To sustain the five years of work with the ICRC in improving leadership and management capacities of their own PRP staff and their local partners, the LMG Project developed an online course to institutionalize this work within the ICRC. The course provides an introduction to leading, managing, and governing practices as well as the Challenge Model. ICRC posted the course on its online learning platform in English and French so that all staff can learn more about the EMP and how they can implement it with their partners.

ICRC also established the PRP Core Management Group (CMG)—an internal working group of ICRC staff that will continue to support and develop management skills and systems of partners and of the PRP programs. The LMG Project facilitated the development of a strategic roadmap for the CMG to outline activities and objectives beyond the life of the LMG-ICRC partnership.

### **Strengthening Global Wheelchair Services**

The LMG Project worked with partners and experts to improve service provision to wheelchair users globally in 25 countries. During PY6 we:

- finalized and launched the WHO Wheelchair Service Training of Trainers Package (WSTPtot)

- supported the delivery of the WSTP by participants from the WSTPtot pilots;
- conducted follow-up visits to countries where people were trained on intermediate level services
- conducted a survey of progress made in the wheelchair sector over the last five years.

From PY2 to PY6, the LMG Project supported the delivery of the WSTP at the Basic, Intermediate, Managers, and Stakeholder Levels. Overall, the LMG Project supported the delivery of the WSTP in two countries in PY2, five countries in PY3, 13 countries in PY4, and eight countries in PY5.

Starting in PY5, the LMG Project worked with global stakeholders to develop a globally-recognized Wheelchair Service Training of Trainers Package (WSTPtot), which was published by WHO in PY6. The purpose of the WSTPtot is to fill the gap in qualified trainers available to deliver the WSTP, which will allow for further spread of the training packages. In PY5, the LMG Project supported three pilots of the WSTPtot. As follow-up to these pilots, in PY6 the LMG Project provided co-training experiences to 16 participants from the pilots. These trainings were held in six countries. We identified co-training opportunities through close collaboration with wheelchair partner organizations, and ensured that either co-trainers or other partners would be available to follow up with training participants once the co-training was completed. Senior trainers observed WSTPtot participants during the co-training opportunities and provided feedback to co-trainers on strengths and areas for improvement. Senior trainers also provided feedback on the co-training process and the ISWP Trainee Competency Assessment, which ISWP will use to formally recognize trainers of the WSTP.

Additionally, we conducted follow-up visits in PY6 to WSTP - Intermediate Level participants from previous years in Guatemala, Laos, Madagascar, Malaysia, and the Philippines. This allowed senior trainers to provide on-site mentorship to previous training participants and provide feedback to the LMG Project on how the training should be rolled out in the future. A report summarizing recommendations was shared with USAID.

In PY6, the LMG Project also worked alongside ISWP to make the online basic level knowledge and skills test (which was developed by LMG in collaboration with global stakeholders) available in 13 languages. The LMG Project also supported the delivery of the WSTPi in Bhutan.

Finally, the LMG Project conducted a follow-up survey on progress made in global efforts to improve collaboration and coordination in the wheelchair sector. This survey was a follow-up from a previous survey conducted in 2013 by the LMG Project, which identified the need for a global coordinating body in the wheelchair sector. The survey and subsequent report identified areas of improvement over the last three years, as well as future priority areas. The report will be used by USAID and other global stakeholders to continue moving in a shared direction.

### Center for Victims of Torture

The LMG Project worked with CVT to improve the L+M+G capacity of its nine torture rehabilitation and mental health partner organizations under the Partners in Trauma Healing (PATH) Project. Over the life of the project, LMG responded to 28 requests for targeted technical assistance from all nine PATH partners, providing capacity development for a range of needs such as financial auditing and budget management, resource mobilization, performance management, strategic planning, and communications.

In PY6, the LMG Project provided executive coaching and targeted technical assistance to the Center for the Study of Violence and Reconciliation South Africa (CSVR), one of the PATH Project partners. Capacity development activities included facilitating a participatory organization capacity assessment and then developing CSVR's Integrated Capacity Building Plan to address priority constraints identified through the assessment. After the LMG Project's capacity development support, CSVR reported a number of improvements in its management capacity including:

- a greater understanding and improved management of program budgets;

- better delegation of responsibilities to program managers;
- changes in finance personnel and practice;
- standardized meeting and minute-taking procedures; and
- a clear strategy that better aligns with long-term goals.

The LMG Project also worked with Restart, another PATH partner based in Tripoli, Lebanon, to update the strategic plan of the organization. The project facilitated a process for Restart staff to identify a strategic vision for 2017-2020, outline key objectives and activities, and conduct stakeholder analyses across the organization's four program areas. Restart has been under significant organizational stress as they have seen a flood of new cases due to the Syrian crisis. With support from the LMG Project, Restart staff solidified a vision for better management that will result in:

- greater access to high quality health and mental health, rehabilitation, and legal services for survivors of torture or trauma and their families
- engagement of local communities, government and other key stakeholders that are trained to support rehabilitation services and increase awareness.

Restart reported that the LMG Project's support helped them identify a flexible and focused strategic plan that has allowed for continued development despite the ongoing crisis.

### Rwanda National Commission for Children

In 2011, the Rwandan Government redefined its commitment to the country's children by passing a reform policy and establishing the National Commission for Children (NCC) to coordinate, monitor, and oversee the child protection system. NCC was staffed with national experts in child protection, but they needed additional skills and competencies to fulfill their mandates.

With support from USAID's Displaced Children and Orphans Fund, the LMG Project began developing the organizational capacity of NCC in 2013. Following a

prioritization process facilitated by the LMG Project, NCC staff prioritized capacity development through taking on challenges in three areas:

1. Establishing operational guidelines outlining obligations for implementation and monitoring of the seven areas of the Integrated Child Rights Policy (ICRP) to ensure all parties are clear on how NCC will be leading, coordinating, and monitoring ICRP implementation
2. Developing an integrated information management system that can be used for multiple strategic purposes including:
  - program planning
  - ICRP data collection and information sharing
  - stakeholder and partner analysis
  - routine monitoring and evaluation
3. Establishing a coordination mechanism to regularly convene partners involved in child protection at all levels of the system

The capacity development strategy involved forming teams of NCC staff to take on each of these three priorities, while applying new leadership and management skills. Over the course of the two years, the teams developed, implemented, and adjusted action plans

and engaged stakeholders to achieve results, as well as learning skills such as facilitation, teamwork, strategic planning, and prioritization.

The LMG Project also embedded a Strategic Advisor within NCC to provide executive coaching to the NCC Executive Secretary and Director of Adoption and Child Rights Protection and Promotion to strengthen the skills they need to succeed in their leadership roles and effectively motivate and inspire the NCC team.

With new skills in teamwork, stakeholder engagement, and strategic planning, NCC has been able to develop implementation guidelines to direct reform efforts of actors at all levels of the child protection system; design an information management system to monitor child protection activities; and develop a coordination process to routinely communicate with partners across the system. NCC recognizes it is now better prepared to lead the reform of the child protection system as a result of the capacity gained from working with the LMG Project.

### Scaling up the Common Elements Treatment Approach

With support from USAID, the Johns Hopkins University (JHU)-led ASPIRE Program in Myanmar engaged NGOs to integrate, implement, and scale up the Common Elements Treatment Approach (CETA)—a low-cost, proven mental health treatment model—in three states of Myanmar. USAID linked JHU with the LMG Project to adapt selected LMG Project approaches and tools to supplement JHU's clinical training materials.

The Project adapted materials that will be used to strengthen ASPIRE's NGO partners' organizational capacity to create structures, systems, and behaviors to integrate the CETA clinical model into their ongoing services and then transition to sustaining the model over time.

The modules developed include:

- Organizational buy-in
- External stakeholder engagement



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

- Effective leadership
- Root cause analysis
- Work planning
- Guide to supervision and management

### **Institutionalizing Effective Clubfoot Programs with Ponseti International Association**

From PY2 to PY4, the LMG Project partnered with the Ponseti International Association (PIA) to adopt a public health approach, emphasizing country ownership, quality, and sustainability, to scale-up the Ponseti Method for treating clubfoot in three countries: Nigeria, Pakistan, and Peru. PIA's approach supported in-country champions, oftentimes orthopedic surgeons trained on the Ponseti Method, to build a customized national clubfoot program. Champions in Nigeria focused on scaling-up the method and ensuring quality. In Pakistan, the focus was on scale-up because there were already multiple health workers trained. The Pakistan champions expanded the method to 20 clinics with support from national and provincial health directorates. In Peru, PIA and in-country champions trained 25 medical personnel on the Ponseti Method. The LMG Project completed its partnership with PIA in December 2014, having helped champions plan, advocate for, and establish 55 new clinics across the three countries.

### **Women's Institute on Leadership and Disability**

From 2012 to 2016, the LMG Project partnered with MIUSA to support and sustain the WILD program by documenting its approach, developing a facilitator's guide, and co-designing a ToT program. The partnership has helped double the number of women with disabilities trained on the WILD methodology from 200 to nearly 400. In June 2015, LMG Project staff co-facilitated the first WILD ToT for 20 WILD alumnae. During PY5, these WILD trainers returned home to lead their own mini-WILD programs, reaching a combined total of 397 women with disabilities. Of WILD trainers who reported on their action plan progress, 65% had completed the first steps of their action plans within 30 days of their trainings. The mini-WILD in-country trainings prepared women with disabilities to lead change and advocate for their rights in RH, education, economic empowerment, HIV

prevention, and gender-based violence (GBV) prevention. For example, as a result of a WILD training in Barbados, the Barbados Council for the Disabled recognized the need for greater access to RH information and made an action plan to develop a SRH program routinely available to its members.

The LMG Project also provided support to MIUSA to publish the WILD Facilitator's Guide, available in Arabic, English, French, and Spanish, as an accessible empowerment tool to enhance the leadership skills of women with disabilities. MIUSA will encourage women's groups, NGOs, disabled people's organizations (DPOs), and others to use this manual to create programs that empower women with disabilities to achieve their leadership potential. The ToT methodology and WILD Facilitator's Guide were incorporated into MIUSA's 2016 WILD program, which was delivered without the LMG Project's direct support.

### **Leadership Training on Disability Rights and Independent Living**

Independent Living (IL) is a philosophy, movement, and program that came out of the civil rights and disability rights movements of the late 1960s in the United States. In its early stages, IL proponents—people with disabilities themselves—advocated for autonomy over the social, economic, and political choices affecting their lives. The IL Movement has spread beyond the U.S. to middle- and low-income countries. One key challenge to IL scale-up is that disability leaders in developing countries often lack opportunities for in-depth training in this field.

In 2013, the LMG Project hosted 12 leaders of DPOs from Albania, Georgia, Haiti, Kazakhstan, Paraguay, and South Africa in Washington for eight days of structured engagement to provide in-depth exposure to IL, develop peer-to-peer support and mentoring relationships, and consider ways in which IL principles may be applied in local contexts. During the LMG Project's leadership training, participants were exposed to IL through three main avenues:

1. Attendance at the National Council on Independent Living annual conference,



2. Exchange visits to local IL centers; and
3. Meetings with US IL champions as well as a panel discussion with IL experts.

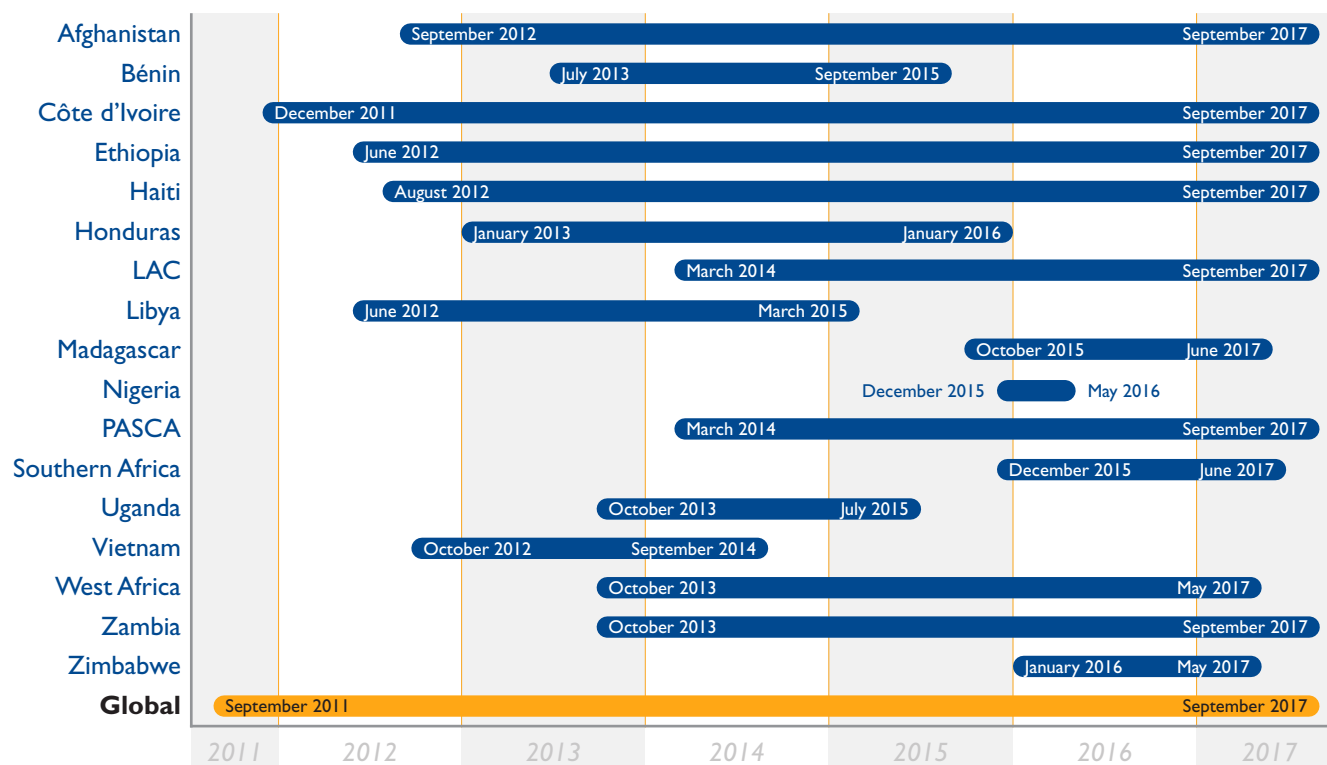
Participants reflected on lessons learned throughout the training and used this knowledge to develop an action plan to apply IL principles in their work. The LMG Project was able to follow up on seven of the eight actions plans developed six months after the training. Five of the seven respondents successfully mobilized either external funding or in-kind contributions to implement their action plans. Five of the participants also reported using the Challenge Model with their own teams for one or more problems outside of the issue addressed at the training. Action plan achievements included:

- engaging local government units to ensure accessible elections
- seeking legal action and redress for instances of discriminatory practices
- awareness raising and training for persons with disabilities on their rights
- opening a library for children with disabilities; training other DPOs in resource mobilization and proposal development
- opening an IL center
- organizing a forum with other DPOs and developing recommendations that the government later adopted in a resolution.

All seven participants reported that the exposure they gained from the July 2013 training continued to motivate them in activities beyond the focus of their Challenge Models.

# Field-funded Activities





Timeline of field-funded LMG Project start and end dates.

In addition to the LMG Project's core-funded activities, we received field support buy-ins from 22 USAID Missions. Some of these initiatives were long-term engagements to strengthen selected aspects of the health system, while others focused on short-term targeted L+M+G support. In each case, we designed country projects to fit the needs of the Mission. The varied country contexts meant that some projects worked with ministries of health, while others worked with civil society, non-governmental, or regional partner organizations; however, each activity focused on building skills and providing tools to help the local partners reach identified L+M+G goals.

For more detail on field support activities, please refer to country-specific end of project reports.

## Afghanistan

**Project Dates:** September 2012 – September 2017

The LMG/Afghanistan Project strengthened the Ministry of Public Health's (MoPH) capacity to scale access to high-quality health care services throughout the country, to support effective utilization of the Basic Package of

Health Services (BPHS) and other client-oriented health services, and to steward the health system by:

1. Improving the capacity and governance of the central MoPH to support the delivery of BPHS and the Essential Package of Hospital Services (EPHS), primarily through NGO service providers;
2. Improving the capacity and governance of the MoPH Provincial Liaison Directorate and Provincial Health Offices in 17 provinces to support the delivery of BPHS and EPHS; and
3. Improving the capacity of the Ministry of Education's Management Support Unit to administer, monitor, and report on the USAID on-budget activities.

The Project provided technical assistance to support existing technical, management, and governance mechanisms in the MoPH to effectively steward resources across the health sector.

Over the course of the project, in coordination with the MoPH, the LMG/Afghanistan Project achieved the following:



- As a result of our TA to transition the MoPH from off-budget to on-budget support, 21 BPHS/EPHS service delivery contracts were awarded to NGOs by the MoPH Grants and Contracts Management Unit.
- Following LMG/Afghanistan's performance review, six MoPH departments showed as having achieved an above-80% performance score in their practice of stewardship functions.
- LMG/Afghanistan's technical support to scale-up the MoPH's establishment of new Family Health Action groups resulted in 3,898 such groups across the country.
- The Project completed refresher trainings and the roll out of a revised community health worker (CHW) curriculum to more than 91% of the country's 28,800 CHWs by June 2015.
- To enhance the governance and leadership skills of Health Shura (Council) members, strengthen community participation, and create a sense of ownership within the community, the LMG/Afghanistan Project supported the MoPH to develop a Health Shura Governance Guide. A total of 500 new Shura members were trained in eight provinces.
- A pre-/post- assessment of the MoPH's health information systems (HIS) department's Data Distribution and Use Index showed an increase of 30% between 2012 and 2015 in stewardship function across all eight MoPH departments. Composite scores were based on the following four sub-indicators: 1) availability of updated department strategy, 2) availability of a work plan, 3) availability of a regular coordination mechanism, and 4) the performance of MoPH's monitoring and evaluation (M&E) function.
- The Project supported the MoPH's roll out and implementation of the Nursing Performance and Quality Improvement Standards in 10 hospitals in Kabul; by June 2015, all hospitals had achieved the required compliance score, documenting an exciting and significant improvement in quality of nursing care.



*In PY5, the LMG Project provided support to Afghanistan's Minister of Public Health Dr. Ferozuddin Feroz (left) during a visit to the United States. Above, Dr. Feroz is pictured alongside Dr. Hamdullah MOHib (right), the Ambassador of the Islamic Republic of Afghanistan to the US, during a meeting on Capitol Hill.*

*Photo: Kevin Gunter/MSH*

In PY6, the LMG/Afghanistan Project contributed to the following:

- The development of the MoPH's strategies, papers, and/or tools, including:
  - Reproductive, Maternal, Newborn, Child, and Adolescent Health National Strategy, 2017-2021
  - National Health Strategy, 2016-2020
  - Discussion Paper on Equity and User Fees
  - Basic Package for Health Services Costing Tool.
- The refinement of the governance structure of the Pooled Procurement Mechanism, including the Joint Pooled Procurement Committee and its three subcommittees (Pharmaceuticals, Contractual, and Financial), as well as the Pharmaceutical Procurement Management Unit.
- The drafting of the Global Fund Concept Notes for HIV, TB, malaria, and resilient and sustainable systems for health to mobilize \$53 million for the next three-year implementation period.
- The drafting of six analysis reports (gender, political economy, beneficiary, health, education, and USAID support to the Afghan health system) and a donor



mapping assessment, in close collaboration with the MoPH, local NGOs, and USAID.

## Bénin

**Project Dates:** July 2013 – September 2015

The LMG/ Bénin Project's goal was to strengthen L+M+G capacity of health managers, leaders, and teams to implement health programs, targeting mid- and upper-level leadership and management. The LMG/Bénin Project worked with the Bénin Ministry of Health (MOH) leadership to strengthen:

- Technical skills in health services,
- L+M+G skills,
- Ethics and values of compassion, accountability, and transparency, and
- Behaviors that demonstrate these skills and values.

The LMG/Bénin Project achieved three main objectives:

1. Strengthening governance practices such as advocacy, policy formulation, regulation, and information-sharing at the highest levels of the MOH;
2. Developing L+M+G practices of health leaders and managers at central and decentralized structures of the MOH and in the private sector; and
3. Strengthening the institutional capacity of a competitively selected, local training institution.

The Project helped implement policies on pharmaceutical procurement (specifically anti-malarial drugs), reproductive health, malaria, and childhood immunization. The LMG/Bénin Project also provided technical assistance to the MOH for developing and validating a National Gender Mainstreaming Strategy. The Project supported the development and validation of the strategy and related documents and facilitated a national gender audit of health care personnel throughout the system. The MOH and partners, including USAID, Belgian Cooperation, the World Bank, the United Nations



*A leadership development coach conducts an evaluation during a follow-up meeting.*

*Photo: MSH*

Development Program, the United Nations Population Fund, and the WHO completed and validated the strategy and began to disseminate it.

In addition to working with the MOH, the Project strengthened the L+M+G abilities of local and regional NGOs and private-sector health organizations, including the Réseau des ONG Béninois en Santé (ROBS) and the Ordre des Pharmaciens, respectively. For example, the Project provided training to the ROBS – a local training institution – in strategic planning, visioning, and governance through a series of workshops and coaching visits. As a result, ROBS developed a vision and strategic plan with executive members and all members of its ROBS network. The organization also developed strategies to improve its governance. With its increase in capacity, ROBS was able to strengthen relationships with technical and financial partners, as well as with the MOH, and to obtain new financial support for its work.



Participants at LDP+ workshops in Bangolo (right) and Guiglo (left).

Photo: MSH

## Côte d'Ivoire

**Project Dates:** December 2011 – September 2017

Over the course of six years, the LMG Project implemented three field support programs in Côte d'Ivoire. These included capacity building support to the Global Fund CCM, a decentralization pilot project to improve L+M+G capacity at the regional, district, and health facility level, and an Ebola response decentralization project to build cross-sectoral capacity at the regional, district, and hospital level for epidemic preparedness and response.

From December 2011 to June 2017, the LMG/CI Project provided technical assistance to the Global Fund CCM and PRs to build their capacity in L+M+G, M&E, supervision, and resource mobilization. An organizational capacity assessment revealed concrete improvements in the CCM's use of communication mechanisms, which are now consistently used to share information within the CCM and with stakeholders. Improvements noted in routine functioning include a strengthened ability to mobilize resources and analyze dashboards. Respondents also commented that the permanent secretariat is now better governed, and there is a greater understanding between the secretariat and CCM members of each party's role.

From October 2013 through September 2015, the Leadership, Management and Governance Decentralization Pilot Project in Côte d'Ivoire provided technical assistance focused on L+M+G capacities in Indénié-Djuablin and N'Zi-Iffou-Moronou. Preliminary results from the pilot project presented to in-country stakeholders in January 2015 encouraged the Ministère de la Santé et de l'Hygiène Publique (MSHP) to advocate for the expansion of the project to other health regions with other technical and financial partners. For example, the antiretroviral therapy (ART) retention rate of people living with HIV increased by about 40% in both regions. In response, USAID provided additional Ebola funding for MSH to extend the LMG Decentralization Project to three new health regions: Cavally-Guémon, Kabadougou-Bafing-Folon, and Tonkpi.

From October 2015 through June 2017, the LMG/CI Ebola Project worked in the three regions mentioned above to build well-managed and effective sustainable coordination structures. The Project sought to employ motivated and competent managers who are skilled in L+M+G to ensure the sustainability of all interventions, including the preparation for and response to the Ebola outbreak and other contagious public health threats. This objective was achieved through a workplace-based capacity building program targeting health care system managers and directors. It also included the capacity building of leaders in administrative management through specialized training and mentoring.

In PY6, the LMG/CI Ebola Project led two rounds of LDP+ workshops, one with the district health directorate and one with the referral hospitals. Results included increased rates of epidemic disease surveillance, increased reporting rates, and the achievement of district action plan goals.

The LMG/CI Project also provided capacity building support to the Global Fund CCM and the technical committees (HIV, TB, and malaria). This support ensured that the CCM met the Global Fund requirements and was capable of providing strategic supervision and budgetary reviews to facilitate resource mobilization. Below are some of the results of the improvement teams:

District	Result (November 2015 - June 2017)
Bangolo	The achievement rate of the eight MSHP defined steps for epidemic disease surveillance increased from 46% to 83%.
Duékoué	The activity achievement rate for the departmental committee for the fight against epidemics increased from 20% to 85%.
Bloléquin	The district reporting rate on the seven surveilled diseases (Ebola, measles, yellow fever, meningitis, cholera, neonatal tetanus, and acute flaccid paralysis [including polio]) increased from 42% to 100%.
Kouibly	The weekly notification rate (from health sites to the district) on possible cases of Ebola, yellow fever, cholera, measles, and meningitis increased from 15% to 80%.

Select district-level results achieved during the LMG/Côte d'Ivoire Project.



Health leaders and managers in remote and disadvantaged communities participate in a training with the LMG/Ethiopia Project.

Photo: MSH

The project delivered interventions among the following three result areas:

1. Putting system(s) in place for harmonized, standardized and accredited in- service and pre-service L+M+ G training for the Ethiopia health workforce;
2. Improving L+M+G capacity and developing facilities for select FMOH Directorates and agencies, as well as select RHB/Zonal/District Health Offices; and
3. Improving the capacity of Ethiopian training institutions and strengthening PLHIV and OVC professional health associations.

To address the first objective, the LMG/Ethiopia Project worked with the FMOH to develop three in-service training modules for senior/federal leaders, facility-level managers, and district-level managers. Each module has a participants' manual and facilitator's guide. The FMOH Senior Management Team finalized and approved the training manuals, which were reviewed and updated again in PY5.

The LMG Project supported the development of pre-service materials to be included in the undergraduate programs of eight Ethiopian public universities. The Project designed and facilitated L+M+G Core

## Ethiopia

Project Dates: June 2012 – September 2017

The LMG/Ethiopia Project collaborated with the Federal Ministry of Health (FMOH), Regional Health Bureaus (RHBs), Zonal and District Health Offices, universities and training institutions, professional health associations, and civil society organizations (CSOs) to create a process for systematically building L+M+G competencies of the Ethiopian health workforce. The goal was to strengthen the health system and improve access to and the quality and utilization of priority health services for Ethiopians.



Competency Development Workshops and trained approximately 150 FMOH staff in how to deliver the integrated courses. The workshops were organized in collaboration with the eight public universities and the professional associations of Ethiopian medical doctors, pharmacists, nurses, midwives and public health officers. After pilot testing, the L+M+G skills and practices were included in the pre-services undergraduate programs of the eight public universities, and as of June 2017, 2,615 students have taken the courses. The local facilitators trained by the LMG/Ethiopia Project provided the students with continuous technical support and coaching as they progressed through their action plans.

Towards the second objective, the Project worked closely with the FMOH and local stakeholders to deliver L+M+G workshops for health leaders and managers in Ethiopia. A pool of L+M+G trainers was created to sustain this effort; this was accomplished through a series of “trainings of trainers” (TOTs). Four TOTs were conducted, which included 185 participants (165 male, 20 female) from universities and health science colleges. The L+M+G workshops were organized in four rounds with coaching and mentorship support provided between each workshop. In regards to this objective, the LMG/Ethiopia Project achieved the following:

- 509 teams and 1,884 trainees began their L+M+G workshops;
- 455 teams and 1,715 trainees completed their LMG Project action plans, and presented their results in workshops.

We also supported the FMOH Gender Directorate in the development of the Gender Training Manual and of a three-year Gender Directorate Strategic Plan. We administered gender and leadership training for 80 mid- and senior-level female case-team leaders and directors at the FMOH. Our gender initiatives also included a gender TOT for approximately 200 women at the FMOH, other federal agencies, and hospitals. The LMG/Ethiopia Project trainings also focused on assertiveness and leadership training for female ministry staff and health sector workers.

To meet the third objective, the LMG/Ethiopia Project strengthened the institutional capacity of training institutions with a series of assessments and technical assistance interventions. This support included technical assistance provision to the Federal HIV/AIDS Prevention Control Office (FHAPCO), the Ethiopian Public Health Officers Association, and to the All Africa Leprosy, Tuberculosis and Rehabilitation Training Centre.

## Haiti

**Project Dates:** August 2012 – September 2017

The LMG/Haiti Project has worked in partnership with the World Bank, Haiti’s Ministry of Public Health and Population (MSPP), and the Global Fund CCM on four main objectives:

1. Strengthening MSPP capacity to manage all funding sources, including the United States Government, to improve the quality of and access to health services;
2. Strengthening MSPP capacity to better regulate, manage, and monitor the health system;
3. Strengthening the L+M+G capacity of the CCM; and



*MSPP staff participate in the Management and Organizational Sustainability Tool workshop in June 2014.*

*Photo: LMG/Haiti Project*





Participants pose for a group photo at the launch ceremony for Haiti's revised *Paquet Essentiel de Services* on September 1, 2016.

Photo: LMG/Haiti Project

4. Strengthening the strategic communication capacity of the MSPP and local Haitian journalists and supporting USAID/Haiti to engage, inform, and elevate the awareness of the Haitian public, diaspora, and U.S.-based policy makers on key health issues.

Since PY2, the LMG/Haiti Project partnered with the MSPP Unité de Contractualisation (UC), World Bank, and other partners to develop and implement the national results-based funding (RBF) strategy. This included assisting in the development of operational and training manuals, RBF tools, and a five-year roadmap guiding nationwide implementation of the RBF program to improve access to and the quality of health services. During PY6, the LMG/Haiti Project maintained coaching and technical assistance to the UC as it continued to scale up the program. As of September 2017, the MSPP is implementing the RBF program in 81 health facilities in seven departments.

The LMG/Haiti Project also provided support to the MSPP's management of the health system at the central and department levels by strengthening seven referral networks. We worked to ensure the continuum of care by providing medical equipment and supplies to 158 health facilities in three departments. During PY6, the Project

helped the MSPP to organize a national workshop to assess HIV and TB co-infection management and revise indicators for programs managing co-infection. Also during PY6, we helped the MSPP first develop and then launch the *Paquet Essentiel de Services* (PES) through a series of central- and department-level workshops. Following this, we worked with a technical coordination committee, comprising the Director General and six central-level MSPP directorates, to monitor implementation of the PES at health facilities.

Beginning in 2014, the Project provided technical assistance to the Haiti CCM to strengthen its management of Global Fund grants. The LMG/Haiti Project assisted the CCM in developing the HIV/TB and malaria Concept Notes for 2015-2017, which allocated \$68.45 million for HIV and TB and \$16.6 million for malaria. In 2017, the LMG/Haiti Project worked with the CCM to develop the HIV, TB, and malaria program continuation applications for Global Fund financing for 2018-2020, which resulted in an additional \$105.7 million for HIV, TB, malaria, and resilient and sustainable systems for health.

The LMG/Haiti Project provided embedded and short-term technical assistance to the CCM to

strengthen its oversight of Global Fund grants. With this support, the CCM developed its annual oversight plan for 2014-2015 and 2016-2017, reviewed the grants dashboard, established a CCM website, and developed a communication plan. The LMG/Haiti Project also supported the CCM Oversight Committee, which conducted quarterly oversight meetings and site visits to review and analyze grant performance. We also supported the training of nine new CCM Secretariat members on their oversight role under the current funding model.

Other results of the LMG/Haiti support to the CCM included:

- Developing CCM guidelines for community-based oversight;
- Training 40 representatives from the CCM civil society sector in grant oversight;
- Developing workplans with constituencies by 8 of the 12 civil society representatives (67%);
- Arranging nine site visits conducted by the CCM to seek feedback on grant performance from sub-recipients (SRs), key affected populations, and non-members.

The LMG/Haiti Project's communication team collaborated closely with the MSPP to develop a strategic

communication plan, branding and marking plan, and an emergency communication plan. Our LMG/Haiti Project Communications Advisor provided ongoing public relations support for MSPP events, as requested by the Minister, and shared health information via the MSPP's social media sites.

We continued to strengthen the capacity of Haitian journalists to write health-related stories using evidence-based information. We did this by conducting extensive training for 45 health journalists on HIV, TB, cholera, gender, violence, and Zika in Port-au-Prince, and sponsoring eight journalists from the Réseau Haïtien des Journalistes en Santé (RHJS) to attend a training tour at Voice of America in Washington. In PY6, the LMG/Haiti Project also trained RHJS staff on Web 2.0 – software used for managing their website - to increase the use of internet-based health information and reporting and provided digital video editing software to enable the RHJS to produce health-related programs for both the internet and television.

The LMG/Haiti Project conducted 19 advocacy meetings with US policy-makers, informed more than 500 U.S. congressional offices of successful health measures in Haiti, and disseminated the project's accomplishments at three Haiti-focused events in Washington, Geneva, and New York.



*In June 2014, NGO staff demonstrate video-based tools for reaching key populations in Tegucigalpa, Honduras.*

Photo: MSH

## Honduras

**Project Dates:** January 2013 – January 2016

The LMG/Honduras Project worked with the MOH and other partners to develop capacity in human resources, finance, and other areas. The main objectives were to:

1. Develop MOH organizational capacity to establish effective funding mechanisms and manage HIV prevention services provided by local NGOs and to
2. Develop organizational capacity within local NGOs to implement evidence-based, high-quality HIV prevention services for key and priority populations,

in compliance with the new MOH funding mechanisms.

At the start of the Project, there were challenges associated with the MOH and NGOs working together and in shifting to a Results Based Financing (RBF) scheme. The LMG/Honduras Project fostered relationship-building through joint trainings with the MOH and NGOs and coordination at the local level with the regional health offices. Through a series of presentations and individual discussions with the MOH and NGOs, we helped these groups better understand RBF.

Technical assistance from the LMG/Honduras Project resulted in better collaboration between the MOH and the NGOs, and prepared the NGOs to win awards and effectively allocate funding. Over the lifetime of the project, NGOs were issued 25 contracts through four rounds of the government bidding process. These contracts provided key populations—including female sex workers, men who have sex with men, transgender people, and indigenous populations (such as Garifuna)—in four regions access to HIV prevention services over three years. Local coordination between NGOs and Regional Health Offices was established, which improved service delivery to key populations.

The NGOs met or surpassed most of their programmatic targets, reaching close to 40,000 people from key populations with high-quality HIV prevention and education services. The LMG/Honduras Project helped to create platforms, such as knowledge exchange fairs, for the NGOs to share their experiences in reaching key populations.

The MOH and NGOs are also now better equipped to recognize and respond to cases of gender-based violence (GBV), especially as it relates to HIV/AIDS. The LMG/Honduras Project trained 85 people from local NGOs, MOH regional health staff, and health facility counselors in this topic, resulting in the development of training plans to prevent GBV, referral plans to use in cases of GBV, and six tools for regional health staff to monitor the NGOs' GBV prevention activities.

A significant challenge throughout the project was MOH staff turnover. The 2013 election was followed by a nearly complete turnover of MOH counterparts at both the central and regional levels. The LMG/Honduras Project advisors, who bridged the transition, helped to ensure that there were no gaps in knowledge transfer during the change. The LMG/Honduras Project also worked to document and to institutionalize processes, procedures, and roles and responsibilities, so that new staff would have guidance on how to manage the NGO contracts.

Because of government transitions, there were delays in the signing of the NGO contracts in 2014 and 2015 and in disbursements to the NGOs. Despite the LMG/Honduras Project's close work with the MOH's Unit for the Administration of External Cooperation Funds, audit findings and local staff turnover delayed the work further. Ultimately, USAID discontinued contract financing through the MOH for 2016 and instead used USAID's LINKAGES Project to issue the contracts to NGOs.

## Latin America and the Caribbean

**Project Dates:** March 2014 – September 2017

The LMG/LAC program is a series of similar—but not sequential or related—activities. The LMG/LAC Project has encouraged countries in the region to improve access to contraceptives, integrate family planning (FP) with other health services, and improve the quality of health information available to policymakers in each country.

The original intent of the program was to deepen the connection between the Salud Mesoamerica Project (funded by the Bill and Melinda Gates Foundation, Carlos Slim Foundation, Government of Spain, and Inter-American Development Bank) and USAID FP activities in the region. Over the life of the project, LMG/LAC worked on the following five activities:

- I. Supporting the Contraceptive Security Committees in Guatemala and the Dominican Republic;





Above, representatives from more than 20 countries participated in the 2017 RELACSIS Annual Meeting in Managua, Nicaragua. Bottom right, LMG Project Consultant Alejandro Giusti facilitated a roundtable discussion during the 2017 RELACSIS Annual Meeting on new needs in data and information within the framework of the new PAHO Action Plan for the Strengthening of Vital Statistics.

Photo: Gabriel la Valle

2. Participating in the existing Alliance for Health Logistics;
3. Participating in A Promise Renewed for the Americas Working Group on Monitoring and Metrics and conducting a study on income inequality and access to FP services in the region;
4. Participating in a study on the successes and lessons learned on integrating FP and maternal and child health within MOHs in the region; and
5. Supporting the implementation of the Latin American and Caribbean Network for Strengthening Health Information Systems (Spanish acronym RELACSIS), together with the Pan American Health Organization (PAHO).

In PY6, the LMG/LAC team hosted a two-day advocacy strengthening workshop with the Contraceptive Security Committee in the Dominican Republic that drew 27 participants who improved their understanding of



audience interaction and advocacy campaigns. A workshop on financial sustainability urged LAC networks to diversify their funding sources and helped them reach out to a variety of donors.

We also supported a review of the functionality of the five technical sub-commissions of the Contraceptive Security Committee of Guatemala (Spanish acronym CNAA). This process was conducted in two stages: 1) a series of interviews with CNAA members on the role and effectiveness of the five sub-commissions; and 2) a half-day workshop with all members on the strengths and weaknesses of the sub-commissions and the development of an improvement plan. During the workshop, the group identified challenges in the CNAA members' roles and



integration as a commission and related to its visibility, structure, and planning/implementation/monitoring processes. LMG/LAC helped the group identify ways to overcome the challenges. An important outcome of the workshop was the decision to streamline management by reducing the number of sub-commissions from five to three, aligning them with the three main roles of the CNAA as defined in the commission's manual: political advocacy, contraceptive security, and monitoring and strategic evaluation.

The LMG Project also supported a number of RELACSIS activities including:

- Collaborating with PAHO to develop the 2016-2017 RELACSIS Annual Plan;
- Managing the RELACSIS portal;
- Facilitating RELACSIS annual meetings;
- Carrying out a network survey to determine reach and effectiveness; and
- Sharing results and successes through a variety of forums, including webinars.

## Libya

**Project Dates:** June 2012 – March 2015

The LMG/Libya Project was designed 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. Working with local counterparts at the MOH, the Ministry of War Wounded Affairs (MoWWA), and the Ministry of Social Affairs (MoSA), the LMG/Libya Project worked toward three main objectives:

1. Developing and implementing a capacity enhancement program for the MoWWA, MOH, and MoSA's Swani Rehabilitation Center;

2. Developing strategies for cooperation and coordination between the three Ministries; and
3. Developing knowledge exchange opportunities for the three Ministries.

We began implementation of several activities, including the LDP+, a Rehabilitation Center Administration Training Program, and other initiatives to improve leadership and management within the participation Ministries. Due to the political insecurity and escalation of violence in Libya, the US Embassy was evacuated in July 2014 and USAID requested the suspension of activities in-country.

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

## Madagascar

**Project Dates:** October 2015 – June 2017

The LMG/Madagascar Project was designed to improve FP, RH, and maternal and child health (MNCH) services through effective L+M+G practices at the central and decentralized levels of the public health system. The LMG/Madagascar Project focused on building the capacity of MOH managers and leaders to effectively implement the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) roadmap through the LDP+ approach. The project was designed to support the human resources capacity building aspects of the MOH Plan de Développement du Secteur Santé (National Health Development Plan).

The LMG/Madagascar project provided technical assistance to meeting two main objectives:

1. Strengthening MOH stewardship of the health sector through the promotion of good L+M+G practices of central and regional level managers to coordinate the delivery of essential high-quality services; and
2. Increasing the L+M capacity of district managers to support the effective delivery of high-quality RH services and essential maternal and child health services at health facilities.

The LMG/Madagascar Project engaged the MOH to build relationships across departments to ensure that the project was responsive to the MOH's priorities. The primary strategy of the Project was to implement the LDP+ with 30 teams at the central level and the decentralized level across three regions. LMG trained facilitators and coaches and adapted LDP+ tools to the local context and language. The LDP+ methodology was consolidated to a series of three workshops, implemented over the course of a year, with interim coaching visits.

In PY6, the LMG/Madagascar Project continued implementation of LDP+ activities, including the final LDP+ workshops, coaching sessions, and results presentations. Following the completion of the LDP+ program, the Project facilitated results presentations for the teams in each region. 16 of the 30 active teams achieved or surpassed their targets for reaching CARMMA objectives in just one year. LDP+ activities have contributed to significant increases in antenatal care and child vaccination rates and decreases in maternal mortality rates.

We presented results to the MOH Secretary General, who then asked for a concept paper with a detailed plan for the MOH to scale-up LDP+ nationwide after the LMG Project.

## Nigeria

**Project Dates:** December 2015 – May 2016

The LMG/Nigeria Project continued activities from USAID's MSH-led Program to Build Leadership and

Accountability in Nigeria's Health System (PLAN-Health). The project provided management technical assistance to sustain HIV/AIDS and MNCH care services in the Akwa Ibom State, a PEPFAR priority state with the second highest number of people living with HIV in Nigeria.

The LMG/Nigeria Project responded to three objectives:

1. Community-based health insurance (CBHI) strengthened for affordable health care and HIV services
2. Improved MNCH and increased uptake of prevention of mother-to-child transmission in selected local government areas in Akwa Ibom through traditional birth attendants (TBAs)
3. Improved ownership and sustainability of HIV/AIDS programs in Akwa Ibom through L+M training of community health workers.

The Project continued to strengthen the Ukana West Ward II CBHI scheme by providing technical assistance in mobilizing resources, creating demand, managing data, improving quality of care, advocating for public-private partnership, and changing health financing policies. As a result of these interventions, we observed a rise in enrollment in the scheme, greater utilization of health services, and improvement in the quality of care at the primary health care facility.

In support of the second objective, the LMG/Nigeria Project worked closely with the State Ministry of Health (SMOH) to review and finalize TBA/faith-based attendant (FBA) engagement guidelines developed under PLAN-Health and to conduct a TOT. The project supported the SMOH to conduct a 12-day basic training and a 12-day general hospital internship for 98 TBAs/FBAs, who then received annual practice licenses. Improved referral and hygiene practices by TBAs/FBAs were observed following the trainings.

To improve ownership and sustainability of HIV/AIDS programs, we introduced the PEPFAR Fellowship program content and methodologies in Akwa Ibom's School of Health Technology at Etinan (SHTE) to improve teaching

and introduce L+M content in the curriculum for mid-level health professionals.

The limited lifespan of the LMG/Nigeria Project coincided with a transition in the state administration following a court challenge of the general elections results. This resulted in a delay in engaging the SMOH, as key officials had not yet been appointed. In spite of this, the LMG/Nigeria Project's results suggest that a community-led and -owned package of services can empower communities to improve health outcomes by providing a critical link between the health system and the most vulnerable sections of the population.

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

**Project Dates:** March 2014 – September 2017

The PASCA regional program implemented activities in Belize, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The goal of the USAID|PASCA LMG program was to improve policies to achieve a more effective response to HIV and AIDS in Central America. The objectives were to:

1. Budget, implement, monitor, and supported National and Regional HIV/AIDS Strategic Plans (including HIV projects financed by the Global Fund)
2. Effectively implement National and Regional Advocacy Agendas
3. Involve the private sector in the HIV response (this objective was eliminated in the final year of the program).

PASCA operated within the strategic PEPFAR framework between the Government of the United States and the Ministries of Health of Central America. Activities were focused on the UNAIDS strategy “Fast Track: ending the AIDS epidemic by 2030”. This focus included implementing the Cascade of HIV Care, achieving the

90-90-90 targets, and adopting the WHO 2015 strategies to achieve universal access to HIV prevention, diagnosis, treatment, care and support, including early start of treatment and innovative services models.

During PY6, the project supported several countries in the development and/or dissemination of their five-year national AIDS Strategic Plans, and in all five, supported the MOH to implement their Plans.

Throughout the life of the project, PASCA provided technical assistance for reforming, updating, and implementing national and regional HIV policies and strategies for sustainability and financing. The program also supported monitoring and evaluation, ensuring a focus on the continuum of care and the achievement of the 90-90-90 targets.

The program resulted in a number of improvements in HIV/AIDS program management across the region. In PY6, we provided technical assistance to 35 CSOs in the analysis and use of strategic information—116% of the target number of organizations for the project year. Additionally, all five countries now have a revised package of prioritized HIV indicators, and seven out of eight Global Fund grants in the region received a rating of A or BI.

We also aided in the development of several key documents including:

- A tool for monitoring country progress toward achieving regional indicators
- An analysis of the legal contexts for HIV in El Salvador, Guatemala, and Panama within the framework of the Fast Track strategy and the WHO 2015 Guidelines
- An analysis of the U.S. Ambassadors' interventions in each country to increase the political will for implementing the Test and Start strategy
- An analysis of the HIV and public investment in HIV in Central America, including successes and challenges for meeting regional coverage targets

- Investment case analyses for El Salvador, Guatemala, Honduras, and Panama

An important challenge throughout program implementation was the harmonization between regional and country targets. Within each country, the program worked with a number of stakeholders including the MOH, civil society, international organizations, and the Global Fund to address this. For example, PASCA worked through the challenges of aligning the different actors in each country to focus on Fast Track and refined the evidence base for the definition and measurement of the 90-90-90 targets.

## Southern Africa

**Project Dates:** December 2015 – June 2017

The LMG/Southern Africa Project continued activities that began under the five-year USAID MSH-led Building Local Capacity for Delivery of HIV Services in Southern Africa (BLC) Project to facilitate coordination among regional partners and improve local infrastructure. The LMG/Southern Africa Project main activities included:

- Southern Africa HIV and Regional Exchange Platform;
- *The Lucky Specials* tuberculosis film; and
- the Mphatlalatsane Project in Lesotho.

### Southern Africa HIV and AIDS Regional Exchange

The SHARE portal was developed in 2011 by the USAID-funded K4Health Project and managed by BLC from 2011 to 2015. The LMG/Southern Africa project managed SHARE with the goal of

- I. Maintaining and updating the SHARE portal to serve as the go-to online resource for HIV/AIDS information in Southern Africa

SHARE is a unique online hub, connecting people to resources, peers, organizations, and free online learning and collaboration tools. It is designed to facilitate knowledge exchange to help improve the response to HIV/AIDS in Southern Africa and beyond. SHARE is

intended to strengthen information dissemination efforts, collating information that is relevant to the region. It is freely available to organizations and individuals to publish their profiles, information resources, news, events, opportunities, and more.

Under the LMG/Southern Africa Project's management, the SHARE portal increased its registered users by 402 (from 2,083 to 2,485), with a steady growth of 67 new users per quarter, and received more than 45,000 visits between December 2015 and March 2017.

After managing SHARE for almost two years, LMG transitioned it to the Technical Support to PEPFAR Programs in the Southern Africa Region (TSP), a cooperative agreement between the USAID Southern Africa Regional HIV/AIDS Program (RHAP) and the Baylor College of Medicine Children's Foundation—Malawi.

### *The Lucky Specials* Tuberculosis Film

Started under the BLC Project, *The Lucky Specials* is a TB educational film produced by a group of private sector partners, including Discovery Learning Alliance (DLA), the Howard Hughes Medical Institute, and the Wellcome Trust.

The LMG/Southern Africa Project worked closely with DLA to:

- Coordinate the film's Technical Advisory Board,
- Develop a film facilitation guide,
- Host premiere events in Southern Africa,
- Produce and distribute copies of the film and a facilitation guide in Southern Africa,
- Develop and manage the film's website and social media, and
- Conduct monitoring and evaluation of the film's impact.

DLA and Quizzical Pictures, a South African production company, maintained responsibility for film production,



language, theatrical and broadcast releases, film festivals, design of print materials, and distribution.

*The Lucky Specials* movie premiered at the Monte Casino Movie Theater in Johannesburg, on February 17, 2017. The 439 attendees included representatives from government, USAID, PEPFAR, the US Embassy, academia, the private sector and the media. Additional country premieres and screenings were held in Lesotho, Mozambique, South Africa, Swaziland, Uganda, and Zimbabwe. In total, we organized 13 screenings that reached a total of 1,277 people.

The LMG/Southern Africa Project developed facilitation guides to accompany *The Lucky Specials* film. The Facilitation Guides are available in English, French, Portuguese, and Swahili and are packaged within the DVDs to get the audience's attention, initiate and guide discussions, and highlight key messages from the film. We distributed 8,700 DVDs to 20 countries, utilizing MSH Country Offices and relationships with National TB Programs, international NGOs, and CBOs.

We conducted an evaluation of the knowledge, attitudes and behavior change intentions of the film's target audiences and found that *The Lucky Specials* movie did transfer TB-related knowledge to the viewers, as compared to people who did not watch the movie. The differences between the intervention and comparison groups were found to be statistically significant. The majority of viewers could recall such information 30 days after watching the movie.

### **Mphatlalatsane Project in Lesotho**

The Lesotho Early Childhood Care and Development Project (Mphatlalatsane Project) was an OVC care and support related research activity that began under BLC in June 2014. The LMG/Southern African Project managed it from December 2015 to its closing in September 2016.

The Project's objectives were to:

1. Strengthen the capacity of families and communities to protect, care for, and support vulnerable children

2. Strengthen social, legal, and judicial protections for vulnerable children and their families

The Mphatlalatsane Project, meaning “early morning star” in Sesotho, was part of a USAID-funded special initiative focused on orphans and vulnerable children (ages 1 – 5). The pilot project, implemented in preschools in Lesotho, was comprised of several components, including book-sharing, which was intended to improve child cognitive development, language, vocabulary, and strengthen the child-caregiver relationship. The pilot also included nutrition assessments, and health and nutrition messaging.

Under the LMG Project's management, partners focused on collecting baseline data, implementing the book-sharing intervention in eight communities, and collecting data. By July 2016, the Mphatlalatsane Project had reached 733 children and 648 caregivers with book sharing through two phases of the pilot. In total, the community health outreach campaigns reached 2,873 individuals; provided 745 HTC sessions for adults, children, and infants; and linked 712 individuals to birth registration services. The results of the study are forthcoming.

## **Uganda**

**Project Dates:** October 2013 – July 2015

LMG/Uganda Project developed management, leadership, governance, and operational capacity at the Joint Clinical Research Center (JCRC). The objective of LMG/Uganda was 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.

In its two years of technical assistance, the LMG Project helped to rework the JCRC's financial landscape, drafting a plan for donor engagement and a longer-term mobilization strategy for decreased donor dependency.



A JCRC board member participates in the organization's governance enhancement workshop.

Photo: MSH

We also assisted in upgrading the JCRC's financial management system to NAVISION 2013 and trained 51 staff in its use. The upgraded financial management system resulted in 50% cost savings and contributed to reducing patient wait time at JCRC's clinic from two hours to less than 20 minutes.

The LMG Project also assessed organizational governance and developed a Governance Enhancement Plan and Board of Trustees Handbook. We assisted in updating eight operational manuals: Finance, Audit, Human Resources, Information Technology Training and Support, Information Technology Asset Management, Information and Communication Technology Data Administration and Security, Procurement, and Inventory Management Policies and Procedures.

We conducted a rapid re-assessment of the JCRC one year after conducting a full organizational capacity assessment. The assessment showed that JCRC had made steady progress against their capacity action plan and targeted areas requiring additional support. Business planning in particular had helped JCRC to strengthen their use of and better mobilize limited resources,

particularly with regard to identifying a wider range of donors.

## Vietnam

**Project Dates:** October 2012 – September 2014

The LMG-Transition Support Project (LMG-TSP/Vietnam) strategic objective was to:

- Help key decision makers, planners, and managers use evidence to inform human resource planning and health financing options to help ensure a more sustainable HIV response in Vietnam.

LMG-TSP resulted in two major accomplishments: the piloting of the WHO Workload Indicators of Staffing Need (WISN) tool, and the development and piloting of the HIV/AIDS Provincial Planning Simulator (HAPPS). HAPPS is an interactive model that allows users to run simulations in order to provide comprehensive and insightful data to develop plans, make a compelling case

for a given strategy, and facilitate a greater sense of country ownership in a time of transition.

LMG-TSP assisted Hai Phong Province in successfully piloting WISN in all 12 outpatient clinics in the province in 2014. We used the outputs to develop a human resource transition plan for HIV treatment services in the city. The province developed a draft human resources transition plan for the HIV treatment program in Hai Phong. Based on the positive experience with the WISN pilot, the Vietnam Administration for HIV/AIDS Control (VAAC) requested WISN training for the national VAAC human resources technical working group team, which LMG-TSP provided during the final months of the project.

LMG-TSP worked with provincial leaders in Hai Phong to develop and test the HAPPS. The project also developed a set of training materials for the model that can be shared with other provinces, with adjustments and adaptations as necessary. The tool and its accompanying guides are available in both Vietnamese and English.

LMG-TSP was a relatively short project, which was challenging, as the project did not align with the provincial planning timeline. The three month no-cost extension period allowed us to work with the provincial authorities to refine the HAPPS tool so that it would be most useful to them during their planning cycle.

Though project activities ended in 2014, the results of LMG-TSP continued to be disseminated. An abstract from the project's work was accepted for presentation at the International Congress on AIDS in Asia and the Pacific in Dhaka in November, 2015, and another abstract was presented at the International Conference on AIDS and STIs in Africa in Harare in November-December 2015.

## West Africa

**Project Dates:** October 2013 – May 2017

The three-year goal of the LMG/West Africa Project was to strengthen the organizational capacity of WAHO as a regional leader and HSS resource for member countries.



*Participants in a breakout session at the first ECOWAS Forum on Good Practices in Health, held July 29-31, 2015, in Ouagadougou, Burkina Faso.*

*Photo: MSH*

WAHO is the specialized health institution of the Economic Community of West African States (ECOWAS) and has a unique political mandate in the sub-region to influence health policy at the highest levels within ECOWAS Member States (Bénin, Burkina Faso, Cape Verde, Côte d'Ivoire, the Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo).

LMG/West Africa worked to meet the following objectives throughout the duration of the project:

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

LMG/West Africa achieved the project goal by conducting workplace action-oriented training for health leaders and managers in key health system building blocks and developing the stewardship capacity of senior leaders through specialized training with long-term mentoring.

In PY6, LMG/West Africa provided financial and technical support for the organization and implementation of the second annual WAHO-led Good Practices Forum in





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

Côte d'Ivoire on October 26-28, 2016. The theme of the 2016 Forum was “Promoting Innovations in Reproductive, Maternal, Newborn, Child, and Adolescent Health-related SDGs.”

In July 2015, during the West African Ebola outbreak, USAID/West Africa obligated funding for an additional objective with Ebola supplemental funds, which focused on providing technical assistance to WAHO to partner with the private sector to prepare for and respond to health emergencies. USAID requested that the third objective be changed to: Strengthen WAHO's institutional capacity in PPPs in health emergencies to increase the role of the private sector in mobilizing additional financial and technical resources for priority health problems and promote a multi-sectoral engagement in the health sector through PPPs.

In PY6, there was significant focus on the updated Objective 3. LMG/West Africa supported the development of WAHO's PPP strategic framework, validated on October 5, 2016. WAHO intends to increase the mobilization of resources for the health systems of ECOWAS member states through PPP development. As part of this effort, LMG/West Africa supported the organization of the first PPP Forum in health for the ECOWAS sub-region in April 2017, in Accra, Ghana. This drew 72 participants from Bénin, The Gambia, Ghana, Guinea-Bissau, Guinea, Mali, Niger, Nigeria, Sierra Leone, and Togo. Representatives participated from WAHO,

the ECOWAS Commission, West African Economic and Monetary Union, USAID-West Africa Regional Office, the Food and Agriculture Organization, the World Bank, Nestlé, Orange, the West African Pharmaceutical Manufacturers Association, Johnson & Johnson, Amref Health Africa, and the Ghana Center for Disease Control.

## Zambia

**Project Dates:** October 2013 – September 2017

With funding from PEPFAR, the LMG Project provided technical assistance to the Zambia Country Coordinating Mechanism (CCM) to support the country's national response against HIV and AIDS, tuberculosis, and malaria. LMG support to the CCM focused on:

1. Development of a CCM Orientation Program, including training for CCM members and members of the Executive Committee, Oversight Committee, and the Strategic Planning and Investment Committee and capacity building of the CCM secretariat staff to implement the program
2. Development of the CCM Strategic Planning and Investments Committee procedures manual
3. Capacity building of the CCM secretariat to strengthen annual planning processes
4. Capacity building of the CCM and Principal Recipients to use dashboards for timely programmatic and financial performance monitoring, evaluation and oversight of the Global Fund grants
5. Facilitation of CCM member retreats

With LMG Project technical support, the CCM Secretariat was trained to implement the CCM orientation program and effectively led the face-to-face orientation for CCM members and for members of the CCM Executive Committee, Oversight Committee, and the Strategic Planning and Investment Committee in 2015. LMG/Zambia finalized the Zambia CCM Orientation Program materials and delivered them to the CCM and the USG/Zambia PEPFAR Coordinator. In addition to



orientation for CCM Committees, the LMG Project also worked to develop the CCM Strategic Planning and Investment Committee procedures manual. This was done in collaboration with USAID's MSH-led GMS Project.

To further build the capacity of the CCM, the LMG Project worked with the CCM secretariat in 2015 and with the CCM secretariat and committees in 2016 to strengthen annual planning processes. The LMG Project supported the CCM secretariat to review and update the Oversight Plan and Budget and the CCM Secretariat Plan and Budget and review and recommend changes in the CCM Governance manual.

During the period that LMG provided technical support, Zambia CCM performance improved using the EPA as a measure. Whereas in 2014 the Zambia CCM EPA demonstrated compliance with 14 of 16 Eligibility Requirements and Minimum Standards, in 2016 the CCM complied with 15 of the 16. The one area of partial compliance concerned the need to improve sharing of grant oversight results with stakeholders. At the level of the grants, absorption rates improved, and coverage expanded. Program improvements are due to many factors, including stronger CCM engagement and oversight.

## Zimbabwe

**Project Dates:** January 2016 – May 2017

The LMG Project provided organizational development technical assistance and financial support to Africaid, a community-based organization that provides prevention, treatment, care, and support for children, adolescents, and young people living with HIV. We provided support to strengthen Africaid's internal program management and administrative systems, in addition to sub-granting for service delivery activities.

We identified Africaid's areas of need by completing an Organizational Capacity Assessment in early 2016 to comprehensively review the organization's financial

management, knowledge management, human resources, and M&E policies and procedures.

Some of the LMG/Zimbabwe Project's key organizational development activities included:

- Providing knowledge management training to improve internal and external communications skills
- Conducting M&E training aligned with USAID data quality and reporting standards, providing support to develop an M&E framework, and finalizing M&E tools for a Data Quality Assurance process
- Supporting human resources management in recruiting, policy development, and institutionalized QI
- Providing technical support to address financial management, procurement, human resources, and grants issues to improve operations and streamline roles for efficient program implementation
- Training Africaid on cost share and technical support for establishment of a cost recovery mechanism and ongoing monitoring
- Training Africaid Executive Committee on key governance documents and board functions

The LMG Project's support to Africaid helped the organization build the skills and establish the systems required to receive direct USG funding, ensuring the organization maintained its evidence-based HIV programs for adolescent girls and young women.

# Project Management



The LMG Project established and maintained effective project, financial, and administrative management systems to ensure coordination across the project and with USAID. These systems fostered collaborative work planning, sound budgeting and internal controls, timely reporting, effective knowledge exchange and communications, and focused advocacy efforts.

### Knowledge Management and Strategic Communications

The LMG Project's strategic approach to knowledge management and communications facilitated learning and ensured that we shared lessons learned, evidence, and tools and approaches on the impact of L+M+G on improving health systems performance and health outcomes.

As part of our end-of-project knowledge dissemination strategy, we developed technical publication standards, a project knowledge management policy, and a technical handover strategy to ensure the project's knowledge assets were documented and shared with partners and stakeholders.

These standards guided the production of 27 technical publications that are available on the LMG Project website, to ensure consistent and high-quality documentation of the project's approaches, achievements, and learning. Our website will be retained for two years after the end of the project to be sure the technical publications, as well as our tools and resources developed over the life of the project, remain easily accessible.

Similarly, the LMG Project's use of strategic communications leveraged traditional and new media channels to disseminate lessons learned and tools and approaches with the broader global health community.

In 2012, the LMG Project launched its strategic digital and social media presence, primarily focused on Facebook, Twitter, and the LMG Project website, [www.LMGforHealth.org](http://www.LMGforHealth.org). These digital and social media platforms provided the project with a direct link to key influencers, organizations, and health professionals to share program materials, technical publications, and success stories. The project's digital and social media

channels complemented in-person events and printed materials, as well as online channels such as LeaderNet and webinars, helping to engage global audiences.

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

- Document project achievements
- Promote and disseminate project achievements
- Advance the conversation about L+M+G interventions for improved health service delivery.

*Passport to Leadership* expanded upon the project's documentation efforts through a series of in-person events and impact stories. In total, the LMG Project organized six *Passport to Leadership* events:

1. *Passport to Leadership: Stronger organizations for healthier populations* – July 14, 2016, in Kampala, Uganda
2. *Passport to Leadership: Essential skills to deliver quality health services for all* – July 20, 2016, in Addis Ababa, Ethiopia
3. *Passport vers le Leadership : Des services de santé performants pour une population plus saine* – September 22, 2016, in Abidjan, Côte d'Ivoire
4. *Passport to Leadership: Navigating devolved health systems* – March 2, 2017, in Nairobi, Kenya
5. *Passport to Leadership: Unlocking the potential of individuals, teams, and nations* – April 6, 2017, in Washington, D.C.
6. *Passport to Leadership: Advancing resilient systems for a sustainable HIV response* – May 17, 2017, in Arlington, Virginia

At these six events, more than 250 attendees learned about the LMG Project's programs, approaches, challenges, and impacts. Under *Passport to Leadership* activities, the project documented and published 31 stories of impact from 11 countries.

In addition to our *Passport to Leadership* events funded through Core and Program Management funds, many countries hosted national-level end-of-project events. Some of the larger end-of-project events included the LMG/Afghanistan Project's April 2015 *Voices from the Field* and May 2015 *Journey to Restoration* events in Washington, DC and Kabul; the LMG/Côte d'Ivoire Project's July 2017 results presentation in Abidjan; the LMG/Ethiopia Project's closeout and training guide launch in August 2017; and the LMG/Haiti Project's end-of-project event in September 2017.

### Advocacy for L+M+G

The LMG Project's global advocacy promoted the project's achievements, fostered partnerships, promoted the incorporation of L+M+G tools and approaches in development efforts, and leveraged non-USG resources to sustain and scale up our impact. Some examples of advocacy initiatives the Project engaged in were side-sessions and presentations around high-level global health meetings, like the World Health Assembly, the International Conference on Family Planning, the Prince Mahidol Award Conference, and the Global Symposium on Health Systems Research. Our presence and participation in these events connected us with key global health stakeholders in a position to support and scale up L+M+G investments.

We also collaborated with partners to further disseminate our programs and achievements at global health events and conferences and through publication in peer-reviewed journals. Throughout the project, our experts have submitted 90 abstracts to conferences and journals with 58 being accepted, and we disseminated information about L+M+G and the LMG Project at 236 conferences and knowledge exchange events.

Some of the conferences where our experts presented included:

- American Public Health Association annual meeting – 2014
- Consortium of Universities for Global Health Global Health Conferences – 2016 and 2017

- Global Health Workforce Alliance Third Global Forum on Human Resources for Health – 2013.
- Global Symposia on Health Systems Research – 2012, 2014, and 2016
- International AIDS Conference – 2016
- International Conferences on Family Planning – 2013 and 2016
- Prince Mahidol Award Conference – 2017
- World Conference on Youth – 2014
- Women Deliver – 2013 and 2016
- World Health Assembly – 2014 and 2015



**Appendix I**

# **Performance Management Plan Summary**



Indicator	CUMULATIVE TOTAL	PY1 Total	PY2 Total	PY3 Total	PY4 Total	PY5 Total	PY6 Total	Trend	PY6 Target (cumulative)	Percent of Target Achievement <sup>1</sup>
PO: Number of organizations that report increased demonstrated capacity to perform a key function for which it has received LMG technical assistance	9	N/A	N/A	0	6	1	2		15	
R1: Percent of web survey respondents that report use of an LMG resource (tool, model, approach) that was downloaded from the LMG portal	N/A*	N/A	N/A	N/A	1.97%	2.91%	4.02%	N/A	2,280 / 4,150 = 55%	N/A
1.1a: Number of global health agencies, private sector partners, and professional networks or associations that have actively partnered with LMG	25	0	7	14	2	2	0		10	
1.2a: Number and names of global health agencies, international CSOs, private sector partners, and professional networks or associations that institutionalized LMG tools, models, and/or approaches	6	0	4	0	1	0	1		8	
1.3a: Total resources in USD booked as cost share for LMG global activities and implementation of country-level LMG strategies, tools, models, and/or approaches	\$40,492,733	0	\$168,658	\$9,561,945	\$16,404,773	\$10,213,685	\$4,143,671		\$40 million	
1.4a: Number and names of meetings, conferences, and KE events at which LMG staff or partners present on priority LMG topics, evidence-based approaches, tools, or research findings	236	20	37	35	47	59	38		50	
1.4b: Number of leadership, management, and governance advocacy materials developed and disseminated with USAID, global practitioners, and other key stakeholders	176	3	10	10	23	83	47		35	
1.4c: Total number of website visits on LMG web portal	87,258	N/A	6,352	11,290	27,982	23,379	18,255		6,655	
1.4d: Percentage of new and returning visitors on LMG web portal	N/A	N/A	45.8% new / 54.2% returning	33.9% new / 66.1% returning	70% new / 30% returning	76% new / 24% returning	76% new / 24% returning	N/A	50% new / 50% returning	N/A
1.4e: Number of likes on the LMG Facebook page	N/A	N/A	263	429	1,136	1,366	1,456		450	
1.4f: Number of followers of LMG on Twitter	N/A	N/A	163	351	1,079	1,573	1,790		240	
1.4g: Number of views of LMG videos on YouTube	N/A	N/A	1,947	4,026	1,567	3,099	716		3,500	
R2: Number of global panels or working groups that LMG staff participate in as technical resource or expert on L+M+G	62	N/A	N/A	8	27	20	7		13	
2.1a: Number of current tools, models, and approaches assessed to determine gaps for further improvement	21	4	3	4	5	3	2		10	
2.1b: Number of LMG current tools, models, and/or approaches adapted or improved and field-tested	20	0	4	5	6	2	3		5	
2.1c: Number of new LMG tools, models, and/or approaches created and field-tested	50	0	12	9	10	10	9		5	
2.2a: Number of operations research studies, evaluations, or case studies assessing the effects of LMG interventions on health service delivery or health systems performance completed	19	0	0	4	6	2	7		10	
2.2b: Number of abstracts or papers submitted to international conferences and peer reviewed journals	90	0	2	17	33	35	3		10	
2.2c: Number of abstracts or papers accepted and/or published by international conferences and peer reviewed journals	58	0	1	11	24	19	3		5	

Key

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

Indicator	CUMULATIVE TOTAL	PY1 Total	PY2 Total	PY3 Total	PY4 Total	PY5 Total	PY6 Total	Trend	PY6 Target (cumulative)	Percent of Target Achievement <sup>†</sup>
R3: Number of CSOs and public sector organizations/teams who received leadership, management, and governance interventions and report improvements in health service delivery or health systems performance	162	N/A	6	2	71	58	25		80	
3.1a: Number of teams trained by LMG staff using LMG tools, models, approaches, and/or in-service curricula	2,817	5	159	1,657	470	358	168		150	
3.1b: Number of teams trained using LMG tools, models, approaches, and/or in-service curricula who develop action plans	898	4	119	161	240	267	107		250	
3.1c: Number of teams that previously received training in LMG tools, models, and/or approaches who report completion of an action plan	588	N/A	87	87	150	172	92		200	
3.1d: Number of local facilitators or faculty trained by LMG staff to deliver LMG tools, models, approaches, and/or in-service curricula	976	1	210	220	228	231	86		70	
3.1e: Number of teams trained by local facilitators who previously received training by LMG staff in LMG tools, models, and/or approaches	269	2	30	14	85	107	31		40	
3.2a: Number and names of local, national, and regional CSOs, public sector partners, and universities that institutionalized LMG tools, models, and/or approaches	28	0	5	9	7	7	0		8	
3.3a: Number of local facilitators or faculty who are trained by LMG staff to integrate and/or deliver the pre-service curriculum	174	0	0	38	37	99	0		40	
3.3b: Number of institutions in which LMG staff have begun integrating LMG pre-service training programs by holding engagement meetings with the staff of the training institution, and/or holding a curriculum integration workshop, and/or coordinating a stakeholder validation workshop	8	N/A	0	5	1	2	0		10	
3.3c: Number of LMG pre-service training programs approved by training institution	3	N/A	0	1	2	0	0		8	
3.3d: Number of institutions that have integrated LMG pre-service training programs	9	N/A	N/A	N/A	9	0	0		5	
3.3e: Number of students enrolled in integrated LMG pre-service training program	1241	N/A	N/A	N/A	430	683	128		750	
3.4a: Number of facilitators trained by LMG staff providing capacity building to health organizations using LMG tools, models, and/or approaches	96	1	0	0	59	4	32		105	
3.4b: Number of local institutions trained by LMG providing capacity building to local health organizations using LMG tools, models, and/or approaches	16	0	13	0	0	3	0		10	

## Key

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

## Notes

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

† Target achievement is calculated using the cumulative total as a proportion of the PY6 cumulative target. If the indicator does not have a cumulative total, the project year with the highest achievement is used to calculate the proportion of the target achieved.

The background features abstract geometric patterns. On the right side, there is a large, stylized sun-like shape composed of many small triangles in various shades of yellow and orange. At the bottom of the page, there is a horizontal band of triangles in various shades of blue and teal.

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