

**[LMS/Ethiopia- Final Report- August, 2010]**

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## **Leadership, Management and Sustainability Program Ethiopia: 2009-2010**

### **Final Report**



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## Acronyms

BPH.....	Business Planning for Health
BPR.....	Business Process Re-engineering
CSOs .....	Civil Society Organization
FHAPCO.....	Federal HIV/AIDS Prevention and Control Office
FinMAT .....	Financial Management Assessment Tool
LDP .....	Leadership Development Program
HAPCO.....	HIV/AIDS Prevention and Control Office
HIV.....	Human Immunodeficiency Virus
HMIS.....	Health Management Information system
HMS.....	Health Management Specialist
HRM-RAT.....	Human Resources Management Rapid Assessment Tool
JRM.....	Joint Review Meeting
LMS.....	Leadership, Management and Sustainability program
M&E .....	Monitoring and Evaluation
MOST .....	Management and Organizational Sustainability Tool
MSH.....	Management Sciences for Health
PCM.....	Project Cycle Management
PLHA.....	People Living with HIV/AIDS
TOR.....	Terms of Reference
TTP.....	Team Training Program
USAID .....	United States Agency for International Development

## 1. Executive Summary

The Leadership, Management and Sustainability Program (LMS), funded by USAID and implemented by Management Sciences for Health (MSH), conducted a wide array of activities in Ethiopia from July 2009 through July 2010. The program took place in the context of a prolonged national battle against HIV/AIDS, characterized by significant loss of economic growth and productivity, an overburdened and uncoordinated health sector, and a vast number of donor-funded projects, each attempting to provide needed services. The influx of international donors such as the President's Emergency Fund for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, United Nations agencies, the Clinton Initiative, and numerous other private donors, has created an unprecedented opportunity for scaling up HIV/AIDS prevention and treatment programs, while at the same time, creating an urgent need for strong coordination and effective leadership and management at all levels of the health sector.

In response, USAID/Ethiopia called on LMS to build the capacity of HIV/AIDS Prevention and Control Offices (HAPCOs), Health Bureaus and Departments, and Civil Society Organizations (CSOs) in Oromia and Amhara regions to lead, manage, and coordinate HIV/AIDS programs with the aim of improving health outcomes. In addition to the zonal activities, LMS supported the Federal HAPCO in strengthening implementation of the national HIV/AIDS response and coordination between GFATM and PEPFAR projects. To achieve these goals, LMS/Ethiopia introduced a number of proven leadership and management tools to target organizations at the national, regional, zonal, and district (Woreda) level, and supported integration of a Leadership Development Program (LDP) into pre-service training for health and medical students.

LMS-Ethiopia, in collaboration with the HAPCOs, Health Bureaus and Health Departments, successfully contributed to positive changes in work climate and organizational management systems of public sector and civil society organizations. In this one-year project, LMS/Ethiopia achieved the following results:

- ② Using the Leadership Development Program (LDP) methodology, LMS enabled teams from 12 public sector organizations and 35 CSOs achieve concrete measureable results in health service delivery--the majority of the LDP teams achieved greater than 90% of their intended measurable results within six months.
- ② LMS supported Haramaya University to integrate leadership development in the pre-service training for health science students; as a result, 222 health science students applied leading and managing practices to identify critical health problems in their community and successfully implemented action plans leading to measureable results.

Students who participated in the LDP performed significantly better in the Team Training Program (TTP) compared to previous years' TTP students.

- ② Through the Business Planning for Health (BPH) program, LMS equipped 27 teams of CSOs with the skills and knowledge to develop business plans. By the end of LMS four organizations had developed business plans and presented them to potential donors.
- ② LMS enabled the federal HAPCO (FHAPCO) to develop a five-year national strategic plan for HIV/AIDS response and a costed monitoring and evaluation (M&E) plan.
- ② LMS supported all zonal and regional offices in Amhara and Oromia to assess their organizational, financial and human resource management system, and provided technical support to align the LMS program with the ongoing government-led Business Processes Re-engineering (BPR) program.
- ② LMS conducted M&E training for 179 individuals from federal, regional, zonal and Woreda level HAPCOs, Health offices and health facilities.
- ② LMS supported collection of information on USAID partners working at zonal and regional levels and development of a database to facilitate coordination and information sharing among HIV/AIDS partners and health facilities.
- ② LMS supported Joint Review and Planning meetings to harmonize coordination efforts at national, regional and zonal levels among all stakeholders working in public health programs.

This report describes the interventions, details of achievements, challenges, key lessons learned, and recommendations of the LMS/Ethiopia Field Support Program.

## 2. Introduction

Situated on the Horn of Africa just west of Somalia, Ethiopia has a population of more than 73.9 million people. In the year 2009, the HIV prevalence in the country was 2.3% with an estimated total of 1.1 million people living with HIV/AIDS (PLHA), making Ethiopia among the hardest hit countries by the HIV pandemic. Ethiopia is a federal state divided into nine regional states and two city administrations. According to the 2007 Population and Housing census report, Oromia and Amhara regional states are the two largest regions in the country with a total population of 27.1 and 17.2 million people respectively (Federal Democratic Republic of Ethiopia Population Census Commission, 2008). HIV prevalence is 1.5% in Oromia and 2.8% in Amhara (265, 458 and 351,351 PLHAs respectively) and combined, represents 55% of the PLHA in the country (FMOH/FHAPCO, 2007).

To curb the impact of the HIV/AIDS epidemic, the Government of Ethiopia is working with local organizations, bilateral and multilateral donors, and implementing agencies to dramatically increase the size and reach of HIV/AIDS prevention and control programs. Major international donors engaged in the response include the President's Emergency Fund for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, United Nations agencies, and the Clinton Initiative. Working alongside them are local civil society organizations (CSOs), public sector ministries, non-governmental organizations (NGOs) and private for-profit organizations. Despite broad efforts by international and local players, the

HIV/AIDS epidemic has continued to grow steadily, claiming the lives of Ethiopians during their most productive years and wreaking havoc on the economy, society, and government. Moreover, a variety of resource constraints severely limit the absorptive capacity needed to turn significant HIV funding inputs into improved health outputs. The emphasis on speed, orderly and timely accounting, and demonstrable results at all levels required by PEPFAR and Global Fund-funded activities demands strong management and leadership skills at all levels, not just at the top. To this end, the 2004-2008 Ethiopian Strategic Plan for Intensifying Multisectoral HIV/AIDS Response calls for priority action in the areas of leadership and management capacity building to enable successful coordination and implementation of HIV/AIDS activities (MOH/HAPCO, 2004).

As part of Ethiopia's national response, the HIV/AIDS programs at regional, zonal, and woreda levels are coordinated by HIV/AIDS Prevention and Control Offices (HAPCOs) in Amhara and by the Health Bureau in Oromia. Accordingly, the HAPCOs or Health Bureaus at each level are responsible for resource mobilization, fund management, and coordination of stakeholders in their areas, and monitoring and evaluating the progress of the HIV response. Delay in timely utilization and liquidation of funds, reporting, and difficulty in coordinating stakeholders were identified as key challenges in the Federal HAPCO 2009 Annual Report. To address these challenges, the USAID/Ethiopia Mission allocated Field Support funds for the Leadership, Management and Sustainability (LMS) Program in July 2009.

## **2.1. Background and Objectives of LMS/Ethiopia**

The LMS program is a five-year, Leader with Associate Award funded by the United States Agency for International Development (USAID) designed to develop management and leadership capacity of public health organizations at all levels of the health system. Building on the success of the predecessor Management and Leadership (M&L) program, LMS works with health organizations and programs in the public and private sectors to strengthen and scale up best practices in management and leadership around the world. By improving management systems and increasing system-wide leadership, LMS increases the performance of health care organizations at all levels and contributes to overall improvements in health outcomes. The LMS project was awarded in 2005 to Management Sciences for Health (MSH) in partnership with Adventist Development and Relief Agency (ADRA) and the Eastern and Southern African Management Institute (ESAMI).

In Ethiopia, LMS works to strengthen HIV/AIDS organizations and programs by helping partners and local health organizations develop more effective systems for coordination and management of activities. In the area of the coordination and collaboration among PEPFAR partners and between PEPFAR and Global Fund, the vision is for the Ministry of Health (MOH) and all implementing partners to be aware of each others' activities so that programs can coordinate and avoid duplication of efforts. In working with the HAPCOs and Health Bureaus, LMS/Ethiopia aims to help HIV/AIDS organizations develop strong internal systems and

procedures in financial management, human resources management, quality assurance, and monitoring and evaluation.

The specific goals of LMS/Ethiopia are as follows:

1. Zonal and regional HAPCOs/Health Bureaus more effectively plan, coordinate, and manage HIV/AIDS activities through the application of improved leadership practices and stronger management systems.
2. Civil Society Organizations (CSOs) and other non-governmental institutions have improved leadership practices and stronger management systems, are better equipped to access funds through improved proposal development processes, and are better able to provide HIV/AIDS services.
3. PEPFAR partners improve their coordination with each other and with the Ministry of Health and Global Fund partners and streamline fund flows through the health system to produce intended results at federal, regional and zonal levels.

To realize these goals, LMS/Ethiopia implemented a capacity building program that drew on an array of proven management and leadership tools, including the Leadership Development Program (LDP), the Management and Organizational Sustainability Tool (MOST), the Financial Management Assessment Tool (FinMAT) and the Human Resources Management Rapid Assessment Tool (HRM-RAT). In collaboration with the local stakeholders, LMS adapted each specific intervention to the Ethiopian context. Grounded in participatory, team-based approaches, the leadership and management tools introduced by LMS/Ethiopia were used effectively to build organizational capacity and improve coordination across key players in the health sector, including civil society, academic, and public institutions. Each of the specific interventions is described in detail in the Activities and Achievements section of this report.

## **2.2. Project Zones**

LMS/Ethiopia began implementing its leadership capacity building program in a total of ten zones from Oromia and Amhara regional states in July 2009 (five zones from each region). The program provided technical support to Regional and Zonal HAPCOs, Health Departments and CSOs in the areas of leadership, planning, coordination, management, and reporting. LMS also worked in collaboration with Federal HAPCOs to improve coordination of HIV/AIDS activities at the federal level and in the finalization of the country's five-year Strategic Plan and Management II (SPM-II).

### Amhara

1. North Gondar
2. South Gondar
3. North Wollo
4. South Wollo
5. West Gojam

### Oromia

1. East Shoa
2. North Shoa
3. South West Shoa
4. West Shoa
5. West Arsi



## 2.3. Program Management/Staffing

The LMS/Ethiopia team was composed of a total of 20 local staff. At the central Addis Ababa office the project director headed a team of eight composed of: a monitoring, evaluation and learning specialist; a program assistant; an accountant; and support staff. The remaining 12 staff consisted of Health Management Specialists (HMS) placed directly with regional and zonal Health Department/HAPCO offices in Amhara and Oromia. The HMS were full-time MSH employees and worked with the HAPCOs and Health Departments to conduct needs assessments and plan and implement follow-up actions to strengthen management systems such as finance, HR, reporting, strategic planning, and other systems. Drawing on MSH tools and approaches, the HMS staff served on the front lines of the LMS/Ethiopia project, and will remain a useful resource for HIV/AIDS implementing organizations in the regions going forward.

### Organizational Structure of LMS/Ethiopia



### 3. Program Activities and Achievements

Given the complex nature of strengthening leadership and management systems and building the capacity of the local partners to effectively coordinate HIV/AIDS activities, LMS/Ethiopia began its activities by consulting with all stakeholders to gain a greater understanding of their challenges, and to identify relevant interventions specific to their needs.

During the start-up phase of the Ethiopia program, LMS convened senior alignment meetings with government officials, including HAPCO heads, regional council members, and senior experts to introduce partners and stakeholders to the project, gain support and buy in, and establish a foundation for strong working relationships in both regions.

In this context, the LMS/Ethiopia team gained important insights into the Business Process Re-engineering (BPR) program that the government of Ethiopia is implementing, and was able to design interventions to complement these efforts. The BPR is a reform program currently being integrated into all levels of public sector offices with the objective of improving service delivery and bringing optimum client satisfaction.<sup>1</sup> The timing of LMS’ support to the Health Departments and HAPCOs coincided with their participation in the BPR and provided an opportunity to enforce good management and governance practices as a foundation for achieving their desired targets.

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<sup>1</sup> Business process reengineering (BPR) began as a private sector technique to help organizations fundamentally rethink how they do their work in order to dramatically improve customer service, cut operational costs, and become world-class competitors. Business process reengineering is one approach for redesigning operational procedures to better support organizations’ missions and reduce costs. Through the BPR, HDs and HAPCOs learn to operate more efficiently.

The senior alignment meetings provided LMS staff with additional context regarding the social and political environment, important details concerning expectations for the HAPCOs and Health Departments in the future, and ultimately informed the design of the subsequent interventions.

### 3.1. Organizational Capacity Building in Management and Leadership

#### 3.1.1. Assessing management systems of local HIV/AIDS programs

In consultation with the respective regional and zonal stakeholders, LMS/Ethiopia agreed to facilitate organizational self-assessments using MSH's Management and Organizational Sustainability Tool (MOST) for HAPCOs, Health Departments, and selected CSOs implementing HIV/AIDS programs. LMS facilitated a total of 23 MOST workshops for local partners (11 public and 12 CSOs) and adapted the self-assessment instrument to the Ethiopian environment. Each three-day MOST workshop was facilitated by the LMS Health Management Specialists assigned in the region. The workshop gave staff from all levels of the organizations the opportunity to provide input from their unique perspective within the organization and contribute to the assessment. Department heads, program leaders and coordinators, officers, and general services workers including office secretaries and drivers actively participated in the assessment sessions.

**Table 1: Number of organizations supported to conduct MOST workshops in Amhara and Oromia Regions, July 2009-June 2010**

Ser No.	Activity	Plan	Achievement		Number of participants
			Number	%	
1	MOST for Public sector	12 orgs.	11	91.7	217
2	MOST for CSOs	20 orgs.	12	60	172
	Total	32	23	71	389

During each MOST workshop, staff from the organization worked individually and in groups to rate their organization against 18 different management components and then came to consensus on each of the ratings. Once each organization had reviewed their own management systems and organizational capacity, they were then able to identify priority areas for improvement and develop concrete action plans to improve organizational performance. As part of the MOST process, each organization appointed a change team and change leader to help implement the action plan.

While the results of each organization's assessment differ according to their specific situation, common themes emerged as each group identified gaps in their management systems. The change teams also took advantage of the momentum surrounding the MOST to identify gaps in the implementation of the BPR program and integrate their endeavors for the BPR with their MOST action plans. Among the gaps most frequently cited during the MOST were:

- Weak monitoring and evaluation systems;
- Inappropriate information management (related to data collection and data use) and communication problems;
- Weak links between strategies and organizational missions and values;
- Lack of strategy linkages between beneficiary communities and other potential clients;
- Unclear lines of authority and accountability;
- Problems in human resource management.

Accordingly, the organizations identified the following priority actions in their action plans:

- Training in monitoring and evaluation;
- Strengthening management information system for better data use;
- Refining the organizational mission and orienting internal and external stakeholders to it;
- Development and revision of strategic frameworks;
- In some zones, designating human resources management personnel at district and facility levels.

During follow-up on the MOST workshops, LMS/Ethiopia provided technical assistance through the Health Management Specialists appointed to each region and zone. The project also provided Health Departments and HACPO offices with office equipment such as computers and printers to help streamline operations. The MOST and the subsequent technical assistance from MSH helped organizations undergoing BPR by enabling them to identify weaknesses in their management systems and take concrete steps to improve performance. The specifics of the technical assistance and resulting improvements in management systems are described in the context of the follow-up activities summarized below.

### **3.1.2. Monitoring & Evaluation Training**

In accordance with the gaps identified in the MOST action plans, LMS in collaboration with the Zonal Health Departments conducted monitoring and evaluation training for 179 individuals responsible for implementing and coordinating M&E functions in their respective organizations. The objective of the training was to equip participants with basic knowledge and skills pertaining to M&E, to highlight the importance of strengthening M&E systems, and to foster a culture of information use at each level. LMS also supported the Federal HAPCO in providing a five-day national M&E training for 24 participants representing governmental, civil society, and partner organizations.

**Table 2: Number of M&E training participants at national, Amhara and Oromia Regions, July 2009-June 2010**

Ser No.	Activity	Plan (no. of participants)	Achievement
			Number
1	M&E TOT	12	12
2	M&E training	60	167
	Total	72	179

At the five-day federal level training, a technical working group was established to adapt a national M&E training manual and work on finalizing the community-based information system tools and guidelines. The working group met three times after the training to discuss the tools and provide feedback.

The zonal level participants developed a plan of action to improve their M&E system and received follow-up technical support to implement the plan from the MSH Health Management Specialists.

### **3.1.3. Identifying and resolving bottlenecks in human resource management**

To follow-up on strengthening human resource management (HRM) systems – a priority need identified by HAPCOs and Health Departments during the MOST workshops – LMS/Ethiopia introduced the Human Resource Management Rapid Assessment Tool (HRM-RAT). This tool is used to delve deeper into HRM issues to identify root causes and craft an appropriate technical assistance plan. Using the HRM-RAT, LMS Health Management Specialists facilitated in-depth assessments of the HR systems of eight zonal and one regional level HAPCO/Health Department. A total of 208 participants consisting of human resource personnel and other stakeholders from the zonal and woreda level HAPCOs/Health Departments participated in the workshops. Challenges most often identified by the organizations included: lack of HR planning and absence of an orientation for new staff; unclear job descriptions and poor communication regarding job expectations to employees; inadequate compensation and benefit mechanisms to motivate staff; and budget shortfalls for HRM.

Each organization developed action plans and assigned a change team and change leader to ensure implementation of the proposed action plans. In follow-up to the HRM-RAT, LMS/Ethiopia Health Management Specialists worked with the change teams to implement their action plans. With LMS support, the participating HAPCOs and Health Departments took measures to improve their personnel filing systems, revise their human resource manuals, and assign HRM focal persons at the district and facility levels. In the short term, these results have helped HAPCOs overcome bottlenecks in their HRM systems and pave the way for longer term improvements in the overall management and coordination of HIV/AIDS activities at the zonal and district levels.

### **3.1.4. Strengthening financial management and internal controls**

One of the responsibilities of HAPCOs and Health Departments is to mobilize and manage funds obtained from various sources, including the local government and external donors. However, difficulty in timely utilization and liquidation of funds is a major gap described in the annual reports of HAPCO and health offices. To address this issue, LMS-Ethiopia worked in collaboration with these organizations to review their existing financial management systems using the FinMAT (Financial Management Assessment Tool). The workshops were conducted in 5 zones with a total of 102 participants representing finance heads, program experts, zonal finance and economic development personnel, fund and resources mobilization officers and other finance professionals. Participants developed action plans to improve financial management systems and safeguard the use of available resources. The workshops were facilitated by Health Management Specialists with the support of MSH tool experts from Cambridge, MA.

Despite clear policies and procedures for budgeting, health staff still experience difficulty following the procedures consistently. With LMS support, three zonal offices started using a computerized system of accounting (Peachtree), and action plans have been implemented to report on and revise accounts on a monthly basis. FinMAT helped the zonal offices follow general procedures, guidelines and manuals on purchasing and procurement.

### **3.1.5. Building leadership capacity among HIV/AIDS implementing organizations and networks**

To complement the specific management capacity building interventions described above, LMS/Ethiopia integrated the LDP into the technical assistance plan to strengthen local partners' ability to respond effectively to challenges in the HIV/AIDS environment. The LDP is an innovative leadership capacity building program designed by MSH to enable health professionals to face challenges and achieve results. The program uses a practical, team-based approach where participants work together in their actual work groups to learn and apply eight key principles of managing and leading. The program takes place over approximately six months and is composed of three workshops, each 2-3 days in length, complemented by interim coaching visits and a final results workshop. During the workshops, teams create a vision, identify a challenge, and develop and implement an action plan leading to a desired measurable result within six months. Through the LDP, teams are enabled to make a positive change in their work climate and learn a process they can apply on their own to address new challenges. The LDP builds the capacity of individuals and teams at all levels of an organization to respond to change and make positive improvements in management systems and health service delivery to improve health outcomes.

Using the LDP, LMS/Ethiopia successfully helped teams from 12 public sector organizations and 35 CSOs achieve concrete measurable results in health service delivery. Organizations participating in the program included zonal and regional Health Departments and HAPCOs, PLHA associations, and other local NGOs that implement HIV programs. In the first LDP

workshops, each team completed a Challenge Model exercise to develop a vision statement based on their organizational mission, scan their internal/external environment to understand the current situation, and identify critical challenges specific to their organization. In accordance with the LDP process, the teams then selected the measurable results they wanted to achieve within the LDP implementation period and developed and implemented priority action plans to overcome their challenges and achieve measurable results. In addition to the structured workshops, LMS/Ethiopia deployed Health Management Specialists to provide ongoing coaching and technical support to the teams implementing their action plans.

**Table 3: Number of LDP teams and participants in Amhara and Oromia Region and Haramaya University, July 2009-June 2010**

Ser No.	Participant group	Target Number of Teams	Number of Teams Reached		Number of participants	Remarks
			#	%		
1	LDP for Public sector	12 teams	12	100	103	
2	LDP for CSOs	30	35	116.7	111	
3	Pre service LDP	NA	7	NA	222	Plus 42 instructors received TOT
	Total		54		436	

The public sector LDP teams focused on implementing action plans to address the following challenges:

- Development of a database for partners as a coordination tool;
- Improvement of HIV counseling and testing for the general population as well as for PMTCT clients;
- Improvement of coordination and collaboration among key stakeholders in their respective regions, zones, districts, and facilities.

The CSO LDP teams focused on the following challenges:

- Improving care and support for PLHAs and OVCs;
- Reducing harmful traditional practices such as early marriage and improving fund mobilization capacity.

The majority of the LDP teams achieved greater than 90% of their intended measurable results (See annexes 1-4 for details).

In addition to the two LDPs offered for implementing organizations, LMS/Ethiopia in collaboration with the College of Medical and Health Sciences at Haramaya University has started pre-service LDP training with Public Health faculty. LMS/Ethiopia introduced the LDP curricula to instructors and developed a joint action plan for testing the tool within the Team Training Program (TTP) for graduate classes in selected Health Centers located near the University. In keeping with LMS's overall approach for building local ownership and capacity,

LMS/Ethiopia conducted a Training of Trainers for 42 instructors in various academic roles. The instructors then introduced the LDP to different TTP sites. With LMS/Ethiopia support, Haramaya University instructors have now rolled out the LDP to seven sites and provided a total of 222 pre-service students with essential, practical training in leadership and management development. To date, seven complete LDPs have been offered by the University and the students have produced a comprehensive report on applying the LDP tool as part of TTP in their final year at the university. (Annex 5 includes a full list of the teams and results).

### **3.1.6. Business Planning for Health (BPH)**

To strengthen the resource mobilization capacity of CSOs, particularly that of the Association of People Living with HIV/AIDS and OVC, and enable them to diversify their funding sources, LMS conducted a TOT on the BPH for 13 LMS staff to equip them with the necessary knowledge and skills to train CSO staff. The LMS facilitator team then conducted a Project Cycle Management (PCM) training and BPH orientation workshop for participants from selected CSOs working in both regions. Continuous support was provided by Health Management Specialists to develop the BPH document.

Twenty-seven teams were enrolled in the BPH and six successfully completed the first module prior to the end of LMS. An initial task for each of the BPH teams was to identify a new business opportunity for one of their client organizations using the process and tools outlined in the BPH. The following ideas emerged from the teams:

- Team 1: The establishment of a village-based savings and loan association;
- Team 2: The introduction of family planning service delivery points at five local universities for staff, faculty and students;
- Team 3: The creation of a partnership between the government microfinance institute and the local institute of income generation to secure small loans for graduates who team up to launch small businesses;
- Team 4: The development and implementation of an HIV/AIDS prevention program directed at house cleaning staff and street children;
- Team 5: The establishment of MSc and MMed degree tracks at the University of Pretoria that focuses on M&E/Epidemiology/Biostatistics.

With virtual support and coaching from the BPH Technical Lead from MSH Cambridge, the teams continued to develop their ideas through exercises such as researching the market and developing a marketing plan, identifying funders and investors, and selecting indicators of success for evaluating the health business plans. Four organizations have developed their business plans and presented them to potential donors.

**Table 4: Number of PCM and BPH participant CSOs and individuals, Amhara and Oromia region, July 2009 -June 2010**

Ser No.	Activity	Plan	Achievement		No. of participants	Remarks
			Number	%		
1	PCM training	30 orgs.	42	140	83	
2	BPH orientation	20 orgs.	27	135	95	Four Organization secured funding
	Total	50	69	138	178	

## 3.2. Support for Coordination of HIV/AIDS Activities

### 3.2.1. Joint review and planning meetings

To strengthen leadership capacity, as well as coordination and monitoring of HIV/AIDS activities at federal, regional and zonal levels, LMS-Ethiopia provided technical and financial support for quarterly joint review and planning meetings (JRMs).

Joint review and planning meetings for HIV/AIDS prevention and control programs and overall health sector programs is one of MOH's and HAPCO's strategies for strengthening partnership and coordination among programs. LMS/Ethiopia provided technical and financial support for organizing quarterly JRMs at the national, regional and zonal levels as part of this effort. LMS provided support for 15 review meetings in the past year. Participants representing various partners and stakeholders at each level attended these meetings, including regional HAPCOs and health bureaus, MOH, USAID, World Bank, UNAIDS, WHO, Ministry of Education, Ministry of Women's Affairs, Network of PLHA and Orphans associations, and research institutions. The review meetings serve as a forum for sharing best practices among regions, and stakeholders discuss achievements, challenges faced, and the way forward for the next quarter.

### 3.2.2. Support for HMIS rollout at regional and zonal Levels

Based on the request from the zonal offices for support in the roll-out and implementation of the new Ethiopian Health Management Information System (HMIS), LMS/Ethiopia provided technical and material support to build the capacity of the regional health bureaus. The goal of the capacity building was to support facilities in developing HMIS for linking data collection with program monitoring and decision making around key public health issues. The HMIS are intended to be used by organizations delivering health care (hospitals, health centers and health posts); organizations responsible for managing, planning and coordinating health programs (Ministry of Health, Regional Bureau of Health, Zonal Health Departments, Woreda Health Offices); and other non-Health Sector organizations (Ministry of Finance, Bureau of Finance, other relevant ministries, development agents, civil society organizations). In order to

link the above stakeholders and partners in a systematic manner, a strong, functional health information system is required to present and disseminate data in appropriate formats for all audiences and for proper uses and actions.

In the context of the health sector reform and decentralization, health systems are often managed at the service delivery level. This shift in tasks between the center and the peripheral levels requires more decision making at local, Woreda, Zonal, and regional levels, which means that these levels must have access to appropriate information. This in turn calls for the careful assessment of what is required for data capturing, processing, analyzing and dissemination, and standardization of health systems data collection tools and indicators.

To familiarize the LMS Health Management Specialists with the key principles of HMIS and equip them with the knowledge and skills to support the operation of an integrated HMIS, LMS recruited HMIS experts and organized a five-day TOT based on the nationally accepted curriculum for HMIS in Ethiopia. Once trained on the HMIS, the LMS Health Management Specialists then conducted field-level training sessions for relevant professionals working in Amhara and Oromia. Trainings were designed to equip participants with:

- Knowledge of the key principles and application of HMIS;
- Knowledge of the architectural and operational components of an integrated HMIS;
- Knowledge of health/medical record relational database design, management, and data warehousing/mining for decision support;
- The ability to utilize data flow diagrams and process design and redesign methodologies.

To support professionals working in Amhara and Oromia to implement new HMIS, LMS purchased and distributed a total of 840 shelves and 210 Master Patient Index boxes to 210 health centers in both regions. In addition, LMS equipped the HAPCOs and Health Departments of all project zones/regions and FHAPCO with office equipment including desktop computers, printers, office furniture and photocopy machines. The supplies helped the HAPCOs and Health Departments to conduct data collection and management at the office and facility level and to implement the new HMIS in 210 health centers.

### **3.2.3. Database of USAID partners**

Major obstacles to strengthening the HIV/AIDS response in Ethiopia are low personnel levels and management challenges at the country's HAPCOs, at both national and regional levels. There are multiple indigenous, bi-lateral and multi-lateral donors and implementers conducting HIV/AIDS-related activities. This combination of partners often presents local authorities with challenges in coordination, monitoring, oversight and reporting. In this context, LMS/Ethiopia provided support to the zonal and regional HAPCOs and collaborated with the office of Planning, Finance, and Economic Development to develop a partner database with the goal of improving the coordination of HIV/AIDS activities and management and delivery of services at the zonal level. The HAPCOs and Health Departments in all project zones are now using the partner database to share information with stakeholders and

coordinate efforts and resources. Regular updating of the information is being managed by the respective HAPCOs in Amhara and Oromia.

In addition to the database of HIV/AIDS partners operating at the zonal level, LMS/Ethiopia initiated the development of a central level database in collaboration with USAID/Ethiopia. Development of the questionnaire started in January after receiving approval from the mission on the method for classifying partners, the information to be collected, and on the template to be used for data collection. LMS/Ethiopia piloted the questionnaire with six partners and has turned the three responses over to USAID/Ethiopia along with the forms and templates for data collection. The next steps will be for USAID/Ethiopia to seek buy-in from all partners and establish a task force to manage data collection.

### **3.2.4. Five-Year National Strategic Plan for HIV/AIDS**

Technical and financial assistance was provided to FHAPCO to support the process of developing a 5-year National Strategic Plan for the HIV/AIDS response, and the 5-year costed monitoring and evaluation plan for the same duration with the SPM II. LMS provided financial and technical assistance for the 2<sup>nd</sup> round retreat meetings organized by the FHAPCO to work on the two documents. An international consultant was hired for costing the SPM II and two local consultants finalized the costed M&E plan. The M&E plan is finalized and will be presented to partners and stakeholders at the upcoming national quarterly review meeting at the end of August.

### **3.2.5. Support to establish pre-service partnerships**

LMS also provided support to FHAPCO to organize the “Higher Education Institutions Partnership Forum against HIV/AIDS” workshop for presidents of public and private higher learning institutions, higher officials from sector ministries, and representatives from various other stakeholder groups. The participants endorsed the terms of reference for the partnership forum, elected an executive committee, and drafted a plan of action.

## **4. Conclusion**

### **4.1. Lessons Learned**

Despite a delay in the start date of the project due to prolonged discussions with USAID and the needs assessment, LMS/Ethiopia was able to achieve impressive results in a short period of time. The following are the key lessons learned:

- Strong collaboration with government counterparts and other stakeholders enables projects to effectively achieve intended goals.

- LMS tools are different from other ways of delivering leadership and management training. While conventional programs tend to be more theoretical, LMS uses an active learning approach. Participants develop practical, essential skills to achieve changes in behavior and practices, and improvements in service delivery.
- The LDP focuses on actual workplace challenges to bring leadership and management practices and skills development to life. Implementation is a process over time, giving managers and leaders room to apply what they learn.
- Integrating proven tools as part of an overall technical assistance strategy that emphasizes local ownership and delivers them in a culturally appropriate manner leads to more concrete outcomes and stronger local capacity to change; LMS tools should not be implemented on their own.
- Building leadership capacity at all levels improves service provision and client satisfaction.
- Working with both governmental and nongovernmental organizations fosters a common understanding and strong partnerships for better program coordination and implementation.
- Integration of the leadership capacity building tools and methodologies within pre-services curricula equips future health professional with powerful leadership and management skills. Consequently, Ethiopia will have clinicians who are able to respond effectively to broad challenges in the health sector.

## **4.2. Recommendations**

The progress realized by LMS/Ethiopia to date and the response and receptivity of local organizations to LMS approaches demonstrates significant potential for future capacity building interventions. Based on the experience of LMS/Ethiopia, recommendations for furthering the management and coordination of HIV/AIDS activities include the following:

### *1. Organizational management development*

- Strengthen the capacity of the MOH to apply transparent and evidence-based approaches to allocate human, material, information and financial resources to priority health programs.
- Support the MOH to ensure effective and efficient use of resources, effective financial management, and performance based financing.
- Support the MOH to introduce the Integrated Financial Management Information System, and strengthen the financial management and accountability development program.
- Provide technical assistance to the MOH to scale up Woreda-based planning and strengthen short- and medium-term resource mapping.
- Follow up on MOST action plans for both public sector and CSO teams to assist the organizations in strengthening their management capacity, specifically on collection and use of data for decision making.

- Expand support in the areas of organizational and financial management to additional organizations to improve organizational performance across the health sector.
  - Provide follow-up technical assistance to the HAPCOs/Health Departments implementing HRM-RAT action plans.
2. *Support monitoring and evaluation at the federal and regional levels*
- Provide technical support on documentation, reporting and data dissemination for evidence based decision making.
  - Support districts to contextualize standard HMIS indicators, harmonize reporting systems, and collect gender disaggregated data.
  - Enhance the capacity of Woreda joint steering committees and strengthen their linkages with regional committees.
  - Support regions and districts to develop strategies to mobilize and involve community members in program design and review.
  - Support the federal MOH/HAPCO in planning, monitoring and evaluation activities; and development, updating, and dissemination of guidelines.
3. *Scale-up and mainstream the Leadership Development Program*
- Scale-up integration of leadership and management training into pre-service programs.
  - Scale-up the LDP to additional health facilities and districts within project zones, as well as to other regions in Ethiopia.
  - Support and follow up with existing LDP teams to institutionalize the methodology within each organization.

Over the course of the LMS/Ethiopia Field Support Project, building leadership and management capacity within the health system has improved the ability of individuals and organizations to face challenges and improve service delivery for better health outcomes. Integrating proven leadership and management tools into the network of public health organizations and health facilities contributed to sector-wide improvements in organizational performance, more effective resource management, stronger coordination among stakeholders, and improved governance of HIV/AIDS programs. The well-targeted technical support provided by LMS's Health Management Specialists also helped regional and zonal offices to achieve their capacity building goals. These capacity building specialists provided regular technical support in planning, program management, and reporting. The introduction of the LDP for the health and medical sciences students at Haromaya University also shows promise for reaching a number of students who will sustain sound management and leadership practices in the institutions and organizations where they will work.

## **Appendix 1: Measureable Results of Public Sector LDP Teams in Oromia**

Team Name	Desired Measureable Result	Results Achieved by LDP end (January 31, 2010)
<b>Regional public sector team</b>	By the end of Feb 2010, central Database established at the regional Health Bureau level that encompass all stakeholders who are working on HIV/AIDS program so as to create joint planning, monitoring and evaluation by potential partners. <b>Baseline:</b> Lack of partners list and location of intervention area	Data collection and entry is completed for the Regional level stakeholders; and it is underway for the peripheral stakeholders.
<b>East Shoa public sector team</b>	All new clients coming to Modjo health center (6000) receive PIHTC and receive their test result in the coming six months (from September 2009 to February 2010). <b>Baseline:</b> 3504 patients received PIHCT testing and counseled in the last 6 months.	6714 people got tested in the period from September –February 2010 (> 100% achievement)
<b>West Arsi public sector team</b>	To increase PIHCT service uptake from 823 (20%) Sep 2008 up to Feb 2009 to 4780 (80%) by the end of February 2010 for the client who came to Arsi Negele Health Center. <b>Baseline:</b> HCT provided for <b>823</b> (20% of the plan) clients from September 2008 up to Feb 2009.	4445 clients have got PICHT service within four month period of LDP implementation (93% achievement)
<b>South West Shoa public sector team</b>	Providing PIHCT service for 80% (835) of pregnant women in Woliso health center catchment area at the end of February 2010. <b>Baseline:</b> 40% of pregnant mothers coming to Woliso health center were tested.	82% of pregnant women attending ANC at woliso health center received testing.
<b>West shoa public sector team</b>	Increase PMTCT testing rate among ANC attendants from the current 48% (427) to 95% (840) by the end of Feb, 2010 at Ginchi HC <b>Baseline:</b> Low PMTCT testing coverage, 48%	86.4% (726) of the 763 ANC attendants at Ginch health center got tested during the last 6 months period.
<b>North Shoa public sector team</b>	Increase PIHCT service coverage at Fitch Health Center from 1,155 (15%) to 4,604 (60%) at the end of February, 2010. <b>Baseline:</b> 1155 people received PIHCT service in the last 6 months of 2009.	5283(>100% of the plan) people utilized the PIHCT service within 6 months.

## Appendix 2: Measureable Results of Public Sector LDP Teams in Amhara

Team Name	Desired Measureable Result	Results Achieved by LDP End (January 2010)
<b>Regional public sector team</b>	A total of <b>8,300</b> people in Bahir Dar town will be aware of their HIV sero-status by the end of January 2010 <b>Baseline:</b> VCT provided for <b>4150</b> clients in <b>2009</b> half year.	4292 clients received VCT services (52% of the measurable results).
<b>North Gonder public sector team</b>	From August 2009 to January 2010, <b>25,266</b> people aged 15 to 59 years in Gondar town administration will be tested & know their HIV status  <b>Baseline:</b> 7025 people were tested in the same time period of previous year.	25,733 people got tested in the period from August –January 2010(> 100% achievement)
<b>South Gonder public sector team</b>	<b>9000</b> clients out of the eligible population in Debretabor town got tested for HIV from August 2009 to January 2010 <b>Baseline:</b> VCT provided for 3285 (38% of the plan) clients from January to June in 2009.	An increase in the number of tested clients from 3285 (38%) in first half of year 2009 to 8502 (95%) in the period from August – January 2010.
<b>South Wollo public sector team</b>	1300 pregnant women tested for HIV/AIDS and offered full PMTCT services from July 1, 2009 to January 31, 2010 in the two HCs of Kombolcha town. <b>Baseline:</b> 706 pregnant mothers tested for HIV in the second half of the year 2008.	Number of pregnant mothers attending PMTCT sites has increased to 1068, 82% of the plan compared to last year's performance 706 (54%).
<b>North Wollo public sector team</b>	From August 2009 to January 2010, increase the number of pregnant women tested for HIV at Woldiya health center from the current 510 to 678.	Number of pregnant women tested for HIV increased from last year's performance 510 to 771 during the last 6 months (113.7%).
<b>West Gojam public sector team</b>	<b>1000</b> pregnant women in Merawi Health center catchment area are counseled and tested for HIV from July 2009-Dec./2009 <b>Baseline:</b> The 6 month performance of PMTCT in the Health Center (HC) by the year 2008 was 445.	989 pregnant women counseled, tested for HIV and received their test result.

### Appendix 3: Measurable Results of CSO LDP Teams in Oromia Region

Location	Team Name	Desired Measureable Result	Results Achieved by LDP end (June 2010)
Regional	EIFDDA Team	By the end of July 2010, establish internal network system within organization for possible enhancement of coordination of the overall activities of the forum.	Internal network established
	Equal Opportunity Association Team	Increase the number of EOA's IGA beneficiaries from 112(56%) to 132 (66%) in the coming 6 months (from January – June 2010	20 members trained in bamboo work and engaged in IGA
	HAPCSO team	Increase the number of loan taker Community Self Help Saving group (CSSG) members from 200 to 400 (100% increment) from the already established 50 CSSG up to June 2010. A CSSG has 16 members on average	Entrepreneurship & basic business skill training conducted for 40 CSSG leaders, 6 CSSGs (~120 members) received loan
	Oromia Development association team	Restructuring 64 woredas and 2476 basic associations to effectively decentralize the association by end of June 2010	Conducted orientation on decentralization for 61 woredas (95% of MR) Established 1165 committees at kebele level and 939 at woreda level(81% MR)
	Mekdim Ethiopia	Addressing 400 PLHIVs through ART treatment and increase number of OIs treatment users to 2500 by the end of July 2010 ( baseline ART=190, OI=1500)	Enrolled 302 New ART users (75% achievement). OI treatment provided for 500 clients (50% achievement)
	Network of networks of People living with HIV/AIDS in Ethiopia (NNEP+)	Ensure HIV positive people's representation in seven regions in HIV/AIDS regional council, review and management board by the end of June 2010.	7 regional networks established to be in the council and fund secured
West Shoa	Abdi Jiregna PLHA Association team	Increasing home based ART adherence follow up service coverage from 29% to 100%/ by the end of June 2010	49 New ART clients got ART adherence follow up increasing the coverage to 73(86% of MR).
	Biftu PLHA association team	Creating job opportunity for 9 members on woodwork and 9 cafeterias in the next six month in Ambo town	Total of 15 individuals started their own business (9 in wood work and 6 in cafeteria)
	AGOHELMA - Guder team	Increasing the existing 100 monthly average new FP clients by 60% per month for the Coming six months	Number of monthly family planning users increased to 196(96% of the MR)
West Arsi	Dawn of Hope Shashamene team	To Increase ART adherence counseling from 52% to 100% in the coming six month (Feb. to July 2010) among Dawn of Hope Shashamene members	98.43% (504) members are reached through ART adherence education.
	Green message for Ethiopia devt. team	Increase community based HIV/AIDS prevention education from 60 %( 12,570) to 90% (18,855) at the end of July 2010 in Arsinegale town.	Targeted prevention education provided to 7380 people resulted to 95% coverage

	Mekdim Ethiopia - Shashemene team	Addressing 1000 MARPs through HIV/AIDS education in Shashemene town at the end of July, 2010.	1,575 MARP clients from different groups reached by HIV prevention education
South West Shoa	South West Shoa Zone Red Cross Branch team	Number of peer educators working on HIV/AIDS prevention and control activity in the 10 intervention schools increased from 640-800 (by 25%) by the end of June 2010	752 Peer educators trained leading to 94% achievement of the measurable result
	WYDA team	Increase direct Community Conversation participant parents on Gender Based HTPs from the current 41(one focal point) to 240 (four focal points) by July 2010 in Tombe Wole Community.	CC focal point increased to four (100% of MR) and number of direct CC participants increased to 121 (50.4% of MR)
North Shoa	AGOHELMA-Fitche team	By end of June 2010, the number of pregnant women who are referred for safe delivery to Health facilities by Community Based Reproductive Health Agents (CBRHAs) in Degem Woreda increases from 186 in the past six months to 297.	296 pregnant mothers referred by CBRHAs for safe delivery in Degem woreda, 2010(99.6% achievement).
	Fitche Guenet Church team	By the end of June 2010 the number of youths who are supported in Fitche Guenet Church and completed their grade 10 education certified with short term skill training will increase from 6 to 25.	28 youth received short term skill training (>100% of MR)
East Shoa	Alem Tena Catholic Mission clinic (ACC) team	At the end of June 2010, all clients coming to ACC (OPD, ANC, under five and immunization units) will be tested for HIV increasing PIHTC coverage from 5% to 40% than that of last year 2009.	29.93% (1035 clients) of the 3458 people who visited ACC received PIHTC.
	OSSA team	By the end of June 2010, 6 idirs (a community based organization)in Dera town start local fund raising to support OVC and PLHIV (baseline local fund rising)	7 idirs mobilized a total of birr 3792.00 from their members
	FGAE-Adama team	Establish delivery service within six months of 2010 in FGAE area office clinic (Adama).	Delivery room renovated, necessary staff recruited and medical supplies purchased
	Down of Hope-Adama team	Increase capacity of the rehabilitation center from serving 20 to 80 clients by the end of July 2010.	193 clients served by the rehabilitation center during Feb. to June( >100% of MR)
	Adama City Life Saving Association	Lost to follow up (LTFU)rate reduced from 0.6(39) to 0.16(10) among Adama City ART users coming to Adama Referral Hospital from Feb, 2010-July 2010.	LTFU reduced from 0.6 % to 0.21 as of May, 2010 through tracing of lost clients and provision of adherence counseling

## Appendix 4: Measurable Results of CSO LDP Teams in Amhara Region

Location	Team Name	Desired Measureable Result	Results as of June 30, 2010
Regional	NAP+ team	By July 2010, Monitoring and evaluation (M&E) Manual produced & used by NAP+ and piloted at seven implementing associations so as to improve and strengthen its M&E system at all levels.	M&E manual developed
South Gondar	ORDA team	By the end of June 2010, 80 PLHIV involved in IGAs (fattening, vegetable production and petty trades) in lay Gayint Woreda	A total of 80 PLHA members engaged in IGAs (40 group, 20 individual IGA).
North Gondar	ANAPCAN Team	By the end of August 2010, to reduce the number of reported early marriage arrangement cases from 196 to 147 in Gondar Zuria Woreda (by 25%).	142 arranged early marriages were cancelled (reported cases)
	FGAE-North Gondar team	By the end of July 2010, the number of Long-term Family Planning method users among Reproductive age group residents in Gondar Town and 3-rural district/Wogera, Dembia and Gondar Zuria/ will increase by 25 percent.	539 clients received Long term family planning method (200 Implanol, 133 Jadele and 22 IUCD)
	Mahibere Hiwot team	By the end of June 2010, will develop one Strategic Document and implement at least 2-Revenue Generation activities to increase HIV/AIDS Prevention Service clients by 20 percent in the project geographic areas	Organizational Revenue Generation Strategic Document developed & 2 project proposals developed and approved by donors, got fund
South Wollo	FGAE-Dessie team	By June 30 /2010, the number of young people (age 10 -24) who are using HIV counseling & Testing service in Dessie Model Youth Center increase from the current 548 to 800.	685 (85.6%) young people (age 10 – 24) received HCT services.
	Beza Kombolcha team	From January 1 <sup>st</sup> – June 30, 2010 the number of fund source for project implementation will increase by 2 (two).	-5 proposals developed & submitted to donors -3 approved, 2 agreements signed
	Netsebrak team	To increase utilization of LAMPs from the current 18 to 147 clients in the coming 6 months.	136 (92.5%) clients utilized the LAMP users (89% of the MR)
North Wollo	PADET team	By the end of June 2010, Increase the number of OVC supported in Woldia town from the current 200 to 400.	A total of 971 OVCs received food support (>100% increase from the previous year achievement)
	FGAE-Woldia team	Increase the number of Pregnant mothers tested for HIV from the current 21 to 100 among ANC attendants in NE FGAE Woldia SRH Clinic; from January to June 2010.	95 pregnant women attending ANC at the clinic received HIV testing.

	<b>Tesfa PLHA Association team</b>	By the end of June 2010, Increase number of IGA beneficiaries from the current 26 to 104 clients	191 clients received training and financial support to establish IGA
<b>West Gojam</b>	<b>Save your Generation PLHA association team</b>	By the end of June 2010 18 members will start poultry farming	93 Chickens are purchased and the selected 18 members are just engaged in poultry farming
	<b>Dembecha Teachers association team</b>	By the end of June 2010, 200 teachers in Dembecha Woreda will get counseled, tested for HIV and received their test result	210 teachers counseled and 204 of them tested for HIV and received their results
	<b>Addis Hiwot</b>	By the end of June 2010, 20 members (10 females and 10 males) starts poultry farming	-land for chicken house construction secured -Beneficiaries selected & trained, - Fund granted from (60,000 ETB)from partners -on process of purchasing chickens

## Appendix 5: Measureable Results of LDP Teams from Haramaya University

Team Name	Desired Measureable Result	Results as of July 5, 2010
Gursum Health Center TTP Site	<u>Static site:</u> To increase FP utilization from 180 to 280 in Gursum woreda health center catchments from May-June, 2010	Family planning utilization at Gursum health center increased by 115 (>100% MR)
	<u>Demonstration village (DV site):</u> To decrease childhood diarrheal disease from 28 to 7 in Fugnán Bira community of Gursum woreda, Kebele 03 from May 25-July 3, 2010	Number under five children who are treated for diarrhea dropped from 28 to 4 cases
Babile Health Center TTP Site	<u>Static site:</u> To increase the number of F/P users from 144 (24%) per two months to 200 (33%) persons within the next two months in	202 clients received different family planning method clients from the health center (>100%) MR
	<u>Demonstration Village sites:</u> To increase measles Immunization from 13(28%) to 46(100%) in the Babile town, kebele 01, ketena 01 up to July 5 in 2010.	34 children aged 9-12 month from the DV site received measles vaccination (>100%. MR)
Melka Jebdu Health Center TTP Site	<u>Static site:</u> To reduce diarrheal cases of under 5 children from 32% (286) to 5%(44) at Melka Jebdu town by the end of June 2010	21 out of 423 (4.96%) admitted patients were diarrheal cases of under 5 children, (drop from third to eighth place in ten top disease list)
	<u>Demonstration village (DV site):</u> To increase FP utilization from 24% (91) to 35% (132) at Melka Jebdu woreda , ketena 04 by the end of June 2010	Family Planning utilization rises from 24%(91)to 32%(286)
Sabian Health Center TTP Site	<u>Static site:</u> To increase institutional delivery from 16 (53.3%) to 21 (72.4% in Sabian Health Center from May to June 2010	Delivery service conducted for 22 mothers in Sabian health center (>100%MR)
	<u>Demonstration village (DV site):</u> To increase traditional hand washing facility of latrine from 80 (23.4%) to 170 (50%) in Sabian Community Kebele 03 ketena 3 village 5 from May 10- June 30	Number of households having hand washing facility near their latrine increased from 80 to 162 (91.1% of MR)
Haramaya Health Center TTP Site	<u>Static site:</u> To increase VCT service from 1787-2507 from May-June 2010	664 clients received VCT service ( 92% of MR)
	<u>Demonstration village (DV site):</u> To decrease open filed solid waste disposal practice of Gande Chelanko and Wario of Haramaya town from 50.9% to 25%, May-June 2010.	35 pits constructed for solid waste disposal leading to reduction of open field solid waste disposal practice, from 50.9% to 26.8%
Legehare Health Center TTP Site	<u>Static site:</u> To increase family planning utilization from 180 to 327 clients of Legehare health center catchments by the end of June, 2010	Family planning service utilization increased from 180 to 355 clients (>100% of MR)
	<u>Demonstration village (DV site):</u> To reduce diarrheal case of under 5 children from total cases of 28 (23.5% to 4 (3%) in Keble 01 of ketene 01 by the end June 2010.	Number under five children who are treated for diarrhea reduced from 28 to 2 cases
Kombolcha Health TTP Site	<u>Static site:</u> To decrease diarrhea cases of all age groups from 245(38%) to 161 (25%) in Kombolcha woreda from May 24 – July 5/2010 G.C.	Diarrheal cases treated at Kombolcha health center decreased from 38% to 22%
	<u>Demonstration village (DV site):</u> By 24-July 5/2010, decrease open field solid waste disposal from 62% to 40% in Kombolcha town, ketena 03 residents	24 refuse pits constructed resulting to decrease in open field solid waste disposal from 62% to 40%

**Appendix 6 - 9: Success stories:**

- Increasing VCT coverage in North Gondar zone
- Improving rate of provider initiated HIV counseling and testing
- Strengthening public sector health teams for better coordination of HIV programs, Oromia region.
- LDP Strengthens the Capacity of Civil Society Organization

## INCREASING VCT COVERAGE IN NORTH GONDAR

### Leadership Development Program Strengthens the Public Sector's Ability to Reach the Community with Services

From August 2008 to January 2009, the five health centers in the North Gondar Zone of the Amhara Region in Northern Ethiopia provided voluntary counseling and testing (VCT) services to only 7,000 clients, a small number for the area's population of over 220,000. During the same period one year later, the same number of staff were able to serve over 25,200. How were they able to achieve such an improvement?

The HIV/AIDS prevention and control office (HAPCO) credits the Leadership Development Program (LDP). Developed by Management Sciences for Health, the LDP was delivered to six regional and zonal teams in Amhara from August 2009 to March 2010 with PEPFAR support. North Gondar faced many obstacles in increasing VCT services. Overworked staff, limited operating hours, and inaccessibility of the health center were preventing the health centers from reaching many people. Testing kits were not adequately distributed to the five health centers located throughout the North Gondar Zone.

The LDP teaches teams key leadership and management practices. As part of the program, teams identify a key challenge in their work, and throughout the course of the program develop an action plan for addressing that challenge. In addition to development of leadership and management skills and a concrete action plan to produce real results, the LDP helps teams develop a vision, a sense of teamwork, and a clear understanding of roles and responsibilities, all of which will improve their coordination and management abilities. Using the LDP, the HAPCO team in North Gondar was able to dramatically increase VCT services in the zone.

"Previously, even though the services were offered, not many were accessing them" explained Jemal Ibrahim, a Health Management Specialist with the LMS Program. "Now, every counselor has a plan for the month, he or she knows what to do and has goals. Before, the center only waited for clients to come to them. Now, they've created an action plan and mobilized resources to bring the services to the client."

"Previously we only offered service for half the day, and only here at the center," said Sister Belaynesh, the VCT nurse at the Azeso Health Center located about 25 km from Gondar Town. "But, from using the [LDP's] scanning tool we saw that accessibility was one of the obstacles preventing us from increasing the number of people coming in." The team launched an outreach VCT clinic that brought the services nearer to the community.

*"The LDP showed us how to transform problems into challenges. Before, we'd try to solve all our problems at the same time, at the same week, month. Now we've learned to focus. What can we resolve now? What activities are under our sphere of influence? What will have the biggest effect with the resources we have? It's helped us achieve results."*

—Ashetie Belay, Head of Azeso Health Center.

Staff became motivated and expanded hours, offering services during the weekends. Other health centers launched similar activities to reach as many people as possible with what resources they had on hand or could mobilize.

"The LDP showed us how to transform problems into challenges," explained Eshetie Belay, the Head of the Azeso Health Center. "Before, we'd try to solve all our problems at the same time, at the same week, month. Now we've learned to focus. What can we resolve now? What activities are under our sphere of influence? What will have the biggest effect with the resources we have? It's helped us achieve results."

In addition to VCT, this has increased other services—the uptake of ART has increased, and the number of women enrolled in prevention to mother to child transmission programs have increased. "I never thought before of the value of acknowledging others, and how it creates results," continued Mr. Belay. "It's been an inspiration for both me and those working with me."



*Clients waiting to use the center's VCT services. Photograph by Michael Paydos, 2010.*

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## IMPROVING RATE OF PROVIDER INITIATED HIV COUNSELING AND TESTING

### Public Sector Health Teams Improve Services Following Leadership Development Program

In March 2010, the Arsi Negele Health Center gave 80% of all outpatient clients provider initiated HIV counseling and testing (PIHCT), an incredible number when you consider that just three years earlier only about 3% were tested. What effected this change? Staff at the health center and within the West Arsi Health Department credit the Leadership Development Program (LDP).

When the rate was only 3%, only suspected cases were offered testing. Then, in July 2007, the Ethiopian government expanded its strategy to allow free HIV testing for all, and all outpatients at health facilities should be offered PIHCT. Despite this strategy change, the rate at Arsi Negele rose only slightly—7% the first year of the new policy and up to 23.9% by late 2009.

Bokona Dhaba, Head of the health center, explained that the “staff wasn't motivated enough to achieve improvements. We knew of the new policy, but there were still shortages in test kits. And if one of the outpatient health officers or nurses ran out of kits, they wouldn't do any more, even if more kits were available elsewhere in the health center.” The center, which serves a population of more than 65,000 and is located about 225 km south of Addis Ababa in the Oromia region, was also overworked and staff morale was low.

The LDP, implemented by the USAID-funded Leadership, Management and Sustainability (LMS) Program of Management Sciences for Health, is a structure process that enables teams to face challenges and achieved desired results. The



*A patient receiving PIHCT services at the Arsi Negele Health Center. Photograph by Michael Paydos, 2010.*

guiding principles of the LDP include scanning the environment, focusing on a challenge, creating a shared vision, and implementing an action plan. Delivered over a period of six months through a series of workshops with teams working on their own, the LMS launched the LDP in September 2009 to 6 public sector teams in the Oromia region (67 participants total). All the teams—five from zonal and one from the regional health bureaus—are responsible for coordinating the national response to HIV/AIDS.

The zonal health team in West Arsi participated in the LDP, including staff from the Arsi Negele Health Center within

*“I went from thinking that I had to do everything, and a lot of my day would be spent writing notes to staff telling them what they've done wrong. Now, I trust everyone to take ownership of their role and I make certain to provide acknowledgement to everyone for their commitment. The improvement in morale has been dramatic.*

—Bokona Dhaba, Arsi Negele Health Center Head and LDP participant

the team. “Each time we completed a workshop,” explained Feyisa Safayo, the Quality Assurance Officer from the zonal health department, “we would share the experience with our teams and with the health center staff. It's how we created a shared mission and vision that everyone was aware of.”

Through improved work climate and better communication between health center staff, the team witnessed immediate improvements. Mr. Safayo explained that “the shared vision raised motivation among the staff, increased team spirit, and created a feeling of ownership of the work and individual responsibility for their work.” Now, when one of the outpatient health officers runs out of testing kits, he will seek out additional kits, one went so far as to drive to another site to acquire more supplies. Additionally, Mr. Safayo noted that the health center went from being one chronically late with reporting its numbers to the zonal office, to being one of the most timely.

In addition to achieving a PIHCT rate of 80%, the health center has also seen an increase in the overall number of clients due to improved customer service and outreach the LDP team did to the community. The health center has also been able to open a new outpatient department to receive additional clients. Staff, which once were on their way home the minute their shifts ended, are now seen staying late, attending

weekend meetings, and traveling to other health sites to acquire needed supplies.

Mr. Dhaba sums up how the LDP changed him nicely: “I went from thinking that I had to do everything, and a lot of my day would be spent writing warning letters to staff telling them what they've done wrong. Now, I trust everyone to take ownership of their role and I make certain to provide acknowledgement to everyone for their commitment. The improvement in morale has been dramatic.”

In addition to continuing to improve their PIHCT coverage even further, the Arsi Negele Health Center has chosen new challenges to apply to principles of the LDP to. Mr. Dhaba “Though we have good antenatal care coverage and good services for prevention of mother to child transmission, we have few attended births.” The zonal team has also begun applying the LDP to other health centers in their coverage area. The Kofele Health Center, considered a model facility in the area serving a similar sized population, currently has a PIHCT rate of 45%. “Using the LDP,” Mr. Safayo said, “we will be able to make these improvements everywhere on our own.”



*Members of the West Arsi Public Sector LDP Team, working on their final presentation of their results. Photograph by Michael Paydos, 2010.*

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## STRENGTHENING PUBLIC SECTOR HEALTH TEAMS TO BETTER COORDINATE HIV/AIDS PROGRAMS

### The Leadership Development Program produces results in Oromia, Ethiopia

In March 2010, the fourth and final workshop for the Leadership Development Program (LDP) for the Oromia Region of Ethiopia took place. During the six month period in which the program took place, five zonal and one regional public sector teams learned advanced principles of leadership and management including how to scan their department's current situation, identify key challenges facing the health of their catchment areas, align and mobilize the entire staff to face that challenge, and how to focus on achievable actions that will produce results.

“Before, when something was wrong I would see all the problems,” a member of the West Arsi team explained. “Problems due to someone else. Now, I am able to see challenges. Things I can do something about.” The LDP was developed by Management Sciences for Health (MSH) to enable teams to strengthen their management and leadership skills in order to achieve results. In Ethiopia, MSH's Leadership, Management and Sustainability program—with support from USAID and PEPFAR, is implementing the LDP in 10 zones from two regions as well as one team from each region.

More than 60 participants completed the program. The six teams were comprised of members from various health departments within their zone or region, staff responsible in some way to the public sector response to the HIV/AIDS crisis in Ethiopia. The four three-day workshops held over six months enabled teams to analyze their current situation in that response, and choose an HIV/AIDS challenge to work on while developing their management and leadership skills.



*Participants engaging in discussions following the presentations. Photograph by Michael Paydos, 2010.*

At the last workshop, teams also presented their results as well as detailed what they learned during the program. A number of officials from the federal and regional Ministries of Health attended. “This has been a great success, and leadership is essential to enable effective management of the health system” one attendee from the Regional Ministry of Health noted. “However, it can't stop here. We need this at every level of the health system throughout the region.”

“I became inspired when I saw that we could achieve results on our own,” a member of the North Shewa zonal team said. All six of the participating teams made great strides against their challenges, achieving at least 90% of their targets. During the six months of the program, teams were able to:

- East Shewa: more than 6,700 new clients coming to the Modjo Health Center receive provider initiated HIV counseling and testing (PIHCT), well above their target of 6,000. The health center reached 3,500 the previous six months.

*“Before, when something was wrong I would see all the problems. Problems due to someone else. Now, I am able to see challenges. Things I can do something about.”*

—Participant, West Arsi Team

- West Arsi: Increased PIHCT from 20% of new outpatient clients during the previous year to more than 80% by March 2010, despite also seeing an increase in the number of new clients credited to improvements in the Arsi Negele Health Center’s services as a result of the leadership and management training.
- South West Shewa: The percentage of pregnant women receiving ANC services at the Woliso Health Center who also got tested for HIV increased from 40% to 82%.
- West Shewa: The Ginch Health Center increased its coverage of PMTCT from 48% to more than 86%.
- North Shewa: PIHCT coverage at the Fitch Health Center went from 1,155 (15% of all new clients) during the previous six months to more than 5,000 by the end of the program, well above the team’s target.
- Oromia Regional: Established a central database and data collection system for the regional health bureau that tracks all stakeholders working on HIV/AIDS programs and providing services to foster joint planning.

“Our results were fueled by the creation of our shared vision for the health center, which raised the motivation of the staff,” explained a member of the West Arsi team. “It increased the staff’s feeling of responsibility and ownership each must take for the success of the work.” Each team has felt a renewed sense of their mission as a result of the LDP. All of the teams continue

to work on their challenges, and many have selected new challenges and new sites within their zones. “Our goal is to reach every health center we support with this program,” a participant from the West Arsi team revealed. “We now have the tools to go forward with this on our own.”



*LDP teams from the Oromia Region presenting their results of the last six months. Photograph by Michael Paydos, 2010.*

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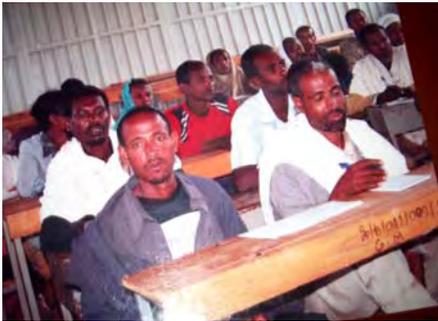
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## SUCCESS STORY

# Leadership Development Program Strengthens the Capacity of Civil Society Organization

### Team participating in the Leadership Development Program Reduces Early Marriage Arrangements in Dembya and Gondar Zuria Districts



*LDP was scaled up to include an Anti-Early Marriage Community Activist group*



*Terengo Bazezew, a 12-year old early marriage survivor from Rural Village of Guranba Michael*

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[www.usaid.gov](http://www.usaid.gov)

Ethiopian and regional governments have all implemented family laws absolutely prohibiting any marriage arrangements among couples whose age is under 18. Despite this, early marriage is still widely practiced by most communities, particularly in rural areas.

For the last six months, a team from African Network for Prevention & Protection of Children Against Maltreatment and Neglect (ANPPCAN), has been working on this challenging practices. Through participating in the Leadership Development Program (LDP) implemented by Management Sciences for Health, the team made significant progress on cancellation of early marriages in the rural communities of Dembia and Gondar Zuria districts. According to team members, their participation in the LDP helped them properly scan their environment, be more focused, and mobilize the community and other stakeholders to achieve results. They also shared the skills learned through the LDP to other staff and community activists.

Team members noted that their participation in the LDP was important for them to improve their work climate and to use their systems more effectively and efficiently. Within six months (January to June, 2010) ANPPCAN reduced Early Marriage arrangements by 28% (from 196 Early Marriage arrangements during the same period the previous year to 142).

The Program Coordinator of ANPPCA-North Gondar branch, Mr. Desalegn Woldeysus, said that “previously, there was poor integration between staff and stakeholders, weak communication, and information management systems that hindered the pace of our work. But now thanks to LDP we scan all the situations which enable us to make detail stakeholder analyses, analyze identified obstacles, and develop action plans.”

Some Anti Early Marriage Activists (AEMAs) noted that previously they externalized when facing problems, and did not have a shared vision or identified results to achieve. They would simply work for working sake, with little teamwork or spirit. “Passing through LDP now,” one participant noted, “we have a good team spirit with common shared vision and measurable results. We devote our best possible to act on obstacles than make them external.”

Terengo Bazezew is only 12 years old. She said “thanks to the efforts exerted to convince my parents to cancel the planned early marriage I am now able to continue my education.”