# Management Sciences for Health LMG Ethiopia Worldwide Contribution Report for Fiscal Year 2014: October 1, 2013 – September 30, 2014

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The Leadership, Management and Governance Project (LMG) is a United States Agency for International Development (USAID) five-year Cooperative Agreement, designed to strengthen and expand the people-centered capacity building strategy pioneered under the Leadership, Management and Sustainability (LMS) Project, LMG's successor project. The LMG Project's objective is to support health systems strengthening by addressing the gap in leadership, management and governance capacity of policy makers, health care providers and program managers to implement quality health services at all levels of the health system. Governance functions – distinct from leadership and management functions – are an important focus of LMG because they provide the ultimate commitment to improving service delivery, and foster sustainability through accountability, engagement, transparency and stewardship.

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# LMG Ethiopia Annual Report

## **Ethiopia**

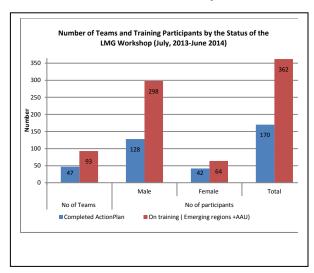
Source of Funding: USAID LMG Project

### **Objectives of program**

LMG Ethiopia project's objective is to support health systems strengthening by addressing the gap in leadership, management and governance capacity of policy makers, health care providers and program managers to implement quality health services at all levels of the health system.

Governance functions – distinct from leadership and management functions – are an important focus of LMG because they provide the ultimate commitment to improving service delivery and foster sustainability through accountability, engagement, transparency and stewardship. The project works in collaboration with the Federal Ministry of health(FMOH), Regional Health Bureaus (RHBs), Zonal health departments (ZHD) /District Health Offices, training institutions, professional health associations, and Civil Society Organizations (CSOs) to pursue three distinct strategies:

1. Management systems in place to standardize and harmonize pre and in-services LM&G training curricula and modules for the health sector in Ethiopia.



- 2. Develop the leadership, management and governance capacity of selected FMOH Directorates and agencies, as well as selected RHBs / ZHD /District Health Offices, and facilities through LM&G training so that they can apply new leadership and management skills and shoulder responsibilities for managing and delivering a standardized training to improve health planning and management; and
- 3. Strengthen the institutional capacity of Ethiopian training institutions and professional health associations, to help them achieve institutional, development.

These strategies are designed to uphold and perpetuate the strong local ownership that permeates the FMOH, regional and district health offices, training institutions, professional health associations, and CSOs in Ethiopia. Our support will be to advise and guide our counterparts, and to equip them with the tools and job aids necessary to elevate their capacity and performance. LMG's inputs are also designed to support the Business Processing Reengineering (BPR) and Balanced Scorecard (BSC) rollout within the health sector. Specifically based on the results from the pilot program of BSC, the Ministry of Health is

expanding usage of the balanced scorecard throughout the entire national health system. The LMG approaches allow all participants in the system to understand how their performance contributes to the achievement of FMOH strategic objectives, and helps align the Ministry of Health's vision with the work people do on a day-to-day basis

# **Specific Objectives**

- 1. To facilitate the provision of LMG in-service training
- 2. To institutionalize LMG through integrating in to pre service curriculum in order to address the issue of sustainability
- 3. To capacitate training institutions and professional health associations so that they will become partners for FMOH in the provision of technical assistance in the area of LMG.

#### **Key achievements**

#### *Key Achievements (Pre- Service)*

- Preliminary discussions on the need to look into the existing curricula of health service management courses held with Addis Ababa, Mekele, Wollo, Gondar, Haramaya, Bahir Dar universities and the Federal Ministry of Education and noted that professionalization of leadership, management and governance for the health cadres is critically important to improving health services in the country.
- For better understanding of the critical leadership, management, and governance gaps that exist within the health sector in Ethiopia a desk review and needs assessment was conducted in eight federal universities (Addis Ababa, Wollo, Jimma, Hawassa, Gondar, Mekele, Bahirdar and Haramaya Universities) and findings remarked that LM&G capacity building programs are a corner stone for better management of the decentralized and democratized health system in Ethiopia.
- LM&G core competency development workshop conducted from April 7-13/2014 in Adama by MSH/LMG-Ethiopia project in collaboration with eight Ethiopian Public Universities mentioned above and Ethiopian Nurses, Midwives and public health officers Association and the first draft of the desired core competency areas for both categories (public health officers and Nurses) developed.
- The content integration workshop was conducted from June 7-10, 2014 in Adama where 25 representatives from the eight universities were in attendance. The attributes in the core competency document were mapped and LMG contents integrated in to the existing Health Service Management course syllabus and Health Service Management/nursing administration courses for public health officers and Nursing and Midwifery categories, respectively.

#### **Key Achievements (In-Service)**

- The LMG in-service training manual for the three categories of trainees (Senior/ Federal, Facility, & District) was finalized and approved by the FMOH Senior Management Team.
- LMG TOT was given for 72 FMOH, RHBS, Training institutes, and University staffs for the purpose of building a pool of resource persons and facilitators for cascading LM&G trainings and workshops in the regions, Woredas, and health facilities.



Dr. Amir state Minster at FMOH Attending the FMOH Result Presentation Workshop (May, 24, 2014 FMOH Hall)



Figure 1: Participants of the Harari and Diredawa Result Presentation Workshop (March,29,2014, Haromaya University)

- From December 13-19, 2013, LMG conducted Management and Organizational Tool (MOST) workshops in the six Woredas /districts (Babile, Kombolcha, Haromaya, Tullo, Mesio, and Habro) of East and West Hararghe Zones of Oromia Regional State for the purpose of facilitating the woreda base planning process. A total of 103 staffs from all six Woredas Health offices of all departments participated in the process.
- From March, 29 up to May 24, 2014, a total of 47 teams in Hareri, Diredawa and East and West Harerghe and FMOH took the six month long LMG Workshop, received rigorous coaching between workshops and completed their LMG project action plan.
- LMG delivers technical support for FMOH for its massive LMG workshop intervention in three emerging regions (Afar, Somale and Gambella regions)

Table 1: Number of teams and training participants in three emerging regions who received the first round training by FMOH in collaboration with LMG- Ethiopia

Region	Entity	# of Teams	Male	Female	Total Participants
Afar	RHB & Woreda	11	62	15	77
Gambella	RHB & Woreda	13	41	0	41
Somale	RHB & Woreda	35	92	11	103
Total		59	195	26	221

#### **Key Achievements (Gender)**

- LMG provided technical support to FMOH for the development of gender training manual and strategic plan development.
- Gender TOT provided for 46 participants drawn from three federal agencies and three hospitals.
- The Gender Directorate of FMOH, in collaboration with LMG-Ethiopia, organized two rounds of gender and leadership training for the Ministry's mid and senior level female staff in collaboration with LMG where total of 80 female case-team leaders and directors attended the training.

#### Challenges

• Because of other competing priorities within the ministry, some activities of the project were not able to implement as per the original schedules.

#### Next 6-12 months

- LMG Workshop for the health workforce will be expanded to Amhara, Tigray, Southern Nations Nationalities People's Region(SNNPR) and Oromiya regions
- LMG continues to strengthen synergy between RHBs and nearby universities this include Joint rollout planning for LMG in service training at regional and Woreda/District level
- LMG training for university staffs (Mekelle and Wollo, Hawasa, Jimma and AA, Bahirdar and Gondar) will be conducted
- LMG content integration for Health Officers, nurses and mid-wives syllabus will be completed and similar efforts will be exerted with medical graduates and pharmacists

#### **Global PMP section**

Indicator reference number	Global PMP Indicator	Reporting period (July-December)	Reporting period (January-June)
3.1a:	# of teams trained by LMG staff using LMG tools, models, approaches, and/or in-service curricula, disaggregated by management level, type of organization, and country, and individuals disaggregated by sex	NA	93 (298 Male + 64 Female)
3.1d:	# of local facilitators of faculty trained by LMG staff to deliver LMG tools, models, approaches, and/or in-service curricula, disaggregated by sex, management level, organizational affiliation, type of organization, and country.	21 ( Debrezeit TOT) 17 male+ 4 Female	51 ( ALERT , University staffs) 48 Male + 3 Female
3.1b:	# of teams trained using LMG tools, models, approaches, and/or in-service curricula who develop action plans, disaggregated by sex, management level, type of organization, and country.	NA	16 Team Male 20 + Female 2
3.1e:	# of teams trained by local facilitators who previously received training by LMG staff in LMG tools, models, and/or approaches, disaggregated by sex, management level, type of organization, and country.	NA	8 ( AMREF) 25 Male +3 Female
3.1c:	# of teams that previously received training in LMG tools, models, and/or approaches who report completion of an action plan, disaggregated by sex, management level, type of organization, and country.	NA	47 teams 42 Female +128 Male