

Leadership Management and Governance, Ethiopia (LMG ET) Project

Final Report: March 2012 – September 2017

Author: Management Sciences for Health (MSH)

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Development Objective:

The LMG Project's objective is to support health systems strengthening by addressing the gap in leadership, management, and governance capacity of policymakers, health care providers and program managers to implement quality health services at all levels of the health system. In Ethiopia, LMG focused its efforts around 3 intermediate results:

1. Management system(s) in place for harmonized, standardized and accredited in- and pre-services L+M+G training for Ethiopia health workforce
2. L+M+G capacity of FMOH directorates and agencies as well as regions and city administration (Tigray, Amhara, Oromia, SNNPRS, Harari, Dire Dawa) Regional Health Bureaus/Zonal/District Health Offices and facilities developed
3. Institutional capacity of Ethiopian training institutions and professional health associations strengthened

Any Suggested Keywords: Leadership, Management, Governance, Health Systems Strengthening, Final Report, Ethiopia, Africa

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Leadership, Management & Governance Ethiopia Project

Final Report

March 2012 – September 2017

LMG SITES



September 2017

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Project Activity Summary Form

Project Name: Leadership, Management, and Governance/Ethiopia
Project Objectives: LMG/Ethiopia has three intermediate results : <ol style="list-style-type: none">1. Management system(s) in place for harmonized, standardized and accredited in- and pre-services L+M+G training for Ethiopia health workforce2. L+M+G capacity of FMOH directorates and agencies as well as regions and city administration (Tigray, Amhara, Oromia, SNNPRS, Harari, Dire Dawa) Regional Health Bureaus/Zonal/District Health Offices and facilities developed3. Institutional capacity of Ethiopian training institutions and professional health associations strengthened
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Acronyms

ALERT	All African Leprosy and TB Rehabilitation and Training
ANOPA+	Addis Ababa Network of PLHIV Association
ART	Anti-Retroviral Therapy
CSO	Civil Society Organizations
CCA	Core Competency Area
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
DMR	Desired Measurable Result
EHRIG	Ethiopian Hospital Reform Implementation Guideline
FHAPCO	Federal HIV AIDS Prevention Control Office
FMOH	Federal Ministry of Health
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	U.S. Global Health Initiative
HAPCO	HIV AIDS Prevention Control Office
HIV	Human Immunodeficiency Virus
HRDAD	Human Resources Development and Administration Directorate
HSM	Health Service Management
HSTP	Health Sector Transformation Plan
ICU	Intensive Care Unit
IPD	Inpatient Department
IST	In Service Training
LMG	Leadership, Management, and Governance
MOU	Memorandum of Understanding
NEP+	Network of Positives
NNPWE	National Network of Positive Women in Ethiopia
NGO	Non-Governmental Organization
OALFA	Observe, Ask, Listen, give Feedback, and Agree
OI	Opportunistic Infections
OPD	Outpatient Department
OR	Operation Room
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV AIDS
PFSA	Pharmaceuticals Fund and Supply Agency
PMTCT	Preventing Mother to Child Transmission
RHB	Regional Health Bureau
PSM	Project Support Management
RCC	Rolling Continuation Channel
STI	Sexually Transmitted Infections
TOT	Training of Trainers
TTP	Team Training Program
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

I. Executive Summary

The Leadership, Management, and Governance Project in Ethiopia (LMG/Ethiopia), funded by the United States Agency for International Development (USAID), and led by Management Sciences for Health (MSH) provided management, technical, and financial support to federal and regional stakeholders in improving the performance of the Ethiopian health workforce. The focus of activities was on strengthening those qualities and skills required for good leadership, management, and governance overall.

The LMG Ethiopia Project involved close collaboration with the Federal Ministry of Health (FMOH), Regional Health Bureaus, Zonal/District Health Offices, training intuitions, professional health associations, and civil society organizations (CSOs) to pursue three distinct strategies:

1. Standardize and accredit needs-based, in- and pre-service training for the Ethiopian health sector through an integrated system ensuring rigorous harmonization, standardization and accreditation processes;
2. Develop the leadership, management and governance capacity of selected FMOH Directorates and agencies, as well as selected Regional Health Bureaus/Zonal/District Health Offices, through leadership + management + governance (L+M+G) training so they can absorb new responsibilities for managing and delivering a standardized in-service training to improve health services; and
3. Strengthen the institutional capacity of Ethiopian training organizations, professional health associations, and people living with HIV/AIDS (PLHIV) Associations to help them achieve institutional and programmatic sustainability.

In effect, LMG Ethiopia collaborated with local institutions and organizations to create a process for systematically building the leadership, management and governance competencies of the Ethiopian health workforce, resulting in improved performance, and ultimately contributing to a strengthened health system, which offers improved access to, and quality and utilization of, priority health services.

Key results in each of the project's three result areas included:

- 1. Management system(s) in place for harmonized, standardized and accredited in- service and pre-service L+M+ G training for the Ethiopia health workforce**

In-service Training

Together with a Technical Working Group (TWG) comprised of content-area experts from across Ethiopia, the LMG Ethiopia Project supported the development of three separate **in-service training** modules for senior, district, and facility level-hospitals and health center leadership and management

teams. All of the modules include a facilitator guide, participant manual, and reference pack. The modules were launched at the end of project event which included distribution of over 1,000 copies to participants along with information on reference sources. These standardized modules are currently being used for leadership, management, and governance in-service trainings throughout the country.

Pre-service Training

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 Competency Development Workshops with pre-service institutes. 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 LMG skills and practices were included in the pre-services undergraduate programs of the eight public universities, and to date, 2,394 students (1,785 male, 609 female) have taken the newly developed LMG course.

2. L+M+G capacity of FMOH directorates and agencies as well as regions and city administration (Tigray, Amhara, Oromia, SNNPRS, Harari, Dire Dawa) Regional Health Bureaus/Zonal/District Health Offices and facilities developed.

LMG worked closely with the FMOH and local stakeholders and **delivered L+M+G workshops for health leaders and managers in Ethiopia**. The LMG workshops were organized in four rounds with coaching and mentorship supports between each workshop. The LMG project also confirmed that each team held at least two team meetings between workshops.

- The 1st round workshops addressed emerging and existing health issues, health systems and health systems strengthening, national health policy and other national initiatives. During the first workshops, it was witnessed that the LMG training helps senior leaders and managers better understand the national health policy of Ethiopia. Attendance at the 1st round workshops was 527 teams, consisting of 1,912 participants (of whom 528 were female).
- During the 2nd round workshops, teams learned how to mobilize stakeholders, understand focusing as a leadership practice, apply the principles of the change process in leading organizational change initiatives and create action plans that guide teams toward their measurable results. Attendance of 2nd round workshops was 545 teams, consisting of 1,932 participants (of whom 542 were female). It is important to note here that the number of participants in some cohorts increased during the second workshop. This is because when the facilitators visited the teams at their workplace and discussions were held with staff and senior managers, more staff showed interest to be part of the course and joined their work mates in the second workshop.
- During the 3rd round workshops, participants discussed the four practices of governance, which are: cultivating accountability, engaging stakeholders, setting directions, and stewarding resources. Participants did participatory exercises to create mechanisms for sharing information

and rewarding behaviors that reinforce transparency, integrity, participation and inclusion. Attendance of 3rd round workshops was 480 teams, consisting of 1,679 participants (of whom 519 were female).

- During the 4th round workshops—the Results Presentations—participants provided the extent to which they achieved their measurable results. Many teams indicated that their participation in the L+M+G course helped them improve the work climate at their workplace, internalize the vision and mission of their organization, improve team work, and align daily routines with vision and goals of the organizations. Out of the 451 teams consisting of 1,726 participants (of whom 518 were female), 391 teams achieved more that 80% of their measurable results.

Critical Mass of LMG Trainers

A key result under this strategic area was the support the LMG Ethiopia Project provided to the FMOH in **creating a pool of LMG trainers in the country**. This was accomplished through a series of “training of trainers” (TOTs) carried out throughout the life of the project. Four TOTs were conducted, each lasting 9-10 days, and included 185 participants (165 male, 20 female) from universities and health science colleges.

Women and Youth Affairs Directorate of the FMOH

The LMG Ethiopia Project supported the Women and Youth Affairs Directorate of the FMOH to develop a strategic plan, national curricula, and modules on gender in the context of public health. The Director and other managers participated in the LMG workshop organized for the FMOH directorates, which enabled them define a strategic plan on gender.

In addition, the Directorate completed the Gender Training Manual, consisting of a facilitator guide, participant notes, and participant manual, which was approved by the FMOH in 2014 for use in the trainings throughout the country.

A TOT on gender in the context of health was conducted for 109 participants from nine regions and two city administration health bureaus, including regional gender managers or officers responsible for developing action plans for cascading the training in their respective regions. Follow up on the training’s roll out was led by FMOH.

With financial and technical support from the LMG Ethiopia Project, the FMOH Women and Youth Affairs Directorate organized and delivered assertiveness training for 196 administrative and support staff across government agencies.

Two rounds of leadership trainings were organized with the objective of building the capacity of female health leaders. A total of 85 women leaders participated in the training, including case team coordinators, department/branch heads, and managers from regional health bureaus, federal agencies, and hospitals.

Yale University-led Senior Leadership Program

The LMG Ethiopia Project hosted four Senior Leadership Program (SLP) sessions in collaboration with the

FMOH and Yale University, aiming to strengthen FMOH's leadership and ability to develop highly effective and efficient senior teams. The 22 participants included the Minister of Health, state ministers, senior advisors, and directors, who received a certificate from Yale University upon completion of the program.

AMREF Health Africa

With technical and financial support from the LMG Project, AMREF in collaboration with the Medical Services Directorate strengthened L+M+G practices in 8 hospitals. Eight hospital teams completed three rounds of the LMG training with coaching sessions in 5 of the hospital teams.

3. Institutional capacity of Ethiopian training institutions, professional health associations and selected government offices strengthened

Support to the Federal HIV/AIDS Prevention Control Office (FHAPCO)

The LMG Ethiopia Project provided technical support to FHAPCO through the secondment of a senior staff specialist focused on grant management and reporting. Through this effort several critical issues were addressed: a no-cost extension for HIV RCC Phase II grant and 36.8 million USD was approved by Global Fund; the Pharmaceuticals Fund and Supply Agency (PFSA) completed unfinished work reducing an unsettled balance in PFSA of 109 million USD; over 28 million USD was successfully re-allocated to priority areas and extension of activities.

LMG provided technical support through a mapping exercise and several capacity building sessions resulting in the dissemination of the HIV Investment Case which was officially adopted by the HAPCO. The document was printed out and distributed to all regions and implementing partners.

The Ethiopian Public Health Officers Association (EPHOA)

Technical and financial support was provided to EPHOA in assisting them in becoming a viable and successful organization. Support included carrying out a strategic planning workshop, which included environmental scanning, stakeholder engagement, and workshop design and facilitation. Further support was provided to EPHOA in developing a website and in organizing their annual conference.

All Africa Leprosy, Tuberculosis and Rehabilitation Training (ALERT) Centre

Through LMG support, ALERT developed a six-month action plan for addressing institutional capacity gaps. As a result, ALERT was able to provide short-term training on customer service for its staff, updated its finance management system and reports, and revised its financial guidelines.

ALERT was also supported with grant management training for 13 staff. The aim of the grant management training was to build the capacity of the center and FMOH Resource Mobilization Directorate to manage grants. The training was facilitated by experienced trainers from LMG team and the rules and regulations of the major donors including USAID, the U.K. Department for International Development, and the European Union were addressed during the training.

II. Background

The Leadership, Management and Governance (LMG) Project built on the work of the LMS (Leadership, Management, and Sustainability) project in Ethiopia which worked to strengthen management and leadership to improve health system performance. In early 2012, the U.S. Agency for International Development (USAID) mission in Ethiopia requested LMG support to conduct a series of dialogues with directorates within Ethiopia's Federal Ministry of Health (FMOH); Regional Health Bureaus of Oromia and Addis Ababa; Federal HAPCO; U.S. Government (USG) representatives; and local in-service training entities, including public, private, and NGO institutions and professional health associations, to guide USAID and its key stakeholders on how to optimally utilize their resources to strengthen the leadership, management and governance of the health sector in Ethiopia. After a series of consultations with stakeholders a program document was designed.

During the consultations and document review, it was observed that the Government of Ethiopia (GOE) implemented a reform process in the health sector through Business Process Reengineering (BPR) to analyze and redesign business processes to increase performance outcomes. The GOE implemented BPR in the health sector to establish customer-focused institutions, rapidly scale up health services and enhance the quality of care. The BPR changed the MOH structure, and shifted direct responsibility of specific programs. With the BPR, Ethiopia experienced increasingly decentralized oversight and management of its public health system to the Regional Health Bureau (RHB) level. In coordination with the reforms, training was been provided to managers and technicians at all levels. However, there were still important leadership, management and governance capacity gaps, which were identified in the Health Sector Development Plan IV (HSDP IV) approved in 2010. These gaps were prevalent at all levels of the health system and included: inadequate capacity to implement decentralized health system; low utilization of health services; inadequate follow-up on implementation of policies, guidelines, standards and protocols; slow and erratic implementation of BPR; inadequate coordination of public-private

About the Global LMG Project

Funded by the US Agency for International Development (USAID), the Leadership, Management, and Governance (LMG) Project (2011-2017) collaborated with health leaders, managers, and policymakers at all levels to show that investments in leadership, management, and governance lead to stronger health systems and improved health. The LMG project embraced the principles of country ownership, gender equity, and evidence-driven approaches. Emphasis was also placed on good governance in the health sector – the ultimate commitment to improving service delivery and fostering sustainability through accountability, engagement, transparency, and stewardship. Led by Management Sciences for Health, the LMG consortium included AMREF Health Africa, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, Medic Mobile, and Yale University Global Health Leadership Institute.

partnerships in health; weak governance structures for the implementation of HSDP IV; and weak financial management in the health sector including inadequate capacity for fund liquidation, reporting and auditing.

Although a historically popular response to such capacity gaps is to run “hotel-based” in-service training programs, the FMOH in general, and the Human Resources Development and Management Directorate (HRDMD), in particular, was prepared to see an end to such ad hoc capacity building efforts. Instead, they wanted to institute a process for harmonizing, standardizing and accrediting in-service training programs to ensure high-quality responsive programs that are needs-based, and locally owned and delivered.

These concerns were shared and discussed regularly with the HRH Stakeholder’s Group, chaired by the Directorate and comprised of representatives from professional health associations, USAID, the U.S. Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and a variety of other development partners. All were eager to work together to find a way forward.

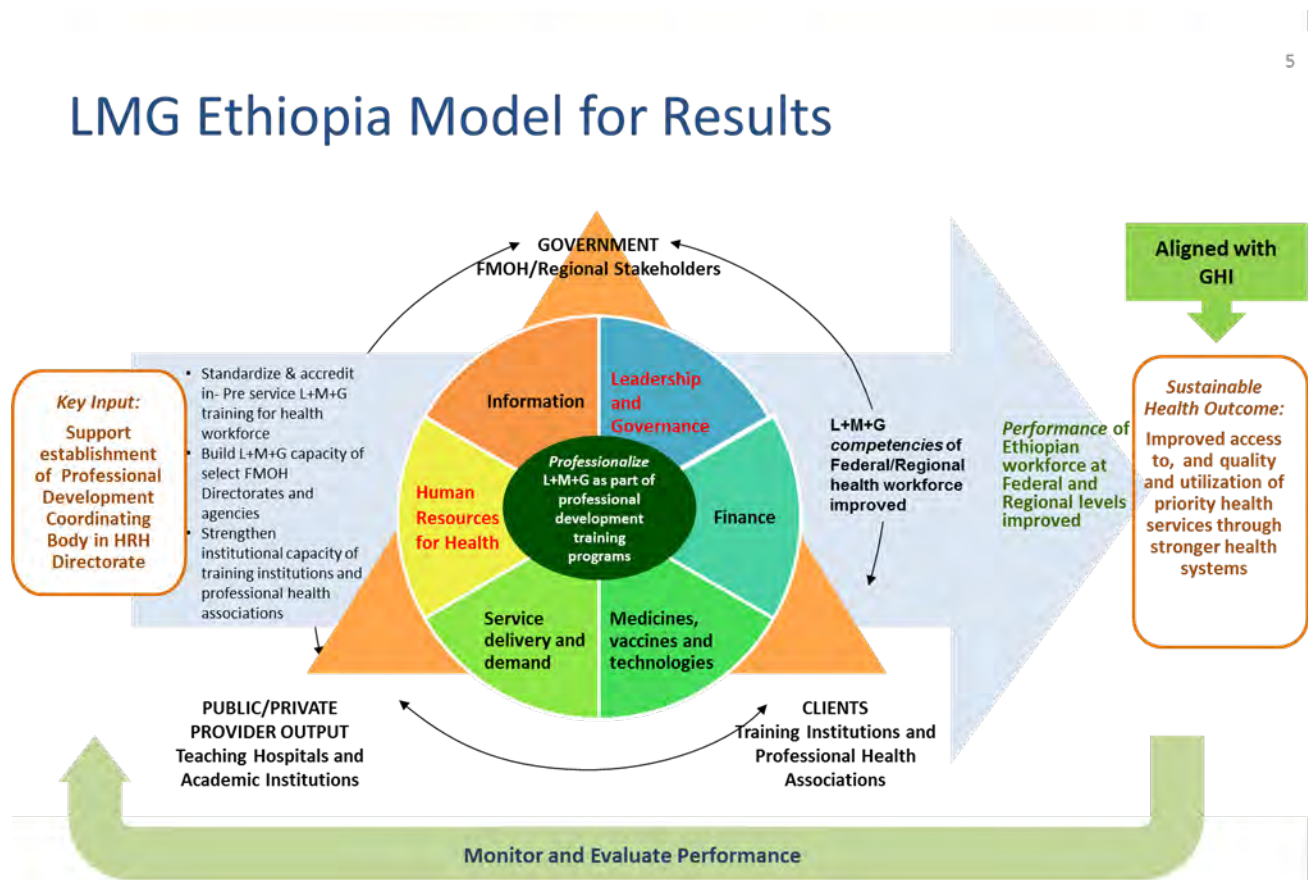
The LMG Ethiopia program involves close collaboration with the FMOH, Regional Health Bureaus, Zonal/District Health Offices, training institutions, professional health associations, and CSOs to pursue three distinct strategies: 1) standardize and accredit needs-based, in- and pre-service training for the Ethiopian health sector through an integrated system ensuring rigorous harmonization, standardization and accreditation processes; 2) develop the leadership, management and governance capacity of selected FMOH Directorates and agencies, as well as selected Regional Health Bureaus/Zonal/District Health Offices, through L+M+G training so they can absorb new responsibilities for managing and delivering a standardized in-service training to improve health services; and 3) strengthen the institutional capacity of Ethiopian training organizations, professional health associations, and PLHIV Associations to help them achieve institutional and programmatic sustainability.

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.

III. Project Technical Strategy and Approach

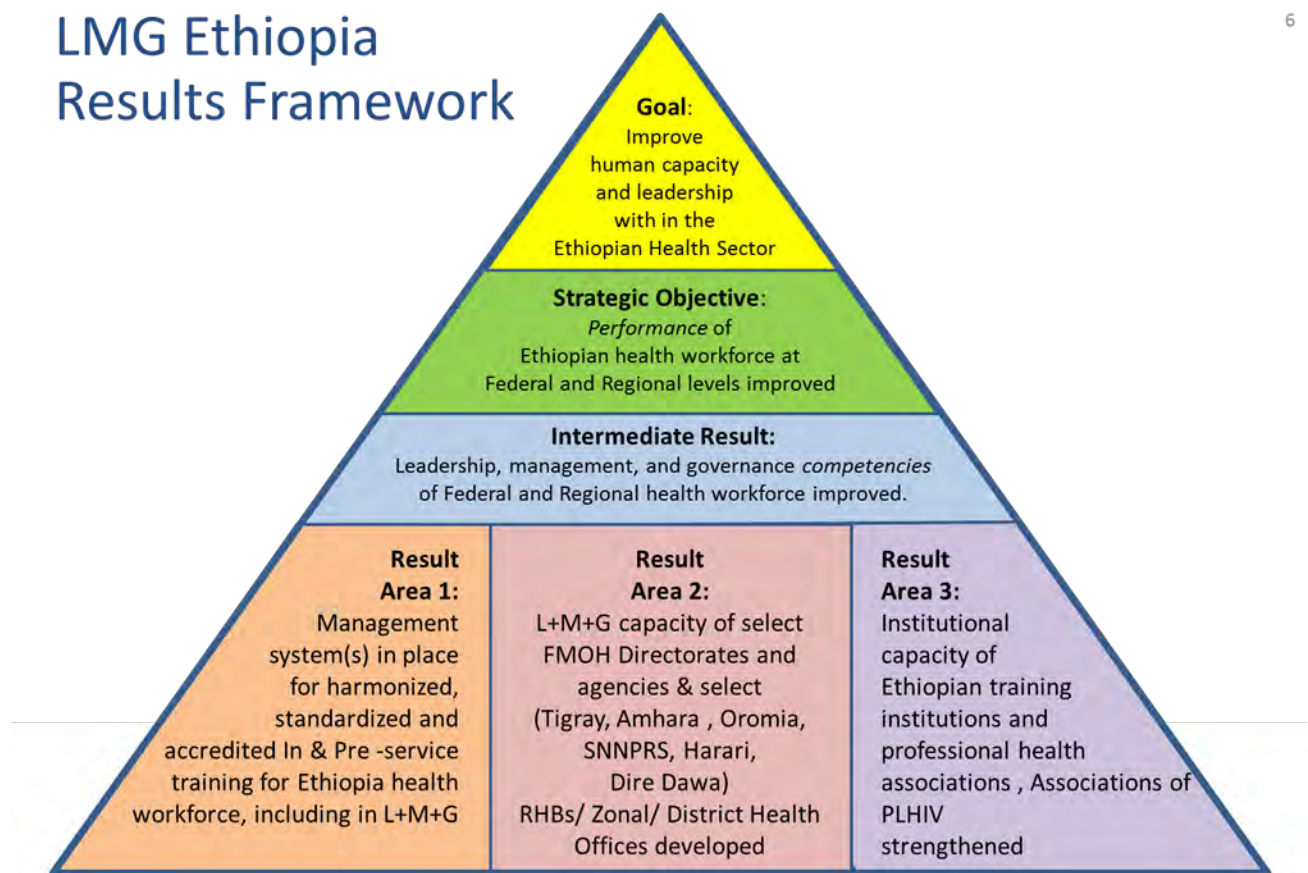
Linking our mission, vision and strategies is the intermediate result of improving the leadership and management *competencies* of the Federal and Regional health workforce. In effect, the project collaborated with local institutions and organizations to create a process for systematically building the leadership, management and governance competencies of the Ethiopian health workforce, resulting in improved *performance*, and ultimately contributing to a *strengthened health system*, which offers improved access to, and quality and utilization of, priority health services. The LMG results model is depicted below (Figure 1). It illustrates how the Ethiopia country program integrates health systems interventions and aligns them with the U.S. Global Health Initiative (GHI) goals.

Figure 1: LMG Ethiopia Model for Results



To support the FMOH and USAID in the development and implementation of successful L+M+G in Ethiopia, the LMG Ethiopia Project proposed a four-tiered results framework (Figure 2). The purpose of the framework is to guide the technical approach, specific interventions and activities that the project implemented to achieve the results necessary to address capacity gaps and improve performance of health managers and health care providers at all levels of the health system.

Figure 2: LMG Ethiopia Results Framework



While the results framework is an oversimplification of the complex environment in which the LMG country team works, it served as an important tool, not only for the programmatic design of the project, but also for managing the overall plan, monitoring progress and the role of multiple stakeholders intimately involved in implementation, and reporting and documenting results of the country program.

IV. Result Areas, Strategies, and Activities

Each results area includes specific strategies through which health system interventions and project activities were delivered. This section provides a summary of the strategies applied and activities performed to achieve results during the life of the project.

1. Management System(s) for In- And Pre-Services L+M+G Training

1.1 Harmonizing, Standardizing and Accrediting the LMG In-Service Training Curricula and Modules

When the LMG project began, it was considered that the Leadership Development Program tools that Management Sciences for Health (MSH) used in several African countries could be used in Ethiopia. The FMOH, however, requested USAID/LMG to seek technical and financial support to develop locally owned tools and methodologies to improve L+M+G skills among the health workforce in the country.

In Ethiopia, a concerted effort has been made in the health sector to increase the capacity of human resources through leadership, management, and governance training. This has been done by various agencies throughout the years but the curricula that has been used for training government health workers has not been uniform at all in terms of scope, content, and methodology. Moreover, these curricula have often been a wholesale adaptation of leadership training that is applicable in other, more developed countries and has not been successfully adapted for use in the Ethiopian health context. This has made it difficult for the FMOH to improve leadership, management and governance in the health sector.

LMG provided technical and financial support to help the Ministry of Health harmonize and coordinate all training activities in leadership, management, and governance in the health sector in Ethiopia. The first step was to bring different actors together to work on the development of a standard curriculum to make sure that leadership, management and governance training is uniform. The FMOH has been able to benefit from incorporating best practices from the various agencies that have been working on increasing the capacity of the Ministry to build its leadership and management capabilities.

A technical working group TWG was established with 18 institutions including universities, professional associations, donor organizations, implementing partners and other institutions. The main task of the TWG was to coordinate and oversee efforts in the development of the manual. The TWG was chaired by the Director of Human Resources Development and Management and the LMG project served as the secretary. At the beginning of the task, a regular weekly meeting was held to decide on the inventory of available leadership and management materials, to coordinate the needs assessment, development of core competencies, instructional objectives, contents and course delivery methodologies. Based on the national in-service training (IST) guideline, the TWG group works with the Continuous Professional Development Unit of the HRDM Directorate to pilot test, incorporate inputs, accredit the LMG courses

and help the regional health bureaus include LMG in their HR plans.¹

The TWG developed three separate modules for senior, district, and facility level-hospitals and health center leadership and management teams. These standardized modules are currently being used for leadership, management and governance trainings. All of the modules include a facilitator guide, participant manual and reference pack.

As an important part of this process, the FMOH is taking ownership of this agenda by offering certification upon completion of the training. Since the curriculum is based upon the realities of the Ethiopian health context, there is a greater opportunity to apply new leadership and management skills in real-life conditions in-country.

Up until the last year of the project, the LMG/Ethiopia project has continued updating and nurturing the in-service leadership, management, and governance training modules with the FMOH and the TWG. During fiscal year (FY) 2014, USAID/PEPFAR advised the project to link its interventions with HIV/AIDS programs. The project addresses HIV/AIDS issues in terms of preparing managers and leaders to scan their internal and external environments, including the demographic, social and economic impacts of HIV/AIDS on the population they serve. Both the pre- and in-service training curricula and modules now address HIV/AIDS-related competencies. These competencies include the analysis of the impact of HIV/AIDS as part of existing and emerging health care issues, as well as the effect HIV/AIDS has on the health system in terms of burdens upon health service delivery, human resources, supply chain management and financial management.

In the policy analysis section of the curricula, participatory exercises are included that examine the reasons that Ethiopia needs an HIV/AIDS policy despite the country already having a pre-existing comprehensive health policy in place. The exercises that are incorporated into the curricula encourage participants to understand the multifaceted characteristics of HIV/AIDS and the importance of involving multiple stakeholders in prevention, care, support and treatment programs. Other exercises are also included to improve participants' skills in providing basic services for children and families affected and infected by HIV/AIDS.

The curricula address the importance of community mobilization to improve awareness, care, treatment and support for those who are affected by HIV/AIDS and other diseases. Most of the participating teams are also involved in implementing projects as part of LMG courses, wherein they work on PMTCT as part of maternal health programs. Other teams have also worked on improving their community conversation (CC) program. CC is an open communication and relationship skills-building program on HIV/AIDS, sexual health, as well as other community development issues at the village level. Teams use L+M+G skills to expand and sustain CC programs in their vicinities to improve participatory planning and mobilizing others for a shared vision. Training institutions have already started integrating L+M+G into their training curriculum and rolling out training.

¹ LMG trainings meet the CPD requirement. Facility and district level staff receive 75 CPD credit hours each and senior level staff receives 78 CPD credit hours.

The WHO “Making Health Systems Work: Working Paper No. 8” (2007) indicates that meeting the Millennium Development Goals (MDGs) heavily depends on high level management, leadership and governance skills of health managers and leaders in developing countries. Excellence in leadership and management has become one of the three thematic pillars of Ethiopia’s Fourth Health Sector Development Plan (HSDP-IV). It involves ensuring functionality of strategic policy frameworks with effective oversight, coalition building, regulation, attention to system-design and accountability.

Table 1: Summary of key steps and activities in the development of the in-service LMG program

Key Activities	Location	Purpose	Activity Outcome
Inventory of L&M materials used by stakeholders to support the health sector	Central /regional	To collect and analyze L&M materials as inputs to develop harmonize modules	More than eight different materials identified used by several stakeholders with variety of competencies and most of them were imported from outside the country
Desk review	FMOH Health sector policy and strategy documents reviewed	To better understand the critical L+M+G gaps that exist within the health sector	L+M+G capacity building programs are corner stones for better management of the decentralized and democratized health system
Rapid competency assessment	Federal, regional, zonal, district and facility level	To identify key competency areas and align the LMG material with key needs of the health workforce in Ethiopia	Key competencies identified and presented at a stakeholders meeting to receive inputs and agree on the competency gaps to be addressed by LMG development program
Develop instructional objectives and contents	Federal/regional, districts, facilities - via TWG	To develop key instructional objectives and contents to be addressed by the LMG course	Instructional objectives developed and contents identified and agreed by the members of the TWG in a way to meet the stated objectives
Develop methodologies to deliver the courses	Federal/regional, districts, facilities - via TWG	To develop course delivery methodologies	Experiential learning methodologies included
Conduct pilot testing	Federal/regional, districts, facilities - via TWG	To test the relevance, appropriateness and feasibility of the course delivery.	Inputs included from participants and facilitators
Validation workshop and finalization	Federal level	To share with stakeholders and solicit input	Inputs incorporated and the manuals presented for final approval



LMG IST materials displayed publicly following approval by the FMOH executive management

1.2 Integrating LMG Skills in Pre-Service Undergraduate Programs

During FY 2014, the LMG project was approached by several universities to explore including LMG training in the health service management course. Discussions were held with Addis Ababa, Jimma, Mekele, Wollo, Gondar, Haramaya, and Bahir Dar universities about examining the existing curricula of health service management courses. These courses are currently compulsory for all undergraduate medical, public health, nursing, midwifery, laboratory technology, and pharmacy students. From the discussions, it was noted that professionalization of leadership, management, and governance for these health cadres is critically important to improve health services in the country. Similar discussions were also held with the Federal Ministry of Education and the State Minister of Education, who also urged the LMG Ethiopia Project to continue working with the pre-service team within the Ministry. The project worked with the Ministry of Education because all the universities are managed by them.

Following these discussions, the LMG technical team conducted a desk review and needs assessment at all of the eight universities² to better understand the critical leadership, management and governance gaps that exist within the health sector and the existing pre-service curricula. The findings of the desk review also showed that L+M+G capacity building programs are a cornerstone for better management of a decentralized and democratized health system in Ethiopia. Moreover, the BPR and BSC implementation continues to be more productive if conducted by well-trained managers and leaders.

The needs assessment included interviews with 36 university staff, 474 students and 22 recent graduates from participating universities. The assessment revealed critical gaps in L+M+G concepts and practices within the existing pre-service curricula. The assessment also indicated that the major gaps pertained to the leadership component of the curricula, as the existing pre-service curricula and modules only included a brief and theoretical overview of leadership. The curricula did not indicate any

² The eight universities are Addis Ababa, Gondar, Jimma, Haramaya, Hawassa, Mekelle, Wollo and Bahir Dar Universities

practical aspects of leaders who can effectively manage the health system. Additionally, the subject of governance was not at all included in all the existing curricula.

After the need assessment, the LMG Project designed and facilitated L+M+G Core Competency Development Workshops. The workshops were organized in collaboration with the eight Ethiopian public universities and the Ethiopian Medical Association, Pharmaceutical Association, Nurses Association, Midwives Association and the Public Health Officers Professional Association.. The workshop participants then developed their first draft of desired Core Competency Areas (CCAs) for all the six professional categories (medicine, pharmacy, public health officers and nurses/midwives) and carried out a thorough review and discussion of the draft CCAs in plenary. Following this, the professional groups and instructors developed the desired competencies for each CCA and drafted objectives for each of them in the three main learning domains: cognitive domain/knowledge, affective domain/attitude, and psychomotor/practice. After the competency development workshop, all the participants went back to their respective universities and health science colleges to share, orient and solicit inputs from their colleagues and college/school deans. The LMG project then organized a workshop where the participants provided the feedback they got from their universities and health science colleges. Based on the feedback, participants continued to develop content that can help meet the instructional objectives agreed under each CCA.

Table 2: Summary of key steps and activities in the development of the pre-service LMG program

Key Activities	Location	Purpose	Outcome of the activity
Reconnaissance discussions	AAU, Mekele, Wollo, Gondar, Haramaya, and Bahirdar universities	To look into the existing HSM curricula	Professionalization of L+M+G for these health cadres is critically important
Desk review	FMOH health sector policy and strategy documents reviewed	To better understand the critical L+M+G gaps that exist within the health sector	L+M+G capacity building programs are corner stones for better management of the decentralized and democratized health system
Needs Assessment	All eight universities and three health science colleges	To better understand the critical L+M+G gaps that exist within the pre-service curricula	There are critical gaps with respect to L+M+G concepts and practices within the existing pre-service curricula
LMG Core competency development workshop	All eight universities and three health science colleges	To develop draft desired core competency areas for public health officers and nurses/midwives	Draft desired core competency areas for both categories developed during the workshop
Pre-service design and management skill building workshop	Haramaya University and Harar Health Science College	To build the pre-service program management and design capacity of selected trainers from the university and the college	Nine instructors from Haramaya University and two from Harar Health Science College attended the training
Content integration workshop	All eight universities and three health science colleges	To review the health service course syllabus of their respective universities	L+M+G contents were integrated in to the existing Health Service Management course syllabus

L+M+G orientation training for HSM course instructors	Mekele , Wollo and Addis Ababa University	To build the capacity of the HSM course instructors in L+M+G knowledge and skills to provide the newly LMG integrated HSM syllabus	62 university staff from Mekele, Wollo, and Addis Ababa University staff trained to deliver the new HSM course
L+M+G content integration	All eight universities and three health science colleges	To finalize the integration to the HSM course	Content integration finalized and Challenge Model integrated into the TTP syllabus

1.3 Competency Areas in the in- service and pre-services LMG programs

The LMG training is designed in modular form. Methods include participatory exercises, mini-lectures, case scenarios, simulating exercises, brainstorming, group discussions, and individual/group exercises. The following are key areas covered in the Ethiopian in- and pre-services LMG courses:

- Existing and emerging health issues and trends, including HIV/AIDS;
- Health systems building blocks and the role of the management system in health systems strengthening;
- Policy formulation and analysis and basic concepts of leadership and management;
- Leading and managing practices, effective communication and negotiation, and the strategic planning process;
- Understanding and using the Challenge Model, analyzing and mapping stakeholders, root cause analysis, and prioritizing actions;
- Leading health teams and creating high performance teams;
- Managing change and leading through breakdowns;
- Governance and enabling/impeding factors in health system governance;
- Human resources for health management and conflict management;
- Healthcare financing in Ethiopia, financial management, and financial audit in the health sector;
- Logistics and pharmaceutical management, inventory management, good storage practices, and Logistics Management Information System (LMIS);
- Health Management Information System (HMIS); and
- Concept and models of effective health service delivery and key characteristics of quality service delivery in hospitals/health centers.

2. L+M+G capacity of FMOH Directorates and Agencies

Under this result area, the project helped the health sector to use the modules and curricula in building the LMG capacity of the health workforce at all levels of the health system. To achieve this result, the LMG country program provided targeted support to FMOH and to the Federal HIV/AIDS Prevention and Control Office (FHAPCO), regional health bureaus, zonal health departments, districts and facilities to build capacity and help directorates be on a clear path to stronger human resources, financial management, gender, medical services and policy and planning. As part of rolling out the capacity building and accreditation process, LMG Project worked closely with local training institutions/ faculty to deliver L+M+G curricula and document process of standardization. The LMG Project supported local training institutes to deliver LMG training in line with federal and regional level plans in order to have a coordinated and harmonized in-service training.

2.1 LMG Ethiopia Project Support

During the life of the project, four training of trainers (TOT) courses were conducted, each lasting 9-10 days. A total of 185 participants (165 males and 20 females) including district and hospital CEOs and those from universities, health science colleges, FMOH, and regional health bureaus attended the training. Facilitators from LMG, FMOH, Pharmaceuticals Fund and Supply Agency (PFSA), USAID, and ALERT covered the sessions as per the in-service LM&G training manual. Key topics covered during the training included global and local emerging health issues, health policy, reforms and strategy in Ethiopia, basic LM&G concepts and practices, gender, managing the Health Development Army (extension workers), resources management and services delivery.

Experiential learning exercises were used throughout the TOT sessions, where facilitators presented brief theoretical explanations, followed by group and individual exercises, and reflections of the teams' consensus. Microteaching exercises were scheduled for each participant with peer evaluation after participants facilitated specific topics.

At the end of the trainings, participants developed a roll out plan to cascade LM&G training in the regions, zones, districts and health facilities in collaboration with RHBs and FMOH. The roll- out sessions were done in collaboration with local training institutes, and LMG staff provided technical quality assistance.

The LMG trainers facilitated sessions initially with the help of the LMG staff, but later conducted the courses on their own. For instance, the Somali and Afar regional health bureaus managed to use local trainers to conduct the LMG capacity building workshops at facility level. In Oromia, a Korean NGO supported zonal and district level LMG conducting sessions in collaboration with Jimma University where all the trainings were managed by local trainers. LMG followed up on the level of facilitation skills of the local trainers using daily tracking checklists when they are in sessions. In FY 2015, the project mapped its trainers with the number of workshops they facilitated and found that 22 local trainers finished at least 2 cohorts and in FY 2016, this number reached 24. The FMOH will now further assess

these 24 trainers using the official IST Guidelines and determine those that can now be considered Master Trainers.

Table 3: Total number of TOT participants by institution, category and sex

Institution	Total	Sex	
		M	F
University and health science Colleges	84	79	5
Regional health bureau	39	35	4
Associations and CSO	14	9	5
Zonal health department	14	14	0
Hospitals	11	11	0
FMOH	23	17	6
Total	185	165	20

In December 2015, the LMG project carried out a three-day workshop attended by 27 representatives from universities, regional health bureaus and the Federal Ministry of Health to review achievements, challenges and lessons learned, as well as the way forward in the implementation of L+M+G in-service training. The workshop focused on two key areas: the experiences of trainers in using the modules and how local training institutes can work together and support each other in sustaining L+M+G capacity building after the LMG project closes.

Trainers were very positive about the L+M+G modules and training materials indicating that in general they were well contextualized and user friendly. However, there were some areas requiring improvement and adjustments. Most trainers require further practical training and support in order to optimize their use of the Facilitators Guide and be effective, some of the sessions need more time allotted in order to attain session objectives and the L+M+G modules for health facilities need more detailed descriptions in some sections to fully meet the needs identified at that level. These recommendations were given by a representative from the FMOH HR Development and Administrative Directorate (HRDAD). The inputs and recommendations were incorporated in the newly revised versions of the manual published in June 2017.

Regarding sustainability mechanisms, the FMOH representative indicated that as per the IST directives it is expected that all local training institutes have an MOU with their respective regional health bureaus. Jimma, Haramaya and Wollo universities have already signed MOUs in place while regions like Amhara, Harari, Dire Dawa, Oromia and Somali have included the further rolling out of L+M+G in-service training with local training institutes in their IST plans. However, it was also noted that a few regional states such as SNNPRS and Tigray still need to include L+M+G in their IST plans. Moreover, Jimma University received a grant from KOIKA (Korean International Development Agency) to roll out L+M+G in Jimma and other western parts of Oromia. Harari has already cascaded the training to districts and facilities in collaboration with Haramaya University using resources from CDC. These are all very positive indications on the potential for the activity to be sustained overtime and of the true sense of ownership of the program demonstrated by the FMOH.

2.2 LMG Ethiopia Project Methodology

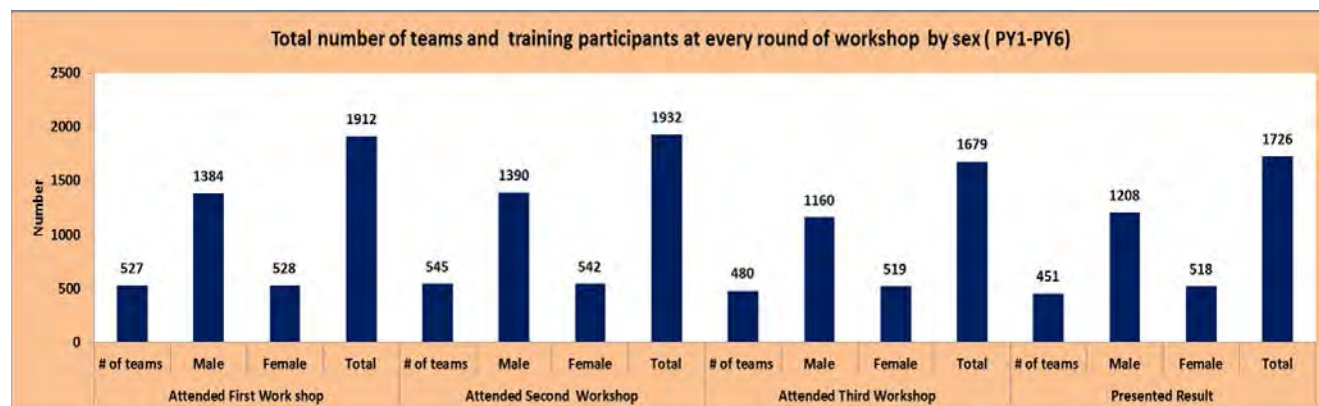
The LMG Ethiopia Project implemented the following key activities in the roll-out of the LMG Program:

- **Senior Alignment Meeting/Stakeholders Meeting:** Key organizational stakeholders attended the very first LMG meeting—the Senior Alignment Meeting—and the results presentation meeting, which came at the end of an LMG program when participants presented what they have accomplished. These two meetings generated commitment and ownership of LMG’s development approach among these stakeholders over the course of the program.
- **LMG workshops:** Representatives of participating teams attended four workshops, each lasting three to four days. They learnt the leading, managing and governing practices that enabled them to work toward a measurable goal. At the end of the workshops, they brought what they learnt back to their full teams.
- **LMG Team Based Project:** Teams decided on challenges they can affect that are priorities for their organizations. They then aligned and mobilized resources to implement action plans to address those challenges. Each team developed their own challenge model for tackling the critical organizational challenges in a systematic and structured fashion by exercising the leadership, management and governance practices. Teams monitored and evaluated their progress toward desired results by identifying specific indicators based on their priority actions.
- **Team meetings:** In meetings at their workplaces in between workshops, participants transferred what they learned to the rest of their work teams and completed assignments related to their challenges. Managers lead meetings to review progress and topics covered in the workshop as well as provide feedback and support to their teams.
- **Region/district/directorate team meetings:** Regional and/or district/directorate team managers held monthly meetings to learn together and support one another.
- **Coaching visits:** Facilitators or local managers met with teams between workshops to review program contents. Coaches supported the teams in monitoring and evaluating their organizations.

During the workshops and meetings, participants learn through a cycle of doing and then thinking or reflecting on what they have done. In the workshops, the teams learn leading, managing and governing practices that validate their own individual experiences. They applied these practices to real workplace challenges and engage in continuous reflection and improvement in their teams.

2.3 LMG Session Content

Figure 3: Total number of attendees in each round of workshops



As indicated in the above graph, 1,726 leaders and managers drawn from the Federal Ministry of Health, regional health bureaus, zonal health departments, district health offices and facilities successfully completed the entire process culminating in the final Results Presentation session. It is during the results presentation that participants receive certificates acknowledging participation and completion of the LMG training.

The first round of LMG workshops covered Ethiopian health systems, basics of leadership, management and governance and was attended by 1,912 Participants

During the life of the project 1,912 participants (of whom 528 were female) and 527 teams attended the first round L+M+G session. The first round workshop addressed emerging and existing health issues, health systems and health systems strengthening, national health policy and other national initiatives. Participants were also introduced to the practices of leadership, management and governance such as how to scan their environment, strategically focus on key challenges and strategies, align and mobilize others around organizational vision, and properly steward scarce resources to improve the health of the community they serve. The session was concluded with teams crafting a draft Challenge Model which was shared and adjusted as necessary with their workplace teammates. In the workshops, it was noted that the health system relies on overlapping and interconnected management systems and subsystems. Changes in one system can trigger changes in another system, which implies there might be changes that go undetected until they cause trouble. For example, moving an organization's financial management system onto computers might mean that financial reports take less time to prepare and, therefore, might lead to new responsibilities for staff or perhaps a reduction in accounting staff. In this instance, the human resource management system needs to be involved to support the changes in the financial management system.

During the first workshops, it was witnessed that the LMG training helps senior leaders and managers better understand the national health policy of Ethiopia. Participants indicated that the sessions on policy analysis help them scan more opportunities/risks in their decisions, evaluate the congruency of a policy within the context of mission and goals of their organization, and assist them to recognize the viability of a policy regarding factors like political, economic and administrative feasibilities as well as consideration of cultural values. Furthermore, the participants learnt about leading, managing and governing practices. It was noted in most of the workshops that participants emphasized that they were having difficulties in having comprehensive understanding of leading and managing practices. Participants indicated that their attendance in the LMG courses helped them better understand that leading and managing don't form distinct, sequential processes that they complete separately. They understood that the leading practices are not independent of the managing practices. They learnt that accomplished managers move fluidly between leading and managing to support their teams to face challenges and achieve results. The other most important subject covered during the first workshops is communication. Participants explained that the managers and their staff within the health sector find that an important part of their work is communication, especially now that at facility level it is essential for leaders and managers to emphasize greater collaboration and teamwork among health workers in different functional groups through effective communication. Some senior participants remarked that the country is growing fast and the health sector is also facing the associated changes that have made organizational communication increasingly important to overall organizational functioning.



LMG Ethiopia reaches health leaders and managers in rural Ethiopia

The second round of LMG Workshops entailed leaders and managers analyzing the root cause of their challenges

During the life of the project, 1,932 participants (of whom 542 were female) attended the second round of LMG workshops as part of 545 teams. It is important to note that the number of participants in some cohorts increased during the second workshop. This is because when the facilitators visited the team at their workplace and discussions were held with staff and senior managers, additional staff showed interest in joining the course. During the second workshop, teams learned how to mobilize stakeholders, understand focusing as a leadership practice, apply the principles of the change process in leading organizational change initiatives, and create action plans that guide teams toward their measurable results. Team exercises allowed participants to practice building commitment and action towards identified priority organizational tasks through analytic techniques including the *Fish Bone Analysis* and the *Five Whys* technique.

After attending the second workshops, participants were able to analyze their organizational missions and visions and create a shared vision focused on LMG practices. The participatory exercises helped improve understanding of how visioning can enable teams to play an active role in creating the future. Through sessions that focused on issues they can influence, participants practiced how they can positively influence others by changing the way they assign and manage workload. The exercises are designed to help participants challenge their staff to help them grow, ensure clarity about work roles and responsibilities, and support staff by providing resources, making connections, and understanding their needs.

During the second workshops, the Challenge Model was introduced to participants as a tool that they can use to improve the performance of any group. The model provides a series of questions that the team may consider to systematically translate *dreams into action*.

Once obstacles are identified, participants were provided with tools to determine the main causes of the obstacles in order to know how to address them. Participants noted that these exercises and tools helped them more clearly understand the underlying causes behind the challenges they face and the possible solutions.

It was noted that in the health care setting, there are often many contributing factors to a problem or obstacle. Analyzing root causes helps to determine the primary underlying causes that are most responsible for creating the problem, allowing for a focus on efforts that are most critical to resolving the problem. When leaders and managers fail to identify root causes, they will likely waste time and resources without solving their problems.

Additional training during the second workshops focused on setting priority actions. As one participant noted, *“We as leaders and managers feel we know everything, and spend more time and energy on something that is not a priority for our clients and staff. That is why clients in our hospital are not satisfied with the services provided.”* Participants indicated that the exercise in setting priority actions helped them be more focused to achieve better results.

Another aspect of the course that participants benefited most was the coaching approach. The course helped clarify the distinctions between coaching, supervision, and mentorship. Participants indicated the coaching technique helped to improve their communication with their staff, and their commitment to staff development. During the second workshop, participants learned that their ability to inspire commitment in their team is very important to sustain a positive work climate.

Another important area covered during the second workshop was building trust at work places. Participants shared experiences and ultimately identified that trust is a foundation for being successful managers. It was also shown that trust is essential for information exchange, problem solving, the success of teams, and to ensure enjoyment and productivity. Participants reflected that health care is a team work and, consequently, team performance depended on mutual trust between managers and individuals in their team.

The third round of LMG workshops entailed participants advocating for good governance for health in Ethiopia

During the life of the project, 1,679 participants (of whom 519 were female) organized in 480 teams attended the third round of the LMG workshops. During the sessions, participants discussed the four practices of good governance: cultivating accountability, engaging stakeholders, setting direction, and stewarding resources. Exercises were designed to help create mechanisms for sharing information and rewarding behaviors that reinforce transparency, integrity, participation, and inclusion. Participants also shared their experiences and reporting mechanisms for finances, activities, and plans with managers, service delivery providers, clients, community members, and other stakeholders. The sessions covered subjects on human resource, financial, logistics, and pharmaceuticals and information management.

"I am now able to invest more time in high level strategic issues rather than in routine matters of the core process/unit and departments. This is because the LMG courses have empowered staff to face challenges and achieve results independently."

~ Mr. Afendi Beshu, Harari Region Deputy Regional Health Bureau Head

Governance for health in the context of Ethiopia was a key topic that triggered debate among participants. Participant's comments reflected the perception that governance seems to be distant from the health sector, *"We do not feel we are abusing the rule when we unnecessarily delay patients at the corridors, and when we arrive late at our workplaces,"* one participant said. Others reflected on governance as it relates to the construction of new infrastructure under the country's health transformation plan. *"Our hospital has two new buildings, but most of the sewage systems are poorly designed and fitted with sub-standard equipment—most of them are not working,"* a participant said. *"We need to be very careful because corruption and lack of good governance in health is linked with loss of human lives. As resources are drained from health budgets through embezzlement and procurement*

fraud, less funding is available to pay salaries and fund operations and maintenance, leading to demotivated staff, lower quality of care and reduced service availability and use.”

The course also covered issues related to accountability. Participants raised concerns regarding the level of internal accountability within their organizations. It was noted that health care is expensive by its nature and it demands a lot of labour, and hence leaders and managers in the health sector should create workplace conditions in which internal stakeholders are proud of their work and enthusiastic in their willingness to continuously improve access to high quality services.

Another key area discussed throughout the workshops was social accountability. A participant said, *“We have very nice reports about the services we deliver, but most of our reports do not include the perspectives of the community we serve.”* In Ethiopia most hospitals and some health centres have governing boards established to improve quality services and to be a venue for the community to hold public officials and public servants/health workers accountable for their actions and decisions. However, most of these governing boards are not functional and do not hold regular meetings. It was noted that some hospitals that participated in LMG courses used the Challenge Model approach to re-establish and /or strengthen their governing boards. For instance, Ayder Hospital in Mekele, Northern Ethiopia, re-established its governing board and developed action plans to strongly align the board’s role with that of the senior management committee. They also created opportunities for the board and staff to come together and discuss issues related to the quality of health services provided.

The fourth round of LMG workshops entailed 451 teams (1,726 participants) presenting their results

During the life of the project, 1,726 LMG participants (of whom 518 were female) organized into 451 teams, completed the course and presented their final results. Over 86% of the teams and 98% of the participants achieved over 80% of their measurable results. Participants indicated that their participation in the L+M+G course helped them improve the work climate at their workplace, internalize the vision and mission of their organization, improve team work, and align daily routines with the vision and goals of their organizations. Teams also reported that they improved their financial, human, and logistics management.

In FY2016 a results presentation was conducted for workshop participants from Oromia Regional Health Bureau and a total of 45 participants attended the workshop. Senior officials from the health bureau, including the bureau head, deputies, department heads, and process owners participated in the discussion. Several achievements were highlighted after engaging in the Challenge Model and workshop in areas including HIV/AIDS core process (in HIV mainstreaming), financing and procurement (reducing outstanding balances), M&E (improving data quality), and in regulatory processes (improving quality of services). Participants also selected challenges they might focus on moving forward.

The HIV/AIDS core process team of the regional health bureau, through use of the Challenge Model, identified that efforts to meaningfully mainstream HIV/AIDS services into different government bureaus in the region were sluggish, a critical challenge requiring the involvement of the senior leadership and those concerned within the RHB. Accordingly, the team conducted an assessment to identify the key gaps in the mainstreaming process, identified data reporting and quality as an important challenge, and held trainings on Multi Sectoral Information System (MRIS) for all HIV/AIDS focal persons representing from all sectors.

“Biomedical engineering is a new field in Ethiopia and when I had arrived at this hospital nothing was organized and it was frustrating for us to stay and serve. My friend and I were about to leave the hospital. When we started with attending the LMG courses, we realized that we can continue facing challenges and achieve results. . . . The skills we have built from the LMG course are really helping us improve the biomedical engineering services for medical equipment and other supplies in this hospital.”

~Amanuel Walelu, Felege Hiwot Hospital

Participants and key stakeholders noted during the coaching sessions and at the result presentation workshop, that undergoing the L+M+G training significantly helped in building a workplace climate that supports commitment to continuous improvement. Results included improved team work among staff, increased levels of motivation, increased supportive supervision, and stronger communications and relationships between different core processes, stakeholders, zones, *woredas*, and facilities.

Accordingly, out of the 41 government offices, 11 made progress toward integrating HIV/AIDS services into their annual plans. The health bureau’s 2% contribution out of their recurrent budget increased from 11 in 2014 to 41 in 2015. As a result, the amount of the local AIDS funds increased from 3.4 million Ethiopian Birr in 2014 to 11.8 million Ethiopian Birr in 2015. Following this, the number of OVC receiving support increased from 286 in Nov 2014 to 751 in Aug 2015; and the PLWHA increased from 117 in Nov 2014 to 302 in Aug 2015.

The LMG Project supported health facilities to improve their performance. In particular, the Ayder Hospital in Mekele, Tigray Region showed strong participation and motivation. On average, 54 participants attended three workshops organized in nine teams which included senior physicians and other health workers among the participants.

“Our participation in the LMG workshops helps us to know each other better When we started the workshop, we thought it was conventional class room learning, and when we received the coaching support and continued with the consecutive workshops, we realized that it is learning with action through focusing on our own challenges. LMG definitely aligns our heart with our mind to serve our own people who come to the health facilities to get better health services.”

~ Senior health leader in Amhara region

In order to sustain the L+M+G practices at the workplaces, the management of the hospital showed great commitment by hosting a separate round of LMG training involving senior specialists at the hospital. The L+M+G skills and practices learned created better team work, open communication, trust, and better skills to sort out conflicts. Remarks at the final workshop by senior officials reflected the notion that leadership is nurtured overtime, requiring ongoing follow-up and coaching. It was agreed that documenting lessons learned and using champions to expand the utilization of L+M+G skills in the workplace would be a responsibility of the hospital management, and

that teams could seek support from the hospital senior management team as well as LMG trainers from Mekele University.

The LMG Project also supported Hawassa University Teaching and Referral Hospital staff to benefit from the LMG workshops. The hospital organized 14 workplace teams with different challenges as per the Ethiopian Hospital Reform Implementation Guideline (EHRIG). In the final workshop, the hospital’s director praised the ability of the teams to identify gaps and propose goal-oriented and systematic solutions, which had contributed valuable inputs for the executive management. The LMG training reportedly improved management’s recognition of the individual and collective contribution of team members, including those that were previously unrepresented such as hospital janitors and guards. Nearly all of teams at the hospital reportedly achieved more than 80% of their desired measurable results. The outpatient department and inpatient teams’ achievements were specifically remarkable. To continue the momentum and team motivation, the hospital director suggested continuing the partnership with MSH and the LMG Project for technical or advisory support through quarterly meetings for senior physicians.

During the post-training assessment it was noted that though more should be done at Ayder Teaching Hospital to make continuous professional development opportunities transparent and inclusive, in the focus group discussions and key informant interview participants acknowledged that training and professional development plans are developed and implemented in the hospital after the LMG interventions. Participants also revealed that staff absenteeism had reduced and that the commitment of staff to work together with more respect and compassion had increased. Hospital staff related these improvements to the strengthening of client-provider relationships, as they took actions toward the

establishment of a client forum that created a venue to involve patients and their families in clinical decision making.

Management systems were also improved through the LMG course. Some teams used the process to develop policies on human resources, while others developed action plans to implement these policies with an emphasis on transparent decision-making around issues such as staff development and promotion within their organizations. Some teams remarked that the LMG interventions helped them improve inventory recording at different units and their ability to present quality reports to the general staff.

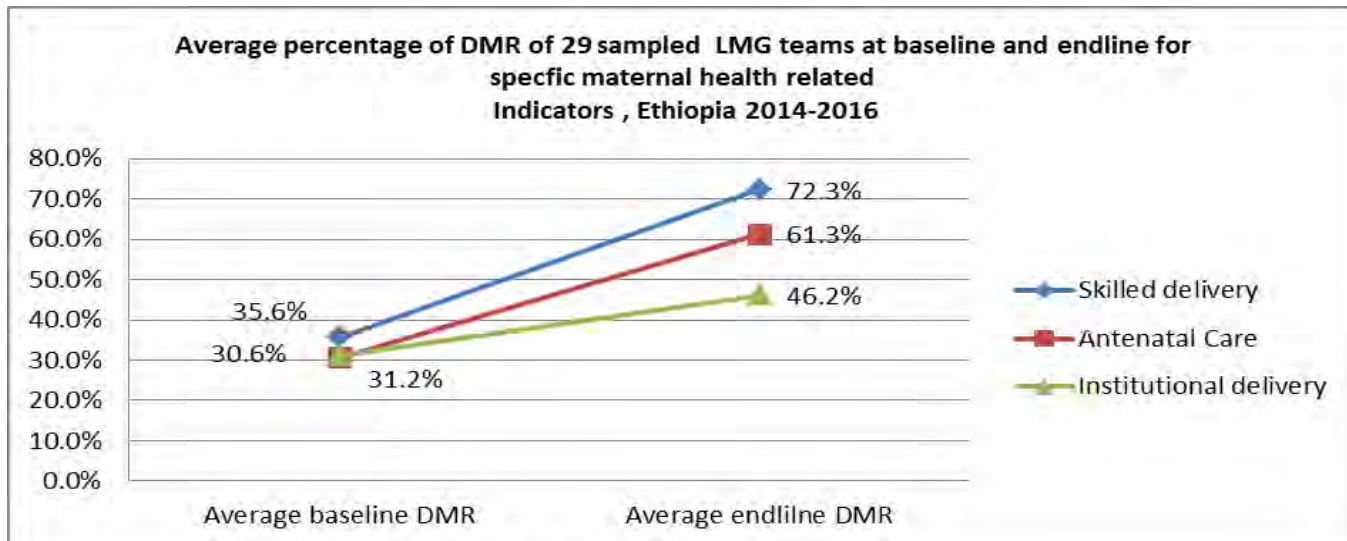
The LMG interventions helped organizations develop clear and transparent systems to enable the management and staff track allocation and utilization of financial resources. Moreover, the financial plan and performance of the organizations is better communicated to the staff in a general quarterly staff meeting after the LMG interventions.

“If we treat our patients using our sense organs with respect and care, we can satisfy their needs better... than waiting for the government to install sophisticated medical technologies in our hospital.”

~Dr. Wuletaw Chane, Chief Executive Officer of Black Lion Teaching and Specialized hospital

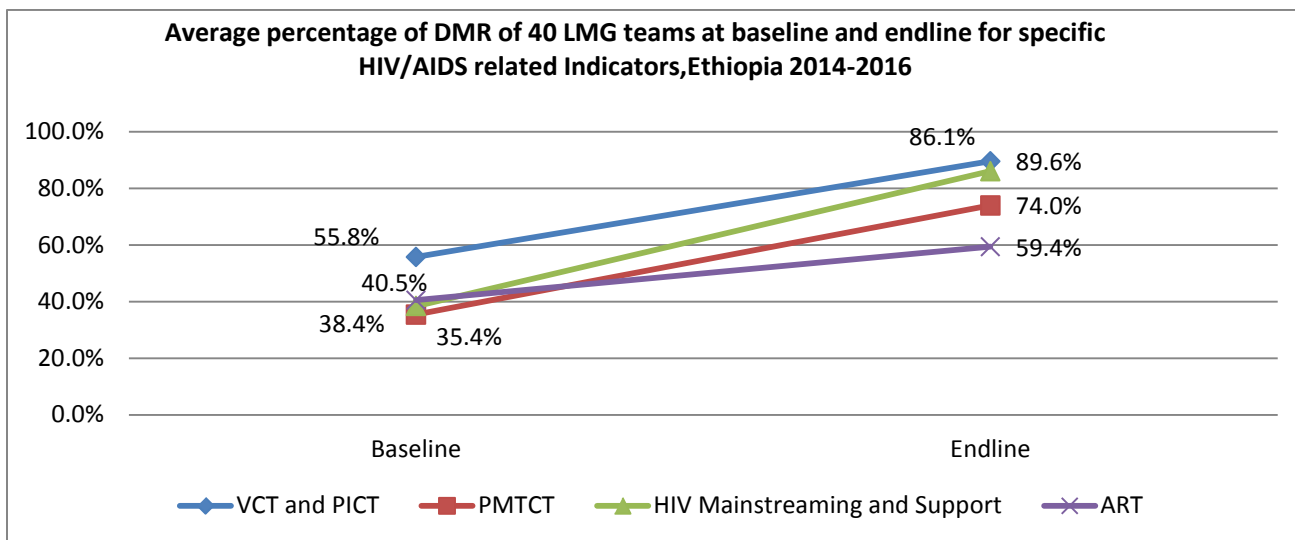
It was noted in all results presentation workshops that practicing the 12 leading, managing, and governing practices improves work climate and management systems and leads to improvements in their desired measurable results. It was also noted by 29 teams the need to improve maternal health indicators, improve their work climate, management systems, and readiness to change after incorporating LMG skills into their practice.

Figure 4: Average percentage of DMR of 29 sampled LMG teams at baseline and endline for specific maternal health-related indicators, Ethiopia 2014-2016



The LMG Ethiopia Project Teams from PEPFAR-funded HIV/AIDS programs and organizations also participated in LMG workshops, increasing their work climate and management systems to face their challenges and achieved their desirable results as indicated in the graph below.

Figure 5: Average percentage of DMR of 40 LMG teams at baseline and endline for specific HIV/AIDS-related indicators, Ethiopia 2014-2016



2.4 Women and Youth Affairs Directorate of the Federal Ministry of Health

The LMG Ethiopia Project supported the Women and Youth Affairs Directorate of the FMOH to develop a strategic plan, national curricula, and modules on gender in the context of public health. The director and other managers participated in the LMG workshop organized for the FMOH directorates, which enabled them define a strategic plan on gender. After attending all four workshops, the director and team presented a three-year strategic plan developed internally, without the involvement of consultants. Remarks from the director during the final results presentation suggested that undergoing the process to develop their strategic plan helped them internalize the core pillars and build ownership for the management and roll out of activities.

In addition, the directorate completed the Gender Training Manual, consisting of a facilitator guide, participant notes, and participant manual, which was approved by the FMOH in 2014 for use in the trainings throughout the country. The manual has competency-based sessions about gender in the context of HIV/AIDS, including gender issues in terms of prevention, treatment, and provision of appropriate care and support, as well as psychosocial support for those who living with and affected by HIV/AIDS. In early 2015, a TOT on gender in the context of health was conducted for 109 participants from nine regions and two city administration health bureaus, including regional gender managers or officers responsible for developing action plans for cascading the training in their respective regions. Follow up on the training's roll out was led by FMOH, as the LMG Project shifted focus to HIV interventions in April 2015 in response to PEPFAR requirements.

With financial and technical support from the LMG Ethiopia Project, the FMOH Women and Youth Affairs Directorate organized and delivered assertiveness training for 196 administrative and support staff across government agencies. Two rounds of leadership trainings were organized with the objective of building the capacity of female health leaders. A total of 85 women leaders participated in the training, including case team coordinators, department/branch heads, and managers from regional health bureaus, federal agencies, and hospitals. The training covered leadership concepts and skills, as well as the relationship between gender and leadership through applied learning methodologies such as group discussions, role plays, brainstorming, and plenary sessions. Participants developed an action plan to be implemented in their respective offices during the coming years. The technical working team within the directorate is tasked with providing the appropriate follow-up of the implementation of the action plans.

2.5 Yale University-led Senior Leadership Program

In FY 2014, the LMG Ethiopia Project hosted four SLP sessions in collaboration with the FMOH and Yale University, aiming to strengthen FMOH's leadership and ability to develop highly effective and efficient senior teams. The 22 participants included the minister of health, state ministers, senior advisors, and directors, who received a certificate from Yale University upon completion of the program.

The first rounds of the SLP focused on improving understanding and building skills around accountability, group dynamics, and leadership. Of the 22 participants, 15 were directors and 7 were ministerial-level staff. In addition to presenting the major components of leadership and management, the sessions addressed the different types and styles of conflict, the role of interdependence, and

accountability. After the training, participants committed to fostering a community that supports honest and open dialogue and the team developed an action plan for the way forward.

Nineteen participants attended the second round of the SLP training. The workshop introduced the concepts of strategic problem solving, working across groups, and strengthening relationships. Participants also had the opportunity to reflect on previous sessions and on their experiences with conducting one-on-one meetings with their staff.

During the workshop, the senior ministry team identified key challenges facing the FMOH and engaged in the application of the problem solving methodology to address them. For this, each participant was assigned to a group for analysis of the four prioritized problems, development of objectives, and planning of key implementation steps. The following were identified as critical problems:

- Inequitable implementation of human resource management across the FMOH;
- Poor service delivery in university hospitals in Ethiopia;
- Poor program implementation capacity in the emerging regions; and
- Poor implementation of the Health Care Reform Strategy by RHBs.

The third workshop started with presentations from each of the four groups on their project progress. These projects and groups are based on the following problem statements identified in previous sessions of the SLP:

- Inadequate performance of university hospitals;
- Non-implementation of FMOH healthcare reform strategy by regional health bureaus;
- Lack of implementation capacity in the emerging region; and
- No uniform application human resource management system across the FMOH.

The purpose of these presentations was two-fold: first, to update the SLP facilitation team and their peers on their progress and areas that needed work and second, for groups to receive feedback from the facilitation team and their peers on their projects and presentation skills. Reporting also helped provide accountability for project progress.

The highest rated module was *Managing Polarity: Effective Patterns of Change*, with 73% of the participants rating it as ‘very helpful’ and 20% as ‘helpful’. Another popular module, delivered during the third workshop was *Motivating Employees and Colleagues: Giving and Receiving Feedback*. This interactive session built the capacity of participants to openly and constructively provide and receive feedback.

2.6 LMG interventions by AMREF Health Africa

During FY 2014, AMREF Health Africa conducted a baseline assessment of organizational capacity for L+M+G practices through focus group discussions in 15 hospitals across the country (Deber-Tabor, Bahir Dar, Dessie, Woldiya, Dubti, Mekelle, Hawassa, Jinka, Axum, Assela, ALERT, Yekatit 12, Gandhi, St. Paulos, and Gondar).

After discussions with the FMOH Medical Services Directorate, AMREF Health Africa formalized an agreement for collaborative and integrated work to strengthen L+M+G practices. The focus shifted from building skills of senior hospital management staff to selected departments that were identified as having greater gaps in L+M+G practices. The training took place at the Adama Health Science College, with eight teams consisting of 28 (25 male and 3 female) participants representing eight hospitals (Adama, Harer, Jijiga, Durame, Metu, Shashemene, Dupti and Tercha). During the second and third workshops, a total of 23 (19 male and 4 female) and 22 (18 male and 4 female) were in attendance. AMREF Health Africa, in collaboration with the directorate team, also conducted coaching sessions for five hospital teams from Shashemene, Adama, Jijiga, Dupti and Harar hospitals.

3. Institutional Capacity of Ethiopian Training Institutions and Professional Health Associations

Local training institutions and professional health associations have an important role in institutionalizing the delivery of the standardized in-service training programs. However, having access to solid curricula and experience delivering training programs is not sufficient to sustain these institutions. To support this process, LMG provided local training institutions and professional health associations with an institutional development process that measures and aligns capacity to accelerate achievement of institutional, programmatic, and financial sustainability. Under this result area, the project also provided technical support for the Global Fund grants managed by FHAPCO as a prime recipient.

3.1 GFATM Grants Management Support

The LMG Ethiopia Project provided technical support to FHAPCO through a secondment of senior staff focused on grant management and reporting. To address issues around fund disbursement and use under the Global Fund Secretariat, a request for a no-cost extension for HIV RCC Phase II grant and 36.8 million USD was approved by Global Fund. Accordingly, support was provided to the PFSA to reconcile and complete unfinished jobs including drug disbursement to sites offering HIV services and reconciliation of procurement and financial data, reducing unsettled balance in PFSA from 109 million USD in January 2015 to 76 million in March 2015. Around 20 million USD was reallocated to the procurement of essential products of low stock such as antiretroviral drugs, supplies for early infant diagnosis, and test kits. A consultation session and in-house capacity building was also done with all regions and sub-recipients. LMG was requested to provide technical support to reallocate 8.3 million USD for the no cost extension period of January- June 2015, and the request was submitted to Country Coordinating Mechanism (CCM) to be used for the procurement of rapid test kits to cover the 2015 unmet need.

Based on the 2015-2020 HIV investment case, LMG provided technical support to the mapping of HIV resources across five regional states including 25 federal government sectors, bilateral, multilateral, private sectors, and 10 CSOs. A costed concept note was prepared by LMG staff along with experts from CDC and USAID and shared with CCM, partners, and the Global Fund country team. Two in-house capacity building sessions were carried out to enable staff from HAPCO and sub recipients effectively

and efficiently guide the implementation and inform the main strategies and approaches included in HIV investment. Following this, the dissemination of the HIV Investment Case was officially adopted by the HAPCO. The document was printed out and distributed to all regions and implementing partners.

LMG facilitated the supervision to sub recipients (nine regions and six CSOs) and provided support to speed up the implementation and completion of the interventions and account for the fund disbursed by submitting programmatic performance and financial expenditure reports. A number of regular Global Fund grants management-related activities were supported including negotiations around the approval of revised work plans and budgets, the interventions to be carried forward, and the inclusion of new indicators in the performance framework.

3.2 EPHOA Technical Assistance

Support to EPHOA was designed to improve their involvement in the country's health care policy and decision-making processes. L+M+G capacity building assisted the association to improve their programs in the area of HIV/AIDS prevention, care, and treatment services. As part of the support, an intern was recruited to assist EPHOA with completing an environmental scan to inform the development of the strategic plan, and to support member mobilization activities. The tool was approved by the association and the strategic plan was developed in FY 2016.

EPHOA was also supported to conduct an orientation meeting to increase awareness about the association among different partners. The annual conferences of the association were also conducted with financial and technical support from the LMG Ethiopia Project. EPHOA also developed its own website with the support of the LMG Ethiopia Project. The development of the website serves members to register online, receive updates, share their experiences and discuss on current health care issues and the challenges they face.

3.3 ALERT Training Center Technical Assistance

Through a workshop on the Management Organizational Assessment Tool (MOST), the LMG Project supported ALERT training center to develop a six-month action plan for addressing institutional capacity gaps. As a result, ALERT was able to provide short-term training on customer service for its staff, updated its finance management system and reports, and revised its financial guidelines. Through continued support, ALERT mobilized financial and human resources and solicited support from its partners for the successful implementation of the action plan, allowing them to continue providing training on HIV/AIDS services and competencies to health care providers as part of its in-service training programs.

ALERT was also supported with grant management training that was provided for 13 staff in May 2014. The aim of the grant management training was to build the capacity of the center and FMOH Resource Mobilization Directorate to manage grants. The training was facilitated by experienced trainers from LMG team and the rules and regulations of the major donors including USAID, the U.K. Department for International Development, and the European Union were addressed during the training.

3.4 FMOH's General Service Directorate Support

The LMG Ethiopia capacity building team held a meeting with the director of the General Service Directorate and with transport and property management case team leaders of the FMOH to agree on a way forward with the trend analysis report. It was decided to prepare the Amharic version of the report and develop an action plan to fill the gaps identified during the assessment. The director and case team leaders assured the LMG team that they will incorporate the activities in the action plan and annual plan. The action plan clarifies what is needed from FMOH, LMG, and other partners for its implementation. It was also agreed to conduct follow-up meeting and support for the General Service Directorate team to successfully implement the identified gaps during the trend analysis. Accordingly, as per the result of the trend analysis that identified drivers knowledge and skill gap about defensive driving, defensive driving training was planned and given for 41 drivers of the FMOH during the fiscal year. In FY 2016, a local firm called Center for African Leadership Studies (CALs) was hired to provide BPR-related support to the directorate. As part of the BPR support, a new structure was developed and CALs supported the directorate to hire staff based on the new structure and conducted training sessions on leadership and on the newly developed Standard Operating Procedures (SOPs) of the directorate.

V. Challenges, Constraints, and Strategies

- During the first quarter of FY 2014, LMG received a memo from FMOH via the USAID Ethiopia Mission asking for a halt on scheduled training plans for federal and regional health sector staff. This created implementation delays on the work plan. After discussions with the FMOH, LMG secured approval from the state minister and the director of the Resources Mobilization Directorate to proceed with the trainings. LMG continued working with FMOH to secure permission for the upcoming trainings until the freeze period ended on January 31, 2014.
- During FY 2015, most project activities were often held with some delay due to the national election that took place on May 24, 2015. The LMG Project, in collaboration with FMOH's Medical Services Directorate, supported L+M+G capacity development at 10 teaching hospitals. These being under the authority of the Federal Ministry of Education, reaching out to them to carry out activities under a FMOH supported program presented some obstacle. After the election, the project accelerated the pace of implementation whenever and wherever possible while maintaining quality assurance to get the program back on track. This was also achieved through continued mobilization of key partners in training sessions. The ministries of health and education have worked together and developed a directive as to how the teaching hospitals are being managed. After the directive was approved by the council of ministers in FY 2015, the ministry of health managed the teaching hospitals and the project workshops were conducted as scheduled.
- During FY 2016, it was observed that LMG course participants had a lot of achievements and proven practices. However, due to limited skills in documenting and analyzing achievements, most of their results were not reported properly. There was also a security problem and instability in the project focus area to finalize planned workshops. As part of sorting out these challenges, the LMG project conducted sessions on report writing as part of the information management section of the manual. Practical exercises are done during the training sessions and the project also devoted the first day of the fourth workshop to helping participants improve their results report and presentation. In relation to security, the project had made frequent and ongoing contact with the regional team about the situation and accordingly tried to hold workshops.

VI. Lessons Learned and Recommendations

- Developing leaders and managers is one of the most important issues currently facing the health care system in Ethiopia. The growing need for good governance and strong leadership is openly linked to the changing environment in which public organizations have to operate. The leadership and governance development program empowered staff to face challenges including shortage of staff, financial resources, poor motivation of staff, and scattered alignment of service delivery schemes among the facilities with the national plans.
- In hospitals where LMG interventions carried were out, participants indicated marked improvements on client/provider relationships and on motivation of staff. This happened as most staff and all of the management committee members were actively involved in the LMG development programs.
- LMG Ethiopia conducted client surveys with patients who have regular visits in some hospitals where LMG interventions were conducted. The survey was conducted before and after the interventions of LMG and showed that most clients are satisfied with the general health services provision in these hospitals after LMG interventions. This was demonstrated when clients responded in agreement with the fact that they were treated well at the gates and registration desks. They reported that after the LMG interventions, the reasons for medical tests are well explained to them, they are allowed enough time to discuss their history of illness with providers, who listened and counseled on how to avoid illness and stay healthy.
- The LMG pre- and in-service training program creates a platform to plan and implement other health system strengthening interventions including respectful and compassionate care, and human resources for health.
- Local LMG trainers can be supported to become knowledgeable in the area of leadership, management and governance. They internalized the key concepts and principles of LMG. It is important however, to note here that the local LMG trainers need more support on coaching and communication skills.
- During the needs assessment and consultations with students, health professionals, and associations, it was observed that the Health Services Management course is delivered at early semesters of the undergraduate program without any practicum. The students continue to study for additional 3-5 years in their campus and after graduation they will likely assume senior leadership and management positions within the health sector. Some young leaders indicated that their HSM course did not support them much at their current positions and they found difficult to recall what they learned about health services management. The HSM course should be given at later stage of pre-service training and should have a practicum like Team Training Program (TTP).
- As part of good health governance, organizations and institutions should be responsible for the needs of the people they serve. In institutions where LMG interventions were carried out, conflict

resolution skills of staff improved, which was reflected in terms of commitment demonstrated by most of the management members to take up staff grievances and complaints for further discussion. Participants of the LMG courses indicated the importance of managing conflict in a way that benefits individuals and organizations. In some instances, participants mentioned that conflicts lead to better relationships, increased problem solving capacity, improved creativity, and innovation.

- Improved responsiveness and participation were reported in LMG intervention hospitals and other health sector entities. In most regional health bureaus, zonal health departments, and hospitals, it was noted that more has to be done so that goals, budgeting, and expenditures tracking are more participatory processes. During the results presentation workshops, it was remarked that as a result of participating in LMG workshops, finance teams and other non-clinical staff started to closely understand how the clinical teams are performing their activities. The LMG workshops created an opportunity for participants to better understand the roles and where support was needed by to support each of the teams to comply with financial rules and regulations.
- Governance within the Ethiopian health sector is a new subject. The government is doing the best it can to design service delivery schemes for hospitals that are client-oriented and provide the best possible quality of health services for all. The government supported public hospitals to design their structures based on the BPR approach. While most hospitals completed the exercise, they did not fully implement their BPR structures and functions due to a lack of funding and gaps in key personnel positions. LMG interventions in hospitals, including Ayder and Hawassa hospitals, enabled management teams to secure approvals from their governing boards to use their locally-generated resources to hire contractual staff, helping them fill in vacant posts.
- To build a strong health system and to achieve the ultimate intended results, organizations need to recognize the need for managers who lead, manage, and govern at different hierarchical levels. For this, continuous LMG capacity building training and support is needed. In some of the project's intervention hospitals like Ayder, Wolita Sodo, and Hawassa hospitals, the LMG skills building workshops helped teams to apply leading, managing and governing practices to improve performance. When the project visited LMG teams in these hospitals nine months after completing their LMG workshops, the staff found them using the challenge models to address their workplace challenges. The participants remarked that their practices had improved as a result of their participation in the workshops. However, follow-up by senior management and coaches revealed that this was not done consistently, resulting in staff having less attention to leadership, management, and governance practices.

VII. Looking Ahead

- Excellence in leadership and governance is one of the strategic themes of the Health Sector Transformation Plan (HSTP). The FMOH and RHBs have taken huge steps in transferring some of their responsibilities, authority, power, and resources to the local levels. This transfer of responsibilities created opportunities to build effective governance in support of the work of health managers and health workers in the districts and facilities. In order to improve the governance structure at points of service delivery, the government has introduced facility governance boards comprising of various relevant bodies in a given local community.
- Various assessment reports have recommended capacity building efforts on leadership, management, and governance in order to address the critical gaps in the health sector. The areas of improvement identified include the capacity to implement a decentralized health care system, improve the utilization of health services, systematically follow-up on the implementation of policies, guidelines, standards and protocols, and the ability to implement reforms and enhance coordination of public-private partnerships for health. According to the HSTP, 6 key strategic areas have been identified:
 - Equitable and quality health services
 - Good governance
 - Equitable and effective resources allocation
 - Leadership development within the health sector and the community
 - *Woreda* transformation
 - Partnership and coordination
- The key importance of effective leadership, management, and governance at all levels of the health sector is evident throughout the HSTP. Providing capacity building in L+M+G these practices is therefore critically important to implement interventions across strategic areas.
- A hands-on L+M+G IST program should be planned for and implemented to help health care leaders and managers ensure greater equity and quality of health services by:
 - Arming health care leaders with a rich understanding of the causes of disparities and the vision to implement solutions and transform the health system to deliver high-value health care;
 - Helping leaders create strategic plans and projects to advance their work in reducing disparities in a customized way, with practical benefits tailored to every organization; and
 - Aligning the goals of health equity with health care reform, particularly the roll out of the health insurance scheme.
- Particularly in the *Woreda* transformation, L+M+G skills and practices must be reflected in the implementation of the HSTP. The following interventions are recommended for continuation:
 - Community representation at health facility governing boards;
 - Continuation of the financial management, transparency, and accountability development programs;
 - Regular financial and performances audits; and
 - Improved leadership and transparent governance for financial protection of community-based health insurance schemes.

Annexes

1. End of Project Preliminary Financial Report
2. LMG Ethiopia Technical brief: “Future health leaders and managers in action: Lessons learned in team training program of Ethiopian higher learning institutions.” Access at: <http://www.lmgforhealth.org/content/future-health-leaders-and-managers-action> . March 2016.
3. LMG Ethiopia Technical brief: Development, Institutionalization, and Scale up of Leadership, Management, and Governance Practices in the Health Sector - Lessons and Results from Ethiopia” Access at: <http://www.lmgforhealth.org/content/development-institutionalization-and-scale-leadership-management-and-governance-practices>.
4. LMG Success stories are attached in a separate document

Annex 1: End of Project Preliminary Financial Report

Management Sciences for Health

End of Project Financial Report

Preliminary *

Ethiopia

Leadership, Management and Governance (LMG) Project

AID-OAA-A-11-00015

Total Estimated Cost:

Obligated Funds:	\$ 7,876,108
Future Funding:	0
Project Ceiling:	\$ 7,876,108

Date Prepared:

15-Sep-17

	Total LMG Ethiopia
A. Obligated Funds to Date:	\$ 7,876,108
B. Cumulative Expenditures and Accruals (as of 06/30/17)	\$ 6,927,143
C. Estimated Expenditures - July – September 2017	\$338,969
D. Remaining Balance (Estimate*)	\$609,996

* Please note this is not a final balance; Expenditures for the final quarter ending September 30, 2017 are estimated as of the time of this report submission.

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