

CASE STUDY

USAID TRANSFORM: PRIMARY HEALTH CARE

Strengthening the Leadership, Management, and Governance Competency of Health Managers



Background

Ethiopia is one of the countries in the world that adopted primary health care as a national strategy as part of the 1978 Alma Alta Declaration.¹ Ethiopia's health system, as in many other low-income countries, lacks adequate infrastructure and resources. Health managers often lack the leadership, management, and governance (LMG) skills to overcome the numerous challenges associated with delivering effective health services.^{2,3} Ethiopia's maternal and newborn health still needs improvement, with significant disparities in access to services and health outcomes. Although the proportion of mothers dying per 100,000 live births declined from 1,400 in 1990 to 420 in 2013, the ratio is still unacceptably high. A key way to further reduce the maternal and newborn death rates is by increasing institutional delivery. According to the Ethiopian Demographic and Health Survey 2016, the country's

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FIVE STEPS TO IMPROVE LMG COMPETENCIES

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| STEP 1: | Assess and classify districts into three categories (high, medium- and low-performing). |
| STEP 2: | Conduct stakeholder alignment meetings to get buy-in from top leadership. |
| STEP 3: | Conduct basic LMG trainings with two workshops in which participants use various tools to identify the team vision, organizational mission, and challenges; examine root causes of problems; prepare action plans to overcome them; and develop indicators to monitor and evaluate progress. |
| STEP 4: | Coach 6–9 month leadership sessions. Each LMG core team is expected to organize regular meetings between coaching sessions to practice what they have learned and maintain project progress. |
| STEP 5: | Facilitate collaborative learning workshops in which LMG core teams present their work and progress to stakeholders, leader, and peers. |

institutional delivery coverage was very low at only 30 percent.⁴ In line with Sustainable Development Goals, the government of Ethiopia is committed to reducing the maternal mortality ratio to 199 per 100,000 live births by the end of the Health Sector Transformation Plan 2015–2020 (HSTP).⁵

Intervention

To support implementation of the HSTP, USAID Transform: Primary Health Care (Transform: PHC) is conducting LMG competency training for core teams established at primary health care facilities. The training is designed to build 12 skills and practices in three areas:⁵ 1) leading: scan, align/mobilize, focus, inspire; 2) managing: plan, organize, implement, monitor and evaluate; 3) governing: cultivate accountability, engage stakeholders, set shared directions, and steward resources. The project follows the five steps (above) to overcome challenges at all levels and across the six building blocks.

Transform: PHC facilitated the LMG trainings using modules developed by the Federal Ministry of Health (FMOH) for hospital and health center managers.⁶ Each core team consists of a health center director, delivery case process owner, and health center/health post focal person. Transform: PHC, in consultation with the FMOH Human Resources Directorate, identified more than 128 LMG training facilitators in the four project regions. The facilitators coached leadership projects in high-performing districts, while medium- and low-performing districts were coached by the zonal health department and project staff, respectively. The coaching sessions helped participants apply the concepts presented in the training. Implementing leadership projects leads to performance improvement. Finally, the learning collaborative workshops demonstrated the achievements of LMG core teams to key leadership, stakeholders, and peers.

Results

“Our desired measurable result was to increase skilled delivery service coverage from 45% to 65%. I’m proud to say at the end of our leadership project, we achieved 68%.”

— Participant, Fagita Lekuma district

Since August 2017, Transform conducted 38 LMG training sessions in 34 districts for participants from the 197 health centers, 12 primary hospitals, and 34 district health offices enrolled in intervention. In addition, 24 people were trained as LMG training facilitators. To date, Transform has trained 877 health care workers and managers from 209 primary health facilities, who comprise a total of 78 LMG core teams. These core teams developed and implemented 233 performance and quality improvement projects. Six districts completed leadership projects and most of the core LMG teams who participated in trainings achieved their desired results. Primary health care facilities have observed significant improvements in the use of antenatal, institutional delivery, and postnatal care services. Health service managers’ LMG competencies improved and the availability, acceptability, use, and quality of maternal health services also improved.

Participants say the concepts taught during the training were easy to apply in their workplaces. Participatory learning through practice helped them achieve results, improve LMG competency, and overcome challenges. Also, LMG core teams mobilized resources to improve quality of services for disadvantaged people in the community.

“Our team’s desired measurable result was to increase the proportion of standards met from the Ethiopian Hospital Services Transformation Guidelines from 30% to 60% by the end of February 2018. After completion of the leadership project, the hospital staff reorganized into 10 teams and developed several performance improvement projects for nursing standards, laboratory and pharmacy services, etc.”

—Participant, Wukro Marry Primary Hospital

“We shared our vision and leadership project action plan with our health center staff. We then began to implement activities: strengthening community structures, referral linkages, establishing a family health team, and improving maternal waiting areas. Our health workers treated the community like they were family members. Our desired measurable result (DMR) was to increase skilled delivery service coverage from 45% to 65%. I’m proud to say at the end of our leadership project, we achieved 68%.”

—Participant, Fagita Lekuma district

“The training helped us evaluate our performance and focus on an area where we were underperforming, which was nutritional screenings for lactating mothers. Our desired measurable result was to improve coverage of nutritional screening for lactating mothers from 25% to 50% in six months. Health workers in maternal and child health clinics were inspired to do better through the problem analysis process. We organized our services and resources to improve nutritional screening services and had our performance management team review our progress on a monthly basis, providing support and feedback as necessary. After six months, more than 45% of lactating mothers had received national screening services.”

—Participant, Gezehara Health Center

“The LMG core team discussed the importance of renovating our maternal waiting area and convinced the woreda council and finance and economy office. As a result, we received 300,000.00 Ethiopian birr to construct a maternal waiting area.”

—Participant, Gezehara Health Center

Conclusions

Training in leadership, management, and governance builds the competencies of primary health facility managers. Classroom training, supplemented with

participatory team leadership projects and coaching support from experienced staff, enhances health care manager skills and capacity to overcome challenges in their respective workplaces.

REFERENCES

- [1] World Health Organization, Unicef. Primary health care: report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.
- [2] Tetui M. Participatory approaches to strengthening district health managers' capacity: Ugandan and global experiences (Doctoral dissertation, Umeå universitet) 2018.
- [3] Egger D, Travis P, Dovlo D, Hawken L. Strengthening management in low-income countries. Geneva, World Health Organization, Department of Health System Policies and Operations, 2005 (Making health systems work. Working Paper No. 1).
- [4] Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016: Key Indicators Report. Addis Ababa, Ethiopia, and Rockville, Maryland, USA. CSA and ICF.
- [5] Federal Ministry of Health (FMOH). Health Sector Transformation Plan 2015/2016 – 2019 – 2020. FMOH: Addis Ababa. 2015.
- [6] Federal Ministry of Health (FMOH). Leadership, Management and Governance In-Service Training Manual for Health Managers at Hospitals and Health Centers. FMOH: Addis Ababa. 2017.

USAID Transform: Primary Health Care partners with the government of Ethiopia to end preventable child and maternal deaths by strengthening the country's health system. USAID Transform works in Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and Peoples' Region (SNNPR). Funded by USAID, the project is implemented by Pathfinder International, JSI Research & Training Institute, Inc., Abt Associates, EnCompass, the Malaria Consortium, and the Ethiopian Midwives Association.

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