

USAID Transform: Primary Health Care's leadership, management, and governance program for public health results

The USAID Transform: Primary Health Care leadership, management, and governance (LMG) training and design sessions strengthen the skills of health care managers to identify the root causes of high priority challenges in their facilities and districts and develop solutions. These include establishing neonatal intensive care units, improving delivery room conditions, ensuring adequate supplies, improving referrals, and making sure all clients receive caring and respectful services.

Read more about the project's LMG work in [*BMC Family Practice*](#).

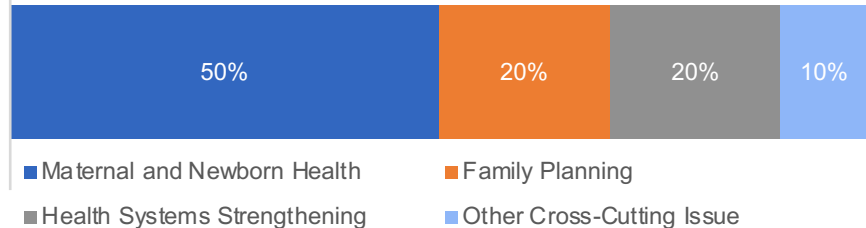
LMG PROJECTS DESIGNED

| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--------|--------|--------|--------|--------|-------|
| 70 | 220 | 260 | 211 | 142 | 903 |

→ 67% of projects achieved their objective

→ 90 additional projects designed following the initial project

LMG PROJECT FOCUS



LMG and Women in Ethiopia's Health Workforce

USAID Transform: Primary Health Care

designed the LMG program to train and mentor more women from primary hospitals and health centers to take on leadership roles. In the last five years, 19% more women have completed the program and are now in public sector leadership roles.

LMG mentors from the project provide on-the-job support to women post-training on how to navigate challenges related to being a woman in leadership.

OF PEOPLE TRAINED

| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--------------|-------------|--------------|--------------|--------------|--------------|
| 247 | 789 | 1,170 | 579 | 588 | 3,373 |
| 20% Women | 9% Women | 27% Women | 18% Women | 15% Women | 19% Women |

→ 69% of project woredas reached by all trainees

→ 43% of project woredas reached by female trainees

→ 39% of project health centers reached



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19% of women trained are in senior public health leadership positions

LMG in action: Dr. Mishame Adane, Clinician and Lecturer



Dr. Mishame Adane was the only female senior manager and governing board member out of 200 staff at Hamecho Primary Hospital in the Southern Nations, Nationalities, and People's Region. She had participated in the LMG training program two months before being hired at the hospital.

During her 11-month tenure, Dr. Mishame used her LMG skills to oversee seven clinical quality improvement projects. She also made it a norm for other women managers and clinicians to be involved in all decision-making processes.

“ I know how important it is...to see other women in leadership roles. I looked up to a woman leader working within the region's Bureau of Women, Children and Youth Affairs who was extremely supportive, and I'm hoping I can inspire my students in the same way. —Dr. Mishame Adane

LMG solutions to women's engagement

Challenge to women's involvement

Perception that women are not interested in, deserving of, or suited for leadership roles.



LMG Solution

Selecting promising women within the system and providing a mandate for them to receive further training and mentoring

Token and solo representation of women



Creating space and advocating for more women to contribute to decision-making at all levels

Requests for women's participation are co-opted by men wanting the opportunity



Working with regional and woreda offices to require and advocate for women's participation

Competing priorities at home and lack of support from families



Formalizing and legitimizing demand for women to be in leadership roles

Lack of trust and credibility for women in management roles



Providing women credentials and measurable skills through formal training