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SEEDS OF SUCCESS: NURTURING SUSTAINABLE HEALTH IMPROVEMENTS

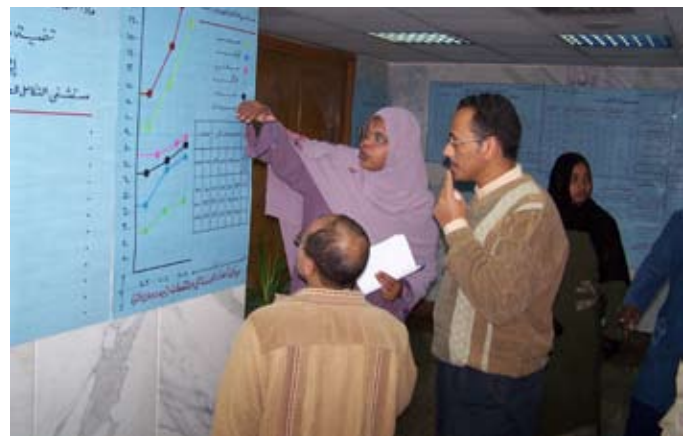
In 2002, the governorate of Aswan, Egypt embarked on a journey that changed the lives of the governorate's primary health care workers and helped save the lives of their patients. This is the story of a new type of leadership and management development and how it empowered managers and service delivery personnel to improve health outcomes and achieve self-sustaining results well beyond expectations.

LEADERSHIP DEVELOPMENT IN ASWAN

For ministries of health around the globe, growing and sustaining successful health programs are key challenges to producing consistent health improvements. The facilitators of the Leadership Development Program in Aswan did what so many others have been unable to do. Without continued funding or support, they took a successful program and grew it.

But leadership development had not always succeeded in Aswan. As in other countries and regions, traditional programs – programs focused on individual development at workshops outside of hospitals and clinics – failed to deliver lasting health improvements or systemic change within the primary health units and rural hospitals.

In 2002, at the request of Egypt's Ministry of Health and Population (MOHP), USAID's Office of Population and Reproductive Health sponsored the first year of a new type of leadership development in the Aswan governorate. Co-led by Management Sciences for Health and the MOHP, the Leadership Development Program (LDP) they designed enrolled 41 primary health care workers and focused on developing leadership in teams, over time, and at all levels from the governorate and district down to the primary health units at the village level. For the first time, ownership was put into the hands of local facilitators and participants. The Program took root and began to tap people's ingenuity and commitment. It showed them that they could address service delivery challenges, and empowered them to identify and address other health care challenges in their communities.



Sharing Leadership Development Program results at the 2006 Annual Conference.

“Before the Program, if I needed something I would put in a request and sit back. If no one responded to my request, I would do nothing, and I never thought how to perform better with our current resources. Now our thinking is different. We try to do everything we can to help our patients and clients, not just our [assigned] tasks.”

—Jasmine Boshra Abdollah, Nurse, Maternal and Child Health Center in Kom Ombo

The program led to improved service to clients, and many participants rekindled their passion and commitment to their professions as doctors, nurses, and health workers.

The LDP proved so inspirational and its results so tangible and significant, that the program's recipients did not allow it to wither away, but instead took on the monumental task of becoming the program's facilitators, and growing the seedling of leadership in Aswan and then in other governorates and countries.



Serving clients well: a sheltered and comfortable waiting area outside the Kom Ombo Maternal and Child Health Clinic.

THE SEED: USAID FUNDS ONE YEAR OF LEADERSHIP DEVELOPMENT IN ASWAN

The health care staff in Aswan faced the daunting task of improving services for women and children. In 2000, for every 100,000 live births, 135 women died in childbirth. For every 1,000 live births, 27 infants died before their first birthday, and the family planning needs of nearly one out of every five women were unfulfilled.

The Program launched with 10 teams of primary health care personnel from five primary health units and one rural hospital, and managers from three districts of the Aswan governorate. Over several months, the teams participated in six one and two-day workshops, learning leading and managing practices and applying simple planning and management tools to address health care challenges.

The teams selected health challenges in their communities such as increasing post-partum visits or addressing unmet family planning needs and applied the tools they had learned in the Program to their local setting. The tools helped them work as a team to develop

a shared vision, identify a desired measurable result and develop and implement an action plan to overcome their challenge and achieve their desired result that will take them one step forward towards their vision. Teams focused on building existing family planning services or improving other services for women and children in their communities. Their challenges included improving client satisfaction and increasing service capacity to improve health indicators such as vaccination rates and maternal health.

The LDP showed members of the teams that they had the resources to change their situation regardless of their level in the health system, and that they could make a difference in their community. Working with minimal resources and support, the primary health care staff of Aswan faced an up-hill battle to change the health results of their communities.

But by the end of the first year, participants reported notable improvements in both service delivery indicators and the operations of primary health units. They saw changes in the way staff worked with their co-workers and the way patients were being treated and cared for. Health care staff began to hold regular meetings to discuss health issues in their communities, nurses were speaking up and even giving presentations, patients were being treated with more respect, and staff changed their thinking about how they did their daily jobs.

Jasmine Boshra Abdollah, a nurse with the Maternal and Child Health Center in Kom Ombo said, "Before the Program, if I needed something I would put in a request and sit back. If no one responded to my request, I would do nothing, and I never thought how to perform better with our current resources. Now our thinking is different. We try to do everything we can to help our patients and clients, not just our [assigned] tasks."

As a result of internal improvements and selecting specific health challenges in the communities, service delivery improved. Antenatal care visits increased across the teams, with one team increasing its facility's average number of postpartum visits from 0.2 visits to 3.6 visits per woman. Of participating program teams, 75 percent of the original 10 health teams achieved 95 percent or more of their desired results, and 80 percent of the teams selected a new challenge without being prompted.¹

¹ "Follow-up Evaluation of the Leadership Development Program for the Ministry of Health and Population, Egypt," by Dr. Ersin Topcuoglu, Senior Technical Officer, Monitoring and Evaluation Unit, Management and Leadership Program, Management Sciences for Health, June 2004.

THE SEEDLING: PRIMARY HEALTH CARE STAFF BECOME GARDENERS

“In one of the workshops at the end of the program we learned that there would be no more funding from USAID to expand the program to cover the whole Aswan governorate,” said Dr. Abdo Al Swasy, Consultant of Obstetrics & Gynecology at Kom Ombo Central Hospital and one of the original participants and local facilitators of the Leadership Development Program.

“We were committed to the Program,” commented Dr. Al Swasy, “so we called the original participants into a meeting and said, ‘what can we do? Now there are no funds, but we believe in this Program. How can we keep it going?’”

Working together, Dr. Al Swasy and his team crafted a plan. Three of the original teams would commit to teaching the program to five new teams. Dr. Al Swasy said, “The district teams were selected to expand the LDP because they had the authority to move it to many other teams and primary health units in their district.”

Dr. Al Swasy said, “In the beginning we had many difficulties. One of these was to convince people to be trained without compensation because the trainer did not receive compensation and the trainee did not receive compensation.” In the original Program, participants attended meetings in modern hotels, and received transportation allowances and food and drink. In the second year, a lack of funds ended these features and many costs such as Program resources and travel had to come out of facilitators’ and participants’ own pockets.

Nevertheless, participation remained high. Dr. Al Swasy said, “The participants had enthusiasm because they gained the ability to discover their own challenges, they participated in planning for their unit, and everyone’s work on the team was respected. Initially, we believed that only funding or incentives could motivate the participants to work, but the Leadership Program itself motivated participants.”

Another challenge was recreating the Program without the materials or formal educators of the first year. To solve the problem, the original participants used the handouts from the first year and reflected on the lessons they learned from the Program. They adapted the materials and the workshops to make the program easier for new participants, including shortening particular workshops and increasing the facilitator to

participant ratio. Ultimately, they developed their own program focused on a shorter 10-page booklet of handouts and modules from the original program.

Aswan, Daraw, and Kom Ombo Districts each took the revised program to five new health units in their areas. Despite little funding or external technical assistance, the modified program became a great success. Every one of the participating teams identified a service delivery challenge in their community to work toward. Every team scanned their community to collect data for their challenge. And every team prepared a written action plan, and mobilized the resources needed to meet their challenge.¹



A health outreach worker from the Kom Ombo MCH Center team, speaking to clients about the center’s family planning services.

Participants in the second year of the LDP selected challenges, ranging from increasing antenatal care (ANC) visits to improving information systems. In the end, 70 percent of the second year’s teams achieved 95 percent or more of their objectives and 80 percent of teams showed significant progress toward their objective. Teams from the Aswan District raised the number of ANC visits per woman from 1.3 to 3.7 during the one-year period, and childcare visits improved from 1.1 to 3.5. The second generation of the Kom Ombo team successfully created a new medical information system, and new teams increased the use of contraceptives, including condoms, pills, injectables, and IUDs.¹

¹ “Follow-up Evaluation of the Leadership Development Program for the Ministry of Health and Population, Egypt,” by Dr. Ersin Topcuoglu, Senior Technical Officer, Monitoring and Evaluation Unit, Management and Leadership Program, Management Sciences for Health, June 2004.

THE FLOWER: LEADERSHIP BLOOMS

Although many programs falter when funding is cut, the LDP sustained in Aswan because of the commitment the program engendered that inspired participants to learn and expand upon early results.

Dr. Al Swasy said, “Many things [contributed] to successfully continuing the program from year two to year three. We got better at leading the training courses, we improved the trainers’ guide, and [the] trainees’ guide became more available. Our early success gained [the] attention of the Aswan government and governmental support became more evident. But most of all, the success achieved during the first two years encouraged the facilitators to proceed.”

By the end of the third year, more than 100 health facilities had participated in the LDP, and an additional 20 facilitators were trained to offer the LDP, bringing the total to 35 facilitators. “Teams kept giving us facilitators,” Dr. Al Swasy said, “more than we expected.”

The enthusiasm of each individual in the program grew so greatly and quickly that the Aswan governorate achieved its goal to bring the LDP to all 185 health facilities in the governorate in September 2005—four months earlier than planned.

Dr. Al Swasy said. “The unexpected increase in the number of facilitators played an important role for us achieving our goal early because they brought the program to more units than we expected, quicker than we expected, and we are very proud of this.”

The local facilitators of the original program are now taking the LDP to new governorates and countries. In Egypt, the governorates of Minya, Bani Swaif, and Fayoum have participated in the Leadership Development program, and Qina, Luxor, and Sohag have requested the program for their districts. In the summer of 2005, Ministry of Health officials from Afghanistan traveled to Aswan to learn about the program, how the original participants and facilitators sustained the program, and its results. Ministry officials returned to Afghanistan and replicated it in five provinces in late 2005.



The Leadership Development Program in Egypt has produced results where they matter most—in the health of the population.

Dr. Abdo Al Swasy and other facilitators of the program began informing other sectors of the government, including education, about the benefits of leadership development, hoping that the skills and tools will be adapted to meet the needs of various offices in the governorate.

“We believe that the LDP is an endless program,” explained Dr. Al Swasy. “The future goals are many. We need to sustain the [program’s] success, we need to face the challenge of rapid turnover of the physicians in the health units, and we need to [continue to] improve our health indicators. Our big goal is to expand the [LDP] to more governorates and to take what we have learned to other countries.”

In addition to these goals and numerous individual, team and organizational challenges, the Aswan Governorate’s shared challenge for 2006 is to reduce maternal mortality by 30 percent in one year.

The video, “Seeds of Success,” documenting the Leadership Development Program in Aswan can be viewed at www.msh.org/aswanvideo

The Leadership, Management and Sustainability Program is funded by the U.S. Agency for International Development (USAID), under cooperative agreement number GPO-A-00-05-00024-00. A five-year leader with associate award, LMS is a partnership of Management Sciences for Health, Eastern and Southern Africa Management Institute, Adventist Development and Relief Agency, and RF|Binder Partners, Inc. This document is not official U.S. Government information and does not represent the views or positions of USAID or the U.S. Government.