

# Federal Ministry of Health–Ethiopia Case Study

## The Situation

Ethiopia has long struggled with major health problems, most of which are largely preventable communicable diseases and malnutrition. Ethiopia began proactively attacking the problem when the 1991 transitional Government produced a health policy that was the first of its kind in the country. This policy was one of several political and socio-economic transformation policies and the translation of this new health policy was followed by the formulation of four consecutive phases of comprehensive Health Sector Development Plans (HSDPs). These HSDP's were supported by the implementation of various tools such as:

- Results Oriented Program Appraisal (ROPA) process
- Business-Process Reengineering (BPR) which resulted in a Ministry restructure to work along key processes and in the creation of Directorates
- Marginal Budgeting for Bottleneck (MBB) which enables managers and analysts to systematically look into the health system bottlenecks, high impact interventions, different scenarios and associated costs of achieving results

But despite progress, Ethiopia's population still faced a high rate of morbidity and mortality, and the overall health status remained relatively poor. In 2005, the Ministry of Health began looking for a method to strategically align all of its various tools (such as ROPA, BPR, and MBB), programs, processes, and personnel into a comprehensive system that would measurably improve the overall health of the citizens of Ethiopia.

As part of the search, Ethiopia's Minister of Health, Minister Tedros attended a Balanced Scorecard Institute training program and introduced himself to the other participants. "My name is Minister Tedros. I am the Minister of Health for Ethiopia. I am here to learn the strategic tools needed to provide a good sense of direction and focus for my country's Health Sector. From a strategic (mission and vision-focused) perspective and a tactical (day-to-day) perspective, my team needs to be able to monitor and measure performance of the Health Sector, as well as, individual performance." As the training class progressed through the Balanced Scorecard Institute's *Nine Steps for Success™* framework, Minister Tedros became confident that this was the overarching framework his organization needed to "connect the dots" in the Ethiopian Health Sector—to manage the organizational, political, and infrastructure complexities - and to decisively move the needle on Ethiopia's health problems.



**Break-through  
improvements achieved  
as a result of improved  
strategic direction and  
alignment using  
*The Institute Way***

Back in Ethiopia, Minister Tedros convinced the Ministry Leadership that a balanced scorecard was a higher priority for funding than competing initiatives.

## The Decision

Ethiopia's Health Sector is a country-level government bureau comprised of the Federal Ministry of Health (FMOH), Federal Health Directorates and Agencies, Regional Health Bureaus, Woreda Zone offices, Woredas (an administrative district unit consisting of a population of an average of 100,000 people), and individual health facilities including federal and regional hospitals, health centers, and health posts. See Figure 1 below.



Figure 1: Ethiopian Health Sector Organization

Piloting the balanced scorecard to a division of the Health Sector was perceived to lower the risk of implementation and provide proof of concept to the Ministry Leadership. FMOH decided to send three additional Health Sector employees from the Capacity Building section to Balanced Scorecard Institute training courses in 2006 in preparation for piloting the process to the Federal Ministry of Health (FMOH). For almost two and a half years, Minister Tedros and his three colleagues led efforts to develop a strategic balanced scorecard for Federal Ministry of Health (FMOH), a division of the Health Sector, with varying levels of success.

Realizing their initial FMOH scorecard had too many strategic themes (8) and strategic objectives (over 80), FMOH hired the Balanced Scorecard Institute (with funding from the Ministerial Leadership Initiative for Global Health) to facilitate the process for the FMOH pilot and provide additional training. From August 2009 to September 2010, with assistance of the Institute, the initial FMOH scorecard was simplified, refined, and recalibrated.

After observing the impressive results that were being achieved by the recalibrated FMOH scorecard, Ministry Leadership subsequently decided to adopt an overall Health Sector scorecard. In 2011-2013, the Ministry of Health began cascading the strategic scorecard throughout all levels of the Health Sector.

This case study primarily focuses on the recalibration of the FMOH scorecard in 2009-2010, the cascade work performed in 2011-2013, and the break-through improvements that the Ethiopian Health Sector achieved as a result of improved strategic direction and alignment using *The Institute Way*. In fact, it has been such a success that the Prime Minister of Ethiopia has now mandated that all Ministries in Ethiopia adopt the balanced scorecard as a strategic planning and performance management methodology.

## Program Launch: Sponsorship and Engaged Leadership

For the FMOH pilot scorecard recalibration in 2009-2010, the Directorate General for Policy and Planning and Finance General Directorate became the overall program champion with executive oversight from the Minister of the FMOH and two State Ministers from the FMOH. In addition a Senior Management Team was formed from leadership throughout FMOH and from the Health Sector Capacity Building department.

### Step 1: Assessment

The Health Sector is the overarching entity of which FMOH is a key bureau, so as the Senior Management Team (SMT) embarked on the Assessment step in the 2009-2010 FMOH pilot recalibrations, they thought broadly about the Health Sector as well as FMOH specifically. This forethought would prove valuable in 2011 when the Health Sector adopted the Balanced Scorecard and was able to leverage not only the Assessment work performed by FMOH, but also the themes and perspectives developed by FMOH in Step 2.

The Assessment step had required a significant time commitment during the initial FMOH pilot scorecard development in 2006 and again when the FMOH scorecard was revisited in 2009-2010. The SMT felt it was time well spent since it created a foundation for executing the other steps in the framework.

During the 2009-2010 FMOH pilot recalibration, the Assessment step was especially important for getting everyone on the same page again since there had been on-going significant staff turnover throughout all levels of the Health Sector and the FMOH.

Surveys and interviews were the key data gathering tools used during the Assessment step. FMOH used a survey, designed jointly by FMOH and the Institute, to gather data. All areas of the Regional Health Bureaus (RHBs), Woredas, Woreda Zonals, and Health Posts were included. All programs and services were surveyed. One-on-one interviews were conducted with the SMT team and with the Policy and Planning/Monitoring and Evaluation (PPME) group. Data from the surveys and interviews were synthesized into a PESTEL (Political, Economic, Social, Technological, Environmental, and Legal) analysis to inform the SMT of the current environment. The PESTEL analysis was further refined to create a list of Pains (Challenges) and Enablers. A portion of the FMOH Pains and Enablers List is excerpted in Table 1.

**Table 1: Pains and Enablers**

Enablers	Pains
<p data-bbox="412 199 521 226"><b>Strengths</b></p> <ul data-bbox="191 235 716 638" style="list-style-type: none"> <li>• Leadership commitment for establishment of Health Development army/ Social mobilization</li> <li>• High coverage of Health Extension Programme</li> <li>• Adoption of cost effective strategies</li> <li>• Increased access to health service</li> <li>• Accelerated training of health professionals</li> <li>• Increased supply of medical equipment</li> <li>• Increased allocation &amp; expenditure on health</li> <li>• Improvement in harmonization &amp; alignment</li> <li>• MDG Fund established to enforce one budget</li> <li>• Well defined HSDP Governance at FMOH</li> </ul>	<p data-bbox="1052 199 1187 226"><b>Weaknesses</b></p> <ul data-bbox="808 235 1438 1157" style="list-style-type: none"> <li>• Inadequate capacity to implement decentralized health system</li> <li>• Inadequate follow-up on implementation of policies, guidelines, standards &amp; protocols</li> <li>• Low utilization of health services</li> <li>• Weak referral system</li> <li>• Low health service quality</li> <li>• Low coverage of skilled delivery &amp; Newborn care, PMTCT</li> <li>• Inadequate attention to NCDs</li> <li>• Inadequate water supply &amp; WASH to Health facilities</li> <li>• Lack of Health infrastructure maintenance capacity (Building, Medical equipment, IT)</li> <li>• Shortage of drugs, medical supplies, equipment, &amp; commodities</li> <li>• Absence of guideline for coordination mechanism of public private partnership in health</li> <li>• Low quality of trainings for model family and weak implementation in HDA ( preparation phase )</li> <li>• Lack of HR motivation &amp; retention strategy;</li> <li>• Absence of standardized continuous professional development (CPD) programmes</li> <li>• Shortage &amp; attrition of highly skilled professionals</li> <li>• Weak performance auditing</li> <li>• Inadequate harmonization and alignment</li> <li>• Weak liquidation</li> </ul>
<p data-bbox="391 1201 542 1228"><b>Opportunities</b></p> <ul data-bbox="191 1236 735 1787" style="list-style-type: none"> <li>• Availability of coherent &amp; pro-poor development policy including health</li> <li>• Democratizing &amp; decentralizing health system</li> <li>• Availability of sound health policy</li> <li>• Increasing community participation</li> <li>• Increasing national income;</li> <li>• Increasing human resource output via capacity building Programme</li> <li>• Health is accorded priority by Government</li> <li>• Domestic manufacturing capacity of drugs;</li> <li>• Increasing education of girls</li> <li>• Emerging global health initiatives</li> <li>• Expansion of the private sector</li> <li>• Increasing external resources &amp; TA</li> <li>• Expansion of infrastructure (road, ICT, electricity)</li> </ul>	<p data-bbox="1078 1201 1166 1228"><b>Threats</b></p> <ul data-bbox="808 1236 1406 1631" style="list-style-type: none"> <li>• Poverty &amp; high level of population growth</li> <li>• Instability of neighboring countries-</li> <li>• Newly emerging pandemics</li> <li>• Manmade &amp; natural disasters</li> <li>• Adult illiteracy</li> <li>• Global financial crisis (rising cost of pharmaceuticals, supplies etc.)</li> <li>• Brain drain, high turnover of health staff, especially medical doctors</li> <li>• Absence of coordination mechanism for public private partnership in health</li> </ul>

Continuing to leverage the insight from data gathering, the team refined the mission, vision, and core values of FMOH. A three-day meeting resulted in the Ministry Leadership adopting the mission, vision, and core values shown in Table 2.

**Table 2: Mission, Vision, and Core Values**

Mission	Vision
<p><i>“To reduce morbidity, mortality and disability and improve the health status of the Ethiopian people through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services via a decentralised and democratised health system”</i></p>	<p><i>“To see healthy, productive, and prosperous Ethiopians”</i></p>
Core Value	Description
<p><b>Community First</b></p>	<ul style="list-style-type: none"> <li>• We are here for nothing but to serve, empower and satisfy our community.</li> <li>• We involve, engage and empower the community to produce its own Health</li> <li>• We have three priorities: Community, Community, and Community.</li> </ul>
<p><b>Collaboration</b></p>	<p><i>We work together in a spirit of mutual support and understanding to achieve our collective goals.</i></p>
<p><b>Commitments</b></p>	<p><i>No matter what challenges we face and discomforts we feel, we stand firm, be patient and exert our utmost and sustained effort to achieve our goals.</i></p>
<p><b>Change</b></p>	<p><i>We innovate new ways of doing things and are open minded to reforms.</i></p>
<p><b>Trust</b></p>	<p><i>We ensure maximum vulnerability and integrity to each other.</i></p>

Determining customers and stakeholders proved to be one of the most challenging exercises in the Assessment step. FMOH and the Health Sector have a variety of internal and external customers due to the complexity of the organization and its country-wide reach.

Primary Customers were identified as:

- Citizens
- Development partners
- Civil servants
- Community

Stakeholders were identified as:

- Line ministries (e.g., education, culture, etc.)
- Parliament
- NGOs
- Professional associations
- Regional governments

## Step 2: Strategy

The team developed a Customer Value Proposition for FMOH’s primary customers, depicted in Table 3.

**Table 3: FMOH Customer Value Proposition**

Customer Value Proposition		
Attributes	Image	Relationship
Accessible	Capable	Complementary
Capacity Building	Competent	Consensus building
Construction	Committed	Cooperative
Coordination	Partner	Disciplined
Cost effective	Customer-oriented	Leadership
Guidance	Democratic	Team building
High quality service	Efficient	Harmonious
IEC and BCC/ culturally sensitive messages	Empowering	Mutual understanding
Policy, Standards & Guidelines	Fair	Ownership
Procurement negotiation	Influential	Participatory
Regular monitoring and feedback	Flexible	Respect the constitution
High quality, comprehensive reporting	Pride	Smooth
Resource (financial /human)	Responsiveness	Stewardship
Resource mobilization and equitable distribution	Simple	Timely
Responsiveness	Supportive	Transparent
Timeliness	Transparent	Two-way relationship
	Trustworthy	

Then, starting with the eight strategic themes and over eighty strategic objectives previously developed for the FMOH pilot, the Institute facilitated a working session with the SMT which yielded four refined strategic themes for FMOH. After completing the strategic theme maps, it was decided to further refine the strategic themes and their associated strategic results to three themes, shown in Table 4.



**Table 4: FMOH Strategic Themes and Strategic Results**

Strategic Themes	Strategic Results
Excellence in Health Service Delivery	A community that practices and produces the best health and has access to quality healthcare at all times.
Excellence in Leadership & Governance	Safe public that is served by collaborative, accountable and transparent institutions. Decision making in the sector is based on research evidence which ensures the equitable and effective allocation and/or application of health resources.
Excellence in Health Infrastructure and Resources	An insured community accessing health facilities that are well equipped, supplied, maintained and ICT networked to the best standards and staffed with qualified and motivated employees.

These revised and greatly simplified strategic themes were easily embraced because they related directly to the adopted mission, vision, and values and the FMOH customer value proposition; while being an actionable summary of the objectives that fell below them.

### Step 3: Strategic Objectives

As stated before, the initial FMOH pilot had resulted in an unwieldy list of over 80 strategic objectives. During the 2009-2010 recalibration, Institute facilitators led the SMT in an affinity grouping exercise to cull down the list of objectives. They then aligned the objectives to strategic themes and created theme strategy maps. The team prepared draft objective commentaries, which were finalized after the Tier 1 Strategy Map was completed.

### Step 4: Strategy Mapping

During theme mapping, the process of identifying the linkages between the objectives across perspectives revealed redundancies and gaps in the objectives list. In other words, even with the long list of 80 objectives, the original strategy had gaps! This is why strategy mapping is such a key step in the process. After the theme teams built complete and concise theme maps, the SMT then put forth a concerted effort to synthesize the three strategic theme strategy maps into a single FMOH Tier 1 strategy map.

In 2011, the Health Sector developed an overall Tier 1 Strategy Map that had a slightly different set of objectives but was built off of the same strategic themes and perspectives as FMOH. The Health Sector Strategy Map is depicted in Figure 2 and the FMOH Strategy Map is depicted in Figure 3.

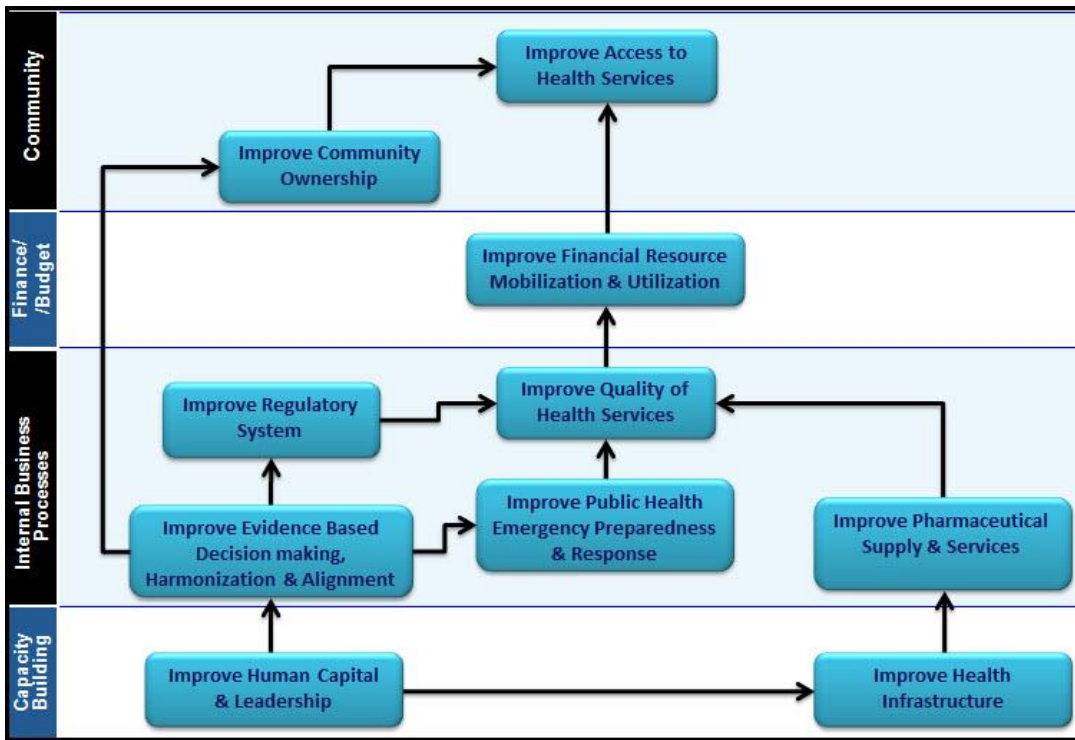


Figure 2: Health Sector Strategy Map

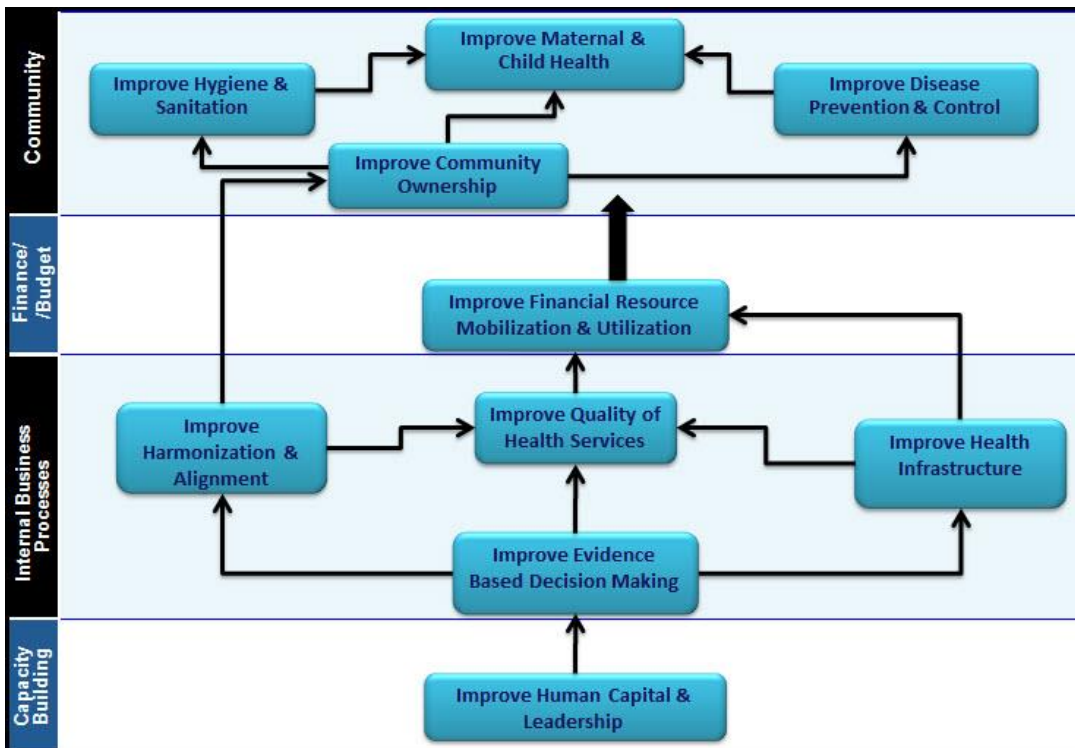


Figure 3: FMOH Strategy Map



## Step 5: Performance Measures

In Step 5, staff from Policy Planning/Monitoring and Evaluation (PPME) department joined the FMOH balanced scorecard team. On the original scorecard developed in 2006-2009, there were too many measures and the staff was spending too much time gathering data. Users also complained that some measures were ineffective or out of their control. During the 2009-2010 recalibration, it was stressed that each measure identified be within the control and influence of FMOH. At least one performance measure was identified for each objective on the FMOH Strategy Map. The Ministers then directed the team to use historical performance to determine performance baselines in order to set targets.

Table 5 shows an example set of performance measures on the FMOH scorecard. These are the performance measures and Millennium Development Goals (e.g., targets) for the “Improve Maternal and Child Health” strategic objective from Figure 3. A subset of these performance measures are structured to roll up from the regional level to the federal level. In order to meet the Millennium Development Goals for 2015, targets are set quarterly and annually at regional and federal levels.

**Table 5: FMOH Performance Measures, Baseline, and Targets for Improve Maternal and Child Health Strategic Objective**

Performance Measure	Baseline	Target
<i>Contraceptive Acceptance Rate (CAR)</i>	60%	80%
<i>Ante Natal Care Coverage1+(ANCC1+)</i>	83%	91%
<i>Births Attended by HEW (Clean and Safe Delivery)</i>	18%	27%
<i>PMTCT for prophylaxis (complete)</i>	56%	82%
<i>Coverage of full immunization</i>	76%	90%
<i>% of Health Centres providing Integrated Management of New-born and Childhood Illness (IMNCI)</i>	73%	96%
<i>Proportion of severe acute malnourished under-5 children got therapeutic feeding</i>	39%	78%

Performance measurement is an iterative process. As the balanced scorecard becomes more ingrained at all levels of the Health Sector, there will be refinements to the list of performance measures and their targets.

## Step 6: Strategic Initiatives

The existing list of FMOH initiatives had to be rationalized once a revised strategy map was adopted for FMOH. Some initiatives were cancelled, others redefined, and new initiatives added to align to the strategy map. The process of prioritizing the selected initiatives included the Ministers from the Health Sector, FMOH and Directorate level.

For the FMOH “Improve Maternal and Child Health” strategy objective from Figure 3, the following initiatives were identified:

- Strengthen Management of the Extended programme on Nutrition
- Design & Implement Skilled Birth Attendants Scale up strategy

Figure 4 is the scorecard graphic for the Health Sector and Figure 5 is the scorecard graphic for FMOH.

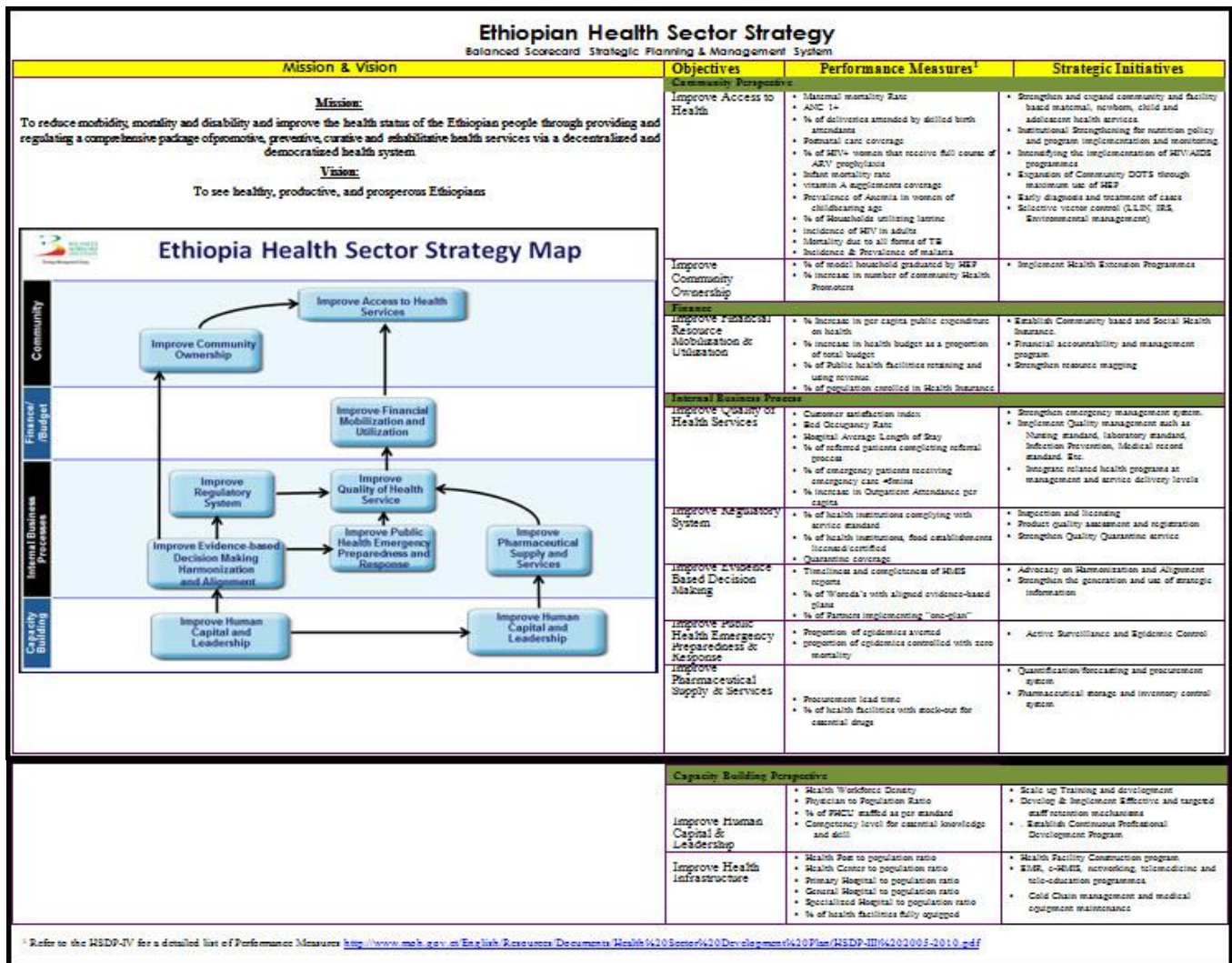


Figure 4: Ethiopia Health Sector Balanced Scorecard [For full size image click on image]

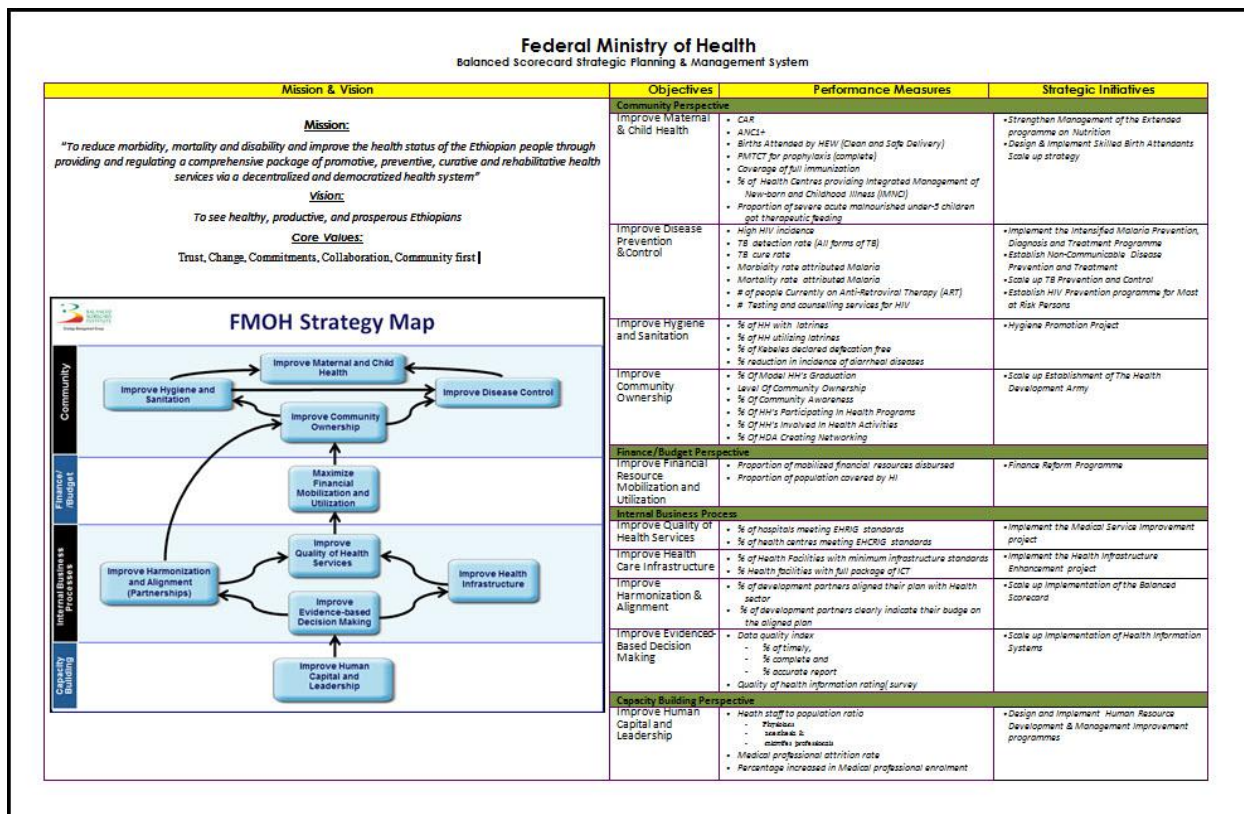


Figure 5: FMOH Balanced Scorecard [For full size image click on image]

## Step 7: Performance Analysis

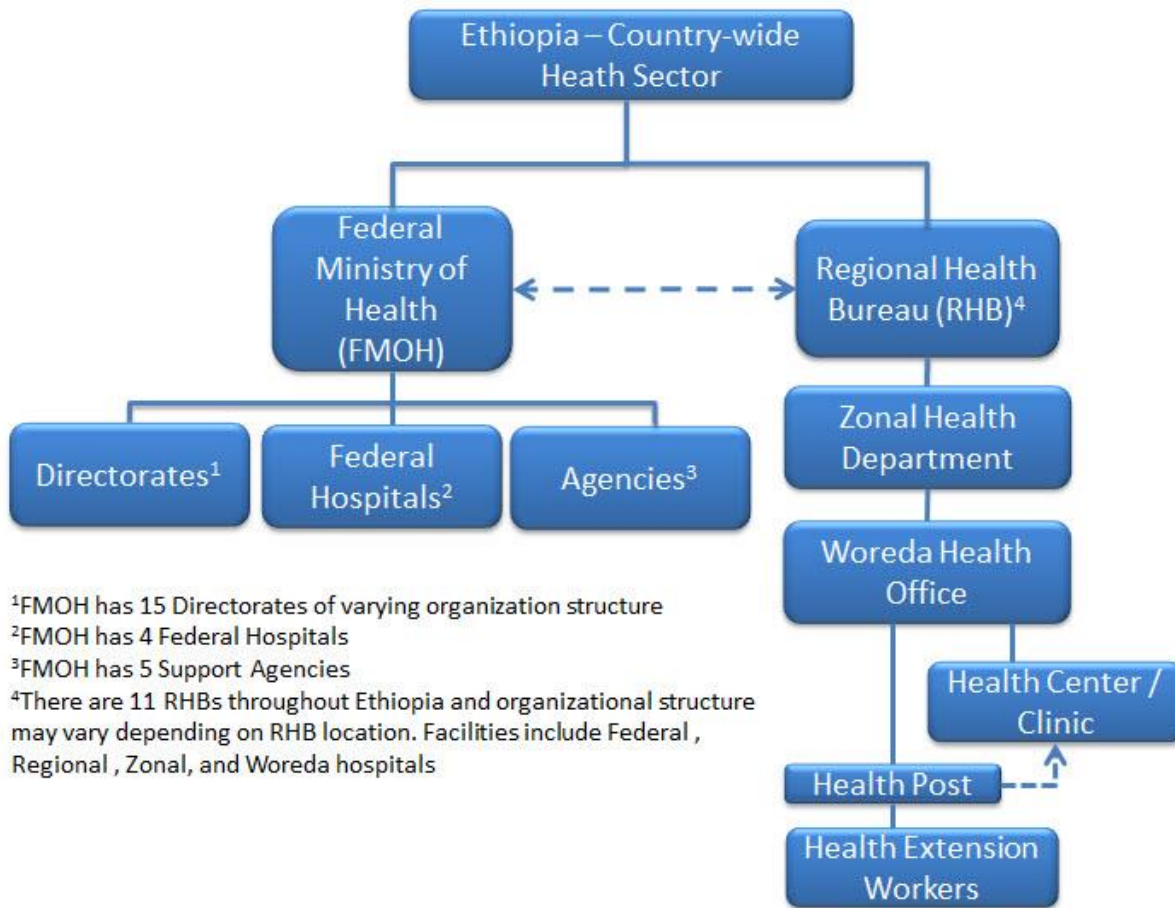
Ethiopia's Health sector is a complex organization with multiple organizational levels across several geographies. In order to track performance at each level, the Health Sector recently adopted an automated solution. The PPME Department is currently piloting a performance management solution from Spider Strategies for data visualization and performance tracking. The initial pilot is capturing and tracking data from both the Health Sector and FMOH.

In addition, Marginal Budgeting for Bottleneck analysis is used by the ministry for Woreda-based planning to cost identified tracer interventions. These interventions are linked to Health sector performance measures and objectives.

## Step 8: Alignment

The organizational complexity of the Ethiopia Health Sector required a hybrid approach to cascade the strategy to all levels of the organization. The purpose of the cascading effort is to ensure everyone's actions and priorities are aligned to help their business unit reach its goals and to help each bureau reach its goals and therefore support the overall Health Sector in reaching its goals. Figure 6 depicts the general organizational structure of the Ministry.

# Ethiopia Health Sector Organization



**Figure 6: General Organization Chart for Health Sector**

In 2011, a multi-pronged alignment process began with FMOH. The first front was a concentrated cascading process to FMOH-level Directorates, the various business units that contribute to the functioning of FMOH. Tier 2 scorecards were developed at all fifteen Directorates. Some Directorates began cascading to the Tier 3 Directorate Teams and Individuals.

Figure 7 depicts a Tier 2 strategic balanced scorecard, cascaded from FMOH to the Urban Directorate.



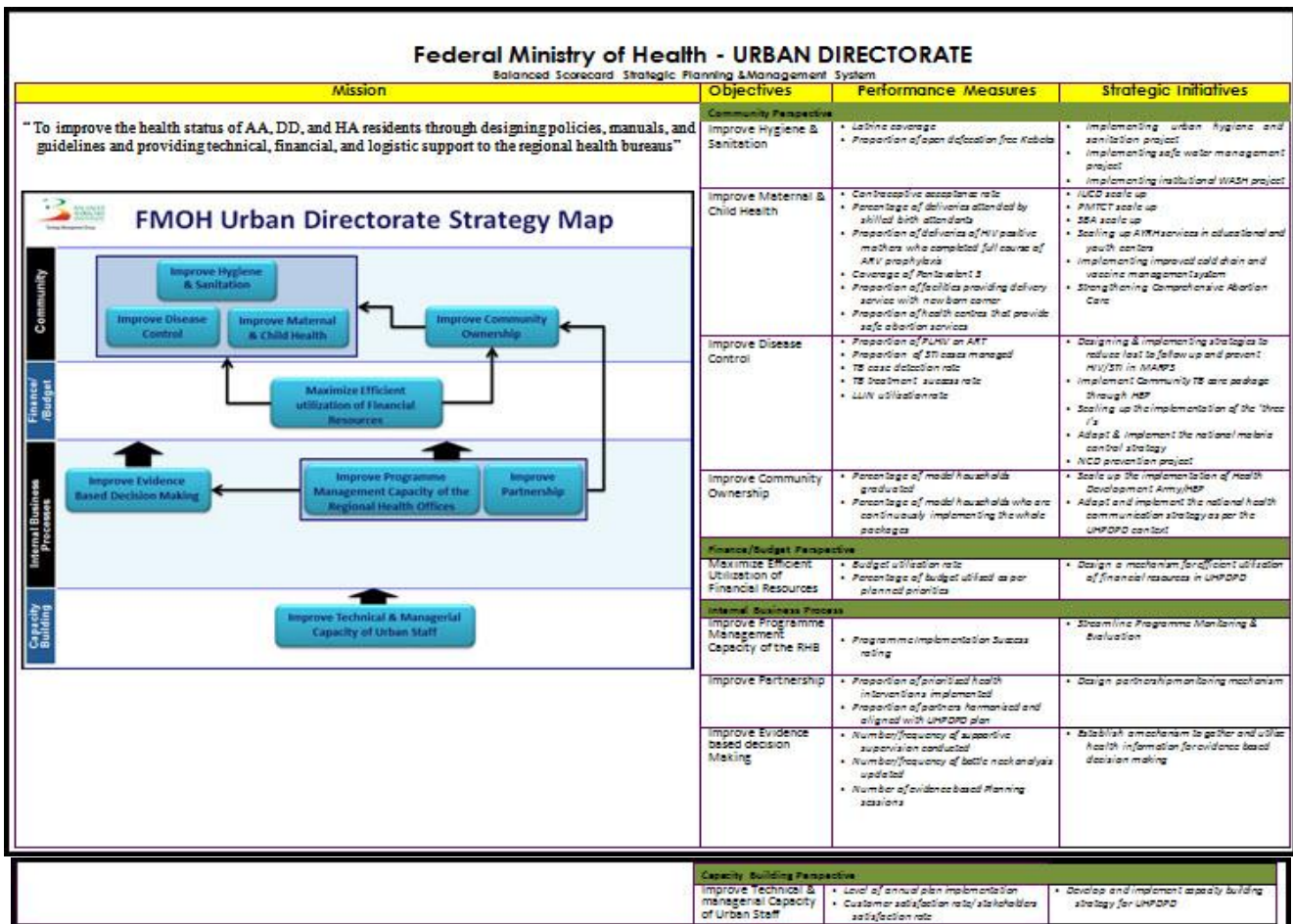
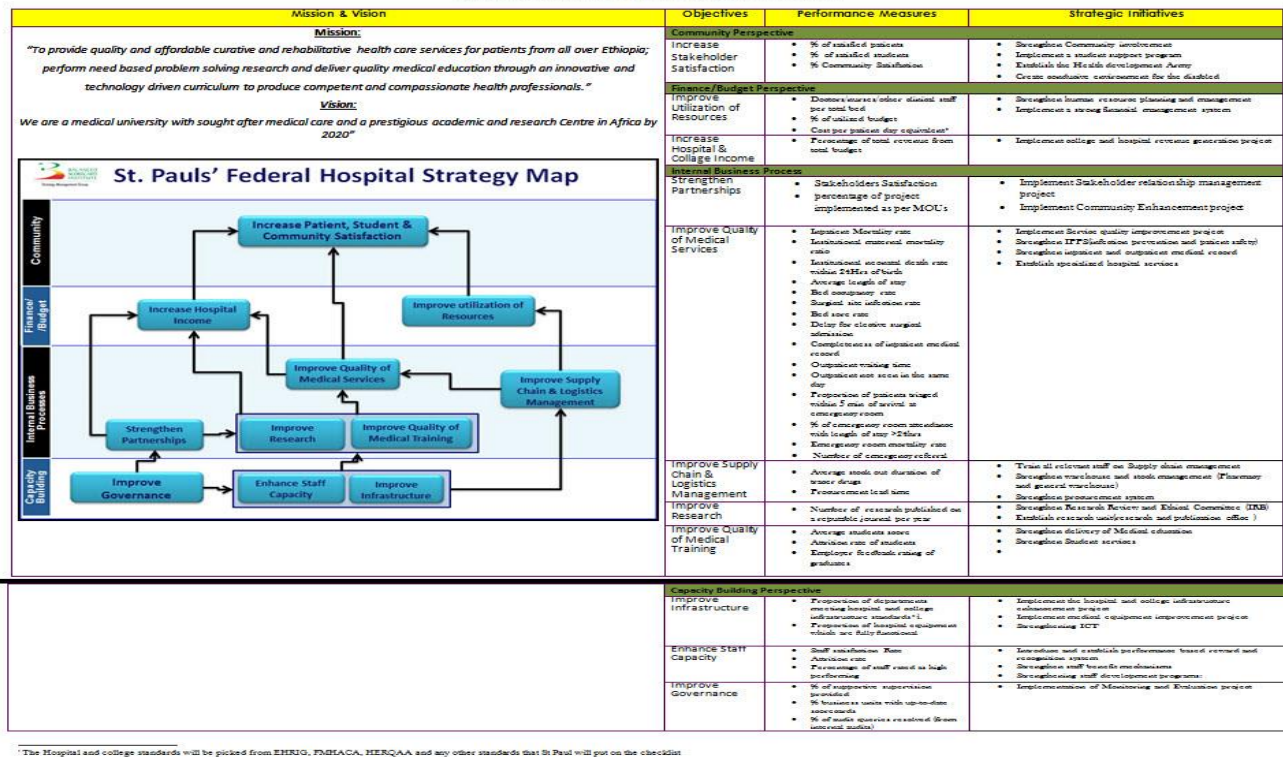


Figure 7: FMOH Urban Directorate Balanced Scorecard [For full size image click on image]

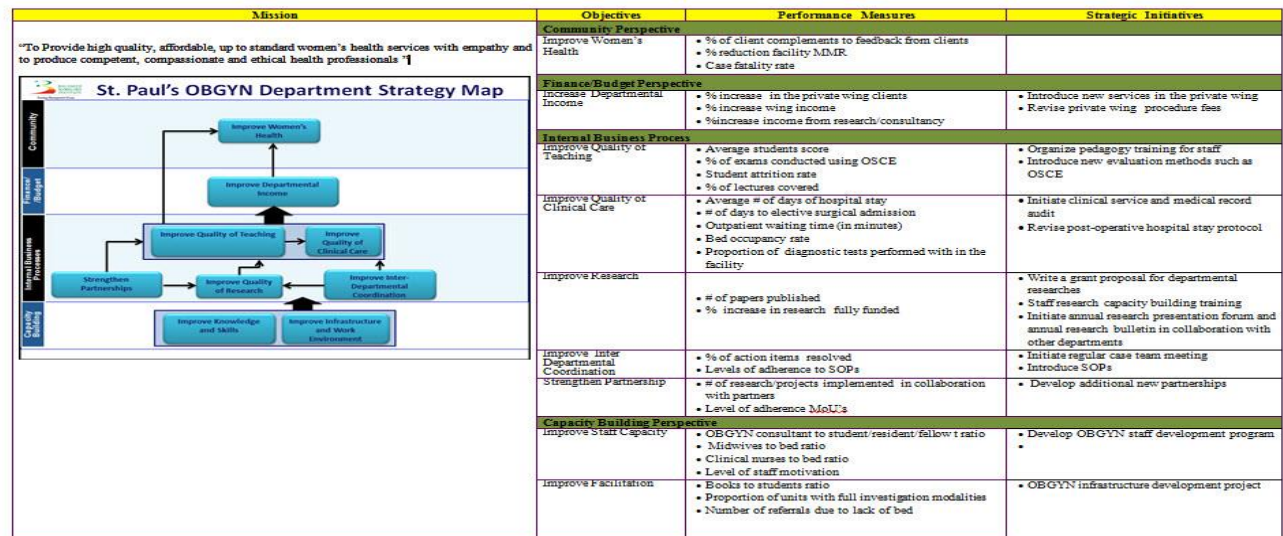
As FMOH cascade work continued, a Tier 1 scorecard was developed for St Paul's Hospital Millennium Medical College (Figure 8). The size and autonomous nature of the St Paul's Hospital Millennium Medical College warranted the development of a Tier 1 scorecard while maintaining line of sight with FMOH. Then, a Tier 2 scorecard was cascaded from St. Paul's to its OB-GYN Department (Figure 9). Notice the line of sight that has been maintained from FMOH ("Improve Maternal and Child Health" objective), through the hospital ("Improve Quality of Medical Services" objective), to the OB-GYN department ("Improve Women's Health" objective).

**St Paul's Hospital Millennium Medical College**  
Balanced Scorecard Strategic Planning & Management System



**Figure 8: St. Paul's Federal Hospital Balanced Scorecard [For full size image click on image]**

**St Paul's Hospital Millennium Medical College**  
**OBGYN Department**  
Balanced Scorecard Strategic Planning & Management System



**Figure 9: St. Paul's Federal Hospital OBGYN Department Balanced Scorecard [For full size image click on image]**



Next, began a cascading process on a second front, from the Health Sector to the Regional Health Bureaus (RHBs). The size of the Ethiopia regions, autonomous nature of each region, and their individual structure designed to meet the needs of the citizens and communities unique to each region warranted the development of Tier 1 RHB scorecards with line of sight to the Ethiopia Health Sector scorecard. Three representative RHBs (there are a total of eleven RHBs in Ethiopia) were initially facilitated by the Institute and PPME personnel. Figure 10 depicts a Tier 1 Addis Ababa Regional Health Bureau strategic balanced scorecard which is aligned to the Health Sector scorecard (Figure 3).

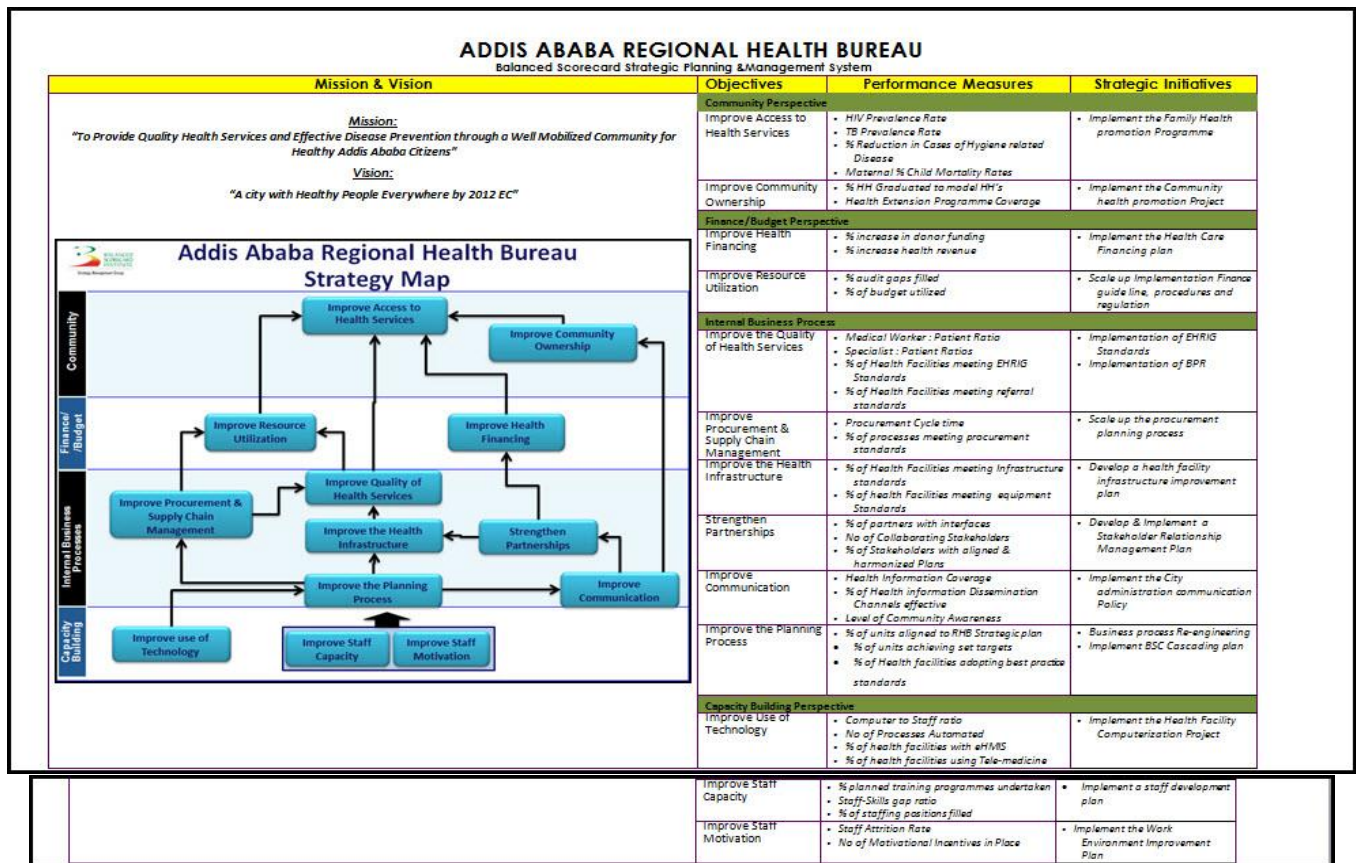


Figure 10: Addis Ababa Regional Health Bureau Balanced Scorecard [For full size image click on image]

Figure 10 depicts a Tier 2 cascaded strategic balanced scorecard, cascaded from Addis Ababa RHB to the Lideta Sub City Health Office.

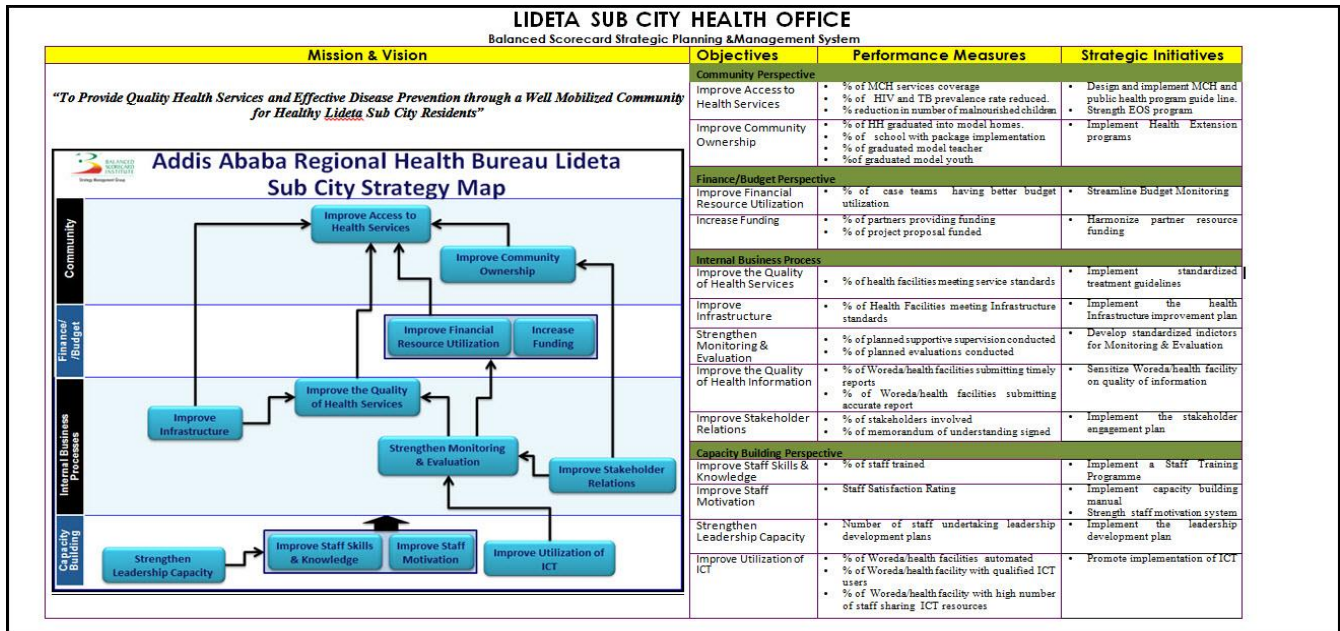


Figure 11: Addis Ababa Regional Health Bureau Lideta Sub City Balanced Scorecard [For full size image click on image]

The Lideta Sub City Health Office was further cascaded via Tier 2 cascade methodology to the Lideta Health Centre (Figure 12) and via Tier 3 cascade methodology to a Lideta Sub City Case Team (Table 6).

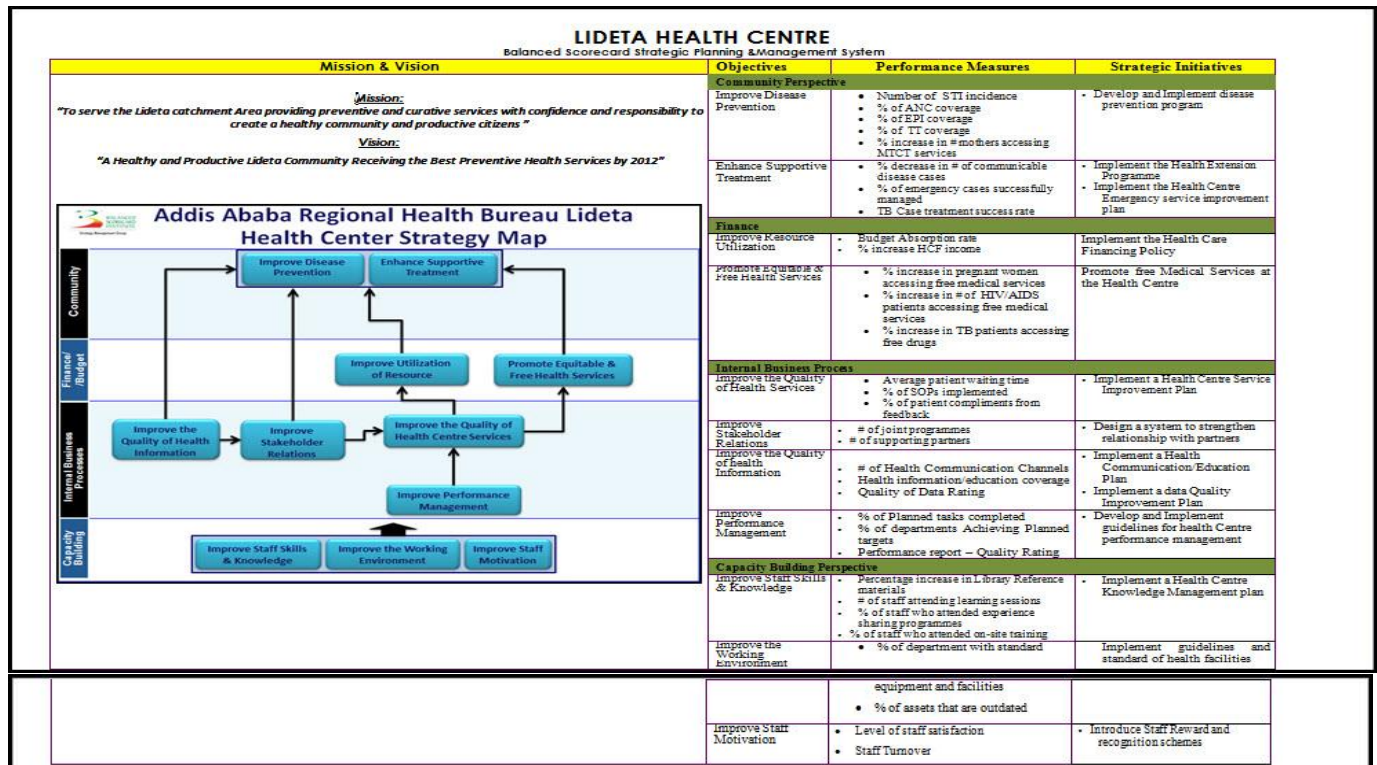


Figure 12: Addis Ababa Regional Health Bureau Lideta Health Center Balanced Scorecard [For full size image click on image]

**Table 6: Addis Ababa Regional Health Bureau Tier 3 cascade to the Lideta Sub City Case Team**

LIDETA Sub City Woreda 1—Health Office			
Perspectives	DPHP Objectives	Team Goals	Initiatives
Community	Improve Access to Health Services	Reduce incidents of major Infectious diseases from TBS to TBS by Sene 2006	Strengthen the Woreda Delivery System
		Increase the number of ANC referral from TBD to TBD by Sene 2006	Strengthen the Referral System
		Reduce the rate of referral dropouts from 45 to 20 by Sene 2006	
	Improve Community Ownership	Increase number of graduated Model HH from 1,296 to 1,500	Implement the HH graduation project
		Increase number of best models from 90 to 180 by Sene 2006	Follow up on the implementation of the package
		Increase number of graduated teachers from 34 to 56 by Sene 2006	Implement the teachers and youth graduation project
Increase numbers of youth graduated from 0 to 20 by Sene 2006			
Financial	Improve Utilization of Resources	Increase use of annual budget from 60% to 90% by Sene 2006	Strengthen budget coordination with finance officer
		Increase the number of funded project proposal from 1 to 3 by Sene 2006	Strengthen project proposal writing
Internal Business Processes	Improve Quality of Health Information	Ensure 100% reports submitted to the sub city are without errors	Improve Reporting Formats
		Ensure 100% reports submitted to the sub city are timely	
	Improve Stakeholder Relations	Increase the number of stakeholder participation from 20% to 50% by Sene 2006	Strengthen Stakeholder Communication
		Increase the number of partner involvement from 2 to 6 by Sene 2006	
	Improve Health Communication	Increase the amount of pamphlet from 52% to 65% by Sene 2006	
Increase the number of model HH conference from 4 to 7 by Sene 2006			
Increase the number of model HH conference from 4 to 7 by Sene 2006			
Capacity Building	Improve Staff Skills & Knowledge	Increase the number of training from health professionals from 50% to 80% by Sene 2006	Conduct in house training
		Increase number of Health Extension Professionals from 9 to 11 by Sene 2006	Provide external training
		Increase the number of experience sharing between professionals from 55% to 70% by Sene 2006	
	Improve ICT Utilization	Increase the number of computers from 2 to 5 by Sene 2006	Provide ICT training for Woreda Staff
		Increase the number of staff using computers from 4 to 7 by Sene 2006	

The true benefit of a well aligned Health Sector scorecard system is seen in the alignment of scorecards at the lowest health sector administrative units. This gives health management teams the opportunity to translate performance data from the lowest health units into very useful decision making information. According to Liya Tassew of the Monitoring & Evaluation Office at Addis Ababa Regional Health Bureau, the RHB is “now able to track more easily and regularly incidences of communicable diseases and many other performance metrics at Woreda and Household levels.” Case Team Leaders state that, by refining strategic objectives at all levels, “the Balance Scorecard has helped us to clearly evaluate and monitor every individual, as well as case team performance within each Directorate.”



In 2012-2013, FMOH also strategically aligned with the agencies with which the Health Sector and FMOH interact. These agencies are considered partners because they provide services that the HS and FMOH depend upon. The Agencies developed Scorecards that are cascaded off both the FMOH and Health Sector scorecards and therefore ensure the cross-agency implementation of some of the initiatives in the FMOH and Health Sector scorecards.

## Step 9: Evaluation

Directorates within the ministry hold a periodic case team meeting, transformation forum and Directorate forum to discuss progress and challenges faced during implementation of strategies. The Ministry also holds weekly council of Directorate meetings to review the overall performance and make informed decisions to strengthen implementation of the strategy. A joint steering committee constituted of the Head of Regional Health Bureaus, Federal Minister Health Directorates and FMOH agencies holds a performance review meeting every two months and sets action points to address identified cross-cutting bottlenecks.

According to Mebrahtom Belay, Planning Officer at the General Ministry of Health, the Balanced Scorecard framework has also enriched the context of the Health Sector Annual review meeting by enabling the ministry to review cross-cutting Sectoral performance as a result of all players having their strategies aligned to the Health Sector priority areas. During this annual meeting, Regional Health Bureaus, Zonal Health Departments, representatives from the Woreda Health Offices and Health Extension workers, FMOH Directorates, FMOH Agencies, representatives from selected Government Ministries, representatives from different Universities & Colleges, as well as invited higher influential's, development partners, NGOs and other relevant stakeholders participate in setting a new direction for Health management.

In the near future, the Health Sector will have the ability to link its health data sources to an automated BSC system that will enable analysis of individual, directorate, ministry, regional and health sector performance in a more timely manner and therefore enable a more proactive approach to emerging health challenges.

## Sustaining and Managing with the Balanced Scorecard

The PPME department is responsible for making sure performance measures are valid and gathered properly, as well as for development, implementation, and monitoring of all FMOH and Health Sector initiatives. And it was PPME that advised FMOH and Health Sector regarding the need for a software solution to support performance analysis.

Communication and Change Management Teams were created in 2012 after the Ministry adopted a hybrid of the Kaizen principle and ADKAR as its tool for change. With the institution of a Reform Case Team specifically charged with the responsibility of driving change in the ministry, a formal change and communication plan was adopted. The Communication and Change Management Teams have tightly integrated goals focused on leadership involvement, communication across agencies, geographies, and staff levels, and implementing a change process that prepares the staff to be successful.

In FMOH and the RHBs, many Directorates and Regions are beginning to work through the project planning of how to continue the cascade of the balanced scorecard system. Initiative management (rigorous project management) in many FMOH Directorates and RHBs is a new approach to managing projects and initiatives. Initial review reveals that some performance measures are being monitored for successful strategic objective success. As the remaining Directorates and RHBs come online, Tier 3 Team/Individual scorecards at FMOH are becoming part of the annual performance review process.

## What Did FMOH Gain?

The federal ministry now boasts a shared vision, mission and core values. According to Kiros Kidanu, Assistant Director Policy and Planning, this shared sense of destiny has enabled the ministry to focus on common priorities, a flow of creative and innovative ideas, and increased participation of staff at all levels, making it possible for the ministry to achieve very commendable results. Kiros emphasizes that as a result of a clear initiative prioritization process, “Today, 74% of the existing 127 hospitals meet the Ethiopian hospital reform standards.”

The Vice Provost, Academic Programs and Research at St Paul’s Hospital Millennium Medical College, Dr. Lia Tadesse, notes that hospital leadership is now more focused delivering client needs and the transparent assessment process has helped the hospital focus on addressing the challenges they faced in delivering services to patients and medical students. “The Balanced Scorecard helped assign and clearly communicate performance measures at all levels to our staff and clients. It is this transparency and accountability that is making it possible for us satisfy our clients.” According to Dr Lia, keeping track of performance measures introduced during the Balanced Scorecard development process has led to:

- A reduction of in-patient mortality rate from 5.8 percent to 4 percent
- A reduction in out-patient waiting time from more than 140 minutes to 75 minutes
- A reduction in delays in elective surgical admission from greater than 90 days in 2010 to 35 days in 2012
- A reduction in average length of stay at St Paul’s Hospital from 11 days to 6 days between 2009 and 2012

The Balanced Scorecard has also made it possible for the ministry to successfully harmonize and align its planning process with that of the federal government system. This improvement now makes it possible for the Health Ministry to align over 835 Woreda plans and budgets to the ministry’s’ plan and effectively mainstream initiatives across the entire country. Implementation Initiatives like the “Health Development Army” are providing a huge boost to Ethiopia’s Health Extension Programme by creating a unique model for partnership and collaboration between the government and various actors in the health system. This harmonization is driving results:

- The number for women of reproductive age using contraceptives increased from 2.6 Million in 2005 to 5.6 Million in 2010
- Post-natal care coverage increased from 19 percent to 42 percent between 2007 and 2011
- Ante natal care coverage increased from 52 percent to 82 percent between 2007 and 2011.

The ministry is now placing emphasis on stepping up strategy communication and change as well as building leadership and line management skills to harness the benefits of the Balanced Scorecard across the health sector.

According to Kiros Kidanu, “The future looks brighter.”

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### About FMOH

The Government of Ethiopia is committed to democracy and empowerment of the people. Decentralization has been used as an important instrument for the full realization of the rights and powers of the diversified population. The health policy has also emanated from commitment to democracy and gives strong emphasis to the fulfillment of the needs of the less privileged rural population.

Arguably, the most significant policy influencing HSDP design and implementation is the policy on decentralization. This is well articulated within the constitution and in a number of major and supplementary proclamations, and provides the administrative context in which health sector activities take place.

Important steps have been taken in the decentralization of the health care system. Decision-making processes in the development and implementation of the health system are shared between the Federal Ministry of Health (FMOH), the Regional Health Bureaus (RHBS) and the Woreda Health Offices. As a result of recent policy measures taken by the Government, the FMOH and the RHBS are made to function more on policy matters and technical support, while the Woreda health offices have been made to play the pivotal roles of managing and coordinating the operation of the primary health care services at the Woreda levels.

The Health Sector has recently introduced an innovative health service delivery system through the implementation of the Health Service Extension Program (HSEP). Accelerated Expansion of Primary Health Services strategy has also been endorsed as part of facilitating the implementation of the HSEP.

As our country crosses the threshold of the new millennium (in 2015), the healthcare system in Ethiopia is ramping up to meet the needs of the people of Ethiopia. We hope that we shall all be able to establish an effective and efficient health system that will serve our people and enhance their health and happiness in the near future

### About the Balanced Scorecard Institute

The Balanced Scorecard Institute provides training, certification and consulting services to commercial, government, and not-for-profit organizations worldwide. The Institute applies best practices gained from hundreds of consulting assignments and 5,000 trainees in balanced scorecard, strategic performance management and measurement, strategic planning, and change management to help executives, managers and analysts transform their organizations into “performance excellence” organizations.

The Institute also provides, through the [balancedscorecard.org](http://balancedscorecard.org) website, extensive resources, including case studies, white papers, articles, and other information based on lessons learned from extensive experience in building strategic management and performance measurement systems using our award-winning *Nine Steps to Success™* balanced scorecard methodology.

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