

## **Management Sciences for Health LMG Ethiopia; Trip Report – Jacqueline Lemlin (December 9-21, 2013)**

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Jacqueline Lemlin, Project Officer

December 22, 2013

The Leadership, Management and Governance Project (LMG) is a United States Agency for International Development (USAID) five-year Cooperative Agreement, designed to strengthen and expand the people-centered capacity building strategy pioneered under the Leadership, Management and Sustainability (LMS) Project, LMG's successor project. The LMG Project's objective is to support health systems strengthening by addressing the gap in leadership, management and governance capacity of policy makers, health care providers and program managers to implement quality health services at all levels of the health system. Governance functions – distinct from leadership and management functions – are an important focus of LMG because they provide the ultimate commitment to improving service delivery, and foster sustainability through accountability, engagement, transparency and stewardship.

Leadership, Management, Governance, Health Systems Strengthening, Ethiopia, Africa

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### **1. Scope of Work:**

#### **Purpose**

Project management and technical support visit.

#### **Objectives:**

Dates of Travel	December 9, 2013 to December 21, 2013
Traveler's Name and Role on Trip	Ms. Jacqueline Lemlin, Senior Program Officer (SPO)
Other Travelers and their Roles on trip	NA
Destination and Client / Partner	Addis Ababa, Ethiopia Federal Ministry of Health
Activities/ Deliverables	<ul style="list-style-type: none"> <li>• Carry out Workplan and Performance Monitoring Plan review.</li> <li>• In consultation with LMG PD review status of partners Yale University and AMREF.</li> <li>• Hold in depth meeting with support team members (those available).</li> <li>• Carried out field visit in order to meet with implementing partners and observe program delivery.</li> <li>• Reviewed STTA plan and needs for 2014</li> <li>• Discussed success story options and opportunities and plan for at least 2 stories for 2014.</li> <li>• Review cost share strategy and plan and review targets for 2014</li> <li>• Meet with USAID</li> </ul>

### **2. Major Trip Accomplishments:**

#### 2.1 Workplan Review

Several sessions were held throughout the visit with various staff to review workplan activities- status, challenges, changes, and new developments. **For Result Area 1**, LMG curriculum development, the project has been steadily moving forward with supporting the development of an in-service curriculum. A final draft/working document has received approval from the FMOH. It is currently being rolled out/tested and closely monitored by the MSH LMG team. Identified changes will be incorporated and a final version will eventually be reviewed and approved by the FMOH. It was also discussed and agreed that the curriculum be reviewed by an LMG curriculum specialist with knowledge and experience in both LMG and curriculum development. In regards to development of the pre-service LMG curriculum a meeting was held with the new Pre-service Education Advisor. The process is still at the early stages of development and discussions are still underway with the Ministry of Education on how to move forward. It will be a similar process as the development of the in-service curriculum with a MOE

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technical working group taking the lead and MSH providing coordination and technical, managerial support to the process. It is also advised that at some stage of the process that TA be provided by an MSH curriculum specialist in order to ensure that the final product meets the highest standards. For **Result Area 2**, the roll out of LMG training the project has made considerable progress. The project is meeting its targets. However, it will be important that over the next year that a roll out plan be developed that meets the expectations of the FMOH. It is good that a pool of facilitators and trainers is being created however the quality of what they will do will greatly depend on the trainings they can carry out and the TA they receive as they apply their new skills. They will inadvertently encounter challenges and it will be important that they are supported in addressing the challenges effectively. The current MSH staff have been providing this support but it will come to a point where the project may not have sufficient staff to oversee expanded activities.

**For Result Area 3** an Institutional Development Advisor has recently been appointed. This person is fairly new to this area of work and will require considerable support from her supervisor, the Capacity Building Manager. It will be some time before she will be able to work independently. The institutional development component to date has carried out several MOST workshops with training institutes and government entities i.e. woreda health offices. Result 3 area is focusing on institutional, programmatic and financial sustainability of training institutions and associations. The idea is that these entities will in the long term be responsible for keeping LMG training “alive “ and also monitor quality. Granted this is a long term goal and probably beyond the life of the current project but all concerned do need to start thinking of a mid-term and long term strategy for sustainability purposes. Good work is underway with ALERT and the EPHOA and AAU College of Health Sciences with these institutions identifying particular needs to be addressed. However they should all have clearly articulated institutional capacity development plans in place with a short term, mid-term and long term horizons. These plans need to address the areas of institutional sustainability as illustrated in the original proposal. The project has indicated that they will work with 8 training institutions to cascade the training but these institutions will also need the “back end” support if we they are going to maintain momentum.

### 2.2 Partner Status and Outstanding Issues

- Staffing issues around the Yale SLP program were discussed in length with Yale, the HRH Directorate and USAID. Concrete steps to move ahead were identified and agreed by all concerned. Yale will be replacing there in country manager and will present a proposal within the next few weeks.
- AMREF are quite far behind in their implementation of activities. Several factors such delay in finalizing the sub-agreement, delays in finalizing the baseline assessments in the 20 selected hospitals (requiring negotiations with the regions) and the recent freeze on training. Unfortunately a meeting with AMREF to go over some of these issues was not possible as key staff were all in the field. However, the issue was discussed with both the MSH team and USAID and the PD will follow-up and continue to monitor progress.

### Support team discussions

- Finance Manager to review the cost share plan and agree on way forward.
- Pre-service Education Advisor to review status of this component and strategy moving forward.

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- Institutional Development Advisor to review workplan for this component and discuss STTA needs.

### 2.4 Field Visit

Travel Addis to Dire Dawa 16/12, Harar 18/12, Dire Dawa to Addis 19/12.

- Dire Dawa  
Attended LMG review sessions of the Dire Dawa Regional Health Bureau, Legahare Health Center.
- Harar  
LMG review sessions of RHB Finance & Planning Core process, M & E core Process and Haramaya University.

Teams made presentations on their Challenge Model and progress to date on achieving their measurable results. Most were on track to carry out their 4<sup>th</sup> workshop. The teams displayed a considerable amount of enthusiasm for the process. Haramaya University staff have been providing coaching and are well positioned to take the lead on the program. In addition they completed a VLDP collaboration with LMG CORE. Discussions will follow on strengthening this link.

### 2.5 STTA Plan Review

For the coming year, STTA is planned for support to M & E, communications, institutional capacity development and the gender component.

- The M & E advisor is new to the position and would benefit greatly from TA. The PMP needs to be revised. In addition to this there needs to be an M & E monitoring plan that goes beyond just counting the numbers of individuals trained. In order to address challenges especially in relation to sustainability it will be important to monitor quality and institutional capacity of training institutions and the FMOH in the delivery of the program.
- The program has produced a few draft success stories that were shared with the HO, M & E advisor. There needs to be a follow-up with the Communications Unit in HO to develop a full-fledged communication plan. There is 3 weeks of virtual STTA that can cover this.
- One of the key results of the project is that there are training institutions and professional health associations that can plan, organize, deliver and supervise LMG in-service training by the end of the project. The institutional capacity strengthening component is crucial for this to take place. The project has faced challenges in securing an experienced institutional development advisor. Although one is now in place, this person will need considerable amount of technical support in order to effectively carry out this function. The STTA plan has 3 weeks of virtual support for this component programmed. Virtual support has its limitations and it is advised that an STTA visit to the project be carried out.
- Although not in the original STTA plan, a support visit by the HO LMG Gender and Capacity Building Advisor is now planned for some time in April – May 2014. This is at the request of the Gender Directorate. The MSH seconded Gender Advisor will work with the PD and HO LMG Gender Capacity Building Advisor to develop a SOW and scheduling.

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A brief meeting was held at the ET USAID Mission attended by the MSH Project Director, visiting Senior Project Officer, USAID Activity Manager and the USAID Health Systems Team Leader. The discussion revolved around the current status of the project and impressions from the field visits. USAID was also provided and update on the staff situation with Yale and the need to replace the current Yale project manager based in Addis. USAID also provided insights into the situation and was very supportive and understanding and in agreement on MSH's approach to resolve the issue. USAID also had comments to share concerning the secondment of Dr. Tsegaye Legesse, GF Grants and Project Management Coordinator to the FHAPCO. Dr. Tsegay's contract has been extended until August 2014 and USAID, at least at this point in time has made it clear that they do not intend to extend this. MSH's support is limited to payroll and benefits management and inclusion of Dr. Tsegaye's quarterly performance reports into the MSH LMG quarterly reporting to USAID. As part of LMG's technical SOW, the project will work with Dr. Tsegay and his team to identify capacity building needs and provide interventions that fall within the LMG project. As part of the agreement between FHAPCO and USAID are the recommendations that a "specific counterpart be identified within FHAPCO to carry on Dr. Tsegaye's work" and a "handover process be benchmarked and initiated" before August 2014. Although this is not one of MSH's responsibilities it will be to our advantage to monitor this process and keep USAID informed. Both USAID staff expressed a high level of satisfaction on how the project was developing and in particular with the performance of the MSH Project Director. In particular they highlighted his success in maintaining a very positive and productive relationship with the FMOH and his ability to bring partners and stakeholders together and motivated to work together toward a common goal.

### Introductory Meeting- HRH Directorate

A very brief meeting was held with the Director of the Human Resource Development & Management Directorate. Main issue discussed was the issue around the Yale Project Manager and the reluctance of the FMOH to work with this person. Ways on how to move forward were explored and all agree shuLed that that completing the Senior Leadership Program should take priority. The Director had recently completed the 1<sup>st</sup> SLP workshop and was fairly satisfied with the outcome. It was clear that the Director appreciated the LMG program and in particular the responsiveness of the MSH PD and his team. However, there were misgivings expressed about future Yale led activities citing high cost and the need to bring in expats when he felt that LMG had adequate local staff to lead trainings.

### **3. Relationship of TDY Accomplishments to Broader LMG Results and Outcomes:**

- Program design, workplan
- Coordination with USAD Mission
- Strategic partnerships-Yale and AMREF
- Cost share update
- STTA needs

### **4. Lessons Learned / Key Insights:**

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Importance of collaboration and feedback for honest buy-in by all stakeholders.
Flexibility important when the focus is on capacity building and giving the client what they want.

**4. Next steps:** Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Review PMP and make necessary adjustments. Develop M & E plan which looks beyond just PMP indicators.	M & E Advisors project and HO level supported by SPO	Next quarter
LMG CORE to support LMG ET team and Haramaya University in developing pre-service LMG curriculum	ET Project Director, LMG CORE technical advisors, supported by SPO	Next Quarter
M & E Advisor with TA from HO Communications develops communication plan.	M & E Advisor, designated TA from HO, supported by SPO	Next Quarter
Develop detailed institutional development plan	Institutional Development Advisor with TA from TA from HO	Next Quarter
Finalize Yale staffing issues and develop transition plan.	SPO, Yale senior staff	Next Quarter
Develop SOW for STTA for the Gender Directorate	Gender Advisors, PD	Next Quarter

**5. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Home organization	Notes
Jemal Mohammed, LMG ET Project Director jmohammed@msh.org	MSH	Provided management and technical support
Dereje Ayele, LMG Senior Capacity building Manager dayele@msh.org	MSH	Provided management and technical support
LMG, M & E Advisor Temesgen Workayehu <tworkayehu@msh.org>	MSH	Provided management and technical support

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Friehowot Getaneh, Institutional Development Advisor <fgetahun@msh.org>	MSH	Provide Management and technical support.
Getnet Kabba, Pre-service Education Advisor <gkaba@msh.org>	MSH	Reviewed pre-service strategy
Yared Ketema, Project Finance Manager Yketema@msh.org	MSH	Review budget and cost share strategy
Gail Amare, Director of Country Operations Gamare@msh.org	MSH	Review COMU support
Negussu Mekonnen, Country Representative Nmekonnen@msh.org	MSH	Visit de-briefing and country updates
Petros Faltamo, Activity Manager HAPN Office, E-Mail: <a href="mailto:pfaltamo@usaid.gov">pfaltamo@usaid.gov</a>	USAID Ethiopia	Visit de-briefing, updates.
Eshete Yilma, Team Leader HAPN Office, E-Mail: <a href="mailto:eyilma@usaid.gov">eyilma@usaid.gov</a>	USAID Ethiopia	Visit de-briefing, updates
Rahel, Tesfaye Gizaw, Project Manager <rtesfaye@msh.org>	Yale, SLP, Ethiopia	Program review
Wendemagegn Enbiale, Human Resource Development & Management Directorate Director <wendaab@gmail.com>	FMO	Introductory meeting.

**6. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other CLM/LMG staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
NA		