

Management Sciences for Health LMG Ethiopia; Trip Report – Jacqueline Lemlin (January 8-26, 2015)

Jacqueline Lemlin, Senior Project Officer

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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:

Destination and Client(s)/ Partner(s)	LMG Ethiopia
Traveler(s) Name, Role	Jacqueline Lemlin, Senior Project Officer
Date of travel on Trip	01/08/2015 to 01/26/2015
Purpose of trip	The purpose of the trip is the improved management, implementation and quality of the LMG Ethiopia Project
Objectives/Activities/ Deliverables	Face to face dialogue with project management and staff, key partners, and USAID on progress to date and challenges encountered, focusing on the project Intermediate Results.
Background/Context, if appropriate.	NA

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

The following section will report on trip accomplishments in regards to the project intermediate results. It will reflect the results of discussions with staff and partners responsible and active in these result areas. Working with the ET LMG team and partners in the field is not only a pleasure but also a very enriching experience. A much greater understanding of the project, the challenges and potential opportunities is gained by this one on one experience. Touch-bases through Skype/telephone, although held on a bi-weekly basis, cannot replace field visits and face to face dialogue. The ET LMG team were very gracious, accommodating, generous and patient (as usual) in answering all my questions and sharing their ideas. For this I thank them and hope that this report reflects the accomplishments of the visit.

IR 1: Management systems in place to harmonize and standardized LMG in-service and pre-service training.

1.1 Review process of finalizing the LMG curriculum. The LMG in-service curriculum is in the final stages of development. It has been approved by the FMOH and in use by LMG and FMOH staff at both federal, regional and Woreda level. The LMG team has been monitoring its use and identifying needed adjustments. Once the adjustments have been finalized and integrated into the document the curricula will undergo a final review by the FMOH, and professional editing, and printing. The monitoring process and any changes to the curricula should be documented. This will provide the FMOH with valuable information on some of the challenges during implementation and how best to address them. For instance, a discussion was held with the LMG team on the Work Climate Assessment Tool that is part of the curricula. It is felt that the tool and its application is not satisfactory and needs some revision. It is good to see that the team is looking critically at the application and use of the curriculum and identifying what needs to be adapted to the local requirements. Once the curriculum is finalized and printed it is suggested that the project carry out a formal launch that will include all stakeholders

involved in the Technical Working Group and all stakeholders engaged in in-service training. The process of developing the curriculum has been very successful and is something that would benefit others who are also working toward developing standardized curricula.

- 1.2 Travelled to Adama where a Core Competency Development workshop was being carried out, attended by faculty from the project's participating universities. As the work sessions were in Amharic it was not possible to follow the discussions. However, some of the presentations were in written up in English which allowed following of some of the process. What was most beneficial and interesting were the conversations with 2 faculty members attending the workshop. One was from Mekelle University and the other from Haramaya University. They both expressed their enthusiasm for the process and the need to include LMG in the health systems management component. It became evident in the conversations that including LMG in the curricula and providing orientation to faculty is just a first step. Delivering a new topic will require trial and error before faculty will feel they have mastered the material. With this understanding it is advised to start planning a mechanism for faculty engaged in delivering LMG material to have an opportunity to review/share experiences/ challenges/lessons learned. This can be in the form of a workshop/review session, refresher training, form a support group or whatever mechanism will work in the Ethiopian context.

IR 2: L+M+G capacity of selected FMOH Directorates and agencies as well as Regional Health Bureaus/Zonal Health Departments/District Health Offices Developed.

2.1 Several sessions were held with the MSH LMG training advisors to review activities and gain a better understanding on the challenges they face in the regions they cover. To date 47 teams have completed their action plans and completed results presentation workshops. This is a bit over the target for the year. The team should be applauded for this as there were several delays due to "holds" on training during the year issued by the FMOH. In addition to these completed trainings there is a significant amount of trainings (117 teams) underway. Most are in Oromia Region and Amhara under the direction and support of the ET LMG project team. The FMOH however has started to implement LMG trainings using their own resources in 3 of the emerging regions Gambella, Afar and Somali. This is a good indication of the sense of ownership of the project interventions by the FMOH. A sign that the FMOH sees this as a valuable intervention and something they consider worth investing in. The role of the ET LMG team in this scenario is then to monitor intensively in order to effectively identify implementation challenges that the FMOH is facing. With this information in hand the ET LMG team can provide the necessary TA that will enable the FMOH to meet their goals and objectives in regards to strengthened LMG within the FMOH. Hopefully over the next year, the FMOH and the regions will take on more of the implementation of LMG interventions. The FMOH will still require TA and support as it scales down LMG interventions to zonal and Woreda level. A future project could then focus, not on implementation but on providing this TA and guidance.

2.2 The project has carried out a significant amount of TOTs resulting in over 122 certified

facilitators. Having a critical mass of facilitators who are capable of facilitating LMG trainings on their own is a solid move toward sustainability. In order to make optimal use of this resource they will need opportunities to practice their skills and the project needs to monitor this carefully. They may not all move forward and some facilitators may need further training and support. A great deal will depend on the institutional environment that they are operating in and if it is supportive and enabling. This also needs to be monitored. At the end of the day it will not just be the number of facilitators but the number who are active and are promoting the LMG methodology in their respective regions and institutions. It may be advisable to carry out a mini-survey of facilitators to determine how many have been active (# of workshops, coaching visits etc.), where they are currently based, what are some of the challenges they have been facing, how have they addressed these challenges, what kind of support they feel they may need, level of motivation etc. This could be a first step in creating a mechanism where facilitators can come together and begin to support each other.

2.3 Direct support to the Gender Directorate has been to second a Gender Advisor to work within the Directorate. In addition to providing general day to day support there are two deliverables that have been specifically requested a *National Gender Training Manual* and a *Gender Strategic Plan*. The Gender Strategic Plan has received considerable support including STTA from LMG's senior HO team. This has resulted in a Gender Strategic Plan that will be further adapted by the FMOH. The National Gender Training Manual has also received considerable technical support in the form of STTA from the LMG Principal Technical Advisor for Gender.

A Gender Training Workshop was underway in Adama during my visit and provided an opportunity to meet with some of the participants and hold discussions with the Principal Technical Advisor. In addition to providing training to approximately 120 gender focal persons from the regions over a 3 week period, the workshop was also being used to make adjustments to the Training Manual. Once the trainees return to their respective regions they will then be expected to look for opportunities, and support to cascade the Gender Training to zonal and Woreda levels. The Gender Directorate at national level will also be securing resources to facilitate this. Although the LMG project will not be involved in further support at regional, zonal and Woreda level, it will still be important to monitor and report further developments. It will be important in reporting on project successes that we report on how the Gender Training Manual is being used and making changes in the intended audience. This could also be material for a success story.

IR 3: Institutional capacity of Ethiopian training institutions and professional health associations strengthened.

3.1 Several discussions were held with the LMG ET team focused on the institutional capacity support delivered to the training institutions and the one professional association. Support to training institutions, in addition to the curricula development is mainly in the form of LMG training, TOTs, orientation sessions for faculty. Having a curricula and faculty and trainers who can deliver the materials is essential. For the pre-service curricula, the universities are in the early stages of institutionalizing LMG in their offerings. It is intended to be a standard part of the HSM course. It is still not 100% clear what this will look like.

Some questions that come to mind are: once the curriculum is finalized will it be provided to all universities in the country and become part of a course requirement: if this is the case will all the universities (concerned faculty/lecturers) receive orientation and support for delivering the materials; who will provide this orientation.

A recent STTA was carried out by the LMG HO Principle Technical Advisor. She provided a workshop to faculty on delivering the governance component of the LMG training. One issue that emerged from the workshop is that faculty/facilitators were not only facing challenges with delivering the governance component. Challenges mentioned also related to experiential learning and how to deliver this in restricted and crowded classrooms, lack of resources etc. These issues were also raised during discussion with the faculty from Mekelle and Haramaya universities. An enabling environment is essential for continued delivery of LMG. Assessing the pre-service curriculum development and delivery will assist in identifying possible bottlenecks and gaps and assist in providing corrective support at the early stages. The LMG project may not be able to address all of these difficulties /challenges that the universities are facing but it is important that the project bring it to the attention of the universities and enter into a dialogue on ways to move ahead.

3.2 Work session was held with the LMG Institutional Development Advisor to specifically review the work carried out with ALERT, EPHOA and Black Lion Hospital.

The ALERT training center carried out a MOST exercise earlier in the project and has completed most of the workplan activities. A final report on results achieved (institutional capacity strengthened) will be important to include in the next quarterly report. Including recommendations of further support which could act as an entry point for further programming for next year. In addition to the MOST the project has provided support to ALERT in producing a Grant Management Manual and training. Moving ahead on this activity is now dependent on finalizing the training manual. As LMG ET will participate/provide technical support in the first training, a suggestion is to use the manual as is for the first training. This could then be used as an opportunity to test out the manual and make any necessary changes. It might also speed up the process.

3.3 The project is currently offering support to Addis Ababa University, College of Health Sciences and its teaching hospital, Black Lion Hospital. Support has mainly been in the form of LMG training and the application of several tools- MOST, FinMat for administrative staff. These interventions could serve as an entry point for LMG not only in the administration of the College of Health Sciences but also into the Black Lion Hospital... A recent Senior Alignment Meeting with key leaders and the 5 day training for clinicians is a positive first step in getting the training implemented throughout the hospital and college. Black Lion Hospital is the largest public hospital in Ethiopia and to have a significant impact role out of the training will need to take place. Hopefully there will be champions identified who can then provide the needed support for this to happen.

Meetings with Partners/USAID

AMREF

The AMREF LMG activities have met with several challenges over the past year that have impacted on their ability to complete their workplan. A moratorium on training by the

FMOH was beyond their control. They have also faced difficulties in completing and submitting invoices and do not seem to receive the required support from their head office. The ET LMG team have really gone out of their way to assist AMREF and get them back on the right track, however to no avail. AMREF also changed their SOW mid-stream from integrating LMG into their outreach program to providing the standardized LMG training comprising the 6 month timeline. Closer monitoring by the LMG ET team may have averted some of these problems. AMREF however is a full partner and it is assumed has the organizational capacity to manage the sub award. Discussions with AMREF led to clarity on the situation but will require AMREF to take decisive actions in order to move forward. They will need to sort out the invoicing and will need to do this with their head office in NY. Once the invoices are sorted, they will know their remaining balance. With knowledge of their remaining obligation they will need to prepare a revised workplan and budget for submission to and approval by LMG ET.

Yale

A session was held with the Yale Ethiopian Country Director and the LMG MSH Project Director to discuss the current status of the Yale activities and future proposals. At the end of October 2014, Yale had completed their final SLP session followed by a high profile ceremonial closing session. The closing session was attended by senior level representatives from the FOMH, USAID, and MSH ET country office, the Yale team from ET and the USA and the ET LMG team. The enthusiasm and interest of those attending attest to the success of the SLP. Yale does not want activities to end here and has proposed several follow-on activities which were the main topic of the discussions held. Preliminary ideas included bringing one of the Yale facilitators/coaches back to Ethiopia two times over a six month period to follow up with her coachees. Yale also proposed to develop an SLP targeted to RHB heads and deputy heads, and heads of relevant agencies including PFSA, FMHACA, and others. It was agreed that Yale would submit a concept note and budget for the proposals for the PD to further discuss with the FMOH HRH Director and USAID. Several factors however will impact on moving ahead. Yale has already spent out its project funds per their current agreement. They are not included in the FY3 workplan and budget. There is the possibility of amending the current workplan and budget to accommodate Yale however it would require support from both the FMOH and USAID. There is also the timeline – the project technically only has funding until September 2015, which does not provide sufficient time for completion of a 1 year SLP. If the LMG program is extend and funded for a 4th year, up until the end of the Global LMG program, then there is the possibility that an SLP could be scheduled for FY4-dependent on approval of the FMOH, USAID and sufficient funding.

USAID

A brief meeting was held with the USAID HSS Advisor. Three issues were highlighted requiring particular attention by the project.

1. The project has submitted several success stories to USAID. The stories were not approved by USAID. The HSS advisor provided two success stories as examples of what USAID requires for an acceptable success story. Although not “urgent” this should be addressed in the near future.
2. The status of Dr. Tsegaye who is currently seconded to HAPCO will not be extended beyond his current contract end date of May 20, 2015. Although the work of Dr.

Tsegaye is highly regarded and recognized by USAID and the FMOH there is the issue of capacity building that is lacking. The capacity building initiatives have not met USAID expectations and they feel some other donor needs to provide funding if HAPCO wants to continue with his support.

3. There has been a big decline in PEPFAR funding and a shift to supporting only those activities directly related to HIV/AIDS. The project will need to review its current workplan and future strategy for 2015-2016. The current workplan will need to be revised with indicators and targets related to HIV/AIDS.

3. Recommendations: Key actions to continue and/or complete work from trip.

1. Provide management and technical support in revision of current workplan. Efforts will be in line with assisting the development of strategies and activities that respond to the shift towards HIV/AIDS
2. Follow up with AMREF HO and MSH HO on resolving financial and programmatic issues.
3. Support TA/TDY for the LMG team on communications- including communications training, developing a communications strategy, and developing technical briefs and success stories.

4. Contacts

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