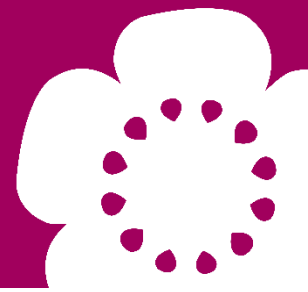


Approaches & Effectiveness of Technical Assistance for Health System Strengthening

Lessons learned from EngenderHealth's health system strengthening approach.



Background

Technical Assistance Context in Ethiopia

Guided by the vision of a gender-equal world where all people achieve their sexual and reproductive health and rights, EngenderHealth works globally to support individuals, communities, and healthcare systems in delivering high-quality, gender-equitable programs and services. EngenderHealth has been working in Ethiopia since 1987 in service of this vision. Recently, EngenderHealth extended its support to the Federal Ministry of Health (FMOH) and its subsidiary structures to strengthen health systems through technical assistance (TA) provided by three projects: Family Planning by Choice (FPbC), Access to Better Reproductive Health (ABRI) transition, and the A'Ago project.

EngenderHealth's strategic and programmatic approach to health systems strengthening acknowledges the paradigm shift towards system-level approaches, including TA, to build the capacity of health service delivery systems over traditional training and material provision approaches.

To draw lessons from the main approaches to health systems strengthening, EngenderHealth conducted an assessment to review the implementation process and effectiveness of TA provided to the FMOH and its subsidiary structures. This technical brief describes the technical approach taken by these projects and key assessment findings.

Projects Overview

EngenderHealth in Ethiopia, via the cited projects, has provided systems-level TA to government staff to improve the quality, equity, choice, and financing for family planning (FP) and comprehensive abortion care (CAC) services in Ethiopia. The three projects, described below, collectively placed a total of 57 TA staff across seven regions:

Family Planning by Choice (FPbC). Launched in July 2018, FPbC is a three-year project funded by the United Kingdom's Foreign, Commonwealth, and Development Office (FCDO) and implemented by EngenderHealth and Marie Stopes International Ethiopia. FPbC supports FMOH goals of improving the quality, equity, choice, and financing—particularly domestic financing—of FP and comprehensive abortion care services in Ethiopia. FPbC has worked to create awareness and advocate with the FMOH and Regional Health Bureaus (RHB) to revitalize their commitments toward domestic funding allocation for FP. Under FMOH leadership, particularly the maternal and child health (MCH) directorate, FPbC has worked with RHBs' FP teams and relevant partners to increase the number of regions and city administrations budgeting for FP.

Access to Better Reproductive Health (ABRI) Transition. ABRI has been implemented by EngenderHealth for the last 12 years. In 2020, health systems strengthening activities started under the name ABRI Transition. Activities seek to reduce maternal mortality and morbidity in Ethiopia by expanding access to and use of quality comprehensive contraception (CC) and abortion care services. At the national level, through TA support, ABRI and the FMOH have worked together closely on several key guidelines, training, and strategy documents designed to improve services, such as an



Approaches & Effectiveness of Technical Assistance for Health System Strengthening

update to the National Reproductive Health Strategy (NRHS) to include integration of Reproductive Maternal Newborn Child Health (RMNCH) services, the development of a postpartum family planning training package, and training of trainers.

A’Ago Project. Launched in September 2017, A’Ago is a 4-year project funded by the Embassy of the Royal Kingdom of the Netherlands. The project seeks to increase the demand for Sexual and Reproductive Health Rights (SRHR) information and services among young people, expand access to and quality of Sexual and Reproductive Health (SRH) services, and improve the enabling environment for youth to exercise their SRH entitlements. The TA provides technical and programmatic support to the RHB-MCH case team in these areas.

EngenderHealth TA Approach

EngenderHealth’s secondment of TA and pairing-skill transfer approach places qualified experts at the FMOH and RHBs. Secondment is a proven technical assistance model when properly designed, purpose-driven, and time-bound (FMOH 2018). Seconded TA staff work alongside counterparts within host organizations to build capacity and prepare them for roles with high-priority or flagship government interventions. Seconded TA staff build capacity in the areas of:

-  Policy & leadership
-  Health care & domestic financing
-  Professional development
-  Data utilization for decision making
-  Partnerships & Networking
-  Supply chain management

Through the three projects, a total of 57 TAs were seconded and worked directly with 139 host organization staff (see Table 1 below).

Table 1. Technical Assistant staff placed in the health system structure





Government Structure	TA Resources Allocated
Ministry of Health	8 secondees (5 FPbC & 3 ABRI)
RHB	27 secondees (24 FPbC & 3 A’Ago) in 7 regions
Zonal	10 secondees (ABRI project) in 3 regions (Amhara, SNNP, & Oromia)
Service Delivery (Hospitals)	12 secondees (FPbC) in 6 hospitals & 6 Centers of Excellence

Objectives, Methods, and Focus Areas

To gather learnings from the implementation of the three projects' and understand the effectiveness of their TA approach, EngenderHealth conducted a formative assessment from May through June 2021. The assessment aimed to:

1. Assess the effectiveness of TA implementation at different levels of the FMOH.
2. Assess the relevance of TA provided to FMOH and its subsidiary structures.
3. Identify unique features of TA implementation to make actionable recommendations.

We reviewed strategic project documents and conducted 21 key informant (KI) interviews with project participants from:





-  The Maternal Child Health and Women Child Youth and Adolescent (WCYA) Directorates of FMOH
-  Seconded TAs
-  Paired government staff at FMOH and RHBs (Afar, Amhara, Beneshangul Gumuz, Oromia, the Southern Nations, Nationalities, and Peoples' (SNNP), Somali and Harari regions)
-  EngenderHealth zonal cluster coordinators and senior management.

The study used a purposeful sampling approach to identify respondents and employed semi-structured interviews, prepared for this particular assessment after an initial literature review. Data collection tools were produced in English and translated to Amharic. Data were analyzed using a thematic interpretative approach. Interviews were recorded verbatim in Amharic and transcribed into English on the same day. Interview notes taken during the interviews were included in the transcripts and were cross-checked with the recorded audio files. Transcript notes under each guiding question were assembled, organized, and indexed. The responses were then coded for emerging themes.

Results

EngenderHealth's TA Approach is Differentiated from Other Models

Interviews with FMOH and RHB staff revealed key differences in EngenderHealth's approach compared with other TA projects they had worked with previously. Compared with other projects, survey participants remarked that EngenderHealth's TA had the following features:

-  TA was in line with government needs and addressed gaps;
-  Job descriptions and deliverables were developed jointly with the host organizations and shared with the respective Directorate or Departments;
-  TA staff planned and implemented day-to-day activities together with the host staff; and
-  TA staff assignments were more comprehensive in the range of activities completed.

Many also appreciated that good working relationships encouraged ownership over work and that TA staff were willing to extend support often outside working hours.

Approaches & Effectiveness of Technical Assistance for Health System Strengthening

One FMOH Director explained that the TA staff's high level of interest and commitment to fill identified gaps jointly were quite significant and that the TA staff "communicate and work as if they were part of the FMOH, not as an external body."

Regional staff also noted key differentiators to EngenderHealth's approach, including a focus on mentorship, technical working group (TWG) revitalization, data utilization for decision-making, facilitative supervision quality improvement (FSQI) trainings, and support for woreda-based planning to meet MCH and FP targets.



The EngenderHealth TAs worked in harmony with the host organization in planning, knowledge, and skill transfer. They also play key roles in the capacity-building activities starting from RHB down to the facility level through different approaches in a friendly manner. The TAs were members of the management and actively participate at the RHB. Whereas assistants from other organizations fail to do like these.



Key Informant Interview with Somali RHB

Many RHB staff appreciated the consistent mentorship and commitment of the TA staff, not just in one technical area but across a range of hard and soft skills. As one Amhara RHB interviewee explained, "the supports from EngenderHealth TA were full packages whereas others are very specific."

Effectiveness of EngenderHealth's TA in the Health System

Document reviews and interviews revealed the projects' significant contributions in all six key focus areas of TA capacity building.

Policy and Leadership

Interviews with FMOH officials revealed the contribution of TA staff with respect to policy documentation and leadership. Eleven previously unavailable or out-of-date policy and strategy documents were either developed, updated, or reviewed due to TA support. For the Directorate for Gender-Based Violence Prevention and Response, for example, gender mainstreaming is among its core interventions. However, noted one Directorate Director, "the Gender Mainstreaming Manual was outdated for years, and revising it was our priority to achieve the goal of the Directorate. Through the technical support of the TA staff and financial support from EngenderHealth, the manual is revised. And that is a major contribution."

TA staff also proudly highlighted their critical role in supporting the FMOH to finalize documentation, including the second edition of the Health Sector Transformation Plan (HSTPII) and COVID-19 service provision guidelines.

Key skill improvements that emerged from interviews with RHB staff included leadership skills, knowledge and skills for SRH and FP planning, facilitation skills. Further, staff noted that they could independently develop performance monitoring and review (PRM) checklists. Likewise, RHB staff

Approaches & Effectiveness of Technical Assistance for Health System Strengthening

stated that their ability to fulfill their roles in woreda transformation agendas (WTAs) and program management had significantly improved due to engagement with seconded TA staff.

Professional Development

To evaluate the effectiveness of the paring-skill transfer process, RHB staff were asked to evaluate their knowledge and skills before and after the engagement with seconded TA staff. Self-evaluations focused on knowledge and skills related to implementing quality improvement initiatives,

“

My roles in the development and design of WTAs are now far better than before the placement of TAs in the RHB. For example, we identified gaps from DHISII and decided accordingly.

”

Key Informant Interview with SNNP RHB

initiatives & plans to narrow or eliminate health inequalities, utilizing health information data for decision-making, and addressing woreda transformation agendas. Accordingly, RHB staff overwhelmingly replied that their knowledge and skill capacities in implementing quality improvement SRH initiatives have significantly improved as a result of their engagement of the seconded TAs.

One Somali region RHB respondent noted improvements in knowledge and skills needed to minimize service coverage, such as tracking key MCH or FP indicators from catchment to catchment. Another from the Benishangul Gumuz region RHB noted improvements in CPR skills.

Partnerships & Networking

Revitalizing TWGs. The assessment revealed progress in strengthening or revitalizing several TWGs including, RMNCH, safe motherhood, FP, CAC, health care financing (HCF), and performance monitoring team groups within the FMOH and all seven regions. TA staff were active members of these TWGs and used the groups as skills-transfer platforms to strengthen strategic partnerships and provide technical updates on FP and CAC.

One TA staff for the Amhara RHB described how in the past, family planning services were politicized in the region due to misunderstandings and misconceptions in the community. “The coverage of the FP service,” they explained, “showed a declining trend over time, the implant and IUD removal rate increased in a short period, and health workers were afraid of mobilizing the community on FP service utilization.” TA support revitalized the FP TWG, which became the main actor to raise issues with political leaders and other stakeholders. “The FP service uptake was improved over time.” said the TA staff for the Amhara region RHB.

High-level advocacy and social mobilization. Increasing demand for quality contraceptive service through behavior change communication (BCC) and other demand creation interventions is a core strategic initiative of HSTPII. Respondents from the RHBs indicated that TA for high-level advocacy and social mobilization contributed significantly to building awareness of FP strategies among community leaders, religious leaders, and influential persons. As a result, many regions, particularly

Approaches & Effectiveness of Technical Assistance for Health System Strengthening

the Somali and Afar regions, increased coverage of comprehensive contraceptives, and the Afar region greatly reduced its rate of contraceptive implant removal.

Explaining the historical low uptake of family planning in the Somali region, one RHB staff celebrated the efforts of TA staff to introduce World Contraception Day celebrations that promoted family planning. “All the bottlenecks have been broken, and the number of family planning users has increased from overtime,” said the RHB staff, speaking of the outcomes of these mobilization efforts.

Health Care & Domestic Financing

Before EngenderHealth TA support starting in 2019, only two regions (SNNP and Benshangul Gumiz) had allocated budget for FP. Somali, Oromia, and Harari regions all allocated budget following EngenderHealth TA support. The FMOH has also increased the annual budget for FP program implementation, from 15 million Ethiopian Birr (ETB) in 2016-2017 to 32 million ETB in 2019-2020.

TA staff also helped create and finalized key documents needed to support and promote health financing, including the Health Care Financing Manual issued by the FMOH. TA staff at the RHB level explained their contributions to political advocacy for domestic financing to local governments to support improved health care, resulting in incorporating domestic financing into regional financial plans for the following budget year (2021). Recently, regional governments allocated a budget for family planning and Adolescent Youth Reproductive Health (AYRH) implementation activities even to woreda levels.

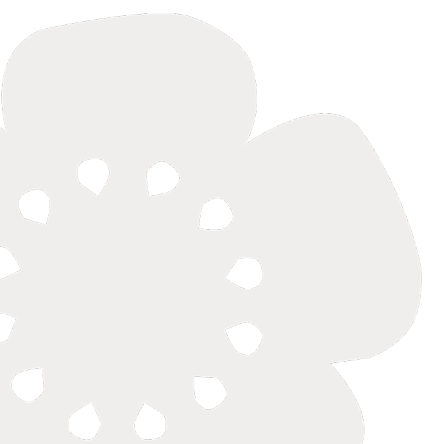
“The magnitude of contraceptive implants removal rate which was as high as 40-50% in Amhara region came to attention from the data analysis made by the TWGs. The TWGs used this evidence-based information for further decision making.”

Key Informant Interview with Amhara RHB

Data Utilization for Decision Making

By the end of TA secondment, RHB staff indicated that they could successfully use District Health Information System-2 (DHIS2) database software to manipulate data and share reports. They also expressed comfort in analyzing data for crucial decision-making to improve FP and CAC service utilization. One Harari RHB staff indicated that they felt confident in providing data-informed feedback to RHB leaders due to their work with the EngenderHealth TA.

Demonstrating this new skill, RHB staff in the Amhara region observed an above-average rate of contraception removal in the DHIS2 data, prompting them to present this finding in the TWGs.



Approaches & Effectiveness of Technical Assistance for Health System Strengthening

Supply Chain Management

Many regions of Ethiopia face supply shortages of critical CC & CAC commodities, poor storage conditions, and weak stock management. TA staff supported to improve integrated pharmaceutical logistic supply requirements such as stock keeping records (bin-card and stock card), internal facility report and requisition, and request and refill forms. TA staff also supported regional Ethiopian Pharmaceutical Supply Agency (EPSA) hubs and regional and zonal health departments to undertake joint integrated supportive supervision. In addition, TA staff helped reproductive health officers identify and address gaps related to the utilization of logistic management information system tools, linkages between service units and medical stores, handling and storage of medical products, forecasting and disposal of expired drugs and supplies, and commodities stock status.

“In the SNNP, there was a shortage of requesting family planning logistics from EPSA to the region. Due to that, the family planning services in the region were very low. After several discussions, the Logistic Working Group was established and the TWG was led by the TAs at the region level. After the establishment of the TWG, there was a strong follow-up, the lists of the family planning logistics were included in the logistic requesting format and the supportive supervision checklist. Currently, the service has been improved in the region.”

Key Informant Interview with SNNP RHB

Conclusion & Recommendations

EngenderHealth TA has contributed significantly in strengthening the Ethiopian health system across multiple levels in the areas of (1) policy and leadership, (2) professional development, (3) partnerships and networking, (4) health care and domestic financing, (5) data utilization for decision making, and (6) supply chain management. Specifically, the pairing and skill transfer approach led to stronger and more capable health institutions and staff.

To replicate and build upon these results to date, the following considerations are recommended for future TA interventions:

- Project design, implementation, management, and monitoring should be developed based on the TA recipient's mutually identified needs and gaps.
- The capacity of the TA provider should appropriately match the demanded needs of the TA recipient.
- TA scopes of work should be developed jointly between the TA recipient and the TA provider.

References

- EngenderHealth. 2019. *Capacity building packages plan for implementation of family planning & comprehensive abortion care*. Washington, DC: EngenderHealth.
- EngenderHealth. 2019. *Technical Assistance (TA) Guide*. Washington, DC: EngenderHealth.
- EngenderHealth. 2020. *Technical Brief on Technical Assistant Secondment, Pairing, and Skill transfer. Lessons from Family Planning by Choice Technical Assistance Project*. Addis Ababa, Ethiopia: EngenderHealth.
- FMOH. 2018. *Technical Report on Magnitude, Distribution, Performance and Challenges of Staff Secondment in Ethiopia's Public Health Sector: a Cross-sectional Study*. Federal Democratic Republic of Ethiopia, Ministry of Health, Addis Ababa.
- FMOH. 2021. *Health Sector Transformation Plan II 2020/21-2024/25 (2013 EFY - 2017 EFY)*. Federal Democratic Republic of Ethiopia, Ministry of Health, Addis Ababa, Ethiopia.
- Health Systems 20/20. 2012. *The Health System Assessment Approach: A How-To Manual*. Version 2.0. www.healthsystemassessment.org.
- IPLS 2018. National Integrated Pharmaceutical Logistics System Survey report. Addis Ababa.
- Trohanis TA Projects at the Frank Porter Graham Child Development Institute. 2014. *Guiding principles for effective technical assistance*. http://ectacenter.org/~pdfs/trohanis/trohanis_guiding_principles.pdf.
- World Health Organization. 2010. *Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies*.

Acknowledgments

EngenderHealth is grateful to the Ethiopian Ministry of Health, the United Kingdom's Foreign, Commonwealth, and Development Office (FCDO), our large anonymous donor that enabled us to implement the ABRI program, and the Embassy of the Royal Kingdom of the Netherlands for this assessment. We also want to offer our sincere appreciation to all assessment respondents: Maternal Child Health (MCH) and Women Child Youth and Adolescent (WCYA) Directorates of FMOH, seconded TAs and the respective paired government staff at FMOH and RHBs (Afar, Amhara, Beneshangul Gumuz, Oromia, SNNP, Somali, and Harari regions).

We thank Dr. Wegderes Ketema for collecting data and writing preliminary results. This brief was written by Addisalem Titiyos, Mehret Habte, Jemal Kassaw, Menberu Tadesse, Zufan Damtes, and Kathryn A. O'Connell.

Recommended Citation

Titiyos, A., Habte, M., Kassaw, J., Tadesse, M., Damtew, Z., and O'Connell, K.A. 2021. *Approaches and effectiveness of EngenderHealth technical assistance for health system strengthening*. Addis Ababa and Washington, DC: EngenderHealth.