

ST. MARY'S UNIVERSITY



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SCHOOL OF GRADUATE STUDIES

**PROJECT IMPLEMENTATION PRACTICE AND
CHALLENGES OF BASIC EMERGENCY OBSTETRIC AND
NEWBORN CARE PROJECT: THE CASE OF ETHIOPIAN
MIDWIVES ASSOCIATION**

BY

MITIKU WOLDEHANNA BEZABIH

June 2018

Addis Ababa, Ethiopia

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**THESIS SUBMITTED TO ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIRMENTS FOR
THE MASTERS OF BUSINESS ADMINSTRATION IN PROJECT
MANAGEMENT**

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By

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Declaration

I Mitiku Woldehanna Bezabih declare that this thesis is my original work, prepared under the guidance of Dereje Teklemariam (PhD). All sources of materials used for the thesis have been duly acknowledged. I future confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

Name_____

Signature_____

Date_____

Endorsement

This thesis has been submitted to St. Mary's University Collage, School of Graduate Studies for examination with my approval as University advisor.

Dereje Teklemariam (PhD).

Advisor

(June 2018)

St. Mary's University Collage, Addis Ababa

ACKNOWLEDGEMENT

I would like to thank the Almighty GOD who gave me strength to persistently strive for my thesis completion.

The next appreciation goes the advisor Dereje Teklemariam (PhD) for his guidance during the whole process of the study. This study is unthinkable without EMwA staff support who are actively participating in responding the questionnaire in time and be willing to share insights during interview which I believe that the findings will help for the future project management and inform EMwA's strategic directions.

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ACRONOMS AND ABBREVESIONS

AMDD	Averting Maternal Death and Disability
BEmONC	Basic Emergency Obstetric and Newborn Care
CSA	Charities Society Agency
EMONC	Emergency Obstetric and Newborn care
EMwA	Ethiopian Midwives Association
FMOH	Federal Ministry of Health
HC	Health Centers
HCW	Healthcare Workers
HRH	Human resource for Health
HSDP	Health System Development Plan
ICM	International Confederation of Midwives
INGO	International None Government Organization
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MNCH	Maternal Neonatal and Child Health
MNH	Maternal and Newborn Health
NGO	None Government Organization
NMR	Neonatal Mortality rate
RHBs	Regional health Bureau's
PMO	Project Management Office
PMBOK	Project Management Body of Knowledge
PMTT	Project Management Tools and techniques
SWOT	Strength, Weakness, Opportunity and Threat
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World health Organization

ABSTRACT

The objective of the study is to assess the project implementation practice and challenges how the effectiveness of the project measured and what challenges faced in the project implementation practice and how to investigate possible opportunities that could aid the implementation performance of Ethiopian Midwives Association (EMwA). The research adopted descriptive design to investigate challenges and opportunities of project implementation practice with the application of modern project management principle. Data were collected using census method both at head office (EMwA office) and at regional level, From EMwA, all 18 project employees who directly have interaction with the project execution and from the region 62 project beneficiaries who have been trained through BEmONC project in the past one year. Data were analyzed descriptively and presented using tables, figures and narrative texts. Findings revealed that EMwA assisted beneficiaries towards yet it was not effective in involving them in its project initiation and planning phases of its project life cycle. Consequently, the project has passed through defective monitoring and evaluation practices during implementing. Moreover, lack of supplies and equipment restrained the successful implementation of the project. The main challenges of the project implementation were that EMwA did not perceive the beneficiaries need before the training has been provided in which the trainees raise questions related to daily subsistence, training place comfort. EMwA's another challenge was shortage of demonstration materials after the training provided to the health workers to apply the trained health workers at health station. On the other hand, a great challenge of EMwA was high turnover of project team and technical employee (Midwife Advisors). With all these challenges and performance practices, the project is executed with schedule performance index (SPI) of 80% and cost performance index (CPI) of 89%) which is below the conventionally acceptable standard of project earned value, i.e. 92% above. To conclude, inadequate participation of beneficiaries coupled with lack of supplies to implement a project highly contributed for lower SPI and CPI scores. Therefore, project designers and implementers should provide adequate attention (and act accordingly) so that it will be possible to raise or increase project SPI and CPI. Moreover, adequate supply of inputs before project launching can help to implement projects successfully, with better SPI and CPI scores.

Keywords: Schedule performance index (SPI), cost performance index (CPI), cost-overrun, schedule overrun, project implementation, EMwA.

CAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Building capacity of health care providers is recognized by the World Health Organizations (WHO) as an initial strategy to achieving and maintaining the best and constant supply and spreading of properly trained, supported and motivated health taskforce that is responsive to locally specific health care needs (WHO Regional office, 2006). Ensuring available, accessible, acceptable and high quality health care directly obstructed by the capability to train and withstand a healthy and supported workforce. Growing attention in the global public health is focused on developing wide-ranging strategies to address the acute healthcare worker shortages in rural and distant areas. One strategy that has the potential to retain senior clinicians while concurrently hiring newer clinicians may lie in insertion value in emerging mentoring and optimistic managerial relationships (Sancarow et al., 2013).

In 2006, the African Region was categorized as partaking the one of the most severe health workforce shortages. Rural and remote areas were feeling the most acute impact of HRH shortages. The WHO called upon Member States in the African Region to commence practical measures to address the human resources for health (HRH) crisis facing these countries and to take active actions to address this critical health worker shortage (WHO Regional office, 2006).

Ethiopia, like many other sub-Saharan African countries, bears high maternal and newborn death with a maternal mortality ratio of 673 per 100,000 live births and newborn mortality rate (NMR) of 37 per 1,000 live births. These clearly show that there is a significant and unacceptable loss of life. While there has been an improvement compared to the situation in the 1990's, the progress made in reducing mortality in these groups remains sub optimal (WHO, 2012).

Ethiopia is facing to improve the health conditions, the current Ethiopian government formulated a health policy, which has been implemented in terms of four consecutive HSDPs starting from 1997/8. The first and the second phase of the program were completed in 2002 and in 2005 respectively (FMOH, 2005). The two phases have further lead to the development of the third HSDP in July 2005, which was completed in 2010 (FMOH, 2010). The fourth phase is being implemented 2014/15.

Several strategies have been developed with the Ethiopian government commitment to tackle the challenges to access and quality of maternal and newborn health services in resource-poor countries. In Ethiopia different health project implementation practiced in collaboration with INGOs', local NGOs' and other stakeholders. Basic Emergency Maternal Obstetric and Newborn Care (BEmONC) project is one of those strategies implemented in Ethiopia as part of the "Saving the Mothers" project (FMOH, 2005:6).

Ethiopian Midwives Association (EMwA) is one of the organizations implementing BEmONC project in the country. Following the (2013) baseline assessment of BEmONC project implementation in Ethiopia, EMwA in collaboration with Ministry of Health (MOH), Regional Health Bureaus (RHBs), Charities Society Agency (CSAs'), with the help of UNICEF funding, and has embarked on a training and supervision program with the aim to contribute to the goal of improving the services in the country.

1.2 Background of the organization

The Ethiopian Midwives Association (EMwA) was established in 1992. It is the only professional Association representing Ethiopian Midwives in the country which was registered in 2005 as Ethiopian Charities Societies Agency (CSA's) under the proclamation No. 621/2005 of the Federal Democratic Republic of Ethiopia (FDRE). EMwA currently has more than five thousand members located throughout the nation, with eleven branch offices in different regions of Ethiopia. EMwA has been a member of the International Confederation of Midwives (ICM) since 1993. The aim of the organization is to contribute to the reduction of maternal, neonatal, and child morbidity and mortality and improve quality of reproductive health services at the grassroots level in Ethiopia.

It is governed by a board consisting of seven members nominated through election by the members' council. Board members serve a three years' term. The board is mandated to oversee the management including hiring of the Executive Director and oversight of the implementation of EMwA's strategic plan. The Board is mandated to act on behalf of the members, to implement its decisions and to uphold the accountability of management of EMwA. The management is represented through the EMwA Executive Director and responsible for operationalizing the Strategic Plan. Ethiopian Midwives Association set the strategic plan for the period 2016-2020.

It aligns with the Federal Ministry of Health's new Growth and Transformation Plan (GTP2) and Health Sector Transformation Plan (HSTP, 2016-2020)

1.3 Statement of the Problem

Ethiopia has been making significant progress on reducing maternal mortality through Strengthening Human Resources for Health (HRH) and might achieve its Millennium Development Goal (MDG) to reduce maternal mortality by implementing different projects such as Basic Emergency Maternal Obstetric and Newborn care (BEmONC) project and with other programs. In 2011 only 10% of deliveries occurred in a health facility. Currently, 15% of births in Ethiopia are delivered at a health facility—14% in public facilities and 1% in private facilities, 50% higher than in 2011 (Mini-DHS- 2014).

EMwA has been implementing the project in collaboration with Ministry of Health (FMOH) and Regional Health Bureaus (RHBs). The project is mainly funded by UNICEF. The objective of BEmONC project is to equip health workers to acquire life-saving skills and improve the capacity of the health professionals for quality of delivery care providing to mothers and newborns, especially at the lower levels of the health system and in remote and hard-to-reach areas.

The research is aimed at reducing the gap of cost over run and time over run. In addition to these, the research will assess problems of proper involvement of stakeholders and improper application of project implementation procedures during project initiation, planning, execution, monitoring and evaluation and closeout phases. The research will assess what the challenges are.

According to (2T consultancy, 2016), the previous EMwA's final BEmONC project evaluation tried to show some gap during the project implementation practice. Based on this, this research will assess farther problems which may be the reason for the poor implementation practice regarding application of project management knowledge and skill gap which reflected on the application of PMBOK and PMTT during the project implementation, especially in relation to project implementation practice starting from project initiation up to closeout. The execution has also exhibited some challenges with planning and coordination. And there were also challenges to well equipping of the trainees in skill and to visualize the realization of full benefits of the project. The research will identify challenges of poor risk management, poor budget

management, absence of scope change management plan, lack of key performance indicator (KPI), poor schedule management, unscheduled procurement procedure, shortage and lack of functional demonstration materials, shortage of supplies and equipment which affected the project implementation practice, and in which what will be the impact on quality of skill deliverables for the health workers and unmet of project goal as expected.

In addition to these, according to EMwA's (2016 to 2020) strategic plan SWOT analysis, there are other issues reflected to organizational policies, project administration, structures, manuals and guidelines such as Human Resource Management (HRM), Financial manual, Procurement manual, implementation guideline and operational guideline. Also, for example, logistic issues, the place in which the training conducted, duration that the trainees stay, lack of training materials made dissatisfaction for the beneficiaries (Trainees) who get skill delivery training service from the project and the trainees (health workers) who has direct relations with mothers and newborn babies to show the output of the project goal. Hence, the impact of the trainees' dissatisfaction and perceived lack of attention to follow the training which might affect the expected project deliverables.

In which there is a number of variables influencing the success of project implementation practice the term Critical Success Factors is defined as those factors predicting success on projects (Sanvido et al., 1992). Although, the importance of project scope is resounded as factor by other researchers and the characteristics used to measure this factor are type of project, nature of project, complexity of project, and size of project (Akinsola et al., 1997).

Project management action is the other key problem in which it is a key for project implementation practice and suggested that by using the management tools, the project managers would be able to plan and execute their projects to maximize the project's chances of success. Then, the variables in project implementation practice include adequate communication, control mechanisms, feedback capabilities, troubleshooting, coordination effectiveness, decision making effectiveness, monitoring, project organization structure, plan and schedule followed, and related previous management experience (Belout, 1998). Hence, slight variety of information on the issue and desire to serve as stepping-stone for further studies, undertaking as a privilege the researcher wanted to assess BEmONC project implementation practice performance and challenges in the case of Ethiopian Midwives Association.

1.4 Research question

The study is guided by the following key research questions:

1. How much effective is the project implementation practice in BEmONC project?
2. How much beneficial is the project to target groups, i.e., trainees of the project?
3. How much is the level and trend of project earned value in BEmONC project?
4. What are the major challenges for the implementation practice of BEmONC project?

1.5 Objectives

1.5.1 General objective

The general objective of this study is to assess the implementation practice of Basic Emergency obstetric and Newborn Care project in the case of Ethiopian Midwives Association Addis Ababa Ethiopia, 2018.

1.5.2 Specific objectives

Specifically, the project was intended to meet the following objectives:

- To assess the effectiveness of the project implementation practice in BEmONC project.
- To analyze the major challenges which faced the project during implementation.
- To explore the benefit, the project provided to the project to target groups, i.e., trainees of the project?
- To determine the level of earned value (EV) and its trend in BEmONC project

1.6 Significance of the study

This research will be significant for its contribution to knowledge of project management for Project team, stakeholders, government officer and EMwA staff will have an opportunity to learn experience and how their contribution affects the project implementation. As well as this study will provide skills and knowledge which aligned with the project management principle. Other contribution of this research is developing Managerial Decision Making are highly important to the government, managers of EMwA, funders and BEmONC project team. Because it may give signals to take actions and may fascinate their attention to upgrade the project implementation and where and how corrective actions to be taken and how much it will be necessary and enable them to take immediate action.

The other key significances of this research are to Funders and Policy Framing and Guideline development in which as a whole, because of health problem complication and project dynamism, the research might indicate direction to establish a framework for funders to support EMwA to increase project implementation performance, quality and to reduce traditional project management and implementation tendency. Finally, the findings and recommendations of the study are highly important to policy makers because it may show where the implementation gape and how to improve the standards of BEmONC project implementation quality and the management of the project. So it will attract their attention to some of the points that requires corrective measures on their side.

1.7 Definition of Terms

Association: “A set of individuals’ get-together or associated for partnership or mutual purpose. See also independence of association. Separate association. An organized but independent group of individuals. Thus, the organization does not have a lawful existence separate from its members.” *www.yourdictionary.com*

NGOs: The world Bank Defines NGOs as “Privet Organizations that peruse activities to relive suffering, promote the interest of the poor, protect the environment, provide basic social services and undertake community development” (World Bank, 1995).

Charities and Societies Agency: It is a Federal Authority established under Proclamation No.621/2009 with a mission to enable and encourage Charities and Societies to develop and achieve their purpose in accordance with the law. (Federal Negarit Gasetta, 2009).

Funding: It is the act of providing financial resource, usually in the form of money, or other values such as material, effort and time to finance a need, program, and project, usually by an organization or government. *<https://en.wikipedia.org/wiki/Funding>*

Stakeholders: “A stakeholder is an individual, group, or organization who may affect, be affected by or perceive itself to be affected by a decision, activity, or outcome of a project.” (PMBOK,2013)

1.8 Scope of the study

Even though Ethiopian Midwife Association is executing many health care projects, this assessment specifically focuses on implementation practice gaps, performance, success and challenges of BEmONC project which is implemented at Oromia region. Through this project, EMwA has been providing training to midwives, clinical nurses and health officers in Oromia region. EMwA adopted an approach whereby a three-week competency-based training is supplemented by post-training telephone follow up to all trainees. In addition, trainees who are found to have gaps during telephone support are provided on-site supportive supervision. During the program one and half-year period from August 1, 2016 to December 2017 EMwA had a plan to provide training on BEmONC project to 800 health workers from Oromia region. Most of the trainees are expected to be midwives.

Regarding the methodological scope, the study will consider a qualitative and descriptive research approach using primary and secondary data. The study emphasizes on whether the development objectives of the project are met or not; using various performance indicators. Most of the project management bodies of knowledge areas and other important indicators were considered based on the availability of reliable data. These include; practices of risk management, procurement management, and projects cost Management, Time Management, stakeholder integration management, Environmental and Social Safeguard procedures.

1.9 Limitation of the study

This study will be limited to assess the project implementation practice and the performance of the project, success of the project and challenges which faced during the implementation period. The study data size will be minimized to the project main document, experts and project team who implements the project.

The study will emphasize for qualitative and descriptive research approach on whether the development objectives of the project are met or not. However, the drawback of this study will not assess clinical part, mothers' satisfaction who get service by trained midwives and trainee's (health task forces) satisfaction who were trained by this project.

1.10 Ethical Consideration

The Economic and Social Research Council (ESRC) Framework for Research Ethics (2015) offers the following interpretation of ethics as “the moral principles guiding research, from its inception through to completion and publication of results and beyond”. The Australasian Evaluation Society (AES) definition is more concise, if a little simple-minded: “Ethics refers to right and wrong in conduct”. The idea of being right or wrong is also reflected in the academic literature as is the focus on fair and just conduct or behavior (Simons et al., 2009).

For my purposes here, it is important to note that ethics:

- a) are about the different behaviors and relationships involved during research and evaluation processes- from authorizing and plan through to data archiving;
- b) help me to balance the goals of research and evaluation with the rights and interests of those being evaluated or researched, and;
- c) are subject to differing interpretations and multifaceted decisions made in unique situations.

1.11 Organization of the study

This report will be managed under five chapters. Under chapter one, introductory issues including; background of the study, back ground of the organization, definition of terms, statement of the Problem, study questions, objectives of the study, Significance of the study, Scope of the study, limitation of the study, and organization of the study. Chapter two accommodates the theoretical and empirical review of related literature, conceptual framework. In chapter three the research design and methodology issues including; study design, population and sampling techniques, source of data, data collection instruments, procedures of data collection, methods of data analysis, chapter four data analysis and interpretations, and Chapter five findings, conclusions and recommendation is discussed.

CHAPTER TWO

2. LITERATURE REVIEW

The researcher reviewed the organization's project documents, published articles, training manuals, BEmONC training National guidelines, project reports, BEmONC project end term evaluation (2016) which was implemented by EMwA and different websites were reviewed to prepare literature review. It is fundamental to mention that the study has encountered challenge of accessing previews its empirical review, due to existing of research document gap in the BEmONC project implementation practice. Almost all research that I have searched were done on the clinical area rather project implementation based. Hence, in this chapter presents necessary background of information from (2016 to 2020) EMwA's strategic plan, 2016 project end term evaluation, clinical literature and other findings of similar studies and conceptual framework is undertaken for farther studies.

2.1.Theoretical Review

What is the concept of Project and Project management in NGO?

In essence, NGO donated projects do not significantly differ from any other types of projects. Thus, it is possible to approach their planning and implementation using the basic references, methods, and tools offered by the theory and practice of PM in all knowledge areas (Association of Project Management, 2006). There are anextensivevariety of projects, usually medium-term or long-term, operational nature which bring touchable and insubstantial outputs (Project Management Institute, 2004). These projects are implemented across all divisions of the economy, i.e. in the private, community, and nonprofit sectors. Most of them are implemented on the countrywide level, but, they can be of an international character (Gareis, 2005). Just as in other types of projects, NGO donated projects are also implemented step by step in stages of the project life cycle (International Organization for Standardization, 2012).

2.1.1Project life cycle

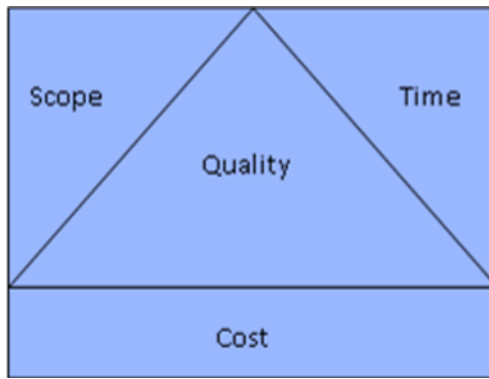
The concept of a project life cycle provides a useful framework for looking at project dynamic overtime (Pinto, 1987). Inside its life cycle,a project is typically divided into phases where extra-control is needed to effectively manage the completion of a major deliverable. Depending on the management and control needs of an organization, the uniqueness of the business, the nature of

projects, and its areas of applications; the names and numbers of phases in project life cycles vary (PMI, 2008). The phases can be consecutive, overlying, or twisting. Whereas the sequential and intersecting models are common to most projects, the twisting model is widely used in software development and information system projects (Belanger, 1997). Even though there are many project life cycle models with various phase names and numbers of phases, the most common life cycle is the one with four different phases: conceptual, planning, execution and termination (PMI, 2008).

Inside single project life cycle stages, it is possible to apply PM methods from the respective knowledge areas such as project integration, project scope, project time, project cost, project quality, project human resources, project communications, project risk and project procurement management (PMI, 2004). However, NGO donated projects have their own specifics, given by the rules set by the provider of the respective financial source (Mihaila, et al., 2014). In its basic form it includes the creation of basic templates for the identification of projects and basic processes that have to be observed during project preparation, implementation and evaluation. The broadest form of a single methodology offers complex procedures for the management of various types of projects, a database of potential risks, complete instructions for documenting projects, and usually also software tools for these activities (Kerzner, 2005).

2.1.2 Project success

The literature on project success suggests that without any specific discussion about the PMTT, the proper use of PMTT impacts the success of a project (Inman et al., 2001). Newly, the literature on project success focuses on a multi-width and multi-principles approach, referred to as the stakeholder approach. (Baccarini, 1999) discussed the logical framework method, defining project success as the combination of project management success and product success. He suggested that triple constraint (Cost, Time, Scope) and quality can be used as criteria for project management success while the goal and purpose of the projects success. Similar findings are found in the studies of Pinto and Slevin (1988). (Shenhar et al., 2001) proposed project success dimensions as project efficiency, benefits to customers, benefits to the performing organization and preparation for the future.



Key: Any change to one will affect the other. All sides are equal

Figure 1: Triple Constraint

The stakeholder approach includes internal and external criteria as the dimensions of project success. What should be used as the dimensions of project success although there is no mutual agreement on, the pattern of success dimensions from the literature can be categorized into three major groups: internal factors (time, cost and performance), customer-related factors (satisfaction, actual utilization and benefits) and organizational related factors (financial, market, benefits). These groups are aligned with the new research agenda on a value-creation aspect of projects (Andersen et al., 2006).

2.1.3 Project Management Methods

Pre-Project Opportunity and Feasibility Study is one of the methods used for defining a project which serves to assess the overall strategy of organizer's project in detail whether the intention of the project is viable and in compliance., and the basis for the decision whether to implement the project under the defined conditions or not this study should serve as the basis for the primary evaluation of the project from various points of view (Hapanova& Al-Jiburi, 2009).

Work Breakdown Structure (WBS) is a method of PM which is used in the phase of detailed project planning. The unique outcomes that are necessary for implementation of the project objective is WBS which expresses the material dimension of the project, structures and the project objective into partial outputs, or deliverables. These partial outputs are further broken down into so-called work packages, i.e. the smallest necessary component of the project's objective. WBS enables systematic planning and reduces the possibility of omitting key outputs to a minimum (Norman et al., 2008).

From the project planning point of time, it is possible to use the PM method of Time Planning Using Schedules and the Critical Path Method (CPM) and Gantt charts. This part of planning includes the definition of all partial activities that are necessary for the implementation of outputs, the time demands of individual activities, and their mutual interconnection and dependence. And all of this also with respect to the availability and performance of individual resources and technological procedures. (Hillier & Lieberman, 2005). It is possible to make use of the Critical Chain Method for the optimization of time plans (Goltratt, 1997). The Theory of Constraints determines the Critical Chain Method (Dettmer, 1997). Its fundamental contains in searching for weak points and restrictions with respect to the system and planning with the minimum time allocation using time buffers, which makes it possible to adjust the project plan to potential changes during implementation more efficiently.

2.1.4 Project Monitoring and Evaluation

It is possible to apply the method of Earned Value Management (EVM) to monitor progress during project implementation which evaluates project advancement. This method compares the planned value of individual activities that are necessary for project implementation with the value achieved at a particular moment. On the foundation of this data, it is possible to predict whether the project will be implemented by the planned deadline and the budget kept, and/or whether the project slopes towards deviations from the plan (Storms, 2008).

It is necessary to monitor any potential risks for the entire project life cycle (Rodney et al., 2015). To assess the probability and potential impacts of the risks, formalized risk analysis makes it possible to identify the risks. And to take effective measures leading to their elimination over the entire course of project implementation (Benta et al., 2011). It is important to define communication rules for successful project implementation. Thus, Formalized Project Communication Plan is appropriate to use. Within the project and a definition of communication channels, it includes the specification of all communication participants. In which it specifies the frequencies and forms of the information to be transferred or shared among the participants for all types of shared information (Pitas et al., 2010).

The Responsibility Assignment Matrix or the Linear Responsibility Chart Appropriate methods are used for controlling the responsibility and implementing individual activities or outputs within a project. These methods help to assign and display various types of responsibilities to

persons responsible for the respective project activity or output. (Puiu, 2011) the basic roles that can be assigned to individual persons are: Responsible, Accountable, Consulted, and Informed

It is based on the progressive implementation of outputs and increased flexibility within project advancement, but with a strong emphasis on feedback and the system of checks (Koerner, 2005). It is more open to changes during project implementation and is more oriented on creating outputs in close cooperation with the customer that will receive the project output.

2.2 Empirical Review

Outputs of previous BEmONC project implementation practice

Even though EMwA follows traditional project implementation practice, according to (2T Consultancy, 2016) end term BEmONC project evaluation at EMwA level, BEmONC project implementation and supervision program was well-aligned to the current national strategies and regional policies and strategies of reducing maternal and neonatal mortality through improved BEmONC project implementation practice. But the evaluation did not show what the project implementation practice looks like in practicing of proper project time running and budget utilization. The program was designed in such a way that the identified gaps in project implementation provision. However, 2T consultancy did not address, especially the lack of skills to effectively implementing of the project which provide training and why other project was filled through BEmONC project. The program has also focused on health centers where the skill gaps are particularly evident rather project implementation practice.

Effectiveness of the project: Effectiveness of the project was determined mainly in terms of achievements at the project level and observed changes at trainee and health facility levels. In addition to assessing if project outputs have been delivered, the key questions of whether the trainees had witnessed any changes in behavior, attitude and confidence in managing obstetric and newborn emergencies and have started performing tasks they did not perform before the training is examined.

Efficiency of the project: it was assessed through examination of the relationship between resources allocated and the results achieved, mainly at the output level. The overall budget utilization rate of the project was below the conventional factor. All in all, the main outputs of the program have been produced within the expected time and cost.

Sustainability of the project: The researcher assessed the sustainability challenges and why there was no clearly articulated sustainability plan for the project. Thus, this research focuses on the fate of this project and continuation of benefits and what the proper implementation practice is and what the challenges are during execution. If and when the current funding ceases, remain unclear. However, there are several indications that the project is one with several attributes for sustainability. Maternal and newborn health (MNH) remains a priority area for FMOH and the Ministry and RHBs have been involved in the designing and implementation of the project. The strong recommendations from trainees, strongly recommending it to continue, the continued high demand by RHBs, establishment of well-equipped training centers in all regions, and presence of a pool of trainers in each region are all foundations for sustainability of the program.

Lesson Learned from previous end term BEmONC project evaluation

Based on (2T consultancy, 2016) end term BEmONC project evaluation, the research assessed what the major challenges to the sustainability of the project were and the high turnover of master trainers from the organization, project time over run, the relatively high training cost, and the lack of diverse sources of funding, lack of HC infrastructure and availability of equipment and supplies was major challenges for project implementation. HCs generally had suboptimal infrastructure and problems with supply of essential medicines and equipment. A significant proportion of the HCs had no access to electricity and water supply, and shortages of supplies and equipment were commonly reported.

According to 2016-2020 EMwA strategic plan, EMwA has revised its weakness and strengths of all the organization structures and project implementation practice. There was no project operational manual in the existed organizational structure and chain of command to facilitate smooth functioning. There was also a need to revise HR policies and address observed inconsistency in the application of the manual which affected the project implementation practice. These include insufficient emphasis on staff development, competencies, and skills along with performance management and motivation mechanisms. There was no consistent performance appraisal, there was no stand-alone procurement manual, although procurement issues and procedures were not addressed in the financial manual.

2.3 Conceptual framework

A graph describes the characteristics of a project process groups, project cycle management sequences and points which are important to the project implementation procedures and project success. It provides a stabilizing influence on organizational project implementation concepts and directions for which establishing and maintaining with a visionary view; provides insight on long-term strategies in support of modern project management system; ensure project objectives are being adequately (Pinto, 1987).

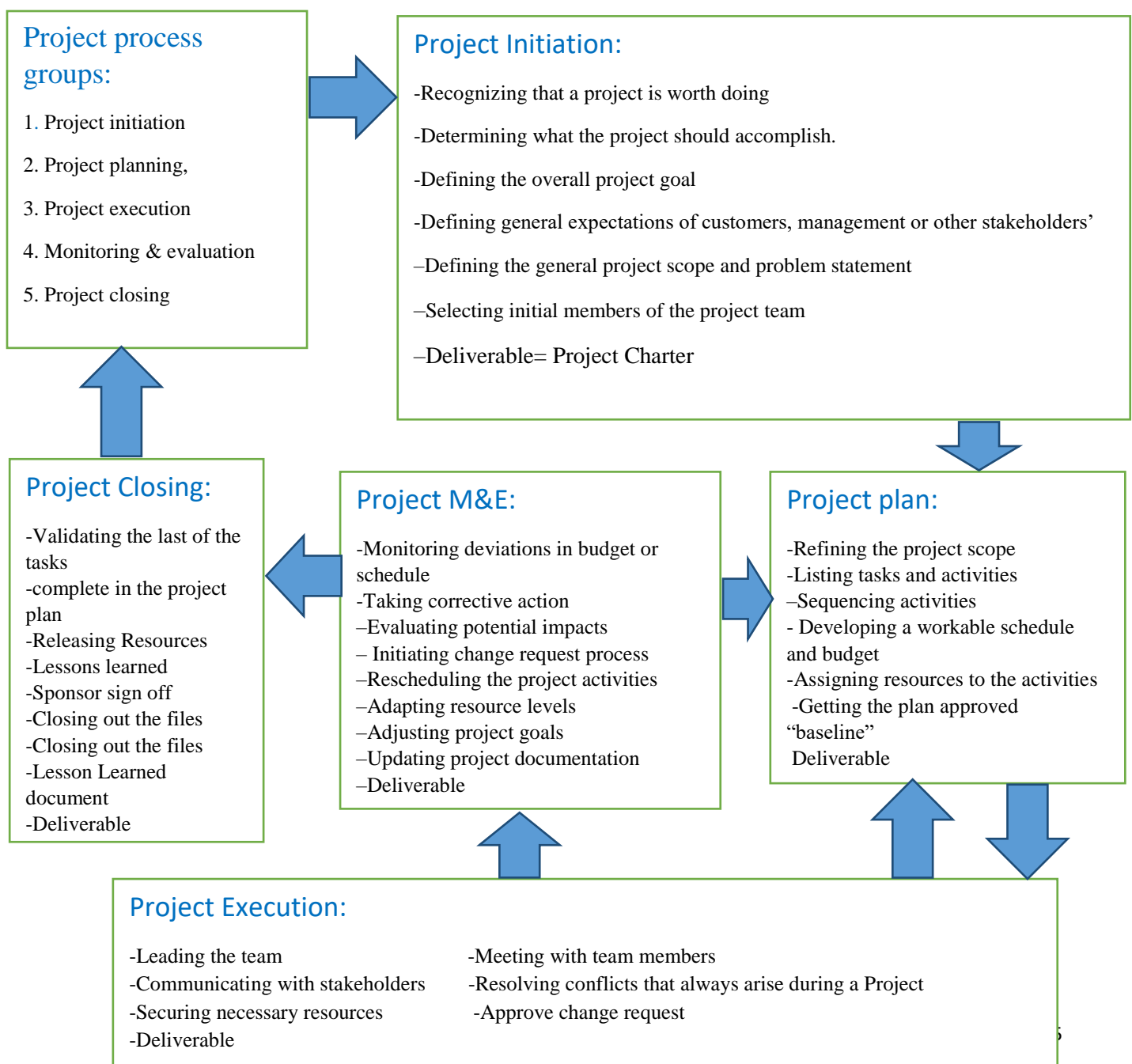


Figure 2: Implementation Framework.

Source: <https://www.oecd.org/derec/adb/35249987.pdf>

Project Owner Responsibility

Overall responsibility for project implementation:

Keeps the project on track by meeting with project manager on a consistent basis; provides and locates resources for the project and resolves any resource allocation issues managing time over run and budget over run which may show low performance of project implementation practice on the side of donors and stake holders. when roadblocks occur for team -prevent scope and schedule creep; decision maker on day to day activities; escalates issues or concerns to the executive sponsor; ensures executive sponsor is briefed on status of project.

Responsibility of the planning and execution of any project to meet the project objectives; Prepares project documentations for input and sign off; Tracks and monitors project progress; Escalate issues and risks to and from the core project team to Executive Sponsor for decisions; Responsible for the proper closing of a project; Maintains an objective. Responsible for the proper closing of a project; Maintains an objective point of view throughout the project.

CHAPTER THREE

3. Research Design and Methodology

It is mainly useful to apply qualitative methods when describing a phenomenon or research problem from the emic perspective i.e. from the native's point of view (Vidich et al, 1994). Qualitative methods are mostly exploratory aiming to describe a situation or understand a person or an event (Morse, 1995). However, this research method uses both qualitative and quantitative method for more reliability of information which passes through SPSS software analysis.

This chapter will discuss about the study design, population & sampling techniques, and source of data, data collection instruments, Procedures of collection, and Methods of & analysis

3.1 Research Approach and Design

This research design used descriptive (ex-post-facto) method type of research design and also it is considered by the researcher for the study under discussion. This approach was chosen by the study owing to the fact that the purpose of the study is merely to describe the state of nature as it currently exists; i.e. To report what has happened or what is happening; with no control over the variables was involve. Moreover, both qualitative and quantitative approaches was considered using questioners, an interview and secondary data.

3.2 Population and sampling techniques

Purposive sampling technique and censes method was employed. Because; BEmONC Oromia project is on the termination phase (Evaluation phase) now and other project staff have left the organization already. Adopting a purposive sampling technique and censes methods are believed more helpful in generating more relevant, technical and knowledge based information from professionals directly or indirectly related to the projects under study. Based on this premises, I have considered a full of experts, project officers who have involved or close to the management of projects under study and the main beneficiaries. Hence, I will use census method focusing on 18 BEmONC Oromia project staff who participated directly and indirectly in the BEmONC project implementation and 62 beneficiaries selected randomly through supportive supervision program from 20 sites who have been benefited directly from this project. From these 80 number of population, 10 experts (Professional trainers) who directly execute the project, 3 BEmONC program assistants who directly assist the operation, 1 project finance department who directly

manages the project finance, 1 from procurement unit, 1 from logistic, 1 project coordinator and 1 project manager and 62 beneficiaries.

Table 1: Total population is 80 and as well as a sample

No	Department/ Section name	Professions/Duties	No of sample
1	BEmONC project program staff	Midwives/Experts who train the trainees and evaluate the results	10
2	BEmONC project coordinator	Public health/Midwife	1
2	BEmONC Project Finance	Project Finance controller	1
3	EMwA Procurement staff	Purchaser	1
4	EMwA Logistic staff	Logistic officer	1
5	BEmONC Program Assistants	BEmONC Program Assistants	3
6	BEmONC project Beneficiaries	Midwives (Health workers) who works at health centers and Hospitals	62
	Total		80

3.3 Source of data

Both primary and secondary data was obtained using different data collection methods and instruments. The source for primary data is the group of experts at Ethiopian Midwives Association BEmONC project department and procurement unit & logistic department and finance unit. Secondary data on the other hand was obtained through the use of published, BEmONC project guidelines, project agreement and unpublished documents. Especially official project progress & performance reports were important data sources.

3.4 Data collection methods and instruments

3.4.1 Questioners and Interviews

The research was conducted both primary and secondary data. The data collection instrument which I prefer and believe to be relevant to the study considered is; interview, questioner, and document review.

There were three types of questioners. The first part addresses the demographic characteristics of respondents and the second part deals related with project implementation performance, success, outcome and challenges and as well as the third part will be interview questioners. Most of the questions passes through 5 point Likert scale type.

3.4.2 Documentary Review

Documentation cannot be underestimated as it provides necessary background and much will needed context both of which make re-use a more worthwhile and systematic endeavor. Secondary data will be obtained through the use of project performance reports of the organization.

3.5 Data analysis and presentation

The data which was collected through interview and questioner techniques was processed and analyzed in accordance with the characteristics of the data and the respondent. It was a descriptive type of research which used qualitative and quantitative data analysis technique as well as the data presentation included tabular and figurative way.

Based on the definitions of Project Management Tools and Techniques (PMTT) and Project Management Body of Knowledge (PMBOK), systematic practices or procedures that project managers used for producing specific project management deliverables, in which it is rather obvious that project managers used different PMTT and PMBOK to produce different deliverables. Since specific deliverables will be produced in each phase, different PMTT and PMBOK should therefore be used and applied in association with the project phases. To further explain, during the conceptual phase, project managers are required to develop, e.g. the preliminary scope definition. Possibly, the PMTT and PMBOK that are used to develop such a deliverable is a preliminary scope statement. When the project goes further along to the planning phase, the main deliverables of this phase are, for example, detailed scope, project schedule and

budget. To develop such deliverables, PMTT and PMBOK are complementary to provide better project success to develop tools such as WBS, hierarchical schedule and analogous budget estimation may be used. In the execution phase, Earned Value Management, cost baseline, schedule crashing may be the major PMTT and PMBOK employed. Lessons learned and performance report may be used in the termination phase. If PMTT and PMBOK are used to develop project management deliverables for each phase, such uses should have a positive impact on the success of the project. For instance, the use of WBS in the planning phase as part of defining scope and developing the project plan should contribute to a better project implementation practice performance (PMI, 2008).

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.1 Respondents' characteristics

Based on the data collection and analysis, from 18 BEmONC project staff 72% is male and 28 % is female. As per the analysis 55.6% agreed with EMwA's project implementation as planned and 44.4% of the project staff did not agree with proper implementation of the project.

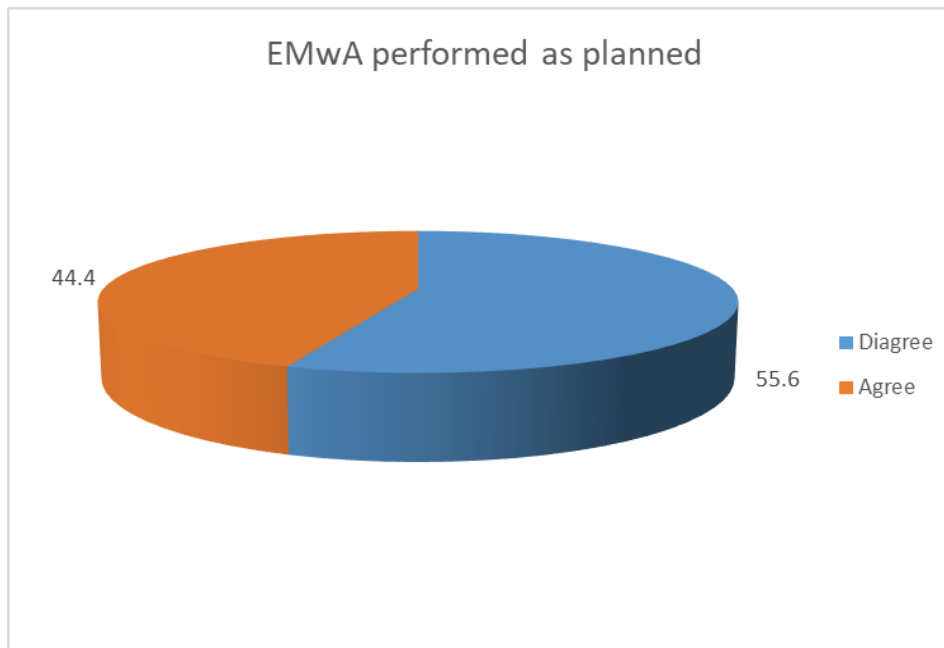


Figure 3: EMwA performed as planned

4.2 Effectiveness in project implementation practice

Data was generated on the effectiveness of project implementation practices. As already stated in chapter three, analyses were made from Likert based responses. All questionnaire distributed to the 80 respondents was effectively collected. According to the above questionnaires' character, the researcher recoded each of the 5 Likert scale model variables, 1) Strongly Disagree, 2) Disagree, 3) Undecided, 4) Agree and 5) Strongly Agree to Disagree and Agree variables by using "mean" that the lowest of the mean represents "Disagree" and above the mean represents "Agree". According to the following *Figure 5* graph description, 18 BEmONC project staff

44.4% of the BEmONC project staff were said Disagree for the proper implementation practice of project plan which includes activity, budget, time and project charter and 55.6% of those were agreed with the proper implementation practice of BEmONC project (Lowest thru 3.60=0) (3.61 thru Highest=1).

In addition to the mean, based on the standard deviation, from 21 project management implementation practice, success and challenge related questions that as the BEmONC project staff answered, 55.6% of the BEmONC project staff said “Agree” with the proper implementation practice of BEmONC project and 44.4% BEmONC staff were said “Disagree” with the proper implementation of BEmONC project.

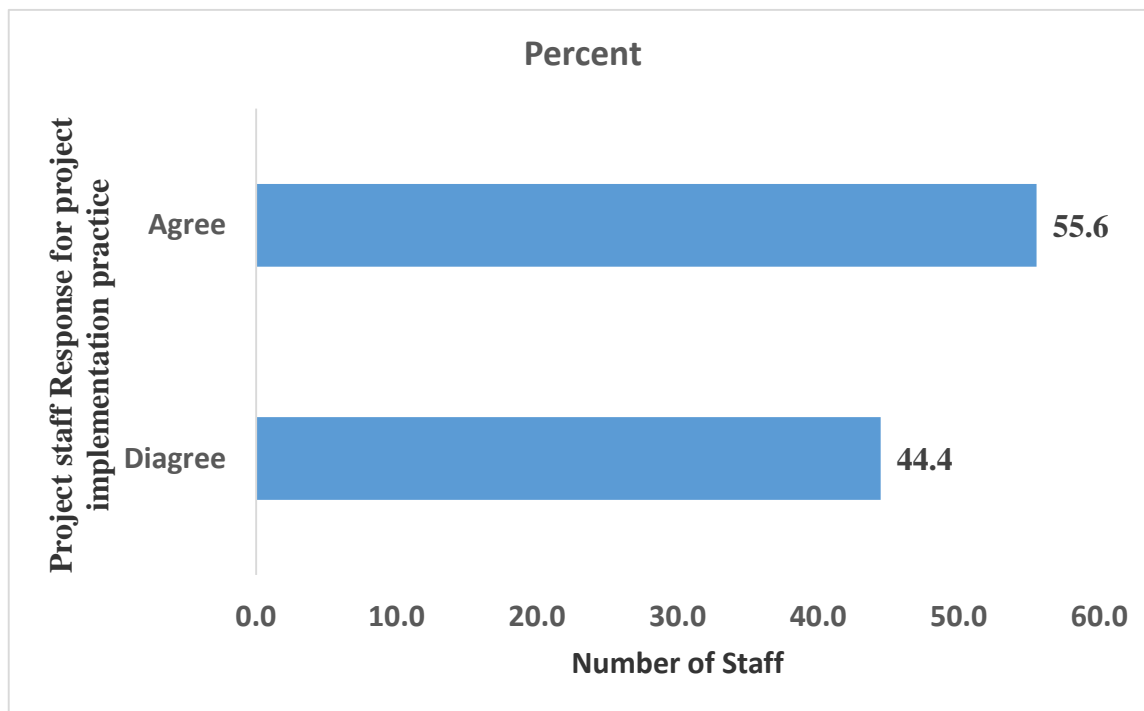


Figure 4: Project Staff Response for project implementation question

Based on the interview results that the researcher made with 18 BEmONC project key informants of 11 staffs appreciated about the project management training importance for which they took as the following. The remaining 7 have not taken PM training. It was explored and synthesized from the interview that project Management Tools and Techniques and project Management Body of Knowledge training that they took have been showed direction and very important parallel to their profession. Project Management training helped them how to use Project management tools and techniques and Project Management Body of Knowledge

provided knowledge how to manage projects and how to plan and implement through cost, time and scope as a whole.

According to response from key informants, the relevance of the competency-based BEmONC training and supervision program is assessed from the perspective of project design and implementation. Specifically, significance to the national, regional, and local policies, strategies and plans and its appropriateness regarding meeting the needs and interests of the project stakeholders is examined. The key questions of whether BEmONC training that EMwA provides is better comparing to other Organizations who provides the same training and the project aligns with the country's MNHC priorities or not, and if the project has benefited the health facilities, BEmONC trained staff, mothers and newborns served in the facilities and the health system at large is analyzed. One of the key informants of the BEmONC project technical person (Midwife Advisor said the following:

“To ensure the quality of mothers’ lifesaving services and improve the capacity of health workers service providing, MOH identified BEmONC training as one of the best interventions. Thus, Ethiopian Midwives Association program on BEmONC training and supervision aligns with the national strategy. The program has a supervision component which ensures knowledge and skill retention at the facility level. That supports and goes with national efforts to achieving reductions in maternal and neonatal mortality”.

4.3 Challenges influencing project implementation

Almost all Midwife advisors raised main issues which related to external environmental challenges. Specially, facilities, availability of equipment at health center and hospital to apply the training that they provided as the following.

“Availability of supplies and equipment are potential challenges in providing BEmONC services. It also provides context for the changes observed after training. Overall, there are improvements in the availability of supplies and equipment after training for the majority of the health facilities, although the changes are not substantial. Besides, shortage of supplies and equipment which could affect the trained health care workers’ effort to provide BEmONC services”.

One of the senior BEmONC project staff said about the success of BEmONC project implementation. According to Key Informant _ EMwABEmONC project staff (Project Manager):

“The successes remain suboptimal due to several reasons, including lack of skilled manpower especially at the lower tier of the health system. A national baseline assessment of EmONC carried out in 2008 showed that a substantial proportion of the midwives and other health-care workers currently working at in-service settings lacked the required skills to provide BEmONC services. A variety of reasons were cited, including the lack of refresher training and shortage of supplies and medical equipment. Many of the surveyed health workers lacked the necessary knowledge and skills to manage obstetric complications effectively.

The other key project staff who involved in BEmONC project implementation said the following:

“Despite the huge achievements in the health sector during the past two decades, maternal and neonatal mortality in Ethiopia continued to be higher than the desired level. To tackle the problem, Ministry of Health has formulated and implemented policies and strategies that afforded an effective framework for improving the situation. Among these strategies are the training and deployment of BEmONC training for the institutionalization of the community health care services, including clean and safe delivery at the community level, provision of key Maternal Child and Health (MCH) services free of charge and the training of mid-level cadres to provide emergency maternal and neonatal care”.

4.4 The benefit of the project to target groups

Based on an intensive review made on BEmONC project budget, activity plan, progressive reports and donor signed agreement in which the project document contained budget amount ETB 30.00 million to execute BEmONC project at Oromia region from August 1, 2016 to December 2017. But EMwA utilized ETB 27.067, 033.59million.

A key issue here is that this research addressed 62 Health workers who have received BEmONC training within in the past one years in which they are working in different health centers,

hospitals, universities and woreda health centers in which from 62 beneficiaries 58.1% was male and 41.9% was female.

Table 2: Academic Achievement and Work position

No	Academic Achievement	%	Work Position	%
1	Bachelors	93.5	University Instructors	8.1
2	Masters	6.5	Midwife	91.9

Table 3: Working organization and years of experience

No	Currently Working Organization	%	Years of Experience	%
1	Hospitals	43.5	1-5	64.4
2	Health Centers	32.3	6-10	30.6
3	Woreda Health Centers	24.2		

Based on the analysis which is described on Figure 9 below; from 62 respondents who took BEmONC training within the past one year, 79% said “yes” for the question that EMwA’sBEmONC project implementation practice was proper and 21% said “no”for the same request.

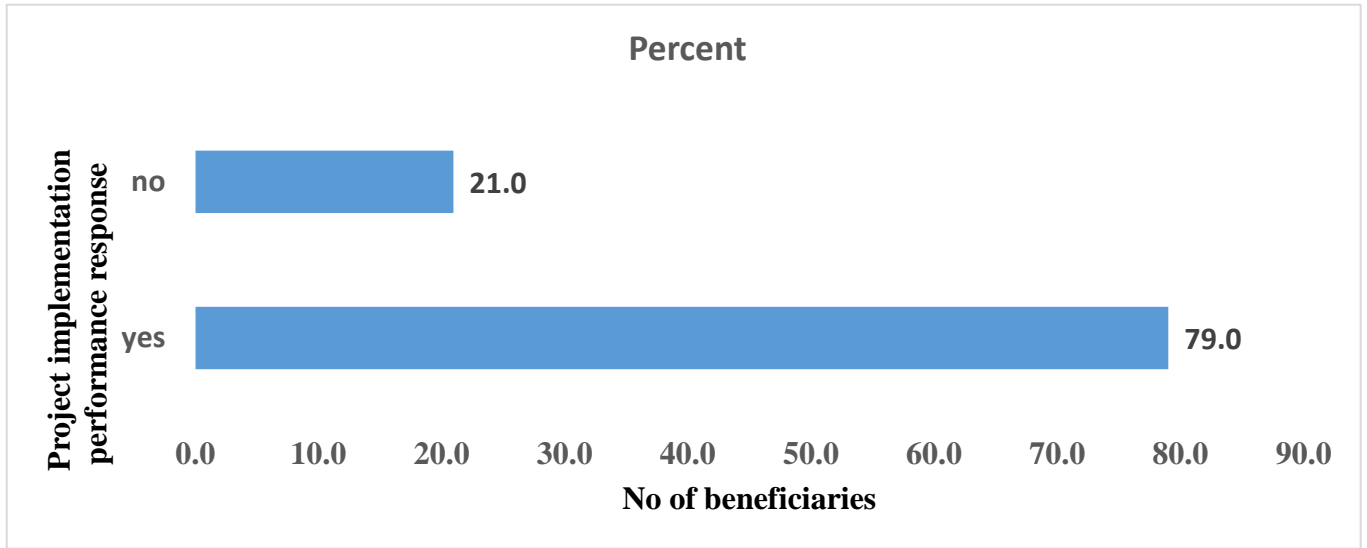


Figure 5: Staff response for Skill practice

I analyzed some research questions in which from 62 respondents 98.4% believe on the importance of BEmONC project skill practice and 1.6% don't believe in the importance of BEmONC training

Table 4: Importance of skill practice

Description	%
Yes	98.4
No	1.6

Table 5: Trainees Satisfaction

Description	%
Yes	45.2
No	54.8

Another key issue here is that in this program from 62 health workers who gave reasons for their dissatisfactions of the project implementation practice, in which 27.4% of the respondents were

“not satisfied with the long training duration”, 16.1% were not satisfied with “low comfort of training place”, 38.7% were not satisfied with “low payment of daily subsistence” and 17.7% were not satisfied with “long distance of training place”.

Table 6: The reasons of trainees for their dissatisfaction

Description /Reasons	%
Long training duration	27.4
Low comfort of training place	16.1
Low payment of daily subsistence	38.7
Long distance of the training place	17.7

For the question number 27 that the respondents’ requested in which EMwA has follow up and monitoring mechanisms for the implementation of the project other than supportive supervision, 91.9% said “Yes” and 8.1% said” No”.

Table 7: Respondents’ response for EMwA’s follow up and monitoring mechanisms

Description	%
Yes	91.9
No	8.1

Based on the question number 27 that the respondents have been requested on which EMwA has follow up and monitoring mechanisms for the implementation of the project other than supportive supervision which tools EMwA used, 53.2% respondents answered selecting “phone follow up”, 9.7% respondents selected “Review Meeting” and 37.1% respondents selected “Focal person contact”.

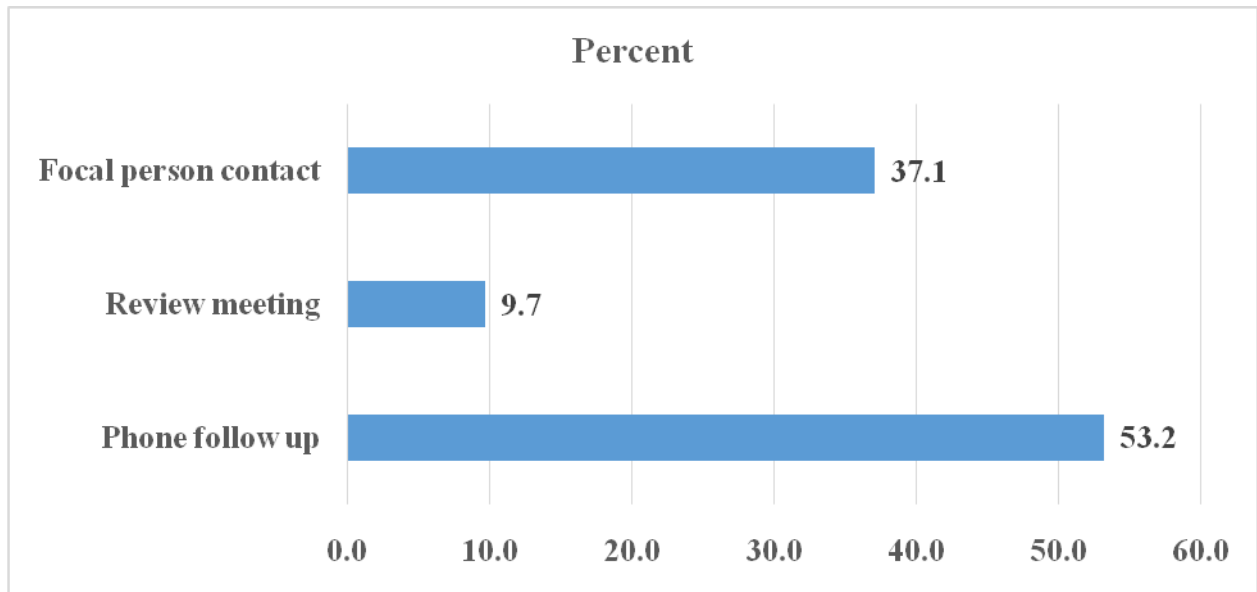


Figure 6: Staff Response for Monitoring and follow up tools

4.6 Project Earned Value Analysis (EVA)

EMwA Planned 30mil ETB to complete work package of BEmONC training. EMwA scheduled to have been finished BEmONC project since August 2016 to Dec. 2017 (1 year and 6 months), Actual expenditure to Dec. 2017 is 27.067,033.59 mill. Estimate work is 80% completed.

EV - Earned Value: budgeted cost of work performed

AC - actual cost of work performed

PV - Planned Value: budgeted cost of work scheduled

SPI - scheduled Performance Index

CV - Cost Variance

SV -Schedule Variance

AV - Actual Value

CPI- Cost Performance Index

ETC- Estimated to Complete

EAC-Estimate at Completion

$$CV = EV - AC$$

$$= -3,067,033.59$$

$$SV = EV - PV$$

$$= 2,932,966.41$$

$$CPI = EV / AV$$

$$= 89\%$$

$$SPI = EV / PV$$

$$= 80\%$$

$$ETC = (PV - EV) / CPI$$

$$= 3,307,779.18$$

$$EAC = ETC + AC$$

$$= 30,374,812.77$$

• $PV > AC$ indicates that the project is over budget. However, it might be over budget because of two reasons: it is, in fact, inefficient or, it is extended (the expenditure has occurred, because activities did start).

• $EV < PV$ indicates that the project is late. In fact, the value we currently produced is the one we should have had at the end of the project period.

For more precise analyses about the project efficiency, we can compute CPI and SPI, which measure cost efficiency and schedule efficiency.

I can now plot all three values together. The result is shown in the following diagram:

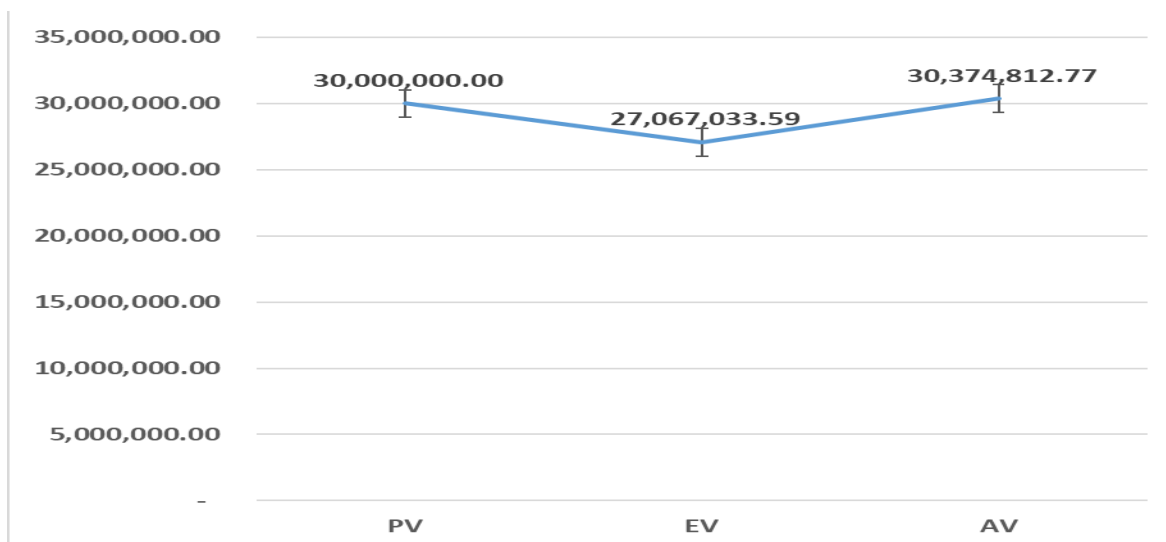


Figure 7: Earned Value Analysis

Based on this EVA, EMwA planned 30.00mill to implement BEmONC training from August 2016 to December 2017 (1 year and 6 months). But EMwA completed 80% work and according to CPI, EMwA utilized 89% budget up to Dec. 2017. As well as according to SPI, EMwA under performed BEmONC project which indicates 20% additional time schedule is required to complete the remaining 20% work. In addition to this, to complete ETB 374,812.77 budget is required to complete the remaining 20% work. Because of SV, EMwA may require 2,932,966.41ETB. At the last to complete total BEmONC project EMwA shall have 30,374,812.77.

More in details: $CPI = EV/AC$, that is, how many dollars we produce (EV) for each dollar we spend (AC). Clearly $CPI > 1$ is a good sign, while $CPI < 1$ indicates that the project is inefficient level showed that 89 % efficiency level over budget.

The SPI index measure the schedule: $SPI = EV/PV$ and indicates how much we produce (EV) with respect to what we thought we would produce. Also in this case $SPI > 1$ is a good sign (ahead of schedule), while $SPI < 1$ indicates that the project was not completed within the schedule. In the analysis, it should expect SPI to be < 1 , as it is, in fact, shown by the following diagram, which plots SPI was 20% time over run:

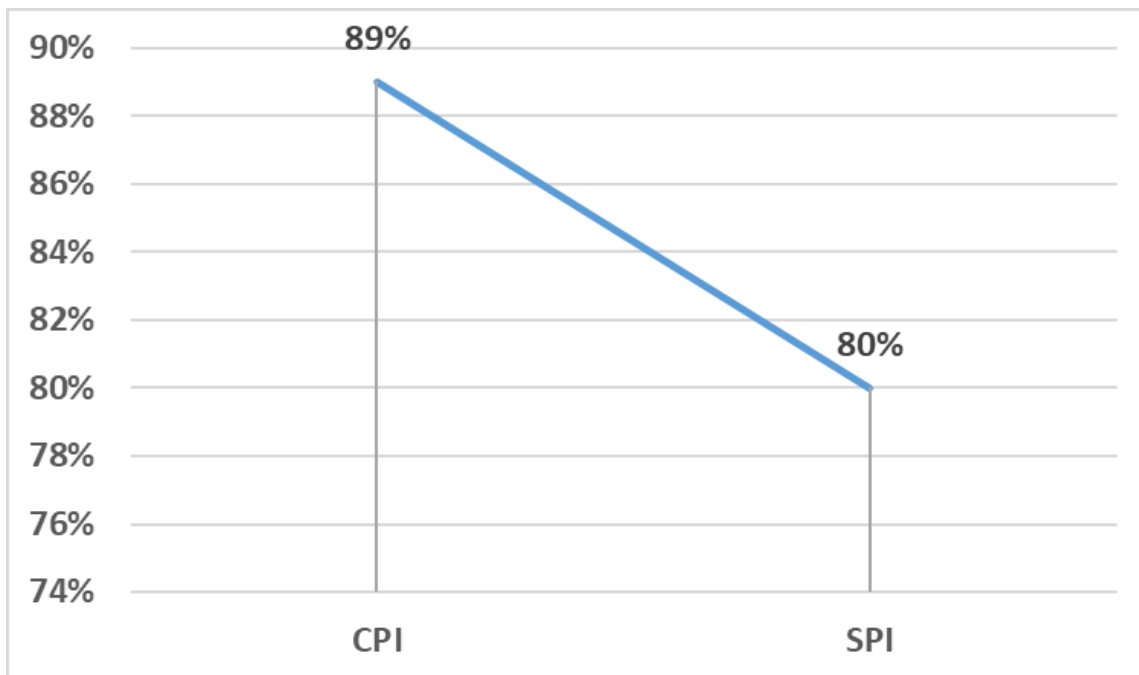


Figure 8: CPI and SPI convectional factors

The graph below shows that the estimated cost to complete the project is 3,307,779.18 and the cost estimated at copulation is 30,374,812.77. In the other side the cost variance is -3,067,033.59 and the cost incurred because of schedule variance is 2,932,966.41.

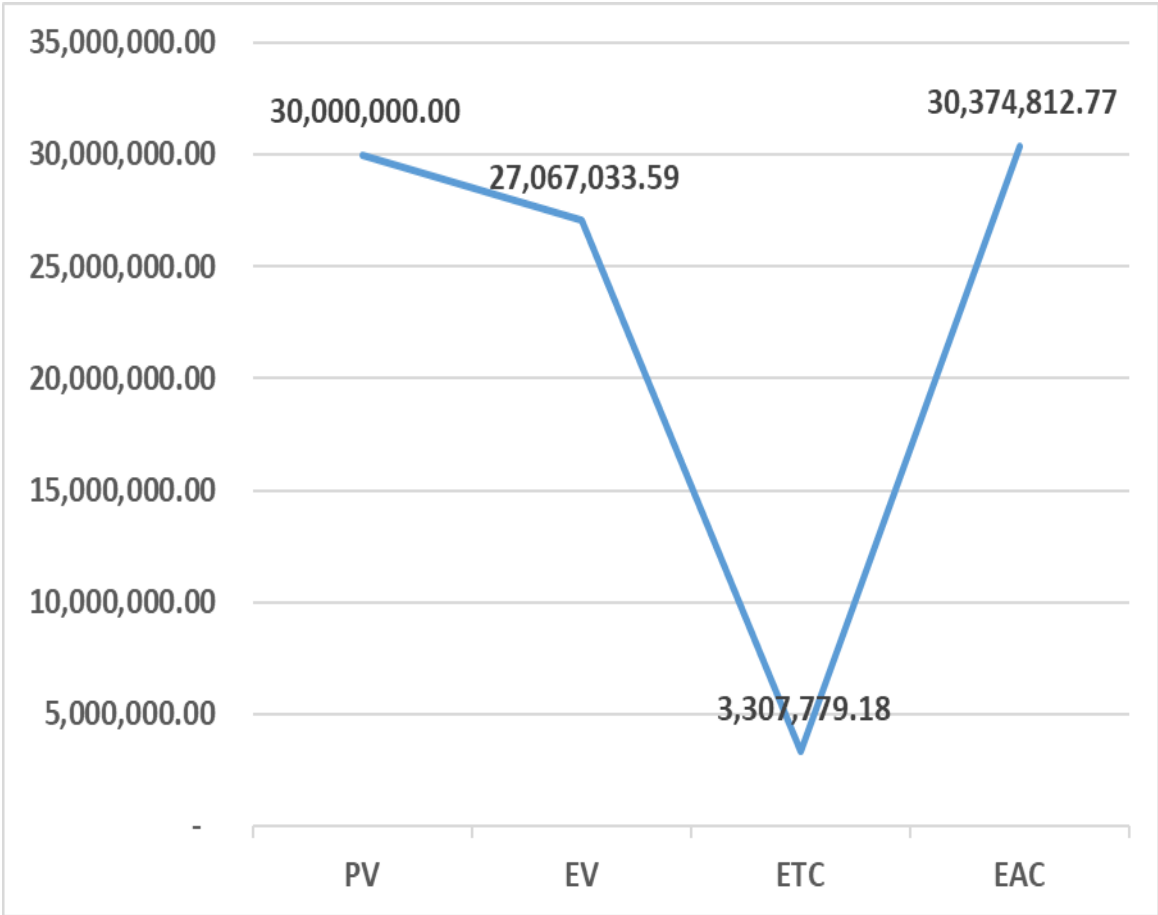


Figure 9 Estimated cost to complete and at completion

CHAPTER FIVE

5. CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The BEmONC project implementation practice and supervision program which implemented by EMwA is highly relevant in the wider sense of the terms. Although it is just one of the several MNH interventions being implemented in the country, training remains crucial for bringing lasting change in the system. The program is aligned to the national and regional strategies aimed at reducing maternal and newborn mortality and morbidity through improvements in access and quality of BEmONC project implementation. This project has enabled a substantial number of health centers, many of them from rural and hard-to-reach areas have BEmONC trained staff working in the MNH units. However, EMwA has midwife advisors and technical staff rather project managers and project coordinators which affected the project implementation practice. EMwA should have project management integration with implementation plan as well as the technical staff should have project management update training.

Overall, EMwA has achieved its main results in relation to training targets set. There is, however, conflicting evidence regarding project implementation practice; for example, distance of training place, low payment of daily subsistence, less comfort of training place, long training duration for health workers affected the implementation practice and as well as the post-training telephone follow-up and on-site supervision were not properly considered and implemented, especially in relation to the deliverable of the trained staff on their duty were not measured. The onsite supervision has also exhibited problems with planning and coordination.

5.2 Recommendation

It is, therefore, my strong recommendation that BEMONC training and supervision program set project management system with staff updating training and maintain stakeholder management system and continue all efforts are made by donors and other stakeholders to cover more health centers, including in the regions which are not covered by the current EMwA project and health facilities with few trained staff.

Specific key recommendations of the evaluation team are:

- Implementation of the post-BEmONC training telephone follow-up, the coverage of which is only half of the planned, should be improved. The use of fixed line telephones in addition to only mobile numbers should be considered to overcome network related challenges. Besides, on the spot verification of accuracy of telephone numbers and recording of secondary phone numbers should be considered to minimize occurrence of wrong numbers.
- EMwA should work closely with RHBs to improve the planning and implementation of onsite supportive supervision. The culture of providing feedback to visited facilities and staff, including the facility management should also be strengthened.
- Availability of essential supplies and equipment and health facility infrastructure problems which undermine the achievements of the training program should be addressed by all those involved. EMwA should lobby for changes in these areas in every forum and opportunity.
- EMwA needs to improve the way this project is monitored. Comprehensive M&E framework with detailed indicator matrix needs to be developed as this improves the tracking of results and future

REFERENCES

- Ethiopian Midwife Association. (2016). Strategic plan 2016/20. Addis Ababa, Ethiopia.
- Ethiopian Midwife Association. (2016). Basic Emergency Maternal Obstetric Newborn Care project, end term evaluation (2016). Addis Ababa, Ethiopia: Project Implementer.
- Tilak, K. (2012/13). Empowerment as a strategy in improving maternal and child health in Ethiopia: Master Program in Public Health. Malmö university, Health and Society: Malmö.
- Jana, K. et al., (2017). Project Management Methods in Projects Co-financed by EU Funds: Retrieved from <https://www.researchgate.net/publication/318005568>
- Burke, R. (2003) Project Management. Planning and control techniques, 4th edn, Chichester, Wiley.
- Brown, M. (1998) Successful Project Management in a Week, 2nd edn, London, Hodder and Stoughton.
- Lock, D. (1992) Project Management, 5th edn, Aldershot, Gower.
- Association of Project Management. (2006). APM Body of Knowledge. Rochester: Association of Project Management.
- Project Management and its Effects on Project Success: Cross-country and Cross- industry Comparisons. *International Journal of Project Management*, 33(7), 1509–1522.
- Joslin, R., Muller, R. (2015). Relationship between a Project Management Methodology and Project Success in Different Project Governance Contexts. *International Journal of Project Management*, 33(6), 1377–1392. Retrieved from <http://dx.doi.org/10.1016/j.ijproman.2015.03.005>.
- Kerzner, H. R. (2005). Using the Project Management Maturity Model: Strategic Planning for Project Management. Hoboken: John Wiley & Sons
- Kostalova, J., Tetreva, L., Patak, M. (2015). The System of Support for Projects Co-financed by EU Funds in the Czech Republic. *Transylvanian Review of Administrative Sciences*, 45E/June, 97–115. Retrieved from <https://doi.org/10.1016/j.sbspro.2014.09.087>
- Project Management Institute. (2004). A Guide to the Project Management Body of Knowledge. Newton Square: Project Management Institute.
- Mariusz, H. (2014). Models of PMO Functioning in a Multi-Project Environment. *Procedia – Social and Behavioral Sciences*, 119, 46–54. Retrieved from

<http://dx.doi.org/10.1016/j.sbspro.2014.03.00>

Project Management Institute. (2005). Practice Standard for Earned Value Management. Newton Square: Project Management Institute.

Mentoring to build midwifery and nursing capacity in the Africa region: An integrative review. International Journal of Africa Nursing Sciences (2017).

APPENDICES

Appendix I: Research Period/schedule

S.no	Activities	March				April				May		June		Responsible
		Week One	Week Two	Week Three	Week Four	Week One	Week Two	Week Three	Week Four	Week One & Two	Week Three & Four	Week One & Two	Week Three	
1	Proposal preparation													MitikuWolde hanna
2	Proposal Reviewing													MitikuWolde hanna
3	Study tool development													MitikuWolde hanna
5	Proposal Review and Comment													Advisor
6	Correcting the Advisor comment													MitikuWolde hanna
7	Data Analysis													MitikuWolde hanna
8	Draft Thesis													MitikuWolde hanna
9	Final Thesis													MitikuWolde hanna
10	Defense													MitikuWolde hanna
11	Finalizing Thesis													MitikuWolde hanna

Appendix II: Research Budget

In order to conduct this research, it is important to allocate budget for each activities for resource requirements in terms of time spent and financial resource that are committed in monetary value. In the process of data collection and preparation of the paper, there are costs related to transportation, information gathering, stationery materials, questionnaire administration and field works. Therefore, detailed list of budget cost is presented in the table below:

No	Item	Unit of Measurement	Qty.	Unit Price (Birr)	Total Cost (Birr)
1	Stationery/A4 paper/ for Questionnaires	Ream	3		700.00
2	Stationery for the thesis/pen	Ream/pcs			800.00
3	Site travel to collect data/Accommodation, transport, other/	day	6	600	3,600.00
4	Refreshment for questionnaire respondents	-	-		2,500.00
5	Miscellaneous Expense	-	-	-	2,000.00
Total Cost					9,600.00

Appendix III: Questionnaire

St. Mary's University

School of Graduates

Department of Project Management

An assessment on Basic Emergency Maternal Obstetric and Neonatal Car (BEmONC) project implementation practice: The case of Ethiopian Midwives Association.

This questionnaire is prepared to gather the necessary information for a study aimed to assess Basic Emergency Maternal Obstetric and Neonatal Car project implementation practice: The case of Ethiopian Midwives Association. The information you provide will be used only for academic purpose (only for the study under consideration) and will be kept confidential; hence; you are kindly requested to provide only thoughtful and honest responses that will give the most valuable information for the assessment. I gratefully thank you for your invaluable time you take to answer the question included in this data collection instruments.

Part I: Demographic Information

1. Gender

A. Male

B. Female

2. What is your highest Academic achievement?

A. Diploma

C. Masters

B. Bachelors

D. PhD

E. Other (Please specify) _____

3. What is your current position in the organization?

- A. Executive Director
- B. Program Manager
- C. Program officer
- D. Project manager
- E. Project coordinator
- F. Midwives
- G. Midwife Advisors
- H. Finance Officer
- I. Program Assistant
- J. Purchaser
- K. Logistic

4. How many years have you worked in EMwA?

- A. 1-5
- B. 6-10
- C. 11-15
- D. 16-20
- E. Above 20 years

5. How many years have you worked in your profession?

- A. 1-5
- B. 6-10
- C. 11-15
- D. 16-20
- E. Above 20 years

Part II: Project Management Knowledge and skill related questions

The following set of statements relate to your feelings about BEmONC project implementation. For each statement, please show the extent to which you believe EMwA has the feature described in the statement. Circle 1 means that you strongly disagree. You may circle 2 means that disagree, if you may circle 3 means that undecided, if you may circle 4 means that agree and in the last if you may circle 5 means that strongly agree.

Note: These questions mainly focused on UNICEF- BEmONC project

Project implementation performance related questions	Strongly disagree	disagree	Undecided	Agree	Strongly agree.
6. EMwA has BEmONC project implementation plan which includes activity, budget, time and project charter	1	2	3	4	5

7. EMwAhas project risk management, Project procurement policies, project scope management plan	1	2	3	4	5
8. EMwA has project monitoring and evaluation implementation practice	1	2	3	4	5
9. EMwAuses project Management Tools and techniques such as Gantt chart	1	2	3	4	5
10. EMwA has specific project manager to follow the project implementation performance and quality of deliverables	1	2	3	4	5
11. EMwA has performed BEmONC project as planned	1	2	3	4	5
12. EMwA met its goal and objectives through BEmON project implementation	1	2	3	4	5
13. EMwAhas progressive report which shows its performance	1	2	3	4	5
Project Success related questions					
14. EMwA applies effective decision making in managing budget which affects project success	1	2	3	4	5
15. EMwA uses Project schedules with achievable delivery dates	1	2	3	4	5
16. EMwA project managers manage unexpected change of scope or when difficult situation happens	1	2	3	4	5

17. EMwA has effective coordination with stakeholders, donors and team members	1	2	3	4	5
18. EMwA has effective controlling and communication mechanism over project progress	1	2	3	4	5
Questions related to challenges					
19. EMwA has effective project management integration to avoid challenges in project implementation	1	2	3	4	5
20. EMwA has effective human resource management	1	2	3	4	5
21. EMwA has shortage of fund	1	2	3	4	5
22. EMwA has enough professional trainers	1	2	3	4	5
23. EMwA has faced professional staff turnover challenges	1	2	3	4	5
28. EMwA has enabling to alleviate environment challenges	1	2	3	4	5
29. EMwA has faced shortage of demonstration materials	1	2	3	4	5
30. EMwA has faced donors interest on its goal and objectives	1	2	3	4	5

Appendix IV: Key Informant Interview questions

Hint: Project Management Body of Knowledge group: Scope management, Time management, Cost Management, Risk management, Project Human Resource Management and Integration management, Communications management and Procurement management

Hint: Project Management Tools and Techniques group: Cost estimating techniques, Work breakdown structure (WBS), Critical Path Method (CPM), Gantt charts, Risk matrix, responsibility matrix

1. Does your organization have proper project implementation practice which can be best practice for other the same project implementation? If yes, how? Please explain.
2. Does your organization face external environmental changes which affects your project implementation practice? If yes, in what aspect? Please explain.
3. Does your organization face internal capacity challenges related to project Human Resource Management? If yes, please describe what the cause is and how it is affecting project implementation?
4. Does your organization have experience using project management body of knowledge and project management tools and techniques? If yes, what are they?
 - a) Project Management Body of Knowledge
 - b) Project Management Tools and Techniques
5. Can you explain about your organization project implementation success? What are they?
6. Does your organization's project implementation practice performance is enough? If yes, How? If not, what is your recommendation?
7. What are your organization BEmONC project implementation challenge as a whole? What is your recommendation? Please explain.

Appendix IIV: Beneficiaries Questionnaires

Part I: Demographic Information

1. Gender

A. Male

B. Female

2. What is your highest Academic achievement?

A. Diploma

B. Bachelors

C. Masters

D. PhD

E. Other (Please specify) _____

3. What is your current working organization?

A. Hospital

D. University

B. Health center

E. Other

C. Woreda Health center

4. What is your current position in the organization?

A. University Instructor

D. Other

B. Midwives

C. Midwife Advisors

5. How many years have you worked in your profession?

A. 1-5

D. 16-20

B. 6-10

E. Above 20 years

C. 11-15

F. Not worked

6. How many years have you worked in your profession?

A. 1-5

D. 16-20

B. 6-10

E. Above

C. 11-15

Part II: Questionnaires

1. Does EMwA implementing BEmONC project properly?
a) Yes b) No
2. Do you know BEmONC project?
a) Yes b) No
3. Have you satisfied by the training?
a) Yes b) No
4. If no, why? Because of:
1. Long training duration 2. Low comfort of training place
3. Low payment of daily subsistence 4. Long distance of the training place.
5. Have you get the training importance for skill practice?
a) Yes b) No
6. Does this 20 days training enough for this project?
a) Yes b) No
7. Dose EMwA accomplish this training timely?
a) Yes b) No
8. Was there interruption during training days?
a) Yes b) No
9. Does BEmONC training project has responsible body?
a) Yes b) No
10. Did EMwA supervisors have supervised the training?
a) Yes b) No
11. Did EMwA supervisors practically supervise you practice of implementation in your institution?
a) Yes b) No
12. Did EMwA allocate enough time for your training?
a) Yes b)
13. Did EMwA allocate enough budget for your training?
a) Yes b) No
14. Did EMwA allocate enough and capable man power for the training?
a) Yes b) No

15. Did EMwA provide full training materials which can help your training successful?
a) Yes b) No
16. Did EMwA sent invitation timely for training?
a) Yes b) No
17. Did any stakeholders / Authorized body/such as region, zone supervised this project?
a) Yes b) No
18. Is there any risk condition faced during the training?
a) Yes b) No
19. Is there any risk condition EMwA assist to solve in this project?
a) Yes b) No
20. Did EMwA explain the goal and objective of this project for you?
a) Yes b) No
21. Did EMwA has follow up and monitoring mechanisms for the implementation of the project other than supportive supervision?
a) Yes b) No
If yes, what is it? 1. Phone follow up 2. Review meeting 3. Focal person contact follow up
22. Did EMwA implement review meeting for this project?
a) Yes b) No
23. Did responsible bodies (Region, Zone) have some training knowledge for the implementation of this project?
a) Yes b) No
24. Did EMwA give feedback after conducting follow up?
a) Yes b) No
25. Have you trained from other similar organization about implementation of this project?
a) Yes b) No
26. If yes, do you think EMwA's implementation is better?
a) Yes b) No
27. Have you got the published document by EMwA about this project?
a) Yes b) No

Descriptive Statistics

	N	Min	Max	Mean	Std. Devi
6. EMwA has BEmONC project implementation plan which includes activity, budget, time and project charter	18	0	1	.56	.511
7. EMwA has project risk management, Project procurement policies, project scope management plan	18	0	1	.50	.514
8. EMwA has project monitoring and evaluation implementation practice	18	0	1	.56	.511
9. EMwA uses project Management Tools and techniques such as Gantt chart	18	0	1	.44	.511
10. EMwA has specific project manager to follow the project implementation performance and quality of deliverables	18	1	2	1.56	.511
11. EMwA has performed BEmONC project as planned	18	0	1	.44	.511
12. EMwA met its goal and objectives through BEmON project implementation	18	0	1	.56	.511
13. EMwA has progressive report which shows its performance	18	0	1	.56	.511
14. EMwA applies effective decision making in managing budget which affects project success	18	0	1	.56	.511
15. EMwA uses Project schedules with achievable delivery dates	18	0	1	.72	.461
16. EMwA project managers manage unexpected change of scope or when difficult situation happens	18	0	1	.61	.502
17. EMwA has effective coordination with stakeholders, donors and team members	18	0	1	.56	.511
18. EMwA has effective controlling and communication mechanism over project progress	18	0	1	.56	.511
19. EMwA has effective project management integration to avoid challenges in project implementation	18	0	1	.61	.502
20. EMwA has effective human resource management	18	0	1	.56	.511
21. EMwA has shortage of fund	18	0	1	.56	.511
22. EMwA has enough professional trainers	18	0	1	.5556	.51131
23. EMwA has faced professional staff turnover challenges	18	0	1	.56	.511
28. EMwA has enabling to alleviate environment challenges	10	0	0	0.00	0.000
29. EMwA has faced shortage of demonstration materials	18	0	1	.67	.485
30. EMwA has faced donors interest on its goal and objectives	18	0	1	.50	.514
Valid N (listwise)	10				

Descriptive Statistics

	N	Minim	Max	Mean	Std. Deviat
Gender	62	1	2	1.42	.497
What is your highest Academic achievement?	62	1	3	2.05	.282
What is your current working organization?	62	1	3	1.81	.807
What is your current position in the organization?	62	1	2	1.92	.275
How many years have you worked in your profession?	62	1	2	1.31	.465
Does EMwA implementing BEmONC project properly?	62	1	2	1.21	.410
Do you know BEmONC project?	62	1	2	1.02	.127
Have you satisfied by the training?	62	1	2	1.55	.502
If no, why? Because of:	62	1	4	2.47	1.082
Have you get the training importance for skill practice?	62	1	2	1.02	.127
Does this 20 days training enough for this project?	62	1	2	1.10	.298
Dose EMwA accomplish this training timely?	62	1	2	1.13	.338
Was there interruption during training days?	62	1	2	1.94	.248
Does BEmONC training project has responsible body?	62	1	2	1.02	.127
Did EMwA supervisors have supervised the training?	62	1	2	1.24	.432
Did EMwA supervisors practically supervise you practice of implementation in your institution?	62	1	2	1.58	.497
Did EMwA allocate enough time for your training?	62	1	2	1.13	.338
Did EMwA allocate enough budget for your training?	62	1	2	1.34	.477
Did EMwA allocate enough and capable man power for the training?	62	1	2	1.11	.319
Did EMwA provide full training materials which can help your training successful?	62	1	2	1.15	.355
Did EMwA sent invitation timely for training?	62	1	2	1.08	.275
Did any stakeholders / Authorized body/ such as region, zone supervised this project?	62	1	2	1.05	.216
Is there any risk condition faced during the training?	62	1	2	1.98	.127
Is there any risk condition EMwA assist to solve in this project?	62	1	2	1.98	.127
Did EMwA explain the goal and objective of this project for you?	62	1	2	1.02	.127
Did EMwA has follow up and monitoring mechanisms for the implementation of the project other than supportive supervision?	62	1	2	1.08	.275
If yes, what is it?	62	1.00	3.00	1.8387	.94424
Did EMwA implement review meeting for this project?	62	1	2	1.68	.471
Did responsible bodies (Region, Zone) have some training knowledge for the implementation of this project?	62	1	2	1.61	.491
Did EMwA give feedback after conducting follow up?	62	1	2	1.87	.338
Have you trained from other similar organization about implementation of this project?	62	1	2	1.58	.497
If yes, do you think EMwA's implementation is better?	62	1	2	1.03	.178
Have you got the published document by EMwA about this project?	62	1	2	1.24	.432
Valid N (listwise)	62				

Donor: UNICEF
Project Name: UNICEF Oromia BEmONC Project
Implementer Region: Oromia
Project Period: August 1, 2016 to December 2017
Project Budget: 30,000,000ETH

Summery Budget and Activity plan

PCA Output 1	Activity Description	Total Budget released	utilized	Variance
Activity 1.1	Conduct competency based BEmONC training for a total of 644 health workers and midwife tutors from selected health facilities and Midwifery teaching institutions (544 HWS from health facilities 100 tutors from teaching institutions)	18,556,525.00	20,068,119.01	3,488,405.99
Activity 1.2	Undertake TOT on BEmONC for 100 midwife tutors for 7 days	752,760.00	603,565.45	149,194.55
Activity 1.3	Radio that will be aired at National wide 26 session for 15 Minutes duration	250,355.28	123,008.75	127,346.53
Activity 1.5	Hard copy newsletter /Quarter based that will be disseminated nation wide	42,000.00	-	42,000.00
Output 1 total		19,601,640.28	20,794,693.21	3,806,947.07
PCA Output 2		-	-	-
Activity 2.1	Update, check and ensure proper storage and utilization of BEmONC trainees data base - Regional level (2 times per year at each region of Amhara & SNNPR and 1 time per year for Benishangul ,Gambella,Somali and Afar)	164,372.80	34,012.80	130,360.00
Activity 2.2	Conduct Staff and chapter office focals update training on maternal health including technical facilitation skills(for 24 saffs for 7 days)	132,650.00	132,650.00	-
Activity 2.4	Conduct program monitoring supervision for the project activities (30 sessions of field visits for the on gong trainings, supportive supervision and other project activities)	433,922.00	252,130.48	181,791.52
Activity 2.5	Conduct Phone call follow up of traineeses airtime/ credit/ for a total of 544 trainees	128,800.00	96,035.00	32,765.00
Activity 2.6	Conduct post BEmONC training on site supportive supervision activities based on the findings of phone call follow up/to address a total of 161 trainees (25%)/ health centers , 2 days to spend at each facility (5 trainees/session*33 sessions)	1,147,200.00	3,235,841.00	(88,641.00)

Activity 2.7	Conduct annual review meeting with midwives at 3 regional EMwA offices to support the project activities (150 midwives per region/session) a total of 450 participants	67,318.16	-	67,318.16
Output 2 total		2,074,262.96	1,750,669.28	323,593.68
PCA Output 3	Maintain the quality and optimal functionality of standard BEmONC/in-service training sites	-	-	-
Activity 3.1	Conduct training site assessment (12 sites for 3 days)	168,000.00	162,458.00	5,542.00
Activity 3.2	Support strengthening of Nationally established training sites in the regions for 12 sites	189,518.10	89,518.10	100,000.00
Output 3 total		357,518.10	251,976.10	105,542.00
PCA Output 4	Effective and efficient program management	-	-	-
Activity 4.1	Programme management and technical supervision	543,540.00	254,120.00	289,420.00
Activity 4.2	Conduct a 1 day review meeting quarterly basis with RHBs and EMwA Chapter offices for follow up and monitoring of the project at regional level	230,875.18	451,450.00	(220,574.82)
Activity 4.3	Management and support staff salary and other operational costs (office space, supplies, equipment and maintenance) to support the BEmONC strengthening project	2,161,362.45	2,564,125.00	(402,762.55)
Output 4 total		2,935,777.63	3,269,695.00	(333,917.37)
Total		24,969,198.97	27,067,033.59	3,902,165.38