



ST MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**ASSESSMENT ON APPLICATION OF TOOLS AND TECHNIQUES OF
PROJECT MANAGEMENT AND CHALLENGES ASSOCIATED WITH
IMPLEMENTATION OF MENTAL HEALTH GAP ACTION
PROGRAM, A CASE OF ADDIS ABABA**

BY

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(SGS/0621/2007A)

JUNE, 2018

ADDIS ABABA, ETHIOPIA

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DEPARTMENT OF PROJECT MANAGEMENT

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May, 2018

This page is dedicated to my late aunt, who saw it in me to be a better person, and who gave the courage to pursue my education.

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ACRONYMS

FMoH: Federal Ministry of health

LMIC: Low and Middle Income Countries

MDG: Millennium Development Goals

MhGAP: Mental Health Gap Action Programme

MhGAP -IG: Mental Health Gap Action Programme-Intervention Guide

MNS: Mental Neurological and Substance Use Disorders

NGOs: Non - Governmental Organizations

PHC: Primary Health Care

PM: Project Management

PMTT: Project Management Tools and Techniques

RHBs: Regional Health Bureaus

SPSS: Statistical Package for the Social Science

SSA: Sub Saharan Africa

WHO: World Health Organization

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ABSTRACT

Projects are generally perceived as a means of achieving a strategic objective of an organization directly or indirectly. In addition to strategic opportunities of an organization, projects are authorized based on market demand, business needs, social needs, environmental considerations, customer request and technological advancements. The project management body of knowledge has encompassed various tools and techniques of project management in each knowledge areas. The objective of this study was to assess the extent to which the tools and techniques of project management are applied and to identify challenges with implementing Mental Health Gap Action Program. The Research is descriptive in which opinion survey is used for data collection. In this study it was indicated that the role of mhGAP is significant both in integrating mental health into primary health care and in filling the gap in mental health services. There was evident lack of application of tools and techniques of project management and several program gaps and challenges associated with implementation. Effort should be in place to address challenges associated with infrequent advocacy, inadequate supply of essential medications and awareness related issues. A further research is crucial to see into the possible associations between gaps and challenges of implementation.

Key words: *Challenges, mhGAP, Project Management, Project Management tools and Techniques*

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Projects are generally perceived as a means of achieving a strategic objective of an organization directly or indirectly. In addition to strategic opportunities of an organization, projects are authorized based on market demand, business needs, social needs, environmental considerations, customer request and technological advancements (PMI, 2013).

Whether an organization manages stand-alone or multiple projects, whether the projects are small or large, whether the customers are internal or external, or whether the nature of the work performed is product development, construction, design, IT, or service; most projects are difficult to manage because of two things: they involve uncertainty, and they involve three different and opposing commitments: Due date (schedule), budget, and content (scope) (Jacob and McClelland, 2001).

Project management has existed, in theory, for centuries with its informal application by the Chinese and Egyptians in such feats as the Great Wall of China and the Pyramids. However, modern project management is a recent phenomenon gaining initial acceptance in the rapid development of the information technology industry.

The emergence of modern project management owes to three core stimuli;

- (1) Complexity – Growing complexity of tasks and a need for a greater degree of specialization.
- (2) Change – Increasingly dynamic environments with constant pressure within organizations to implement change due to global competition.
- (3) Time – Demand for tasks to be completed as quickly as possible (Murphy, A. & Ledwith, 2007).

The past several decades have been marked by rapid growth in the use of project management as a means by which organizations achieve their objectives. Project management has emerged because the characteristics of our contemporary society demand the development of new methods of management (Jack, and Samuel, 2009).

The recent expansion of knowledge in the fields of both natural and social sciences has allowed the increased application of different disciplines in solving problems of different kinds. Besides its augmented effect on complexity of organizations, it is said that current experience with project management has resulted in better control and customer satisfaction and increased rate of return. The use of project management has become associated with such novel complex problems, which are inevitably called a project. Consequently, the success of project management has often been associated with the final outcome of the project (King, 2016).

Due to its greatest importance and integration with many of the current disciplines project management is a very important subject. Project management makes use of different types of tools and techniques to effectively execute and complete the undertaking. Whilst there may be generic tools and techniques that may be utilized across all forms of management (Jowah, 2015).

The project management body of knowledge has encompassed various tools and techniques of project management in each knowledge areas. Tools and techniques are defined as the systems and methods or the equipment and the methods used to execute an undertaking (Jowah, 2015).

After planning a project, the second step is execution of the work packages. This is where all the skills and best practices of a project manager become important. The project manager should have a monitoring and coordinating capacity and a balance of technical and people skills, and of management and leadership skills (Petersen, 2013). Project execution involves directing and managing the project work, performing quality assurance, acquiring, developing and managing a project team, managing communications, managing stakeholders and conducting procurements. To perform these activities of project execution the common tools and techniques used are expert judgments, project management information system, meetings, audits, assessments, trainings.

According to a study done by Jowah (2015), in Cape Town, South Africa, even though there are varying preferences on using the different tools and techniques of project execution most of the project managers agreed on their importance in executing successful projects. Another study published by Murphy and Ledwith in (2007), suggests that project management tools and techniques are being used to a limited extent by firms. It also suggests that employment of a project manager and the implementation of project planning techniques are likely to contribute to the overall success of projects.

Federal Ministry of Health of Ethiopia (FMoH) has been undertaking countless projects to meet the goals that are stated in the Millennium Development Goals (MDG). One of the major health sectors included in MDG 5 is to improve mental health. Recently mental health has been considered as an integral part of the health care system in Ethiopia. According to the World Health Organization's (WHO) definition, mental health is a state of well-being in which an individual can realize his or her own abilities, interact positively with others, cope with the stressors of life and study, work productively and fruitfully, and contribute to his or her family and community. It should be noted that the definition does not refer exclusively to the absence of "mental illness", but also addresses the concept of "mental wellness" (FMoH, 2012).

Indeed, not only is mental health relevant to many of the health-related MDGs, especially MDGs (4, 5 and 6) but also to social and economic development. FMoH of Ethiopia has recently issued a Mental Health Strategy that aims to develop mental health services that are "decentralized and integrated at the primary health care level". This is in line with the WHO Mental Health Gap Action Programme (mhGAP), which aims to scale-up care for people suffering from mental, neurological and substance use (MNS) disorders. After successful three years pilot program (2010-2013) of mhGAP, the FMOH decided to implement mhGAP Scaling up care for mental, neurological, and substance use disorders in Ethiopia in 2013 and was started in 2014 in different regions of Ethiopia (WHO, 2013).

The scale-up training was given in 9 regions of Ethiopia with a total of 360 participants and 180 health institutions from 2014 to 2016. The purpose of mhGAP program is Scaling up care for mental, neurological, and substance use disorders in primary health care facilities (non-specialized health-care settings) by non-specialized professionals (working at first- and second-level facilities) (Ayano *et al.*, 2016). But recently due to implementation gaps, the FMoH has paused the program.

1.2. Statement of the Problem

MhGAP's objective was to integrate provision of care and services for people with MNS disorders into the primary health care system, which will ensure a substantial increase in the number of who have access to and seek care. The implementation is being done by the FMoH, WHO and Regional Health Bureaus (RHBs) (WHO, 2013).

According to Pinto and Mantel, (1990) it is known that application of the tools and techniques of project management results in increased client satisfaction and project performance. However, there is also evidence that shows there are program implementation problems. A

survey published by research and training directorate of Amanuel Mental specialized hospital, Addis Ababa also show that there are challenges in implementation of the program (Ayano et al., 2016).

Some of the challenges in implementing effective project planning on mhGAP in the study areas are lack of continuous monitoring and supportive supervision, poor reporting system, planning gaps on schedule, cost and scope of the program, staff turnover, lack of attentions, lack of awareness and understanding of the program by regional health bureaus, inadequate promotion and follow-up of the mhGAP scale up by the stakeholders, delayed and inadequate supportive supervisions for trainees, shortage of budget for supportive supervision and mentoring, interrupted supply of drugs, inadequate demand for the service (Ayano et al., 2016).

To this regard, this study intends to assess application of the tools and techniques of project management and challenges associated with execution of mhGAP and intensify the role of a certified project manager in managing programs.

1.3. Basic Research Questions

1.3.1 How was mhGAP implemented?

1.3.2 How and to what extent the concept of tools and techniques of project management are applied in implementing the Mental Health Gap Action Program?

1.3.3 What are the challenges associated with execution of the program?

1.3.4 What policy option could be in place to ensure sustainability and improved management practices of mhGAP

1.4. Objectives of the Study

1.4.1. General Objectives

- To assess the extent of which the tools and techniques of project management are applied and to identify challenges associated with implementing Mental Health Gap Action Program?

1.4.2. Specific Objectives

- To assess the extent of application of tools and techniques project management implementation on the program.
- To identify the challenges associated with implementing the program with respect to the concept of project management.

- To explore the potential benefits of applying the tools and techniques of project management in executing the program.
- To assess if there is a need to a change of policy on executing the program.
- To validate the role of a certified project manager in managing programs.

1.5. Definition of Terms

- *MhGAP*

Is a program designed by World Health Organization to provide health partners, policy makers and donors with a set of clear and coherent activities and programs for scaling up care for mental health neurological and substance use disorders in countries with low and middle income (WHO, 2010).

- *Project Management*

Project Management is the application of knowledge, skills, tools and techniques to project activities to meet project requirements. Project Management is accomplished through the appropriate application and integration of the 42 logically grouped project management processes comprising the 5 Process Groups (PMI 2008).

- *Tools and Techniques*

Are systems and methods or the equipment and the methods used to execute an undertaking (Jowah, 2015).

- *Project execution*

Also synonymously called project implementation and consists of those processes performed to complete the work defined in the project management plan to satisfy the project specifications (PMI 2008).

1.6. Significance of the Study

This research will be able to identify the challenges of executing mhGAP and the prospective advantage of applying the concepts of tools and techniques of project management during implementation of a project. Feedback will be given to federal ministry of health and its partners, Amanuel mental specialized hospital and primary health care facilities to contribute in the proper implementation of mhGAP and as well give directions on how the basic concepts of project management can be applied. It will also add value to the project management knowledge areas on how the use of tools and techniques impacts project implementation.

1.7. Delimitation of the Study

The study included all 42 health centers where mhGAP was implemented, to assess the application of tools and techniques of project management and the challenges of implementation of the program within these centers of Addis Ababa.

1.8. Limitation of the Study

The study did not set out to assess whether mhGAP was successfully integrated into primary health care. No attempts were made to make statistical associations between challenges and gaps identified in the study. The study relied on validated self-administered questionnaires and in-depth interviews of key informants of the program owing to absence of written records and documents of the program (apart from Proof of Concept and mhGAP Intervention Guide).

1.9. Organization of the Study

This research report is compiled into five chapters based on the outline given by the school. The first chapter deals with background of the study, statement of the problem, basic research questions, objectives of the study, hypothesis, definition of terms, significance of the study, and delimitation/scope of the study, limitation of the study, time schedule/work plan and budget.

The second chapter deals about review of related literatures' that are; theory and practice of project management and its impact in development activities, the importance of tools and techniques of project management in socio-economic development, the practice of other countries on Mental Health Gap Action program Strategic objectives and practices of Mental Health GAP Action Program in Federal Ministry of Health, impacts of using project management tools and techniques in Mental Health GAP Action Program and Implementation challenges of applying tools and techniques of project management on Mental Health GAP Action Program.

The third chapter will describe the type and design of research, the subjects or participant of the study, the sources of data that will be used, the data collection tools/instruments that will be employed; the procedures of data collection; and the methods of data analysis to be used.

The fourth chapter will analyze the results and findings of information collected through survey questions, face-to-face interviews and document reviews and interpret and/or discuss the findings along with available literature relevant to the study.

This fifth chapter brings to an end of the research with summary, conclusion and recommendation.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. The Theory and Practice of Project Management

According to Project Management Methodology Guidebook, Project management is both an art and a science. The science consists of a systematic approach using a standard methodology. The art consists of “soft skills” including leadership, trust, credibility, problem solving, and managing expectations. The art of project management is developed through experience, practice, and intuition (PMI, 2013).

In the past thirty years’ project management (PM) has developed substantially as a discipline significantly increased in visibility. In order to manage business objectives, organizations are increasingly utilizing the discipline of PM (Fernandes et.al. 2013).

Despite a conspicuous absence of solid evidence, it is repeatedly claimed that the use of projects as a form of work has been on the increase for decades. Projects, i.e. the handling of unique, complex tasks through temporary, decoupled activities, have always had a place in the history of mankind.

For thousands of years, participation in various kinds of project has been a complement to the eternal struggle for food and a roof over one’s head. Constructing pyramids, discovering the New World, crowding the shores of Dunkirk with Allied soldiers; the history books are full of unique, complex undertakings limited in time and scope. Not surprisingly, the abundance of normative literature on project management justifies its existence by reference to the need of mankind to succeed with such large, radical, history-making endeavors (Cicmil, et.al. 2009). There are also researches that show project management has been practiced for thousands of years since the Egyptian era, however, it has been about half a century ago that organizations start applying systematic project management tools and techniques (PMTT) to complex projects (Carayannis, et.al., 2003).

Modern Project Management is often said to have begun with the Manhattan Project to develop the nuclear bomb in the 1940s and PM techniques have been developing during the ballistic missile projects (Gichoya, 2005).

The Manhattan Project – successfully delivered in 1945 to the detriment of hundreds of thousands of civilians inhabiting Hiroshima and Nagasaki is often quoted to be the source of important insights into how to manage complex development processes despite the very narrow time-span available. Large construction projects such as the Hoover Dam in the 1930's were among the first to be managed through modern principles of project administration. (Cicmil *et al.*, 2009)

Even though not well recognized as key to execute development activities, the concept of project management has existed for decades. Nowadays, almost all activities are undertaken using projects. Whether it is writing a research report or manufacturing of a new company innovation, it needs the knowledge and skills encompassed in the field of project management.

Business is becoming increasingly 'projectized' or project oriented, and 'management by projects' has become a powerful way to integrate organizational functions and motivate groups to achieve higher levels of performance and productivity (Fernandes, et.al. 2013). This project oriented system is due to the constant dynamism and complexity of the current business environment. Due to the fact that projects are considered as vehicles for change, many business and development oriented activities have chosen to incorporate the project management system in their course of development.

A published article by Cicmil et al, in (2009) dictates that even though there are also many 'good practices' of project management in different disciplines, these 'good practices' could not guarantee project success. According to Bakouros and Kelessidis (2000), Project Management in general is a set of principles, methods and techniques for effective planning of objective-oriented work, thereby establishing a sound basis for effective scheduling, controlling and re-planning in the management of programs and projects. To accomplish these set of activities it clear that certain tools and techniques are vital.

2.2. The Importance of Tools and Techniques of Project Management in Project Success

With a common understanding of the importance of projects to facilitate development activities, we now come to project management tools and techniques (PMTT). According to a published article by Jowah, L (2015), the execution of the project is a complex human endeavor, bringing with the change, mixed goals and objectives, quality expectations and a fixed cost within a specified time.

Tools and techniques are the systems and methods or the equipment and the methods used to execute an undertaking. The spade can be a good analogy for tools and techniques as required in project execution. The tool is only as good as its relevance to the task at hand as well as the expertise of the user of the tool. Tools are instruments through which the work is executed, and these may be listed in their vastness. The spade can be ideal for digging in the garden, but the dryness or wetness of the soil may render the tool relevant or not. Besides, the methods or techniques that will be used by the gardener, will determine the effectiveness of the spade (Jawah, 2015).

Even though tools on their own may not be of much benefit, the project management profession makes use of different tools and techniques to effectively execute undertakings. Project management in the 1960s and thereabout focused on the development of tools and techniques, the profession has now developed to embrace the human element since projects are executed by human beings ((Jawah, 2015).

The project management tools have been developed one by one, and they are subject matters of interest of both the theory and practice of project management, where they are fine-tuned and modified, and new tools are created. In view of the continuous process of changes, it is not possible to provide an exhaustive list of project management tools, but it is possible to mention the best-known and most widespread ones (Kostalova and Tetreanova, 2014).

2.3. Tools and Techniques used in Project execution

Since projects are temporary in nature, the success of the project should be measured in terms of completing the project within the constraints of scope, time, cost, quality, resources and risk as approved between the project managers and senior management (PMI, 2013).

Project Implementation tools include, Scope control tools, Schedule control tools and cost control tools. Closely coordinated with the schedule and cost control tools, the scope control tools help the project team get their arms around the sound scope changes and updated scope baseline (Milosevic, 2003)

Major change control tools are change coordination matrix, Project change request and project change log. Change coordination matrix, helps spell out steps in the change control process, identify actions to be taken, assign responsibilities for actions and coordinate those responsible. If change is needed, Project change request helps to perform all angle evaluation of a possible or proposed change. Project changes may not come in small numbers, rather they may proliferate. Project change log records each change request and wait for approval by the

change authority. It records each change request and assigns it a number, making sure the decision about it whether it has been approved or rejected by the change authority. When a request is approved and the change implemented, that information becomes part of a project change log (Milosevic, 2003).

Schedule control coordinated with tools of scope and cost, the updates become an important input into the performance reporting and closure of the project. The major schedule control tools are Jogging line, Baseline-Current-Future Analysis, Milestone Prediction Chart (Milosevic, 2003).

Jogging line spells out the amount of time each project activity is ahead or behind the baseline schedule. In that manner, the line indicates the fraction of completion for each activity to its left, and what remains to be completed to its right. In recent, more innovative applications, the line is viewed as a step in the proactive management of the schedule. In particular, the amount of time each activity is ahead or behind the baseline schedule is used to predict the project completion date and map corrective actions necessary to eradicate any potential delay (Milosevic, 2003).

Baseline-Current-Future Analysis compares the baseline project schedule with two predicted schedules. The first one based on the current schedule performance and the second one derived from the worst-case future scenario. As a result, we detect schedule trend, or in other words, where our schedule is going. It is one of those simple tools that helps reach the ultimate in project management; predictability of the project schedule. Through consistent forecasting of the activity and project completion date in progress reviews, combined with deep understanding of the root causes of the reasons for schedule delay and reinforced with remedial actions, Baseline-Current-Future Analysis prepares the project team to see and tell the future of their project schedule (Milosevic, 2003).

Like other proactive schedule control tools, the milestone prediction chart anticipates the expected rate of future project progress. Unlike other proactive schedule control tools, it focuses in those predictions on major project event-milestones and project completion. The milestone prediction chart is primarily designed to project the completion date for major milestones. The basic value of the milestone prediction chart is in its ability to create a sense of predictability of the major events, or milestones (Milosevic, 2003). The slip chart tracks progress and signals the trend of the project schedule. The chart estimates how much time the project is ahead of or behind the baseline schedule at the time of reporting. Small and simple projects can benefit from the slip chart. So can large and complex projects. When applied to track progress in these projects, the chart can work off both the Gantt chart and network

diagrams. A buffer chart measures the status of buffers established by the critical chain schedule to provide an early warning system in order to protect the project's due date.

Effective cost management is essential for effective project management (Owens, et al. 2007). There are tools that are designed to help successfully perform cost control of the project. These tools are Earned Value Analysis and Milestone Analysis. Earned value analysis periodically records the past of a project in order to forecast its future. It measures project's schedule and cost performance to find out whether they are ahead or behind the plan. Milestone Analysis compares the planned and actual cost performance for milestones to establish cost and schedule variances as measures of the project's progress. Milestone Analysis is a good candidate for both smaller and larger projects. With its visual power and little time to develop, the analysis serves well the needs of projects with smaller budgets. In larger projects, its primary rationale for use is its ability to supply summary view of the project status to high-level managers, focusing on high-level milestones. (Milosevic, 2003).

2.4. The Practice of Other Countries on Mental Health Gap Action program

In Ethiopia, mental illnesses are the leading non-communicable disorders in terms of burden. Indeed, in predominantly rural areas of Ethiopia, mental illness compromised 11% of the total burden of disease, with schizophrenia and depression being among the top ten most burdensome conditions (HSTP, 2015).

According to a research done in seven West African countries, although the idea of health without mental health sounds absurd, mental health is perhaps the most neglected aspect of health in developed and developing nations. MNS disorders are prevalent in all regions of the world and are major contributors to morbidity and premature mortality (WHO, 2015).

Today, mental disorders are recognized as a public health problem in developed as well as developing countries. They now account for about 14% of the global burden of disease mostly chronically disabling illness, depression and other common mental disorders such as psychosis and this will rise to 15% by the year 2020 (Ayano et.al, 2016).

In low income countries, such as Ethiopia mental disorders, which are not considered as not life threatening problems, are not given attention for long time. As a result, mental health services are not given due priority and the needs of people for mental health care are not meet. In Ethiopia, only 10% of people with severe forms of mental disorders ever receive effective

care. Untreated mental disorders lead to disability, create a substantial personal burden for affected individuals and their families, poor quality of life, human rights abuses, stigma and discrimination and poverty (Ayano et.al, 2016).

In 2008, WHO developed mhGAP, to facilitate scaling up of care for MNS disorders (WHO, 2008).

As said by Ayano and colleagues (2016). Due to burden of mental disorders, available treatment gap and high co-occurrence of physical and mental disorders in addition to increase access, reduction in stigma and affordable and low cost, integration of mental health in primary health care is essential and un debatable.

mhGAP is designed to provide a roadmap for governments, especially those of Low and Middle Income Countries (LMIC), to implement comprehensive mental health reform that will address the challenges that hinder effective provision of care to those in need. It is estimated that only one third of the people with mental health problems worldwide receive adequate mental health care. This is called the mental health treatment gap. The objective of mhGAP, as an initiative of the WHO, is to scale up care for mental, neurological and substance use disorders through simplifying evidence-based treatments. There are several limitations in the adoption of the mhGAP, including its direct appeal to the ability and willingness of primary health care workers (PHC), the assumption that people seek health care in formal facilities, and a heavy reliance on pharmacotherapy which may not be feasible in all regions. The mhGAP needs to be contextualized for successful implementation.

As mentioned by Gureje et.al, (2015) on an article that assesses the mhGAP practice, the programme includes steps that will enhance patient care at the level of service delivery to those that provide policy framework for sustained mental health service improvement, including supply of medication. A major component of the programme is the mhGAP-Intervention Guide (mhGAP-IG) which is designed to assist non-specialists to recognize and offer evidence-based treatment to persons with a range of nine priorities mental, neurological and substance use disorders. In Sub Saharan Africa (SSA), the added social alienation that results from the stigmatization of MNS disorders exposes the sufferers to abuse and economic impoverishment.

According to a publication of Press & Communications Office Institute of Psychiatry, Psychology & Neuroscience King's College London, At least 60 countries were already training primary care health workers and introducing changes to make treatment for mental health problems more accessible to those who need it. Ethiopia, Sierra Leone, Panama, Jordan,

Nigeria, Uganda and Honduras are among the developing countries that have started to integrate mental health to the primary care level.

In several low- and middle-income countries researchers are working towards the implementation of the mhGAP guidelines. One example is a case study in Nigeria for which the mhGAP guide has been adapted and contextualized to the Nigerian health system. They observed a gap between PHC workers' and general practitioners' knowledge on mental and neurological disorders. Some parts of the guide were not used (e.g., if the condition was not considered an issue in the Nigerian environment) or changed (e.g., rephrasing of text in order to improve PHC worker's understanding of the concepts). They furthermore found that the guidelines itself needed adaptation with respect to the suggested actions, as task-shifting to lower levels of care was considered beyond the competence of the PHC workers (Gureje et.al, (2015).

In Nigeria the program was implemented in 8 selected local government areas in Osun, one of the 36 states. It was designed as a pilot demonstration project in conjunction with the Federal Ministry of Health and the Osun State Ministry of Health to evaluate the feasibility of this model for scaling up mental health services across the country. The goal was to determine the organizational and logistic issues that might impact the delivery of evidence-based intervention for selected MNS disorders, using the mhGAP-IG, by frontline providers in their routine practice. A potential barrier to the implementation of any mental health service in Nigeria is the widespread stigmatization of mental disorders and of persons suffering from these disorders (Gureje et.al, 2015).

in accordance with the research report by Anne De Graaff (2015) on integrating mental health into primary health care in South Sudan, South Sudan's health system is very limited as a result of lack of funds, health personnel, facilities, equipment, supplies and medicines, and as a result of military attacks at some of those facilities. Although the war has left – and is causing – an epidemic of mental illness, the South Sudan health system is equipped with few resources to treat it. Furthermore, few studies on mental health have been undertaken in South Sudan. The mhGAP makes a direct appeal to PHC workers to detect, diagnose and refer or treat people with mental illness. However, it is not guaranteed that PHC workers have the ability to take up this new role, as they are often burdened with tasks related to other health conditions, such as infectious diseases and malnutrition.

Since staff members of only ten health facilities were trained on mhGAP, there are reported challenges of implementing mental health in South Sudan. With the absence of a national Mental Health Act, a specific budget for mental health services and clear national Mental

Health policies, political commitment on the national level is lacking. Recently, moves are made to establish a Mental Health Directorate in the Ministry of Health, which is led by one of the psychiatrists and falls under the Directorate of Medical Services. The Mental Health Platform is trying to facilitate the process of developing a Mental Health Act, but a politically tense relationship between stakeholders seems partly to hinder further development of mental health services as there is limited cooperation between the psychiatrists involved in national policy drafting and mental health planning. Additionally, shortage of human resource in mental health, lack of knowledge in prescribing psychotropic drugs, poor drug supply management system, lack of equipment and supplies and high patient load were observed as challenges of implementing mhGAP in South Sudan (Graaff, 2015).

One example of how to integrate mental health care into a PHC setting comes from South Africa. A stepped care model for maternal mental health was developed as maternal mental disorders are higher in LMICs, and in addition, maternal suicide is the leading cause of death during the pregnancy. The stepped care included a mental health screening by nurses and midwives at women's first antenatal visit. If women met the criteria for diagnosis they were referred to on-site counseling by a mental health professional. Follow-up was also done through telephone calls, so women did not have to invest time and money on their travel to the clinic. One of the challenges of implementing mhGAP in South Sudan is the assumption that people with mental illness attend primary health care services. However, researches in low-income countries have shown that most people do not consult formal health care and rather seek help with traditional or alternative health care first (Graff, 2015).

According to a study on the mental health care in Nepal (Luitel et.al., 2015) the WHO mhGAP, which has been developed to assist in the scaling-up of mental health services in Low and Middle Income Countries (LMIC) has been adopted in the Nepalese context to develop the district level mental health care plan. However, there are limited data indicating delivery of mental health services in the PHC setting in practice. The Management Division, part of the Department of Health Services, mental hospital and some non-governmental organizations (NGOs) have taken the initiative to train PHC workers in a few districts. The lack of refresher training and non-availability of essential psychotropic medicines, however, has meant that despite the training provided there continues to be a lack of availability of mental health services on a regular basis (Luitel et al. 2015).

There is a ratio of 1.2 doctors per 10,000 populations in Uganda (compared to 30 in the UK) and of the 28 psychiatrists in Uganda the majorities are based at Butabika national hospital in Kampala. There are less than 0.05% of psychiatrists and 0.3 psychiatric beds per 10,000 (compared to 1.5 and 5 per 10,000 in the United Kingdom). This perceived workforce shortage

is being addressed by the Ugandan Ministry of Health by training a cadre of psychiatric clinical officers to diagnose and prescribe for common mental disorders. Psychotropic drugs and some other drugs for common mental illness are available in health centers free of charge, but these are subject to availability and supply problems are common. By western standards Ugandan, mental health services could be described as embryonic but improving (Shaw & Middleton, 2013).

According to the mhGAP Newsletter published by WHO in June 2011, Jordan has held the first training workshop on mhGAP-IG in Amman, in February 2011, organized jointly by the Ministry of Health and the WHO Country Office. The workshop objectives were motivating health workers to become familiar with mhGAP-IG, and developing the skills needed for its adoption and use in clinical practice. The five-day training consisted of 24 trainees (nurses and doctors) from five primary health centers in Amman. The health professionals were trained on how to recognize and treat developmental disorders, depression, self-harm/suicide and other significant emotional or medically unexplained complaints according to mhGAP-IG.

2.5. Strategic Objectives and Practices of Mental Health GAP Action Program in Ethiopian Federal Ministry of Health

According to the Mental Health Action Plan of 2013-2020 published by the WHO in 2013, mental health is an integral part of health and well-being, as reflected in the definition of health in the Constitution of the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental health, like other aspects of health, can be affected by ranges of socioeconomic that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach (WHO, 2013).

Health systems have not yet adequately responded to the burden of mental disorders; as a consequence, the gap between the need for treatment and its provision is large all over the world. Between 76% and 85% of people with severe mental disorders receive no treatment for their disorder in low-income and middle-income countries; the corresponding range for high-income countries is also high: between 35% and 50% (Shaw & Middleton, 2013).

Additionally, the number of specialized and general health workers dealing with mental health in low-income and middle-income countries is grossly insufficient. Almost half the world's population lives in countries where, on average, there is one psychiatrist to serve 200 000 or more people; other mental health care providers who are trained in the use of psychosocial

interventions are even scarcer. Similarly, a much higher proportion of high-income countries than low-income countries reports having a policy, plan and legislation on mental health; for instance, only 36% of people living in low income countries are covered by mental health legislation compared with 92% in high-income countries.

As per the recommendations of WHO based on the successful experiences of many developing countries, the FMOH of Ethiopia has developed a National Mental health strategy that mandates mental health to be incorporated into the primary health care system. One of the main focuses of this strategy is filling the gap that existed in provision of mental health care. World Health organization recently launched the mhGAP for low- and middle-income countries with the objective of scaling up care for mental, neurological and substance use disorders.

This Guide (mhGAP-IG) has been developed to facilitate mhGAP-related delivery of evidence-based interventions in non-specialized health-care settings (WHO, 2010). In order to overcome problems of low coverage of mental health service in Ethiopia ministry of health is implemented integrated treatment of mental disorders in PHC based on the World health organization's mental health scale up programme (Ayano et al., 2016). The strategic objective of integrating mental health services into to the primary health care system is mainly because mental health is relevant part of realizing the MDGs (FMOH, 2012).

The WHO mental health Global Action Programme was endorsed by the 55th World Health Assembly in 2002. The programme has led to advocacy initiatives along with providing normative guidance to Member States in improving their health systems to deliver care to people with mental, neurological and substance use disorders. Mental health is now on the global public health agenda. As a result of the global condition the federal ministry of health FMOH has been implementing the program for the sole benefit of people suffering from mental, neurological, and substance use disorders in different regions of Ethiopia since 2014 (WHO, 2008).

2.6. The Use Project Management Tools and Techniques in Project Implementation

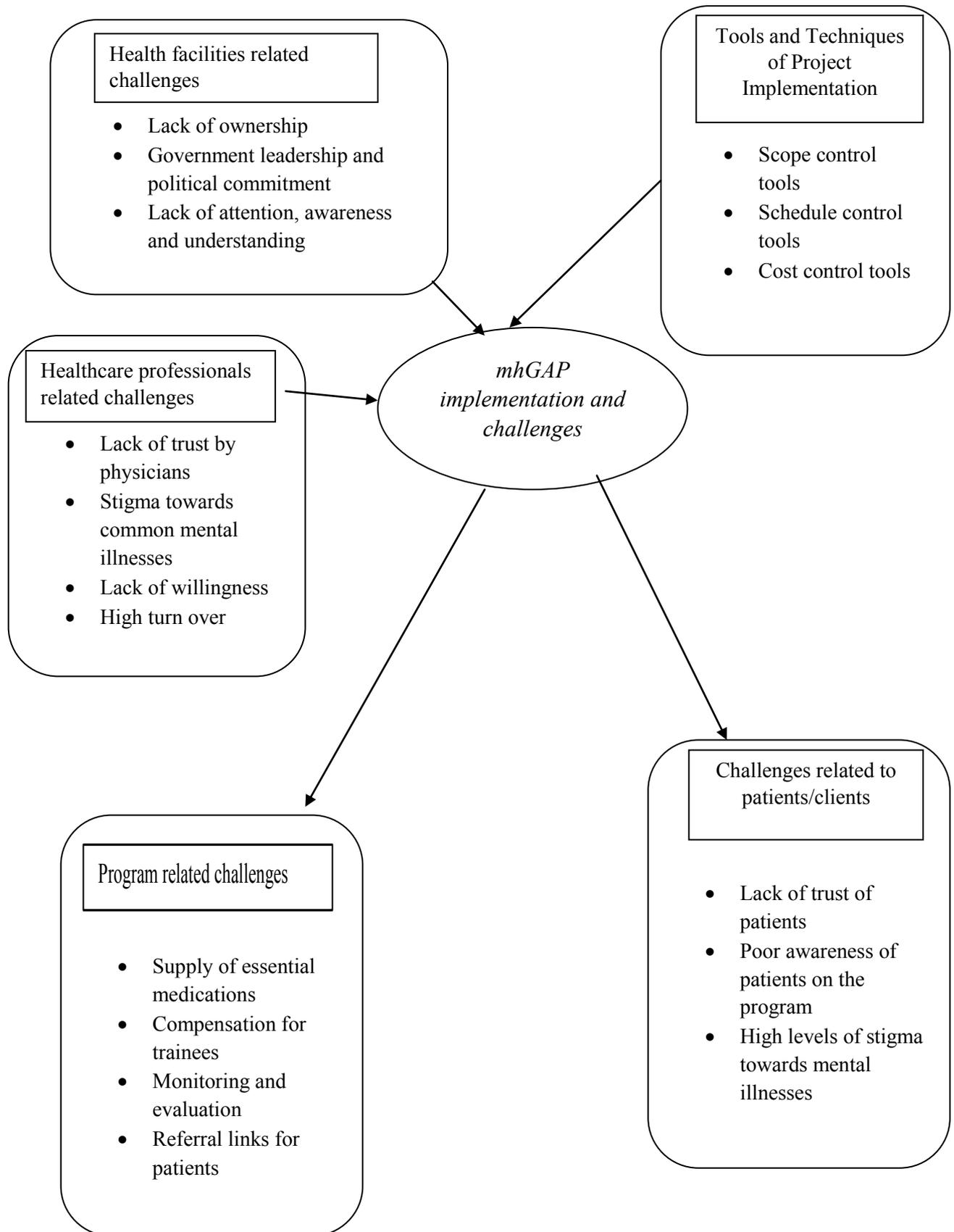
Project management plays an irreplaceable role within management of each modern private, public and not-for-profit organization. It makes it possible to carry out various activities within the defined range and quality, within the required period and without exceeding the budget or even with better results than expected (Kostalova & Tetreva, 2014).

The uniqueness of project is pointing to its genuine nature in the sense that there may not be a pre-existing blue print for the project's execution and there may not be a need to repeat the project once completed. Its goal characteristics may be well perceive as achieving stated objectives or solve a particular problem, while its temporary nature signifies a discrete, definable commencement and conclusion. For successful implementation of projects PMTT are important and Different tools and techniques are used in managing projects for a desirable outcome (Olawale et.al. 2011).

According to Abbasi and Al-Mharmah, (2000) as cited by Pūlmanis (2014), government and organizations usually embark on different projects with the aim of creating new service or improving the functional efficiency of the existing ones. All these projects require appropriate skills and techniques that go beyond technical expertise only, but encompass good and sound skills to manage limited budgets, and monitor shrinking schedules and unpredicted outcomes, while at the same time dealing with people and organizational issues.

Although there are no prior studies that show the implementation of PMTT in our country and FMoH, this study intends to see the practical implementation of the tools and techniques of project management in mhGAP in addition to the challenges associated with implementation.

2.7. Conceptual Framework



CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1. Research Design

The purpose of this study was to assess the application of principles of project management and challenges of implementation of mhGAP in health centers in Addis Ababa. The findings of this study could be used as an input for the improvement of program implementation of mhGAP.

The Research is descriptive in which opinion survey is used for data collection, and the research adopted a mixed method analytical approach. Mixed method includes the collection and analysis of both qualitative and quantitative data in a single study in which the data are collected concurrently or sequentially [and which] involve the integration of data at one or more stages in the process of research (Creswell et al. 2003).

A qualitative study design (approach) was used to generate possible answers to the research questions. According Creswell et al. (2003), descriptive survey is the appropriate means through which views, opinions, attitudes and suggestions for improvement of practices can be collected. Therefore, descriptive study design was used for the purpose of this study. As a result, it will start with a general idea of application of tools and techniques for the execution of projects and the challenges associated with the practical integration of mhGAP in health centers.

3.2. Population and Sampling Techniques

The study was conducted on 42 primary health institutions found in Addis Ababa where mhGAP is practiced. The total participants and trainee were 78 health professionals. Hence, the total population used for the research study was 78 health professionals found in ten sub cities of Addis Ababa. All of the trainees are included due to small size of population.

3.3. Types of Data and Instruments of Data Collection

This research used primary and secondary data. Primary data was collected through structured questionnaire. And secondary data was gathered from program documents, and prior researches done in related areas.

The instrument of data collection used was self-administered survey questions that included both open and closed ended questions. The strength of respondents' opinions was elicited by using five point Likert scale of significance. The survey questionnaire sought demographic, professional background and work experience information from respondents. A face to face informant interview three people who were selected due to their key roles in implementation the implementation of the program and document review.

3.4. Procedure of Data Collection

Program documents like official project plan and project execution documents were reviewed thoroughly. Tools and techniques used in project constraints were sought out and assessed for extent of application. Actual reports of implementation, key informant interviews of individuals involved in the program were also used to gather data. A semi-structured questionnaire was distributed to respondents at each health center. Tools and techniques were identified first, assessed in relation to project implementation management using information gathered from key project personnel's. The challenges of implementing mhGAP were then assessed.

3.5. Validity and Reliability of Data Collection Instrument

The data collection tools were primarily pre-tested on 10 trained health care professionals currently working in Amanuel mental specialized hospital and involved in outreach activities to primary health care centers. These professionals are characteristic-ally similar to the sample health care professionals but which were not included in the main study. The researcher used on-going supervision to ensure completeness, clarity and consistency of the data collected.

The data collection tool was developed by the researcher with an extensive review of literature and it contains a representative sample of the universe of subject matter of interest. For the content validity the researcher had a discussion with project coordinators working in the study area. The comments were taken in to consideration for developing the final version of the instrument,

3.6. Methods of Data Analysis and Presentation

Categorization of qualitative data generated from interviews and survey were used to identify the gaps and challenges in project implementation. The quantitative data after being edited for completeness and consistency was analyzed using SPSS software version 20 for analysis and interpretation. The data was presented in frequency tables, bar charts and interpreted through frequency counts and percentages. The research used Statistical Package for the Social Sciences (SPSS) because it is useful for derivation of descriptive statistical analysis and frequencies to support the objective of the research. Regarding the qualitative data, content analysis was used.

3.7. Ethical Consideration

The following basic principles gave a highlight of ethical principles that were observed during the study, voluntary participation, confidentiality and harm to respondents. The data for the study was collected after the respondents agreed to participate and the collected data was analyzed guaranteeing confidentiality. The study did not expose respondents to psychological harm since the information gathered was not private and sensitive.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1. Results/Findings of the Study

Respondents were asked general demographic questions regarding age, gender, professional background, overall work experience, how long they have been practicing in the field of psychiatry and how long it had been since they took mhGAP training. The level of significance of mhGAP in filling the gap in mental health service and in integrating the service into primary health care was assessed. There were both qualitative and quantitative questions in the survey, allowing respondents the opportunity to openly express their opinions.

4.1.1. Characteristics of the Respondents

From the survey response out of a total of 78 questionnaires 76 responses were received by the cut-off date with a non-response rate of (2.5%). Among the respondents 46.1% (35) were female and 53.9% (41) were male. 3.9% (3) were between the ages of 20-25, 32.9% (25) were between the ages of 26 and 30, 30.3% (23) of the respondents were between the ages of 31 and 35, 11.8% (9) of the respondents were between the ages of 36 and 40 and 21.1% (16) of the respondents were above the age of 41 years. Among the respondents, 10.5% (8) were Health officers, 5.3% (4) were General Practitioners, 6.6% (5) were psychiatry Nurses, 7.9% (6) were BSc. Nurses, 64.5% (49) Psychiatry Professionals (those who have a master's degree in ICCMH) and 5.3% were other health care professionals. 17.1% (13) of the respondents have a work experience of between 0-5years, 46.1% (35) have a between 6 and 10 years, 10.5% (8) have between 10 to 15 years and the rest 26.3% (20) have a work experience of 16 and above years of experience. 32.9% (25) of the respondents have a work in mental health services for years between 0-5years, 38.2% (29) have a between 6 and 10 years, 7.9% (6) have between 10 to 15 years and the rest 21.1% (16) and above years of have more than 16 years of experience in mental health services. A major portion of the respondents 89.5% (68) took the training in the first five years after the training was started and 10.5% (8) of the respondents took the training on the second phase.

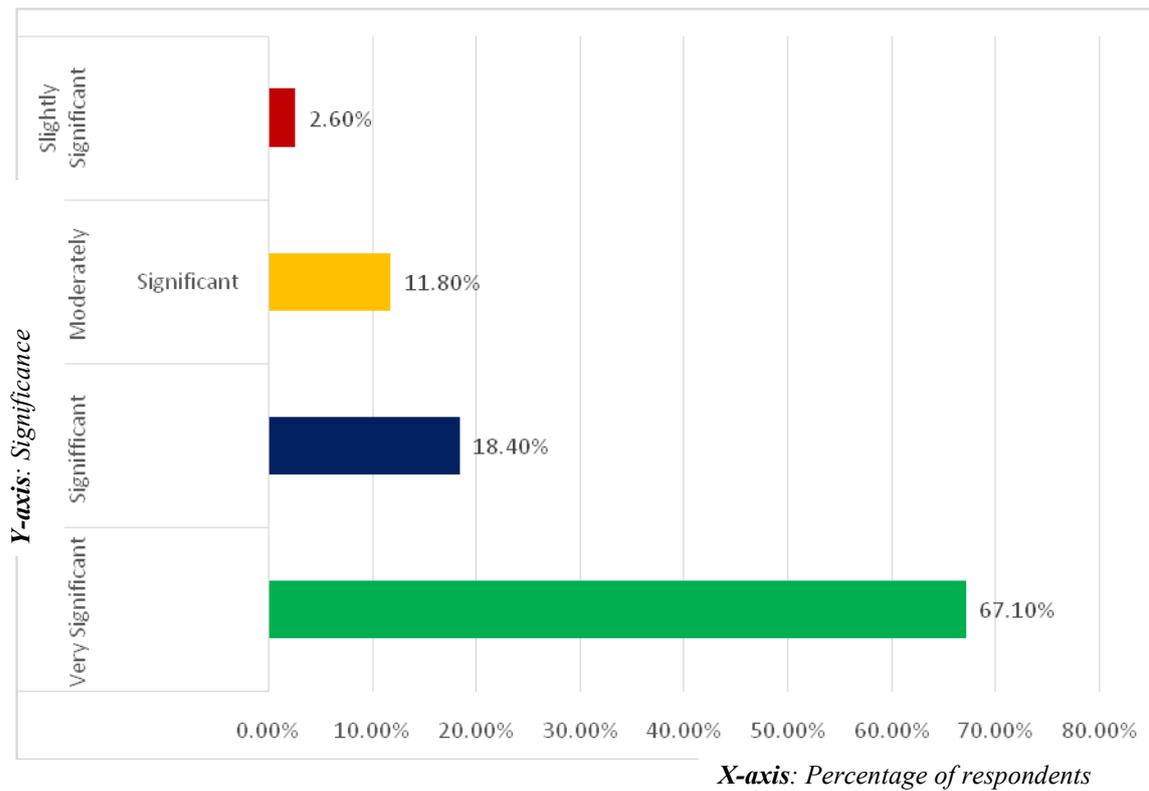
		Frequency	Percentage	Commutative %
Age	20-25	3	3.9%	3.9%
	26-30	25	32.9%	36.8%
	31-35	23	30.3%	67.1%
	36-40	9	11.8%	78.9%
	≥41	16	21.1%	100%
	Total	76	100%	100%
Gender	Female	35	46.1%	46.1%
	Male	41	53.9%	100%
	Total	76	100%	100%
Professional Background	Health Officer	8	10.5%	10.5%
	General Practitioner	4	5.3%	15.8%
	Psychiatry Nurse	5	6.6%	22.4%
	BSc. Nurse	6	7.9%	30.3%
	MSc Psychiatry	49	64.5%	94.7%
	Others	4	5.3%	100%
	Total	76	100%	100%
Work Experience	0-5years	13	17.1%	17.1
	6-10years	35	46.1	63.2
	10-15 years	8	10.5	73.7
	≥16	20	26.3	100.0
	Total	76	100.0	100%
Work Experience in Mental health service	0-5years	25	32.9	32.9
	6-10years	29	38.2	71.1
	10-15years	6	7.9	78.9
	≥16	16	21.1	100.0
	Total	76	100.0	100%
Years since the training	0-5years	68	89.5	89.5
	≥ 6	8	10.5	100.0
	Total	100.0	100.0	100%

Source: Own survey, 2018

Table 4.1. Socio-Demographic Characteristics of Respondents.

4.1.2. Significance of mhGAP in Metal Health Services

67.1% of the respondents replied mhGAP is very significant in filling the gap in mental health service. 18.4% (14) replied it was significant, 11.8% (9) answered it was moderately significant and 2.6% (2) of the respondents replied it was slightly significant in filling the gap in mental health services.

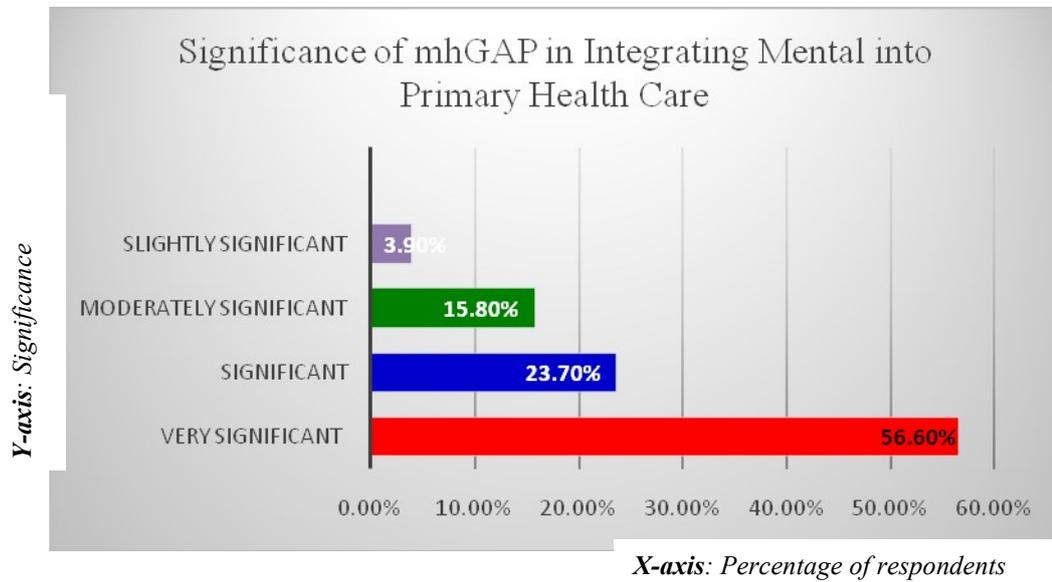


Source: Own survey, 2018

Figure 4.1. Percentage of respondents on Significance of mhGAP in filling the Gap in Service Delivery

4.1.3. Significance of mhGAP in Integrating Metal Health into Primary Health Care

56.6% (43) of the respondents replied that the role of mhGAP was very significant, 23.7% (18) said significant, 15.8% (12) replied it was moderately significant and 3.9% (3) of the respondents replied it was slightly significant in integrating mental health service into primary health care.



Source: Own survey, 2018

Figure 4.2. Percentage of respondents on significance of mhGAP in integrating mental health into primary health care

4.1.4. Gaps Associated with implementation of mental Health Gap Action Programme

Based on the survey done, about 19.7% (15) of respondents said there were implementation gaps almost always, 32.9% (25) said there were gaps often, 39.5% (30) of the respondents replied there were gaps sometimes and 7.9% (6) said there were no gaps.

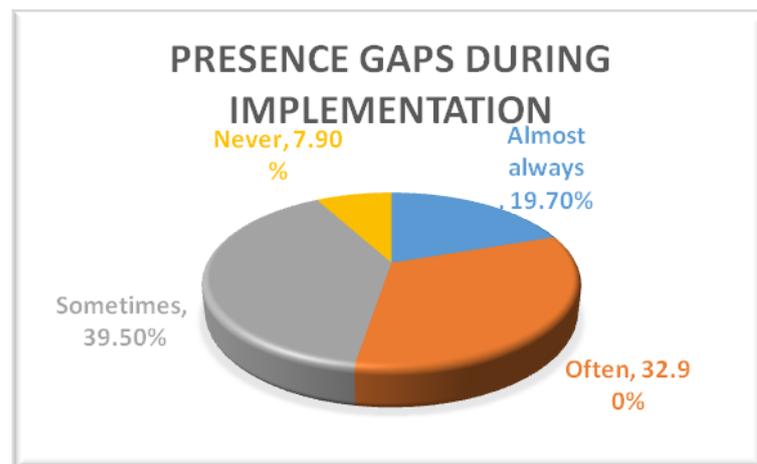


Figure 4.3. Percentage of respondents on presence of gaps on implementation of mhGAP

Source: Own survey, 2018

15.8% (12) of the respondents believe there were knowledge gaps associated with training providers including the capacity of trainers to provide adequate knowledge while delivering the training. 17.1% (13) believed there was lack of commitment of higher officials in health centers in integrating mental health service into primary health care services.

Lack of awareness of health care professionals towards the importance of mhGAP was mentioned by 18.4% (14) of the respondents as one of the gaps in implementing the program. 13.2% (10) think one of the gaps of mhGAP is patients/clients lack awareness on the overall aim of the program to integrate mental health service in primary health care level. As a result, they refuse to be diagnosed at health centers. 7.9% (6) of the respondents mentioned gaps in selecting the right person for the training. They believe there was bias related to who were sent to be trained and practice in the mental health service.

Among the total respondents, 15.8% (12) stated difficulty to integrate the program into day to day activity. Most health centers deal with patients who come with general medical illnesses on day to day basis and as a result integrating mental illness and assessing patients for common mental illness became a major concern.

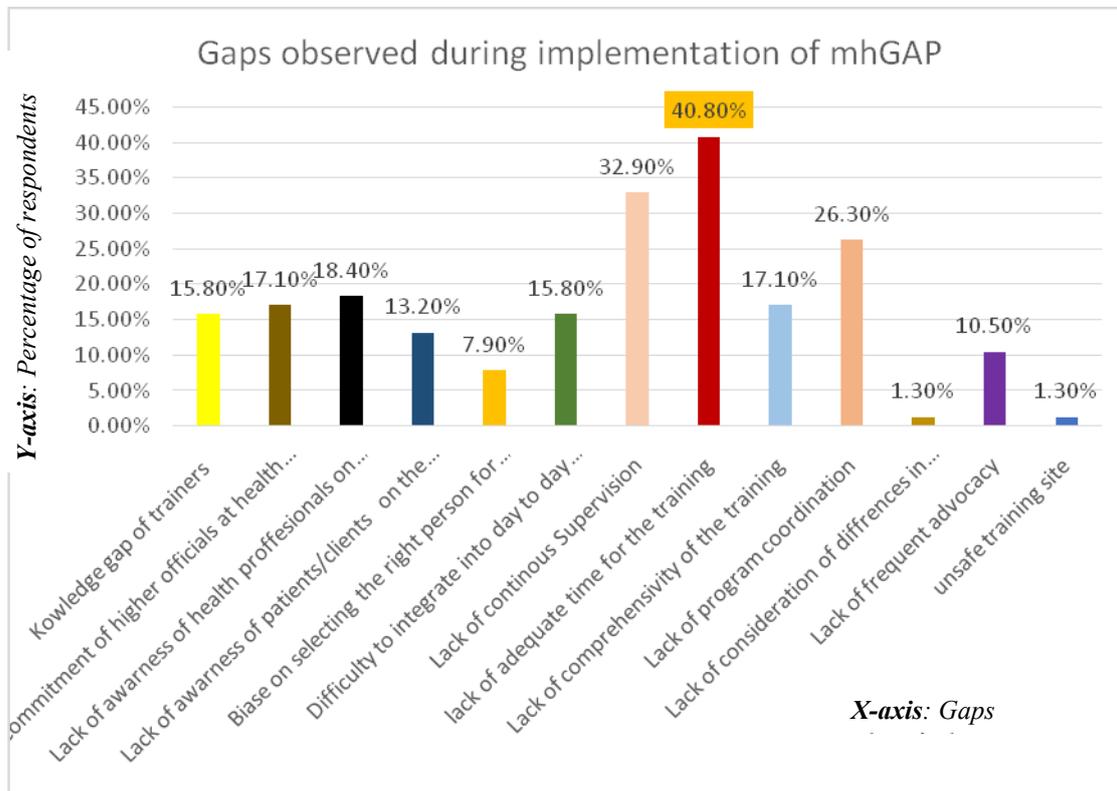
32.9% (25) of the total respondents identified lack of continues supervision post training or the existence of interrupted supervisions as one of the gaps in implementing mhGAP and 40.8% (31) of the respondents mentioned lack of adequate time for training, ward attachment, and practice as a gap.

17.1% (13) of the respondents believed lack of comprehensively of the training to include all health care professionals was one of the gaps observed in implementing the program.

According to key informant, the program lacks comprehensively, i.e. it didn't include other health care professionals that are key to the health care services.

26.3% (20) of the respondents mentioned lack of coordination as a gap of the program. This includes lack of continuity in provision of trainings and lack of structured training schedules during implementation. 1.3% (1) respondents stated adequate consideration was not given to the differences in professional background while implementing the program. Infrequent advocacy was mentioned by 10.5% (8) of the respondents as a gap in program implementation.

One of the key informants reported that there was no trained project manager to oversee and manage the project implementation process. Also there were gaps on assigned owner to the program by FMOH.



Source: Own survey, 2018

Figure 4.4. Gaps observed by respondents during implementation of mhGAP

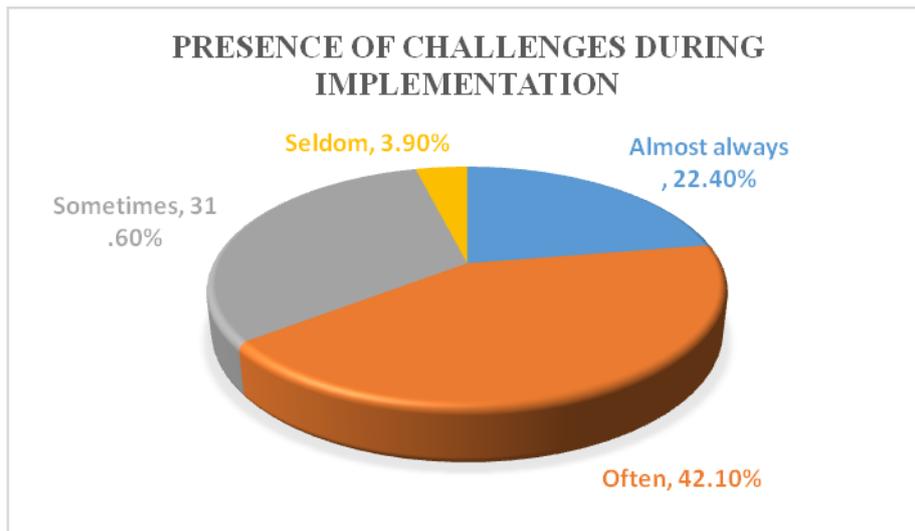
4.1.5. Findings on Application of Project Management Tools and Techniques on mhGAP

As per key informant interview with project coordinators for the implementation of mhGAP, there were no project control tools applied. Even though there was no scope changes required, there were schedule changes almost always. Jogging line was not used to spell out the amount of time each project activity was ahead or behind the baseline schedule. Schedule changes were detected by FMOH, but Baseline Current Future Analysis was not used to detect schedule trends or to see where the schedule is going. Major project events were predicted on time but no milestone prediction chart was used to anticipate the expected rate of future project progress and project’s progress and schedule trend were not assessed.

Same as what was stated in schedule control, no control tools were used during implementation. Project’s schedule and Cost performance were not measured. Earned value analysis was not applied to measure the project’s schedule and cost performance and to find out if these factors are ahead or behind the plan. Project’s planned and actual cost performances for milestones were never measured. Milestone Analysis was not employed to establish cost and schedule variances as measure of project’s progress.

4.1.6. Challenges Associated with Implementation of Mental Health Gap Action Programme

22.4% (17) of the respondents replied there were challenges almost all, 42.1% (32) i.e. the majority of the respondents said there were challenges often during implementation. 31.6% (24) replied there were challenges sometimes and on the contrary 3.9% (3) of them said challenges were met seldom.



Source: Own survey, 2018

Figure 4.5. Percentage of respondents on presence of challenges during implementation

4.1.6.1. Program related Challenges

More than two third, 78.9% (60) of the respondents mentioned lack of adequate supply of essential medication and psychotropic prescription to treat patients at primary health care centers. 11.8% (9) stated lack of adequate compensation of trainees after starting the service. 15.8% (12) of the respondents stated that lack of enough trained professionals in the service provision resulted in challenges with fatigue and overburden of professionals. More than one third or 34.2% (26) of the respondents said there were challenges associated with continuous monitoring and evaluation of the program. 10.5% (8) of the respondents mentioned challenges associated with referral of patients after assessment and diagnosis of common mental illnesses.

As per key informant, there were major challenges due to inadequate supply of essential psychotropic medications. There was no hand-over protocol during major milestones and during change of project coordinator for different reasons. There were also no sustainable

supervisions and there were no monitoring and evaluation tools developed and FMoH was not coordinating the program properly.

4.1.6.2. Challenges Associated with Health Facilities

39.5% (30) of the respondents replied there were challenges associated with ownership and cooperation of senior management at health centers. 18.4% (14) of the respondents mentioned challenges associated with trainees being assigned to other departments, not being allowed to work in mental health services after receiving training.

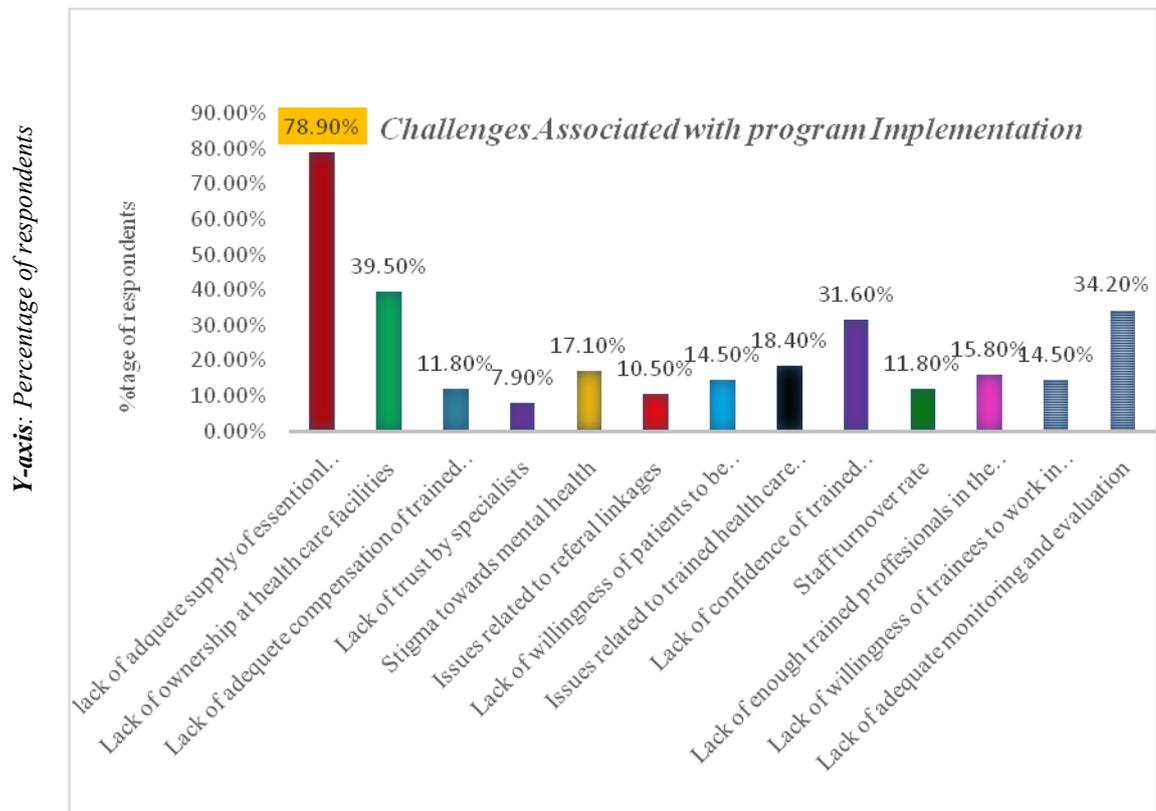
4.1.6.3. Challenges Associated with Health Care Professionals

7.9% (6) of the respondents mentioned there were challenges associated with lack of trust by physicians towards trained primary health care providers to assess and diagnose common mental illnesses.

17.1% (13) of the respondents replied there were challenges related to stigma on common mental disorders and mental health care professionals working in the service. 31.6% (24) of the respondents mentioned challenges associated with confidence of trained health professionals to assess and diagnose common mental illnesses. 14.5% (11) of the respondents mentioned there were challenges associated with lack of willingness of health care professionals to work in mental health services and not considering oneself as part of the service. According to a study done by Abera et al. (2014), several factors could be influencing PHC workers, including their perceived competence, the perceived effectiveness of modern medicine and stigmatizing beliefs about MNS disorders. 11.8% (9) of the respondents mentioned challenges of high turnover rate of health care professionals.

4.1.6.4. Challenges Associated with Patients

14.5% (11) of the respondents stated lack of confidence of patients on to be treated at health centers



Source: Own survey, 2018

X-axis: Challenges identified

Figure 4.6. Percentage of respondents on challenges associated with implementation of mhGAP

4.2. DISCUSSION

This study tried to assess the application of the basic tools and techniques of project implementation and challenges associated with the implementation of mhGAP in health centers of Addis Ababa. A self-administered semi-structured questionnaire and key informant interview was used to collect both qualitative and quantitative data to describe if key tools and techniques of project implementation were applied and what challenges were faced during program implementation.

4.2.1. Application of Tools and Techniques of project Implementation

The Project management tools have been developed one by one, and they are subject matters of interest of both the theory and practice of project management, where they are fine-tuned and modified, and new tools are created (Kostalava & Tetreva, 2014)

Project management principles can be useful for government employees charged with managing important projects within the challenging public sector environment. Even when governments do not have the resources to provide advanced project management training, there

are simple tools, templates and a framework that can be used to impact success. As stated in the findings from key informants, none of the project management tools and techniques were applied during program implementation. Basic schedule control tools that are used during schedule management are not applied. This is also similar to the findings stated by Pulmanis, (2014), in less developed countries the implementation of project management tools and techniques is in its early phase of development.

An empirical study on the use of project management tools and techniques across project life cycle and their impact on project success states that, proper use of project management tools and techniques impacts the success of a project (Patanakul et. al.2010).

The result of this study shows that all of the key personnel's (appointed as project owners at different levels at the time of project implementation) replied none of project implementation tools were used during execution. Similar to the result of this study, according to a study done in Czech Republic although the awareness of these tools and techniques is relatively high, their utilization practice is very low. The most widely applied tools are project planning tools and techniques. The project management tools and techniques are mainly used by project managers themselves, portfolio and program managers and mainly by those managers who have achieved any of the project management certifications (Kostalava & Tetrevoval, 2014).

Studies cited by (Olateju et. al. 2011), have confirmed that application of modern project management methods and techniques has a great effect on public institutions. These studies have observed that the projects carried out at Italian Treasury Ministry using project management methodology and discover that proper implementation of project management and methods will in avoiding project failure, continuous communication and definition of project control system. This same study has also stated that the application of Project Management tools and techniques in public sector is gradually becoming an important issue in developing economies.

In a related study to this survey, a study by Murphy and Ledwith 2014, project management tools and techniques are being used to limited extent by high-technology SMEs. In contrast a study done by Sidrolias et. al, (2005), on the applicability of project management techniques in Small and Medium size enterprises (SMEs) in Greece states that 52.7% of research participants revealed that they apply project management techniques in their firms.

4.2.2. Challenges Associated with Implementation of mhGAP in Addis Ababa

The result of this study reported that there are major challenges associated with implementing mhGAP in primary health care service in Addis Ababa.

4.2.2.1. Program-related Challenges

The WHO has deemed medicines and health technologies one of the six building block. Yet as a fundamental element, they do not lie in isolation from other components of the healthcare system. In fact, they should be availed at all times and in adequate amounts, be affordable and have proven efficacy as well as quality and safety (WHO, 2014).

Lack of adequate supply of essential medication and psychotropic prescription to treat patients at primary health care centers consists of the major challenge, i.e. 78.9% (60) of the respondents. In a similar study by Ayano et.al, 2016, inadequate supply of essential medications was reported as a challenge during program implementation. Also on another report on integrating mental health services into primary health care in South Sudan (Graaff et.al, 2015), supply of essential psychotropic medication was inadequate and psychotropic medications are not yet part of South Sudan's national list of essential medications. Two out of fourteen clinics reported that in 2014 only a small supply of Diazepam (one of the medications indicated for anxiety disorders) was delivered. Medications for mood disorders, psychotic disorders and Parkinson's disease were not available at primary health care level. The National mental health policy and plan of the kingdom of Jordan (2011) also reported that although a rational list of psychotropic medications is available at mental health services, and not yet an essential list of medications. Moreover, in Jordan medications at the secondary level of care are not consistently nor continuously available. According to Jack-Ide et. al, (2012), a comparative study done on South Africa and Nigeria there is a scarce health resource and a mental health budget (including budget for psychotropic medications) of less than 1% of the total budget allocated for health budget. Also in an assessment of mental health care in Nepal (Luitel et.al, 2015) lack of adequate budget to the mental health service and lack of psychotropic medicines in the PHC has obstructed the availability of mental health services in Nepal. Only two psychotropic medications namely, Phenobarbitone and Amitriptyline were found to be available in the primary health care centers and more erratically, no medication was available at the sub-health post level.

In contrary to these reports and the findings of this study a published article on integrating mental health into primary health care in Nigeria Supply of psychotropic medications in the clinics as well as in the adjoining private pharmacies improved substantially, driven by increased demand (Gureje et.al, 2015).

Challenges with inadequate supply of medications could be related to reported gaps in lack of comprehensively of the training, specifically since the training was given only to Health officers, General Practitioners, and nurses it has gaps in taking account of the role of other health care professionals like Pharmacists, being the key personnel in managing drug supplies. Pharmacy professionals were not included to help in forecasting and supply of essential medications to sustain the program.

11.8% (9) of the respondents stated lack of adequate compensation of trainees in service delivery was a challenging factor in service delivery after receiving the training. Compensation refers to pay provided by an employer to its employees for services rendered. Compensation has positive impact on job satisfaction and service delivery (Mabaso and Dlamini, 2017).

According to a Master's project work submitted to university of Lisbon, on assessing the efficacy of mhGAP training for non - specialized health workers in Ethiopia, motivation in service delivery seems to be closely associated with the per-diem paid to them to participate in the training that is supposed to cover all personal daily expenses very low (Bruni A., 2014).

More than one third or 34.2% (26) of the respondents said there were challenges associated with continuous monitoring and evaluation of the program. All of key informants also stated that there were no monitoring and evaluation tools designed for the program. Monitoring and evaluation when carried out correctly and at the right time and place are two of the most important aspects of ensuring the success of many projects. Unfortunately, these two although known to many project developers tend to be given little priority and as a result they are done simply for the sake of fulfilling the requirements of most funding agencies without the intention of using them as a mechanism of ensuring the success of projects (Otieno, 2000).

In a similar study by Ayano et.al, 2016., lack of monitoring and evaluation was a major challenge in integrating mhGAP in Ethiopia. In contrast to this study, in an attempt to integrate mental health service in primary health care in Nigeria shows that monitoring and supervision activities were designed to support the trained staff in the effective utilization of their acquired skills to deliver mental health care services. It consisted of regular clinic visits by the project staffs to conduct live clinical observation, review patients' clinical notes and hold debriefing sessions with clinical staff.

One of the major components of mental health integration is continuous support, supervision and mentoring. The aim of support and supervision was to assist mhGAP trainees to deliver improved mental health care (clinical supervision) and provide support in the work

environment related to mhGAP implementation (administrative and programmatic supervision) (WHO, 2012).

Support and supervision is considered as one part of the training and was planned to be undertaken every three months. After training and experience of for average of nine months the professionals were supervised and support once which is below expected standard of support and supervision (Ayano et.al, 2016). As stated in a study by Hanlon et al. (2014), without some form of supportive supervision by specialist mental health professionals, it is not possible to achieve sustainable integration of mental health care in PHC of an adequate quality.

10.5% (8) of the respondents mentioned challenges associated with referral of patients after assessment and diagnosis of common mental illnesses. These are challenges of referring back patients to health centers from hospitals by mentioning mental health services should be provided at health centers. In a similar study in Nepal, due to the lack of clear referral mechanisms from primary to tertiary care, people with mental illness were not being identified and treated effectively, even in the health facilities where there were trained health care workers (Luitel et.al., 2015). In a similar study in South Sudan, it was reported that in case mental health problems were detected, patients are normally referred to hospitals in Wau. However, some health care providers stopped referring patients, because they had many experiences with people referred back from hospitals without being treated (Graaff, 2015). Challenges could be associated with the reported gaps on continues supervision, lack of coordination, lack of commitment and ownership of higher officials during implementation of the program, but further investigations are needed to support the association.

4.2.2.2. Challenges Associated with Health Facilities

The result of this study reported that there were challenges associated with ownership and cooperation of senior management at health centers, trainees being assigned to other departments, not being allowed to work in mental health services after receiving training. In similar study conducted by Ayano et.al. (2016), Although government leadership and political commitment, necessary policies and strategies, a multifaceted system wide approach incorporating health extension workers, referral network and infrastructures were in place to enable the successful implementation of the program, lack of attentions, awareness and understanding of the program by regional health bureaus was a challenge in practical integration of mental health into primary health care. In a similar study in South Sudan, with the absence of a national Mental Health Act, a specific budget for mental health services and

clear national mental health policies, political commitment on the national level is lacking (Graaff, 2015).

These challenges could be due to reported gaps in ownership of health facilities such as not considering oneself as part of mental health service, gaps in selecting the right person for the training, and lack of coordination among program implementers in health centers.

4.2.2.3. Challenges associated with health care professionals

The purpose of mhGAP programme is implementation and scaling up care for mental health services in primary health care facilities by non-specialized professionals. Trained health care professionals are expected to assess and diagnose common mental illnesses. This study shows that there are challenges associated with attitude and willingness of professionals on mental health services. But on the contrary a study done in South Sudan shows that there is relatively higher rate of willingness of primary health care professionals to work in mental health services than those in higher levels of care (Graaff, 2015). These challenges could be due to reported gaps associated with infrequent advocacy of mental health services and poor awareness on common mental illnesses.

This study also reported that there are challenges of high staff turnover in implementation of mhGAP in primary health care levels. In a similar comparative study on South Africa and Nigeria (Jack-Ide et.al, 2012), many reasons have been advanced for failure of the primary mental health care program in Nigeria, including the fact that psychiatric care is only provided at a few large mental hospitals in big cities. Furthermore, there is a lack of human resources and difficulty in retaining staff (Jack-Ide et.al, 2012). This could be due to reported gaps on selecting the right person for the training, i.e. lack of interest to work in mental health services.

Some of the reported challenges are lack of confidence of trained professionals to assess and diagnose common mental illnesses. The mhGAP makes a direct appeal to PHC workers to detect, diagnose and refer or treat people with mental illness. However, it is not guaranteed that PHC have the ability to take up this new role, as they are often burdened with tasks related to other conditions, such as infectious disease and malnutrition (Graaff, 2015). Also findings from respondents' state that differences in professional background of trainees, could have contributed to the challenges lack of confidence and ability to take a new role as a mental health professional. These could be related to inadequate time for the training. Respondents of the study have reported that, the fact that the training was delivered for only a period of one week didn't provide enough knowledge and self-confidence to implement the program. These could also be associated with lack of trust by physicians on primary health care workers. One

respondent reported that during practice, trained health care providers were unable to assess clients with repeated visits and without improvement.

4.2.2.4. Challenges Related to Patients/Clients

This study reported that one of the challenges of program implementation associated with patients is lack of trust of patients to be treated at health centers by non-specialized primary health care workers. As cited by Anne De Graaff, 2015, Patients have poor awareness towards the program. The mhGAP program is based on the assumption that people with mental illness attend primary health care services. However, researches in low-income countries have shown that most people do not consult formal health care and rather seek help with traditional or alternative health care first. These challenges could be related to the reported gaps in poor patient and community awareness on the program.

Also awareness of patients towards the program and Common MNS disorders is an evident challenge to implementation. In a similar study by Hanlon et al. (2014) on challenges and opportunities for implementing integrated mental health care in five LMICs, showed limited levels community awareness and high levels of stigma and abuse.

CHAPTER FIVE

CONCLUSION AND RECCOMENDATIONS

5.1. Conclusion

This study set out to assess the application of project management tools and techniques and challenges associated with implementation of mhGAP in Addis Ababa.

Significance of mhGAP in integrating mental health services into primary health care services was widely shared among primary health care workers.

Several gaps of the program and challenges associated with the practical integration of mhGAP into primary health care were reported. The findings showed no application of tools and techniques of project implementation management.

Gaps stated to affect the successful practical integration of mental health services into primary health care mainly revolve around ownership and commitment of program coordinators and trainees and advocacy awareness on the program. The likelihood of these factors has yet to be backed up by statistical correlation to confirm its certainty.

5.2. Recommendations

In light of the aforementioned findings, the following recommendations have been made:

- It is recommended that continues monitoring and evaluation is mandatory to fill the gaps reported in interrupted supervision to the successful integration of the program into primary health care.
- Government officials, administration authorities at health facilities and Amanuel mental Specialized hospital need to take accountability concerning the reported challenges in ownership, referral linkage issues, supply of psychotropic medications, availabilities of outpatient units to treat and assess common mental illnesses.
- Revision of the standard mhGAP document is necessary to solve the challenges and gaps reported related to the inadequacy of training period, and also the training should include other health care professionals like pharmacy and laboratory professionals who play a major role in supply of essential pharmaceuticals and laboratory investigations respectively.
- Continuous refresher trainings, practice based trainings, practical ward attachments and bench-marking health centers able to effectively integrate mental health into day-today are crucial to improve the challenges in lack of confidence of PHC professionals to assess, diagnose and treat common mental illnesses.

- To contribute to the inability to integrate mental health into primary health care, a separate unit for common mental illnesses should be established instead of integrating the service into the daily activities of the health centers.
- FMOH needs to assign a certified project manager to contribute to the proper implementation of the tools and techniques of the project management and its principles.
- Appropriate measures should in-place to increase commitment and ownership of health providers and officials at health centers. Additionally, to contribute to challenges with commitment and ownership, select professionals that have interest to practice in mental health services.
- Continuous advocacy is crucial to increase awareness of patients/clients, health care professionals, officials at health care facilities and the public on common mental illnesses and mental health services in general and mhGAP in particular
- Available and appropriate compensation methods should be designed to practicing professionals to solve challenges of high staff attrition rates.
- A nation-wide survey is essential to look into the gaps in applying the principles of project management and challenges reported in this study and generate possible associations and solutions to major challenges of implementation. Since the significance of such a program is evident, this study, with the objective of assessing its success as a program, could also shed light into a possible re-designing of the program for a successful implementation.

5.3. REFERENCES

- Abera et al. (2014). Perceived challenges and opportunities arising from integration of mental health into primary care: a cross sectional survey of primary health care workers in south-west Ethiopia. *BMC health Services Research* 2014 14:113
- Anne De Graaff, (2015) A case study: Integrating mental health services into primary health care in South Sudan. pp 14-19.
- Ayano G. et.al. (2016). Experiences, Strengths and Challenges of Integration of Mental Health into Primary Care in Ethiopia; Experience of East African Countries
- Bakouros Y. and Kelessidis V. (2000). Project management; dissemination of innovation and knowledge management techniques. Report produced for the EC funded project
- Bruni A. (2014). Assessing the efficacy of mental health GAP Action Programme (mhGAP) training for non-specialized health workers in Ethiopia.
- Carayannis, et al(Ed) (2003). Brief history of project management. pp. 1-3
- Cicmil S. et.al. (2009). Project management behind the facade. (9)(2) pp.2. Retrieved from www.ephemeraweb.org
- Ethiopian Health Sector Development Programme (2005) Federal ministry of health, Ethiopia (FMOH).
- Ethiopian Health Sector Development Programme (2016) Federal ministry of health of Ethiopia (FMOH). *Family medicine scientific research* (5)(3), pp. 1-4
- Federal ministry of health, Ethiopia. (2015). Health Sector Transformation Plan (HSTP).
- Fernandes, G. et al. (2013). Identifying useful project management practices; A mixed methodology approach. Retrieved from www.Sciencesphere.org
- Gichoya, D. (2005). Factors affecting the successful implementation of ICT projects in government. *The electronic journal of e-Government*. (3)(4), pp. 75-184. Retrieved from www.ejeg.com
- Gureje, O. et.al (2015). Integrating mental health into primary care in Nigeria: Report of a demonstration project using the mental health gap action programme intervention guide. *BMC Health Service Research*
- Hanlon et al. (2014). Challenges and Opportunities for Implementing Integrated Mental Health Care: A District Level Situation Analysis from Five Low- and Middle-Income Countries. *PLoS ONE* 9(2): e88437
- Institute of Psychiatry, Psychology & Neuroscience, SCALING UP MENTAL HEALTH SERVICES AROUND THE WORLD Press & Communications Office Institute of Psychiatry, Psychology & Neuroscience King's College London. Retrieved from www.kel.ac.uk/difference

Jack-Ide and Middleton., (2012). A comparative study of mental health services in two African countries: South Africa and Nigeria. *International Journal of Nursing and Midwifery*. Vol 4(4), pp. 50-57 Retrieved from www.academicjournals.org/IJNM

Jawah, L., (2015). Project management tools and techniques for effective project execution. (6)(10). USA: Academic Star Publishing Company. Retrieved from <http://www.academicstar.us>

King, T., (2016). Assessment of problems associated with poor project management performance. Colorado: Long International Inc.

Kostalova, J. & Tetrevoval, L. (2014). Project Management and its Tools in Practice in the Czech Republic. A paper presented at the 10th international strategic management conference. Retrieved from www.sciencedirect.com

Luitel P. et al. (2015). Mental health care in Nepal: Current situations and challenges for development of a district mental health care plan (9)(3)

Mabaso C. and Dlamini B. (2017). Impact of compensation and Benefits on job satisfaction. *Research Journal of Management*, 11: pp 80-90.

Meredith, J. & Mantel, S. (2009). Project management, A Managerial Approach, pp. 1-2. USA: John Wiley and Sons Inc.

MhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. WHO (2010) Retrieved from www.int/mental-health/mhgap

mhGAP Scaling up for mental, neurological and substance use disorders, WHO. (2008)

Milosevic D. (2003). Project Management Toolbox. Tools and Techniques for the Practicing Project Manager. USA: John Wiley and Sons Inc.

Murphy, A. & Ledwith, A. (2007). Project management tools and techniques in high technology SMEs. *Management Research News* (30) (2), pp 153-166

National Mental Health Strategy (2012) National Mental Health Strategy, Federal Ministry of Health of Ethiopia.

Olawale, O. et al. (2011). Project management practice in Nigerian public sector: an empirical study. (1)(8); *Australian Journal of Business and Management Research*

Owens et al. (2007). Project Cost Control Tools and techniques.

Patanakul et al. (2010). Use of project Management Tools and Techniques across project life cycle and their impact on project success. Retrieved from www.journals.sagepub.com

Petersen, C. (2013). The practical guide to a project management, pp 48: 1st Ed.

Pinto, J. and Mantel, S. (1990). The cause of project failure. *Research Gate* (37)(4). 269-276 Retrieved from <https://www.researchgate.net/publication>

PMI, (2008). A Guide to the Project management Body of Knowledge, 4th Ed.

- PMI, (2013). A Guide to the Project management Body of Knowledge, 5th Ed.
- Pulmanis E., (2014). Public Sector Project Management Efficiency Problem, Case of Latvia
- Shaw I. & Middleton H. (2013). Approaches to mental health in low-income countries: a case study of Uganda. *Mental Health Review Journal*, (18)(4) pp.7-10 Retrieved from www.emeraldinsight.com
- Sidrolias L., (2005). Applicability of project management techniques in SMEs: Evidence from Greece. Retrieved from www.citescerx.list.psu.edu
- World Health Organization (2010) Mental Health Gap Action Programme Implementation Guide (mhGAP-IG) for mental, neurological and substance use disorders in non-specialized health settings.
- World Health organization. (2013). Mental Health Action Plan 2013-2020.
- World Health organization. (2013). mhGAP in Ethiopia: proof of Concept
- World Health organization. (2014). Medicines in Health Systems: Advancing access, affordability and appropriate use.
- World Health Organization. (2015). mhGAP Guideline Update

APPENDIX

Appendix A

Key-informant interview format:- for project coordinators

Greetings! My name is Abeba Getabelew and I'm a post-graduate student in the project Management department of St. Mary's University. I'm conducting my research on *“Assessment on application of tools and techniques of project management and challenges associated with implementation of mental health gap action program”*

I'd like to conduct a **key informant interview** with you to gain a detailed insight into the knowledge of project coordinators and application of the tools and techniques of project management in the course of the implementation of mental health Gap Action Program, Ethiopia. Information provided in this interview will only be used for the aforementioned purpose and strictly kept **confidential**. No identifiers will be used in the questionnaire and in case there is any information that may identify you, they will be kept under strict confidence with the PI.

With your **permission**, I'd like to use an audio recorder to assure a more complete documentation of the interview. Thank you in advance for lending me your valuable time.

Do you agree to go ahead with the interview? Yes/ No.

If No, stop here. **If yes, continue with...**

I. Scope Control Tools

This session is used to assess to what extent Scope Control Tools were applied during the implementation of mhGAP. (Use tick (√) to indicate your appropriate answer)

S. N.	Scope control tools (Use tick (√) to indicate your appropriate answer)	Almost always	Often	Sometimes	Seldom	Never
1	As you know the scope of mhGAP is encompassed to integration of mental health into primary care in Ethiopia. Where there any scope changes?					
2	Based on the answer to question number 1, were scope changes proposed as soon as it is needed?					
3	Was the change in scope managed?					

4	If yes to question no. 3, was Change Coordination Matrix (CCM) applied during the process to manage the change in scope?					
5	If yes to question number 4, how frequently was Project Change Request (PCR) employed?					
6	Were changes in the project recorded?					
7	Was project Change Log (PCL) used to record, number and coordinate the flow of changes in the project?					

II. Schedule Control Tools

This session is used to assess to what extent Scope Control Tools were applied during the implementation of mhGAP. With these tools project implementers will step into schedule control, to keep in check project schedule updates caused by the project plan execution. (Use tick (√) to indicate your appropriate answer).

S.N.	Schedule Control tools <i>(Use tick (√) to indicate your appropriate answer).</i>	Almost always	Often	Sometimes	Seldom	Never
1	Was there a change on schedule on the implementation phase of the project?					
2	Was a Jogging Line employed to spell out the amount of time each project activity was ahead or behind the baseline schedule?					
3	Were schedule changes detected?					
4	How frequent was Baseline – Current - Future (B-C-F) Analysis used to detect schedule trends or to see where the schedule is going?					
5	Were major project events predicted on time?					

6	Was the Milestone Prediction Chart used to anticipate the expected rate of future project progress (for prediction of major project events)?					
7	Were the project's progress and schedule trend assessed?					

III. Cost Control

This session is used to assess to what extent Scope Control Tools were applied during the implementation of mhGAP. These tools aid to get a handle on revised cost estimates, budget updates, and forecasts of final cost (Use tick (√) to indicate your appropriate answer).

S.N.	Cost control tools <i>(Use tick (√) to indicate your appropriate answer).</i>	Almost always	Often	Sometimes	Seldom	Never
1	Was project's schedule and cost performance measured?					
2	Was Earned Value Analysis (EVA) used to measure the project's schedule and cost performance to find out whether these factors are ahead or behind the plan?					
3	How often was the project's planned and actual cost performance for milestones measured?					
4	Was Milestone Analysis employed to establish cost and schedule variances as measures of the project' progress?					

Thank you!!!

Appendix B

Assessment of the Application of Tools and Techniques of Project Management and challenges associated with implementation of mental health Gap Action Program, Ethiopia.”

For health care professionals

St. Mary’s University

School of Graduate studies

Department of Project Management

Greetings! My name is Abeba Getabelew and I’m a post-graduate student in the Project Management department of St. Mary’s University. I’m conducting my research on *“Assessment of application of tools and techniques of project management and challenges associated with implementation of mental health Gap Action Program, a case of Addis Ababa.”*

You are selected since you have taken the training on mhGAP that helps to integrate mental health care into primary health care services. I’d like to gain a detailed insight on implementation of mental health Gap Action Program in Ethiopia.”

Information provided in this questionnaire will only be used for the aforementioned purpose and strictly kept **confidential**. This questionnaire will only take 20 minutes to fill. No identifiers will be used in the questionnaire and in case there is any information that may identify you, it will be kept under strict confidence with the PI.

Thank you in advance for lending me your valuable time.

If No, stop here. If yes, continue with the next page.....

With Regards

Abeba Getabelew

Address; -

Tel; - +25-911-14-27-82/ email; - meleyab18@gmail.com

(Use tick (✓) to indicate your appropriate answer)

I. Basic Personal Information

1. Sex Female Male
2. Age (in years) 20 – 25 26 – 30 31 – 35 36- 40 41 and above
3. What is your professional background? Health officer General Practitioner(GP Psychiatry Nurse BSc. Nurse Msc psychiatry Other
4. How long has it been since you have started to work in the health care (in years)?
 0- 5 6- 10 10-15 16 and above
5. How long has it been since you have started practicing in mental health care (in years)?
 0- 5 6- 10 10-15 16 and above
6. How long has it been since you have taken mhGAP training? (in years)
 0- 5 6- 10 10-15 16 and above

II. Questions related to mhGAP implementation

S.N.	Statements	Very significant	Significant	Moderately significant	Slightly significant	Not significant
	How significant do you think mhGAP is in filling the gap in the service provision?					
1.2.	How do you rate the significance of mhGAP in integrating mental health in the primary health care?					

1.1 III. Questions related to gaps associated with mhGAP implementation

S.N.	Statements	Almost always	Often	sometimes	Seldom	Never
2. 1	Where there any gaps in the program?					

2.2. Based on your answer to 2.1, what gaps were observed?

S.N.	Statements	Almost always	Often	sometimes	Seldom	Never
2. 3.	Were there challenges associated with the practical integration of mental health into the primary health care?					

2.4. Based on your answer to 2.2, what challenges were faced?

2.5. What measures do you think should be taken to the proper implementation of the program?

Thank you!!!

DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of Teklegiorgis Assefa (Asst. Professor). All sources of materials used for the thesis have been duly acknowledged, I further 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

St. Mary's University, Addis Ababa

Signature

May, 2018

