2023 CLA CASE COMPETITION

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Case Title:

Collaboration in Wartime: Delivering Generators to Hospitals in Ukraine

Name:

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Organization:

USAID ESP and USAID HRS

Summary:

Russia's invasion of Ukraine and attacks on Ukraine's critical energy infrastructure left many health care facilities (HCFs) without power throughout the 2022-2023 winter. To address this, the USAID Energy Security Project (ESP) and USAID Health Reform Support (HRS) used the CLA approaches of External Collaboration and Adaptive Management to procure and deliver generators to HCFs throughout Ukraine. This was a new experience for both ESP and HRS, neither of which had worked together on an activity of this complexity: collaborating with national and subnational counterparts to urgently deliver life-saving generators in an active conflict zone across eight regions. The two implementing partners (IPs) navigated a complex security environment while bridging differences between each organization's internal processes.

During implementation, both IPs were adjusting to dynamic conditions – they made judgment calls based on imperfect information and shifting timelines, and learned valuable lessons in external collaboration and adaptive management. ESP and HRS quickly adapted to respond to emerging challenges as they arose, particularly regarding the scope and delineation of responsibilities, communications, and technical expertise. Throughout the process, ESP and HRS developed new processes to address these challenges and collaborate more effectively over time.

As a result of their collaboration, ESP and HRS delivered generators to 34 hospitals in eight regions in Ukraine, which safeguarded access to critical health care services for approximately 12.6 million civilians. This effort taught ESP and HRS key lessons when collaborating with external stakeholders, including the importance of clearly delineating responsibilities between IPs, streamlining communications, and ensuring that each stakeholder understood the complete process flow. These lessons learned will help inform ESP and HRS' future work in support of Ukraine in both the war and post-war contexts.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

Since the beginning of the full-scale war in February 2022, Russia has terrorized Ukrainian civilians by indiscriminately and illegally attacking non-military targets, including homes, schools, and hospitals. In October 2022, Russia began concentrating its attacks on Ukraine's critical energy infrastructure to weaponize cold temperatures, causing massive power disruptions across the country throughout the winter. These attacks significantly affected Ukraine's health care system, leaving many hospitals without power and threatening the provision of care to patients. These challenges were compounded by low bandwidth among local authorities (who legally own and oversee public hospitals), and personnel gaps at the Ministry of Health (MOH), which, amid other war-related priorities, limited their capacity to address power disruptions to HCFs.

To help the health sector continue operations, USAID tasked ESP and HRS with providing generators to hospitals in need. This type of IP collaboration was an entirely new endeavor for both ESP and HRS, requiring both projects to develop new processes to effectively coordinate key stakeholders across various levels, including the national-level MOH and local-level hospitals. This collaboration was complicated by the fact that most ESP and HRS personnel lacked expertise outside of their respective specializations. ESP lacked an understanding of the health sector, and relationships with hospital administrators and MOH officials; while HRS lacked an understanding of electrical engineering, generators, and logistics. These challenges prompted ESP and HRS to utilize a CLA approach to ensure that they were able to quickly adapt to emerging needs and leverage each IP's respective areas of expertise.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

External Collaboration

Adaptive Management

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

ESP and HRS had never collaborated with each other to deliver equipment in a war zone, and both experienced challenges with coordination and communication across projects and with external stakeholders. However, they adapted quickly and learned valuable lessons in collaboration and generator procurement and delivery.

In November 2022, ESP requested HRS' assistance to provide a list of HCFs that needed generators. After HRS provided an initial list, ESP requested additional support as it encountered new challenges (a task that was outside ESP's initial scope, a lack of clear delineation of roles and responsibilities between ESP and HRS, etc.). ESP requested HRS' communications support again after ESP received responses from less than half of the hospitals on the initial list. As more information was required on the size and type of generator each facility needed, HRS was compelled to take on more responsibility for communicating with HCFs. However, HRS did not own or have visibility into the delivery process–an imbalance that would eventually frustrate hospital managerial teams when HRS could not explain delivery delays.

ESP encountered delays in delivering the generators due to supply chain issues with the vendor, as well as a few instances in which beneficiaries did not have the necessary equipment required to offload the generators upon arrival. ESP was also importing and delivering thousands of tons of other critical equipment at the same time. By February, the initial list of hospitals that HRS provided was outdated. During that time, hospital managerial teams had rushed to get generators by any means necessary, and some hospitals had chosen not to wait for ESP and HRS. HRS called all hospitals to validate that they still needed generators, and, after learning that some had already received them, leveraged its contacts within the MOH to pull data on which facilities still needed generators.

By March, most of the generators had cleared customs, and ESP provided HRS and hospital managerial teams with approximate delivery dates. However, the delivery dates were highly fluid, and it was difficult to ascertain how quickly customs would approve equipment. Because HRS had no visibility into the logistics process, it was unable to adequately alert hospital managerial teams when ESP encountered these delays. Some hospital managerial teams had hired cranes and construction crews to install the generators and were frantically calling HRS when generators were not delivered. HRS endured the brunt of blame from hospitals, and reputational damage as a result. HRS eventually learned from these missteps. For future deliveries, HRS connected hospital managerial teams directly with the last-mile delivery subcontractor.

ESP and HRS had miscommunications, but adapted and improved processes over time. At the beginning of its cooperation, ESP communicated to HRS and other key stakeholders via a large email thread. This caused confusion among recipients due to the large number of people on the thread, and the high volume of emails. To facilitate more productive communication, HRS organized regular calls with the MOH, ESP, and USAID, in addition to directly linking ESP to MOH counterparts when needed.

While HRS was supporting ESP, HRS was also helping to procure two generators for the National Health Service of Ukraine, which resulted in lessons learned that it applied when collaborating with ESP. One such lesson was that smaller generators were more cost effective. HCFs, having never done this before themselves, had overestimated their electricity usage and requested large generators, without considering the prohibitive cost of fuel to operate them. To address this, HRS helped HCFs estimate the bare-minimum requirements to run the facility, and encouraged them to accept smaller generators. Additionally, HRS helped a few hospitals install their generators, and used a grant to do so after learning that grants are more flexible than procurements when navigating unforeseen challenges.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

A. DEVELOPM ENT RESULTS

External collaboration and adaptive management allowed ESP and HRS to successfully deliver generators to 34 hospitals throughout Ukraine. The need for generators remains imperative, as it is unknown when the war will end, and Russia's attacks on Ukraine's energy infrastructure continue. The generators provide hospitals with security in case of future blackouts, allowing health workers to focus on their work rather than on energy concerns. "Doctors can work calmly, go on duty and not be afraid that in a critical situation, they may lose a patient in intensive care or surgery. This improves the safety and stability of the hospital's work. This improves the calmness and confidence of doctors. And that is hundreds of lives saved," said Oleksandr Ivan'ko, director of a beneficiary hospital in Kyiv. Another hospital director, Volodymyr Mordyuk from Zhytomyr, noted: "This generator allows us to keep providing critical care, including performing surgeries for acute patients, even in a total blackout."

Employing a "learning by doing" approach allowed ESP and HRS to learn from their mistakes and understand critical lessons about conducting high-stakes activities in a complex war environment. This "trial by fire" taught ESP and HRS the importance of establishing clear guidelines when cooperating with external parties, particularly on responsibilities, communications, and baseline technical knowledge. The activity increased HRS' knowledge of the end-to-end generator procurement and delivery process, which will be useful for informing future recovery and restoration work.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

Through External Collaboration and Adaptive Management, ESP and HRS learned the following lessons.
-- Make a glossary of key terms. When two IPs with unique specializations collaborate with each other, they should establish a common language and define industry concepts to reduce mistakes. HRS initially misunderstood voltage units (kilowatts vs. kiloamps) when helping HCFs estimate their electricity usage, resulting in changes to the size of generators procured.
-- Select a single point of contact for project management/communication. At the outset, the two projects should have elaborated a complete process flow that captured all key activities, led a scenario planning exercise, and nominated responsible persons from each project for each stage of implementation. Early in the process, both ESP and HRS had “too many cooks in the kitchen,” resulting in long and confusing email threads in which some key personnel would be inadvertently omitted. Over time, ESP adapted and selected one person to be responsible for managing the HRS relationship. HRS, however, continued to communicate in a more disjointed manner, allowing all of its multidisciplinary advisors to contribute to decision-making.
-- Streamline communications at different stages in the process. Different stages of implementation require different levels of communication between stakeholders. After the generators had made it through customs, HRS provided hospital managerial teams with the direct contact information of delivery drivers. HRS continued to maintain an open channel for hospitals, but allowed each side to work directly with each other.
-- Tradeoffs may be necessary. Some installation companies were willing to skirt complex permitting requirements in favor of speed. ESP and HRS determined that maintaining full legal compliance in a country trying to build the rule of law was a higher priority than operating more quickly. This tradeoff prompted ESP and HRS to advise some hospitals to seek an alternative approach if they needed generators quickly.