2760006 (3)
PD-AAC-282-A1

AIRGRAM

DEPARTMENT OF STATE

CLASSIFICATION

For each address check one ACTION | INFO

DATE REC'D.

AGENCY FOR INTERNATIONAL DEVELOPMENT
SENT-TEL BRANCH
1978 JUL 10 P

DATE SENT 6/3/78

DISTRIBUTION
ACTION
Mail
INFO.
Room

35-W
w/attach.

attach to be run w/airgram

TO - AID/W TOAID A-56

FROM - USAID/Damascus

SUBJECT - DEVELOPMENT OF HEALTH SERVICES PROJECT No. 276-11-570-006

REFERENCE -

49p.

Attached are two copies of the evaluation of the Development of Health Services Project.

for PELLETREAU

PAGE OF PAGES

DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY
mr USAID/GD:NHemaidan:	Damascus/ USAID	554485	6/28/78	DIRECTOR:GBRAMSEY

A. I. D. AND OTHER CLEARANCES

~~AD:DMCHANDLER~~

PRO:EGROOT

UNCLASSIFIED
CLASSIFICATION

FM:WMILLER

AID-5-39 (10-71) (Do not type below this line) PRINTED 5-72

PROJECT EVALUATION
(Submit to MO-PAV after each project evaluation)

Mission or AID/W Office Name USAID Damascus, S.A.R.	2. Project Number 276-11-570-006

3. Project Title
DEVELOPMENT OF HEALTH SERVICES

4. Key project dates (fiscal years) a. Project Agreement Signed 76 b. Final Obligation 78 c. Final input delivered 81		5. Total U.S. funding life of project $ 1,075,000
6. Evaluation number as listed in Eval. Schedule One	7. Period covered by this evaluation FROM: June 76 TO: June 78 Month/year Month/year	8. Date of this Evaluation Review 6/7/78 month/day/year

9. Action Decisions Reached at Evaluation Review, including items needing further study (Note--This list does not constitute an action request to AID/W. Use telegrams, airgram, SPARS, etc., for action)	10. Officer or Unit responsible for follow-up	11. Date action to be completed
Extend the services of the Health Planning Advisor for two additional years, and the services of the Health Survey Advisor for one more year.	AID/W and MSCI	8/31/78
Provide training for four additional participants for the MPH degree and short-term training (six months) for the Syrian Health Survey Director.	USAID and AID/W	8/31/78 2 participants 6/30/79 2 participants
Provide needed commodities, i.e., five vehicles and calculators.	USAID and AID/W	9/30/78

BEST COPY AVAILABLE

12. Signatures:

Project Officer	Mission or AID/W Office Director
Signature: [signature]	Signature: [signature]
Typed name: Nassib Hemaidan	Typed name: Gordon B. Ramsey
Date: 6/28/78	Date: 7/2/78

PRO: FGroot FM: WMiller

Evaluation of The

Development of Health Services Project

(276-11-570-006)

June 7, 1978

TABLE OF CONTENTS

I. Introduction

II. Purpose of Evaluation

III. Health Planning Components

- A. Situation in Ministry of Health
- B. Objectives
- C. Planned U.S. Inputs
- D. Planned Outputs
- E. Responsibilities of the Health Planning Advisor
- F. Progress to Date
- G. Issues and Problems
- H. Conclusions and Recommendations

IV. Health Survey Component

- A. Situation in Ministry of Health
- B. Objectives
- C. Planned U.S. Inputs
- D. Planned Outputs
- E. Responsibilities of the Health Survey Design Advisor
- F. Progress to Date
- G. Issues and Problems
- H. Conclusions and Recommendations

V. Revised Budget for Life of Project

VI. Annexes A through D

I. Introduction

This is a three-year grant project in the amount of $ 749,010, which is intended to develop the capabilities of SARG's Ministry of Health in three priority areas which are: (1) health planning; (2) health data collection and health survey analysis; and (3) medical equipment maintenance and repair.

The first Grant Agreement for FY 76 funds in the amount of $ 400,000 was signed on June 28, 1976. All conditions precedent to initial disbursement were met by SARG on January 16, 1977.

Amendment No. 1 of the Grant Agreement for FY 77 funds in the amount of $ 335,000 (instead of $ 302,700 as indicated in the Project Paper) was signed on May 5, 1977.

Amendment No. 2 of the Grant Agreement for FY 78 funds for the remaining amount of $ 14,010 749,010 - (400,00 + 335,000) has not been effected yet.

AID/Washington signed a contract on August 5, 1977 with Medical Services Consultants, Inc. for the services of the two experts for the " Health Survey" and the " Health Planning" components of this project. These two experts, Miss Cathy Connolly and Mr. Jack Sims arrived in Damascus on October 10, 1977 to begin the implementation of their respective components of the project.

AID/Washington has also signed on March 29, 1978 a personal service contract (PSC) with Mr. Stephen Fabricant, the expert for the Medical Equipment Maintenance and Repair component of the project. Mr. Fabricant visited Syria from April 8-30 in order to get acquainted with his work and get initial things started. He will return o/a July 30 to start his two-year assignment.

II. Purpose of Evaluation

Since actual implementation of the "Medical Equipment Maintenance and Repair" component will not start until August 1978, this preliminary evaluation is concerned primarily with the "Health Planning"and the" Health Survey" components. Close monitoring of this activity and frank discussions with the contractor's personnel and Ministry of Health officials revealed that an evaluation at this early stage (approximately seven months after the arrival of the contractor's personnel) is necessary and most desirable.

This evaluation is being conducted with the primary purpose of assisting AID and SARG to make appropriate decisions about the future of this project, based on project objectives as stated in the Project Paper. It is intended to, by reviewing progress to date and issues and problems, provide answers to pertinent, key questions such as:

1. Should the project continue without change?
2. Is some re-scheduling necessary?
3. Should inputs be altered? If so what are the budget implications,and is it likely that this achievement will have the desired development impact and that the benefits will justify the costs?

III. Health Planning Component

A. Situation in Ministry of Health

While a position currently exists in the Ministry of Health titled "Directorate of Research and Planning", in practice the only planning is of a reactive nature to the requirements of capital budget requests and to immediate and obvious failures in the system.

Planning as it is commonly understood and done in the West, with an identification and prioritization of problems, mobilization of resources, and evaluation of implementation, does not exist. Furthermore, the problem of introducing a planning

system from scratch in one year is compounded by the fact that the Ministry of Health is a small one which has been handicapped by a chronic budgetary constraint and shortage of qualified personnel, particulary those with prior planning experience in the health system.

B. Objectives

The primary objective of the "Health Planning" activity as outlined in the Project Paper is to develop a Syrian capability for policy analysis, planning, programming and evaluation within the health sector.

C. Planned U.S. Inputs

In order to realize the primary objective stated above, AID has agreed to provide a full-time general health planner (Mr. Jack Sims) for one year only, two short-term advisors for a total of 6 work months, and training (short and long term) of 6 Syrian participants. No commodities were deemed necessary when the project was designed.

D. Planned Outputs

The planned outputs will be an established viable and effective planning unit in the central Ministry of Health and possibly elsewhere in the system, with trained health planners who are capable of (1) analyzing health problems and recommending health policies to meet these problems and (2) establishing a management control system.

E. Responsibilities of the Health Planners (Mr. Sims)

Since his arrival in Damascus on October 10, 1977, Mr. Jack Sims has been actively engaged in performing the following two types of responsibilities:

1. Major Responsibilities

a) Orienting and convincing senior officials of the Ministry of Health (MOH) of the benefits which can be expected from an institutional capability in the field of health planning.

b) Advising Syrian counterparts of those health planning activities most important to undertake in the areas of health manpower training, development of rural health strategy, and alternative forms of health insurance or financing systems for personal health services.

c) Providing technical assistance to Syrian counterparts in the analysis of types of imformation, planning procedures, and implementation mechanisms required to involve key parties in the health planning process.

d) Offering technical assistance to Syrian counterparts in the design, evaluation, and management control of rural health projects, either operating or to be developed by the Planning Unit of the MOH.

e) Identification of training needs of the health Planning Unit, assist in recruitment of appropriate personnel, and selection of appropriate curricula and institutions for the requisite training abroad.

f) Identification of short-term consultants for program support on a need/availability basis.

2. Secondary Responsibilities

a) Evaluating the variable capabilities of the various Mohafazaats to absorb and administer program modifications or program input.

b) Identification of programs within the mohafazaats that require program input.

c) Active advertisement of the need for trained personnel on the Mohafazaat level with dissemination of information on training program availability, areas of training available, mechanisms for recruitment and nomination, prerequisites and expected benefits and outcome of training.

d) Establishment of a bureaucratic structure that routinely handles recruitment, nomination, and placement of participants in all fields of public health.

F. Progress to Date

1. The Ministry of Health and USAID has been advised of minimal requirements for establishing a viable, effective planning unit. The following was presented and accepted by the Ministry of Health.

   a) The operational format the planning unit will follow.

   b) The participant training levels (quality and quantity) required.

   c) The planning positions that need to be created and funded.

   d) The allocation of participants and non-participants in the positions.

   e) The prerequisite qualifications for participants and non-participants.

   f) The operational time sequencing of activities and inputs required of the MOH/SARG, USAID, and the Consultant through August of 1980.

2. Five participants have been identified and are currently receiving English training. Their PIO/Ps will be processed as soon as they achieve the required level of proficiency in English.

3. The University and training of choice has been identified and cooperation assured on the SARG/Consultant/University level.

4. Six Mohafazaats have been visited; the difficulties involved in their on-going public health programs have been formulated on an empirical basis. Non-formalized plans have been implemented (in three of the Mohafazaats capable of absorbing modifications) to modify and correct their programs.

5. Only one full-time employee has been assigned to work in the Planning Unit. His knowledge of planning techniques is deficient, but progress is being made with on-the-job training.

6. One of the five participants referred to in item 2 above has achieved the required proficiency in English (R). He has also been assigned to work in the Planning Unit while his papers are being processed locally for training in the United States.

7. Bureaucratic procedures for identification and processing of participants is being slowly standardized and recognized through the health planner activities.

G. Issues and Problems

1. Individuals with the necessary prerequisite qualifications for participant training in the United States are very rare, especially in English proficiency.

2. Individuals with the necessary prerequisite qualifications for appointment to the Ministry of Health Planning Unit are almost non-existent.

3. The Director of the Planning and Research Unit in the Ministry of Health, while being knowledgeable, is anticipating his retirement and eventual replacement. Senior officials of MOH assure us that they are giving maximum program support under existing circumstances.

4. Administrative delays due to the bureaucratic structure of the SARG as well as suitable, qualified manpower are jeopardizing the time sequencing of the original PPT.

H. Conclusions and Recommendations

Creating awareness to the importance of health planning; orienting and convincing senior health officials of the benefits which can be expected from an institutional capability in the field of health planning; and the establishment of a planning unit from scratch in any developing country is undoubtedly a tough, complicated task to accomplish, even over a three-year period. Syria is no exception to this. As stated earlier, health planning as it is commonly understood and

done in the West does not exist in Syria. For example, the health portion, of the current Five-Year Development Plan was prepared without any inputs whatsoever from the Directorate of Research and Planning of the Ministry of Health.

To realize the objectives stated in the Project Paper, the services of one full-time health planner for one year only was thought to be adequate. This assumption is now proven to be totally unrealistic.

The incumbent Health Planning Advisor, Mr. Jack Sims, is knowledgeable, speaks Arabic, dedicated, and has won the confidence and respect of MOH senior officials during this brief period of approximately seven months. If he were to leave at the end of his one year assignment, he would leave behind many important tasks unaccomplished and the whole program he had worked hard to establish would probably collapse.

In view of the above, the USAID strongly recommends that the services of the incumbent Health Planning Advisor be extended for two more years, plus the training of three additional participants for the MPH degree; and the provision of urgently needed commodities such as calculators, and minimum of one utility vehicle. It is most likely that achievement will have the desired development impact and the benefits will justify the costs.

IV. Health Survey Component

A. Situation in Ministry of Health

One of the principal reasons that health planning is so underdeveloped in Syria is the complete absence of reliable data on which to base decisions. Such data that exists generally comes from hospital admission statistics. A recent review of currently available data showed that mortality and morbidity statistics are under reported, and data from a few small studies done in the past has never been analysed adequately, nor was there emphasis on following a research protocol or on the quality of the data collected. Furthermore, no position currently exists in the Ministry of Health for handling data collection, health surveys, and data analysis and evaluation. Also, there is a shortage of trained personnel and a chronic lack of funds at the Ministry of Health.

B. Objectives

The primary objective of the "Health Survey" component is to assist the SARG in developing a capability for the design, field testing, implementation, and analysis of a continuous health survey.

C. Planned U.S. Inputs

In order to realize the primary objective stated above, AID has agreed to provide a full-time health survey design advisor (Miss Cathy Connolly) for one year only; two short-term advisors in data analysis for a total of 4 work months; shor-term training of 2 Syrian participants; and basic field-use commodities, i.e. 9 utility vehicles, scales, typewriter, and calculators.

D. Planned Outputs

The planned outputs will be the successful completion of design, implementation, analysis, and evaluation phases of a continuous health survey.

E. Responsibilities of the Health Survey Design Advisor

Since her arrival in Damascus on October 10, 1977 Miss Cathy Connolly has been actively engaged in performing the following two types of responsibilities:

1. Major Responsibilities

a) Act as an Assistant Project Director to the Project Director from the Ministry of Health (MOH)

b) Assist the MOH and the Interministrial Committee to identify the key variables for inclusion in the questionaire

c) Assist the MOH staff in designing the questionaire so as to elicite valid responses

d) Assist the MOH and Central Bureau of Statistics (CBS) in applying statistical techniques to the selection of households for the sample.

e) Assist in setting up the field test and implementation schedule, taking into account the distribution of the weekly household sample in the content of field data collection constraints.

f) Advise the MOH and CBS on establishing a personnel plan for hiring and training of interviewers and any additional central staff needed.

g) Assist in supervising and monitoring the field test.

2. Secondary Responsibilities

a) Assist the MOH in establishing and developing a Department of Health Survey Research to coordinate and systematize ongoing independent health studies

b) Advise the MOH on the development of feed-back mechanism where health survey data is made available to the Directorates of Health in the various Mohafazats.

c) Assist the MOH to upgrade the collection of all health statistics

d) Assist the MOH in developing analytical capabilities to use the results of the survey in the best possible manner.

F. Progress to Date

1. An Interministerial Committee (IMC) for the survey was established in the MOH in November, 1977.

2. The IMC approved the goals, objectives and design of the survey in January 1978. Essentially, the design as approved will be a continuous weekly household interview survey, using a core questionaire given each year and a supplement that would change yearly depending on the information needs of the MOH. It was decided that the supplement for the forst year will be on child health and immunization.

3. A statistician from the MOH was appointed as Director of the survey.

4. A health questionaire committee was created in March, 1978. The first draft of the questionaire was completed in April, 1978.

5. The preliminary sample design was formulated in March, 1978. Five thousand households will be interviewed at the rate of approximately 100 a week. These will be selected from five Mohafazats, representing the various geographic regions of the country. Households will be selected randomly from urban areas and by area sample in rural areas. Brief visits were made to the various regions in order to study possible problems in sampling and interviewing.

6. Originally, it was arranged to have the CBS administer the survey. However, later discussions between the MOH and CBS revealed that the cooperation of the CBS was contingent on obtaining 90,000 Syrian Pounds for per diem supplementation for the CBS interviewers. The MOH was unable to comply with this, and thus the MOH decided to assume full responsibility for the survey, with the CBS as a technical advisor to be reimbursed for its services, i.e. computer time and services of a programmer. This change meant that the MOH must develop a trained staff to conduct the field interviews and administer the survey. Consequently, the MOH began in April, 1978 recruitment of auxiliary health personnel from the five Mohafazats where the survey will be conducted. So far, interviewers and drivers from four of the five Mohafazats have been identified and assigned to the survey. It is hoped that action on the personnel from the fifth Mohafazah will be finalized soon.

G. Issues and Problems

A survey is composed of three parts; the design, the data collection and the analysis. To treat any of these parts separately or to assume that one will automatically follow from the other is to jeopardize the success of the whole survey. Unless all three parts are done well and conjointly, the survey results may be useless. It is with this total picture in mind that the following issues and problems are raised:

1. The change in the responsibility for the survey from the CBS to the MOH has resulted in initially reducing the size of the present survey. However, it is hoped that this change will be in the interest of the MOH in the long run because it (MOH) is now determined to establish and develop its own capability to ensure the continuity of the survey. Furthermore, as this capability develops, the MOH will be in a position to survey the entire country (13 Mohafazats), instead of five Mohafazats as currently planned for the present survey. Accordingly, four more utility vehicles in addition to the nine vehicles already on order will be required, thus assuring needed transportation for the survey personnel--one vehicle for each Mohafazah.

2. Monitoring the data collection is probably one of the most crucial and difficult aspects of survey work. The MOH has no prior experience in conducting and supervising large surveys. Outside assistance to monitor the data collection is therefore, needed.

3. Due to the failure of past, small studies, the MOH is highly skeptical of the survey's utility. A continuous presence of outside assistance for a longer period of time is needed to maintain the MOH's interest and committment to the program.

4. There is a shortage of trained personnel in the MOH. The Director of the survey can not assume full responsibility without a minimum of 6 months training in the United States. As there is no one at present to replace her, the services of the American advisor must be extended to bridge the gap while the Syrian Director is away on training.

5. A good survey is never perfected in just a few months. For example, the U.S. National Health Survey took from 1957-1974 to reach its final form. The considerable staffs of the Bureau of Census and National Center for Health Statistics were constantly studing ways to improve survey methodology and data collection techniques. At present there exist a staff of one at the MOH, one advisor at the CBS and 15 untrained interviewers. It would be impossible for Syria, which has never done a health survey, lacks trained personnel and a good communications system, to design a survey in just one year and implement it unassisted.

6. The availability of computer facilities in Syria is limited. The CBS is installing a new machine in October, 1978. The core size of this machine is

insufficient to handle the statistical package programs like SPSS. The timing of the purchase is unfortunate. It means we must delay testing computer analysis of the data until the machine is fully operational, probably three to 4 months after it is installed. If it is decided to use prewritten programs, given the lack of qualified programmers at the CBS, it becomes most desirable to have the CBS computer upgraded by another unit of core memory. In advance of this, the financial and working relationship between the MOH and the CBS must be clearly defined in such a way that the MOH would have access to the computer on a routine basis and at a reduced cost.

H. Conclusions and Recommendations

With the shift of the responsibility for the survey from the CBS to the MOH, the services of the Health Survey Advisor for one year only, as originally planned, is no longer realistic. In fact, this change in the responsibility for the survey could be a blessing to the MOH in the long run in that the MOH is now faced with the task of developing its own capabilities, instead of relying on the CBS, for the design, field testing, implementation, data analysis, and evaluation of a continuous health survey. In this connection, it is important to point out that the analysis of any health survey data is not just the final report. It is rather the continuous process of ensuring representative sampling, upgrading the quality collected, and providing periodic feed-back to the field workers to maintain their enthusiasm. Furthermore, the maximum benefit from the health survey can be generated in two ways: 1) through the colleciton of needed health data that can be used in setting planning and operational priorities, and 2) through the development of a trained staff in the Ministry of Health. The aspect of training is as important as the results of the survey. It would give the MOH the capability of developing its own special studies on a particular health problem, evaluating ongoing health programs, and upgrading the mortality and morbidity statistics.

The incumbent Health Survey Advisor, Miss Cathy Connolly, is mature, knowledgeable, speaks French, and has developed a smooth working relationship with her counterpart and with senior officials of the MOH. This is no small achievement for a young American lady advisor in a country like Syria where age is a prime prerequisite for being an expert.

In view of the above, a longer term commitment to the health survey is needed. Consequently, the USAID strongly recommends that the services of the incumbent Health Survey Advisor be extended for a minimum of one more year, plus the provision of four more utility vehicles as stated on page 11, Section G1; and the training of the Syrian Project Director for six months and one participant for the MPH degree in biostatistics. The benefits will greatly justify the costs.

V. Revised Budget for Life of Project

A. Total existing sub-obligations (see Annex A)		484,540
B. PIOs to be prepared under original project design (see Annex B)		137,110
C. PIOs to be prepared under redesigned project (see Annex C)		176,850
D. Contract for MSCI (see Annex D)		276,500
Total	$	1,075,000

Development of Health Services (276-006)

Total Existing Sub-Obligations

1.	PIO/T	60031	$ 206,040
2.	PIO/T	70021	40,000
3.	PIO/T	60032	111,020
4.	PIO/T	80023	24,980
5.	PIO/C	60033	10,500
6.	PIO/C	60034	56,000
7.	PIO/C	70014	32,000
8.	PIO/C	80075	4,000
	Total Existing Sub-Obligations		484,540

Development of Health Services (276-006)

PIOs to be Prepared Under Original Project Design

A. Health Planning

1. PIO/P, two participants for MPH degree	$ 60,260	
2. PIO/P, four short-term participants, 3 months each	34,120	

B. Health Survey

1. PIO/P, two short-term participants, 1 month each	7,460	

C. Medical Equipment Maintenance and Repair

1. PIO/P one short-term participant, 3 months	8,530	*
2. PIO/C commodities for mobile van and workshop	26,740	
Total	$ 137,110	

* One participant has already received training in the United States under the General Training Program.

* The Syrian Director is a capable technician and does not need further training.

Development of Health Services (276-006)

PIOs to be Prepared Under Redesigned Project

A. Health Planning

1. PIO/C, one utility vehicle	$ 8,000
2. PIO/C, three calculators	600
3. PIO/P, three participants, MPH degree	90,390

B. Health Survey

1. PIO/C, four utility vehicles	32,000
2. PIO/P, one participant, MPH degree	30,130
3. PIO/P, one participant (Project Director), 6 months	15,730
Total	176,850

Development of Health Services (276-006)

Contract for MSCI

1. Direct Labor

A. Home Office Professionals

Name	Person Months	Salary	Amount
G. Contis	1.5	47,500	5,937
C. Ekimoff	1.5	13,000	1,625

B. Home Office None-Professional

Secretary	2	10,000	1,667

C. Field Staff

J. Sims	24	31,030	62,060
C. Connolly	12	19,260	19,260

Total Direct Labor 90,549

2. Short-Term Consultants

4 Person months X 15 working days/m X $ 125/d = 7,500

3. Allowances

A. Post Differental
15% of field staff salaries 12,198

B. Education Allowance
Kindergarten-one child for two years 2,000

C. Per Diem International
3 Consultants X 21 d each X $ 62 3,782
1 Home Office Project Director, 10 days at $ 62/d 620
Per Diem during travel and in flight 600

D. Per Diem Domestic
2 Field staff, total 130 days at $ 25/d 3,250

Total allowances 22,450

4. Travel and Transportation

A. U.S. Travel

3 Consultants, $ 200/Rt	600

B. International Travel

Home Office Project Director, 1 R T	1,350
3 Consultants, 3 R T	4,050

C. R and R travel

2 Field staff + 1 adult dependent + 2 children dependents, 4 R T at $ 300/RT	1,200

D. Home Leave:

For Sims family	7,800

E. Storage of Household Effects

5000 pounds (Sims family)	2,000
3000 pounds (Connolly)	680
Total travel and transportation	17,680

5. Other Direct Costs

Long Distance Telephone calls	500
Postage	200
Telegrams	400
Books, periodecals, and supplies	500
Workmen's Compensation, $ 8.75/$ 100 (base of $ 81,320 Field Staff Salary)	7,116
Total Other Direct Costs	8,716

6. Overhead

Base $ 90,545 at 45 %	40,745

7. Housing Allowance	
Sims	40,000
Connolly	10,000
Total Housing Allowance	50,000
Sub-Total	237,640
8. G and A	
Base of 237,640 at 10% =	23,764
9. Fee	15,096
Contract Grand Total	276,500