

A Review of the Findings and  
Critique of the Impact Study  
of the John F. Kennedy Medical  
Center

9P

(USAID/Liberia Project No. 669-0054)

C. Suggs  
PPC/E/S

September 18, 1980

## Introduction

This paper reviews the findings and critiques the impact study of the John F. Kennedy Medical Center (Project No. 669-0054) dated March 1980. The Center was built in Monrovia, Liberia, and was intended to serve as the core of a health care delivery system for all of Liberia. The impact study was done by a Liberian management consulting and research firm, COKASCO, Inc., which was contracted by USAID/Liberia to conduct a tripartite special evaluation series.

The JFK Medical Center impact study was the first done in the series. The second study in the series, the impact study on the Upper Lofa County Rural Development Project has also been reviewed by PPC/E/S recently. Cost for the series was \$13,000, of which \$3,000 was spent to fund the JFK impact study.

With this study, as with the Upper Lofa County impact study, the context for reviewing and critiquing is as follows:

- how well the report defines the project's scope and objectives;
- whether the report finds that these objectives were achieved and substantiates these findings;
- whether the report has an adequate research design (including identification of the report's objectives, and identification and consideration of major development issues and major indicators of effectiveness and impact);
- whether the report used a viable methodological approach in the context of its purpose (objective); and,
- whether the report achieved its objective.

## Findings of the Review

Like its successor, the impact study on Upper Lofa County Rural Development, this study is mediocre. However, it succeeds in many ways that the rural development impact study does not, making itself more creditable in the process. Where the rural development impact study failed to satisfactorily define project objectives and scope, this study succeeds. Finding actual project achievements and failures in this report is easier because they are more honestly presented.

This study lacks the style that evidences a good research design as does its successor. However, the weakness in methodology that appeared in the rural development study is somewhat lessened here.

In considering the differences in the two reports, consider also that the JFK Medical Center was a single function project where the rural development project was multifunctional. The locale for the former is urban; for the latter rural. This would effect availability and accessibility of infrastructure and delivery systems -- positively in the former case, negatively in the latter. All these factors may account for a facility in implementing, administering, monitoring, and therefore evaluating the JFK project that was lacking in the rural development project.

While reviewing this study, consideration was given the fact that this study comes two years after the phase out of AID activities, 17 years after the project's implementation, and nine years after National Medical Center (also known as the JFK Center or NMC) became fully operational. Sufficient time had lapsed to conduct rigorous evaluative research into replicability, as well as effectiveness and impact, rather than the "quick and dirty" study of which this is more representative.

### Were the objectives and scope of the project defined?

Yes. According to the impact study, USAID involvement in the John F. Kennedy Medical Center was initiated in 1961, with implementation of AID activities in 1963 and phase out in 1978. During that period a total of \$6.8 million in U.S. capital loans and \$9.2 million in U.S. government technical assistance grants helped to construct the

John F. Kennedy Memorial Hospital and to finance technicians, participant training and commodities. These inputs helped to staff, equip and operate the hospital. AID funding was augmented by Government of Liberia contributions which, during the period 1971 to 1978, came to \$34.4 million.

The JFK Memorial Hospital is one of four distinct institutions which comprise the National Medical Center, and one of the three components funded by AID. Other AID-funded components were the Maternity Hospital (a 200-bed, 100-basinet, obstetrical and gynecological hospital) and the Tubman National Institute of Medical Arts ( a paramedical training facility). The JFK Hospital is the apex of the NMC, which in the pyramidal system of health care delivery comes at the top followed by county hospitals, health centers, county health posts, and village health workers according to the report.

The goal level objective of the project as stated in the impact study was to "assist the GOL to improve the quality of life of the Liberian populace by providing improved national public health and family planning services." At the purpose level, the project was to strengthen and improve the effectiveness of the NMC as the key institution and nucleus of the GOL nationwide health delivery system. AID assistance was limited to establishing the three institutional components described above.

The project's basic assumptions, according to the study, were that:

- GOL would give the Ministry of Health sufficient authority to implement a National Health Care Delivery System using the NMC as a key element;
- a Charter would establish the Center and be a guide to project plan implementation;
- there would be continuity of qualified staff to implement the plans; and,
- there would be continued and increasing GOL financial commitment in proportion to its increased role and decreasing U.S. inputs over time.

Were project objectives achieved?

The impact study concentrates more on the accomplishment of the JFK Hospital than on the other two components funded by AID. It suggests that these are operational but gives no indication to what degree these are approaching, or have achieved, projected levels of effectiveness.

The impact study recognizes shortcomings but maintains that during their research the team uncovered a "story of steady progress . . . citing the following general indicators of the project's success:

- increase in the amount of the national budget allotted to health services, specifically in the amount allotted to the NMC;
- increase in the numbers of qualified Liberian physicians and dentists on record in the country, from fewer than 30 in 1971 to nearly 100 in 1979 (There was, however, no indication of how many of these were medical doctors as opposed to dentists. Nor was there an indication of how the doctors and dentists were deployed, i.e., who benefited most from their services.);
- the graduation of 61 doctors from the Medical College of the University of Liberia since its first class in 1973;
- the evolution of the NMC as a teaching hospital complex; and,
- the considerable transfer of Western technology embodied in the Center's warehousing system, modern administration center, isolation ward, cancer research center, diagnostic laboratories.

Among the problems clearly defined in the study were the recurrent costs of the Center which claim more than 40 percent of total recurrent national health costs. Also, the report mentions that budgetary constraints on operating funds and salaries cause high turn-over in personnel, disgruntlement among those who stay, and disincentives for staff to perform at optimal levels. These constraints in the face of rising per diem patient costs, excessive patient loads (hospitals overcrowded), and stationary budgets are likely, the evaluators feel, to lead to a deterioration of patient care and health service delivery quality.

The view of the study is that the overcrowding of hospitals is caused in part by the many children who are treated at hospital facilities without cost. The study states that the "situation is likely to deteriorate further unless a separate children's hospital is created or present facilities at JFK are expanded.

Another problem defined by the study was that of the cultural inappropriateness of the JFK Hospital. "Key informants" suggest that the hospital is largely an American transplant whose design and layout do not conform to the African cultural context. Further, the study reveals that, certain equipment and supplies are considered too sophisticated for both staff and patients, leading to occasional operational and maintenance problems for staff.

The cultural problem is not given as much weight as the others by the study team. Perhaps, it should not be so quickly dismissed. Questions of cultural appropriateness dovetail with questions of whether a particular type of intervention is what the project beneficiaries want, need, or will adopt.

The high death rate at the JFK Hospital (which has earned for it among Monroviaans the soubriquet, Just For Killing) is explained by the study as a result of the use of the hospital by the populace as a court of last resort. By GOL policy, we are told, the emphasis on the services at the Hospital is curative rather than preventive. Further, the study states, the majority of those who die at JFK are poor children. They die, according to the study, of preventable illnesses. This suggested to the evaluation team the priority of focusing the health care system on preventive medicine.

The report could have delved more deeply into effectiveness and impact issues of preventive versus curative medical systems at this point; but did not. Such a treatment would raise questions whether or not inversion of the pyramid (as conceptualized in the JFK project) is necessary. It would also require the evaluators to study more thoroughly the effectiveness and impact of the delivery system linkages between the core (NMC) and the periphery (village health care centers).

---

Impact of the project was broken out in three categories: economic, social and policy. This study makes what amounts to a non-statement about the economic impact of the project, leaving the reader unsure whether the impact on the national economy was more negative, more positive, or non-existent. Reference is made to multiplier effect of four which made annual economic impact about \$28 million in 1979. What does this really say about income? It says nothing about actual per capita increase from prior years (specifically, from pre-project baselines). Even if one accepts, without question, the study's statement that income increased, who enjoyed this increase; what indicators does the study use to show that this increase affected consumption or improved the quality of life. The study makes mention of 100 U.S.-trained Liberian professionals, "most" of whom, we are told, are still employed in the national health care system. But, what does "most" constitute? And, what did "brain drain" cost the economy in real terms?

In addition, no attempt was made by the study team to measure the indirect benefits of increased productivity due to a healthier population because, as the study states, such findings are difficult to measure quantitatively. Finally, we are told, "on the negative side, the annual cost of operating the NMC is . . . more than 40 percent of the total health budget," creating a serious drain on national public finance not offset by income from patient fees which are insignificant.

Among outcomes with positive social impact, the study includes:

- major contribution toward the improvement, over time, of basic health indicators (including life expectancy at birth, infant mortality rate, child mortality rate, population per physician, population per nurse, and crude death rate);
- hospital serves as "village square" as patients waiting in halls and waiting rooms converse with acquaintances (!);
- hospital has "welfare" aspects in that the poor who come there are given food, clothing and/or medical care, according to their needs.

Social drawbacks were described as overcrowding, long-waiting periods for patients, the non-central location of the hospital which requires up-country patients to travel great distances to get treatment, and a perception among the general public that the hospital is a death house which makes some people reluctant to seek medical attention there. Not included in the social impacts section of the report, but an outcome with significant social, and some economic, ramifications is the exploitation of the hospital by those who can afford to pay, by private companies, and by the local government. Some well-to-do use the hospital as a nursing home for terminal elderly, and private companies send their workers (at no cost) to JFK Memorial for treatment when they could afford to send them to private clinics or hospitals. The local government joins these exploiters, using JFK facilities as the official city morgue. The depredations by these three groups has added to already critical space problems.

The greatest impact on GOL policy, as stated by the report, was its commitment to the institutionalization of the NMC. The project has failed to exert the anticipated impact on GOL in regard to family planning policy: that its purpose of "improving national family planning services" has had very limited adaptation by the GOL, and has not led to policy change. The NMC has had little effect, as well, in changing GOL preference for curative services as opposed to preventive services according to the report.

Generally, achievement of project objectives at the purpose level was successful despite problems that need to be addressed. However, success at the goal level is not as apparent and seems unlikely unless GOL policy and commitment, in the areas of family planning and preventive medicine, changes.

Does the report have a clear research design?

In this study, as in the Upper Lofa County rural development study, proper research design is questionable. The study does not state its purpose or objectives. Although, from the cover sheet, one expects to read about impact, the reader is not told in what context this impact will be presented. What are the major hypotheses about health care in developing countries that need to be addressed in terms of this project? What are the major impact issues: institutionalization, effectiveness, benefit to the population, or replicability of the project? This study does not say.

This study, unlike the Upper Lofa County study, does have a conclusion which states the general success of the project but sees a need to relocate the Maternity Hospital and teaching components, renovate certain sections of the JFK Hospital, and construct a children's hospital. However, policy implications for AID or other donors were not made clear.

As indicated earlier in this paper, questions raised by the outcomes of the project's intervention as to GOL policy were not given adequate address. For instance, the tradeoff between preventive and curative medical systems was not well explored, and may be the most critical question facing the Liberian health planners at this point. The report also fails to examine the issue of family planning as thoroughly as it should, considering that establishing family planning in the nation was a major goal which has not been achieved, and for which GOL commitment is lacking.

Was the methodology viable?

A report should indicate its sources of information; the personnel involved in research; the type of research (i.e., experimental or non-experimental, case study, or observation) and how the research was conducted (i.e., intensively or extensively); where research was done (e.g., in the field, or at a desk); the development of research strategy; the major issues involved and how they were determined. Also indicated in the methodological statement should be the amount of time spent in research. This study fulfills some, but not all of these requirements.

The "key informant" survey was used to canvas participant opinion of the project. Beyond this source of information, it is unclear what the other sources of data were. The "key informant" approach to eliciting unbiased impressions is suspect. In this study, for instance, only urban participants were canvassed. Yet, the project was to have impact on all of the nation. So, why were rural participants not surveyed to elicit their opinions about the outreach effectiveness of the health care delivery system headed up by the NMC?

We are told that the research was conducted by a private Liberian management consulting and research firm, but given no specific information about the individual qualifications of the researchers involved in the impact study. Although we are told that interviews of informants took place in the field (Monrovia), the type of research is not defined. We are not told how it was conducted.

To some extent ( in terms of the questionnaire) development of research strategy was discussed. We are told in Appendix No. 3, that the total evaluation effort took nine weeks. No mention is made of what the study's major issues are, or how they were determined.

### Conclusions

The report convincingly concludes that the project has been successful in providing hospital facilities, and teaching facilities, which comprise the NMC. However, budgetary constraints, administrative problems, as well as problems with staff morale and turn-over raise serious questions about the future ability of the NMC to meet the health needs of even Monrovia citizens (who appear to be the chief beneficiaries of the project at this point). Whole sections of the population appear to be in need of outreach of basic health care services, and the opportunity cost of an urban hospital absorbing 40 percent of the country's medical budget is high. Discussion of preventive medicine and family planning would have been particularly welcome in this regard.

We find the quality of the impact study deficient. Even as a "quick and dirty" evaluation it is not up to par. (By comparison with the recent studies done in the "Bennet" exercise, this is an unprofessional job.) A need for guidance, to the Mission and host-country evaluators, in designing and conducting impact evaluation research, is indicated.