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**FINAL REPORT
OF THE
HEALTH PLANNING ADVISOR
DEVELOPMENT OF HEALTH SERVICES
SYRIA PROJECT
CONTRACT AID/NE-C-1422**

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I. INTRODUCTION

Development of Health Services/Syria, Project No. 276-11-570-006, encompassed three different activities in support of the central Ministry of Health of the Syrian Arab Republic.

Medical Service Consultants, Inc.'s (MSCI), areas of responsibility and advisory effort involved two of these activities, as specified by AID contract, AID/NE-C-1422. These were:

- to develop a centralized Health Planning Department within the Ministry of Health, and
- to establish a functional, continuous Health Survey under the auspices of the Ministry of Health and the Central Bureau of Statistics of the Syrian Arab Republic.

A third activity, medical equipment repair, was undertaken by an individual working as a direct contractor to USAID and is not, of necessity, a subject of this report.

This project was based on a dual approach to the development of health services encompassing a planning function and a data acquisition function. This is an extremely realistic design. Each area enhances and validates the work of the other.

Under this concept, the Health Planning Department originates data requests necessary for its ongoing functions. The Health Survey supports the planning function by supplying the data it requires. The survey also serves as a continual evaluation of the outcome of the planning activities as they affect the health status of the Syrian population. Thus, the developmental support of one without the other would result in either a planning department without the necessary data for its operations or in a continuous health survey producing information in a vacuum with no subsequent utilization.

The immediate and long-term beneficiaries of this development project were the general public of the host country, in particular those who must depend upon the public health services rather than upon private clinical services.

The MSCI Health Planning Advisor, along with Syrian counterparts, initiated health planning activities to perform the following tasks:

- A. Preparation of a two-year work plan for developing a national capability in health planning to include the Advisor's input, short-term advisor requirements and activities, training recommendations, a Syrian staffing pattern for the health planning unit, and other required actions.
- B. Provision of advisory assistance to Syrian counterparts regarding those health planning activities that would

be of greatest importance to SARG decision makers in their development of health policy over the next five years.

- C. Provision of technical assistance to the health planning activities defined in Step B above.
- D. Identification of training needs of the health planning unit and selection of appropriate curricula and institutions for such training.

II. PROJECT ACCOMPLISHMENTS

A. The Development of a Three-Year Work Plan

On November 1, 1977, a baseline Program Progress Tracking Chart (PPT) was finalized. This was well in advance of the four months allowed by the contract for completion of this activity. As a guideline, the PPT proposed a three-tier system. Each activity was a separate entity designed to accomplish specific objectives. Together these activities formed an integrated matrix of temporally related activities.

The upper tier activity was that of the short-term consultants. The middle tier itemized activities assigned to the Health Planning Advisor, USAID, and the Ministry of Health. The lower tier of the matrix constituted expected operational activities of the Planning Department as a functioning unit.

All activities were to cycle on an annual basis, with the exception of long-term Masters of Public Health study activity which was to cycle on a two-year basis (from original placement to final return of the candidates). The placement of candidates in a study institution was designed to cycle annually. Thus, there would be academic participants in the second and final year as a new group was entering the first training year.

The absence of any planning activities within the Ministry of Health demonstrated the need for a PPT Chart. Initially, the Planning Department existed only "on paper." It was felt that

the Planning Department would require a minimum of five professionals together with support staff. Additional staff would be required to respond to the Ministry's ongoing requests for planning information and activities. Thus, while the Ministry recognized the usefulness of the Planning Department, adequate staff was not assigned to this department. This was very confusing in the beginning stages of the project and was eventually of crucial importance.

The three-year PPT was presented to the Ministry of Health and was approved in December 1977. There was, however, a question concerning the proposed length of the program (three years) in relationship to the contract period, one year. A request for a contract extension was submitted and approved by USAID. The reason given was that an existing planning structure needed to be in place so that the returning Syrian participant trainees would not be dispersed to other Ministry departments.

B. Provision of Health Planning Advisory Assistance

Working with the Ministry of Health, the MSCI Health Planning Advisor outlined the major activities of the Planning Department and the required input needed from the Ministry.

These included:

1. the determination of the reliability and validity of the existing health information systems of the Ministry of Health;
2. the evaluation of delivery mechanisms using the following criteria: suitability-efficiency,

population distribution, morbidity and mortality patterns, health personnel availability and training, logistics, and administration;

3. a systems analysis of various Ministry operations including objectives, goals, and time frames; and
4. a cost benefit analysis of various Ministry programs. After several preliminary attempts, this activity was omitted.

C. Areas of Technical Assistance

1. Health Information System

- a. Routine Data Collection: The Planning Department performed a task analysis of staff functions within the Statistics Department. This showed that the Director of the Department spent a major portion of each month trying to improve the data reporting from service units.

A graph was prepared comparing reporting performance by each Mohafazat. From the graph, two things became obvious: one, given the low reporting level of most Mohafazats, the statistics of the Ministry of Health were quite incomplete; two, that a large number of handwritten letters were sent each month by the Directoress of Statistics requesting that service reports be submitted.

A survey of the master list of service facilities by several members of the field staff also indicated that the Ministry of Health did not have current figures on the number of operating service units. Newly opened ones were added, but inoperative units were never taken off the list.

This exercise allowed the Planning Department to demonstrate to mid-level Ministry management the importance of simple data/activities summaries as opposed to case-by-case analysis.

Later, a report was developed and submitted to the Ministry on the mechanism for upgrading the existing Health Information System. The Ministry was interested in developing computerized information capabilities to facilitate data summary and to monitor programs. The sheer amount of valuable data that required processing suggested that computerized processing might be useful.

In the past, several planning attempts had been unsuccessful because data that was available could not be retrieved given the existing resources.

USAID's involvement was requested to identify a team of experts and a source of funding for a study to investigate the feasibility of using computers to store and process health data.

- b. Zoonotic Disease Control: A consultant initiated a project on the status of zoonotic diseases in Syria. A questionnaire was developed concerning surveillance, reporting, preventive measures, facilities, programs, and existing or planned staff and specialties.

Prior to this planning exercise, the Ministry of Health had relied solely upon its own data sources. Some information had been exchanged in interministerial meetings, but no effort had been made to identify and utilize outside data.

In the course of this project, pharmaceutical company representatives who supplied drugs used in zoonotic control among livestock were interviewed and government abattoirs and meat processing units were visited. All groups cooperated in this effort, and discussions with them stressed the necessity for a thorough and joint program in zoonotics.

The health planning team met with representatives in the Ministry of Health and the Ministry of Agriculture to discuss these findings. Unfortunately, no action was taken on this issue.

- c. **Epidemiological Survey Team:** The feasibility of developing an epidemiological survey team was studied. Statistical data was reviewed to identify possible long-term morbidity patterns that might be studied through an epidemiological survey. Team resource requirements were identified and a program developed for the Ministry.

2. Evaluation of Delivery Mechanism

Field evaluations of various Public Health Service facilities were made. Discussions with personnel at all levels indicated the existence of a major logistic planning problem. Complaints were frequently heard that supplies ordered from the central Ministry were not forthcoming and that this impacted on patient care. In response to this situation, a lecture was designed and delivered by the health planning counterpart at each center visited explaining a mechanism for coping with this problem.

The health planning counterpart also undertook a complete analysis of the central Ministry logistics system. While the structural organization was acceptable, there were poorly defined criteria for acceptance or rejection of requests and for feedback to the field facilities. A report was prepared by the counterpart's staff recommending modifications in the system. This report was submitted to the Ministry of Health for action.

The MSCI Health Planning Advisor and his counterpart were normally accompanied on field trips by various mid-level management personnel, some of whom had never been out in the field. After the field trip, a structured analysis of the visit examined the attitudes of the participants regarding their roles in the Ministry. The response of many of the individuals involved was one of short-term enthusiasm followed by extreme frustration when they tried to initiate changes in operating patterns.

3. Systems Analysis of Several Ministry Operations
 - a. Five-Year Plan: The basis of the Ministry of Health segment of the five-year plan is a document known as the "T14 Document." The T14 Document establishes by law the staffing of both existing and proposed service facilities.

A planning group met to examine this document. A chart was prepared relating health service centers to population distribution. Distribution of both groups of facilities was shown to follow a political, not a population, pattern. A second graph summarized the various job specialties needed to fulfill T14. In some cases, just to staff the existing facilities would require more than a 1,000% increase in some basic health personnel areas.

Of the options presented to the Ministry, only one seemed realistic--the establishment of a training program to assure sufficient personnel to staff the needed positions. These findings were communicated to USAID/Damascus with a professional opinion that, given the data, financial support of health centers would be of questionable benefit to the Ministry of Health unless there was adequate health manpower.

- b. National Health Insurance Plan: Meetings concerning the National Health Insurance Plan required advisory input from time to time. Both USAID/Damascus and the Ministry of Health requested an analysis of the decree establishing the Plan. The report was based on projections

of consumer utilization rates and costs versus revenue from estimated subscriptions. The success of the insurance program as currently designed was doubtful, a conclusion which was supported by a World Health Organization report.

- c. Identification of Training Needs: On October 25, 1977, USAID/Damascus and the Ministry of Health were officially informed of the number of candidates requested for training, the levels of training to be given, the areas of training, and the institutions recommended for training. The identified areas for Masters of Public Health level training were Rural Health Delivery Systems Planning and Analysis, Rural Environmental Health and Sanitation Planning and Analysis, Rural Health Informational Systems Planning and Analysis, and Rural Disease Control Program Planning and Analysis. An immediate effort was made to recruit the four MPH participants. The response was very poor. Almost one year later, candidates were appointed. These candidates resigned from the program for personal reasons, and four new participants were identified by July 1979.

A major difficulty caused by the recruitment delays was overcome when the School of Public Health authorized a field evaluation and official acceptance of the proposed participants by a short-term consultant provided under MSCI's contract. The on-site evaluation of the participants and their work setting allowed the development of an individualized program to meet the needs of the students and the Ministry. The four candidates departed for the University of Texas, School of Public Health, September 13, 1979.

Another training need was identified in the nursing field. Two nurses were recruited for work on a joint Masters in Nursing and Public Health. The two nurses enrolled in programs at the University of California.

As part of the hospital administration program initiated by the Prime Minister, the Ministry requested the Health Planning Advisor to design an appropriate training curriculum for the Ministry. A program was developed with emphasis on Public Health and Management. The study program was submitted to the Prime Minister and approved.

While the first 19 candidates were awaiting placement in suitable schools, the Ministry appointed a second group of 20 students to follow the original group. This was enthusiastically received because it would create the core of personnel needed to establish and continue the effective functioning and upgrading of the Ministry of Health's administrative and service operations.

In March 1979, a joint committee was formed consisting of representatives from the Ministry of Health, the Ministry of Higher Education, and the State Planning Commission. The committee was charged with reviewing the health training requirements of the Ministry of Health and the Ministry of Higher Education.

The health planning counterpart assumed chairmanship for the Ministry of Health. He requested that a short-term consultant determine the training needs of the entire Ministry. The report, developed as a result of the visit by the short-term consultant, was submitted to the Ministry of Higher Education which reviewed and accepted it in total. The report was then passed to the Prime Minister and accepted by his office. Using the short-term consultant's

report as a guideline, the Ministry of Health immediately identified eight physicians for training in Public Health fields. The Ministry of Higher Education identified an additional three participants. The Health Planning Advisor was asked to identify appropriate training institutions and approached USAID/Damascus for funding.

III. INTERDEPENDENCE OF PLANNING ACTIVITIES AND PROBLEMS ENCOUNTERED

The Development of Health Services/Syria Project was designed to encompass such realities as the availability of short-term consultants and time lags inherent in governmental administrative processes. It was based on two assumptions-- that activities have to take place and that they have to take place during the times specified.

Planning is a coordinated function that requires the orchestration of several simultaneously occurring activities. During the life of this project, the planning sector experienced the very organizational difficulties it was trying to eliminate, namely the uncoordinated piecemeal commitment of limited resources. Each failure of coordination either extended the time required to complete the project or required the project to be redesigned.

The following were areas in which problems occurred which resulted in project delays.

A. Appointment of a Suitable Counterpart

The first counterpart assigned in March 1978 was transferred to another project in August 1978. In May 1979, a suitable counterpart was found, but he left in August 1979 and no one took his place.

B. Assignment of Personnel to the Planning Staff

The Ministry of Health failed to officially establish or fund the planning positions requested. Numerous unsuccessful meetings were held with the Director of Research Planning.

It is difficult to determine if this inability to create the required positions was due to budgetary restrictions, lack of recruiting capabilities, or such Ministry hiring policies as:

- A Ministry cannot recruit persons independently, but must go through a central labor pool.
- Placement of personnel is done by the Labor Board using unspecified criteria reflecting neither the skills of the person nor the needs of a Ministry.
- Appointments from labor pools cannot be refused.

C. Recruitment of Participants

The participant recruitment process was long and frustrating. It served to identify a number of problems and bottlenecks in locating participants for long-term academic study.

1. An analysis of the Syrian Educational System identified many areas that require remedial work before students can be integrated into a U.S. program of graduate studies. Once identified, the academic candidates required up to one year of in-country language training and up to one year longer to complete a Master's program.

2. Many barriers discouraged participants from applying. The primary difficulty was that the academic stipends were too low for the older graduate students. Due to the lack of employment incentives from the Syrian government, little value is placed on study abroad. This meant that well-qualified participants with prior health experience and required qualifications were not willing to go to the U.S. for training.
3. The process for recognizing foreign-earned degrees in Syria was documented. If a comparable degree is offered in Syria, the foreign-earned degree is recognized by the Syrian Government (e.g., M.D., Ph.D). The Masters of Public Health degree is not given in Syrian universities. Therefore, application for recognition has to be made to the Ministry of Education. On September 10, 1978, this Ministry refused to recognize the MPH. The Health Planning Advisor requested intervention by representatives of the U.S. Government. Such action was not deemed possible at that time.

Because these factors were partly responsible for delaying this project, they should be taken into consideration in the design of future projects in Syria.

D. The Original Scope of the Project

The original scope of the planning project and its intent were overly ambitious for a single year. Even in the U.S. where trained staff and resources are available, such projects require four to six years of intense work by large staffs. In Syria, knowledgeable individuals have estimated 20 to 25 years would be needed for a similar program.

When the project is viewed as a field test, with the same stated goals but with a much more restricted level of input, the project could be considered viable. It was agreed, after the initial review, that a two-year extension was justified to permit the project some time to accomplish its goals.

IV. CONCLUSION

The departure of the first four academic participants accomplished a major objective of the project. At that time, it was not viewed as such since it was only a part of a continuing effort involving 37 other participants.

By this stage of the project, planning activities were well under way. These included analysis of the five-year plan, technical assistance for the implementation of the General Organization of Health Insurance, and the design of strategies to develop training for senior-level management positions.

In the spring of 1980, USAID/Damascus informed the contractor that no uncommitted training funds were available and further AID training funds were not expected to be forthcoming. The two prime activities of training the 37 mid-level management personnel and the senior-level management people in Public Health were placed on an inactive status.

After discussions with USAID and the Ministry of Health, it was decided that the project had successfully completed its goals and stated objectives in the project period. The project had:

- demonstrated the advisory absorption capacity and needs of the Ministry of Health;
- identified actual response capabilities of the Ministry to further developmental support and delineated what that support might be;

- identified those areas or departments within the Ministry most amenable to technical assistance input; and
- set the stage for long-term improvement through the participant training program.

The Medical Service Consultants, Inc. Project Team fulfilled and exceeded the project goals.

V. ACKNOWLEDGMENT

Liaison and professional advice and assistance from USAID to the MSCI staff was exemplary. On behalf of the Project Team, I would like to express my gratitude to the staffs of USAID/Damascus and the SARG Ministry of Health for the opportunity to participate in this project.