PD-ABC-929

UNITED STATES GOVERNMENT

ISN 72160

memorandum

DATE: April 3, 1991

REPLY TO ATTN OF: Sarah George, Project Officer, General Development Office

SUBJECT: Project Assistance Completion Report
Health Systems Management Project (517-0153)

TO: Project Committee and the Files

This report documents the final status of the subject project as of the Project Assistance Completion Date (PACD) of October 31, 1990.

Brief Project History:

The Health Systems Management project was authorized on January 27, 1984 with a total A.I.D. funding of US$8 million, $4 million loan and $4 million grant, with a Project Assistance Completion Date (PACD) of April 30, 1989. The Loan and Grant Agreement was signed with the MOH on February 28, 1984. The Dominican Congress did not approve the loan, and therefore in July of 1985, the project was scaled back, eliminating the $4 million loan component, reducing the grant component from $4 to $1.5 and changing the Project Assistance Completion Date to April 30, 1988. The project was subsequently amended four times to increase the funding from $1.5 to $2.7 million and to extend the PACD to October 31, 1990.

The original goal of the project was: to increase the quantity and quality of SESPAS-delivered primary health care services. The purpose of the project was to improve SESPAS management systems and concurrently to develop the capacity within SESPAS to administer and manage health services by improving SESPAS finance, logistics, information, supervision, personnel, maintenance and planning systems. SESPAS personnel were to have learned administrative and management skills through in-country workshops, long-term participant training and a built-in continuing education program. In addition to the major management systems and training activities mentioned above, the project included a Priority Disease Control Component the purpose of which was to strenghten the ability of SESPAS to deal effectively with certain communicable diseases, namely, schistosomiasis, dengue and yellow fever. With the diminution of the project in July of 1985, only three management systems were to be addressed: financial, information and personnel (Management Systems Improvement Component) also surveillance and control systems for schistosomiasis, dengue and yellow fever were to be developed (Disease Control Component).

In order to achieve significant functional and operational improvements in the management support systems, the project was to provide funding for technical assistance. A two-year contract for technical assistance was awarded to Clapp & Mayne in October of 1986.

Based on the results of an Institutional Analysis conducted in June of 1988, which determined that the project had improved many SESPAS management systems, the project was expanded to provide assistance to SESPAS in reforming the purchasing and supply system, improving the monitoring/supervision of project activities in two pilot health regions, developing and implementing a management course for mid-level regional administrators, and upgrading the Dirección Nacional de Salud so that it could better coordinate this and other A.I.D. funded projects. The amendment also aimed to institutionalize project activities in the area of financial management, information systems and personnel administration. The PACD was extended to October 31, 1990 and a new, two-year contract for technical assistance was awarded to Clapp and Mayne.

Delivery of Project Inputs

Technical Assistance

SESPAS was provided with a resident advisor for 4 years and received a total of 108 short-term technical consultancies. The technical assistance was utilized to evaluate in detail the status of the management systems, and develop, implement and institutionalize improved systems of financial management, management information systems, human resources administration and purchasing and supply. The project allocated $1,805,000 in A.I.D. funding to cover long and short-term TA. A total of $1,646,312* (91%) was expended for technical assistance. This amount included the procurement of 8 vehicles and spare parts to monitor implementation of new management systems in the health regions, and 4 sets of computer hardware and software to expand SESPAS' management information system.

Skills Training

A total of 137 in-country training sessions were financed by the project in the areas of accounting, budgeting, information management and personnel. A buy-in was made to AUPHA to implement a mid-level management course for 225 participants including 25 participants from the private sector. The project allocated $176,046 for skills training. A total of $90,863* (51%) was expended under this category.

Participants Training

The project budgeted $7,000 for out-of-country training. A total of 9 participants attended short-term training in project- related areas. A total of $6,600* (94%) was expended for out-country training.

Equipment and Maintenance

The project allocated $241,503 for equipment and maintenance. A total of $230,330* (95%) was expended for the procurement of six sets of computer equipment and software and other equipment to support SESPAS management systems (calculators, file cabinets, typewriters, office furniture and office supplies, etc.).

Start-up Costs

Under this category the project budgeted $96,220. A total of $89,488* (93%) was expended to finance start-up costs of the new management systems (printing of new forms, purchase of a stock of computer paper and print ribbons, perdiems for start-up supervision of the new systems in the regions, etc.) and costs of installation, maintenance, repair and operation of the generators donated to SESPAS under the project.

Evaluation/Audit

The project allocated $97,331 under this category. A total of $25,631* (26%) was expended for evaluation/audit. Various internal evaluations were conducted, e.g. the new SESPAS budget process once implemented. An audit of SESPAS management of project funds is being conducted at present. An impact evaluation, scheduled to be conducted four months after the PACD, was funded with PD&S. The final evaluation report is being printed.

Project Management

This component was created with the project extension in August 1988 to finance the salary of the USAID Project Manager and to upgrade staff and facilities of the Dirección Nacional de Salud, the office coordinating the project. A total of $113,981 was budgeted under this category of which $61,685* (57%) was expended.

Disease Control

The disease control component was allocated $250,000 (dengue/yellow fever - 100,000; schistosomiasis - 150,000) Under this category $212,216* (84%) was expended. A laboratory for the diagnosis of dengue and yellow fever was installed, a system for monitoring of dengue prevalence was established and an emergency plan for managing dengue hemorraghic fever epidemics was developed.

Counterpart Contribution

The counterpart requirement was originally established at the peso equivalent of US$3,061,000 in-kind and in cash and was subsequently decreased to $1,027,000. According to the last SAR the GODR contributed a total of $951,800 in-kind and in cash. In- kind contributions included staff salaries, physical facilities for training sessions, office space. In-cash contributions were applied mainly to finance the schistosomiasis surveillance and control program.

*As of 02/28/91 Project Financial Status Report

Project Accomplishments

The following table shows the status of the various EOPS at the end of the project:

EOPS

1. The MIS will routinely provide information on the performance of each management system.	Regular reporting is taking place on epidemiology, vaccination, production of services, personnel data and accounting.
2. Recurring costs of all activities will be routinely estimated and cost recovery policies and systems utilized.	Recurring costs estimated in preparing the annual budget. Cost recovery policy approved and procedures are being developed for nation-wide implementation.
3. Majority of SESPAS key personnel will have job descriptions in a standard format.	Completed, but normally not used for hiring or supervision.
4. Disease control programs fully established and operating.	Dengue and Schistosomiasis programs are fully operational.
5. Majority of SESPAS personnel trained in administrative skills required to perform their job.	225 of 408 mid-level administrative personnel have been trained.

MAJOR OUTPUTS

1. Management Systems Improvement Component

1.1 SESPAS Financial Management Systems - 100% of the planned outputs (13) were actually accomplished under this functional element: 1) The budgeting process was revised so that budgets are now based on programmatic targets set by each SESPAS' operating unit; 2) A cost-benefit analysis was introduced in the planning process; 3) Indicators of efficiency, productivity and quality for SESPAS programs and activities have been established; 4) SESPAS' Subsecretariat of Planning, General Directorate of Fianances, and Office of Internal Auditing have been reorganized and their functions redefined; 5) A simple cost accounting system for operating units has been designed and instituted; 6) A procedure manual to determine the funds to be provided to public hospitals has been developed and instituted;

7) Procedure manuals for the authorization of official signatures and control of the flow of checks have been developed and instituted; 8) Financial reporting formats have been revised to assure that relevant fianancial information is systematically provided to SESPAS authorities; 9) SESPAS resources have been redistributed as per new budgeting procedures; 10) A Procedure Manual to ensure that paychecks are issued only to current SESPAS employees has been developed and instituted; 11) A system to monitor budget execution has been designed and instituted; 12) An accounting system for control of funds generated by cost recovery programs has been drafted; and 13) The computerized financial system has been extended to four more regions.

1.2 SESPAS Management Information Systems - 100% of the planned outputs (11) were accomplished under this functional element: 1) SESPAS personnel was trained in information system procedures; 2) SESPAS' information needs have been documented; 3) Forms used by SESPAS have been reviewed and redesigned; 4) The following information has been incorporated in the SESPAS information system: budget and program execution, financial reports, cost control, service and facilities utilization, operating efficiency, service and facilities utilization, operating efficiency, service quality, productivity, morbidity and mortality data; 5) The sufficiency, speed and accuracy of the data processing system have been improved; 6) Basic data processing hardware and software have been procured; 7) A data processing procedure manual has been developed and instituted; 8) SESPAS Statistics Department has been reorganized; 9) A system to include feedback to the information flow process has been developed; 10) Procedures for data quality control have been established; and 11) A system for periodically gathering morbidity and service utilization data has been drafted.

1.3 SESPAS Human Resources Management Systems - 90% of the planned outputs (10) were accomplished under the element: 1) Functions of the General Directorates of Personnel and Human Resources have been redefined; 2) A personnel policy has been developed and instituted; 3) Simple methods for classifying positions have been developed and implemented; 4) Job descriptions for approximately 30 top level SESPAS officials have been prepared; 5) The Personnel Code prepared by the General Directorate of Personnel in 1985 has been analyzed, updated and implemented; 6) The Personnel Department has been restructured and defined positions have been filled with qualified people; 7) The following personnel manuals prepared in 1980 have been updated and gradually implemented: Recruitment, Selection and Hiring of Personnel and Performance Evaluation and Personnel Programming; 8) Supervision guidelines have been developed and SESPAS personnel have been trained in their use; 9) procedures for maintaining a personnel registry have been updated and SESPAS personnel have been trained so that they maintain a perpetual

inventory of personnel, by category, service level health facility and source of funding. The development of employee productivity and quality standards to institute personnel evaluation was not accomplished. A draft Manual for personnel Performance was delivered to SESPAS before the PACD.

1.4 SESPAS Purchasing and Supply Systems - 50% of the planned outputs were accomplished under this functional element; 1) The organization and functioning of central level procurement, warehousing and distribution have been studied and reforms have been recommended and approved, 2) Norms and procedures have been developed for central and regional level purchasing processes. Due to delay in designation of the heads of the newly created sections, the implementation of reformed purchasing and supply systems was not possible.

1.5 SESPAS Supervision/Monitoring System - 100% of the planned outputs (5) have been accomplished under this element: 1) Guidelines for supervising/monitoring the implementation of new management systems have been developed and instituted; 3) Maintenance and control procedures for vehicles purchased under the project have been developed and instituted; 4) Procedures for operating a central level motor pool have been developed and implemented and 5) A monitoring system to determine the impact on productivity of activities implemented under the project has been designed and implemented.

2. <u>Disease Control Component</u>

Under this component 9 major outputs were planned. All five outputs in the dengue/yellow fever element were accomplished as follows: 1) The National Laboratory has established an in-country capability of diagnosing dengue; 2) Two vector and dengue studies have been conducted; 3) 13 epidemiological bulletins have been published and distributed; 4) 10 health personnel have been given out-of-country training; and 5) 765 health personnel received in-country training in dengue surveillance. Two out of four outputs have been accomplished in the schistosomiasis element: 1) 7 health personnel have been trained in-country in control and diagnosis of schistosomiasis and 2) 2 health personnel have been trained abroad in schistosomiasis control. The project also partially contributed to the development of a facility capable of diagnosing schistosomiasis on a regional basis. 108 doctors were to be trained in-country in schistosomiasis referral. This output was not accomplished mainly attributable to delay in local currency disbursements.

Progress Towards Achievement of Project Purpose

The original project purpose of improving SESPAS management systems and developing SESPAS's capacity to better manage health services was partially achieved. Institutional development was achieved in the areas of budgeting, accounting and information systems. Even though most of the project EOPS were accomplished by the end of the project, longer term assistance would have been needed to institutionalize all reforms, i.e. personnel systems.

Project Design Recommendations

Appropriate adjustments were made in the second amendment, which extended the PACD and expanded the project to provide assistance in three additional management areas. A recommendation for any future project designs of this type is to provide a longer time frame to secure institutionalization and sustainability of reforms.

Requirements for Continuing Monitoring

Some follow-up activities would be desirable to maintain the gains made under the project, i.e. information systems.

Requirement for further Data Analysis or evaluation

The project has been subjected to a mid-term evaluation (Institutional analysis), a final evaluation and a non-Federal Audit. No additional evaluations are needed. Nevertheless an impact evaluation in one year's time would provide the Mission with important Data on sustainability and institutionalization of reforms implemented under the project and their impact on SESPAS' capacity to better manage health services.

Summary of Lessons Learned

The rationale that by improving its management systems SESPAS would be in a better position to provide more and better primary health services did not prove to be true in this case. The project, particularly during its last two years, was implemented at a time when the government health priorities were focussed on curative medicine, i.e. construction of new hospitals and clinics, despite the lack of resources to run them and regardless of the importance of preventive primary health interventions.

Frequent turnover of key SESPAS personnel negatively impacted on project accomplishments. The establishment of a civil service should be a sine qua none condition to implement this type of project in the future, in order to ensure the preservation of reforms and improvements.

Active counterpart participation was of utmost importance for the institutionalization of reforms. The participatory methodology used by the TA team proved to be excellent. The project coordinating Committee was a very effective mechanism for coordination, follow-up and approval of all relevant documents and manuals developed under the project.

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