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**EVALUATION REPORT:
MIS TECHNICAL ASSISTANCE TO THE
NATIONAL FAMILY PLANNING BOARD
KINGSTON, JAMAICA**

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

The Jamaican family planning program is facing serious challenges, due to diminishing donor support, a contraceptive method mix dominated by short term supply methods, and a relatively young population. The lead agency for family planning is the National Family Planning Board of Jamaica (NFPB), while the Ministry of Health is the main service provider. Wishing to support the development of the NFPB into a sustainable organization with a credible role in advocacy, and data analysis and presentation, USAID/Jamaica provided a buy-in in 1992 to the Family Planning Management Development (FPMD) project. The buy-in was for technical assistance in management information systems (MIS) development, and forms one component of a seven-year, USAID funded Family Planning Initiatives Project (FPIP), due to end in 1998.

FPMD conducted an MIS needs assessment in February 1993, recommending that priority in MIS development be given to the development and implementation of a service statistics system, and a capability for tracking program activities. The Board's computer equipment limitations were noted, but no appraisal was made either of the level of computer literacy among NFPB managerial staff or the availability and skill levels of the staff who were expected to run the MIS systems. This proved to be a serious failing later.

FPMD's work was to proceed in two phases. Phase I activities focused on the development and implementation of a computerized service statistics information system (ServStat), and on running an MIS Workshop for NFPB upper and middle level managers. Phase II was to include refinements to the ServStat, ongoing on-the-job training, assistance in the development of a computerized accounting and financial management system, development of a project activities tracking system, and the design of an executive information system (EIS).

The development of each of the MIS systems has been subject to serious delay. Most of the effort has gone into designing, programming, installing and refining a service statistics system. ServStat is a custom-made software package, written in Foxpro. While the initial intention was to install it both at the MOH and the NFPB, the considerable delay in obtaining a travel concurrence from the NFPB resulted in the MOH developing its own system. It is not clear why a decision was made to continue with the installment and refining of ServStat, instead of providing the Board with a capacity to generate output tables from the MOH system.

Accounts unit of the NFPB has serious staff problems, and has failed to implement the accounting procedures manual, developed by a local accounting firm. As a result, FPMD's work in computerizing payroll and the accounting system has not been able to proceed. Because of the very low level of computer skills in the NFPB, no concrete progress has been achieved either in the integration of logistics data from the CDC designed contraceptive tracking system (CTS) to ServStat or in the development of an Executive Information System. Work to develop a simple tracking system for IEC activities is still underway.

FPMD made several efforts over the last 20 months to develop, for the NFPB's review, prototype reporting formats to facilitate data use. There is very little evidence that this has made any real difference in the way the Board uses management information. Prototype reports have not been reviewed in top management meetings. There is no consensus about which reports should be routinely produced, how frequently and in what format, what output tables and graphs they should contain, or what the roles of various program managers and the Statistics section staff should be in analyzing and interpreting the data. In trying to transfer computer skills, a recurrent observation of the FPMD consultants has been that no practice of the newly acquired skills takes place between FPMD visits.

FPMD's work in Jamaica has been subject to serious constraints. Many of these have been generated by the Board's own internal issues, rising from the way it has been staffed and managed. The periodic technical assistance visits have not been adequate to compensate for the management deficiencies of the Board. The sustainability of FPMD's effort in Jamaica is questionable. Unless the NFPB gives sufficient management attention to using data for planning, policy formulation and advocacy, its sustainability as an institution will also be in jeopardy.

Many lessons can be learned from FPMD's disappointing progress in fulfilling its scope of work. First, securing a firm and active commitment from the counterpart organization is essential for the success of FPMD's technical assistance. Without such a commitment, any money spent on technical assistance will likely be wasted. Second, because MIS development cuts across a whole organization, the organization's willingness to undertake the management changes that a functioning MIS requires, the management style of its senior managers, and the available skill levels, all influence the outcome of MIS development efforts. A scope of work, narrowly limited to MIS development alone, can not deal with these fundamental issues. Third, the level of sophistication in data processing and analysis, and the available skills in an organization are crucial to the development of an MIS. FPMD moved far too eagerly and quickly into developing a computerized MIS, and paid too little attention to transferring the required skills to individual managers in the use of information for decision making.

The resources remaining in the Jamaica buy-in are very limited. The technical assistance until the end of the project should be devoted to two main activities: consolidation of the work done so far on ServStat, and training of staff in the use of information.

II. INTRODUCTION

In 1992, USAID/Jamaica provided a buy-in to the Family Planning Management Development (FPMD) project for technical assistance in management information systems (MIS) development at the National Family Planning Board of Jamaica (NFPB). This buy-in forms one component of a seven-year, USAID funded Family Planning Initiatives Project (FPIP), due to end in 1998. The FPIP is aimed at increasing family planning program

effectiveness and sustainability in preparation for a planned USAID phase-out. It is implemented with the assistance of several collaborating agencies, with The Futures Group having the lead role under the Options II project.

FPMD's work with the NFPB consists almost exclusively of technical assistance. This has been coordinated with The Futures Group, CDC and other collaborating agencies. Following an MIS needs assessment in February 1993, the work has proceeded in two phases. Phase I activities focused on the development and implementation of a computerized service statistics information system (ServStat), and on running an MIS Workshop for NFPB upper and middle level managers. Phase II was to include refinements to the ServStat, ongoing on-the-job training, assistance in the development of a computerized accounting and financial management system, development of a project activities tracking system, and the design of an executive information system (EIS).

III. EVALUATION SCOPE OF WORK AND METHODOLOGY

The Jamaica evaluation was conducted according to FPMD's common framework for the evaluation of management information systems. (See Annex 1 for the detailed scope of work and evaluation framework.) The broad objectives were to assess FPMD's work in developing a management information system for the NFPB of Jamaica in terms of:

- its **suitability** for the objectives and priorities of the NFPB;
- its **appropriateness** (including the capacity of the NFPB to absorb the technical assistance and to sustain the MIS systems installed);
- its **relevance and contribution** to the management of the NFPB.

Data were collected through a review of secondary source materials and semistructured interviews. The staff of Management Sciences for Health, the FPMD implementing agency, who were responsible for technical assistance to Jamaica, were interviewed in Boston. An evaluation visit to Jamaica took place from March 26 to April 1, 1995. Key staff of the NFPB, USAID/Jamaica, Jamaican Ministry of Health, and other relevant agencies were interviewed on site.

The visit coincided with visits to Jamaica by technical assistants from The Futures Group and the CDC. This provided an opportunity to interview them in Jamaica. It was unfortunate that interviewing the outgoing director of the USAID/Jamaica HPN office, Ms. Betsy Brown, was not possible, since she had already left the country for her new post in Haiti.

IV. PROJECT SETTING

The Jamaican family planning program, a mature program with considerable past success, faces serious challenges. First, financial support from international donors, the USAID most prominent among them, is being phased out at a time when economic problems are reducing Jamaican government revenues. Second, significant expansion in the FP program is required just to keep up with the current level of demand generated by the relatively young population. Third, the contraceptive method mix is dominated by short term supply methods and public sector service provision.

The National Family Planning Board of Jamaica (NFPB), a statutory body, is the lead agency for family planning in the country. Service activities are carried out by the Ministry of Health PHC centers, and the NFPB runs only three FP clinics of its own. To respond to the new challenges, the NFPB is increasingly shifting its role to advocacy, FP strategy development, and monitoring. Its 1992 strategic plan focuses on three main components: 1) increasing FP prevalence and reducing fertility, 2) strengthening FP program management and coordination, and 3) improving sustainability.

USAID/Jamaica, a long-time supporter of the Jamaican family planning program, has been concerned about the ability of the NFPB to report on progress towards its objectives, and about its financial management. The latter concern was heightened after a fraud involving USAID funds was uncovered at the Board a few years ago. USAID/Jamaica considered a well-designed MIS to be essential to the FP program's successful operation in the future, and made funds available for this purpose under the FPMD project.

As a statutory body, the NFPB is subject to civil service rules and regulations. The low government pay scales have made it difficult to hire and retain qualified staff in some key positions. Staff weaknesses have been particularly notable in the Accounts unit. After the fraud, an accounting firm, Ernst & Young (formerly Panell Kerr Forster) developed an accounting and procedures manual for the Board in 1993, which had, however, not been fully implemented by the time of this visit. A recent, new financial irregularity resulted in the Board asking for the resignation of the head of the Accounts unit, effective during this evaluation visit (3/30/1995). The Board has advertised the position, and hopes to have a new person in place by May or June of 1995. Finally, relationships have not always been smooth either between the Board and the Ministry of Health or inside the NFPB itself.

Prior to FPMD's work in Jamaica, the NFPB produced annual and quarterly reports. They included vital statistics and numerical counts of service activities with some rank ordering. The data were not compared to target populations, and there was very little interpretation of the figures. The annual report included no reporting of IEC activities, an important component of the Board's work.

All statistical data were analyzed by hand. The Board's computer capacity was extremely limited, with only three computers which were used almost exclusively for word

processing and limited desk top publishing. There was no a separate computer unit, and the Statistics section did not have its own computer. The majority of the Board staff, either among the top managers or in the Statistics section, had little or no computer training.

V. FINDINGS

The USAID delivery order specified that FPMD was to develop a strategic plan for the MIS, and then assist the NFPB and possibly the MOH with its implementation. Implied in the DO was an expectation that data processing would be computerized. The DO states that the USAID assistance will finance "all required hardware and software, technical assistance for systems design and training costs for NFPB staff." The USAID subsequently procured two computers for the Board, following the specifications made by FPMD.

The section below first reviews how the NFPB's MIS requirements were specified. It describes each of the information systems that FPMD developed or intended to develop for the Board, and discusses their status of development at the time of the evaluation visit. Next, it assesses FPMD's efforts in training the NFPB staff both to operate the systems, and to use the outputs to improve planning, monitoring, and evaluation of its work. Finally, it examines whether the Board has used the data from these systems for decision making.

A. Specification of MIS Requirements

The first USAID delivery order was written prior to the FPMD needs assessment. It assigned a very wide MIS domain for FPMD's work, ranging from management information systems for monitoring service delivery, quality control, and commodity distribution to MIS for forecasting commodity needs, tracking procurement, and establishing a cost-center budgeting system. This scope of work had a considerable overlap with those of the other CAs. The second USAID delivery order no longer required FPMD to "establish a cost-center budgeting system," but instead required it to "assist in the computerization of the financial information system..."

The FPMD MIS needs assessment was conducted in January/February 1993, based on the NFPB 1992 strategic plan which stated that "the MIS system is to rely on the Ministry of Health (MOH) data collection and processing capabilities, with the NFPB concentrating on the analysis and interpretation of the data and its application to program planning and evaluation." The needs assessment included an assessment of the NFPB's existing information systems and future MIS needs. The Board's computer equipment limitations were noted, and specifications developed for procuring the necessary hardware and software.

Regrettably, the needs assessment failed to make an appraisal either of the level of computer literacy among NFPB managerial staff or the availability and skill levels of the staff who were expected to run the MIS systems. This proved to be a serious failing, because the low level of skills, and perhaps even a reluctance to learn, have proven to be major

constraints for developing and sustaining the MIS efforts that were started under the FPMD project.

The needs assessment recommended that priority in MIS development be given to the development and implementation of a service statistics system, installed both at the MOH and the NFPB. It also identified capability for tracking program activities as one of the top priority needs.

The USAID/Jamaica undertook to procure the two computers specified, one for the Statistics section and the other for the Accounts unit. It took 14 months from the start of the project (and 7 months from the needs assessment) before they had arrived and been installed.

B. MIS Development

The FPMD work has been aimed at contributing to the development of five management information systems. These are:

- a) a service statistics system (ServStat)
- b) accounting and payroll systems
- c) integration of logistics data to ServStat
- d) program activities tracking system
- e) Executive Information System

The development of each of these systems has been subject to serious delay, as shown in Table 1 below. The reasons for these delays are discussed further in the section on constraints. The few remaining months of the buy-in, and the continuing weaknesses in the NFPB will not allow the completion of these systems by the end of the buy-in in September 1995, with the exception of ServStat.

ServStat: Most of the effort to date has gone into designing, programming, installing and refining a service statistics system. ServStat is a custom-made software package written in Boston in Foxpro. The initial intention was to install it both at the MOH and the NFPB. This plan was frustrated by a considerable delay in obtaining a travel concurrence from the NFPB for the FPMD consultant. When the consultant finally arrived in Jamaica to install the first version of ServStat, the MOH had gone ahead and developed its own system.

It is not clear why a decision was then made to continue with the installment and refining of ServStat, instead of providing the Board with a capacity to generate output tables from the MOH system. It was not possible to interview the director of the MOH Health Information Unit, who was involved in the early discussions about the design of a service statistics system, as she was away on extended leave during the evaluation visit. The acting director and the MOH programmer both said that they were not familiar with ServStat. Time did not allow a comparison of the two systems, but ServStat is reported to be an

improvement over the MOH system because of its user-friendly error trapping. Much TA time has, however, had to be spent debugging and refining it.

Family planning service data are transported to ServStat on a floppy disk from the monthly clinic summary forms in the MOH data base. The most recent and final refinement to ServStat is the addition of sterilization data from hospitals. ServStat is now running relatively smoothly, with data being retrieved from the MOH approximately once a month. Standard output tables have been designed, and the Statistics section staff trained to run additional output tables using Report Writer software. They have also been trained to develop graphs on Lotus 123 by printing out the relevant data from ServStat, and manually re-entering it to Lotus 123.

Payroll and accounting: Ernst & Young identified the computerization of the payroll system as an important and relatively easily implementable step in improving the Board's financial management. They recommended three commercial payroll packages, as suitable for the needs of the NFPB. In March/April 1994, the FPMD consultant evaluated them, and recommended the purchase of the Interface Payroll System (IPS). The IPS is written in Foxpro, and thus its data can easily be merged with ServStat. Why this was considered important is not clear, since the Board runs only three service facilities of its own.

Following a request from Ernst & Young, FPMD purchased the IPS Payroll system for the Board in August/September 1994. The package included some training in its use by the developer. With the exception of one preliminary run in February 1995, the Accounts unit has either been unable or unwilling to implement the IPS so far. Payroll is still done by hand, except for trial balances run on Lotus 123.

The FPMD was to provide technical assistance in computerizing the accounting systems. This was to occur as soon as Ernst & Young completed the accounting procedures manual, and the new procedures were implemented, accounts brought up-to-date, and run manually for a few months. To date, the manual has not been implemented in its entirety, and as a result, FPMD has not been able to make much progress. The only activity of note is the revision of the chart of accounts, initially developed by Ernst & Young, to facilitate computerization. Neither the Ernst & Young nor the FPMD versions of the chart of accounts has been officially accepted by the NFPB so far.

In February 1995, concerned that the human resource limitations of the Accounts unit hindered further progress, FPMD drew up draft terms of reference for two local consultants, in consultation with the Board. These consultants were to be financed under the FPMD buy-in to assist and train the NFPB in the new payroll system, and in implementing the accounting procedures manual. The consultants have not been hired so far. The Deputy Executive Director stated that he is experiencing difficulty in engaging them, because FPMD can pay only for individual consultants, not consultant firms. Furthermore, since the head of the Accounts unit left the employment of the Board at the end of March 1995, the Board is reluctant to proceed with the consultancies before a new director has been hired.

Integration of logistics data to ServStat: The CDC designed contraceptive tracking system (CTS), run on the NFPB warehouse computer, was to be integrated with ServStat. A bridging program was written by the FPMD programmer, but not yet installed. Both the CDC and the FPMD technical consultants involved in developing these two programs were in Jamaica during this evaluation visit. It was their unanimous recommendation (with which this evaluator agrees) that installing the bridge would further stretch the extremely limited computer skills available at the Board. Instead, it was decided that the CDC would develop a program so that the analyses of contraceptives distributed can be run on the warehouse computer. These can then be visually compared with relevant ServStat outputs.

Program activities tracking system: The needs assessment stressed the importance of developing a program activities tracking system. It states that:

...the Management Development Plan would recommend an MIS course in which the FPMD project would work closely with those Units not directly providing services to define measurable objectives that could be incorporated into a tracking system of the NFPB's non-service delivery activities. This would be a complementary module to the service statistics module, and is as, or more important, than the service statistics module. (emphasis in original)

With the emphasis given to program activities tracking in the needs assessment, it was surprising to discover that this area did not receive real attention in the work program of FPMD until six months ago. In August 1994, a provisional design for an "Activity Planning and Monitoring System" was drawn up. It was to be similar in format to ServStat, and ready to be introduced a month or two later. Programming was started, but not finished. Given the difficulties in operationalizing ServStat, it is questionable whether a new, relatively sophisticated and custom-tailored computer program, such as the one that was planned, would have been appropriate for the NFPB at this time.

The Board managers, particularly in the IEC program, still wish to quantify the impact of their diverse activities. In February 1995, the FPMD consultant developed a form to collect data on IEC activities. This form was to be field tested by the NFPB prior to any possible computerization. A limited field test has been conducted, but data from it were still preliminary and anecdotal.

Executive Information System: The lack of progress in institutionalizing the other MIS systems has meant that the development of an Executive Information System has not been able to proceed beyond words.

C. Training of NFPB Staff

FPMD consultants held an MIS training workshop for NFPB staff in October/November 1993. According to the workshop report, it "reviewed basic definitions of MIS system components; the organizational environment for MIS at the NFPB; organizational and departmental information needs; organizational objectives, activities, and

indicators for measuring progress towards objectives; and data collection, processing, and information use." The NFPB staff also designed report forms for tracking departmental activities. While the workshop was not designed as an organizational development effort, it identified a need to clarify roles and responsibilities in the NFPB.

The Board managers interviewed considered the MIS workshop an important and valuable exercise that gave them a wider view of what management information systems are, as opposed to the statistical reporting that they had previously done. It was reported that at least a few of those who attended later used the data presentation skills they gained in their work. In spite of such positive comments, there is little evidence that the workshop made any real difference in the way the Board uses management information.

A certain amount of on-the-job training has been provided to the Board staff. The Statistics section staff have been trained to use ServStat, and to create graphs on Lotus 123. They have also been given training in Foxpro and Report Writer. Senior managers have been given some very basic, ad hoc training in the DOS operating system (how to format a disk, how to create a directory, etc.).

Status of Management Information Systems Development in March 1995

MIS ACTIVITY	PLANNED COMPLETION DATE*	STATUS
ServStat	Data entry installed in July 1993 Final clean version in May 1994	Final refinements made in March 1995
Payroll and accounting	August 1994	IPS payroll selected in April 1994; purchased in August/September 1994; not implemented by March 1995. Chart of accounts modified in August/September 1994. Accounting procedures manual not implemented by March 1995, so MIS development has not been able to proceed.
Integration of logistics to ServStat	July 1994	Work plan revised in March 1995 due to weak NFPB MIS capacity
Program activities tracking system	Installed by November 1993	Work plan revised in February 1995 due to weak NFPB MIS capacity
Executive Information System	November-December 1994	Not implemented due to weak NFPB MIS capacity

* Planned completion dates from the needs assessment (1/24-2/5, 1993) and the CA work planning meeting (2/14-18, 1994) documents.

A recurrent observation of the FPMD consultants has been that no practice with the newly acquired skills appears to have taken place between FPMD visits. Training has frequently had to start from the same point as before. This has wasted much time, and hampered progress in the acquisition of computer skills. There is some anecdotal evidence that at least some of the staff who are expected to become competent computer users have little interest in this area. Some even seem to fear that computerization will lead to the abolition of their jobs.

D. Use of Information for Decision-making

By Jamaican law, the NFPB is expected to produce an annual report. One of the main goals of the Jamaica buy-in was to provide the NFPB with the capacity to produce more relevant and visually "catchy" reports. These would contain graphs and tables, and be related to the Board's objectives, thus leading to better decision making by planners and policy makers.

The Board's last available annual report is from 1992, preceding FPMD's work; the last quarterly report is from 1991. While output tables in the format of the 1992 report have been produced from ServStat with 1993 data, they are waiting for analysis by the Statistics section head. Various explanations, some contradictory, were given for the lack of a recent annual report. These ranged from computer breakdown to a six month absence by the head of the Statistics section.

FPMD has made several efforts over the last 20 months to develop, for the NFPB's review, prototype reports to facilitate data use. As part of the installation of the first version of ServStat in June/July 1993, it provided some sample output tables that could be used for decision-making. In February 1994, the FPMD consultant prepared for the Board's evaluation, a prototype format and content for an annual report, using internationally recognized definitions, such as CYP. In February 1995, FPMD provided a prototype quarterly report. In spite of these efforts, there is very little evidence that any of the prototype reports have been reviewed in top management meetings.

There is no consensus about which reports should be routinely produced, how frequently and in what format, what output tables and graphs they should contain, or what the roles of various program managers and the Statistics section staff should be in analyzing and interpreting the data. Most of the top managers appear to have little understanding of ServStat, and rarely request any outputs from the system from the Statistics section. The outputs are not regularly circulated to program managers, let alone used for decision making.

E. Sustainability

There is serious concern about the sustainability of FPMD's work in Jamaica. Little skill transfer in using data for decision-making appears to have taken place. The MIS workshop and the periodic technical assistance visits have not been adequate to compensate

for the management deficiencies of the Board. Unless the NFPB gives sufficient management attention to using data for planning, policy formulation and advocacy, its sustainability as an institution is also in jeopardy.

At the end of FPMD's work in Jamaica, the source code to ServStat will be given to the NFPB. The Board, however, has very few staff with the necessary skills to maintain the system in its present format, and no one with the skills to take it forward. The MOH does have its own programmer but it was not possible to assess whether she would be able to assist in making changes. Even in its present format, ServStat is vulnerable. There are no operating rules about access to computers, virus protection, etc. Removing computer viruses was something only the Deputy Executive Director had the capacity to until recently, when the Statistics section staff were provided with limited training in scanning disks for viruses.

VI. CONSTRAINTS TO FPMD'S WORK

FPMD's work in Jamaica has been subject to serious constraints. Many of these have been generated by the Board's own internal issues, rising from the way it has been staffed and managed. Others are the result of the cumbersome procedures for arranging travel concurrences that have to be followed in Jamaica. Both constraints are explored in more detail below.

A. Management of the NFPB

The most important constraint to FPMD's work in Jamaica has been poor management at the NFPB. The unclear reporting relationships and accountability structures that were identified in the initial MIS workshop have not been resolved. The resultant lack of team work has not favored an active use of information for joint decision making. The interviews held raised a serious concern about the level of commitment among the top management of the NFPB, not only to the development of an MIS, but also to its use in management decision-making.

The problems have been compounded by the low level of skills in some parts of the organization. Several individuals, including the Chairman of the Board, expressed an opinion that in one unit, the Accounts, staff simply do not possess the necessary skills to institute the financial management reforms required, even if they wished to do so. The lack of practice with newly acquired skills has been a particular constraint to transferring computer skills.

B. Delays in Obtaining Concurrences

The NFPB is a relatively small organization, dealing with several U.S. based CAs under the FPIP. Wishing to retain a strict control in scheduling TA visits, it directed that concurrence should first be obtained from the Board before submitting a travel request to the

USAID for its concurrence. As a result, all the CAs have experienced considerable delays in their planned assistance to Jamaica.

Several of the planned FPMD's TA visits have either been delayed or shortened by the NFPB. The MIS needs assessment, for example, which was scheduled to take place shortly after the launch of the project in May 1992, was delayed by about six months, finally taking place in January/February 1993. An opportunity to install a service statistics system at the MOH was lost because of the delays in the Board granting concurrence for the FPMD consultant visit.

VI. LESSONS LEARNED

FPMD's progress in fulfilling its scope of work has been disappointing. There are many lessons to be learned from the Jamaica buy-in, both for FPMD as a donor-funded project, and for the USAID as the contracting agency. The most important of these are discussed below.

A. Commitment of the Counterpart Organization

Securing a firm and active commitment from the counterpart organization with whom FPMD is to work is essential for the success of its technical assistance. The scope of work for FPMD in Jamaica was developed by the USAID/Jamaica. The extent to which the NFPB managers saw the need for a revised MIS, and were committed to its development was - and is - questionable.

The NFPB's inability to proceed on schedule with many of the FPMD recommendations has been a serious hindrance to FPMD's work. This has occurred with the recommendations on practice with ServStat, decisions on type and format of reporting, implementation of the accounts procedures manual, etc. Some of these difficulties could have been averted if jointly developed work plans had detailed clearly what the responsibilities of each partner are in the next stage of work. Such a regularly revised work plan should show a) what tasks are to be undertaken by each organization, b) by what date they are to be completed, and c) who in each organization is responsible for accomplishing the task.

B. Management of the Counterpart Organization

MIS development cuts across a whole organization. Thus, the organization's willingness to undertake the management changes that a functioning MIS requires, the management style of its senior managers, and the available skill levels, all influence the outcome of MIS development efforts.

The FPMD scope of work was limited to the development of a management information system, and did not include organizational development. The issues that emerged

at the MIS workshop, however, were organizational ones: roles, responsibilities, lines of communication, etc. FPMD had no mandate in these areas, and could do little to influence their resolution. The Board seems to have been unable to resolve them, either, and their impact is clear in the difficulties that FPMD continues to have in fulfilling its scope of work.

In retrospect, it is worth noting that FPMD had serious reservations about accepting the buy-in, precisely because of its concerns about the management of the NFPB. FPMD accepted the buy-in because it was reluctant to refuse work it had the capacity to do and risk being deemed unresponsive. The difficulties encountered by FPMD in accomplishing its work have shown that those reservations were clearly justified, and that it should have been more critical in accepting work whose success was questionable from the start.

C. FPMD Approach

The level of sophistication in data processing and analysis, and the available skills in an organization are fundamental to the development of an MIS. Computers are not necessarily the first and right answer to MIS problems. In Jamaica, in an organization with a low level of sophistication in data processing and few data analysis skills, FPMD moved far too eagerly and quickly into developing a computerized MIS. Conversely, it paid too little attention to transferring the required skills to individual managers in the use of information for decision making.

Installing and debugging ServStat came to consume a disproportionate time of the Boston-based technical assistance effort. These resources were also used to design other custom-tailored programs, e.g. the activities tracking system, which in the end, could never be implemented. It would have been preferable to conserve much more of the Boston-based TA time for improving the NFPB's capacity to use data. Where computerization was clearly indicated, suitable commercial software should have been used, or a local consultant hired to do the programming, where no such software was available.

The focus on computerization at the expense of the use of information for decision making is a surprising and disturbing finding. This approach is contrary to the espoused MIS philosophy of the Management Sciences for Health which stresses that MIS is much more than computers, and that the use of information for decision making should have overarching importance in MIS development.

VIII. RECOMMENDATIONS

The resources remaining in the Jamaica buy-in are very limited, and time is running out. These constraints, together with the present staffing situation at the Board, dictate against any substantial new endeavor in the remaining months of the buy-in. The technical assistance until the end of the project should be devoted to two main activities: consolidation of the work done so far on ServStat, and training of staff in the use of information.

A. Consolidate ServStat

The first priority should be given to finalizing ServStat. This means assuring that the sterilization data is incorporated and analyzed properly, and that the necessary data outputs (tables and graphs) from ServStat can be generated. A simple program should be developed and installed to analyze the data collected on the IEC form. If a commercial package can be used for such analyses, it would be preferable to procure that for the Board, and to train the staff to use it.

B. Train Staff to Use Data

A close second in priority is the need to devote maximum attention to training staff in the use of data for management decision making. Given the very limited money left on the buy-in and the difficulties of arranging frequent TA visits, such training can best be done within the time available by holding a second MIS workshop in Kingston, as envisaged in the August 1994 work plan. A precondition to the workshop should be a clear decision by the Board about the frequency and type of reporting that it decides to follow, and their critical review of the proposed reporting formats.

C. Cancel Financial Consultancies

The two planned local consultancies in financial management should be cancelled, and the money redirected to the above two priority concerns. There is little point in engaging a consultant to work with a unit whose future staffing is still uncertain. An optimistic guess is that a new director would be in office by May/June. This is too close to the end of the buy-in to make an investment in this area worthwhile.

ANNEX 1

**SCOPE OF WORK AND FRAMEWORK FOR
JAMAICA EVALUATION**

SCOPE OF WORK

DR. RIITTA-LIISA KOLEHMAINEN-AITKEN
Senior Evaluation Analyst, MSH/FPMD
(February 28 - March 7, 1995)

The Family Planning Management Development (FPMD) project, funded through a USAID centrally funded contract, mandates the contractor, Management Sciences for Health, to undertake an extensive internal evaluation of all project activities. This includes the evaluation of all subprojects, funded through USAID mission buy-ins. FPMD's overall evaluation framework has been approved by the USAID/Washington.

One of the subprojects to be evaluated is FPMD's technical assistance to the development of management information systems (MIS) for the National Family Planning Board (NFPB) of Jamaica. The goal of this assistance is to plan and carry out a range of MIS interventions in support of the NFPB in its role of planning and coordinating family planning services. The Jamaica evaluation will be conducted according to FPMD's common framework for evaluation of management information systems. The broad objectives are to assess the FPMD's MIS support to the NFPB of Jamaica in terms of:

- its **suitability** for the objectives and priorities of the NFPB;
- its **appropriateness** (including the capacity of the NFPB to absorb the technical assistance and to sustain the MIS systems installed);
- its **relevance and contribution** to the management of the NFPB.

During her visit, Dr. Kolehmainen-Aitken will meet with and conduct semistructured interviews with :

1. USAID/Jamaica Health, Population and Nutrition Office staff,
2. Key managers of the National Family Planning Board of Jamaica,
3. Director of the Health Information Unit and other relevant staff in the Ministry of Health,
4. Managers from at least one parish and region of the MOH service delivery system,
5. Representatives of local agencies, such as Ernst and Young, and Interface Systems, who have been involved in technical work relevant to FPMD activities,
6. Representatives of other relevant CAs.

This scope of work is expected to take about one week. The output will be the evaluation of the Jamaica subproject.

FRAMEWORK FOR THE EVALUATION OF THE FPMD JAMAICA SUBPROJECT

The goal of FPMD's assistance to the National Family Planning Board (NFPB) of Jamaica is to plan and carry out a range of MIS interventions in support of the NFPB in its role of planning and coordinating family planning services. These interventions include:

- the implementation of a computerized service statistics information system (Servstat);
- provision of support to the computerization of an accounting and payroll system;
- coordination and integration of the computerized logistics data sources with the Servstat system;
- implementation of an Executive Information System;
- development of the NFPB's understanding of MIS concepts and improvement of their managerial use of information.

The Jamaica evaluation will be conducted according to the FPMD's common framework for the evaluation of management information systems. Thus, the evaluation will focus on the following key issues:

1. Contextual appropriateness of subproject technical assistance and activities: Are the systems introduced by the FPMD (Servstat, the computerized payroll system, etc.) the most appropriate ones in view of the priorities, objectives, and stage of development of the NFPB, and the environment in which it is situated?
2. Relevance for the management of the NFPB: Do the systems provide the necessary data for managerial use by the NFPB? Do managers understand the data, and possess the necessary skills to analyze them? Are the data used for planning, monitoring, evaluation, special studies, etc.?
3. Relevance for broader lessons: Do the systems give information beyond routine knowledge, enabling the FPMD to learn from the experience of the NFPB? Do the systems allow for comparability? Do they use commonly accepted and internationally recognized definitions? If not, why not?

Methodology

The evaluation will be conducted through consultation of secondary source materials and semistructured interviews with knowledgeable individuals.

a) Consultation of secondary source materials

Information will be collected from trip reports, reports generated by the systems, and other relevant source material on:

- the history of the subproject, the planning and introduction of the technical inputs, and the relationship of FPMD inputs to the work of other CAs in Jamaica
- a description of the systems introduced and their expected functions
- environment within which the systems were introduced and in which they operate
- major obstacles to the introduction of the systems and how they have been addressed
- major obstacles to the smooth day-to-day operation of the systems and how they have been addressed

b) Semistructured interviews

Key managers, officials of USAID/Jamaica, a few selected field personnel, and relevant FPMD and CA staff will be interviewed, using a semistructured approach. Information to be gathered includes the following suggestive, but not complete list of questions:

- Are the data processed in a timely way and in a manner that they are readily available to and understandable by all management levels which need them?
- Are the management information systems introduced perceived as a source of additional burdens which do not result in tangible benefits?
- Are the systems compatible with other relevant data bases, introduced by other CAs?
- Does the NFPB have the capacity to maintain the systems and develop them further, if needed?
- Do the staff of the NFPB have the necessary skills to manipulate data and generate reports?
- Do the systems yield data which improve the management of the NFPB?
- Do the NFPB managers have sufficient training to analyze the system output data and apply them for decision making?
- Have the data been used to improve the management of the NFPB? How?
- What are the major advantages of the systems?

ANNEX 2
PERSONS INTERVIEWED

USAID/Kingston

Ms. Grace-Ann, Grey, Project Officer/FPIP

National Family Planning Board of Jamaica

Mrs. Beryl Chevannes, Executive Director
Mr. Lennox Deane, Deputy Executive Director
Dr. Olivia MacDonald, Medical Director
Mrs. Ellen Radlein, Director, Projects, Research, and Statistics
Mr. Earle Reddie, Project Officer
Mr. Easton Josephs, Statistician
Mrs. Bethgee Stephenson, Senior Statistical Officer
Mrs. Vivienne Soares, Senior Statistical Officer
Mrs. Janet Davis, Director, IEC
Mrs. Denise Mullings, Deputy Director, Field Services
Mr. Dudley McFarquhar, Deputy Director, Training
Mr. O'Reggio, Deputy Director, Communications
Mr. Pedro Poleon-Henry, Senior Accountant
Mrs. E. McFarquhar, Liaison Officer with MOH
Mrs. Marion Kenneally, Program Coordinator/Advocacy Specialist

Department of Health

Dr. Marion Ducasse, Regional Medical Officer, Southern Region
Mrs. Chambers, a/Head, HIU
Mrs. Brown, Programmer, HIU

The Futures Group

Ms. Maureen Clyde, Options II project
Dr. Vijay Rao, Options II project

CDC

Ms. Mary Schauer, FPML project