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**NEW METHODS FOR ASSESSING
DEVELOPING COUNTRY HEALTH SERVICES
MANAGEMENT NEEDS**

APPENDICES

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Michael H. Bernhart, & Camille E. Fallow

July 1979

AUPHA

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APPENDIX A

ABSTRACTS OF MANAGERIAL ASSESSMENT REPORTS

Appendix A contains abstracts of the managerial assessment studies reviewed in this report. The abstracts are presented in three sections. Abstracts numbered A.1, etc., include assessments that focused on management at the level of the individual. Abstracts numbered B.1, etc., include assessments of program and institutional management activities. The last set of abstracts numbered C.1, etc., dealt with assessments of management on the community-wide and national scale. The bibliography is cross-referenced with the abstracts; every entry that notes an abstracted document is followed by its corresponding number as it appears in Appendix A.

Definitions of the terms and criteria used in the methodology, summary, and utility sections of the abstract are outlined below.

Outline of Abstract Contents

Title: Name of the study or project
Year: Year completed or published
Sponsor: Funding agency
Author: Writer(s) of the study. Indication of background materials used is noted in brackets following the author(s) name
Type: Organizational level that was subject of the assessment
Purpose: Object of the assessment
Scope and Level: Horizontal and vertical organizational levels focused on in the assessment, such as: institutions, programs, sectors, countries; executive, staff, operational levels, etc.
Areas: Managerial activities assessed in the study, such as: materials and facilities, human resources, finance, patient and client, institutional, community relations management, etc.
Data: Sources of data used in the study, such as: secondary public, secondary private, survey, interviews, experimental, etc.
Recipient: Audience to whom the study was immediately presented
Programming: Indicates whether or not the study was part of an on-going health program or whether it was undertaken in response to a special request

Methods

1. Instruments: Techniques used to organize and analyze data, for example, Likert scales, surveys, questionnaires, etc.
2. Data Collection: Process used to gather information.
3. Controls: Methods used to check the validity and reliability of data
4. Sample: The individual cases chosen for the population from whom data was collected
5. Analysis: The and other techniques used to gain insight to findings, described as follows:
 - Qualitative/inductive--generalization from limited observations to overall programs and characteristics
 - Qualitative/deductive--presentation of subsystem behavior based on total system characteristics or attributes

- Quantitative/inductive--extension of sample derived numerical results to population
- Quantitative/deductive--application of population-wide recorded data to units within the population
- Combination of the above .

6. Documentation of Conclusions: Inclusion of supporting evidence for the conclusions

Findings and Recommendations

1. Findings: A summary of the principal management problems and areas of unrealized potential found in the assessment activity
2. Recommendations: Activities suggested to remedy problems found as a result of the assessment procedure

Utility

The degree to which the assessment meets the user's goals. For donor agencies, this is usually described as the degree to which an assessment provides information for donor programming and funding opportunities. For health services staff, this is described as the degree to which the assessment provides direction for improvement of management practices as viewed from their perspective.

Costs

The monetary and non-monetary expenditures incurred during and as the result of an assessment exercise.

1. Program disruption: The cost of having to divert staff from normal activities to participate in an assessment exercise
2. Direct costs: The amount of time invested in an assessment.
3. Externalization of evaluation function: The degree to which assessments carried out by people external to a program/institution come to be seen as the responsibility of these external assessors and not the responsibility of the managers themselves
 - o Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)

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- Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
- Evaluations covered topics requiring either special expertise or an independent perspective

Benefits

The advantages accrued as the result of an assessment exercise

1. Feedback: The extent to which management problems are identified in the assessment
2. Practicality: The degree to which the assessment procedure can be replicated by the program or institution's staff
3. Involvement of Host Program Officials: The degree of participation by health officials in stages of assessment activity
4. Donor Programming: Refers to whether or not the assessment provides information that gives direction to donor agency programs and policies. Included would be data on host country management needs and data for determination of donor policies
5. Program Descriptions: Presentation of the objectives, structure, and activities of the program/institutions assessed
6. Remedies and Options: Presentation of corrective alternatives based on problems identified in the assessment
7. Benchmarks: Management performance standards used in the assessment
8. Trends: The description of management behavior within an overall context

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[A1]
 AUTHOR Byham, W. C. (also: Byham & Wettengel, 1974)
 TITLE Assessment Centers for Spotting Future Managers
 YEAR 1970
 PURPOSE To identify potential managers and to provide guidelines for the development of their managerial skills, and to provide planning tool for management growth of organizations
 LEVEL Potential low and mid-level managers
 AREAS All
 DATA Interview; exercises
 RECIPIENT Each individual organization
 PROGRAMMING Programmed

METHODOLOGY

Data Collection

1. Instruments: Pre-tested, in-country
 If instrument utilized, attached to study? Yes
2. Data Collectors:
 - Nationals, professional investigators
 - Nationals, specially prepared
3. Controls for source bias: Multiple sources used
4. Controls for self report bias: Not applicable
5. Samples: None

Analysis

Qualitative/deductive--presentation of subsystem behavior based on total system characterizations or attributes

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

The report is a discussion of the assessment center method and the decision process involved in developing and using it.

Assessment centers were used for development of management personnel. The exercises brought out the managerial supervisory skills of candidates for study and comparison by assessors. Assessment of technical or physical skill should not be a part of an assessment center. Two groups were involved in an assessment center: The assessors (trained managers within an organization and professional psychologists) and the candidates, consisting of employees hoping to enter low to mid-level management positions. The basic program for an assessment center included the following types of exercises in varying degrees of importance: simulations of job activities, interviews, leaderless group discussions, and management games. Studies found no assessment centers were alike. The ratio of assessor to candidates ranged from 3-to-1 to 1-to-1. The average assessment center lasted two and one-half days. Most assessment centers found 30-40% of the candidates were in the acceptable/outstanding category, 40% in their questionable category, and 20-30% in their unacceptable category.

Previous methods for management development--panel discussions, tests or personal interviews--were found to be less effective than the assessment center for revealing skills of candidates. Supporting evidence was drawn from studies of several organizations which have incorporated the assessment center into their management development structure. These include international private and governmental agencies and corporations on a multi-sector level. The validity studies involved comparing the percentages of predicted candidates to enter into low or mid-level management positions with the percentages of those who actually did enter the ranks. The four types of studies were: (1) comparisons of predictions with results of experimental assessment centers (2) comparisons of predictions with results of operating centers (3) comparisons of results from previously used management development techniques with the results from assessment centers and (4) a follow-up of candidates from assessment centers. In most cases the studies proved assessment centers to be a more effective and accurate tool for management development. In no case was it less effective than previous methods. The increase in prediction accuracy was 10-30% using the assessment center method. Effectiveness of the assessment center relies heavily upon the selection and refinement based on specific requirements and behaviors associated with the job in question. Basic packages of exercises were reported to give substantially less valid results.

The Peace Corps uses the assessment center to initiate its new volunteers to host country settings. Mock community development situations are used as the exercises. Another factor reported to increase the validity was the standardization of exercises and consistency of the condition in which candidates were observed.

Findings indicated additional benefits to using the study. Training and experience gained in participation in an assessment center was transferable to jobs. The in-box exercise was particularly effective in this way. There was improved morale and understanding of the internal workings of the organization for those who participated.

It was found that small organizations might run into cost problems. Ways to cut costs were discussed. Only large organizations were found to be able to afford to use the method for processing outside recruits as the number applying was large enough. It was also found that the assessment center could not be readily applied to development of top-level management because decisions were too personal and the position too difficult to capsule in exercises.

Recommendations

To overcome problems in using the tool for the development of top-level management, it was recommended that several organizations hold an assessment center together. This has been tested; results not given.

It was strongly recommended that organizations design and refine an assessment center to fit their own needs. Assessment centers would be valuable in terms of hiring and developing hospital administration personnel and other management personnel in health related organizations.

UTILITY

Costs

1. Demands on personnel:
 - Staff personnel (evaluation department, administration, etc.)
 - Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function:
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
 - Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): Varied from 1-day assessment centers to 5-day centers; and varied according to number of participants

Benefits

1. Problems identified: Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes—a function of the severity of the problem
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Host program personnel participated only in design and execution of study
4. Donor Programming: The assessment could provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[A2]
 AUTHOR Cohen, J., & Uphoff, N.
 TITLE Rural Development Participation: Concepts for Measuring Participation for Project Design, Implementation, and Evaluation
 YEAR 1976
 SPONSOR U.S. Agency for International Development
 TYPE Participation Assessment
 PURPOSE To evaluate four types of participation (decision making, implementation, benefits, and evaluation) in specific development programs. Overall purpose: to improve design, effectiveness and evaluation of projects or programs with regard to participation by those people who are to benefit from the project or program.
 SCOPE Local residents, local leaders, government personnel, and foreign personnel
 LEVEL Individual
 AREAS Community Relations; Human Resources
 DATA Study used secondary data, private source; recommended use of social surveys, questionnaires, interviews, case studies, and direct observation
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: Not field tested, but applied to results from specific field project
If instrument utilized, attached to study? Yes
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources used
4. Controls for self report bias: Not applicable
5. Samples: Opportunistic

Analysis

Quantitative/inductive--extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

This was an assessment of factors contributing to levels of participation in various rural programs. The test, working only with secondary data sources from an integrated rural development project in Ethiopia, primarily found available data concerning participation in benefits. Most findings are based on indications of this data.

Findings revealed participation that occurred was in the form of an individual's use or non-use of facilities and programs offered under the project. There was a rapid expansion of participation in a credit program set-up for farmers. Assessment of the number of participants in this program led to major changes in project policy. Only two direct strategies were found that indicated that participation was actually promoted: The formation of farmers' committees and cooperatives, and direct contact that occurred with population. Data, revealing a gap between the aim of the project to promote participation and actual practice, pointed out areas where the project could have been better designed and managed. It appeared more effort was made by project staff to demonstrate to the local population the possibility for participation than to instruct them on how to participate.

Little differentiation was made between kinds of participation when data was recorded in the field. This lack of specifically defining participation accounted for the pattern of limited participation. The four types of participation defined in the method were applied to the secondary data and were to closely affect one another. Because some types of participation (decision making) were closed to the population, participation was limited to the following: advice to the project, help in carrying out some of the project activities, sharing in some of the benefits, and involvement in political activities relevant to the project. Participation by the local population in evaluation of the project likewise did not occur because it was closed to them.

Lack of participation by local officials and government personnel was found to be due to the fact that project management was made autonomous from the local government system. The task environment inhibited the level of participation. The elite portion of the population gained the most from participation in the project's benefits. Study of participation rates using social indicators along with economic indicators would have provided more findings of this nature: who was participating, benefiting, and why and what ways participation did or didn't occur.

Recommendations

A set of indicators for participation must be carefully chosen for each application of the method to accommodate for the variations among projects and task environments. The method can then be applied to health or urban settings. It was recommended that data be collected from all levels of population so project designers will have sufficient input on needs and views of population. By closer study of composition of population, designers can provide proper channels for participation.

UTILITY

Costs

1. Demands of personnel: Not known as field tested. Program personnel and local citizenry would be contacted for data collection
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Time it takes to collect data and analyze. Maybe one designated time or several over life of project if time series analysis is to be done

Benefits

1. Problems identified: Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Not applicable as method was not field tested. Host program personnel could design, execute and evaluate such a study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Relations to other entities
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[A3]
 AUTHOR Harari, D.
 TITLE The Role of the Technical Assistance Expert
 YEAR 1974
 SPONSOR Organization for Economic Co-operation and Development
 TYPE Comparative role study
 PURPOSE To define role of technical assistance experts and to find out if there is a pattern of characteristics and conditions of their role
 SCOPE International government and non-government
 LEVEL Three types of technical assistance experts
 AREAS Experts in all areas
 DATA Mailed survey and bibliographic material
 RECIPIENT Organization for Economic Co-operation and Development
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: Not pre-tested
 If instrument utilized, attached to study? Yes
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple source used
4. Controls for self report bias: Cross-checks
5. Samples: Opportunistic and Random

Analysis

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

One type of individual frequently involved in the management of health services in developing countries is the technical assistance expert. Several dimensions of the technical assistance expert's role are examined in this study. This survey is a self-assessment by seven groups engaged in technical assistance: Two groups of French experts with no work experience (the only group of governmental experts surveyed); two groups of experienced French experts; one group of experienced British experts; and one group of nationals from African countries. Results from the Marcomer survey, a study of opinions of technical experts in Africa, were also presented. The seven groups fall into three important categories: the inexperienced expert, the experienced expert, and the host country recipient.

Data were presented in the form of frequency counts of the groups' responses. Each group was divided into two subgroups: teachers and non-teachers. (Non-teachers consist of technical personnel and administrators.) Finally, the two subgroups' responses were compared.

The groups were asked to provide information on each expert's experience, social and educational background, motivations and obstacles, and ideology. And last, each individual expert defined the model role of the technical assistance expert, and of technical assistance itself.

The highest percentage of experienced experts were found in the highest-age and lesser-educated brackets, whereas inexperienced experts had more specialized training.

The data also revealed that the highest percentage of experts surveyed come from a middle-class background. In France and Britain, technical assistance was found to be a middle-class activity. The highest percentage of middle-class technical assistance experts tended to be teachers, while the highest percentage of upper-class technical assistance experts were non-teachers and administrators. The study concluded that among experts, technical personnel and administrators held positions that were seen as more prestigious.

The data showed a demand for more highly qualified technical assistance experts than in previous years, indicating an increase in levels of training and prestige among non-teaching experts. This has been reflected in a shift in recruiting policy and demand, which was mirrored in the responses of host-country recipients.

Among experienced and inexperienced experts, it was found, attitudes about the technical assistance expert's role often varied. Optimism characterized the younger, inexperienced groups, especially the non-teachers among them. The experts were anxious about climate and remoteness; veteran experts, by contrast, worried about more immediate obstacles: medical and educational facilities for their families, and actual working conditions.

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The view of the model technical assistance expert differed among respondents. Top priorities were given to 1) training counterparts 2) making a favorable impression of one's country and 3) integrating one's technical activities into the host country's policy. Recipient-country officials ranked the expert's technical competence most important, but the experts surveyed considered adaptability the most crucial skill.

Recommendations

The study recommended that the self-assessment tool and its applications be refined. The survey findings suggest that the tool could become an on-going activity in a recruiting or recipient agency whose function would be to supply a data base for training and managing technical assistance experts.

The data also revealed the need to research the problem of occupational stress in this type of work, and suggested this as a topic for additional research. Finally, it was recommended that greater emphasis be placed on specialized training before assigning an expert to the field, and that agency management recognize and be sensitive to the experts' needs.

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, technical assistance experts, recipients involved in recruiting, etc.)
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Time to complete 13 page questionnaire and analysis

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities: Objectives described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[A4]
 AUTHOR King's Fund Working Party
 TITLE The Education and Training of Senior Managers in the National Health Service
 YEAR 1977
 SPONSOR King Edward's Hospital Fund for London
 TYPE A Role Study
 PURPOSE To develop clear policy on senior management selection, education and training
 SCOPE National Health Service of England at District, Area, and Regional Level
 LEVEL Individuals in senior management and potential senior management positions in the management teams consisting of four types: administrators, nurses, treasurers and doctors
 AREAS Human Resources
 DATA Expert judgment and secondary sources
 RECIPIENT King Edward's Hospital Fund for England
 PROGRAMMING Non-programming

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Nationals, professional investigators
3. Controls for source bias: Not known
4. Controls for self report bias: Not known
5. Samples: Based on secondary sources; several were used

Analysis

Combination of quantitative and qualitative techniques

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

The study defines the nature of management and its functions. For the National Health Service, managers are defined as individuals who manage the manpower, finance, physical and information resources. Differences between levels of management and between managers themselves were found to be based on the differences in types of decisions being made by the managers.

The skills needed to perform management's activities were not found to be based on a single core of knowledge, but were found to be as varied as the jobs themselves. Three areas were discussed as being the areas of knowledge in which the manager must be competent: (1) technical, (2) human, and (3) conceptual. Each area varies in the degree of importance it plays in each job and level of management.

The study revealed that the National Health Service management teams, multiprofessional in nature, consisted of four types of individuals: administrators, nurses, treasurers, and doctors. Recruitment, selection, and education of each type was analyzed and found to develop along similar lines. The stages of development were divided into two dimensions: The professional dimension and the team dimension. This analysis of the development of the management team revealed the following aspect about the system of management:

1. Lack of a standard of qualifications for administrators at the senior management level
2. Lack of standards and administrative faculty in the nursing school
3. Need for training in administration for clinicians and health authorities
4. Lack of a good personnel appraisal and counselling system
5. Need for accounting qualifications and broad postgraduate education in administration for treasurers
6. Need for emphasis on the recruitment of community physicians
7. Need for a basic training program in corporate senior management for all types of management personnel
8. Need for a system for continued education of senior management and development of administration

The National Health System was compared to the system of the Department of Health and Social Security (DHSS) although the NHS was found to act mainly on an independent basis insofar as recruitment, selection, and education of its management staff.

Recommendations

It was recommended that a group be formed to perform the task of developing and maintaining a system of continued education and development of management in the National Health Service. The group would be composed of health authorities and begin on a volunteer basis, later to be incorporated and funded as it became a viable part of management development

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Unstated (task force worked two years)

Benefits

1. Problems identified: Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes--a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Host program personnel participated only in design and execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities: Objectives described; program structure defined--internal structure
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated--comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[A5]
 AUTHOR Kuhl, I. K.
 TITLE The Executive Role in Health Service Delivery Organizations
 YEAR 1977
 SPONSOR U.S. Department of Health, Education, and Welfare
 TYPE Comparative Study of Health Executive Roles
 PURPOSE Define role of executive in health service delivery organization and improve his training by better understanding of his role
 SCOPE Non-federal short-term hospitals and prepaid group practice health plans on an individual level
 LEVEL Individual executive
 AREAS Institution management
 DATA Mailed questionnaires
 RECIPIENT Association of University Programs in Health Administration
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: Not pre-tested
2. Data Collectors: Nationals, professional investigators
3. Controls for source bias: No multiple source
4. Controls for self report bias: Cross-checks
5. Samples: Random and Total Population

Analysis

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

The data were collected from two groups of practicing USA health services executives: hospital administrators and prepaid health plan administrators. Executives were asked to respond to questions concerning 114 discreet administrative tasks. Their responses were categorized into 23 groupings of activities. These were found to group in three areas of responsibility: Internal management, external relations, and environmental surveillance. The large number of tasks falling within the internal management area were subdivided further into five categories: (1) organizational design (2) personnel management (3) financial management (4) service delivery (5) legal work. Activities included in the external relations were found to involve the communications between the organization and the general community as well as the legal and political community. Environmental surveillance activities were those involved in monitoring other organizations, interpreting the trends which affect the organization and surveying opportunities to expand the services of the organizations.

The data were analyzed to produce three views of the role: (1) hospital executives (2) health plan executives (3) an aggregate, generic view based on common elements in both groups of respondents.

In the role of the hospital executive, the most critical activities (and those involving exclusive responsibility) were related to internal maintenance of the organizations. The data revealed, not surprisingly, that the role of health plan executives centered on their external scope of memberships and affiliations.

The data revealed some major differences between the two types of executive stemming from the differences in the organizational context itself. Long-standing experience has provided hospitals with a large data-base of organizational procedures from which a hospital executive may draw for decision-making. In contrast, health plan organizations are too structurally varied and new for health plan executives to have a set pattern of guidance for decision making. Therefore, their activities involved in making decisions look quite different from those of the hospital executive.

The medical staff's relation to the health service executive also varied within each organization. Similarly, the executive roles were found to vary, reflecting these differences. The data further established the relationship between the differences in the roles as they corresponded to the differences in the organizations.

The role of the hospital executive focused internally on maintaining on-going operations, while the health executive focused on maintaining the balance of organization components. Again, this reflects the difference between the two types of roles, the hospital executive operating as a separate entity within the organization and the health plan executive operating as a coordinator and communicator for the entity.

The study revealed that 15 of the 23 groupings of activities defined the generic role of the health service executive. The major emphasis fell on the area of internal management. External relations and environmental surveillance followed respectively. The data further defined the areas but the content of work was left in abstract form. The data indicated that the generic role must be defined with a degree of abstraction because as the definitions became more specific, the generic role fell into one role type or another.

Recommendations

Knowledge of the role of the executive in health service delivery organizations as studied in this project can be used in the design of curricula to meet present and future needs. The uses of role studies such as this one in the diagnosis of management activities are less casted but may be a contribution to such efforts.

The design of a course in a general area of responsibility would need to be elaborate in content to cover the many administrative roles which are involved in that area. Training should include an understanding of the nature of the particular organization of interest. Both types of executive, for instance, felt formal training in both human relations and financial management were essential. The degree to which the instrument and findings from this study could be used to study and train people for health systems and cultures outside the USA is not addressed.

UTILITY

Costs

1. Demands on personnel: Staff personnel (Only administrators-top executives)
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Time necessary for each respondent to answer the 22-page questionnaire plus analysis

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback. Findings are best used for management training arrangements
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities: Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[A6]
 AUTHOR Pointer, D., & Strum, D.
 TITLE A Conceptual Framework for Management Group Self-Assessment in Health Services Organization
 YEAR 1978
 SPONSOR Research was supported, in part, by a grant from the W.K. Kellogg Foundation
 TYPE Executive management groups, but can be modified for use by other groups; process evaluation
 PURPOSE To explore a framework that can assist a management group of a health facility to assess its functioning. A data generation, learning, problem solving, and action planning process is described that will help:
 1. gain a clearer understanding of how management groups work together
 2. diagnose strengths and weaknesses
 3. formulate an action plan to improve performance
 SCOPE Health service organizations
 LEVEL Executive management groups composed of staff and line personnel
 AREAS Interpersonal processes; informational processes; decisional processes; conflict processes; leadership processes; role processes; goal and motivational processes
 DATA Questionnaire survey
 RECIPIENT Not applicable
 PROGRAMMING Not applicable

METHODOLOGY

Data Collection

1. Instruments: Not indicated
 If instrument utilized, attached to study? Instrument is generally described; a descriptive, criterion-free instrument
2. Data Collectors: Management groups, with the help of consultants, would collect the data
3. Controls for source bias: Not applicable
4. Controls for self report bias: Not applicable
5. Samples: Not applicable

Analysis

Qualitative/inductive—generalization from seven core processes to overall management group characterizations

Documentation of Conclusions

Not applicable

SUMMARY

Findings

Not applicable

Recommendations

Not applicable

Comments on Method:

The authors propose a data based, survey-feedback process. A 159 item self-administered, descriptive (criterion-free) instrument is used. The data is fed back to and analyzed by the management group in an assessment workshop (with consultant guidance).

UTILITY

Costs

1. Demands on personnel:
 - Staff personnel (evaluation department, administration, etc.)
 - Operational personnel (nursing supervisors, clinic staff, etc.)
3. Direct costs (person-months on site): Not applicable

Benefits

1. Problems identified: Not indicated
 - Are priority areas signaled?
 - Yes—a function of the severity of the problem
 - Yes—a function of the key importance of an element in easing other problems

2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement; consultants
3. Instruction/involvement of host program officials: Not applicable
4. Donor Programming: This methodology would provide information on management behavior and indirectly on program needs, functions, etc.
5. Descriptions of objectives/structure/activities:
 - Program structure defined--Internal structure
 - Program structure defined--Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented: Emphasis is on assessment of interactions within a management group at a point in time

Comment on Utility

It is difficult to assess method utility without data on field testing. The authors of the assesemnt will be pilot testing the method at three sites during summer 1979.

[A7]
 AUTHOR Takulia, H. S., Taylor, C. E., Sangal, S. P., & Alter, J. D.
 TITLE The Health Center Doctor in India
 YEAR 1967
 SPONSOR Bureau of Educational and Cultural Affairs--U.S. Department of State
 TYPE Individual Assessment of Health Center Physicians
 PURPOSE 1. To determine opinions of selected groups responsible for directing health center activities about:
 a. actual working of health centers
 b. primary health center doctor's role and problems
 c. problems in recruiting and training doctors
 2. To identify problems in present administrative patterns of health services and to suggest alternatives for administrative reorganization
 Note: This report did not aim to directly examine the operation of health centers. Thus, findings have the limitations of any study that focuses on attitudes and opinions
 SCOPE Health Centers
 LEVEL Physicians and included responses from administrators, policy makers, state legislators and teachers
 AREAS Human Resources--Physicians and clinic staff; Patient and Client; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Interview
 RECIPIENT Second Annual Narangwal Conference of the Johns Hopkins Rural Health Research Project

METHODOLOGY

Data Collection

1. Instruments: Testing not indicated
 IF instrument utilized, attached to study? Yes, the authors note that the general questions that served as guidelines followed headings presented in three chapters in the book
2. Data Collectors: Nationals--professional investigators, foreigners--professional investigators, nationals--specially prepared
3. Controls for source bias: Multiple sources utilized to the extent possible in light of the difficulties of working in a developing country (i.e., transportation problems)
4. Controls for self report bias: Spot checks, cross checks, and in addition, authors note instances where biases occurred
5. Samples: Opportunistic--Respondents were selected primarily on basis of availability

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

General Comments

Two approaches were used in the methodology:

1. Personal interviews
2. Study of administrative documents and other data to define organizational patterns

SUMMARY

Findings

- a. Physicians have heavy clinic loads
- b. Physicians spent more time on preventive work than other groups gave them credit for
- c. Most preventive services are performed by auxiliaries
- d. Co-ordination of services has been hindered because of friction between physicians and block development officers

Recommendations

- a. Doctors should have direct responsibility for supervising auxiliaries
- b. Clinic loads should be decreased, so that physicians have time for community health activities
- c. Experiments in ways of using clinic auxiliaries should be tried
- d. Elimination of friction between health and community development workers
- e. Decentralization through systematic flow of authority, responsibility, and support from the directorate through regional directors to district officers
- f. In order to close the gap between integration of curative and preventive services, district officers should be given a preventive orientation

3. The state Assistant Directors of Health should be in staff or policy-making roles rather than being responsible for detailed and fractionated programs in health centers

UTILITY

Costs

1. Demands of personnel: No answer
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Two years.

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback
 - Yes, but non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable implications are for planning process
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: No answer
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which include information on current and future host management needs and provide information for donor policies
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards:
 - Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
 - Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[A8]
 AUTHOR Ugalde, A. (also: Ugalde & Emrey, 1979)
 TITLE Health Decision Making in Developing Nations: A Comparative Analysis of
 Colombia and Iran
 YEAR 1978
 SPONSOR University of Texas
 TYPE Comparative Multi-nation Assessment
 PURPOSE To study political aspects of health systems
 SCOPE Health Ministries and other health related agencies
 LEVEL Health decision makers—top health officials
 AREAS Institutional Management
 DATA Interviews, observations, research of files and documents
 RECIPIENT Unknown
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: Not tested
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources used
4. Controls for self report bias: Not applicable
5. Samples: Total Population (Colombia) and Opportunistic (Iran)

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence is not included but referenced

SUMMARY

Findings

The study was a comparison of health decision planning in two countries, Colombia and Iran. Basic similarities of the countries were established so there were documented grounds for comparison. The study compared three dimensions of health decision making in the two countries by focusing on their effect on the decision makers themselves. In all dimensions, apolitical planning was found to be impossible.

The first dimension examined was health demand articulation and aggregation. It was concluded that these functions are politically based in Colombia and Iran. The following two methods of articulation and aggregation were found to be most prevalent: (1) public visits by officials resulting in "on the spot" decisions based on the decision makers own perceptions of the population's need, and (2) demands by subversive groups or labor or political parties demanding action. Little knowledge was found to be gained through these methods as there was found to be little follow-up once the original stimulus was removed. The major differences between the countries' decision makers stemmed from the differences in the political structures themselves.

The last dimension in the study was the influence of socio-cultural norms on health administration and implementation of policies. Findings concluded that cultural traits have an effect on administrative behavior. Iran and Colombia are authoritarian societies which was found to be reflected in their decision making structure. The political structure imposed upon the decision making structure led to an inconsistency in the latter as practices and policies would change with each change in administration.

Recommendations

International agencies giving aid must take the political system of a developing country into consideration before effective policy planning can take place. Data indicated that all causes of underdevelopment in a country must be simultaneously developed for any to succeed. If not the "vicious circle model" of underdevelopment will be perpetuated. The circle begins with a low level of implementation, moving to a low interest in data, evaluation, and research, to poor decisions, and back to a low level of implementation.

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): 22 months in Colombia; 2 months in Iran

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Relations to other entities
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[B1]
 AUTHOR Addo, E. A.
 TITLE Requirements for a Successful Private Medical Practice in Ghana: A Study of the Organization and Administrative Policies and Practices of 44 Private Clinics
 YEAR 1976
 SPONSOR University of Ghana
 TYPE Private Medical Clinics Program Assessment
 PURPOSE To describe the organization and administrative policies and practices of private medical clinics in Ghana. The report attempts to formulate recommendations to encourage the effective operation of private clinics.
 SCOPE 44 private medical clinics in various parts of Ghana
 LEVEL Clinic-practitioners
 AREAS Materials and Facilities; Human Resources; Financial; Patient and Client; Institutional
 DATA Primary Survey; Primary Interview
 RECIPIENT Not indicated
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: Not tested, face validity; used interviews and questionnaire either through visits or by mail to individual clinics
If instrument utilized, attached to study? Yes
2. Data Collectors: Nationals, specially prepared (the author)
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not indicated
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

1. Clinics are concentrated more in urban areas of Southern Ghana than in rural areas
2. Only 13 private clinics were built for this purpose
3. 35 clinics used outside X-ray and lab facilities. 17 used beds in other hospitals
4. The supply of common drugs is fairly adequate, but shortages exist with special drugs
5. Some practitioners are not finding time for continuing education
6. Most clinics perform a range of simple diagnostic and therapeutic procedures.
7. The ratio of non-medical employees to a practitioner is 5:2; the ratio of nurses per doctor is 1:5; the ratio of administrative employees per doctor is also low
8. Clinics tend to maintain statistical records for diagnostic and therapeutic purposes; not for economic or managerial control and comparison
9. Private practitioners feel they do not get adequate referrals from government hospital doctors. They also feel that the Ministry and Medical Association are indifferent towards them

Recommendations

1. Private clinics need to serve needs of both urban and rural populations
2. Private medical practice should be given more encouragement and support by leaders of the health industry (Ministry and Medical and Dental Associations)
3. The Ministry of Health should formulate a master health plan
4. Physicians in public and private practice should work together for quality health care

UTILITY

- Costs
1. Demands on personnel: Operational personnel-clinic physicians completed survey (nursing supervisors, clinic staff, etc.)
 2. Externalization of evaluation function: Not applicable
 3. Direct costs (person-months on site): Not indicated
- Benefits
1. Problems identified: Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement and would have to be implemented at a higher administrative level
 - Are priority areas signaled? Yes—a function of the severity of the problem
 2. Feasible to replicate: Model is replicable and requires only conventional methodological skills although this was not a formal investigation
 3. Instruction/involvement of host program officials: The entire study was done by a host country investigator
 4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which include information on current and future host country management needs and provide information for donor policies
 5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined
 - Program activities described
 6. Presentation of Specific Remedies and Options: Yes
 7. Preparation of benchmark standards:
 - Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
 - Implicit—not stated, yet it appears researcher has a standard in mind
 8. Identification of management practice trends:
 - Comparisons with other management practices in similar (cross-sectional) organizations
 - Comparison of current status with past performance (longitudinal)

[B2]
 AUTHOR Ando, H.
 TITLE Management of Family Planning Clinics: Organizational Characteristics and Productivity
 YEAR 1976
 SPONSOR Economic and Social Commission for Asia and the Pacific, United Nations
 TYPE Clinic Program Assessment
 PURPOSE To explore the relationship between organizational style and the productivity of Korean and Singapore family planning clinics
 SCOPE Family planning clinics in Korea and Singapore
 LEVEL Clinic supervisors and clinic workers
 AREAS Management style (leadership, motivation, communication, decision-making, goal setting, and performance goals and training)
 DATA Secondary public domain; Secondary proprietary/private; Primary experimental
 RECIPIENT Not indicated
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Tested, elsewhere; used the Likert organizational profile scale and questionnaire based on the scale to measure organizational attributes of the clinics
If instrument utilized, attached to study? Yes
2. Data Collectors: Nationals, specially prepared, although this is not clearly stated in the report
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not indicated
5. Samples: Purposive

Analysis

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

1. Only the decision-making process dimension significantly contributed to clinic productivity in the two countries
2. Dimensions related to personal attributes of clinic staff (leadership and motivation) were not significantly associated with clinic productivity
3. Organizational characteristics influence rural clinics more than urban clinics. Therefore, urban clinics can operate optimally without much organizational input

Recommendations

1. Increase clinic workers' participation in decision-making
2. Clinic supervisors should be trained to support group participation
3. Clinic supervisors should provide more technical and managerial guidance rather than personal support in order to increase clinic productivity
4. Program resources should be mobilized to a greater extent for rural clinics than for urban areas

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.) were interviewed
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Not indicated

Benefits

1. Problems identified: Yes, actionable because presumed corrective would use central mechanism
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems

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2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Not indicated
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[B3]
 AUTHOR Andreano, R., Cole-King, S., Katz, F., & Rifka, G.
 TITLE Assignment Report Evaluation of Primary Health Care Projects in Iran
 YEAR 1976
 SPONSOR World Health Organization
 TYPE Program Assessment
 PURPOSE To evaluate primary health care projects in three provinces of Iran (West Azerbaijan, Fars, and Lorestan) with the following objectives:
 1. To spell out common goals in terms of quantifiable objectives
 2. To develop common methodologies for evaluation of the extent to which goals and objectives have been reached
 3. To determine which of the currently used techniques and methodologies are most likely to achieve defined objectives
 SCOPE All primary health care activities
 LEVEL Various levels (medical personnel, planners, trainers, etc.) with a focus on non-medical front-line health workers
 AREAS Materials and Facilities; Human Resources; Financial; Patient and Client; Institutional; Community Relations
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Interview
 RECIPIENT Participants in the field work attended a workshop
 PROGRAMMING Non-programmed—undertaken in response to request from Ministry of Health

METHODOLOGY

Data Collection

1. Instruments:
 - Tested, elsewhere
 - Not tested, face validity
 If instrument utilized, attached to study? Yes
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Spot checks; Cross checks
5. Samples: Purposive

Analysis

Combination of quantitative and qualitative techniques; mainly qualitative inductive
 The evaluation process included:

1. A group meeting in which the essential characteristics of projects were described. This information was used as a general orientation for data collection
2. Data collection procedure was determined: interviews and discussions, observation of activities, analysis of records and cost analysis
3. Data was reviewed and summarized and judgments on project quality were made

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

Fars Village health worker project: Supportive links with the rest of the health system are weak. Project suffers from lack of integration with the Ministry's programs

West Azerbaijan Project:

1. Emphasis is on family health care and environmental sanitation
2. It is the only project where nutritional status is effectively, if effectively, monitored
3. Little community involvement in planning health activities
4. Because this project is integrated with the Ministry, there is good support and coordination up to the health center level
5. Evaluation of trainees' performance is haphazard

Kavur Project

1. This project was well planned and is relating to important health problems, although more emphasis is needed on maternal and child health (MCH) care
2. Better collection of utilization data is needed, although recordkeeping and vital statistics are well done
3. Community participation not a strong feature of the project.
4. Supportive links are weak horizontally (with other primary health care activities). Vertical links are effective

Lorestan:

1. Emphasis has been on training front line health workers as "mini-doctors" instead of community health promoters
2. Too much emphasis is put on curative care
3. Recordkeeping is poor

Recommendations

1. A system of primary health care should be developed in Iran using front line health workers
2. Interaction between existing projects should be increased
3. A special unit should be established in the Ministry of Health and Social Welfare for the organization and coordination of health networks at the national level
4. Encourage community involvement
5. The methodology and results presented in the report be used as guidelines for a continuing evaluation system
6. The findings should be considered in a follow-up workshop

UTILITY

Costs

1. Demands of personnel: No program personnel involved in evaluation team, but staff and operational personnel were interviewed and observed
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluation department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Approximately 3 weeks

Benefits

1. Problems identified:
 - Yes, but some possibly non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes--a function of the severity of the problem
2. Feasible to replicate: Model would be replicable with conventional skill if further documentation were available
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs and also provide information for donor policies
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated--comparative norms (e.g. past performance, other developing country programs, etc.)
3. Identification of program practice trends:
 - Through explicit statements of comparison with standards
 - Comparisons with other program practices in similar (cross-sectional) organizations

[B4]
 AUTHOR Bainbridge, J., & Sapirie, S.
 TITLE Health Project Management
 YEAR 1974
 SPONSOR World Health Organization
 TYPE Project
 PURPOSE To offer health planners and administrators a set of procedures for managing health projects. Project formulation and implementation procedures are presented. The purpose of the management assessment related chapter (chapter 2) is to give the formulation team a clear picture of the organizational "environment"
 SCOPE Applicable across management levels and scopes
 LEVEL Applicable across management levels and scopes
 AREAS Organization structure and functions, administrative procedures, decision processes, policies, resource availability
 DATA Not applicable. This is a proposed method
 RECIPIENT Not applicable
 PROGRAMMING Not applicable

METHODOLOGY

Data Collection

1. Instruments: Not applicable. Reviews of reports, documents, etc. and interviews when written materials are not available
If instrument utilized, attached to study? Yes, analysis check lists are presented as part of the manual
2. Data Collectors: Not applicable
3. Controls for source bias: Multiple sources suggested where appropriate
4. Controls for self report bias: Mentioned in report, spot checks, etc.
5. Samples: Purposive

Analysis

Combination of quantitative and qualitative techniques with emphasis on qualitative descriptions

Documentation of Conclusions

Not applicable

SUMMARY

Findings

Six specific products of the analysis include:

1. A graphic and functional description of agencies concerned with the object of the study
2. Graphical description of the decision making process
3. Description of past implementation experiences
4. Summary of policies and programs
5. Summary of resources required
6. Description of health work

Recommendations

Not applicable

UTILITY

Costs

1. Demands of personnel: It is suggested that small working groups be used--probably staff personnel
2. Externalization of evaluation function: Not applicable
3. Direct costs (person-months on site): Not indicated

Benefits

1. Problems identified: Not applicable
 - Are priority areas signaled? Priority areas would be identified
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Not applicable
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities: Could be a use for the method

6. Presentation of Specific Remedies and Options: Yes, Objectives and targets are identified
7. Preparation of benchmark standards: No standards explicitly defined; it is up to the particular program to define it's standards
8. Identification of management practice trends: This method is more focused on identifying the current management situation as opposed to establishing trends.

(B5)

AUTHOR Detroit Hospital Council
 TITLE Hospital Self-Assessment Tool
 YEAR 1978
 SPONSOR Detroit Hospital Council
 TYPE Institutional Assessment
 PURPOSE The questionnaire was developed as an aid to hospitals in implementing and conducting a hospital-wide cost containment program. The Hospital Self-Assessment Tool is the investigative phase in problem analysis
 SCOPE The assessment tool is to be used in hospitals
 LEVEL All levels within the organization
 AREAS Human Resources; Financial; Patient and Client; Community Relations; Data Management and Management Information Systems; Education, Conervation, and Control of other Hospital Resources
 DATA Not indicated
 RECIPIENT Not indicated
 PROGRAMMING Unknown

METHODOLOGY

All Areas Indicated:

Instruments

A questionnaire was designed that contains sets of questions for each of the seven general areas. No information is presented as to whether or not the instrument was tested

Data Collection

Hospital staff in the relevant departments would probably have access to the information required to complete the procedure

Controls

Questions are asked in the questionnaire which seek to check bias in reporting. Various sources are recommended for gathering the information needed to complete the questionnaire

Sample

Not applicable

Analysis

Not applicable. The authors state that the Hospital Self-Assessment Tool represents the first step of the investigative phase of a cost containment program. The phases are: organizational, analytical or investigative, implementation and monitoring, and an evaluation and outcome phase. As such, analysis is not part of the tool; it is an aid in investigation

Documentation of Conclusions

No conclusions were presented

SUMMARY

Findings and Recommendations

Findings and recommendations, etc. are not presented in the Hospital Self-Assessment Tool report; only the questionnaire is presented. It consists of questions in seven areas; systematic review of the seven general areas is believed to have potential for cost savings (since the seven areas deal with key elements of the hospital operational process: Patient Flow and Utilization Capacity, Utilization of Personnel, etc.). It is suggested that the tool can assist the hospital administrator and the cost containment committee in identifying operating processes and problems which may have a significant cost impact, in establishing priorities for further investigation, and in increasing the general awareness of hospital personnel.

Comments on Methodology

It is difficult to evaluate the methodology because there is little narrative provided to describe exactly how the tool would be used; who would use it, when, how often, etc.

Also, this tool may not be the best method for an overall assessment of management; the Preface states that it is not intended to be all inclusive. The focus is on identification of areas for cost containment opportunities

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UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: The proposed self-assessment would be an internal evaluation function
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but action required are not indicated. The procedure rests on the ability of the user to answer specific questions about management areas. In the process of completing the questionnaire, it is expected that problem areas are identified. It's up to the user to propose and implement the needed remedies.
 - Are priority areas signaled? Yes—a function of the severity of the problem
2. Feasible to replicate:
 - Model is replicable but requires especially qualified personnel to implement depending upon the sophistication of the user
 - Model is replicable and requires only conventional methodological skills depending upon the sophistication of the user
3. Instruction/involvement of host program officials: Not applicable; this method was not tested in a host country.
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies. The questionnaire could be used to indicate current and future needs in hospitals. It could also suggest directions for donor aid and policies in hospitals
5. Descriptions of objectives/structure/activities: Not applicable
6. Presentation of Specific Remedies and Options: Not presented in the questionnaire
7. Preparation of benchmark standards: Standards are not explicitly stated; questions are asked in such a way that users are forced to determine for themselves the performance standards that are appropriate for their particular hospital
8. Identification of management practice trends: The study does not describe management behavior; it is a way of investigating management performance

Comments on Utility

This tool may be useful in a variety of institutions and settings, mainly because it is not dependent on culturally bound performance measures. It might be defective in at least one way; the information required to answer some of the assessment sections is dependent on a good data base. Also, some guidance may be needed in defining where to go next after the questionnaire has been completed and what alternatives for implementation of changes are available or best.

Note: The review of this document is based on the author(s) objectives and the internal logic of the tool; it is not based on the external, field tested validity because the reviewers had only the instrument and procedure; not findings.

[36]
 AUTHOR Griffith, J. R.
 TITLE Measuring Hospital Performance
 YEAR 1978
 SPONSOR Blue Cross Association
 TYPE Institutional Assessment
 PURPOSE To identify the quantity, cost, and quality indexes that can be used to measure total hospital performance. The author's objective was to define, standardize and call for the uniform availability of common and well understood measures of hospital performance. The measures were designed to provide decision makers with comparative data (at the community, state, regional, and national levels) so that health management and planning decisions can be based on the degree to which performance levels are being achieved, according to a standardized data set
 SCOPE The author proposes testing of performance measures in community hospitals
 LEVEL All heirarchical levels within a hospital would be involved
 AREAS The proposed performance measures deal with all of these management areas, in the context of hospital care, by development of quantity, cost and quality measures
 DATA Secondary Public Domain; Secondary Proprietary/Private
 RECIPIENT The general public (through publication of the study)
 PROGRAMMING Non-programmed; the Blue Cross Association asked the author to undertake the study

METHODOLOGY

Quantity

1. Instruments: The instruments used to measure quantity (discharges per person per year, patient days per person per year, and adjusted length of stay) have been subject to test (or use) over time in U.S. hospitals
2. Data Collection: Data would probably be collected by the utilization review department in a hospital
3. Controls:
 - A. Source Bias: Multiple sources of quantity information are suggested. Choice of source to mainly dependent on availability
 - B. Self-repor. Bias: Several checks against various types of bias are described (for checking completeness of data, coding errors, etc.)
4. Sample: The proposed field tests would use purposive sampling
5. Analysis: The analysis is qualicative and quantitative inductive; observations of certain performance indicators are used to measure overall hospital performance
6. Documentation of Conclusions: Supporting evidence for conclusions is contained in report

Quality

1. Instruments: Instruments used to measure quality include mortality, moribidity, health status, patient education and patient satisfaction. Sources of information for these measures would include discharge abstract data and sample interview-surveys of discharged patients
2. Data Collection: No indication is given concerning who would collect data, but utilization reviewers or medical records employees would probably collect discharge data. The social service department might be responsible for the surveys
3. Controls:
 - A. Source Bias: Multiple sources of quality information are suggested. Costs of technical difficulties can increase the chances of source and self-report bias
4. Sample: Purposive; for the interview-surveys, the author suggests ten persons per week
5. Analysis: Analysis of discharge abstract data could be done on a deductive basis because overall hospital statistics are available; the analysis of patient satisfaction would be inductive; based on a sample of the total number of patients cared for
6. Documentation of Conclusions: Supporting evidence is presented

Cost

1. Instruments: Two instruments are proposed to measure hospital costs--inpatient cost per person per year and hospital outpatient costs per person per year. Sources of information are hospital cost reports

2. Data Collection: The accounting-financial department would be responsible for this information
3. Controls: The reliability of the cost information is subject to the accuracy of the service population estimation and the reliability of cost reports. If supplementary calculations are performed, reliability is a function of the estimators skills
4. Sample: A total sample would be used in generating a hospital's cost analysis
5. Analysis: Quantitative deductive
6. Documentation of Conclusions: Supporting evidence is presented

Comments on Methodology

Overall the methodology appears to be a sound one. As with all types of measures, the validity/credibility of the three proposed in this study are subject to the validity/credibility of the data sources. The author himself points out the weaknesses in some of the performance measures and suggests refinements and additions that can be used if one is willing to assume the increased cost and time needed to implement the refinements

SUMMARY

Findings

Because this study was an identification or exploratory one, management findings are not presented; ways of going about measuring management performance are presented. Management findings will be available when the study is tested in the proposed field trials

Recommendations

The author recommended that the hospital performance measures be tested in a series of field trials in order to test the feasibility of implementation, to document the cost of collecting and using data and to examine whatever problems may arise

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, ecc.)
2. Externalization of evaluation function: An assessment was not performed in this study, but the proposed procedure would be one of internal assessment; hospital staff could perform the assessment
3. Direct costs (person-months on site): The author suggest that for testing purposes, the data be collected annually for four years

Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes—a function of the severity of the problem
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills that are conventional in the U.S.
3. Instruction/involvement of host program officials: This question is not relevant to this study which was done in the U.S.
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes information on hospital performance
5. Descriptions of objectives/structure/activities: Not applicable to this study
6. Presentation of Specific Remedies and Options: The hospital performance measures indicate degree to which goals are being met; it us up to the decision-maker to identify remedies and options
7. Preparation of benchmark standards:
 - Explicitly stated—universal norms (e.g. financial ratios, stock out indicators)
 - Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)

3. Identification of management practice trends:

- Through explicit statements of comparison with standards
- Comparisons with other management practices in similar (cross-sectional) organizations
- Comparison of current status with past performance (longitudinal)

This study would allow description of hospital performance in terms of the above three trends

Comment on Utility

This performance assessment method is useful in measuring current performance in the three areas of quantity, quality, and cost. As stated by the author, the decision maker has to supplement the proposed performance measures with extensive other analytic information (quantitative and non-quantitative). It appears, then, that the utility of the procedure is dependent on the sophistication and level of expertise of the user in analysis and implementation of remedies.

[37]
 AUTHOR Imboden, N.
 TITLE A Management Approach to Project Appraisal and Evaluation
 YEAR 1978
 SPONSOR Development Centre of the Organisation for Economic Co-operation and Development
 TYPE Program assessment; government agency or specific program or project. The evaluation selector process proposed in the report could lead to selection of any one of the seven evaluation types except accounting/auditing methods
 PURPOSE To provide information to development managers so that they can set up their own appraisal/evaluation framework in a technically competent way. Instead of proposing a specific framework, the book discusses various concepts and frameworks in order to point out alternatives
 SCOPE The methods can be adapted to a variety of situations
 AREAS Generic approaches are presented which can be applied in various management areas
 DATA Dependent on type of evaluation process chosen
 RECIPIENT Not applicable
 PROGRAMMING Not applicable; the method proposed for choosing an evaluation system could lead to any type of evaluation approach

METHODOLOGY (for choosing assessment procedure)

- A. Determine information needs
 1. Analyze management structure
 2. Determine what information should be available
 3. Determine what information should be collected
- B. Determine who needs the information
- C. Determine degree of confidence needed

SUMMARY

Findings and Recommendations

1. Traditional reporting and evaluation practices are not adapted to information needs in management development activities
2. Information generated by evaluations is rarely used
3. Evaluation frameworks must strike a compromise between technical rigor, resources, and timeliness of information
4. There is no general evaluation framework; frameworks have to be tailor made

Benefits

1. Could problems be identified:
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
 - Could priority areas be signaled? Yes
2. Would be feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Not applicable
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes information in current and future host country management needs and provides information for donor policies
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined
 - Program activities described
6. Presentation of Specific Remedies and Options: Not applicable
7. Preparation of benchmark standards: Not applicable
8. Identification of management practice trends: Not applicable

General Comments

This is one of the few reports that take into account variability; it is based on the premise that appraisal frameworks have to be adapted to a country's or program's socio-economic situation.

A specific framework is not presented. Instead, concepts are discussed which will help a manager choose an appropriate method:

1. Currently used appraisal methods are discussed
2. Then, a management approach to development activities is proposed. It is an ideal model that considers planning, policy formulation, policy execution, and evaluation as inter-related circular processes;
3. Finally, a more practical approach is presented that takes into account the fact that project evaluations are usually not integrated into management systems.

[38]
 AUTHOR Instituto Centroamericano de Administración de Empresas
 TITLE Management of National Family Planning Programs in Central America, Final Evaluation
 YEAR 1975
 SPONSOR Ford Foundation
 TYPE Program (family planning)
 PURPOSE The document is a report of the three year project directed to the improvement of managerial capacity of national family planning programs in Central America
 SCOPE National family planning programs
 LEVEL Focus was on program staff
 AREAS System planning control, organization design, interagency coordination, policy coordination
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection
 1. Instruments: Unknown
 2. Data Collectors: Foreigners, specially prepared
 3. Controls for source bias: Unknown
 4. Controls for self report bias: Unknown
 5. Samples: Unknown

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations; a "clinical" case study was used

Comments

1. Approach—a problem-centered strategy was used; the basic administrative problems of an organization were uncovered and an intervention was designed to address the problems
2. The initial phase of the strategy—a basic research program was held in Nicaragua, Costa Rica, and El Salvador covering five areas:
 - research and identification of administrative problems
 - production of training materials (research reports, teaching cases, technical notes)
 - region-wide intervention (mainly short training courses)
 - organization and country specific interventions
 - experiments (model clinics in Guatemala and Nicaragua)

SUMMARY

Findings

- Six major problem areas were found in the three countries:
1. Lack of a managerial orientation of program personnel
 2. System planning and control problems
 3. Need for improvement in organization design
 4. Problems in relationship with the private medical sector
 5. Interagency competition
 6. Policy coordination problems at the international level

Recommendations

- The following innovative elements of the project were presented as most worthy of consideration by other institutions:
1. Use of the systems concept in improvement of management
 2. Training of management teams; the usual approach of training only one representative of an organization is often inadequate if the purpose is to affect major changes
 3. The project demonstrated that valid and useful research can be conducted using a qualitative and descriptive methodology

UTILITY

- Costs
1. Demands on personnel:
 - Staff personnel (evaluation department, administration, etc.)
 - Operational personnel (nursing supervisors, clinic staff, etc.)
 2. Externalization of evaluation function: Unknown

- Benefits
1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes—a function of the severity of the problem
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems
 2. Feasible to replicate: Needs further documentation
 3. Instruction/involvement of host program officials:
 - Host program personnel participated only in execution of study
 - Purpose and model for study were explained to host program personnel
 5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
 6. Presentation of Specific Remedies and Options: Yes
 7. Preparation of benchmark standards: Unknown
 8. Identification of management practice trends:
 - Comparisons with other management practices in similar (cross-sectional) organizations
 - Comparison of current status with past performance (longitudinal)

Comments

The author states that it is unlikely that any evaluation could accurately assess the impact of the project, but significant contributions were made in Guatemala and El Salvador ("dramatically improved program performance"). Results in Nicaragua and Costa Rica were not as well defined.

—The teaching cases were useful across organizational levels in countries outside of Central America, and in organizations other than family planning. The regional seminars were also effective; several changes were introduced into data systems and program management.

—One problem or cost was that action plans developed by seminar participants were national in scope. This was too ambitious because the institutional infrastructure needed to promote implementation did not exist in five or six countries.

—Another factor that affected project utility was politics. Host clients had warned consultants that the principal obstacles to improved program performance were political, not managerial. This proved to be true in several instances.

[39]
 AUTHOR Medicus Systems Corporation
 TITLE Institutional Effectiveness Audit, First Field Test
 YEAR 1978
 SPONSOR American Hospital Association
 TYPE Institutional (hospitals) assessment
 PURPOSE To provide a framework and assistance in reviewing hospital performance. Principles of the audit were:
 1. Educational in nature
 2. Participatory in nature
 3. Non-repetitive with other review mechanisms already in existence for hospitals
 SCOPE Coverage of various aspects of hospital management
 LEVEL Coverage of various levels within the organization
 AREAS Materials and Facilities; Human Resources; Financial; Patient and Clinical Management; Institutional which includes Community Relations
 DATA Secondary Public Domain; Secondary Proprietary/Private
 RECIPIENT The study was field tested in 24 hospitals across the country. Prior to this, the questionnaire was submitted to two panels of experts and the special advisory committee of the American Hospital Association board.
 PROGRAMMING Field testing of the audit would be non-programmed but once adopted, the audit could be used as an on-going part of a hospital's review program

METHODOLOGY

Data Collection

1. Instruments: Pre-tested, in USA
If instrument utilized, attached to study? Yes
2. Data Collectors: Administrators, no special preparation
3. Controls for source bias: Not applicable
4. Controls for self report bias: Not applicable
5. Samples: Not applicable

Analysis

Not applicable

Documentation of Conclusions

Not applicable

Methodology for the Entire Audit

1. Each of the six management areas has explanatory material and material aimed at response assessment
2. Questions are directive; stated in terms of principles of "good management"
3. The hospital is viewed from a systems approach
4. Each section asks two kinds of questions: factual and value judgments, and opinions. Factual questions are first distributed to management staff and then both sets are circulated to board members, administrators, and medical staff
5. Two levels of evaluation are possible: a. from responses to factual data, one can assess hospital's ability to provide data and assess its own performance. b. from responses to value data, one can review hospital performance and amount of dissatisfaction with current affairs
6. Responses to the questionnaire are sent to the American Hospital Association and a "management report" is prepared which includes: comparison of the hospital's responses with other hospitals, trend analyses in the second and third year, educational needs, and norms based on industry data.

Comments

Discussions in management assessment with others interested have pointed out that the methodology is basically a sound one, although designers could specify some goals within the audit as guides. Also, options for needed remedies might be included. The methodology focuses on structure and process issues, but does not look at outcomes closely.

UTILITY

Costs

1. Demands on personnel:
 - Staff personnel (evaluation department, administration, etc.)
 - Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function: Not applicable
3. Direct costs (person-months on site): Not presented

Note: Because the results of field testing are not presently available, the abstractor was not able to comment on many of these questions.

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General Comments

It is difficult to assess utility without insight on results of field application. It appears though, that valuable data is gained from the audit, especially when the suggestions mentioned above are incorporated.

Benefits

1. Problems identified: None identified because field test results were not available. It is presumed from the structure of the questionnaire that feedback would be provided
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of institutional officials:
 - Host program personnel participated only in execution of study
 - Purpose and modal for study were explained to host program personnel
4. Donor Programming: Although the audit was not specifically designed for this purpose, it could be used to provide donor programming information
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined
 - Program activities described
6. Presentation of Specific Remedies and Options: In each of the audit areas, there is discussion of evaluation of responses. In most cases, "correct" responses, while implicit, are obvious from the questions themselves. This method is aimed specifically at response assessment and should enable the hospital to evaluate responses and begin to diagnose areas that need improvement.
7. Preparation of benchmark standards:
 - Explicitly stated—quantitative norms are provided when appropriate
 - Implicit in many of the questions
8. Identification of management practice trends:
 - Through explicit statements of comparison with standards; some quantitative norms are presented
 - Comparisons with other management practices in similar (cross-sectional) organizations
 - Comparison of current status with past performance (longitudinal)

[B10]
 AUTHOR Medicus Systems Corporation
 TITLE Institutional Effectiveness Audit, Second Field Test
 YEAR 1978
 SPONSOR American Hospital Association
 TYPE Institutional (hospitals). Process evaluation
 PURPOSE To provide an overall framework for assessing total institutional performance
 SCOPE Hospitals
 LEVEL Various: policymaking, staff, operations personnel, etc.
 AREAS Institutional, financial, patient/clinical, human resources, and materials management
 DATA Needed to complete questionnaire: Secondary Public/Private
 RECIPIENT The document was field tested by 250 participants
 PROGRAMMING Field testing was non-programmed, but once adopted, audit could be used periodically

METHODOLOGY

Data Collection

1. Instruments: Pre-tested, USA
 If instrument utilized, attached to study? Yes
2. Data Collectors: Institutional staff with guidance from consultants
3. Controls for source bias: Not applicable
4. Controls for self report bias: Not applicable
5. Samples: Not applicable

Analysis

- Not applicable. Responses to questionnaire are analyzed in the following manner:
1. The hospital's responses were compared with those of similar institutions;
 2. Trend analysis will be made in the second and third year of use
 3. Norms will be provided as industry data are accumulated.

Documentation of Conclusions

Not applicable

General Comments

The comments in the "Institutional Effectiveness Audit, First Field Test" hold for this document also

UTILITY

Costs

1. Demands on personnel:
 - Staff personnel (evaluation department, administration, etc.)
 - Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function: Not applicable. This is an internally performed audit

Benefits

1. Problems identified: None identified; because field applications were not applicable
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of institution officials:
 - Hospital personnel participated only in execution of study
 - Purpose and model for study were explained to host program personnel
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies. Although not specifically designed for this purpose, this audit could be used to provide this information.
5. Descriptions of objectives/structure/activities: Not applicable
6. Presentation of Specific Remedies and Options: Yes-implicitly
7. Preparation of benchmark standards:
 - Explicitly stated—quantitative norms, when appropriate
 - Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends:
 - Through explicit statements of comparison with standards
 - Comparisons with other management practices in similar (cross-sectional) organizations
 - Comparison of current status with past performance (longitudinal)

[B14]
 AUTHOR Programa de Investigación y Desarrollo de Sistemas de Salud
 TITLE Método de Diagnóstico Administrativo
 YEAR 1978
 TYPE Program and institutional assessment
 PURPOSE To evaluate the structure and administrative processes of a health agency
 SCOPE The procedure can be adopted for use at any of three levels: as an evaluation of an entire health agency, as an evaluation of one or more specific administrative areas, or as an evaluation of part or all the administrative areas of one or more programs, departments, or institutions under a health agency.
 LEVEL See SCOPE
 AREAS Personnel, Finance, Operations, Community Relations, Direction (planning, organization, and control)
 DATA Primary and secondary
 PROGRAMMING This is a description of a proposed methodology

METHODOLOGY

Data Collection

1. Instruments: Not indicated
 If instrument utilized, attached to study? Yes
2. Data Collectors: Nationals, specially prepared through orientation sessions

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations
 Qualitative/deductive—presentation of subsystem behavior based on total system characterizations or attributes

Documentation of Conclusions

Not indicated, although the method would result in well documented conclusions

Comments on Method

The method of administrative diagnosis (MEDA) has three components: the normative model, the instrument, and the procedure.

Model: comparison of the actual situation with an ideal model. Actual administrative practices that diverge from the ideal identify the problems and indicate where changes are needed.

Instrument: two were used, a questionnaire and a series of forms (formato) that cover each element of the model. For each element, there is a general normative description and alternative situations are indicated. The user lists the factors that determine his/her particular situation after choosing a description most like the existing situation.

Procedure: The process described above is carried out by a coordinator external or internal to the health agency. The process includes: determination of the scope of the evaluation, selection of elements, adaptation of instrument, orientation for informants, data collection, processing, analysis and presentation of information, and decision-making based on results of evaluation. This method can be used for self-assessment or assessment by evaluation.

SUMMARY

Findings

Not indicated

Recommendations

Not indicated

UTILITY

Costs

1. Demands on personnel:
 - Staff personnel (evaluation department, administration, etc.)
 - Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Not indicated

Benefits

1. Problems identified: Although data on the application of this method is not available, the method would identify problem areas and recommend solutions.
 - Would priority areas be signaled?
 - Yes—a function of the severity of the problem
 - Yes—a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Host program personnel would participate in design and execution of study
4. Donor Programming: The assessment would provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities: Would have to be understood in order to make the best use of the evaluation method.
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends:
 - Through explicit statements of comparison with standards
 - Comparison of current status with past performance (longitudinal)

[B12]
 AUTHOR Reynolds, J.
 TITLE A Framework for the Design of Family Planning Program Evaluation Systems
 YEAR 1970
 SPONSOR Ford Foundation and U.S. Agency for International Development
 TYPE Family Planning Program Assessment
 PURPOSE To describe some methodological components of program evaluation and outline an approach to the design of evaluation systems. This along with the companion paper ("Framework for the Selection of Family Planning Program Evaluation Topics") will enable administrators to grasp and cope with program evaluation, select realistic evaluation topics, and design useful evaluation systems. This is not a detailed design of an evaluative study; it seeks to force the evaluator to consider criteria (measurements, study design; data collection and analysis) in relation to program objectives and evaluation.

SCOPE Developed for Family Planning Programs
 LEVEL Depends on the evaluator
 AREAS Not applicable
 DATA A variety of sources are discussed
 RECIPIENT Not applicable

METHODOLOGY

Data Collection

1. Instruments: Tested methodology developed as part of prior work in El Salvador and Trinidad
 If instrument utilized, attached to study? Yes
2. Data Collectors: Not applicable
3. Controls for source bias: Not applicable
4. Controls for self report bias: Not applicable
5. Samples: Not applicable

Analysis

Not applicable
 Documentation of Conclusions
 Not applicable

SUMMARY

Findings

Not applicable

Recommendations

- a. Conduct a quick (3 month) description and analysis of the entire program
- b. Design an evaluation system
- c. Develop a permanent Evaluation Unit
- d. Periodically (every 2-3 years) repeat the above steps and make necessary revisions

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: Not applicable
3. Direct costs (person-months on site): Unknown

Benefits

1. Possibility of problems being identified:
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable
 - Would priority areas be signaled?
 - Yes—a function of the severity of the problem
 - Yes—a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Not applicable

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4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which would include indirectly provided information on current and future host country management needs and indirectly provided information for donor policies
5. Descriptions of objectives/structure/activities: Not applicable
6. Presentation of Specific Remedies and Options: Not applicable
7. Preparation of benchmark standards: Not applicable
8. Identification of management practice trends: Not applicable

General Comments

The paper defines the technical components of an evaluation and, in most areas, points out benefits and inadequacies of the four components (measurements, study design, data collection and analysis). This is followed by an outline of an approach to designing evaluation systems.

This paper and its companion are useful descriptive background materials. They do not, nor do they propose to, present a step-by-step methodology, but rather, present a framework within which a systematic method can be developed.

It would be interesting to have documentation of the field tests and applications of the documents.

{313}
 AUTHOR Reynolds, J.
 TITLE A Framework for the Selection of Family Planning Program Evaluation Topics
 YEAR 1970
 SPONSOR Ford Foundation and the U.S. Agency for International Development
 TYPE Program assessment; Family planning; Part of an implementation evaluation
 PURPOSE To present a conceptual framework to aid administrators and evaluators in identifying family planning objectives, selecting evaluation topics, and considering evaluation feasibility. Problems of program evaluation are outlined
 SCOPE Family planning programs
 LEVEL Project, program, agency, multi-agency or multi-sector
 AREAS No management areas are specifically dealt with
 RECIPIENT Methodology was field tested in El Salvador and Ecuador

METHODOLOGY

Data Collection

1. Instruments: Tested, elsewhere in El Salvador and Ecuador
If instrument utilized, attached to study? Yes
2. Data Collectors: Not indicated
3. Controls for source bias: Not indicated
4. Controls for self report bias: Not indicated
5. Samples: Not indicated

Analysis

See Comments

Documentation of Conclusions

Not indicated

General Comments

A method of selecting evaluation topics and defining program objectives is presented. The model is a refinement of the "goal-attainment" model; systems concepts were used to modify the model. The framework is largely theoretical, although the author notes that testing was done in El Salvador and Ecuador.

The framework involves listing and describing criteria that should be considered in selecting evaluation topics. This is done in three steps: activity selection, goal definition, and methodology

SUMMARY

Findings

None

Recommendations

None

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: Not applicable
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Not applicable
4. Donor Programming: Not applicable
5. Descriptions of objectives/structure/activities: See comments
6. Presentation of Specific Remedies and Options: Not applicable
7. Preparation of benchmark standards: Not applicable
8. Identification of management practice trends: See comments

General Comments

The author states that the method presents administrators with a perspective; a framework that aids in sorting out the complexities of family planning programs so that they will be better able to decide how to go about performing evaluations.

The modified goal-attainment model has broad applicability; description of programs in terms of inputs, processes, outputs, and results is possible for most programs.

[B14]

AUTHOR Reynolds, J.
 TITLE Operational Evaluation of Family Planning Programs through Process Analysis
 YEAR 1973
 SPONSOR Ford Foundation and U.S. Agency for International Development
 TYPE Family Planning Program
 PURPOSE To present process analysis as a method of evaluation operations of family planning programs. This method will allow the evaluation to pinpoint program strengths and weaknesses in a systematic manner
 SCOPE Family Planning Programs
 LEVEL Operational; Evaluation of the major activities of a family planning program
 AREAS Major family planning activities: examining and diagnosing, creating, educating, distributing, training, managing, researching and evaluating
 DATA Not applicable
 RECIPIENT Sources of data depend on the type of evaluation chosen
 PROGRAMMING Not applicable

METHODOLOGY

Data Collection

1. Instruments: Pre-tested—the approach (process analysis) has been used widely
 Proposed Data Collection Methods
 Observation, interviews, or records. The author mentions sexual techniques for analysis of processes; in relation to time, from geographical, sociological, or other points of view
 2. Data Collectors: Not applicable
- Analysis
 Combination of quantitative and qualitative techniques depending on method chosen
- Documentation of Conclusions
 Not applicable

SUMMARY

Findings
 None

Recommendations

The author recommends an in-depth analysis of processes in terms of significant inputs, outputs, effects, constraints, process elements, process sequence, processing rules, and performance measures. The method will allow pinpointing of program strengths and weaknesses and study of problem areas once identified

General Comments

Basic strategy:

1. Activity to be analyzed is identified
2. Activity objectives are defined and performance measures selected
3. The activity is defined in terms of inputs, outputs, effects, and constraints
4. Elements of the process are defined and relationships and rules of processing identified
5. The process is observed, measured, and evaluated to determine how and why it works, its strengths/weaknesses, and significant attributes

UTILITY

Costs

1. Demands of personnel: Not indicated
2. Externalization of evaluation function: Not applicable
3. Direct costs (person-months on site): Not applicable

Benefits

1. Problems could be identified, but the degree of action would depend on the mix of alternative methods chosen
2. Feasible to replicate: Not applicable—a framework not a model is presented
3. Instruction/involvement of host program officials: Not applicable
4. Donor programming: The assessment should provide data that gives direction to donor agency's programs and policies. This is a possible result of use of the approach

5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Not indicated
8. Identification of management practice trends: Not indicated

[B15]
 AUTHOR Reynolds, J.
 TITLE Management-Oriented Corrections Evaluation Guidelines
 YEAR 1976
 SPONSOR National Institute of Law Enforcement and Criminal Justice
 TYPE Program Assessment
 PURPOSE The document presents a generic approach to evaluation that can be used by administrators and evaluators. It is a reference that describes steps in designing, conducting, and evaluating in a "how-to" format.
 SCOPE Correctional Institutions
 LEVEL Various levels within correctional institutions
 AREAS Dependent on the objective of the evaluation.
 DATA Dependent on the type of evaluation used
 RECIPIENT At the end of 1977, over 750 correctional administrators and evaluators had been trained.
 PROGRAMMING Not applicable

METHODOLOGY

Data Collection

1. Instruments: Pre-tested, in-country in a variety of fields at local, state, regional, national, and international levels
2. Data Collectors: Specially prepared administrators and/or evaluators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Not applicable

Analysis

Not applicable, but would be a combination of quantitative and qualitative techniques

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

The evaluation process has three phases:

1. Select evaluation topic
2. Develop evaluation plan
3. Implement: conduct and manage the evaluation. The findings and judgments are communicated to decisionmakers and a decision is made, option selected and action taken.

Recommendations

None

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: This document presents an internally performed procedure
3. Direct costs (person-months on site): Not indicated

Benefits

1. Could problems be identified:
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
 - Could priority areas be signaled? Yes—a function of the severity of the problem and a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills and consultant guidance
3. Instruction/involvement of host program officials: Not applicable

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4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes information on current and future host country management needs and provides information for donor policies
5. Descriptions of objectives/structure/activities: Not applicable
6. Presentation of Specific Remedies and Options: Yes, would provide information needed for decision making (political and administrative decisions)
7. Preparation of benchmark standards:
 - Explicitly stated—universal norms (e.g. financial ratios, stock out indicators)
 - Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Not applicable

General Comments

As stated by the author, this document is a guide to choosing and designing an evaluation procedure, not a blueprint that can be picked-up and used. A user would have to go through several steps before an actual evaluation could be made. It is concerned with management in terms of managing the evaluation process and defining the administrator's role.

In contrast to other documents, this one does not merely present a procedure; rather, it gives a broad outline of methods plus discussion of concepts, examples, and illustrations.

[B16]
 AUTHOR University of Michigan, Program in Hospital Administration
 TITLE Michigan Hospital Performances Measures Project
 YEAR 1979
 SPONSOR Michigan Health Data Corporation
 TYPE Institutional. Reporting traditional and impact evaluation
 PURPOSE To provide hospital governing boards, health planning agencies, and financing agencies with information on quantity, cost, and quality of hospital care at the community level
 SCOPE Hospitals in the state of Michigan
 LEVEL Educational programs are planned for chief executive officers and governing board members
 AREAS No specific management areas are focused on. Emphasis is on assessment of hospital performance in terms of utilization, cost, and quality of hospital care. The management component of the procedure is an educational one; an educational program was designed to help decision makers understand the performance measures and to assist them in using the information
 DATA Patient discharge abstracts, population estimates, and hospital cost reports
 RECIPIENT Prepared for the Michigan Hospital Performance Measures Field Test
 PROGRAMMING Special Project
 APPROACH Functional?

METHODOLOGY

Because the document is an annual report for the Hospital Performance Measures Project, details on methodological procedures are not presented. It appears that the following methods will be used:

- A. Data collection: patient origin data, cost data, and population data
- B. Data processing: cluster analysis, reporting programs, mapping algorithms
- C. Educational programs: are planned for Chief Executive Officers and hospital trustees. Hospital Performance Reports (data at the cluster level and individual hospital level) will be distributed to Chief Executive Officers
- D. Evaluation: Evaluation of the impact of the Hospital Performance Measures on local communities and on cost-effective delivery of hospital care will be made. Evaluation of charges in cost-effectiveness of care delivered will be conducted from the measures themselves. Findings will be supplemented by a survey of local decision makers
- E. Patient Satisfaction Questionnaire: patient surveys will be offered to interested hospitals with standardized data collected by the Project

SUMMARY

Findings

Data on Findings has not been presented yet.

Recommendations

None

UTILITY

Additional information on methods, findings, and field applications is required before comments can be made on utility. Investigator's model is an "art form"--not could be replicated with further documentation.

[C1]
AUTHOR Asayesh, K.A.
TITLE Family Planning in Iran
YEAR 1974
SPONSOR Carolina Population Center
TYPE Program Assessment
PURPOSE Provide data to students for use with simulation
SCOPE National-Public Program
LEVEL All Levels
AREAS Materials and Facilities; Human Resources; Financial
DATA Secondary Public Domain
RECIPIENT General Readership
PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Nationals, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- Inefficient budgetary process due to:
- a. no independent accounting unit
 - b. straight line pro-ration of expenditure
 - c. lengthy approval period
 - d. manpower shortages (due to recruitment regulations)

Recommendations

None

UTILITY

Costs

1. Demands on personnel: No program personnel involved
2. Externalization of evaluation function: Unknown
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, actionable presumed corrective would be re-allocation of resources
 - Are priority areas signaled? No
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: Not indicated
5. Descriptions of objectives/structure/activities: Objectives described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: No broader perspective presented

[C2]
AUTHOR Beckles, F. N. (also: Barkhuus & Daly, 1975)
TITLE Haiti: Health Sector Analysis
YEAR 1975
SPONSOR U.S. Agency for International Development
TYPE National Assessment
SCOPE All public, some private, sector health delivery
LEVEL All levels
AREAS Materials and Facilities; Human Resources; Financial; Institutional
DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Interview
RECIPIENT U.S. Agency for International Development

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
If instrument utilized, attached to study? Unknown
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report
Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Planning is ad hoc
- b. Administrative structure weak due to shortage of trained personnel
- c. Inconsistent policy and practice in changing fees
- d. Service and vital statistics lacking
- e. Low morale/maturation of staff due to inadequate incentives
- f. Supply delivery is erratic
- g. Inflexibility in funds obligations
- h. Inadequate controls
- i. Mal-distribution of resources

Recommendations

- a. Establish clear operational policy
- b. Strengthen bureau of planning with mechanism for data gathering and analysis, information system, and evaluation unit
- c. Study administrative needs of Ministry
- d. Undertake national health planning exercise to include casting of alternative programs, reallocation of resources, inventory of resources

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback
 - Yes, but non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies and includes information on current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

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[C3]
 AUTHOR Blevins, G. G., Gallivan, J., & Haverberg, L.
 TITLE A Preliminary Assessment of the Health/Nutrition Sector of Guyana
 YEAR 1978
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 PURPOSE Identify possible areas of assistance to Guyana health/nutrition sector
 SCOPE Public and Non-Profit health and nutrition deliveries
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Survey
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

- a. Central health delivery constraint is inefficient utilization of human and financial resources and inadequate administrative infrastructure
- b. Poor supply and maintenance of materials
- c. Procurement procedure is cumbersome
- d. Inadequate management information system
- e. Absence of permanent planning capability
- f. Absence of program budgeting

Recommendations

- a. Establish an effective management information system
- b. Establish a planning unit
- c. Better specify the management training for health sector officials

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Are priority areas signaled? Yes--a function of the key importance of an element in easing other problems: Management
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to

donor agency's programs and policies which includes current and future host country management needs

5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
6. Presentation of Specific Remedies and Options: No (The problem identification cites specific deficiencies which program officials might address; however the actual recommendations are general)
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C4]
AUTHOR Brown, G. D.
TITLE Health Sector Development in the Republic of Colombia
YEAR 1973
SPONSOR U.S. Agency for International Development
TYPE Program Assessment
SCOPE Health Sector Assessment
AREAS Materials and Facilities; Human Resources; Financial; Institutional
DATA Secondary Public Domain; Secondary Proprietary/Private
RECIPIENT U.S. Agency for International Development
PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Not indicated

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Purpose is to define areas of study in sector assessment. Incidental mention is made of management problems:

- a. Lack of vital and service statistics
- b. Lack of competence in interpreting data
- c. Performance reporting is of expenditures, not activities
- d. Erratic basis of reporting activities
- e. Inattention to administrative function in design of regionalized system

Recommendations

First five refer to areas to be studied

- a. Management of U.S. Agency for International Development loan
- b. Relative cost of programs and projects
- c. Organizational analysis to define functions and responsibilities
- d. Administrative requirements of regionalized systems
- e. Manpower needs
- f. Coverage goals should be specified

UTILITY

Costs

1. Demands on personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback (e.g. "coordination is weak")
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study

4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies: It provides neither
5. Descriptions of objectives/structure/activities: None
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: No broader perspective presented

[C5]
 AUTHOR Bumpus, E., et al.
 TITLE Health Sector Assessment for the Dominican Republic
 YEAR 1975
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE All major public sector health providers
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Interview;
 Primary Survey
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Unknown
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Unknown
4. Controls for self report bias: Unknown
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence is not included but referenced

SUMMARY

Findings

- a. Lacks planning capability and administrative capacity
- b. No modern system of management control
- c. Supervisory visits rare; supervisors apathetic
- d. Social Security suffers from administrative barriers
- e. Administrators not trained for tasks
- f. No personnel accountability
- g. Supply is a problem
- h. Service statistics not reported
- i. Regional staff need more authority

Recommendations

- a. Financial incentives for family planning practitioners
- b. Provide resources so that technical assistance may be obtained from universities and management firms
- c. Develop technical capacity for national health planning
- d. Shift budgeting power in Secretariat of Health
- e. Improve information, personnel, accounting, and supervisory and managerial systems
- f. Create new Divisions for Personnel, Auditing and Inspecting

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs: \$338,000

Benefits

1. **Problems identified:**
 - Yes, actionable because presumed corrective would use central mechanism (e.g. motivation of personnel or lack of punctuality)
 - Yes, actionable presumed corrective would be re-allocation of resources (e.g. under-utilized facility)
 - Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? No
2. **Feasible to replicate:** Investigator's model is an "art form"--not replicable by others--not documented
3. **Instruction/involvement of host program officials:** Host program personnel participated only in design and execution of study
4. **Donor Programming:** The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. **Descriptions of objectives/structure/activities:** None
6. **Presentation of Specific Remedies and Options:** Yes
7. **Preparation of benchmark standards:** Implicit--not stated, yet it appears researcher has a standard in mind
8. **Identification of management practice trends:** No broader perspective presented

[C6]
AUTHOR Cathcart, H. R.
TITLE Chinese Health System Gets Down to Basics
YEAR 1978
TYPE Description
SCOPE Few hospitals and villages
AREAS Materials and Facilities; Human Resources; Community Relations
DATA Primary Interview
RECIPIENT General Audience
PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: None
4. Controls for self report bias: Not applicable
5. Samples: Opportunistic

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Management of human resources could be improved
- b. Distribution of traditional medicines not efficiently managed

Recommendations

None

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): 1/2 person-month

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies but does neither
5. Descriptions of objectives/structure/activities: Program activities described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Explicitly stated--comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[C7]
AUTHOR Cross, E., et al.
TITLE Report of the Health Sector Assessment Team Sudan
YEAR 1977
SPONSOR U.S. Agency for International Development
TYPE Multi-Nation and Program Logistics Assessment
PURPOSE Evaluate health logistics system and propose interventions
SCOPE National-Logistics-Public and Private
LEVEL All-emphasis on operations
AREAS Materials and Facilities; Human Resources; Financial
DATA Primary Interview; Direct Observation
RECIPIENT U.S. Agency for International Development
PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

- a. Inadequate central supply space
- b. Top managers of supply depot unfamiliar with supply management
- c. Lack of middle management talent
- d. Arcane procedures for processing shipments and procurement
- e. Lack of leadership in Pharmaceutical Department of Ministry of Health
- f. Inadequate understanding of role of Pharmacy Medical Assistants
- g. Theft of materials
- h. Mal-utilization of storage space
- i. Delays in in-country transit
- j. Low morale in Pharmaceutical Department

Recommendations

- a. Training for directors of supply depot
- b. Coded marking of shipment containers
- c. Establish mini-depot
- d. Better inventory information
- e. Participant training for director of Pharmaceutical Department

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes--a function of the severity of the problem: Logistics training of Directors

2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated—comparative norms (e.g. past performance, other developing country programs, U.S. Systems, etc.)
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[C8]
 AUTHOR Cross, E., et al.
 TITLE Sudan Health Sector Assessment
 YEAR 1977
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE Public Sector
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial
 DATA Secondary Public Domain; Primary Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Report that management is weakest link in health system; provide a few examples:

- a. lack of information and information system
- b. lack of administrative systems (erratic salary payments)
- c. lack of middle management in logistics
- d. lack of clarity in organizational or positional values

Recommendations

Strengthen "infrastructure"

UTILITY

Costs

1. Demands on personnel: No program personnel involved
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Four and one-half person-months

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems: Management
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined
 - Program structure defined—Internal structure

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- Program structure defined—Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: No
 7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
 3. Identification of management practice trends: No broader perspective presented

[C9]
 AUTHOR Daly, J. A., et al.
 TITLE Bolivia: Health Sector Assessment
 YEAR 1975
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE All public, some private, sector health deliveries
 LEVEL All Levels, emphasis at policy, management level
 AREAS Materials and Facilities; Human Resources; Financial; Institutional;
 Community Relations
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Survey;
 Primary Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Not tested, face validity
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Unknown
5. Samples: Total Population

Analysis

Combination of the above

Documentation of Conclusions

Supporting evidence is not included but referenced

SUMMARY

Findings

- a. Budget is late, complex, unrealistic
- b. Decision-making is over-centralized
- c. Political criteria used in personnel selections
- d. Supervision lacking or inadequate
- e. Lack of mid-level staff
- f. Under-utilization of facilities
- g. Fragmentation of program and services
- h. Planning non-existent or unrealistic
- i. Logistic system expensive and inefficient
- j. Service statistics and vital statistics lacking

Recommendations

- a. Strengthen planning offices
- b. Improve financial and accounting systems
- c. De-centralize administrative authority

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback

- Are priority areas signaled? No
- 2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
- 3. Instruction/involvement of host program officials: Host program personnel participated only in design and execution of study
- 4. Donor Programming: None
- 5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
- 6. Presentation of Specific Remedies and Options: No
- 7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
- 8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[C10]
 AUTHOR De Leon, J. P.
 TITLE Present Organization of Community Health Services in Peru: Suggestions
 for Administrative Change for Future Planning
 YEAR 1963
 TYPE National Assessment
 SCOPE Describes all health providing institutions;
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Personal Observation
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Nationals, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Not indicated

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence is not included but referenced
 Conclusions are neither documented nor referenced

SUMMARY

Findings

Incomplete service statistics

Recommendations

- a. Survey existing official facilities
- b. Regionalize the administration of services

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: Not indicated
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel participated in design and execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies but does neither
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Descriptions of objectives/structure/activities: Program structure defined--Internal structure
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

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[C11]
 AUTHOR Economic and Social Commission for Asia and the Pacific, Population Division
 TITLE Report of a Comparative Study on the Administration of Family Planning Programmes in the ESCAP Region
 YEAR 1977
 SPONSOR Economic and Social Commission for Asia and the Pacific
 TYPE Multi-Nation Family Planning Assessment
 PURPOSE Identify the organizational factors that predict program effectiveness in Singapore, Malaysia, Philippines, Korea
 SCOPE Public sector family planning procedure
 LEVEL Emphasis on operational staff
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Primary Survey; Primary Interview
 RECIPIENT General Readership
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Tested, elsewhere. The instrument was revised for each country, it is unknown if pre-testing was performed in all four countries
 If instrument utilized, attached to study? No, referenced
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: None
4. Controls for self report bias: Not applicable for most data instruments.
 Other sources indicate cross-checks on clinic self-reports (Korea) during pre-test
5. Samples: Purposive-Korea and Philippines; Total Population-Singapore and Malaysia

Analysis

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

Principle findings were:

- a. A service orientation appeared to lead to higher productivity than a promotion
- b. Urban clinics were more productive and had more qualified staff
- c. Staff positive towards family planning predicted unit effectiveness
- d. Most serious logistical problem was delayed remuneration of staff
- e. Logistic systems (save Singapore) required attention
- f. Consultative leadership appeared to be the most effective managerial style
- g. Rural clinics need to be better organized than those in urban areas to be equally effective (most pronounced in Korea)

Recommendations

Generally as implicit as above findings. A special set of recommendations was developed for the conduct of such studies:

- a. Select competent diplomatic researchers
- b. Provide financial incentives for advisory groups
- c. Invest time in formation and education of advisory group
- d. Keep advisory group small and operational

UTILITY

Costs

Unknown

2. Externalization of evaluation function:

- Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
- Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)

3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes—a function of the severity of the problem: Logistics
2. Feasible to replicate:
 - Model is replicable but requires especially qualified personnel to implement analysis
 - Model is replicable and requires only conventional methodological skills in collection of management information
3. Instruction/involvement of host program officials: Host program personnel participated in design and execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs and provides information on donor policies
5. Descriptions of objectives/structure/activities: None
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[C12]
 AUTHOR El-Zein, A. H. (also: Furnia, 1975)
 TITLE Sharing the Misery. (A Preliminary and Tentative Evaluation of the Health Services in Qena Egypt)
 YEAR 1973
 TYPE Sector Assessment
 SCOPE Province-Clinical Services
 LEVEL Clinic-Practitioners
 AREAS Materials and Facilities; Human Resources; Financial
 DATA Primary Interview
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Nationals, professional investigators
3. Controls for source bias: None
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

- a. Inappropriate site selection for clinics
- b. Ineffective (counter-productive) incentive system for physicians
- c. Bureaucratic complications in re-imbursement

Recommendations

- a. Anthropological studies prior to program planning
- b. Fixed fee for services
- c. Income pool from physicians fees
- d. Decrease bureaucratic complications

UTILITY

Costs

1. Demands on personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes--a function of the key importance of an element in easing other problems: Anthropological studies
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: None
5. Descriptions of objectives/structure/activities: Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
3. Identification of management practice trends: No broader perspective presented

[C13]
 AUTHOR Emrey, R. C., Farr, K. R., Sarn, J. E. (Eds.) (also: Holland, Davis, & Gangloff, 1973)
 TITLE Health Sector Assessment for Nicaragua
 YEAR 1976
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE All public sector health deliveries
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Institutional; Community Relations
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Survey; Primary Interview
 RESULTS TO U.S. Agency for International Development
 PROGRAMMING Programmed

METHODOLOGY

Data Collection

1. Instruments: Not tested, face validity
If instrument utilized, attached to study? No
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Unknown
4. Controls for self report bias: Unknown
5. Samples: Total Population

Analysis

Combination of quantitative and qualitative techniques

Documentation of Conclusions

Supporting evidence for some conclusions is contained in report
 Supporting evidence is not included but referenced

SUMMARY

Findings

Extensive list of problems generally being dealt with:

- a. Inadequate planning due to fragmentation, lack of manpower and of competence in planning
- b. Poor implementation due to lack of specificity of plans, over-utilization of decision-making, weak incentives, inadequate supervision, poor supporting services (e.g. logistics), and marginal administrative competence.
- c. Inadequate control due to deficient information systems, sporadic reporting, absence of competence on data analysis and interpretation and weak supervision.
- d. Lack of inter-agency coordination

Recommendations

Extensive list, often quite specific dealing with:

- a. Support for program planning at all levels, in system dollar support, technical assistance, training and direct back-up
- b. Improve information systems
- c. Creation of Department of Rural Health Services
- d. Addition of administrator to health clinics
- e. Recruitment and training of "executive administrators"

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.)

2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, acc.)
 3. Direct costs (person-months on site): Unknown
- Benefits
1. Problems identified:
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement.
 - Yes, actionable because presumed corrective would be re-allocation of resources
 - Yes, actionable because implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? Yes—a function of the key importance of an element in assing other problems: Planning
 2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
 3. Instruction/involvement of host program officials: Host program personnel participated only in execution of study
 4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which include current and future host country management needs
 5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
 6. Presentation of Specific Remedies and Options: Yes
 7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
 8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

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[C14]
 AUTHOR Emrey, R. C., Gallivan, J. F., & Russell, S. S. (also: Gallivan, 1977)
 TITLE National Health Planning in Jordan Phase Two: Health Policy Strategy
 YEAR 1977
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE All public and private health providers, emphasis on public
 LEVEL All levels, emphasis on policy making level
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private
 RECIPIENT U.S. Agency for International Development and Health Policy Reference
 Group (Jordan)
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
 If instrument utilized, attached to study? No answer
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/deductive--presentation of subsystem behavior based on total system characterizations or attributes
 Quantitative/deductive--application of population-wide recorded data to units within the population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report
 Supporting evidence is not included but referenced

SUMMARY

Findings

- a. Mal-distribution of facilities
- b. Little relationship between stated objectives and health sectors
- c. Gap between stated objectives and spending
- d. Lack of expenditure data
- e. Lack of integration of health providing institutions
- f. Little relationship between configuration of system and health needs
- g. Planners lack legal authority and staff
- h. Ministry of Health departmental authorization inefficient for implementing basic health programs
- i. Decisions made at higher levels than necessary
- j. Responsibility for management fragmental among institutions
- k. Lack of personnel with management training
- l. No separate budgets
- m. No cost accounting or detailed budgeting
- n. Management information lacking
- o. Underutilization of data

Recommendations

1. Health Planning Reference Group should:
 - a. Acquire legal status
 - b. Be located in Prime Minister's Office
 - c. Appoint a group to review statutes
 - d. Develop a nutrition planning capacity
 - e. Initiate a ten-year plan
 - f. Create provincial planning groups
2. Create health planning unit in Ministry of Health, headed by social sector planner with the following functions:
 - a. Develop ten-year plan
 - b. Collect service statistics
 - c. Coordinate research
3. Review organizational arrangements, management capabilities, and assignment of authority
4. Expand pool of trained middle managers
5. Improve budget and cost accounting procedures
6. Overhaul information system

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7. Train clinic level administrators
8. Revise pay scales to attract physicians
9. Integrate curative and preventative services

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems: Planning
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Purpose and model for study were explained to host program personnel
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C15]
 AUTHOR Family Health Care, Inc. (also: Weissman, 1977)
 TITLE Health Manpower and Health Services in the Syrian Arab Republic
 YEAR 1976
 SPONSOR U.S. Agency for International Development
 TYPE Sector Assessment
 SCOPE National
 LEVEL All levels-emphasis on province level and above
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Interview
 RECIPIENT U.S. Agency for International Development, Mission to Syrian Arab Republic
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations
 Quantitative/inductive--extension of sample derives numerical results to population
 Quantitative/deductive--application of population-wide recorded data to units within the population

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Absence of national health strategy
- b. Inadequate coordination at national level
- c. Lack of mechanism for planning, managing, and evaluating national health program
- d. Lack of data for program management, planning, and evaluation
- e. Lack of budgetary control
- f. Over-investment in hospitals
- g. Escalation of hospital costs
- h. Lack of trained managers throughout system
- i. Inadequate supply
- j. Inadequate support, structure, and management of ambulatory services

Recommendations

Establishment of a central planning and resource allocation structure that will:

- a. Develop performance criteria for units
- b. Approve all private and public service and payment programs
- c. Evaluate all health services
- d. License health facilities and services
- e. Establish criteria for training of health professionals

Strengthen province level administration:

- a. Develop management planning and information system
- b. Specify clear program objectives
- c. Establish mechanism for data validation
- d. Introduce management by exception
- e. Test this model in two pilot projects

Provide long-term training [Master degree programs in Business Administration (MBA), Public Administration (MPA), and Public Health (MPA)] to 15 non-physician program managers

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): One and one-half person-months

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems: National planning mechanism
2. Feasible to replicate: Investigator's model is an "act form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Purpose and model for study were explained to host program personnel
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[C16]
 AUTHOR Family Health Care, Inc. & Africare (also: Pielemeier, 1975)
 TITLE A Review of Health Care in Lesotho: Issues, Analyses, and Recommendations
 YEAR 1978
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE All health delivery; public and private; emphasis on public
 LEVEL All Levels, emphasis on policy level
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Primary Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Non-Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Lack of managerial expertise at all levels
- b. Failure to address issues attendant on de-centralization
- c. Incomplete service statistics
- d. Mal-distribution of hospitals
- e. Inadequate supervision and remuneration of village health workers
- f. Vacancies at key managerial positions
- g. Planning, statistical, and logistical services understaffed
- h. Over-centralization of fiscal management
- i. Unreliable supply of medicines

Recommendations

- a. Planning mechanism for both public and private sector
- b. Additional staffing and improved statistical and analytical expertise for planning unit
- c. Financial support to program

UTILITY

Costs

1. Demands of personnel: No answer
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): One person-month

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback (e.g. "coordination is weak")
 - Are priority areas signaled? Yes—a function of the severity of the problem: Planning
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.

5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

{C7}

AUTHOR Family Health Care, Inc., & Africare
 TITLE A Review of Health Care in Malawi: Issues, Analyses and Recommendations
 YEAR 1978
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE Public and Private health system
 LEVEL All Levels-focus on policy/planning level
 AREAS Materials and Facilities; Human Resources; Financial
 DATA Secondary Public Domain; Primary Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations
 Quantitative/deductive--application of population-wide recorded data to units within the population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report
 Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Cost breakdown by facilities unknown
- b. Logistics accounting system debits facility accounts on basis of requests, not deliveries
- c. Lack of projections of personnel and recurring expenses for new projects

Recommendations

- Support the planning functions by:
- a. Training in health planning, statistics, and evaluation
 - b. Workshop on how planning unit should function, what its objectives should be, and what skills are needed

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): One person-month

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? Yes--a function of the key importance of an element in easing other problems: Planning-Statistics
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which include current and future host country management needs: Yes

5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program activities described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

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[C18]
AUTHOR Family Health Care, Inc., & Africare
TITLE A Review of Health Care in Angola: Issues, Analyses and Recommendations
YEAR 1978
SPONSOR U.S. Agency for International Development
TYPE National Assessment
RECIPIENT U.S. Agency for International Development

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Not indicated

Analysis

- Qualitative/inductive--generalization from limited observations to overall programs and characterizations
- Quantitative/deductive--application of population-wide recorded data to units within the population

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Inadequate system for collection and reporting of service data

Recommendations

Develop mid- and sector-level managers and supervisors

UTILITY

Costs

1. Demands of personnel: Unknown
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): None

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? Yes--a function of the severity of the problem: Develop management manpower
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies but does neither
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program activities described
6. Presentation of Specific Remedies and Options: Unknown
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C19]
 AUTHOR Family Health Care, Inc., & Africare
 TITLE A Review of Health Care in Mozambique .. Issues, Analyses and
 Recommendations
 YEAR 1978
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE Public Health Sector
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial
 DATA Secondary Public Domain
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Non-Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Not indicated

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations
 Quantitative/deductive—application of population-wide recorded data to units within the population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report
 Supporting evidence is not included but referenced
 Conclusions are neither documented nor referenced

SUMMARY

Findings

Highly politicized and diverse administrative strategy has led to no coherent delivery structure

Recommendations

None

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): 0

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which provides information for donor policies
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program activities described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[C20]
 AUTHOR Family Health Institute
 TITLE A Working Paper on Health Services Development in Kenya: Issues, Analysis, and Recommendations
 YEAR 1978
 SPONSOR Health Resources Administration/Department of Health, Education, and Welfare
 TYPE National Assessment
 SCOPE All health delivery agencies and major support agencies
 LEVEL Primarily policy making level
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Primary Survey; Primary Interview
 RECIPIENT Office of Interantional Health/Health Resources Administration/Department of Health, Education, and Welfare
 PROGRAMMING Non-Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations
 Quantitative/inductive--extension of sample derives numerical results to population

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Analysis deals primarily with strategy and policy choices although frequent general references are made to administrative deficiencies. Specific management problems cited are:

- a. No hospital costs breakdown
- b. No central management capability
- c. Plans ignore managerial needs
- d. Plans are not implemental
- e. Inter-ministerial coordination weak
- f. Few competent managers
- g. No programmers to utilize extant data
- h. Activities not related to objectives
- i. No criteria for selecting health projects
- j. Ministry of Health has little input into budgetary process

Recommendations

Development of national planning capability by support for:

- a. Management information system
- b. Policy analysis and coordination (cost effectiveness studies, cost and use of forecasting)
- c. Forecasting of operation costs attendant in central investments
- d. De-centralization of following decisions to provincial level:
 - setting performance criteria
 - limited funds re-allocation
 - certain purchases
- e. Review of resource allocation, data base, program effectiveness
- f. Prepare Five and Twenty year goals and describe structure and budget for programs
- g. Conduct policy seminars with U.S. academics

Train non-physicians administrators in Master degree programs in Business Administration (MBA), Public Administration (MPA), and Public Health (MPH) in U.S.

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Five and one-half person-months

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback (e.g. "coordination is weak")
 - Yes, but some non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems: National planning
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which should include information on current and future host country management needs and provide information for donor policies
5. Descriptions of objectives/structure/activities: Objectives described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

{C21}
 AUTHOR Filerman, G. L.
 TITLE What Can We Learn from the International Health Experience?
 YEAR 1977
 TYPE Multi-Nation Description
 PURPOSE Review national alternatives in organization and provision of health care
 SCOPE Several countries
 LEVEL Policy Level
 AREAS Human Resources; Financial; Institutional; Community Relations
 DATA Secondary Public Domain
 RECIPIENT General Readership
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

SUMMARY

Findings

No specific identification of management problems; reference to increasing costs

Recommendations

Need for administrators to define their role broadly

UTILITY

Costs

1. Demands on personnel: Not indicated
2. Externalization of evaluation function: Not indicated
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: None identified
2. Feasible to replicate: Not applicable
3. Instruction/involvement of host program officials: Not applicable
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which provides information for donor policies
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: Comparisons with other management practices in similar (cross-sectional) organizations

[C22]
 AUTHOR Garcia-Erazo, A.
 TITLE Administración de Servicios Hospitalarios
 YEAR 1967
 TYPE Program Assessment
 SCOPE International Nursing
 LEVEL Hospital
 DATA Personal Experience
 RECIPIENT Administración de Servicios Medicos
 PROGRAMMING Non-Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Unknown
4. Controls for self report bias: No controls
5. Samples: Total Population

Analysis

Qualitative/deductive--presentation of subsystem behavior based on total system characterizations or attributes

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Brief reference is made that training of nurses is not appropriate to job demands

Recommendations

Five levels of nursing with Training activities for each level are proposed. "Administration" is included on each training level

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel participated only in design and execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies but does neither
5. Descriptions of objectives/structure/activities:
 - Program structure defined--Internal structure
 - Program activities described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

{C23}
 AUTHOR Gutierrez Sanoja, J. A.
 TITLE Basis for a Regionalization Plan and Integration of Health Services for
 Venezuela
 YEAR 1965?
 TYPE Program assessment
 SCOPE National
 LEVEL All Levels, although focused on upper levels
 AREAS Human Resources; Financial; Institutional
 DATA Secondary Public Domain
 RECIPIENT Unknown
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Unknown
4. Controls for self report bias: Unknown
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence is not included but referenced
 Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. General disorganization within and between medical agencies
- b. Redundant programs and activities
- c. Lack of uniformity of procedures
- d. Over-centralized budgeting and programming
- e. Poor role/job definitions
- f. Mal-distribution of reserves (geographically and by activity)
- g. Lack of uniformity in remuneration between agencies

Recommendations

Document is a proposal to unify all health services in a single agency and de-centralize activities. Only vague reference is made to location of management activities (at zone level)

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, actionable implications are for planning process
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies

5. Descriptions of objectives/structure/activities: Program structure defined—Internal structure
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Explicitly stated—comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[C24]
 AUTHOR Howard, L. M.
 TITLE Key Problems Impeding Modernization of Developing Countries: The Health Issues
 YEAR 1970
 SPONSOR U.S. Agency for International Development
 TYPE Multi-Nation Assessment
 PURPOSE Review main constraints to health improvement in developing world
 DATA Secondary Public Domain
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
 If instrument utilized, attached to study? No answer
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations
 Combination of quantitative and qualitative techniques

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Most developing countries lack trained manpower or mechanisms to collect health data, identify problems, or plan programs
- b. Few developing countries possess the organization, administrative structure, or staff to operate a program accessible to more than 10% of the population
- c. Public administrative and management skills are in short supply

Recommendations

None

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: No answer
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but non-actionable by program official because the corrective measures would require additional resources to implement
 - Are priority areas signaled? Yes--a function of the severity of the problem
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: No answer
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which provide information for donor policies
5. Descriptions of objectives/structure/activities: No answer
6. Presentation of Specific Remedies and Options: No answer
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[C25]
 AUTHOR Huss, C. A.
 TITLE Planned Organizational Change in the Structure and Functioning of Indian Hospitals
 YEAR 1975
 TYPE Institution Assessment
 SCOPE Thirty Public and Private Hospitals
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Patient and Client; Community Relations
 DATA Primary Survey
 RECIPIENT Delhi University
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: Pre-tested, in-country
If instrument utilized, attached to study? Yes
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: No
4. Controls for self report bias: No control
5. Samples: Total Population

Analysis

Combination of quantitative and qualitative techniques
 Documentation of Conclusions
 Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Lickert System/supervisory style and organization climate
- b. Need for improvement in financial management, accounting, and personal management
- c. Need better information system

Recommendations

Reports five year effort to move a hospital toward more participative management (System 4 management, Likert). Recommendations same process for thirty other hospitals

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function: No answer
3. Direct costs (person-months on site): Sixty person-months

Benefits

1. Problems identified: Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? Yes--a function of the key importance of an element in easing other problems: Authoritative management (System 1 management Likert)
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Host program personnel participated only in execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities: None
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C26]
 AUTHOR Institute of Medicine. (also: Furnia, 1975)
 TITLE Health in Egypt: Recommendations for U.S. Assistance
 YEAR 1979
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 SCOPE Most health related programs in country
 LEVEL Complete vertical
 AREAS Materials and Facilities; Human Resources; Health Planning and Management
 DATA Secondary Public Domain; Secondary Proprietary/Private; Private Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Non-Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
 If instrument utilized, attached to study? No answer
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations
 Quantitative/inductive—extension of sample derives numerical results to population
 Quantitative/deductive—application of population-wide recorded data to units within the population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report
 Supporting evidence is not included but referenced

SUMMARY

Findings

- a. Clinics need improved supervision, matruational feedback
- b. Governanate and District-weak accounting, procurement, supply management, record keeping; weak recruiting, training and supervision of community health workers
- c. National shortage of management skills, especially at middle levels
- d. Weak supervision throughout system-supervisors not well motivated or technically (management) competent
- e. Hospitals-few administrators with management training (usually M.D.s); management skills lacking at middle levels; poor inter-departmental coordiantion; poor service records and reporting

Recommendations

- a. Support for production and distribution of medical supplies—study and implementation
- b. Program to strengthen hospital administration at graduate level
- c. Train administrators at government and district levels in accounting and procurement
- d. Study of training capacity in hospital management
- e. Analysis of manpower requirements to increase planning and management of water and sewage programs
- f. Study feasibility of program budgeting and accounting
- g. Support marketing of Health Insurance Organization plans

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)

- Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): Twelve person-months
- Benefits
1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback (e.g. "coordination is weak")
 - Yes, but non-actionable by program official because the corrective measures would require additional resources to implement
 - Yes, actionable because presumed corrective would use central mechanism (e.g. motivation of personnel or lack of punctuality)
 - Yes, actionable presumed corrective would be re-allocation of resources (e.g. under-utilized facility)
 - Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? Yes—a function of the severity of the problem
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems
 2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
 3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
 4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which would include information on current and future host country management needs and provide information for donor policies. Special chapter on U.S. Agency for International Development organization and U.S. Agency for International Development policies
 5. Descriptions of objectives/structure/activities: Program structure defined—Internal structure
 6. Presentation of Specific Remedies and Options: Yes
 7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
 3. Identification of management practice trends: No broader perspective presented

[C27]
 AUTHOR Kwang-Woong Kim
 TITLE A Comparative Study on the Administration of Family Planning Programmes in the ESCAP Region for the National Study of the Republic of Korea
 YEAR 1974
 SPONSOR Economic and Social Commission for Asia and the Pacific, United Nations.
 TYPE National Assessment
 PURPOSE Assess performance of national family planning program and demonstrate utility of research to program administration
 SCOPE Four provinces
 LEVEL All Levels--focus on operational level
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Survey; Primary Interview
 RECIPIENT Ministry of Health and Social Affairs; General Readership
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Pre-tested, in-country
If instrument utilized, attached to study? Yes, and others referenced
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Cross checks
5. Samples: Purposive

Analysis

Quantitative/inductive--extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report; however, the recommendations are not all supported by findings presented in the report

SUMMARY

Findings

Higher clinic productivity related to:

- a. Low turnover of M.D.s and nurses
- b. Adequate logistical support
- c. Supervisory contact and support
- d. Positive attitudes toward job, family planning, working group program clients
- e. M.D. as health centre director

Rural and Urban staff differed in attitudes towards maturation communication, etc.

(Results not presented due to inconsistencies between tables and text of report--probably typographical in origin)

Recommendations

- a. Reorganize and systemize data system
- b. Develop performance criteria for evaluation of administrative capability
- c. Targets should reflect environmental situation
- d. Eliminate duality of organizational responsibility
- e. Optimum mix of staff is 1 M.D., 5 nurses, 1 nurse aide and 1 midwife
- f. Try to minimize rotation of personnel
- g. Recruit M.D.s to direct health center
- h. Employ supervisors permanently
- i. Improve remuneration system
- j. Make frequent supervisory visits
- k. Study Advisory Council should be continued

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function: No answer
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism (e.g. motivation of personnel or lack of punctuality)

- Yes, actionable presumed corrective would be re-allocation of resources (e.g. under-utilized facility)
 - Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? No
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
 3. Instruction/involvement of host program officials: Host program personnel participated only in design and execution of study
 4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
 5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
 - Program structure defined--Relations to other entities
 6. Presentation of Specific Remedies and Options: Yes
 7. Preparation of benchmark standards: No standards implied
 8. Identification of management practice trends: No broader perspective presented

[C78]
AUTHOR Laskin, M.
TITLE Commonwealth Caribbean Health Sector Study
YEAR 1977
SPONSOR U.S. Agency for International Development
TYPE Multi-Nation Assessment
AREAS Materials and Facilities; Human Resources; Financial; Institutional
DATA Secondary Public Domain
RECIPIENT U.S. Agency for International Development
PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: None
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence is not included but referenced

SUMMARY

Findings

- a. Management characterized by apathy and inertia
- b. Lack of positive attitude to change and development
- c. No clear definition of policy or priority
- d. Planning process underdeveloped
- e. Data collection inadequate
- f. Over-centralization
- g. Inappropriate organizational structure
- h. Little cost containment
- i. Administrators ill-prepared to manage
- j. Organizational objectives not well communicated
- k. Poor role differentiation
- l. Logistics system cited for many of above

Recommendations

Listed as options

- a. Conduct surveys to identify problems
- b. Develop and staff statistical units
- c. Develop health planning units
- d. Develop community health committees
- e. Create Caribbean Center for Planning
- f. Perform studies on financial sources
- g. Conduct national health surveys

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): 0

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback (e.g. "coordination is weak")
 - Yes, but non-actionable by program official because the corrective measures would require additional resources to implement
 - Are priority areas signaled? No

2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
 - Program structure defined--Relations to other entities
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends:
 - Comparison of current status with past performance (longitudinal)
 - No broader perspective presented

[C29]
 AUTHOR Lopez, L. G., Alvarez, R. B., & Rivera, D. P.
 TITLE Summary of the Rural Sanitary Diagnosis of the Department of Valle de
 Cauca, Republic of Colombia, South America
 YEAR 1978
 SPONSOR Health Service of Valle de Cauca
 TYPE Description of Diagnostic Process
 SCOPE State
 LEVEL Community-Agency
 DATA Primary Survey
 RECIPIENT The Institute of Management Sciences and Operations Research Society of
 America
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Pre-tested, in-country?
If instrument utilized, attached to study? No
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Unknown
4. Controls for self report bias: Unknown
5. Samples: Unknown

Analysis

Unknown
 Documentation of Conclusions
 No answer-no conclusions

SUMMARY

Findings

No findings other than implication that such a diagnosis of sanitation and health service needs is feasible

Recommendations

None

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function: No answer-done internally
3. Direct costs (person-months on site): 136 person-months

Benefits

1. Problems identified: None identified
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Host program personnel participated in design and execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities: Objectives described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: No broader perspective presented

[C30]
AUTHOR Mahfouz, M.M. (also: Furnia, 1975)
TITLE Conceptualization of a National Plan for Family Planning in the Arab
Republic of Egypt
YEAR 1973
SPONSOR Ministry of Health
TYPE Description
SCOPE National
AREAS Institutional
RECIPIENT Government of Egypt
PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Not indicated
4. Controls for self report bias: Unknown
5. Samples: Not indicated

Analysis

No answer

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

None

Recommendations

Define role of each institution in national plan

UTILITY

Costs

1. Demands of personnel: Not indicated
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: None identified
 - Are priority areas signaled? No
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Not indicated
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which provides information for donor policies
5. Descriptions of objectives/structure/activities: Objectives described in general terms only
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C31]
 AUTHOR Manetsch, T. J., et al.
 TITLE A Generalized Simulation Approach to Agricultural Sector Analysis, with Specific Reference to Nigeria
 YEAR 1971
 SPONSOR Michigan State University under a U.S. Agency for International Development contract
 TYPE Sector analysis
 PURPOSE To develop the general system simulation approach to studying agricultural development as an approach to project, program, and policy design
 SCOPE All aspects of agricultural production; from input allocation decisions to production results
 LEVEL Multi-level
 AREAS Specific management areas were not directly evaluated. The focus was on development of a model that would give direction to sector policies
 DATA Secondary and primary
 PROGRAMMING Non-programmed

METHODOLOGY

Data Collection

1. Instruments: Tested, elsewhere; included simulation techniques
If instrument utilized, attached to study? Yes
2. Data Collectors: Foreigners, professional investigators; an interdisciplinary research team was used
3. Controls for source bias: Yes
4. Controls for self report bias: Yes
5. Samples: Purposive

Analysis

Quantitative/inductive—extension of sample derives numerical results to population
 Quantitative/deductive—application of population-wide recorded data to units within the population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

Comments on Method

An interdisciplinary research team consulted with professionals that had experience in Nigeria in order to design the general framework of the agricultural system that was simulated. The major questions which a systems model might help address were identified; appropriate measures of systems performance were diagnosed, and alternative means of policy variables available for achieving development objectives were specified. Two agricultural regions were delineated; north and south and the flows of material, money, and price information, and regulatory activities were specified.

The global model consisted of three integrated submodels: The Northern annual crop-beef model; the Southern perennial-annual crop model, and the nonfarm sectors model. Each model contained components that made it possible to simulate a large number of activities that could be used in a variety of problem situations in many different countries.

SUMMARY

Findings and Recommendations

The detailed agricultural models provided a wide range of numerical outputs of the agricultural sectors, including contributions to gross domestic product (GDP), tax revenues, employment, price levels of food, etc. The non-agricultural model calculated aggregate levels and growth rates in GDP, import requirements, employment, import-export balances and non-agricultural per capita income.

Several agricultural development policies were evaluated and compared to illustrate the use of the Nigerian model. The major conclusion drawn was that a technological transformation of agricultural export crop production is necessary for sustained growth.

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective
3. Direct costs (person-months on site): Not indicated

Benefits

1. Problems identified: Although the project did not have problem identification as one of its objectives, problems were identified. Some of these were actionable and some would require more resources, time, etc.
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement knowledge of computer simulation
3. Instruction/involvement of host program officials: Not applicable
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Not applicable
8. Identification of management practice trends: Not applicable

Comments on Utility

A wide range of policies can be tested with each submodel or with the global model. This general system simulation approach may be useful for sectors other than the agricultural sector. The approach provides a means for consideration of physical, biological, social and economic factors which affect development.

[C33]

AUTHOR Ministry of Health
TITLE Lampang Health Development Project: A Thai Primary Health Care Approach
YEAR 1978
SPONSOR Ministry of Health, Thailand
TYPE Description Program
SCOPE Regional-single program
LEVEL Regional Director to providers
AREAS Materials and Facilities; Human Resources; Patient and Client;
Institutional; Community Relations
DATA Not stated
RECIPIENT General Audience
PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Not stated
3. Controls for source bias: Unknown
4. Controls for self report bias: Unknown
5. Samples: Unknown

Analysis

Unable to determine

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Pre-project management problems:

- a. Inadequate cooperation and coordination between curative and preventive normal health services
- b. Inadequate planning of health activities
- c. Inadequate assessment of peripheral health personnel
- d. Weak support and supervision of peripheral health workers

Lampang project problems:

- Support and maturation of volunteer health workers due to:
 - need for more supervision
 - need for good logistical support

Recommendations

No recommendations for current problems with project. Project itself is response to earlier problems

UTILITY

Costs

1. Demands of personnel: No answer
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.). May have been internal evaluation
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, actionable because presumed corrective would use central mechanism (a.g. motivation of personnel or lack of punctuality)
 - Are priority areas signaled? No
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: No answer
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which provides information for donor policies

5. Descriptions of objectives/structure/activities:
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C34]
 AUTHOR Ministry of Public Health (also: Furnia, 1978)
 TITLE Management Support for Rural and Family Health Services
 YEAR 1977
 SPONSOR Ministry of Health, Afghanistan, and U.S. Agency for International
 Development, Mission to Afghanistan
 TYPE National Assessment
 SCOPE Public Health program
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Patient and Client;
 Institutional
 DATA Primary Survey; Primary Interview
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Unknown
3. Controls for source bias: Unknown
4. Controls for self report bias: Unknown
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence is not included but referenced

SUMMARY

Findings

- a. Poor logistics to operational units
- b. Field supervision sporadic and of doubtful competence
- c. Training not focused on needs
- d. Information unreliable
- e. Incentives weak throughout system (training area cited)
- f. Financial resources allocations out of properties to health needs
- g. Accounting data unreliable and sparse
- h. Personnel management not developed
- i. General shortage of management skills

Recommendations

- a. Competency-based ("hands-on") training needed
- b. Supporting training materials should be developed

UTILITY

Costs

1. Demands of personnel: Unknown
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified:
 - Yes, but some non-actionable by program official because vagueness of the feedback
 - Yes, actionable presumed corrective would be re-allocation of resources . Majority of findings stated somewhat generally although several specific findings are also cited
 - Yes, actionable implications are for planning process
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems: Logistics
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement

3. Instruction/involvement of host program officials: Unknown
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which include information on current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Program structure defined--Internal structure
 - Program activities described
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C35]
 AUTHOR Poyner, G., et al.
 TITLE Nutrition Sector Assessment for Nicaragua
 YEAR 1976
 SPONSOR U.S. Agency for International Development
 TYPE National Nutrition Program Assessment
 PURPOSE Describe nutrition problems and program, propose interventions
 SCOPE National, Public, and Non-profit (some commercial sector)
 LEVEL Policy
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Primary Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Lack of sufficient data
- b. Thinness of management capability and institutional capability

Recommendations

- a. Development of nutrition policy
- b. Data on nutritional status and program effectiveness

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C36]
 AUTHOR Robinson, B.
 TITLE On Methodology for Education Sector Analysis
 YEAR 1975
 SPONSOR U.S. Agency for International Development
 TYPE Sector
 PURPOSE To prescribe procedures for analyzing the education and propose criteria for improving them
 SCOPE Education sector
 LEVEL Multi-level
 AREAS Management areas are not specifically dealt with
 PROGRAMMING Non-programmed

METHODOLOGY

Analysis

Would include a combination of quantitative and qualitative techniques

Comments on Methodology

In the first chapter, the author describes methodological requirements that any sector analysis should include:

- A. Analysis is the first logical step in a cyclical process of: analysis, planning or strategy, program as project design, implementation, evaluation, and a subsequent analysis using updated data.
- B. The type of analysis considered is empirical and draws on theory and leads to policy.
- C. Objectives reflect problems that are not necessarily arbitrary.
- D. Because problems and objectives have the feature of multiplicity, one of the purposes of sector analysis is to arrive at better understanding of relationships among various objectives.
- E. Objectives serve to delimit and define analysis.
- F. Disaggregated data is important for determining interrelations.
- G. Comprehensiveness (the attempt to examine connections between the sector and the rest of the society), resource constraints, computational procedures, relationships among analyses of different sectors, and the idea that sector analysis should be a continuous process were discussed.

Chapters four and five describe a methodology for analysis of the education sector that incorporates the concepts examined in Chapter one.

SUMMARY

Findings

The author states that various kinds of policies for maximizing efficiency can be expected to result from analysis of the education sector

UTILITY

Costs

1. Demands of personnel: Not indicated.

Benefits

1. Problems identified: None identified; although results of an actual application are not presented, it appears that the method would identify actionable problems.
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Not indicated
4. Donor Programming: The assessment could provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
 - Program structure defined--Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes

[C37]
 AUTHOR Ruiz, A., Askin, P. W., & Gibb, D. C.
 TITLE Health Sector Assessment El Salvador
 YEAR 1978
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 PURPOSE Review health needs and programs
 SCOPE Public and Voluntary organizations in health
 LEVEL All levels
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Interview
 RECIPIENT U.S. Agency for International Development and Government of El Salvador
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
 If instrument utilized, attached to study? No answer
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations
 Quantitative/inductive—extension of sample derives numerical results to population
 Quantitative/deductive—application of population-wide recorded data to units within the population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

- a. Hospital autonomy inhibits referral systems and financial controls
- b. Administrative overload at regional level
- c. Lack of technical administrative competency
- d. Logistics suffer from:
 - lack of standardization of drugs
 - delays
 - inefficient storage
 - retention of expired drugs
 - periodic stock outs
 - poor record keeping
 - over-centralization
- e. Lack of coordination in transport management and maintenance
- f. No training for regional administrators
- g. Plan not oriented to needs
- h. Data is reported only on rural health aides
- i. Field supervision is weak
- j. Division of rural health responsibility

Recommendations

- a. Technical assistance in information systems
- b. Provide participant and in-country training to hospital administrators
- c. Appoint national commission for improvement of health care

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Unknown

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Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism (e.g. motivation of personnel or lack of punctuality)
 - Yes, actionable presumed corrective would be re-allocation of resources (e.g. under-utilized facility)
 - Yes, actionable implications are for planning process (e.g. continue or discontinue a program; utilize para-medicals rather than physicians)
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which include information on current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C38]
 AUTHOR Schieck, F. W., Hill, G. A., Parker, N. J., & Long, E. C.
 TITLE Health Sector Assessment Guatemala
 YEAR 1977
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 PURPOSE Review health status and programs and propose interventions
 SCOPE National Public and Private
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Patient and Client;
 Institutional; Community Relations
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Survey;
 Primary Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Not tested, face validity
 IF instrument utilized, attached to study? No
2. Data Collectors: Nationals, specially prepared
3. Controls for source bias: Unknown
4. Controls for self report bias: Unknown
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Quantitative/inductive—extension of sample derives numerical results to population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

- a. Unrealistic planning
- b. Fragmental budget preparation
- c. Few projects have plans for implementation
- d. Decentralized management has not been accompanied by allocation of resource controls
- e. Frequent drug stock-outs
- f. Linkages among regional units is weak

Recommendations

- a. Budget should be used as tool for program management and controls
- b. Create ministereal review group of budget
- c. Strengthen administrative capacity at regional level
- d. Evaluate logistics system
- e. Study adequacy and needs of information system

UTILITY

Costs

1. Demands on personnel: Operational personnel (nursing supervisors, clinic staff, etc.)
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs : \$172,000

Benefits

1. Problems identified:
 - Yes, actionable because presumed corrective would use central mechanism
 - Yes, actionable presumed corrective would be re-allocation of resources
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel participated only in design and execution of study

4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
 - Program structure defined--Relations to other entities
 - Program activities described
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C39]
 AUTHOR Taylor, C. E., Dirican, R., & Deuschle, K. W.
 TITLE Health Manpower Planning in Turkey
 YEAR 1968
 SPONSOR U.S. Agency for International Development
 TYPE National Assessment
 PURPOSE Provide in-depth study of health manpower needs and demonstrate methodology
 SCOPE All Public and Private Institutional Health Deliveries
 LEVEL All Levels
 AREAS Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Survey;
 Primary Interview
 RECIPIENT General Readership
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: Not tested, face validity
If instrument utilized, attached to study? No
2. Data Collectors:
 - Foreigners, professional investigators
 - Nationals, specially prepared
3. Controls for source bias: Multiple sources utilized
4. Controls for self report bias: Unknown
5. Samples: Total Population

Analysis

Quantitative/deductive--application of population-wide recorded data to units within the population

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

Program management issues were peripheral to main thrust which was manpower planning: Administrative framework of public health services fragmentation

Recommendations

Uniform remuneration policies

UTILITY

Costs

1. Demands on personnel: Staff personnel (evaluation department, administration, etc.)
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective (such as new methodology)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but non-actionable by program official because the corrective measures would require additional resources to implement
 - Are priority areas signaled? No
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement
3. Instruction/involvement of host program officials: Host program personnel participated in design and execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated--comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends: No broader perspective presented

[C40]
 AUTHOR Technical Secretariat of the Superior Economic Planning Council
 TITLE Nutrition Assessment: Honduras
 YEAR 1975
 SPONSOR Secretariat of the Superior Economic Planning Council
 TYPE National and Nutrition Program Assessment
 PURPOSE Describe nutritional programs and problems and recommend interventions
 SCOPE National-Public and Private
 LEVEL Policy
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 DATA Secondary Public Domain; Primary Interview
 RECIPIENT Secretariat of the Superior Economic Planning Council
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors:
 - Nationals, professional investigators
 - Nationals, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Problem areas may be inferred from recommendations. Specifically mentioned: Inadequate and insufficient information

Recommendations

- a. Strengthen and step up activities of planning, programming, project formulation and evaluation of Economic Planning Council and other agencies
- b. Organize an information system to analyze nutritional status

UTILITY

Costs

1. Demands of personnel: Unknown
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Model is replicable but requires especially qualified personnel to implement, although not easily replicated from the description, the model for research on nutritional status is delineated
3. Instruction/involvement of host program officials: Unknown
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities: Unknown
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

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[C41]
 AUTHOR U.S. Agency for International Development (also: Furnia, 1978)
 TITLE Health Sector Assessment and Strategy
 YEAR 1978
 SPONSOR U.S. Agency for International Development, Mission to Afghanistan
 TYPE National Assessment
 PURPOSE Reviews health needs and recommends strategy
 SCOPE National-Public
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Institutional;
 Community Relations
 DATA Secondary Public Domain
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
 If instrument utilized, attached to study? Unknown
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Basic Health Centers suffer from: Annual supply, little regular supervision, inconsistent incentives and lack of hardship pay
- b. Programs not implemented properly due to weaknesses in areas of training, personnel, budget and finance, logistics, and supervision

Recommendations

Support to strengthen the management systems of: manpower planning and training, logistics, financial planning and budgeting, information systems, evaluation and program planning, management training and personnel management

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
 - Program activities described

6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C42]

AUTHOR U.S. Agency for International Development
TITLE Health in Africa
YEAR 1975
SPONSOR U.S. Agency for International Development
TYPE Multi-Nation Assessment
PURPOSE Review of health problems and propose alternative action
SCOPE Public sector-Africa
LEVEL Top Policy Level
AREAS Human Resources; Financial
DATA Secondary Public Domain
RECIPIENT U.S. Agency for International Development
PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

Inadequate: Health administration, health planning and evaluation, and health information systems

Recommendations

- a. Focus on health planning, personnel systems, supervisory and management training, management and administration at the national level, and financial analysis of long term benefits
- b. Recruitment of qualified management talent

UTILITY

Costs

1. Demands on personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics requiring either special expertise or an independent perspective. Due to multinational focus, no single national program would undertake such an evaluation
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs and provides information for donor policies
5. Descriptions of objectives/structure/activities: None
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C43]

AUTHOR U.S. Agency for International Development
TITLE Colombian Health Sector Analysis
YEAR 1974
SPONSOR U.S. Agency for International Development
TYPE National Assessment
PURPOSE Review of health needs and programs and propose interventions
SCOPE Public and some private
LEVEL All levels
AREAS Materials and Facilities; Human Resources; Financial; Institutional
DATA Secondary Public Domain; Secondary Proprietary/Private
RECIPIENT U.S. Agency for International Development
PROGRAMMING Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Lack of sufficient numbers of trained administrators
- b. Need to define responsibilities and training requirements of administrators
- c. Planning suffers from:
 - Segmentation into discreet areas
 - Incomplete names
 - Failure to coordinate plans and budgets
 - Certain methodological weaknesses
- d. Information systems suffer from:
 - Lack of statement of purpose for which data collected
 - Lack of technical competence
 - Limited data
 - Delays in data collection and feedback
 - Lack of uniformity in data

Recommendations

- a. Performance names should be established for personal performance
- b. Increase budget on personnel and training on information systems

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but some non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs

5. Descriptions of objectives/structure/activities:
 - Program structure defined
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: Comparison of current status with past performance (longitudinal)

[C44]
 AUTHOR U.S. Agency for International Development
 TITLE Rural Community Health
 YEAR 1977
 TYPE Program Proposal
 PURPOSE U.S. Agency for International Development Project Proposal for health services in two rural provinces in Tunisia
 SCOPE Two Provinces--Public Sector
 LEVEL All Levels
 AREAS Materials and Facilities; Human Resources; Financial; Institutional
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
If instrument utilized, attached to study? Unknown
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Orientation of administration is to support initiative, within institutions' health care
- b. Structure of hospitals is authoritarian

Recommendations

None

UTILITY

Costs

1. Demands of personnel: No answer
2. Externalization of evaluation function: No answer
3. Direct costs (person-months on site): No answer

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? No
2. Feasible to replicate: Investigator's model is an "art form"--not replicable by others--not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit--not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C45]
AUTHOR U.S. Agency for International Development (also: Gallivan, 1977)
TITLE Health Sector Assessment Jordan
YEAR 1979
SPONSOR U.S. Agency for International Development
TYPE National Assessment
SCOPE All public, some private
LEVEL Policy, U.S. Agency for International Development Mission
RECIPIENT U.S. Agency for International Development
PROGRAMMING Programmed

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Not indicated

Analysis

Qualitative/inductive--generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Supporting evidence for conclusions is contained in report

SUMMARY

Findings

Cites activities to be conducted in strengthening program administration but provides no united assessments

Recommendations

None

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: None identified
 - Are priority areas signaled? No
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies and includes current and future host country management needs
5. Descriptions of objectives/structure/activities: None
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: No standards implied
8. Identification of management practice trends: No broader perspective presented

[C46]
 AUTHOR U.S. Agency for International Development
 TITLE Bolivian Nutrition Sector Assessment
 YEAR 1976
 SPONSOR U.S. Agency for International Development, Mission to Bolivia
 TYPE Sector Nutrition Assessment
 PURPOSE Assess programmatic assistance needs in nutrition
 DATA Secondary Public Domain; Secondary Proprietary/Private; Primary Interview
 RECIPIENT U.S. Agency for International Development
 PROGRAMMING Unknown

METHODOLOGY

Data Collection

1. Instruments: No formal instrument
2. Data Collectors: Foreigners, professional investigators
3. Controls for source bias: Unknown
4. Controls for self report bias: Not applicable
5. Samples: Purposive

Analysis

Qualitative/inductive—generalization from limited observations to overall programs and characterizations

Documentation of Conclusions

Conclusions are neither documented nor referenced

SUMMARY

Findings

- a. Administrative system is weak
- b. Organization structure is ad hoc
- c. Lack of data on status of program or nutrition of populace
- d. Poor budget preparation and management
- e. Budget inflexible and by line item only
- f. Budget maldistributed

Recommendations

Strengthen organizational and information bases of program

UTILITY

Costs

1. Demands of personnel: No program personnel involved
2. Externalization of evaluation function: Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
3. Direct costs (person-months on site): Unknown

Benefits

1. Problems identified: Yes, but non-actionable by program official because vagueness of the feedback
 - Are priority areas signaled? Yes—a function of the key importance of an element in easing other problems: Information
2. Feasible to replicate: Investigator's model is an "art form"—not replicable by others—not documented
3. Instruction/involvement of host program officials: Host program personnel were passively involved only as objects of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies which includes current and future host country management needs
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined—Internal structure
 - Program structure defined—Relations to other entities
6. Presentation of Specific Remedies and Options: No
7. Preparation of benchmark standards: Implicit—not stated, yet it appears researcher has a standard in mind
8. Identification of management practice trends: No broader perspective presented

[C47]
 AUTHOR World Health Organization Executive Board, Sixty-First Session, (Geneva, 11-26 January 1978)
 TITLE Summary Records
 YEAR 1978
 SPONSOR World Health Organization
 TYPE Program
 PURPOSE To identify health problems of priority concern to countries in the context of their development plan
 SCOPE Multi-sectoral
 LEVEL Multi-level
 AREAS Manpower, finances, collaboration with excluded agencies, managerial control
 DATA Sources depend on subject chosen for evaluation
 RECIPIENT Executive Board of World Health Organization
 PROGRAMMING Country health programming is designed to become part of a country's ongoing health program

METHODOLOGY

Data Collection

1. Instruments were developed by World Health Organization. A specific testing stage was not used; revisions have been made as result of implementation in World Health Organization member states.
If instrument utilized, attached to study? Yes
2. Data Collectors: Evaluation responsibility (including data collection) lies with program management and World Health Organization representative

Analysis

Combination of quantitative and qualitative techniques. Once priority health problems are identified, targets are specified. Targets are translated into health development programs to identify the needed activities and resources. Implementation, evaluation and, if necessary, reformulation of programmes occurs on a continuing basis.

SUMMARY

Findings

Findings focused on the fact that many member countries have been slow to implement the country health programming process. Approximately 1/3 regional directors presented reviews of their country's progress with country health programming. Their findings and suggestions included:

1. Country health programming should emanate from the country itself rather than from World Health Organization imposing it.
2. Good information and communication systems are necessary
3. Implementation problems are the result of the fact that its often difficult to modify existing practices, not because countries are not interested.
4. Keep the country health programming approach simple and practical
5. There is a need for emphasis on community involvement in establishing country health programming priorities.

Recommendations

1. Country health programming should be seen as a national approach to country wide planning, programming and management of health systems. The process should bring together the health sector and other relevant sectors.
2. Country health programming requires the development of health manpower.
3. Country health programming requires properly developed health information systems.
4. The Secretariat should promote wider acceptance of the principles and methodologies of country health programming.

UTILITY

Taken from the World Health Organization document

1. Easily adaptable
2. Avoids the "indiscriminate application of technology" to every country.
3. Utility is dependent on staff trained in using country health programming and on political backing.

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4. Country health programming's purposes and processes are in accord with the current thrust for health (comprehensive, multi-sectoral).
5. In some of the responses, it's difficult to determine whether country health programming is being used as a one-shot exercise or as an on-going process.
6. Health and medical problems are identified, but organizational (management) problems and constraints may be overlooked.

Costs

1. Demands of personnel: Some staff and operational personnel are involved
2. Externalization of evaluation function:
 - Evaluation covered several topics that should be part of normal program control and evaluations (inventory levels, performance against goals, etc.)
 - Evaluation covered topics that could be handled by a qualified evaluations department (in special program meeting objectives, search for operating problems with program units, etc.)
 - Evaluation covered topics requiring special training
 - World Health Organization suggests that country health programming be a continuing part of health programs

Benefits

1. Problems identified: Not applicable
2. Feasible to replicate: Model is replicable and requires only conventional methodological skills
3. Instruction/involvement of host program officials: Host program personnel would be involved in execution of study
4. Donor Programming: The assessment should provide data that gives direction to donor agency's programs and policies.
5. Descriptions of objectives/structure/activities:
 - Objectives described
 - Program structure defined--Internal structure
 - Program structure defined--Relations to other entities
6. Presentation of Specific Remedies and Options: Yes
7. Preparation of benchmark standards: Explicitly stated--comparative norms (e.g. past performance, other developing country programs, etc.)
8. Identification of management practice trends:
 - Comparisons with other management practices in similar (cross-sectional) organizations
 - Comparison of current status with past performance (longitudinal)

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APPENDIX B

INVENTORY OF HEALTH SERVICES MANAGERIAL ASSESSMENT RESOURCES

APPENDIX B

INVENTORY OF HEALTH SERVICES MANAGERIAL ASSESSMENT RESOURCES

The following list of organizations is an initial attempt to index groups outside the USA believed to be involved in the development or application of health services management assessment. Detailed information concerning Health Administration Education resources in the USA and Canada (including managerial assessment) is published annually by AUPHA. The Directory is available at a nominal fee from the Health Administration Press in Ann Arbor, Michigan. Further information concerning programs outside the USA and is available from AUPHA in Washington, D.C.. Address inquiries to:

AUPHA
International Office
One Dupont Circle, Room 420
Washington, D.C. 20036, USA
Telephone: 202/387-8811
Cable: AUPHA WASH DC

While AUPHA cannot guarantee the completeness and accuracy of this information, we welcome readers' suggestions and periodically will update the list. This list is not all-inclusive and will be periodically up-dated.

Argentina

Universidad de Buenos Aires
Curso de Organizacion y
Administracion Hospitalaria
Escuela de Salud Publica
Calle Marcelo T. de Alvear 2202
Buenos Aires, Argentina

Universidad de Buenos Aires
Curso de Salud Publica para
Funcionarios Administrativos
Escuela de Salud Publica
Calle Marcelo T. de Alvear 2202
Buenos Aires, Argentina

Australia

University of New South Wales
School of Health Administration
P.O. Box One
Kensington, New South Wales, 2033,
Australia

Belgium

Université Libre de Bruxelles
Ecole de Sante Publique
Faculté de Médecine et de
Pharmacie
Campus Erasme - C.P. 590
308, route de Lennik,
1070 Bruxelles - Belgium

University of Leuven
Program in Hospital
Administration & Medical Care
Organization
School of Public Health
102, Vital Decosterstraat
Leuven 3000, Belgium

University of Louvain
Program in Hospital
Administration & Medical Care
Organization
School of Public Health
Clos Chapelle aux Champs 4
B-1200 Bruxelles, Belgium

Brazil

Fundacao Getulio Vargas
Programa do Estudos Avancados em
Administracao Publica para o Setor Saude
Escola Brasileira de
Administracao Publica
Praia de Botafogo 190
Rio de Janeiro, Brasil

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Pontificia Universidade Catolica
do Rio de Janeiro
Curso de Especializacao em
Administracao Hospitalar
Escola Medica de Postgraduacao
Calle Sa Ferreira 223
Caixa Postal 701
Rio de Janeiro, Brasil

Universidade de Sao Paulo
Faculdade de Saude Publica
Curso de Administracao Hospitalar
para Graduados
Caixa Postal 8099
01255 Sao Paulo, Brasil

Hospital Das Clinicias da
Faculdade de Medicina da Universidade de Sao Paulo
Programa de Estudos Avancados em
Administracao Hospitalar e de Sistemas de Saude
Escola de Administracao de
Empresas de Sao Paulo da Fundacao Getulio Vargas
Avenida 9 de julho, 2029
Sao Paulo - S.P. - CEP 01313
Brasil

Instituto Brasileiro de
Desenvolvimento e de Pesquisas Hospitalares
Curso de Administracao Hospitalar
Avenida Duquesa de Goias, 735
Caixa Postal 21.173
05686 Sao Paulo, SP. Brasil

Canada

University of Alberta
Division of Health Services
Administration
13-103 Clinical Sciences Building
Edmonton, Alberta, Canada T6G 2G3

University of British Columbia
Health Services Planning Program
Department of Health Care &
Epidemiology
James Mather Building
2075 Wesbrook Mall
Vancouver, B.C., Canada V6T 1W5

Canadian School of Management
Program in Health Services
Administration
S-425/27, OISE Building
252 Bloor Street West
Toronto, Ontario, Canada M5S 1V5

Université de Montréal
Département d'Administration de
la Santé
Faculté de Médecine
2375 Côte Ste-Catherine
Montréal, Québec, Canada H3T 1A8

University of Ottawa
School of Health Administration
545 King Edward Avenue
Ottawa, Ontario, Canada K1N 6N5

University of Toronto
Health Administration Program
Division of Community Health
Faculty of Medicine
2nd Floor, McMurrich Building
Toronto, Ontario, Canada M5S 1A8

Chile

Universidad de Chile,
Sede Santiago Norte
Curso de Administracion
Hospitalaria para Ejecutivos Superiores de Hospitales
Departamento de Salud Publica y
Medicina Social
Independencia No. 939
Casilla 6537, Correo 4
Santiago, Chile

Universidad de Chile
Programa Latinoamericano de
Capacitacion en Administracion de Salud
Facultad de Ciencias Economicas y
Administrativas
Calle Compania 1270
Apartado 9727
Santiago, Chile

Colombia

Centro de Educacion en
Administracion de Salud (CEADS)
Curso de Asistentes y Tecnicos en
Administracion Hospitalaria
Carrera 10, Calle la.
Apartado 28498
Bogota, Colombia

Centro de Educacion en
Administracion de Salud (CEADS)
Curso de Administracion para
Medicos Directores de Unidades Regionales de Salud
Carrera 10, Calle la.
Apartado 28498
Bogota, Colombia

Universidad de Antioquia
Programa de Administracion de
Atencion Medica y Hospitalaria
Escuela Nacional de Salud Publica
Calle 62 #52-19
Apartado 51922
Medellin, Colombia

Universidad de Antioquia
Programa de Asistencia
Administrativa de Servicios de Salud
Escuela Nacional de Salud Publica
Calle 62 #52-19
Apartado 51922
Medellin, Colombia

Universidad del Valle
Programa de Postgrado en Salud
Publica
Departamento de Medicina Social
Apartado 2188
Cali, Colombia

Costa Rica

Asociacion Costarricense de
Hospitales
Curso de Administracion de
Hospitales
Frente al Ministerio de Salud
Apartado 745
San Jose, Costa Rica

EIRE

Institute of Public Administration
57/61 Lansdowne Road
Dublin, 4 Ireland

European Association

European Association of
Programmes in Health Services Studies
President: Colm O'Nuallain
Director, Institute of Public Administration
57-61 Lansdowne Road
Dublin 4
Ireland

France

Data for Development
343 Boulevard Romain Rolland
13009 Marseille
France

Ecole Nationale de la Sante
Publique
Department Administration
Hospitaliere
Avenue de Professeur Leon Bernard
35 Rennes, France

Germany

German Hospital Institute
Institute Affiliated to the
University of Dusseldorf
4 Dusseldorf/FRG
Terteegenstrasse 9, Germany

Ghana

University of Ghana
School of Administration
Post Office Box 78
Legon, Ghana

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India

Postgraduate Institute of Medical
Education and Research
Department of Hospital
Administration
Chandigarh - 160011, India

University of Delhi
Faculty of Management Studies
Delhi - 110007 (India)
MBA (Health Care Administration)

National Institute of Health &
Family Welfare
L-17 Green Park
New Delhi - 110016, India

Voluntary Health Association of
India
Health Care Administration
Education Program
C-14, Community Centre
Safdarjang Development Area
New Delhi - 110016, India

Indian Hospital Association
Department of Hospital
Administration
c/o Directorate General Health
Services
Nirman Bhawan, New Delhi - 110011
India

Iran

Tehran University
Graduate Program in Hospital
Administration
School of Public Health
P.O. Box 1310
Tehran, Iran

Israel

Ben Gurion University of the Negev
University Center for Health
Sciences
Medical Economics and Health
Administration
P.O. Box 2053
Beersheva 84 120, Israel

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Italy

Servizio Formazione Permanente
Dell'Universita Cattolica
Corsi di disciplina e tecnica
del'Amministrazione Ospedaliera
Via Sant'Agnese, 2-20123
Milano, Italy

Jamaica

University of the West Indies
Program in Hospital and Health
Services Administration
Department of Social & Preventive
Medicine
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Mona, Kingston 7
Jamaica, West Indies

Japan

National Institute of Hospital
Administration
(Byoin-Kanri-Kenkyusho)
1, Toyama-cho, Shinjuku-Ku
Tokyo, 162, Japan

Juntendo University-School of
Medicine
Program in Hospital Administration
Hongo, Bunkyo-ku Tokyo, Japan

Keio University Medical School
Program in Hospital & Medical
Administration
Shinano-Machi, Shinjuku-Ku
Tokyo, Japan

Kyorin University, School of
Medicine
Department of Hospital
Administration
6-20-2 Shinkawa, Mitaka
Tokyo, 181, Japan

Nihon University-School of
Medicine
Program in Hospital Administration
30 Oyaguchi Kamimachi, Itabashi-Ku
Tokyo, Japan

Tohoku University-School of
Medicine
Program in Hospital Administration
Sendai, Miyagi-Ken, Japan 980

Tokyo Medical College
Nishishinjuku, Shinjuku-Ku
Tokyo, 160, Japan

México

Asociacion Mexicana de Hospitales
Curso Intensivo de Administracion
de la Asistencia Medica y de Hospitales
Queretaro 210
Apartado 5273
México 7, D.F., México

Centro Interamericano de Estudios
de Seguridad Social (C.I.E.S.S.)
Curso sobre Direccion y
Organizacion de Servicios Medicos
Unidad Independencia,
San Jeronimo Lidice
Apartado 20542
México 20, D.F., México

Centro Nacional de Informacion en
Salud
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Docencia
Secretaria de Salubridad y
Asistencia
Apartado Postal 61-169
México 6, D.F., México

Universidad Autonoma de
Guadalajara
Center for Health Services
Administration
Direccion General de Estudios de
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Apartado Postal 1-440
Guadalajara, Jalisco, México

Universidad Nacional Autonoma de
Mexico
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Atencion Médica y de Hospitales
Facultad de contaduria y
Administracion
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México 20, D.F., México

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Curso de Maestria en
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Escuela de Salud Publica
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Miranda #177-3er. Piso
Colonia Merced Gomez
Unidad Lomas de Plateros
México 19, D.F., México

The Netherlands

Katholieke Hogeschool Tilburg
Dutch Course in Health Care &
Hospital Administration
Hogeschoollaan 225, Tilburg
Netherlands

Katholieke Universiteit Nijmegen
Instituut voor Sociale Geneeskunde
Verlengde Groenestraat 75, Nijmegen
Netherlands

University of Amsterdam
Medical School
Institute of Hospital Sciences
Tweede Helmersstraat 106
1054 CN Amsterdam, Netherlands

Rijksuniversiteit Utrecht
Institut voor
Ziekenhuiswetenschappen
Catharijnensingel 123, Utrecht
The Netherlands

Norway

The Norwegian State School of
Local Government Administration & Social Work
Norges Kommunal-Og Sosialscole
Obernveien 145 (Okernsentret)
Postboks 263
Okern, Oslo 5, Norway

Peru

Ministerio de Salud Publica del
Peru
Curso Regular de Salud Publica y
Administracion de Servicios de Salud
Escuela de Salud Publica del Peru
Avenida Brasil 3558
Lima, Peru

Universidad Peruana Cayetano
Heredia
Curso Superior de Administracion
de Hospitales y Atencion Médica
Hospital General Base Cayetano
Heredia
Calle Honorio Delgado No. 932
Apartado 5054
Lima, Peru

The Philippines

University of the Philippines
Program in Hospital Administration
Institute of Public Health
625 Pedro Gil Street
P.O. Box EA-460
Ermita, Manila 2801, Philippines

Poland

Medical Centre of Postgraduate
Education
Program in Health Care
Organization
Faculty of Social Medicine
Kleczewska 61/63
Warsaw, Poland

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Portugal

National School of Public Health
Course in Hospital Administration
Av. Padre Cruz
Lisboa 5, Portugal

Saudi Arabia

Institute of Public Administration
Program in Health & Hospital
Administration
Post Office Box 205
Riyadh, Saudi Arabia

Spain

Escuela Nacional de Direccion y
Administracion Hospitalaria
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Diego de Leon 62
Madrid 6, Spain

Escuela Superior de
Administracion y Direccion de Empresas (ESADE)
Avenida de la Victoria, 60
Barcelona, Spain 134

Asociacion Para el Desarrollo
Hospitalario
Escuela de Administracion de
Hospitales
Paseo de la Bonanova, 47
17 Barcelona, Spain

Sweden

The Scandinavian School of Public
Health
Course in Public Health
Administration
Nordiska Hälsovardshögskolan
Medicinaregatan
S 413-46 Goteborg, Sweden

Turkey

School of Health Administration
Program in Hospital Administration
Mithatpasa Caddesi No: 33
Yenisehir - Ankara
Turkey

U.S.S.R.

Central Institute for Advanced
Medical Studies
Moscow International Course of
Public Health Administrators (Russian and English Languages)
Barrikadnaja, 2
Moscow, U.S.S.R.

United Kingdom

University of Aston Management
Centre
M.Sc. in Public Sector Management
(Health & Welfare Services)
Maples House, Gosta Green
Birmingham 4, England

University of Birmingham
Health Services Management Centre
Park House
40 Edgbaston Park Road
Birmingham B15 2Rt, England

International Hospital Federation
Course for Senior Hospital &
Health Services Administrators from Overseas
126 Albert Street
London NW1 7NX, England

King's Fund College
2, Palace Court
London W2 4HS, England

University of Leeds
The Nuffield Centre for Health
Services Studies
Clarendon Road
Leeds LS2 9PL
Yorkshire, England

University of Manchester
Program in Health Services
Management
Department of Social
Administration
Health Services Management Unit
Manchester Business School
Booth Street West
Manchester M15 6PB, England

Polytechnic of the South Bank
Programs in Health Administration
London Road
London S.E. 1 OAA, England

Venezuela

Universidad Central de Venezuela
Programa de Educacion Continua
en Administracion Medica Hospitalaria
Escuela de Salud Publica
Facultad de Medicina
Apartado 62231 - Correos del Este
Caracas, Venezuela

Universidad Central de Venezuela
Curso de Itendencia Hospitalaria
Escuela de Salud Publica Facultad
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Apartado 62231 - Correos del Este
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Curso do Magister en Salud
Publica, Diversificado en Atencion Medica Hospitalaria
Escuela de Salud Publica
Facultad de Medicina
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Caracas, Venezuela

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APPENDIX C
BIBLIOGRAPHY OF MANAGERIAL ASSESSMENT REPORTS

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