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ANALYSIS OF  
MANAGEMENT DEVELOPMENT NEEDS OF  
THE BURUNDI MINISTRY OF PUBLIC HEALTH:  
INTERNAL AND DONOR RESOURCE INTEGRATION

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## EXECUTIVE SUMMARY

This report presents the results of an analysis of the state of management capability in the Ministry of Health of the Republic of Burundi. This analysis was conducted in order to facilitate USAID/Burundi decisions on management support required in health sector programs to enable the Ministry to use its resources efficiently so as to sustain the operational and impact achievements of health projects.

### Findings:

1) The Ministry's management capability was analyzed from the perspective of organizational performance determinants: policy, strategy, structure and systems. The results showed that weaknesses exist primarily at the level of policy and strategy development. While the ministry has a health sector policy document outlining objectives and strategies, the contents lack adequate focus, prioritization and detail for use in planning specific programs and coordinating donor activity.

2) Several management systems which are being developed through the CCCD Project and which are being supported via the World Bank Health and Population Project could become the basis for more efficient integration and thus effective utilization of resources. These are:

a) Health Information System using the EPI INFO software to provide a common and unifying data collection and analysis system for CCCD family planning and AIDS programs;

b) A Training for health center personnel using the four Regional multi-purposes Training Teams established under the CCCD Project;

c) A Supervisory system composed of polyvalent supervisors capable of dealing with all health programs at the health center level represents a third integrating element in the health sector.

d) In addition, the Central level, the Health Education Unit is emerging as the coordinative unit for CCCD, family planning and AIDS information, education and communication activities.

3) These systems have potential fostering a decentralized system of management in the medical sector administrative unit. This is complemented by attention to the problems of financing the health sector and developing innovative means of cost recovery such as community based health insurance schemes.

## Conclusions and Recommendations:

The sustainability of health sector development programs require attention to management development of the MOH as an organization. Elements of a general management development strategy are proposed. On the basis of this strategy the following short- and long-term recommendations have been made to USAID/Burundi.

### 1. Short-term interventions include:

1. Policy direction: All USAID/Burundi health projects build on the HIS, Supervisory and Training systems being developed under the CCCD Project to support the development of decentralized management capability.
2. Support for Strategic Planning: USAID/Burundi should take advantage of the early health sector policy development stage in the ministry to support a strategic planning exercise in which policies will be reviewed to select priorities and strategies will be defined in detail to be used as the basis for a national plan.
3. Support for Strategic Studies in Financial Management: As finance is the issue underlying all policy and strategy decision, USAID/Burundi should follow the strategic planning exercise with an indepth study of cost recovery strategies and financial management requirements for central and decentralized management levels.

### Long-term interventions include:

1. Development of Management Information System: As part of any follow-on project in the health sector, USAID/Burundi should ensure that the Management Information Systems development constitute an important component. This is the crucial integrating component of all other systems and is the key to decisions on issues which affect sustainability. The groundwork for a unified management information system has already been laid with the introduction of the CDC EPI INFO software. This could serve as the common technology linking information gathered on impact and operation in all areas.
2. Development of Financial Management Capability: This is the second key capability which needs to be developed. At present it is almost nonexistent. However, it is crucial as well to any hopes of achieving sustainable programs and should be a serious component of all health project follow-ons. The short-term strategic planning exercise and the financial management studies should provide the preliminary ground work for defining the appropriate approaches to take as well as build confidence in USAID/Burundi's ability to undertake so sensitive and all-embracing a development initiative.

## I. INTRODUCTION

This report presents the results of a consultation requested by USAID/Bujumbura to assess the managerial efficiency and effectiveness of the MOH. This consultation was conducted from 6-17 November 1989 concurrently with an internal AID consultation to determine options and directions for future USAID/Bujumbura health sector development. It followed an internal evaluation of the present CCCD project.

The terms of reference for the consultation included a review of the Burundi Health Program, recommendations for a more economical use of limited resources, and an analysis of donor resources with a view to achieving economies through improved coordination. The terms of reference are in AID Cable 00728 (See Annex I).

In further discussion with USAID/Bujumbura, the purposes of this consultation were further refined. It was agreed that this consultation should:

- 1) assist USAID/Bujumbura to assess the relation between future program options and the capacity of the Ministry of Health to manage health sector development initiatives, that is, implement them efficiently and sustain their operations and impact over the longterm.

- 2) assist USAID/Bujumbura to determine potential management development interventions needed to bridge the gap between actual and required management capability of the ministry. These interventions could become the basis for action by USAID over short term (1990-1991) to improve specific management capabilities as well as the framework for longer term initiatives 1991-1996) to develop the overall management capacity of the Ministry.

## II. BACKGROUND

USAID/Bujumbura is currently reviewing its health sector development strategy for the 1990's. It currently has three major health programs: CCCD now in mid-course, a population program recently started, and an AIDS project activity using centrally funded project resources and providing funds via WHO.

## III. METHODOLOGY

Data on management issues were collected via series of interviews with MOH Department officials, MOH health project directors, directors of major donor organizations involved in the health sector development, and technical consultants working with specific projects; and via the review of key health sector documents. A list of persons contacted and interviewed is in Annex II and a list of documents is in Annex III.

The interviews were conducted by the consultant and the USAID team. An interview guide was developed jointly by the consultant and the AID team so that both sets of interests could be accommodated during the interviews. The major points of the interview guide included: how the MOH views and presents its goals and objectives, how these are related to donor support, how different projects use ministry resources, how the ministry uses different project resources, what areas of overlap exist, how they can be eliminated and what potential gaps can be filled by USAID in future programs. This basic schedule was adapted to the specific interests of the interviewees.

#### IV. RESULTS

##### A. Health Program Overview

The MOH program consists of the classic division of curative services based in the network of hospitals and health centers which consumes the bulk of the national budget for operating costs, and the preventive health services which are largely financed through external support. The preventive health services are concentrated in the maternal and child health unit of the Department of Hygiene and Prevention.

The preventive health portfolio consists of PEV/CCCD, family planning, and AIDS. There are 5 major bilateral and multinational donors (See table 1 for a breakdown of the donor contributions to preventive health program). The Belgians have been here for a long time; the UNFPA family planning program started in 1982; PEV/CCCD in 1985, the World Bank Health and Population Program in 1987; and USAID Family Planning (Project Paper prepared in 1988 and the Cooperative Agreement with Pathfinder signed in 1989) and AIDS in 1987.

The program has been gradually expanding in scope, intensity and expense, making the effective management of national and donor resources increasingly more imperative. Given the current deficit of manpower and technical capability in management, responding to these imperatives will require technical assistance if the Ministry is to sustain operations and impact of these programs.

There are classic management problems as well. Few central or intermediate level personnel have received formal management training of any sort. Though the situation is being rectified by training in local planning given to Sector Medical Officers via the CCCD Project. Nursing personnel are for the most part hospital administrators, though recently graduates from ESOC (Ecole Superieure d'economie et commerce) are being posted as hospital administrators. The ministry in general is understaffed at the central level. Key departments such as Planning and Budgeting Inspectorate and the Department of Epidemiology and Service Statistics have almost no staff to carry out their work.

Table 1  
 INVESTISSEMENTS SANITAIRES  
 SOURCES EXTRABUDGETAIRES

Codes	Projets P.I.P.	Agence de financement	Montant estimé en milliers FDU		Total
			<u>1990</u>	<u>1991</u>	
	Lactines pour les hôpitaux	SEI	4 000	4 000	8 000
269	Projet santé population	IDA	375 200	374 500	749 700
277	Projet FNUAP/SM/PF	FNUAP	34 900	44 100	79 000
270	Projet CCCD-USAID	USAID	40 800	40 000	80 800
230	Population - planning	USAID	75 000	75 000	150 000
270	Soins de santé primaires	UNICEF	109 600	126 200	234 800
272	Lutte anti-tuberculeuse	BELGIQUE	3 930	3 600	7 530
	Transmissibles et carencielles (LNTC)	BELGIQUE	7 524	7 200	14 724

There is almost no accounting staff and so realistic budgeting or cost analysis is impossible. Most of the Ministry Directorate and subdirectorates officials are project directors as well. The ministry's organization chart has become the subject of debate in order to rationalize relationships among the various departments. Key support systems such as Health Information and supervision are in a rudimentary stage of development. Clearly a lot has to be done to improve management capability, so much so that one needs some kind of method to identify and focus inputs that can have a significant impact. In order to help identify the kind of support and interventions to improve Ministry effectiveness in carrying out its health programs, this section will review the Ministry program from the perspective of organizational performance indicators.

The management performance of any organization involves the interrelationship between the organization's policies, its strategies to carry out these policies, its structure or way it has organized itself and the systems it sets for control and evaluation. This framework for analysis is applicable to organizations in an early stage of development as well as to mature and sophisticated organizations. It is particularly useful in directing interventions for development purposes.

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## B. Organization Performance Analysis of the Ministry of Health

### 1. Policy Status

The MOH is drafting a health sector policy statement that includes a sector assessment and identification of major service and management deficiencies, a formulation of objectives for maternal and child health as well as that for the population as a whole. The document contains 14 strategies to meet these objectives, and an analysis of resources required to carry out these strategies.

The policy statement is very general; it does not specify priorities. Given the financial constraints the health sector is facing in light of general economic problems, this is a serious omission and renders the policy ineffectual as a guide to health development over the next planning period.

Most of the donor related programs are consistent with the goals and strategies indicated in this policy statement, including the World Bank's emphasis on the financially precarious situation of the health sector as costs continue to rise with the hiring of more medical and nursing personnel (now estimated at 50% of the budget) and a rapid increase in drugs costs (estimated at 30% of the budget). In general the cost projections made by the World Bank envision budget deficits due to rising costs in personnel, drugs and overall inflation to cover operational costs for the 1990-1991 period.

The growing cost of health services and the shrinking health budget relative to these costs should make the overriding mission of the MOH the search for ways of financing current and future costs.

## 2. Strategies

The MOH policy statement's 14 strategies can be organized under the following headings:

Health: promotion of general public health, preventive child and maternal health services, including family planning, control of TB, leprosy and mental illness (social health problems), curative care.

Infrastructure: infrastructure renovation, extension of hospitals, construction of new health centers, building a new ministry headquarters.

Social: traditional medicine, organization of doctors, pharmacists, and dentists, the development of a Red Cross services, intersectoral and international collaboration in health.

Management: decentralization of health services, pharmaceutical supply and distribution system including private sector participation, development of better systems for supervision and planning through the development of a management information system, and general institutional development through reorganisation of the ministry, more effective coordination, financial and personnel management.

Health financing: better financial management as well as finding alternative sources of financing via private sector participation through NGOs and the development and expansion of health insurance schemes.

As can be seen this is a broad based strategy without priorities or focus. The ministry officials and donor organizations recognize this lack as a major problem, but since planning and financial management systems are almost nonexistent, the situation is likely to persist at the central level, except for the development of departmental plans for PEV/CCCD or Health Education.

Efforts are, however, being made to develop planning capability at the district level by training sector medical officers such as in the July 1989 planning workshop on EPI and Family Planning jointly sponsored by PEV/CCCD, UNFPA, and the World Bank Health and Population projects. Over the short term it will probably be easier to develop an intermediate level planning capability than one at the central level, though in the absence of a national plan, donor organizations will continue to set priorities via the programs they finance.

All those interviewed recognize the need for a national plan with clear operational priorities. The Inspectorate General for Planning and Budgeting is responsible for this, and is trying to figure out what the process should be to launch a national planning effort. However, this office should proceed with caution so as not to isolate itself and the planning process from the rest of the ministry.

Most planning efforts in Africa have failed because of isolation and consequent divergence in interests between the planners and implementers. The Inspector General should take advantage of the small size of the ministry and the informal associations of department and project heads to form a team from among his colleagues for this activity in order to assure broad-based vested interest in and commitment to the implementation of plans that are developed.

### 3. Structure

**Decentralization:** The most important structural issue facing the Ministry is the extent to which it can decentralize the management of health services. For decentralization to become an operational reality two essential management functions will have to be conducted at the sectoral level: planning and financial control, the latter based on financial autonomy. As noted above, the PEV/CCCD program is promoting decentralization through local planning training. But it is just one of many efforts which have to be made. It needs to be accompanied by financial decentralization and by implantation of effective support systems such as HIS and Training which can be mobilized at the sector level by the sector heads.

**Ministerial Organization:** Presently, the ministry is reviewing possibilities of reorganizing itself in order to make relationships between departments more rational and increase the possibilities of more effective coordination. Because it is such a small outfit, at present the Ministry functions through informal rather than formal relationships. The fact that department heads are also project directors provides the basis for collaboration and some team work, though role and loyalty conflicts are possible under these conditions. The multiple hats that key persons wear may result in overload and burnout, but the youth of the majority of personnel is probably a saving grace. The informal networks are probably more important at this time than formal ones, and, given the deficit of central level personnel, it is unlikely that reorganization will make much of a difference.

**Organizational Development and Decentralization:** Organizational development of the Ministry must not be done at the expense of the policy of decentralization. Decentralization is dependent on health planning and financial management capacity at the sector and health center level. The primary goal of the Ministry's organizational restructuring needs to support the

intermediary and peripheral levels. It has to focus on ways of ensuring linkages between key departments and services at the central level, such as Epidemiology and Service Statistics and Health Education in a way that supports the intermediate level and promotes decentralization.

#### 4. Management systems and support services

The major systems and support services are health information, training, logistics and finance. I.E.C. can be considered in this category as well since it functions as a development and production unit rather than as a direct service and since it is vital to all the preventive health programs.

This analysis looks both at systems which can have an immediate impact on promoting better management at the sector level and which therefore can serve practically to reinforce decentralization; and at systems which can be best dealt with at the central level as they involve hard public policy choices. Several systems have implications in both areas.

#### Health Information System (HIS) and Management Information System (MIS)

HIS is a reporting system that provides accurate and timely information on key service and health status indicators. It should be distinguished from a MIS which combines information on performance of the health services with information on operational aspects to facilitate decision making. At present the Ministry is in a very early stage of developing an HIS: It recognizes the need. Most of the advance in HIS has come through project initiative of the PEV area of the CCCD project and through the World Bank Project efforts to introduce routine and intensive standard reporting systems for MCH and FP services. The AIDS project is developing its own reporting system. The USAID family planning program will be another major program with HIS implications.

There is a reporting system in operation. Data are regularly collected on MCH and FP activities and curative care at the health center level. Some Sector Medical Officers may indeed analyze these data. The CCCD and World Bank Project are introducing data analysis as part of their efforts to develop sector planning capability. Still the current system is a long way from one using selected performance and operational indicators as the basis for data collection, with unified reporting and feedback.

At present there is no central focus for the development of a broadbased, standardized MIS. The Epidemiological and Statistics Department is understaffed and ill-equipped for the HIS. The capacity for developing a system for operational information on logistics, finances, etc., is also beset by personnel and technical deficits. The absence of a planning

demand for timely, reliable information on performance and operations further delays commitment to the development of a comprehensive MIS.

Although a comprehensive MIS development effort is unrealistic at this time, it is possible to rationalize the development of the HIS for the sector level. The stimulus and mechanism for integration is the introduction of a common technology for all preventive programs and the continued use of HIS results in decentralized planning at the sector level.

The CDC public domain software, EPIINFO, which is being used for global PEV/CCCD activities, the Global AIDS Program and has been introduced as the means of systematizing PEV/CCCD information gathering and analysis in Burundi should be promoted as the basis of all information gathering and analytic functions in the Ministry. Personnel from different central level departments are currently learning how to use it, so the potential for broad application exists.

The next step is to ensure that current and new projects use this software for regular monitoring and evaluation in order to facilitate mutual access to each other's data for more indepth analysis.

If sector Medical officers can learn to use the software and can have access to computers at PEV/CCCD headquarters, EPIINFO could become the backbone of sectoral health planning and other MIS needs such as financial control required for effective decentralisation of health services.

### Training

A ministry department for training is supposed to coordinate all training activities. This department is headed by a recent graduate in Education Administration who has just been appointed. His task will be to coordinate in-country in-service technical training and provision of short- and long-term scholarships for staff development in management and technical areas.

The bulk of training efforts will be in inservice area as family planning and AIDS training begin, and PEV/CCCD and MCH training continues. Consistency, compatibility and quality need to be assured for training to be effective since the target will be the same group of health center personnel and polyvalent supervisors. The four regional training teams which have been established under the PEV/CCCD project should serve as the nucleus for ensuring quality inservice education and for supporting efforts to decentralize the management of the health care system.

The teams have been trained in adult education methods and with support should be able to integrate any type of technical

content into inservice training programs. The World Bank's Health and Population Project is strongly backing the utilization of these training teams for AIDS and family planning.

As the ministry encourages the involvement of private sector groups such as NGOs and Pharmacies, training needs for these groups will emerge. The training teams should manage inservice education for these groups as well. Indeed, foreseeably, the private sector should be expected to pay for its training and such revenue should be used to finance these teams.

The long-term viability of these regional training teams will rest on their functional integration into the Ministry's decentralization policy and their ability to carry an expanded load of training required by family planning and AIDS. At present they are a facet of one project and it requires special effort and exhortation to get other projects to recognize and use them. UNFPA has integrated two of its trainers into this team on the urging of the World Bank's Project. As expansion occurs, management of training will become an increasingly important consideration for the teams and the projects which use them.

#### Information, Education, Communication (I.E.C.)

As a support service, I.E.C. is the best established of the support services as it is integrated in the Health Education Unit. This unit is responsible for PEV and AIDS related communication via posters, media, etc. It has received technical and material support from UNICEF, its staff has increased substantially over the last year, and it is capable of working directly with and for different projects. It functions fairly autonomously, preparing an annual plan of activities. If it can perform according to expectations it could become in effect, a model support operation.

The issue which confronts I.E.C. is to match activities with resources. It is easy for the Health Education Unit to start taking on too heavy a work load, which might occur when the USAID Family Planning program starts up given its emphasis on I.E.C.

The Health Education Unit needs to focus on the development of internal management capabilities; more detailed planning and multi-project programming; material and equipment maintenance; operational control particularly financial control; and evaluation of project impact of I.E.C. activities.

Health related I.E.C. activities are also carried out in counterpart units in the Ministries of Social Affairs and Education. There is no reason for MOH to take on the entire I.E.C. task when the other units can address more effectively specific target groups such as students and attendees of social

and education centers. Technical coordination is, however, necessary to assure consistency and compatibility of messages in AIDS or FP. At present the heads of the units in the MOH, the MOSA and the MOE meet to discuss their activities. The long term utility of these meetings will depend on the contribution they can make to assuring quality and effective communication products.

### Supervision

A supervisory system has been established at the sector level, another important pillar of decentralization. A polyvalent supervisor (capable of supervising all preventive and curative services offered in the health centers) is attached to the sector Medical Office. Alone or in the company of the Medical officer, the polyvalent supervisor visits the health centers. The establishment of the system has been supported through the CCCD project and is being further developed under the World Bank Health and Population Project. The system involves regular monthly supervisory visits for general review coupled with quarterly intensive supervisory visits to look at one particular technical area.

The system benefits from an excellent comprehensive supervisory form that is particularly useful for PEV/CCCD. The data are reviewed and analysed at the Sector level. So far, results are not sent up any higher. Supervisory data form another natural input into a EPIINFO based data collection system. This would permit analysis of center operations and performance to be integrated with data collected on other basic indicators of the various projects.

Integrating supervisory data on personnel performance and center operations with HIS would be a great step forward in the development of a MIS. Analysis would indicate strengths and weakness of the delivery system and what kind of technical as well as managerial reinforcements are needed. The results could then be fed to the regional training teams as input into the development of training programs for health center personnel. The ability to integrate the sector level supervisory, training and HIS systems would immeasurably strengthen the possibilities of developing an operationally sound decentralized management system.

### Logistics: Drug Supply and Management

Except for vaccine ordering, supply and distribution, the logistics system involving the supply and movement of equipment and consumables (mainly drugs needs) need to receive a great deal of attention. This is a far more complicated system than those discussed above considering the amount of financing and accounting issues involved, the roles and relationship of private and public pharmacies, local drug production and imports vis-a-vis cost and supply, etc. In addition, the logistics of

drug management is further complicated by the management of selection, prescription and utilisation. The CCCD project evaluation has pointed out these logistical and technical problems with chloroquine supply vis-a-vis malaria control.

The other major logistics concern is the management of vehicles, including purchase, maintenance, replacement, control of utilization, and similar management of fuels, etc.

These are systems issues which are vital to decentralization but because of their magnitude they need to be addressed at the central level. The UNICEF Bamako Initiative which aims at ensuring the supply of essential drugs will most likely be the basis for action in regard to drug management. However, all of the effective operations of the preceding systems discussed above (especially HIS and Supervision) will enhance the possibilities of improving drug management capability of the MOH at all levels.

#### Budgeting and Financial Control

This ministry is only beginning to think about the development of an effective budgeting and accounting system. However, as expressed in the Ministry's policy statement, it is a concern. Financial management includes determining how much health care costs, and how these costs will be paid. The ministry is open to considering private sector participation in drug supply and in provision of health services. It will also have to consider how to institute an effective health insurance plan, operationalize a decentralized financial system where sectors can make decisions about budgets, prices, sharing services between private and public centers and hospitals, etc. One of the major financial problems the ministry will have to tackle is hospital management. Hospitals consume a great deal of the budget while operating inefficiently. Long term financial management will not be possible unless the question of hospital management is seriously addressed.

The ministry will also have to explore a variety of different cost recovery schemes. The policy statement indicates that it is committed to this, and it has already launched a community based and run health insurance scheme; it is authorizing private practice, it has established pricing schedules, it is encouraging NGO involvement, etc. These experiments need to be studied to make sure they work, to prevent abuses, and to ensure quality in the delivery of health services.

The ministry presently lacks qualified accountants or any workable system to carry out routine traditional financial control. It has no means of controlling expenditures and calculating costs so it cannot develop realistic budgets. It doesn't have the manpower to carry out economic analyses. So

far the World Bank has been filling this gap, trying to analyse financial needs over the next several years so as to provide a basis for rational choice on financial policies and options.

This is an area which has several layers of development from basic accounting to economic analysis, and which could possibly permit macro and micro initiatives simultaneously. However, before anything is undertaken, studies are needed on costs, disposable incomes for health care, ways rural and urban people use money for health care, capability of communities to manage insurance funds, etc.

### Personnel Management

This is another key area which needs to be tackled both on the central and intermediate level. Personnel consume over 50% of the Ministry's budget; additional personnel are needed to fill in the gaps in available positions and to enable the health centers and hospitals to function. There are problems in postings and assigning personnel according to need, in technical competence, etc. The central issue in personnel management, or human resources management as it is increasingly coming to be known, is obtaining and retaining the best people at all levels.

At a simple level of development, these goals can be achieved by developing appropriate job descriptions and ensuring competent performance supervision and evaluation. At more complex and policy levels, personnel management involves restructuring jobs and creating new positions to meet new technical and programmatic needs. At its most complex level, it involves hiring and firing and career development policies. All of these steps are complicated by the highly political nature of personnel selection and placement and the relative lack of autonomy of the ministry in this area. The Civil Service ministry (Function Publique) plays a decisive role with respect to setting salary levels, promotional criteria vis-a-vis training, seniority, etc. Often the most that can be done in the public sector in developing personnel management systems is to operate at the first two levels: creating and filling positions, and developing job descriptions and supervisory systems which evaluate performance based on these job descriptions.

This is the current thrust in the ministry. Key technical positions are being filled at the central level. The Inspectorate General's Office has two new positions: an economist and two hospital administrators. The donor supported programs appear high on the priority list for additional staff. The PEV program is hiring a technical coordinator for EPI, in addition to those already in place for malaria and diarrheal disease control. The AIDS project has a full complement of

technical staff and the Health Education Unit has almost 13 staff including two technical assistants. The Epidemiological and Service Statistics Department continues to suffer from a deficit of technical personnel.

Job descriptions have been written for sector medical officers, and polyvalent supervisors. The latter effort has to be extended to everyone, central level personnel as well as health center personnel, as a first step in developing an integrated personnel management system. With the development of the family planning and aids programs job descriptions will be a critical tool to ensure some rational utilization of personnel.

#### V. SUMMARY OF RESULTS OF THE ANALYSIS

Child survival, family planning and now AIDS have greatly expanded the scope of the preventative side of the ministry's program and have made comparable demands on its management capability. Most organizations which rapidly expand generally feel the consequences of nonexistent or inadequate policies and planning, vague strategies, structural uncertainties and deficient systems. It is important to emphasize however that many of the persons interviewed called attention to these weaknesses and pointed out the steps that need to be taken as well as those that are being taken to redress the deficits. There is a generalized sensitivity to the need for better management. These needs can be specified as follows:

1. Although the Ministry has a policy statement it is vague: no plans and detailed strategies to give focus and prioritize actions. The need for a plan was emphasized by almost all the department and project heads and technical assistants interviewed. This translates into practical terms: what does the ministry want to do and where is it going.
2. The only clear strategic direction which seems to be emerging at present is that of decentralization. This has been necessitated by the economic crisis for the most part and there have been efforts to define some strategic approaches to making decentralization possible, mainly in the development of financial strategy such as the introduction of a health insurance scheme. Major projects such as the PEV/CCCD and the World Bank Health and Population Project are supporting the move toward decentralization. At this level there is coordination between donors and between the ministry and donors.
3. At the systems level, we also see efforts to develop systems such as HIS, supervision and training to support the sector medical officers into managing their various health programs. Here there seems to be the defacto emergence of a coherently related priority, a strategy and a set of supportive systems. The linch pin in all this is the development of a decentralized management system in

which the people who are closest to the problems in health service delivery have the authority and control the resources to make decisions with respect to solving them.

## VI. STRATEGY FOR MANAGEMENT DEVELOPMENT

### A. General Principles

Management development interventions should be focused on supporting key elements that will reinforce the move toward decentralization and the enhancement of the managerial capability of a decentralized system.

All of the determinants of organizational performance (policy, strategy, structure and systems) are entry points for management development. Experience has shown that management development with long lasting results will not occur unless all these determinants are tackled. While a management intervention strategy can focus on any one of the organisation determinants, it has to take into consideration how the deficiencies in the other determinants can undermine the sustainability of intervention's results or make it impossible to successful implement the interventions.

### B. Orientations of a Management Development Strategy

From the perspective of organizational performance, a management development strategy should have the following orientations:

Since it is a comprehensive organizational development strategy, interventions will have to be concerned with the three functional levels of the ministry: central, intermediate and peripheral:

1. At the central level, the focus has to be placed on establishing priorities in policies and on defining explicit strategies. The ministry can use the results to determine what technical assistance is needed and how it should be used. Further interventions can help develop a planning capability at the central level. There is probably a cumulative capability in the central level with the addition of some technical assistance to develop a adequate plan in a reasonable amount of time.

2. At the intermediate level, the focus needs to be on relating management systems to the decentralization requirements. Interventions must continue to ensure that the development of systems fosters the capability to manage a decentralized structure. The sector medical officer needs support systems to enable him to plan, organize, direct, coordinate and evaluate, in other words to carry out his job description.

3. A management development strategy has to take into consideration the peripheral level health centers and rural hospitals where health services are delivered. The goal of management systems is to ensure technical competence in providers and quality in service and care. This level has to

supply the criteria and indicators for assessing the results of any management development intervention.

### C. Elements of a management development strategy

#### 1. Setting the framework for interventions

At the policy and strategy level, it is important to initiate a strategic planning process, the goal of which would be to give the Ministry's broad policy agenda focus and purpose which everyone understands and to which everyone is committed. A strategic planning exercise will examine the Ministry's policies from the perspective of different kinds of constraints and possibilities in order to select those which are necessary and feasible and will examine systematically what can be done within the limits of the ministry's resources and what additional resources need to be mobilized.

#### 2. Reinforcement of Management Capabilities at the Sector Level

HIS: Further develop EPIINFO software as the common technology of the HIS for PEV/CCCD, Family Planning and AIDS. This is essential for creating a common basis for all epidemiological statistics for use at central and sector levels. The Inspector General office should be brought on line with this software as major information link between levels, programs, and departments.

TRAINING: Continue to develop the regional training teams for all PEV CCCD, Family Planning and AIDS related technical training. These teams can eventually start working on center, clinic and case management with respect to the principal health interventions.

I.E.C.: Strengthen planning and internal management capability, i.e. financial management, materials management, equipment, etc.

SUPERVISION: Strengthen technical and methodological components. Develop linkages between the results of supervisory data, HIS and training activities.

#### 3. Reinforcement of ministry wide systems

This would involve mid to longterm development possibilities with a central level focus. Three key management systems should be the focus of this intervention: financial management, logistics management (procurement and distribution of drugs and other supplies), and information management as they are the critical to sustaining program operations and impact.

FINANCIAL MANAGEMENT: This would involve setting up systems for budgeting and control and linking them via EPIINFO to epidemiological and service data in order to keep track of unit costs which is a major input into pricing, social marketing, and

larger issues of cost recovery, and to eventually perform cost benefit analysis of health programs.

**MANAGEMENT INFORMATION SYSTEMS:** This would expand HIS utilization for central level long-term planning. This is a major undertaking, involving the integration of epidemiological, service delivery, operational and financial data into a system for decision making.

**LOGISTICS:** This involves the entire process of procuring and distributing supplies. Policy issues related to the production and import of drugs will have to be dealt with. The system will have to be developed concurrently with efforts to improve financial and information management.

#### 4. Long range organizational development needs

If we use sustainability as the principal "criterion" for evaluating management development interventions, the latter will have to have an impact on MOH as an organization and the health sector as a whole. In this respect the critical management concerns are likely to be finance and personnel.

Management development needs to address the way health services are to be paid for with respect to the obligation of the government to ensure that everyone has access to quality preventive and curative services. Sustainability will hinge on the ability to establish an equitable and viable balance between financial realities and service obligations.

Management development ultimately must also tackle the issue of personnel since sustainability will in large measure depend on an organizations ability to recruit and retain qualified and motivated personnel. Private sector involvement in health services will create a new array of problems in this area that will require new initiatives with respect to hiring, compensation and career development policies and practices.

The following table summarizes the main elements of this strategy and indicates how it could effect the role of principal donors in the health sector.

#### VII. DONOR RELATED COORDINATION ISSUES

Donors are implicated in the strategies for management development because the management capability of the Ministry influences the kinds of resources which will be needed and the way they will be used. Both ministry and donor representatives interviewed agreed that for donors to coordinate efficiently and effectively, there has to be a detailed strategy specifying the ministry's priorities, and a detailed plan indicating how individual projects fit vis-a-vis the technical, material and other resource gaps that need to be filled.

TABLE 1

## Framework for Management Development Strategy in MOH/Durundi

	Current Status	Development Goal	Intervention	Expected Output	Donor Role
Organizational Performance Determinant					
Policy	Broad policy statements on 14 different areas without prioritization	Define Priorities for long term development	Strategic Planning Exercise	Prioritization and commitment to major goals	Support and participate in Strategic Planning Exercise
Strategy	No plan or detailed approach to implementing policy components	Develop annual plan based on strategic priorities	TA to work with key MOH directors to develop and operationalize strategies and planning process	Strategy for the priority policies to direct the planning process	Direct inputs and programs to support strategies
Structure	Emphasis on Decentralization because of cost recovery imperative	Insure priorities and strategies support decentralization management requirements	Tech. Assistance to sector heads to develop planning, HIS financial management skills	Major systems (HIS, Supervision, Finance, Training) in place at sector level	Coordinate common program elements to support development of sector management capability
Support Systems	Early Development of HIS, Supervision, Training capabilities at regional level	Unify and integrate HIS for epidemiology, supervision and training	Apply EPIINF0 software to supervision data collection and training program development	Systems produce reports which can serve as inputs to central and sector planning	Focus TA on the development of HIS, Finance, Training, and Supervision systems support

While all the donors say there is good technical and strategic cooperation there seems to be some underlying dissatisfaction with the process. This seems to be the result of the absence of a ministerial framework for coordination to assure complementary rather than competitive interventions. The failure to follow through on the coordination meetings is probably symptomatic of the absence of the framework and the consequent lack of purpose in these meetings.

Presently the World Bank's Health and Population project serves as a default mechanism for general donor coordination but because it is so broad it does not seem to have much teeth to ensure functional complementarity at the operational or project design level of individual donor inputs. Those are the results of good personnel relationships between donors, their experience and understanding of and commitment to the development of institutional capabilities of the MOH in addition to the achievement of specific health project targets.

Political considerations are bound to underly attitudes and approaches toward coordination. Coordination has to be worked at, so there has to be a good reason to make the effort worth the while.

That said, what can one do about ensuring sustainable coordination among donors?

1. Donors have to recognize that coordination can only be sustainable and necessary within the framework of a specific ministerial agenda developed through well-defined strategies and a detailed plan.

2. If coordination is truly a donor objective, as a group donors will have to encourage the ministry to engage in a strategic planning exercise so as to begin the process of defining what it wants to do and how it will do that. Once this is accomplished donor coordination with the ministry can occur concurrently at two levels: technical and strategic.

Technical coordination could focus on systems which are common to all programs as well as service delivery operations so as to avoid duplication and redundancy.

Strategic coordination could focus on the evaluation of ministry's policies, strategies and plans, leading to an annual planning session with donor participation.

## VIII. CONCLUSIONS: OPTIONS FOR USAID/BURUNDI ACTION

### A. Short-term: 1990-1991

1. USAID internal coordination: The PEV/CCCD Project has already been playing a major role in developing the management capacity of the Ministry of Health. It has introduced the basic elements

of management systems for the realization of the Ministry's policy of decentralization. USAID/Burundi can play a significant role in the further development of these nascent systems by establishing clear policy directives for all Population and AIDS projects to coordinate with PEV/CCCD with respect to HIS. Supervision, and Training activities.

2. Support for strategic planning: The next two years could be critical for the future development of the health sector. The staff is new, young and motivated. It is important to take advantage of these characteristics while the new MOH sector policy statement is still fresh and launch a strategic planning exercise to define priorities and detail strategies to give the policy teeth and backbone. If the strategic planning process is not undertaken at this juncture, it may be difficult to initiate when the these officials have seasoned and become bureaucrats. Therefore, USAID/Burundi should request the centrally funded the Health Care Financing to conduct a strategic planning workshop as soon as possible. Financing is the critical issue and would serve as the focus for examining all other elements of the Ministry's policy.

3. Implementation of strategic studies: The results of a strategic planning exercise should be followed up by an indepth situational analysis with respect to the policy priorities and the detailed strategies prior to the the development of a plan. One of the roles USAID/Burundi can play in this regard is to provide the Ministry with technical assistance to study issues related to implementation and provide sufficient and accurate information on which to base plans. Financing is likely to be one of those issues that requires considerable study. If the centrally funded Health Care Financing Project conducts the strategic Planning exercise, it would be a naturally follow on if it also could take on a study of cost recovery options and needs for financial management systems at central and sector levels.

4. USAID/Burundi role in the donor community: USAID/Burundi should take an active role in encouraging all donors involved in Health sector development to support and promote the development of the management systems be established via the PEV/CCCD project. The World Bank Project is supporting and building on these systems. However, as the sustainability of operations and impact will depend to a great extent on the successful development of these systems, active USAID/Burundi promotional involvement is necessary to ensure that all donors are cognizant of the needs for technical and strategic coordination in this domain.

#### B. Longterm: 1991-1996

1. Management development objectives in follow-on projects: As long as sustainability remains the critical issues in development, Management development will have to be a key

component of all USAID/Burundi interventions in the health sector. It is not necessary to have a separate management project; it is, however, necessary for each new project to have clear management development objectives with respect to organizational performance determinants.

2. Development of Management Information Systems: This should be one of the principal areas of focus in a follow-on project. Although this is a long term endeavor, by the end of the CCCD Project, a solid foundation for future development should exist. MIS issues will come out of the strategic planning exercise and will be an integral part of any financial management strategy whether oriented to the public or private sector or to both. It is also an essential component of drug management and the entire logistics system.

3. Development of financial management capability: This is the second long term management capability which should receive priority in follow-on projects. It follows from the strategic planning and financial management study proposed as the shortterm action which USAID/Burundi should undertake. The fortunes of the MOH will be tied to its ability to analyse and project resource requirements and control resource utilisation. Sound strategic and annual planning will depend on this capability. Unfortunately, at this time financial management is the least developed of the management systems. If the Ministry and the donors are to move beyond talking about cost recovery and experimenting with different schemes, this capability will require serious attention.

4. USAID/Burundi health sector management: The feasibility of developing a longterm management development program as part of the health sector development program will depend on the internal capability of USAID/Burundi. This will be a day-to-day task. While consultants can assist through specific skills, and while the personnel of the different projects can focus on specific elements of this task, the full time presence of an experienced health officer will be required to give the program focus with respect to achieving the goal of sustainability, to integrate the various elements, to ensure continuity, and to coordinate the USAID/Burundi program with those of other donors.

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INCOMING TELEGRAM

Department of State

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RECOMMENDATIONS FOR A MORE ECONOMIC USE OF THE LIMITED RESOURCES OF THE HEALTH SERVICE... IDENTIFY AREAS WHERE AVAILABLE DONOR RESOURCES COULD RESULT IN FURTHER ECONOMIES TO THE GOV THROUGH IMPROVED COORDINATION... ANALYZE USaid BURUNDI'S HEALTH PORTFOLIO AND DEVELOP PLANS FOR LESSENING DUPLICATION THROUGH INTEGRATION OF FUNCTIONS AND ACTIVITIES AND IMPROVING COORDINATION WITH THE CRB AND OTHER DONORS.

INFO AFSA-01 AFSA-02 AFPO-01 AFPO-02 AFPO-03 AFPO-04 AFPO-05 AFPO-06 AFPO-07 AFPO-08 AFPO-09 AFPO-10 AFPO-11 AFPO-12 AFPO-13 AFPO-14 AFPO-15 AFPO-16 AFPO-17 AFPO-18 AFPO-19 AFPO-20 AFPO-21 AFPO-22 AFPO-23 AFPO-24 AFPO-25 AFPO-26 AFPO-27 AFPO-28 AFPO-29 AFPO-30 AFPO-31 AFPO-32 AFPO-33 AFPO-34 AFPO-35 AFPO-36 AFPO-37 AFPO-38 AFPO-39 AFPO-40 AFPO-41 AFPO-42 AFPO-43 AFPO-44 AFPO-45 AFPO-46 AFPO-47 AFPO-48 AFPO-49 AFPO-50 AFPO-51 AFPO-52 AFPO-53 AFPO-54 AFPO-55 AFPO-56 AFPO-57 AFPO-58 AFPO-59 AFPO-60 AFPO-61 AFPO-62 AFPO-63 AFPO-64 AFPO-65 AFPO-66 AFPO-67 AFPO-68 AFPO-69 AFPO-70 AFPO-71 AFPO-72 AFPO-73 AFPO-74 AFPO-75 AFPO-76 AFPO-77 AFPO-78 AFPO-79 AFPO-80 AFPO-81 AFPO-82 AFPO-83 AFPO-84 AFPO-85 AFPO-86 AFPO-87 AFPO-88 AFPO-89 AFPO-90 AFPO-91 AFPO-92 AFPO-93 AFPO-94 AFPO-95 AFPO-96 AFPO-97 AFPO-98 AFPO-99 AFPO-100

ATTENTION: SEC 03  
AN AMBASSADOR BUJUMBURA  
TO ASSISTANT SECRETARY  
INFO AMEMBASSY 441001  
OO ATLANTA

*Handwritten note:* ONT - demands  
P. Ronelle

BUJUMB 0270 170012  
1027

FOR: AID/V FOR STAFF JEFF HARRIS; AFRATS KEITH TREPPE; HARRIS FOR REDSO/ESA, TIC BARBIERO; COC FOR IRPO S. CHARTER

E.O. 12858: N/A  
SUBJECT: BURUNDI: REQUEST FOR ASSISTANCE - INTEGRATION OF HEALTH SERVICES ACTIVITIES

REF AD BUJUMBURA 0100 (PAR 2 (2)); SI BUJUMBURA 0100 (PAR 2 (2)); SI BUJUMBURA 1100 (2)

1. ON THE OCCASION OF THE VISIT OF TIC BARBIERO, SENIOR HEALTH ADVISOR FROM REDSO/ESA AND RUSSE CHARTER FROM COC ATLANTA, WE CONDUCTED AN AD HOC REVIEW OF BURUNDI'S HEALTH PROJECT FOCUSED ON A NUMBER OF LONG-STANDING PROJECT AND HEALTH PROGRAM RELATED ISSUES/PROBLEMS WHICH WILL REQUIRE INCREASED ATTENTION BY BOTH USAID/BURUNDI AND THE CRB IN THE IMMEDIATE FUTURE. PROBABLY THE MOST SERIOUS OF THESE IS THE TECHNICAL, FINANCIAL AND MANAGEMENT BURDEN WE ARE PLACING ON THE GOVERNMENT TO EXPERT THE STEAD INCREASING NUMBER OF OTHER CONTEMPORARY ACTIVITIES INITIATED BY USAID AND OTHER DONORS.

2. THIS PROBLEM HAS BEEN PLACED IN NUMEROUS MISSION COMMUNICATIONS INCLUDING THE THREE MEMORANDUMS DATED WHICH WERE SENT FROM HERE AT THE TIME OF AID/V'S REVIEW OF OUR NEW POPULATION AND AID PROJECTS. WHAT WAS PROBABLY A THEORETICAL PROBLEM IS NOW BECOMING ONE THAT DEAL WITH THE START-UP OF AID PROGRAMS. THE IMPROPER DISTRIBUTION OF THE BURUNDI POPULATION AND THE EARLY IMPLEMENTATION OF THE WORLD BANK SUPPORTED HEALTH REFORMS PROJECT CAN BE PROJECT IS ALSO AT THE CRITICAL POINT IN ITS LIFE.

3. AN ASSESSMENT OF THE CURRENT SITUATION IN THE MINISTRY OFFERS LITTLE HOPE FOR IMPROVEMENT IN THE NEAR FUTURE. OTHER SOLUTIONS TO THE PROBLEM MUST BE EXPLORED WHICH INCLUDE THE NEED OF A THOROUGH EXAMINATION OF THE POSSIBILITIES AND FEASIBILITY OF INTEGRATING HEALTH FUNCTIONS TO INCREASE THE EFFICIENCY OF THE MINISTRY'S EFFORTS. THE GOV COULD REALIZE ADDITIONAL ECONOMIES FROM MORE EFFECTIVE COORDINATION OF THE USE OF AVAILABLE DONOR RESOURCES AND BETTER MANAGEMENT PRACTICES. AREAS THAT COULD BE TARGETED FOR HEALTH INFORMATION SYSTEMS, TRAINING AND HEALTH EDUCATION. SIMILAR APPROACHES COULD ALSO BE EMPLOYED WITHIN THE MORE LIMITED CONTEXT OF USAID'S OWN BILATERAL HEALTH PROGRAM.

4. WE PROPOSE THAT A US AID OFFICE TECHNICAL ASSISTANCE FOR DEVELOPING A PLAN FOR IMPROVING THE CAPABILITY OF THE GOVERNMENT TO MORE EFFICIENTLY MANAGE ITS HEALTH SERVICES WITHIN ITS AVAILABLE RESOURCES. SIMULTANEOUSLY WE WOULD BE IDENTIFIED TO IMPROVE THE COORDINATION OF USAID BURUNDI'S HEALTH PROGRAMS IN EARLY FISCAL YEARS, THE FOLLOWING SCOPE OF WORK IS PROPOSED:  
- EXAMINE BURUNDI'S OVERALL HEALTH PROGRAM AND DEVELOP

Annex 2

PERSONS CONTACTED

A. MINISTRY OF HEALTH

M. Severin KAMBAYEKO, Directeur du Cabinet du Ministre  
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Dr. Dominique GACUMUZI, Directeur, Education Pour la Sante  
Dr. Nestor NDAYIMIRIJE, Directeur de Soins de Sante et  
Directeur du Projet Sante et Population  
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Dr. Solofu RAMAROSON, UNICEF, Technical Advisor to World Bank  
Health and Population Project  
Dr. Momadou SYLLA, WHO Representative  
Mr. Rene GERVAIS, World Bank, Mission Representative

Annex 3

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Annexe X: Programme de dispense publique-secteur sante.