

AN EVALUATION OF THE
LOGISTIC AND SUPPLY COMPONENTS
OF THE
NORTHERN SUDAN PRIMARY HEALTH CARE PROJECT

A Report Prepared By:
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During The Period:
SEPTEMBER 3-24, 1980

Supported By The:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
(ADSS) AID/DSPE-C-0053

AUTHORIZATION:
Ltr. AID/DS/HEA: 12/29/80
Assgn. No. 583-052

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ACKNOWLEDGMENTS

Considerable assistance was provided by the Ministry of Health, Government of Sudan. Two persons in particular deserve thanks: Dr. Abdel Rohman Kabbashi, Director General, Rural Health and Primary Health Care Program, and Dr. Kamal Medani, Director General, Central Medical Stores. USAID/Sudan officials also were very helpful, especially Dr. Mary Ann Mika, Health Officer, and Ms. Arlene O'Reilly, Assistant Program Officer. I would also like to thank Dr. C.A. Markarian, Chief of Party, Medical Services Consultants, Inc. Regrettably, space does not permit specific mention of all who contributed to the success of this consultancy.

EXECUTIVE SUMMARY

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Scope of Work

With the exception of field travel, which was later deleted, the scope of work, which was expanded over time, was carried out with no major difficulty. The consultant spent a considerable amount of time reviewing existing files, interviewing people, and touring the Central Medical Stores warehouses in Khartoum to identify progress to date, problem areas, probable solutions and recommendations. Several project vehicles had broken down after only three months of operation. The consultant inspected one of the vehicles, which was at the Ministry of Health (MOH) in Khartoum for major repairs.

Team Members

The following six persons were members of the evaluation team:

Dr. Abdel Rohman Kabbashi
Director General, Rural Health
and Primary Health Care Program

Dr. Mary Ann Mika
Health Officer, USAID/S

Ms. Arlene O'Reilly
Assistant Program Officer (Evaluation Officer)

Dr. C.A. Markarian
Chief of Party, MSCI

Dr. George Contis
President, MSCI

Howard G. Miner
Logistics Advisor, APHA

Methodology

The standard USAID format for project evaluation was used. In addition, key project personnel were interviewed and project files and other documents were reviewed thoroughly. A technical review session and an executive review session were held in accordance with standard evaluation procedure.

Problems

The technical contractor (logistics/supply advisor) position was vacant at the time of the consultant's visit. Therefore, the consultant had to read the monthly reports of the previous logistics/supply advisor to obtain a "history" of this aspect of the project.

I. INTRODUCTION AND BACKGROUND

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Purpose of the Assignment

The Bureau for Africa (USAID/W) requested the consultant's services through APHA. The three-week consultancy, which began September 2, 1980, was funded under the Accelerated Delivery Systems Support (ADSS) contract. The purpose was to assist the USAID Mission to Sudan in conducting an evaluation of the Northern Sudan Primary Health Care Project (NSPHCP). The consultant was to be specifically responsible for the evaluation of the logistics and supply components of the NSPHCP.

Initially, the scope of work was rather broadly defined:

Mr. Miner will participate as a member of an evaluation team composed of a Ministry of Health Representative; the Chief of Party, Medical Services Consultants, Inc. (MSCI); the President, MSCI; the USAID/S Health Officer; and the USAID/S Evaluation Officer.

He will be primarily responsible for evaluating the logistics component of the project. The work will entail field observation in the regions where the project is being implemented as well as interviewing and meeting with government officials and others, as required, to gather data, arrive at judgments and make recommendations.

Because of time limitations and scheduling constraints, the field visits were deleted from the original scope of work. A more specific scope of work evolved. It included the following tasks:

- o Evaluate logistics/supply component of the Northern Primary Health Care Project, Sudan.
- o Review and evaluate project progress to date by reviewing project documents and conducting personal interviews.
- o Identify problem areas and formulate appropriate recommendations.
- o Document project vehicle history to include ordering, receipt, and distribution.
- o Evaluate Central Medical Stores (CMS) to determine CMS role in NSPHCP. Identify problem areas and make recommendations.

- o Identify types of project vehicle breakdowns.
- o Review the Project Grant Agreement and draft appropriate recommendations with a view to strengthening the logistics/supply aspects of the project.
- o Prepare a consultant report, including a chronological log of activities, a scope of work, an executive summary (including recommendations), findings, an introduction, references (where appropriate), and appendices.
- o Develop a more detailed scope of work in accordance with activities carried out during this consultancy.
- o Prepare a scope of work for future consultancies in the design and maintenance of a "cold chain."

Itinerary

September 1, 1980 Monday	Leave Washington, D.C.	7:20 p.m.
September 2 Tuesday	Arrive London. Leave London. Arrive Athens, Greece. Leave Athens, Greece. (The flight from London to Athens was delayed. The consultant was unable to make the connecting flight and therefore stayed overnight in Athens.)	7:25 a.m. 12:40 p.m. 6:05 p.m. 7:05 p.m.
September 3 Wednesday	Leave Athens. Arrive Khartoum.	6:05 p.m. 9:45 p.m.
September 24 Wednesday	Leave Khartoum. Arrive Athens.	10:10 a.m. 2:55 p.m.
September 25 Thursday	Leave Athens. Arrive New York City (Kennedy Airport). Leave New York City (K). Arrive Washington, D.C. (National Airport).	12:30 p.m. 3:50 p.m. 5:40 p.m. 6:50 p.m.

II. MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

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Observation

Twenty-five carryall-type project vehicles were placed in the field without proper documentation that the specifications of the vehicles received were the same as those requested in the original purchase agreement.

Conclusion

This observation could not be confirmed during the consultant's visit because of time constraints. Furthermore, the vehicles were already in the field.

Recommendation

A written agreement between the Government of Sudan, USAID/S, and the technical contractor should be drafted stating that in the future, the specifications for project vehicles that are received (i.e., 25 trucks) will be documented.

Plan of Action

This process of documentation was being developed at the time of the consultant's departure.

Observation

The project vehicles already in the field were not being maintained properly.

Conclusion

This was determined from reports that 25 percent of the project vehicles were out of commission after only three months of operation.

Recommendation

Project vehicles now in the field should be maintained properly. The 25 project trucks that are due to arrive soon should also be maintained properly.

Plan of Action

All concerned parties had agreed on the need for proper maintenance at the time of the consultant's departure. Proper documentation to initiate this action was being developed.

Observation

There is no documentation that project vehicles already in the field had been mechanically prepared before being distributed to the field.

Conclusion

This documentation is needed to assure continuation of project activities.

Recommendation

Future project vehicles should be properly inspected and prepared before they are sent into the field.

Plan of Action

All concerned parties agreed that such action should be taken.

Observation

GOS medical supplies are backed up at Port Sudan.

Conclusion

Unless these supplies are cleared on a timely basis, there will be much waste.

Recommendation

The project trucks should be used to help clear the port of medical supplies for a period of time deemed appropriate before they are assigned to the field.

Plan of Action

Agreement on this action was reached during the executive review session by all concerned parties.

Observation

Only 12 of the 14 crates of spare vehicle parts were delivered from Fort Sudan to the Central Medical Stores in Khartoum.

Conclusion

If there are insufficient spare parts, it may not be possible to repair project vehicles.

Recommendation

An effort should be made by the concerned parties to locate the two crates of spare parts (they probably are still at Port Sudan).

Plan of Action

The GOS had begun efforts to locate the missing parts at Port Sudan before the consultant left Khartoum.

Observation

The lines of communication between concerned parties are inadequate.

Conclusion

All parties were not fully informed of project progress and activities.

Recommendation

Regularly scheduled meetings should be held between all parties (GOS and MOH, USAID/S and MSCI).

Plan of Action

This action was agreed upon by all parties before the consultant's departure.

Observation

Unavoidable personnel vacancies resulted in such problems as lack of continuity.

Conclusion

An absence of key personnel over extended periods of time makes appropriate project implementation difficult.

Recommendation

Whenever possible, positions should be filled on a timely basis.

Plan of Action

At the time of the consultant's departure, all key personnel positions were near to being filled. Individuals had been identified and were preparing to join the project.

Observation

The sound advice of the technical contractor (logistics/supply advisor) was not followed.

Conclusion

Little progress in improving the logistics/supply component, and in particular the supply, maintenance, and use of project vehicles, could be observed.

Recommendation

The efforts of the new logistics/supply advisor to establish sound procedures for the inspection and maintenance of project vehicles, the distribution of spare parts, and the storage and distribution of other project supplies and equipment should be supported.

Plan of Action

Project participants were aware of the need for support in this area.

III. SUMMARY OF RECOMMENDATIONS

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The following are recommendations to improve the logistics and supply components of the NSPHCP.

1. The concerned project parties should agree to compare vehicle specifications with order forms before the vehicles are distributed.
2. Project vehicles now in the field should be maintained properly.
3. Future project vehicles should be properly inspected and their mechanical operation assured before they are distributed to the field.
4. Project trucks should be used to help clear Port Sudan of medical supplies for a period of time deemed appropriate before they are assigned to the field.
5. The two missing crates of spare vehicle parts should be located at Port Sudan and transported to the Central Medical Stores in Khartoum.
6. Regularly scheduled meetings should be held between all project personnel at the national level.
7. Vacant positions for project personnel should be filled on a timely basis.
8. The efforts of the new logistics/supply advisor to improve the maintenance of project vehicles and the movement of project supplies and equipment should be supported.

APPENDICES

Appendix A

LIST OF PERSONS CONTACTED OR INTERVIEWED

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USAID/S

Mr. Ken Frith, Contracts Officer
Mr. Richard Aitkin, Supply Management Officer
Mr. James Beebe, Human Resources Development
Dr. Mary Ann Mika, Health Officer
Mr. Jim Graham, Design Officer
Ms. Arlene O'Reilly, Assistant Program Officer
Mr. Bob Friedline, Program Officer
Mr. Arthur W. Mudge, Mission Director
Mr. Jack Faircloth, Management Officer (TDY)

Ministry Of Health

Dr. Omer El Baghir, Director General, Health Statistics
Dr. Abdel Rohman Kabbashi, Director General, Rural Health and
Primary Health Care Program
Dr. Kamal Medani, Director General, Central Medical Stores
Mr. Mohammed Abdel Mutalev, Assistant for Supplies
Dr. Shakir Musa, Undersecretary for Health
Dr. Ali I. Biely, Deputy Director General, Rural Health and
Primary Health Care Program
Dr. El Tahir Ismail Salim, Deputy Director General, Central Medical Stores

Medical Services Consultants, Inc.

Dr. C.A. Markarian, Chief of Party

Mr. Hillard Davis, Health Statistics

Mr. R. Abott, Logistics/Supply Consultant

Dr. George Contis, President, MSCI

Appendix B
CHRONOLOGICAL LOG OF ACTIVITIES

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Sept. 1, Monday	Left Washington, D.C., for Khartoum via London.
Sept. 2, Tuesday	Left London for Athens. Missed connection to Khartoum.
Sept. 3, Wednesday	Left Athens for Khartoum. Arrived Khartoum, 10:00 p.m.
Sept. 4, Thursday	Located USAID/S office via U.S. Embassy. Met Dr. Mika, Director, Northern Primary Health Care Program; Ms. Arlene O'Reilly, Assistant Program Officer; Dr. Kabbashi, Dr. Markarian, Hillard Davis, Dr. Beily. Attended program evaluation meeting.
Sept. 5, Friday	Attended an evaluation meeting. Reviewed program documents for logistics evaluation component.
Sept. 6, Saturday	Attended evaluation team meeting at Ministry of Health. Met with Dr. Mika to discuss project evaluation.
Sept. 7, Sunday	Attended evaluation team meeting at MOH. Met with Dr. Kamal for the evaluation interview. Met with Mr. Mohammed and Dr. El Tahir and toured the Central Medical Stores warehouses.
Sept. 8, Monday	Attended evaluation team meeting at MOH. Interviewed Dr. El Tahir. Met with Dr. George Contis.
Sept. 9, Tuesday	Attended evaluation team meeting at the MOH. Reviewed the log-frame and met with Dr. Kamal.
Sept. 10, Wednesday	Wrote up and typed interviews. Introduced Dr. Kamal to Dr. Contis. Interviewed Mr. Mohammed at CMS. Attended Embassy reception for new AID Mission Director, Mr. A. Mudge. Met Ambassador Kontos.
Sept. 11, Thursday	Interviewed Mr. Salah at CMS. Worked with Dr. Mika on the program evaluation.
Sept. 12, Friday	Worked on project evaluation documents. Reviewed project files for project vehicle "history."
Sept. 13, Saturday	Worked at USAID/S office to prepare documentation for technical review meeting on September 14.

Sept. 14, Sunday	Attended technical review meeting with the Under-secretary for Health. Met with Dr. Markarian and discussed the project evaluation.
Sept. 15, Monday	Developed project documentation. Reviewed results of technical review meeting. Wrote up changes in logistical aspects.
Sept. 16, Tuesday	Continued development of project vehicle "history" and reviewed logistical aspects of Project Grant Agreement.
Sept. 17, Wednesday	Met with Dr. Kabbashi and discussed project vehicle breakdowns and maintenance. Updated project files on prior logistics advisor reports.
Sept. 18, Thursday	Inspected broken project vehicle at MOH with Mr. Aiken of AID/S. Discovered many problems but was unable to obtain vehicle log book. Met with Dr. Kabbashi.
Sept. 19, Friday	Prepared for executive review meeting. Because of power outage, "office" had to be moved to my hotel.
Sept. 20, Saturday	Attended executive review meeting at USAID. Typed up vehicle history and covenants for the Project Grant Agreement. Met with Dr. Mika, Ms. O'Reilly, and Dr. Markarian.
Sept. 21, Sunday	Worked on consultants' report and covenants; met with Dr. Markarian. Met with Dr. Kamal to discuss logistics and Central Medical Stores.
Sept. 22, Monday	Completed Project Grant Agreement review, covenants, and vehicle history.
Sept. 23, Tuesday	Reviewed consultancy with USAID/S officials. Proposed recommendations and left draft copies of completed work.
Sept. 24, Wednesday	Left Khartoum for Athens. Stayed overnight in Athens.
Sept. 25, Thursday	Left Athens for Washington, D.C., via New York. Arrived Washington, D.C., 7:00 p.m.
Sept. 26, Friday	Prepared consultant report and vouchers.
Sept. 27, Saturday	Prepared consultant report and travel vouchers.
Sept. 28, Sunday	Prepared consultant report and travel vouchers.
Sept. 29, Monday	Prepared consultant report and travel vouchers.
Sept. 30, Tuesday	Prepared consultant report and travel vouchers.