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CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE Health Management Planning	2. PROJECT NUMBER 669-0126	3. MISSION/AID/W OFFICE Liberia 000123
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 79-3	
<input type="checkbox"/> REGULAR EVALUATION <input checked="" type="checkbox"/> SPECIAL EVALUATION		

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING		7. PERIOD COVERED BY EVALUATION	
A. First PRO-AG or Equivalent FY 76	B. Final Obligation Expected FY 82	C. Final Input Delivery FY 80	A. Total	\$ 3,150,000	From (month/yr.)	September 1976
			B. U.S.	\$ 2,500,000	To (month/yr.)	April 1979
Date of Evaluation Review						

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues, cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<p>Notation:</p> <p>A committee, consisting of representatives from the Ministry of Health and Social Welfare and USAID/Liberia will review the recommendations of the Evaluation Committee and major project documentation, and determine the course of action.</p>	Fred Zerzavy	August 1979

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS			10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT		
<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)	A. <input type="checkbox"/> Continue Project Without Change		
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____	B. <input type="checkbox"/> Change Project Design and/or		
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Change Implementation Plan		
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____	C. <input type="checkbox"/> Discontinue Project		

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles) See Annex I of the Evaluation Report	12. Mission/AID/W Office Director Approval Signature: <i>Edward E. Anderson, Jr.</i> Typed Name: Deputy Director, USAID/L Date: June 4, 1979
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REPORT OF COMMITTEE TO EVALUATE
THE MHSW/USAID HEALTH MANAGEMENT PROJECT

PREPARED BY:

GOL/USAID EVALUATION COMMITTEE UNDER THE
CHAIRMANSHIP OF DEPUTY MINISTER
SAMUEL D. GREENE, MINISTRY OF
PLANNING AND ECONOMIC AFFAIRS

30TH MAY, 1979

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I. SUMMARY

The Health Management Planning Project is designed to provide the Ministry of Health and Social Welfare (MHSW) with the assistance to upgrade its planning and development capability relating to health service utilization, health facilities, management systems, health manpower development and health commodities/logistics. The project was initiated in FY 76 for a duration of five years at an estimated cost of \$2.6 million. It is presently in its third year of implementation. The contractor is Medical Services Consultants, Inc. The three year contract with this consultant firm expires on September 24, 1979.

The Progress to date includes:

- A health data system has been designed and implemented in three countries: Lofa, Cape Mount, and Bong Counties;
- Work has been done on devising management and supervision systems, and the personnel involved have had in-service training;
- A draft of the National Health Plan has been prepared;
- Various ad hoc studies, have been undertaken.

Very little progress has been made towards the objective of the development of the planning and analytical capacity of the Bureau of Planning Research and Manpower Development. However, if the recommendations of this report are implemented, the project could still achieve its purpose.

The health sector has as its goal to improve the physical, mental and social well-being of the population to enable them to contribute adequately to the national development effort and,

within this context, to correct imbalance in health services between urban and rural inhabitants through improved rural health. This project should contribute favourably to the accomplishment of this goal.

Major problems encountered are:

- Project design is unrealistic in terms of available resources;
- Insufficient commitment and back-up from MHSW;
- Misconceptionalization of the project by the contract team.

II. EVALUATION METHODOLOGY

The Project Grant Agreement between the USAID and GOL stipulates that an evaluation will be done annually. This is the first evaluation of the project. Both USAID and MHSW wanted a review of the project progress, with a view to renegotiating the Medical Services Consultants, Inc. Contract.

The evaluation consisted of three stages. The first stage was to look at the project's progress in terms of the objectives set forth in the project paper. The second stage was to examine the project as a whole, to see if the basic project design was still appropriate to the achievement of the project purpose. The third stage was to suggest revisions of the project in order to reorient it towards the project purpose.

The evaluation was conducted by a committee, which interviewed people concerned with the project (see Annex I for list of names). The project paper, contractor's work plans and monthly

reports, and the project budget were reviewed and analysed. The outputs of the project team were studied, and the Bureau of Planning, Research and Manpower Development (BPRMD) in the Ministry of Health and Social Welfare was visited by members of the evaluation committee.

III. PROJECT GOAL

The project goal is "to improve the quantity and quality of health service delivery through improved utilization of health resources." The key concept is that health planning will induce increased efficiency in the provision of health services and consequently will result in expanded and improved health services.

To date the project has not contributed significantly towards achieving this goal, however, the data collection system will provide a base for improved resource allocation.

IV. PURPOSE

The project purpose is "to institute effective planning, evaluation, and manpower development in the MHSW, including the collection, analysis, interpretation, and translation into policy of information and data relating to health service utilization, health facilities management systems, health manpower development and health commodities/logistics."

The specific objectives of this project are to:

- Staff the BPRM with adequate resources to prepare analytical reports required by MHSW for informed policy and budgetary decisions;

- Recommend management, audit, and other elements of health outreach;
- Draw up annual health projects which emphasize health service systems shown to be effective;
- Institute programs and activities which improve or expand rural health services and reflect "lesson learned" from special studies and productivity analysis;
- Conduct training and manpower development at least cost for quality and quantity planned;
- Installation of a statistical baseline for planning purpose.

Within the project paper certain conditions were described, which, if achieved, could be taken to be reasonable indicators of the projects' progress. An examination of these conditions (EOPS) showed that progress towards the objectives outlined above has been negligible, except in the installation of a data collection system and in the area of management studies.

The data collection system has been set up, and tested in two counties. It is now in the process of being installed throughout the country. Problems are being experienced with staff training in the operation of the system and it has been found to need slight modifications but these are being overcome and the system should be installed ahead of schedule.

Management systems have been devised to institute an accountability system to improve the supervision and control of health delivery programs. Work plans have been prepared for MHSW staff.

V. EXTERNAL FACTORS

MHSW realizes that the project design was over optimistic as to its capabilities to create a self-contained planning unit within which the project outputs could be accomplished in the given time frame.

The Ministry has undergone four changes at the ministerial level. This has affected the project in terms of the reorganization of MHSW and the lack of authority given to BPRMD in the total operation of the Ministry. This is seen in the Bureau's very limited role in the decision-making and budgetary process.

The underlying assumptions as listed in the logical framework of this project were examined and shown to be invalid.

A. Project Purpose Assumptions

- 1) That MHSW had the capacity to provide adequate commodity support.

Observation

This has not taken place. MHSW seems to be confronted with many budgetary constraints in support of its internal operations;

- ii) That MHSW had the management capability and commitment to the BPRMD to effectively carry out the recommendations of the unit.

Observation

Recommendations of BPRMD have often been ignored completely. This is due, in part, to the organizational structure of MHSW, the present status of the Planning Unit and the lack of a clear conception of the role of the Unit within the MHSW.

- iii) That BPRMD would be consulted on all policy, manpower and budgetary matters concerning the Ministry.

Observation

Many decisions are made without any consultation with BPRMD. The reason for this relates to the above.

These assumptions were basic to the project design. Since they have been shown to be invalid, it is not possible for the project to succeed in achieving its purpose if it retains the original terms of reference. Therefore, the outcome of the project was determined at the very earliest stages of project design.

B. Project Output Assumptions

- i) That available health data is adequate for planning purposes, and that it would not be necessary to build costly data surveys into the project:

Observation

A large part of the project time and funds have been spent on gathering additional data, i.e., the facility survey.

- ii) That required health data can be analysed without Automated Data Processing assistance.

Observation

It has been proposed to use ADP in the future, but at the present time data processing is done manually.

- iii) The special management/administrative studies will address important operational problems, and generate meaningful recommendations and effective action.

Observation

The team has focused almost exclusively on establishing systems and procedures within the institutions of the Ministry. It has neglected the analysis of operational problems in the health delivery system.

- iv) That MHSW will provide adequate support.

Observation

MHSW has been unable to provide adequately qualified counterparts, necessary supplies, transport, or adequate office space (this latter problem has hopefully been partially remedied).

VI. INPUTS

As outlined in the grant agreement, both MHSW and USAID had certain input obligations.

1. USAID

USAID undertook to provide three full-time consultants and part-time consultants, if necessary. It entered into a contract with Medical Services Consultants to provide three advisers to the BPRMD. These advisers are in post now, although two of the original team have been changed and none of the team have had previous experience in Africa. USAID has fulfilled their obligations in terms of

commodity support and 'other costs', however, the Health Centre Construction component under 'other costs' has had to be postponed as the earmarked funds were used to provide commodity support to the team. This component could be re-introduced in the second phase of the project.

MHSW:

MHSW has been unable to recruit adequately trained counterparts, with the notable exception of the Assistant Minister for Planning. It has also experienced problems in finding suitable candidates for further training. The auxiliary staff in BPRMD has been supplied by MHSW, but MHSW has not always been able to provide staff support, i.e. transport, per diem, etc.

The office facilities provided to date have been very inadequate, however, more space has been allocated to the unit. When MHSW has been unable to provide necessary project supplies USAID has had to use funds earmarked for the construction component.

VII. REASONS FOR THE FAILURE OF THE PROJECT TO ACHIEVE ITS OBJECTIVES SO FAR

The basic cause of the failure of the project stems from the project design. The project was based on a set of assumptions which were not justified. There were no Liberian medical personnel involved in the project preparation, which was mainly the output of two USAID health experts from Washington. The project was therefore over-optimistic as to the capacity of MHSW to build up a planning unit capable

of performing the functions outlined in the project paper.

The project design placed too strong an emphasis on the outputs expected from the BPRMD, and not enough emphasis on the training element of the project, both in-service training and post graduate training of counterparts.

The role of the BPRMD within the MHSW has not been clearly defined, and the Director of the Unit does not have the authority necessary to function efficiently.

The MHSW has been unsuccessful in recruiting the right type of candidate to work in the unit, and to receive further training. A more vigorous recruitment program, combined with a review of the incentives offered, may be necessary.

The consultant team did not get the commodity support from MHSW that they expected, and overcrowding made working conditions difficult.

The team leader seems to have misinterpreted the project purpose and the priority of outputs. There has been a failure of communications and feedback between the project team and the Ministry staff.

The consultants did not have any previous experience of an African environment, and the problems of planning in a situation of extreme resource shortage.

VIII. LESSONS LEARNED

Liberians must be fully involved in all projects from the earliest stages of project design, to the final project evaluation. This is especially valid for those who eventually have to assume responsibility for the project.

The Liberian Government must be fully cognizant of the obligations and responsibilities that the project will entail, including the demands that will be made on scarce resources. The Government must feel the need for the project, and it must be aware of the importance of its commitment and support to the project.

When technical assistance personnel are introduced, they should have relevant experience in the type of environment they will be working in. If this is not possible for all the advisors at least the Chief of party should have suitable previous experience.

The decision makers in MHSW should take greater control over the project. If the project is not producing outputs they feel are relevant, they can redirect the activities of the team through consultation with the team and with USAID. To make this process easier, evaluations should be carried out annually.

The EPRMD needs to have greater authority within MHSW. Its role and function need to be clearly defined and institutionalized and accepted by all sectors of the Ministry. A minor structural reorganization within the Bureau could work efficiently and effectively.

The concept of planning health services should involve a wider spectrum of personnel. Field operatives should be regularly consulted to ensure greater practicality and realism. The idea of a Health Planning Council could be reconsidered.

IX. RECOMMENDATIONS

This Committee recommends that in the light of the foregoing report, the MHSW carefully reviews its policies on Health Planning. In particular it should clearly define the role that the Planning Bureau is to fulfill, and ensure that the Bureau has the necessary authority within the Ministry to fulfill that role effectively.

When the role of the Bureau has been defined, the MHSW should then look carefully at what kind of planning it is possible to accomplish in the next ten years given the existing availability of skilled manpower both at headquarters and in the field. Once a clear picture of health planning in Liberia has been arrived at, the MHSW should decide on the type of technical assistance that would best help to achieve it.

The project should then be redesigned in cooperation with USAID to provide the desired assistance, in the light of the lessons learned from the first phase of the project.

In view of these conclusions, the Committee further recommends that disbursement of USAID funds to the project be halted to allow the MHSW time to consider this report and revise the project in line with its policy decision on the future of health planning in Liberia. The Committee will be happy to assist MHSW in any way in drawing up the revised project.

Finally, the Committee would like to take this opportunity to thank all those who have given their time and assistance in undertaking this evaluation.

A N N E X I

LIST OF PERSONS INTERVIEWED BY THE COMMITTEE

The Hon. R. Ellis, Deputy Minister, MHSW
The Hon. A. Greaves, Assistant Minister, MHSW
Mr. R. Hegel, Institutional Development Officer, USAID
Dr. F. Zerzavy, Health Officer, USAID
Dr. N. Cooper, Chief Medical Officer JFK
Dr. W. Gwenigale County Medical Officer Bong County
Dr. K. Swami, Bureau of Preventive Services, MHSW
Dr. J. Sasraku, Medical Officer JFK
Mr. J. Cipolla Chief Party, Medical Consultant Services
Mr. R. Chen, Data Systems Expert, Medical Consultant Services
Ms. P. Kutchins, Management Systems Expert, Medical Consultant Services
Mr. J. Praul, Demographer MHSW

Observers

Dr. W. Boayue, Deputy Minister, MHSW
Mr. C. Ebba, Health Planner, MHSW
Mr. H. Salifu, Health Planner, MHSW

Committee Members

Chairman: Hon. Samuel D. Greene, Deputy Minister, MPEA
Dr. J. Kigonda, WHO Advisor, MHSW
Mr. J. Howard Economist, MHSW
Ms. E. McLeod, Deputy Program Officer USAID
Dr. M. Jones, Senior Economist, MPEA
Mrs. E. Luttridge Planner, MPEA
Ms. S. Fegan, Economist, MPEA