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A REVIEW OF THE APPLICATION  
OF THE TEAM PLANNING MEETING (TPM) METHODOLOGY  
TO THE YEMEN TIHAMA PRIMARY HEALTH CARE  
PROJECT MID TERM-EVALUATION

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## A Review of the Application of the Team Planning Meeting (TPM) Methodology to The Yemen Tihama Health Care Project Mid-Term Evaluation

### I. INTRODUCTION

Over the past few years, under the general guidance of the Development Program Management Center (DPMC)\*, a methodology for improving the performance of technical assistance interventions in developing projects and programs has been developed. This methodology, the Team Planning Meeting or TPM Methodology has been applied extensively, particularly in the fields of agriculture and health.

The TPM Methodology was used between March and November 1985 to help frame, focus, link and structure a series of interventions as part of the mid-term evaluation of the Yemen Tihama Primary Health Care Project (YTPHCP). This evaluation played a critical role in:

- ° reversing the unraveling of a significant project;
- ° establishing a foundation for reopening lines of communication and rebuilding relationships among government, donors and contractor;
- ° re-establishing momentum towards achieving project goals; and
- ° moving towards an expansion of Yemen Arab Republic Government (YARG)-AID collaboration in the health sector.

Key individuals involved -- from the donor (AID), from the YARG, from the implementing contractor Management Sciences for Health (MSH), and from the evaluation contractor International Science and Technology Institute, Inc. (ISTI) -- share the impression that the use of the TPM Methodology was an essential enabling ingredient in this success.

The purpose of this review is to describe what occurred, what contributed to the success of the overall evaluation effort, the role the TPM Methodology played, and ways in which AID projects and supporting offices might apply the experience.

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\* DPMC is part of the Office of International Cooperation and Development (OICD) of the United States Department of Agriculture (USDA). DPMC was established in 1976 in cooperation with the United States Agency for International Development (AID).

## II. THE TPM METHODOLOGY

The TPM Methodology is an enabling process which focuses, frames, links and structures any or all of the significant events in a project's life cycle. It has the following characteristics:\*

- It focuses on placing specific events (e.g. design, start-up, redirection, evaluation) within the larger project/program/development context and history.
- It focuses on clarifying the purposes, scopes of work, intended outcomes and products, general approaches and strategies, and likely constraints and issues of particular events.
- It focuses on team or workgroup -- as well as individual -- roles, responsibilities, interactions, coordination and integration requirements.
- It results in initial workplans and "next step" strategies, including bridging between projects work locations and shifts in involved individuals through focused review of project status and planning.
- It accelerates later activities by providing continuity, building-in relevant historical information, and requiring active functioning as a team by those involved.
- It "anticipates" possible situations, considers their implications, and thinks through action alternatives, thus providing some grounding for actual occurrences, whether those anticipated or others.
- It develops and articulates a shared framework, values, vocabulary, and set of assumptions about the work among those involved.
- It takes a "third party" objective stance towards the work at hand, rather than that of any particular stakeholder.

Since its development in 1982, the TPM Methodology has been used effectively in a wide range of situations:

- focusing program or project design and review;
- pre-implementation project planning;
- start-up and related replanning;

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\* For more information, see DPMC's publications (e.g. Making Technical Assistance Teams More Effective: The TPM Advantage, Implementation Planning Workshops: Starting Projects Off on the Right Foot, and Action-Training for Development Management: Learning to Do and Doing to Learn) and/or contact DPMC by phone at (202)447-5804, or by mail at DPMC/OICD/USDA, 4301 Auditors Building, Washington, D.C. 20250

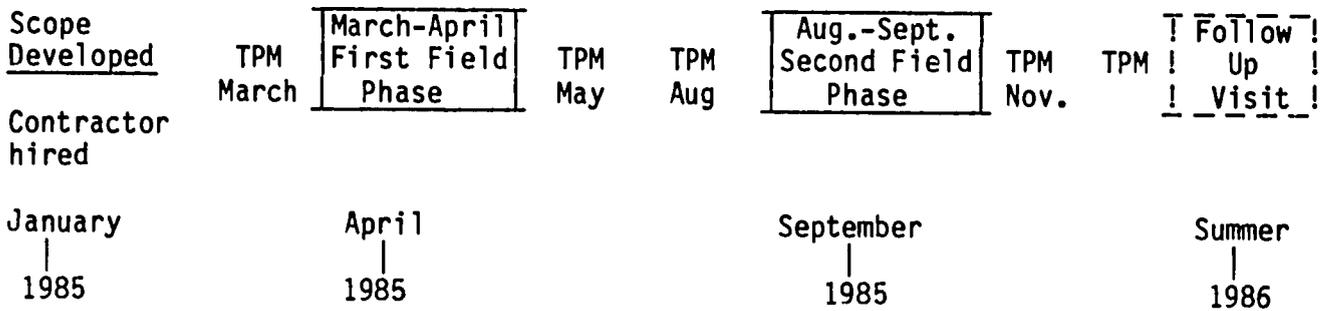
- preparing short-term technical assistance teams;
- preparing long-term residential technical assistance teams;
- preparing teams for mid-term, end-of-project and impact evaluations, and reviewing their products;
- redesigning troubled projects;
- focusing multi-country efforts; and
- applying lessons learned to follow-up planning.

In short, the TPM Methodology can contribute at any point in a project's life cycle where change in direction or approach is contemplated, or where an intervention must be linked to the greater and on-going project context, or where the actors and activities of one phase must be linked to another, or whenever involved individuals or organizations seem out of touch with the basic project purposes, directions and approach.

III. APPLICATION OF THE TPM METHODOLOGY TO THE YTPHCP MID-TERM EVALUATION

The TPM Methodology was used to provide an overall framework within which to structure, focus and integrate the discrete activities which made up the YTPHCP Mid-Term Evaluation. The overall evaluation effort extended over almost a 9 month period. It included two extended fieldwork periods each involving different individuals, as well as four stateside events, each making use of the TPM Methodology. In what follows, the events and sequence are first depicted diagrammatically and then individually described..

The Events of the YTPHCP Mid-Term Evaluation



March 22-25, 1985

Preparation of the Evaluation Team

A TPM for the evaluation team was held in Washington, D.C. Participants included the team, the AID/W Project Officer, a MSH representative, and ISTI support officers. Briefer input was obtained from other involved AID/W offices, especially from the YTPHC Project Review Committee (PRC) members. After clarifying the YTPHCP evaluation context, overall purpose, intended outcomes, and likely issues, the Evaluation Team developed an overall evaluation strategy including initial workplans. A briefing for the AID/PRC was held.

March-April, 1985

Evaluation Team in Yemen

Upon arrival, the initial 3 person team was augmented by 4 Yemenis to form a bi-national evaluation team. It carried out traditional mid-term evaluation activities, as well as initiated YTPHCP clarification activities. It obtained concurrence of all parties for a set of follow-up actions, including a second phase in Yemen. During that phase, a two-person Yemeni-expatriate team would facilitate negotiations involving all key parties. The intention would be to reaffirm the YTPHCP and clarify the overall approach and a set of procedures to strengthen project implementation.

May 13, 1985

Evaluation TPM

A TPM was held in Washington, D.C. with the same participants as in March. Its purposes were (1) to debrief the evaluation team, (2) to clarify remaining YTPHCP Mid-Term Evaluation issues and initial follow-up plans, and (3) to develop a framework for implementing next steps which would integrate them with what had so far occurred. The evaluation team also conducted an interim debriefing of the AID/PRC.

August 1, 1985

Preparation for Second Field Phase

A TPM was held in Washington to develop initial plans for the facilitated negotiations. Participants were the American member of the bi-national team, the team leader from the first field phase, the AID Project Officer, and ISTI support officers. A briefing of the AID/PRC was also included.

Aug.-Sept., 1985

Negotiation and Facilitation Team in Yemen

Facilitation/Negotiation was carried out in Yemen by the two person bi-national team. They successfully established a framework for project reaffirmation, resolved certain key issues and developed plans for resolving the remainder, established mechanisms for on-going project monitoring and replanning, and identified a range of immediate next steps.

November 1, 1985

Post Negotiation and Facilitation TPM

A TPM was held in Washington, D.C. with the same participation as in August. Its purposes were (1) to review the second field phase, (2) to clarify remaining YTPHCP issues and follow-up plans, and (3) to specify next steps for each involved party. A formal YTPHCP Mid-Term Evaluation Review was conducted for the AID/PRC and other interested AID/W parties.

Late Summer, 1986

Continuing Project Implementation Support

It is anticipated that a follow-up field visit will occur, ideally by those who led the efforts in the two earlier phases. They will review any lasting project results and institutional impacts from the earlier interventions as well as provide any project support that may then be appropriate. The TPM Methodology will be used to strengthen this effort.

The TPM manager was periodically involved throughout the entire evaluation effort. He interviewed all key participants and stakeholders before any event in order to identify current program status, priorities, and substantive issues. He

structured each event, identified processes to address the agenda of each, and facilitated each. He assured that each event was integrated within the overall effort, provided for continuity of approach and standards, assured updating of relevant information, and encouraged the continuing involvement of all parties.

#### IV. WHAT OCCURRED

##### A. The Situation As It Was

A mid-term evaluation for the AID-supported Yemen Tihama Primary Health Care Project (YTPHCP) was scheduled for early 1985. The Project history was complicated. There had already been one change in implementing contractor (from CRS to MSH) a couple of years earlier. Information available in AID/Washington indicated that all parties to the Project in Yemen -- USAID/Sana'a, MSH, and YARG/MOH -- felt that the problems associated with the Project were too extreme to be resolved, and that the serious difficulties in effective communication among the parties suggested early Project phase out. In fact, plans had already been developed for winding down Project activities and withdrawing the MSH technical assistance staff by late summer 1985.

The implications were in fact, thought to be even broader. Project difficulties were viewed as symptomatic of the "impossibility of doing anything in health in Yemen", and the termination of the Project was seen as the exit of still another donor from that sector, with the few remaining to soon follow.

There were two significant exceptions to this viewpoint. One was the Project Officer, Paul Hartenberger in ANE/TR/HPN, who thought that a final effort at clarifying the issues and exploring possibilities was important, and that the mid-term evaluation provided an opportunity to do that. The other was the USAID/Sana'a Mission Director, Fritz Weden, who while accepting the sense of hopelessness surrounding the YTPHCP, was also open to an objective fresh look at what was happening before making his official determination of what should be done about it.

##### B. Initial Activities

In January 1985, AID/W finalized a Scope of Work for the YTPHCP Mid-Term Evaluation, and in that scope provided the Evaluation Team with an expanded mandate to explore

reversing the current project situation, and if possible, to actually initiate steps and define processes required to re-establish the Project. Though some individual members of the AID/PRC saw this as an inappropriate thrust for a mid-term evaluation, the PRC as a group supported the approach.

Following a limited competition among 8-A and Small Business firms for the evaluation contract, the winner, ISTI, Inc., under the guidance of Mr. Nihal Goonewardene, President of ISTI's International Division, recruited an evaluation team. Dr. Clayton Ajello, currently Deputy Director of JHPIEGO at Johns Hopkins University was Team Leader, with Ms. Pauline Wright, a British national, and Dr. Stephen Lerman as team members. ISTI's contract proposal to AID included use of the Team Planning Meeting (TPM) Methodology for start-up activities, and Mr. David B. Levine, one of the developers of that methodology was recruited to apply the methodology to the overall YTPHCP Mid-Term Evaluation.

### C. The Two Field Work Phases

The initial evaluation phase succeeded in:

1. opening the door to continued activities focused on re-establishing the Project;
2. carrying out a traditional mid-term evaluation\*; and
3. initiating a series of problem-solving sessions among all key parties.

As a foundation for the next phase, it:

1. identified an agenda of major issues needing resolution if the Project were to continue;
2. identified a process (the later facilitated negotiations), an approach, and the qualifications for an implementor of the next YTPHCP evaluation phase;

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\* See External Evaluation Team Report on the Tihama Primary Health Care Project; ISTI, Inc., April 30, 1985.

3. pinpointed and addressed several specific issues immediately facing the Project; and
4. reopened essential lines of communication among the three parties (YARG/MOH, USAID/Sana'a, YTPHCP/MSH).

An essential feature of this evaluation phase was that it was carried out by a Yemeni-expatriate team, the majority (4 of 7) of whose members were Yemeni, with the full team assuming collective responsibility for the evaluation and resulting report.

The expatriate team members left Yemen in late April with follow-up tasks and processes defined for the YARG, for USAID/Sana'a, and for the YTPHCP staff, as well as for AID/W. Following discussions in AID/W and between Washington and the field, a contract for the second phase was competed, and won by ISTI.

ISTI recruited Dr. Ahmed Moen, currently of Howard University, to implement the second field phase of the evaluation. Preparation culminated with a TPM on August 1, and Dr. Moen spent about six weeks in Yemen in August and September. As with the earlier phase, the facilitated negotiations were carried out by a bi-national team (Dr. Moen was joined by Dr. Yassin Abdul-Wareth of the YARG/MOH). The team effectively addressed the agenda established during the earlier phase. By Dr. Moen's departure, the team had facilitated the establishment of a shared understanding of the YTPHCP context, purpose, objectives, priority activities, approach, and use of technical assistance. They had assisted in the resolution of some issues and the establishment of procedures to resolve others. They had also helped establish continuing mechanisms for project planning, monitoring, replanning and problem resolution.\*

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\* See Report on Negotiation and Facilitation of Tihama Primary Health Care Project; ISTI, Inc., September, 1985.

D. The Results

The cumulative effect of these interventions has been dramatic. First, YARG and USAID/Sana'a have decided to continue the YTPHCP through its original completion date. MSH has continued its involvement in the project, and is fielding an expanded TA team for redefined project activities and approaches. YARG and USAID/Sana'a view the Project as an important primary health care pilot effort in Yemen, and as a means of learnings dissemination. Finally, YARG and USAID/Sana'a are now exploring additional health sector activities, including a child survival project (a PID team for which is currently at work).

In the next section we explore some of the likely contributors to this success, including aspects of the TPM Methodology that we think were instrumental.

## V. SOME CONTRIBUTORS TO THE SUCCESS OF THE YTPHCP MID-TERM EVALUATION

By the time of mid-term evaluation, the overall "health" of a project is usually apparent. The crucial fact about the YTPHCP mid-term evaluation was that the parties involved decided to focus on strengthening the Project, rather than on proving it was failing or on identifying sources for blame or on documenting what went wrong and when and how. As with most projects in trouble, a focus on improvement is a precondition for project turnaround. However, without the following, it would have been insufficient:

- ° The commitment, continuing involvement, and proactive and creative stance of the Project Officer. The Project Officer directed the mid-term evaluation towards project strengthening, encouraged the use of the TPM Methodology, and obtained the initial willingness of key parties (USAID/Sana'a, MSH, the AID/PRC) to consider a proactive use of the overall evaluation effort. He also, from the start, identified the possibility of using a series of linked interventions.
- ° The "third party" neutral stance used in the evaluation. The individuals carrying out each of the field phases were explicit in emphasizing that they represented no single involved party (YARG, USAID, MSH), but rather the YTPHCP and what was most likely to contribute to its success. The joint Yemeni-expatriate nature of each intervention supported this, as did the avoidance of blame-casting, and the dual emphases on (1) complete and open discussion of all issues, and (2) consensus decision-making.
- ° The capability of the individuals contracted for in-field and supportive activities. ISTI assembled a highly competent and credible team for the overall effort. The individuals who carried out both field phases as well as those providing support in U.S.-based activities brought an impressive array of qualifications. They were collectively well grounded in relevant development experience, including some which was country specific. Some had Yemeni Arabic capability. Each combined managerial, communications, and socioeconomic and cross-cultural skills with their technical abilities, while sharing values as to the potential importance of the Project. They each respected the concerns, attitudes, and capabilities of third world participants while appreciating the concerns and perspectives of donors and contractors. Finally, some had credentials and experience both known to, and appreciated by the key institutions and individuals in Yemen.
- ° The common focus of all discrete activities on the larger picture. All activities focused on strengthening Yemeni primary health care and on understanding the context in which the Project actually operated. It was understood that specific activities and approaches specified in the original YTPHCP design and Project Paper might need modification for successfully addressing overall project purposes and achieving end-of-project outcomes.

- The continuing emphasis on the shared host country government-donor responsibility for the Project. This was evidenced repeatedly in many ways. Some examples are:
  - the insistence on joint Yemeni-expatriate teams for each of the major interventions;
  - using Arabic as a primary means of communication;
  - seeking solutions which reflected the concurrence of all involved parties;
  - building a climate in which finding effective solutions was more important than posturing;
  - focusing on an effective project rather than on procedures or precedents of the major players;
  - a commitment to solutions and approaches that were acceptable within the operational norms of each involved organization while being appropriate to the cultural fit and real world conditions in Yemen.
- An approach which comprehended the interplay of formal and informal relationships in problem-solving, and which provided opportunities for shifting positions without losing face. During each field intervention, activities were carefully patterned to mix individual, sub-group and full group meetings. Early in each intervention, priorities, subagendas, and individual stakes were identified. When possible, disagreements were first explored in private, and third party interventions and face-saving opportunities maximized. Areas of agreement and overlap were identified and then strengthened in inter-organizational meetings.
- The openness of key individuals to changes. Prior conclusions, often based on hearsay, inaccurate information or the bias of specific individuals, needed to be modified, or even reversed. Some attitudes needed to be discarded in the face of fresh experience and planning commitments. Within USAID/Sana'a, the Mission Director needed to be open to the value and work implications of project continuation, and the Health Officer needed to distance herself from predecessor attitudes and patterns within her office. Contractor employees needed to approach immediate planning tasks not only from the reality of prior experiences, but more importantly with the belief that things could and would be different. Yemeni officials needed to overcome residual feelings from prior treatment and attitudes in order to be willing to approach changes with trust. In general these things occurred, though of course with a tentativeness which will be tested as the project proceeds. There have also been a number of staff changes since the evaluation started. In some cases, this facilitated shifts by others.

Each of these factors contributed to the overall success of the Mid-Term Evaluation. What was crucial though was their synergy. They had to be integrated and molded into a common approach to a complex and serious set of problems. That

framework was provided by the TPM Methodology. The continuity of Levine's involvement and the repeated inclusion of key individuals in each phase of the evaluation were key ingredients. In addition, the application of the TPM Methodology emphasized other important aspects, such as:

- the third party stance;
- tailoring to the context of the project;
- tapping individuals' commitments to the issues at hand;
- building on-going working teams; and
- emphasizing a facilitative role through which the actual problem solving and planning work was done by those with on-going project responsibilities.

All these supported project strengthening. Of course, the willingness of AID to invest the necessary resources for providing this framework is another example of the foresight which contributed to success.

## VI. LESSONS AND APPLICATIONS

We believe that our experience with the YTPHCP Mid-Term Evaluation confirms some basic lessons about development projects.

The first lesson is that primary sources of serious project difficulty are usually neither technical, nor results of crucial flaws in project design. Rather such problems result from (1) inherent difficulties in linking project design with project implementation, and/or (2) inadequate attention to the context of project implementation. Such areas as the following are often poorly attended to:

- project context and linkages;
- shifts in priorities and approaches;
- intra-project communications;
- clarifying and modifying roles, responsibilities and interrelationships of involved organizations; and
- monitoring and replanning of project activities in a way that is supportive of end-of-project outcome intentions rather than of conformity to initial (and most likely outdated) plans.

The second lesson is that attention to these kinds of concerns needs to be a priority, must be on-going, and must be first built into project design, and then be a focus of start-up and implementation planning and activities. Resources are required for this and must be so allocated. Once a project is underway, periodic, intensive focus is required to provide the opportunity for those involved to step back from daily pressures to review and address changes in the project context, as well as in the effectiveness of current approaches in addressing overall project objectives. These periodic reviews must involve more than just the immediate project staff. At the minimum, they must also include (1) the host country government representatives (of whatever range of entities have a direct or indirect stake in the project), (2) donor(s) representatives (both field and headquarters offices), (3) contractor(s) representatives, and (4) others who may have a special project interest and/or influence.

The third lesson is that these kinds of problems should be anticipated in virtually any project effort. To the degree they are not anticipated -- nor then dealt with as an on-going priority -- they are likely to become serious enough to deflect, delay, or even lead to failure and/or cancellation of projects. We should never be surprised to learn that there are implementation related problems; in fact we should be surprised when we don't find them! The corollary lesson is that when we do find them, we should see them neither as signs of poor projects nor of poor development management. Rather, we can use them as opportunity points, which with positive and careful response can result in project refocusing, strengthening and acceleration.

The fourth lesson is that a methodology to frame and integrate attention to these kinds of concerns can highly improve likely success. The TPM Methodology is one proven way of doing this. It's a way that works best when built into a project from the outset. It can then contribute dramatically to success in addressing implementation-related difficulties. While enhancing quality, it often prevents these kinds of issues from developing into project crises. When used this way it improves the effectiveness of (1) links between design and later start-up, (2) technical assistance efforts, and (3) periodic reviews of project context and progress.

As the Yemen experience indicates, even in a situation where the TPM Methodolgy has not been used throughout a project, it can still strengthen the effectiveness of a particular intervention. It does this by providing focus on the appropriate placement of a specific activity within the overall project context, and by providing continuity and guidance to resulting activities aimed at project strengthening.

Applying the TPM Methodology to the YTPHCP Mid-Term Evaluation contributed to successful use of that opportunity to rejuvenate, refocus and strengthen an important, but seemingly "lost" project effort. It also helped develop a shared basis on which USAID and the YARG are now moving forward with additional health sector efforts. We should explore the further application of this methodology.

David B. Levine

December, 1985