

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: PAHQ

TA No. and Name 2164-RMI: Health Management Information System & Health Planning			Amount Approved: \$400,000 Revised Amount: \$465,000		
Executing Agency: Ministry of Health and Environment		Source of Funding: Japan Special Fund		TA Amount Undisbursed \$60,515.22	TA Amount Utilized \$404,484.78
Date of Report Approval 22 Sep 1994			Signing 24 Feb 1995	Fielding of Consultants late 1996, early 1997, on intermittent basis	
			TA Completion Date Original 31 Dec 1998 Actual 31 December 2000 officially but the work stopped end 1998, continuing only by email communication in 1999 Account Closing Date Original Actual April 2000		
Description The TA was aimed at assisting the Government in developing a comprehensive Health Management Information System (HMIS) and strengthening the Health Planning Unit of the Ministry of Health and Environment (MOHE).					
Objectives and Scope The HMIS includes: (i) medical records system to manage patients' records at Majuro and Ebeye hospitals; (ii) a benefit monitoring and evaluation (BME) system, (iii) a health information system to manage epidemiological data provided by the health centers and the hospitals; (iv) health personnel data for health personnel management and planning; and (v) health services financing data for budgeting, cost-effectiveness and cost-benefit analyses, and resources allocation. The TA will help MOHE strengthen its planning process, linking policy objectives and implementation strategies, and develop a draft 5-year plan for the health sector.					
Evaluation of Inputs The TA's formulation did not build enough on what existed within MOHE, and proposed to build something radically new, while substantial progress had already been done at this time in the HMIS. Terms of reference were very general, without indicators. The contract was offered to an international consulting service provider, which admitted having difficulties finding good consultants. No consultant stayed more than 6 weeks in a row in the country, which is notably insufficient to understand the issues, build relationships with counterparts, and train them. The contractor has since given more prominence to its university works and is practically out of the consulting business. It is not before 1999 (arrival of a Health Specialist in PARD) that ADB missions did identify the problem with the TA. Additional work was requested from the contractor, who never provided it, arguing that the terms of reference had been completed. MOHE wanted this issue settled, and requested that the consultant be paid and the contract closed. Subsequently, a small-scale TA was processed in 2000 to help MOHE utilize what had been done and to progress in the HMIS.					
Evaluation of Outputs Reports were produced and some training took place, most of the terms of reference being achieved "on paper" but no real progress was made on the HMIS. The original proposal in 1995 envisaged a radical overhaul of information systems that would be completed in the space of 15 months. This required too much to be done in too short a time and in an environment that was not receptive or capable of providing support. Execution of the TA was also flawed. It commenced at a time when the Bureau of Planning and Statistics of MOHE was quite productive in the analysis and dissemination of information. Yet the TA seems to have ignored these advances and, rather than build on them, it embarked on developing an experimental system that had not been tried or proven elsewhere. The resulting computer programs provided no distinct advantages over existing software and suffered three very serious limitations namely (i) being awkward to use (ii) providing no facility to retrieve data (iii) making little provision for local staff to develop or maintain the programs. Not surprisingly, very little remains of this work. Not only has the TA work yielded minimal returns it appears to have taken attention away from other, more productive, initiatives that could have been pursued.					

Overall Assessment and Rating

In view of the above, the TA is rated as unsuccessful.

Major Lessons Learned

TA preparation has to involve more time, consultation, and recognized professionals. Terms of reference have to be more detailed, with milestones to identify the failure of consultant to deliver.

Recommendations and Follow-Up Actions

The small-scale TA was fielded in 2001 to remedy this situation. The consultant recruited under this TA had performed extremely well on other ADB-funded projects in the Pacific. A first mission of the consultant took place in April 2001, and a very comprehensive assessment of the situation, along with recommendations on the remedial actions to be taken was provided. Unfortunately, due to other commitments of the consultant, and the difficulty to find convenient dates with MOHE, the second visit was delayed, then was finally cancelled because the consultant has in between been recruited as permanent staff elsewhere. However, the report provided has proven very useful to MOHE. It has served as a basis for an ensuing consultancy funded by the World Health Organization. Recommendations made by the consultant have been put in place by MOHE: a programmer has been recruited, a new software has been purchased and installed, and a UNV statistician is working with MOHE since March 2002 for a 2-year contract. An epidemiologist from the Centers for Disease Control in the United States will join MOHE on a 2-year contract at the end of 2002. Substantial progress has also been made in the use of information for health planning and decision making. Quality of data is improving with regular data cleaning.

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