hdrc
DFID
human development
resource centre

UKaid
from the Department for
International Development

Project Completion Report - VSO Malawi DFID funded health programme 2008-2011

Professor Cameron Bowie

5th July 2011

DFID Human Development Resource Centre
HLSP, Sea Containers House
London SE1 9LZ

T: +44 (0) 20 7803 4501
F: +44 (0) 20 7803 4502
E: just-ask@dfidhdrc.org
W: www.hlsp.org

Contents

Introduction

1 The VSO health programme 2008-2011 is the second of two phases to assist the Ministry of Health address the human resources for health crisis in Malawi. The first phase concentrated on filling vacancies in key professional positions both in the health service and in training institutions. Phase two continued to fill key vacancies but expanded its purpose to include what were considered more sustainable activities. The programme was recently reviewed and reported in January 2011 and an end of programme evaluation has recently been commissioned by VSO and completed with a preliminary draft of the evaluation available for use in this Project Completion Report (PCR).

1.1 Methods

2 The required process and outputs of this report are found in the Terms of Reference (Appendix1). A light touch strategic evaluation was sought.

3 The Report was compiled using the PCR template available with guidance (How to note, DFID, April 2010). Information was gathered from the recent VSO Annual Report, the DFID Annual Review, the End of Programme Evaluation Report and from other health sector reports. Information was analysed in the UK. One to one meetings with stakeholders were not possible.

4 The DFID Annual Review recommended a revision of the logframe to align the outputs more closely to the purpose of the project. This was done in May 2011 and this PCR assessment has used the revised logframe to score achievements.

1.2 Findings

1.2.1 Achievement

5 The outputs in the revised logframe were largely achieved (Score 2). A recommendation of the PCR team is that, as the revised output indicators do not accurately reflect the potential achievements that could have been made by the project in achieving its purpose, the Score should be reduced to 3 – **the project has partly achieved its purpose**.
Strong evidence exists (see the External Evaluation Report commissioned by VSO) demonstrating the positive contribution of VSO to gap filling critical professional service (6% - 17 VSO Medical officers in 2009 out of 265 MOs) and training institution posts (improving quality rather than quantity of training).

1.2.2 Project conception

6 The conception of the project appears to have been flawed from the start and so limited the success of the project. A stronger focus on how the volunteers might support local health staff through role modelling might have increased the value of the contributions of each volunteer. The belief that sustainability can best be achieved through some development process involving the community and community health workers and that foreign volunteers are appropriate facilitators in such endeavours needs to be challenged. There can hardly be a more inappropriate placement for a foreign volunteer than in a district health office with senior management staff who neither have asked for support nor conceived the imposed activity as a local priority. Add to that scenario a complete lack of project management from VSO and the result will be failure and probably distraction of busy staff from more important activities.

7 The logframe also was poorly constructed making it difficult to measure the successes. Successes there undoubtedly were, despite the limited support from the

VSO organisation in Malawi. It was also reported in the most recent DFID Internal Audit Report (IAD) that VSO staff had little understanding of the logframe.

1.2.3 The volunteer recruitment agency function

8 One might assume that VSO would provide a first class recruitment agency function. Yet the external Evaluation Team found from interviews with volunteers and their hosts that this was lacking. A specialist volunteer recruitment organisation might be expected to have a robust system of placement selection, volunteer selection, TOR preparation, ability to meet the needs of the host including duration of placement and volunteer support. VSO failed to display this level of competence. It could be that this is a temporary aberration due to problems surrounding senior staff in the office in Lilongwe, in view of VSO's envious reputation in this field. If this is the case there does seem to be a need for the robust supervision of country directors.

9 Other comments on project management are found in the PCR template report.

1.2.4 Risk management

10 There seemed to be no realisation of the potential risks of the project. No adequate system was in place to:-

1. Ensure the suitability of each placement – (e.g. old TORs)
2. Orientate the volunteer – (e.g. expectations, role, culture)
3. Ensure proper placement duration (e.g. not less than 2 years for volunteers who have not worked in Malawi before)
4. Support volunteers and improve their performance through peer review and joint appraisal with the host manager.

11 In addition there appeared to be no recognition of the more or less impossible task given to those volunteers involved in community development work and the need for active project management and support.

1.2.5 Sustainability

12 There may be woolly thinking about sustainability and volunteer recruitment. The Annual Review, for instance, recommends *a re-focus with a strong emphasis on training and capacity development, particularly on nurses rather than on service delivery*. The value of keeping a health service going in a human resource crisis is not simply to save lives now but to maintain the health system and the public confidence in it so that in the future, it can fulfil its role in society without having to restart from scratch. The value of role modelling should also be recognised. There is a strong element of helping sustainability simply by filling key health vacancies in the short and medium term.

13 The revised logframe offers a useful approach. Job descriptions could be modified and volunteer appraisal focused on the introduction of at least one patient-centred quality enhancing initiative by each volunteer to encourage the transfer of skills, professional values and performance.

1.2.6 Progress since last review

14 There has clearly been extensive project management progress made since the last review which was only 5 months ago.

1. The logframe was revised.
2. A new Country Director has taken up her appointment.
3. The recommendation about the 52% top up may have been overtaken by the event of the College of Health Sciences (CHS) being incorporated into existing University Colleges. The recommendation related to the fact that salary top ups were not made available to professional staff working in the Malawi College of

Health Sciences, which is a MOH training establishment. Staff retention became a problem. The CHS is being transferred from MOH to the Ministry of Education and incorporated into University Colleges, who hve a different staff salary structure.

4. The HMIS Unit in the MOH has a very clear and structured strategy and the VSO Director would do well to read it and, with the director of HMIS, consider if a volunteer placement might be useful
5. The new HSSP has a detailed plan of how to improve staff management and appraisal. It also has a detailed section on the need for technical assistance. VSO could contribute to the detailed planning and implementation of these sections of the HSSP.
6. The EET considered the advocacy component of the project as a probable distraction. VSO might consider leaving this for local organisations.
7. The project management recommendations (R1 and R2 of the Annual Review) may be inappropriate. DFID needs to consider whether VSO has the expertise or experience to manage a development project, bearing in mind the many organisations in Malawi who have both and are working in the health field. The issue of sustainability needs to be reconsidered and adapted to fit the HR situation of the day.

1.3 Discussion

1.3.1 The role of VSO in the new HSSP

14 For the hospital or district management host, foreign volunteers can be worse than useless. They can also be hugely valuable. Despite poor support of the last three years from VSO, some volunteers have achieved much. The EET has made a substantial number of recommendations about the way forward for VSO in the health sector in Malawi. It is suggested that these recommendations need to be considered in the following context by both VSO and DFID:-

1. VSO should not be involved in development (community, health systems or research) projects unless the organisation wins a competitive contract against other organisations bidding to provide a discrete project
2. The HSSP recognises the need for technical assistance in filling key posts in the health sector over the period of the programme. The HSSP does not specifically mention the possibility of using volunteers to provide this technical assistance, but this could be one way of providing some of the expertise required. VSO could request and contribute to the formulation of an explicit national policy on the use and management of volunteers in providing technical assistance.
3. DFID could respond to requests from health institutions as they seek to implement the new HSSP. They or VSO should not seek to impose volunteers on unwelcome or uncommitted hosts. A simple rule would be that volunteers should only fill established posts
4. DFID should consider putting out to competitive tender any future volunteer recruitment to allow other agencies besides VSO to compete. One of the criteria to be used in selection would be the robustness of the management arrangements proposed, including better orientation and support.
5. If this is not acceptable then DFID should request revision of the management arrangements to be used by VSO in the future.

1.4 Conclusions

15 The report has relied to a large extent on the findings of the EET and the most recent DFID review. It is an ideal time, with a new Country Director and DFID Health Adviser, to reconsider the place of VSO in the health sector as it seeks to implement the HSSP. It is hoped that the findings of this review provide the impetus and

perhaps direction for this reassessment of the role of VSO in the health sector in Malawi.

Disclaimer

The DFID Human Development Resource Centre (HDRC) provides technical assistance and information to the British Government's Department for International Development (DFID) and its partners in support of pro-poor programmes in education and health including nutrition and AIDS. The HDRC services are provided by three organisations: HLSP, Cambridge Education (both part of Mott MacDonald Group) and the Institute of Development Studies.

This document is issued for the party which commissioned it and for specific purposes connected with the captioned project only. It should not be relied upon by any other party or used for any other purpose.

We accept no responsibility for the consequences of this document being relied upon by any other party, or being used for any other purpose, or containing any error or omission which is due to an error or omission in data supplied to us by other parties.

DFID Human Development Resource Centre
HLSP, Sea Containers House
London SE1 9LZ

T: +44 (0) 20 7803 4501
F: +44 (0) 20 7803 4502
E: just-ask@dfidhdrc.org
W: www.hlsp.org