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SUPPORT

PROGRAMME IMPLEMENTATION: EVALUATION PROGRAMME

Progress report of the Administrator

S u m m a r y

This report discusses the progress made in thematic evaluations. A summary of the report on the completed study on human resource development for primary health care is provided in the annex. Progress is reviewed of evaluations in national agricultural research institutes and manufactures industries, in which field work has been completed and reports are in preparation, as well as in industrial training which is still in progress. An inquiry was addressed to UNDP field offices to ascertain their views on the relevance and usefulness of the thematic evaluation studies and the related Programme Advisory Notes and Technical Advisory Notes. Information has been received from nearly half of the field offices and the preliminary findings show that the studies were found to be generally useful and that greater interest was shown in studies of the process type as compared to sectoral topics. The survey results will be useful in developing a new programme of thematic evaluations and improving feedback measures.

This report is submitted for the information of the Council.

1. The thematic evaluation studies endorsed by the Governing Council in decision 80/22 have been continued.

2. The study of human resource development for primary health care, begun in early 1982, has been completed. A desk study was conducted in mid-1982, and field missions were carried out in six countries between October 1982 and February 1983. In each case a national consultant was nominated to work with the international staff and consultants. This study was conducted jointly with WHO and with the support and participation of the Federal Republic of Germany. A detailed report and a Programme Advisory Note have been prepared and are being readied for publication. A summary of the findings of the study is provided in the annex to the present report.

3. The evaluation dealing with national agricultural research institutes, which is being carried out in collaboration with the Food and Agriculture Organization of the United Nations, is nearing completion. Following desk reviews of a large number of projects in late 1981 and early 1982, field studies took place in 12 countries in 1982. Several of the country studies were carried out by or in co-operation with national institutions in the country concerned. The evaluation report is being drafted at FAO headquarters at the time of this writing and should be completed by mid-1983. A summary will be provided to the Council in due course.

4. The study on industrial training, in collaboration with the International Labour Organization of the United Nations, is in progress. It is being carried out in two phases. The first comprised a general review of the subject, detailed desk studies and field missions planned to four countries. This phase was initiated in 1980; but after missions to two countries, work was suspended in 1981 as unexpected conceptual difficulties arose because of the complex nature of industrial manpower training, as well as because of staffing difficulties. After extensive discussions between UNDP and the ILO, work on the study was resumed in late 1982, and field missions to four additional countries were agreed upon for the first half of 1983. Two of these had been completed at the time of this writing. Data for the in-country studies are being assembled by national consultants prior to the arrival of the UNDP/ILO missions.

5. A study on manufactures industries, the origins of which were described briefly in DP/1982/20, paragraph 4, has been conducted jointly by UNDP, the United Nations Industrial Development Organization and the United Nations Department of International Economic and Social Affairs. The three collaborating agencies agreed on the terms of reference for the study in May 1981. It was also agreed to constitute an evaluation team to conduct the study, comprising three "co-ordinators", one nominated by each of the three agencies from its own staff, together with a principal consultant selected by the three organizations. The team was to work independently, without detailed technical supervision, in order to achieve the fullest possible degree of objectivity. Desk studies were completed in 1982 and field missions visited

seven countries in the latter half of that year. As in the other cases cited above, national consultants were nominated in each of the countries visited. A Staff Evaluation Report, prepared by the three co-ordinators, was submitted to UNDP, UNIDO and the United Nations in January 1983 and was discussed at a number of meetings between the three organizations. UNDP expressed serious reservations during these meetings on the methodology, the nature of the evidence adduced, the conclusions and the recommendations of the report, particularly with respect to the operational utility of the whole approach of the recommendations. The Secretary-General is submitting a summary of the co-ordinators' report, to the Committee for Programme Co-ordination (CPC) in May 1983, together with the comments of the three organizations. UNDP does not consider that the report of the study, in its present form, meets the requirements for a thematic evaluation and therefore intends to review it further; in particular to examine in more detail the methodology used, the substantive evidence on which conclusions and recommendations are based, and to undertake such additional analysis as may be necessary to derive results which will be operationally useful. The outcome of this further work will be made available to the Governing Council as soon as possible.

6. The remaining two evaluations endorsed by the Governing Council in decision 80/22, on telecommunications training and on public administration, have not been initiated. The International Telecommunications Union was not in a position to join with UNDP in undertaking the study on telecommunications. The study on public administration has been deferred because of staff constraints in UNDP.

7. As indicated in previous reports to the Governing Council, the major purpose of thematic evaluations is to analyze UNDP and agency experience in the sector or subsector concerned in order to draw conclusions on the substance of technical co-operation which can help to improve the identification, design and implementation of projects in the future. The principal means of disseminating the results of the studies is through the publication of detailed reports and the distribution of Programme Advisory Notes to the field offices. In order to assess the value and utilization of the thematic evaluation studies, an inquiry was addressed to all UNDP field offices in January 1983 as to the relevance and usefulness of the published thematic studies and Programme Advisory Notes. To date responses have been received from 48 of the field offices. Some of the tentative findings are presented below.

8. To date, six thematic studies have been published and sent to all field offices, yet only ten offices reported that they had all six studies on hand and six offices reported they had none at all. So far 22 Technical Advisory Notes (TANs) and Programme Advisory Notes (PANs) have also been issued to all field offices; but here too, many offices reported they had incomplete sets. It must be concluded that either the reports and Notes are used by staff members or consultants and not replaced in the files, are given away to interested officials, are put into office libraries but not catalogued and accessible, or are simply lost in transit or after arrival.

9. Only 31 offices commented on the usefulness of the studies, but 22 of these felt they were definitely or to some degree useful at the project design stage and about half expressed themselves similarly concerning the identification and implementation stages. Similar information was obtained on the usefulness of the TANs and PANs. There was a definite indication that the field offices perceived the Notes to be more useful in project design and implementation than the studies because the Notes were shorter, more concise and user oriented and they were more practical and easier to handle. Those field offices which found the studies or Notes of limited usefulness (apart from those with badly incomplete sets) indicated that the full reports (but not the Notes) were too long to be easily read or used and that the workload at the field level seldom left time for any concentrated study of material. Some offices indicated they had not encountered projects in the subject areas covered by the Notes. In response to a query on how useful government officials may or may not have found the studies and Programme Notes, almost all those who responded indicated that no government official had commented. In the few instances where it had been reported that comments had been made, however, the comments were favorable.

10. Suggestions were also invited as to the subjects that should be studied in the future. A wide range of sectoral and subsectoral topics were mentioned, but there was a significant interest in studies of the process type, i.e. UNDP's operational modalities. Suggestions included the country programming process, the Indicative Planning Figure system, distribution of the work load at the field level, financial management and the relationship of UNDP's technical co-operation activities to capital assistance.

11. Overall, the responses so far from the field offices indicate a generally favorable attitude towards the thematic evaluation studies and the Notes. While none reported they would be severely hampered without them, the indication is that when the occasion arose for their use they do help to improve the programme, particularly at the project design stage. There was, of course, some criticism and a few offices went as far as to suggest that the thematic evaluation programme be phased out. One office questioned the cost-effectiveness of the programme and another felt that this type of work should be left to the agencies. The most serious problem uncovered by this exercise is incomplete material at the field level. In this regard a number of offices suggested that there be a more systematic follow-up in the form of a questionnaire once new studies and notes are issued. Some suggested that there be more training based on the thematic studies. This suggestion, in many cases, was from offices where staff members had participated in recent Programme Management Workshops where completed thematic evaluations had been used to illustrate the course material with specific issues, which was viewed as an effective means to increase the awareness and usefulness of the studies.

12. It is intended to complete the survey by analyzing additional replies. The results will then be taken into account in formulating the programme of work for the new Central Evaluation Unit which the Administrator has proposed

to the Intersessional Committee of the Whole and which has been included in his budget proposals for 1984-1985. In particular, the survey results will be used, together with further consultations with the agencies, in identifying the topics (sectoral or process) for future thematic studies.

13. The envisioned Central Evaluation Unit will also give special attention to devising ways and means of overcoming the problems of feedback of the results of thematic evaluations, as well as making maximum use of the accumulated lessons learned from individual project evaluations, in order to ensure that these results are effectively applied in order to improve the effectiveness of the Programme. Measures might include greater use and more efficient distribution of written guidelines, as well as special workshops and training activities, based on evaluation results, both in the field and at UNDP headquarters, in collaboration with the Agencies wherever possible .



## Annex

### Summary of the report on the study of human resource development for primary health care

#### I. BACKGROUND

##### A. Primary health care

1. The International Conference on Primary Health Care (PHC), held in Alma-Ata USSR in September 1978, sensitized both the United Nations System and governments to the need to focus on PHC as an important new strategy of health development. PHC was defined as: "essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost the community and the country can afford".

2. The International Development Strategy adopted by the United Nations General Assembly in 1980 identified Health for All by the Year 2000 (HFA/2000) as an important objective of the international community and recognized primary health care as a key measure for its attainment. The adoption by the General Assembly of resolution 34/58, "Health as an Integral Part of Development", provides the broader developmental framework within which a political commitment to PHC is to be translated into specific developmental action.

3. As regards specific action, major efforts are underway by governments, both in the formal health sector and in other sectors having an impact on health status, to attain the various objectives of PHC. While these ongoing initiatives are important, the study finds that significant obstacles still exist in implementing PHC at the operational level. Particularly important in this connexion is the lack of trained personnel; therefore, efforts to develop the necessary human resource base (HRD) are essential to strengthen national capacity in developing and managing PHC programmes. These efforts must be greatly expanded if health goals are to be achieved through PHC implementation on a wide basis with the shortest possible time period.

##### B. Origin of the study

4. In decision 80/22, the Governing Council endorsed a thematic evaluation study by UNDP and World Health Organisation on human resources development in health. This study was undertaken in 1982 and 1983. At that time the Ministry for Economic Co-operation (BMZ) of the Federal Republic of Germany had indicated an interest in supporting the initiative and the study was jointly implemented by UNDP, WHO and BMZ.

#### II. METHODOLOGICAL APPROACH

5. Since the subject endorsed by the Council - human resources development for health - was recognized as too broad for effective analysis, the

scope of the study was focused on developing human resources for PHC, thus analyzing a strategic factor in the important new concept agreed by the Alma Ata Conference. The desk review centred on UNDP and WHO activities but it also looked at overall national PHC strategies. Following the desk review, several tripartite meetings took place to finalize terms of reference for field missions. Two international team members were jointly appointed for each of the six field missions: to Benin, Dominican Republic, Egypt, Malawi, Nepal and Turkey. National team members in each country were added, serving in their personal capacities.

6. After the first mission to Egypt was completed, another tripartite meeting was held, including most of the consultants, to review the terms of reference and the experience of the mission and to prepare an outline for the report of the other five missions to ensure conformity and comparability of findings. The objectives of this phase were defined as:

(a) To examine the experience which had been gained so far in the field in meeting the human resource needs for PHC;

(b) To identify, analyze and review examples of successful approaches as well as problems and constraints which have been encountered so far in the field concerning human resource needs for PHC; and

(c) To suggest how to improve the co-ordination within the international community in planning and financing human resource development and to examine how to increase financial support for PHC.

The final report, incorporating the results of the desk study and the six mission reports, was prepared at WHO and reviewed in two final tripartite meetings.

### III. FINDINGS AND CONCLUSIONS

7. Based on the analysis of findings of the desk review and the six missions, the study sets out the major problems which are impeding the implementation of PHC programmes. The issues fall in three categories: (a) developing human resources for PHC; (b) improving the delivery of primary health care; and (c) underlying issues.

#### A. Developing human resources for PHC

8. The study identifies problems found in developing human resources for PHC. These problems include:

(a) Inadequate numbers and ratios of health personnel to population in almost all developing countries, complicated by maldistribution of those who exist; this results in extreme deficiencies in rural areas;

(b) Inappropriate training derived from models in developed countries, in which sophisticated technology is predominant; preventive and social aspects

of health get scant attention and there is seldom field training in matters essential to understanding PHC;

(c) Lack of human resources planning in health, particularly reflected in poor communication on health needs between Ministries of Health and Ministries of Education as well as with other resources in personnel training;

(d) Many weaknesses in the training of community health workers, due to lack of suitable teachers and appropriate training materials; as a result their later performance is too much oriented toward clinical treatment and too little toward prevention and community health service;

(e) Inadequate teamwork among health personnel, resulting in serious inefficiencies, and lack of supervision so essential for assuring effective performance of health workers throughout urban and rural areas;

(f) Lack of continuing education, important for the maintenance of both technical standards and a sound community orientation over time;

(g) Lack of job descriptions, creating problems in both the training and functioning of health personnel;

(h) Policies and attitudes toward traditional practitioners which fail to take reasonable advantage of their value in primary health care; and

(i) Poor motivation of personnel, with respect to the preventive, human and social content of PHC.

#### B. Improving the delivery of PHC

9. The following were identified as having a negative impact on the functioning of primary health care personnel:

(a) Poor physical conditions, both in health facilities and in staff housing;

(b) Inadequate salaries and weak incentives to encourage devotion to rural health service; as regards remuneration of community health "volunteers", policies have yet to be developed;

(c) Weak health system management which causes problems throughout the health services; excessive centralization, counter-productive personnel policies and deficient information flow, all yield inefficiencies at the peripheral community level;

(d) Inadequate maintenance of equipment and poor logistics for the distribution of needed drugs and other supplies;

(e) Very weak community involvement, contributing to difficulties throughout PHC programmes, prominently in the sphere of water supply and sanitation;

(f) Meagre intersectoral co-operation, so that the potential for health promotion from many sources is not exploited;

(g) Weak preventive orientation of PHC personnel, and excessive attention to curative service; and

(h) As a result of the numerous problems, a very low rate of utilization of peripheral PHC services, associated with over-crowded conditions in hospital out-patient departments (for ailments more properly handled at health centres and health posts).

#### C. Underlying issues

10. All of the problems presented above are, in a deeper sense, symptoms of more major underlying issues, in particular:

(a) Inadequate allocation of funds to health in national government budgets;

(b) Low regard for PHC, in relation to high-technology hospital services, reflected in a small percentage of Ministry of Health funds being allotted for PHC purposes;

(c) A large private sector market for health services, resulting in serious inequities in the use of the available health resources;

(d) Low level of external support to developing countries from affluent developed countries in all human service fields, including health; and

(e) At the root of all these above problems, weak political commitment for health care equity in general, and for primary care as its central core.

#### IV. RECOMMENDATIONS FOR STRENGTHENING HUMAN RESOURCE DEVELOPMENT FOR PRIMARY HEALTH CARE THROUGH EXTERNAL SUPPORT

##### A. Creating favourable conditions for external support to PHC

11. The study emphasizes that resolution of the problems is urgent if PHC programmes are to succeed, and that improved co-ordination is needed among international organizations and governments concerned if the problems identified are to be solved. In the final analysis, success depends on national action and priority. External support, however, remains in many countries an important source of funds to speed up overall national development through primary care. While external support is not appropriate for solving every problem in every country, the study calls for actions in

strengthening HRD/PHC and urges strategies for improving health care systems. International organizations should continue to support PHC (e.g., through consultancies, training courses and fellowships, construction of facilities, equipment and supplies, support for national personnel, and general PHC grants). Finally, it has to be recognized that all PHC issues and problems are interrelated and that recommendations consequently have to be regarded as interdependent as well.

B. Principles for external support in the development of human resources for PHC

12. International support should be directed by governments to:

(a) Increasing the supply of basic health personnel, according higher priority to the training of community health workers; greater attention to increasing the quantity and quality of sanitary workers is especially urgent;

(b) Improving the social content and methods of health training, increasing community field experience, establishing field training areas, and reforming medical education;

(c) Upgrading statistical coverage of PHC needs and activities in order to provide a better data base for programme and project planning;

(d) Promoting the planning of human resources for health;

(e) Improving selection and training of female and male community health workers from among those likely to remain in service in the rural communities themselves;

(f) Providing systematically in-service and continuing education; and

(g) Creating more effective working relations and understanding between personnel of the formal health system and traditional practitioners.

C. Improving the Delivery of PHC

13. Primary care systems should form strong intersectoral co-operative links with such related areas as education, agriculture, water and sanitation. Support should be given to development of mechanisms for effectuating intersectoral co-operation of all the various sectoral activities which contribute to improving overall health objectives.

14. Appropriate conditions need to be created so that trained health personnel can work effectively and have the motivation to remain in the health system; these include better salaries and incentives, staff housing, and good working conditions (e.g., essential drug supply, clean water and sanitation arrangements, orderly premises). Mandatory rural public health service for medical students is recommended with appropriate full support from the requisite levels of the health system. Community health workers may need to be compensated in cases where volunteers carry crucial responsibilities for primary care. Finally, small charges for medicines could supplement salaries of health staff.

15. Strengthening health system management, including supervision, is especially needed at province and local levels. Job descriptions are needed for all posts. Appropriate information collection and use are essential to programme monitoring, evaluation, logistics support and personnel management. Vertical programmes (e.g., malaria, TB, family planning, etc.) must be effectively integrated into overall primary care strategies. Training in management should be provided to all those personnel who undertake managerial tasks. More effective involvement of the community is essential, including the training of more health educators. For this purpose access to a school of public health or health development institute is necessary.

D. Promoting schools of public health and health development institutes

16. The study points out the differences between the goals and methods of public health and primary health care on the one hand, and those of clinical medical care on the other. Every country needs access to a public health development institute to: (a) train doctors and nurses in preventive and social medicine; (b) train health educators and health care managers; and (c) provide leadership and research on problems of the health care system.

E. Co-ordinating external support for health

17. Co-ordination and improved communication are needed in programme planning and project identification and implementation in order to encourage external support to match the priorities of the developing country, rather than those of the donor. An appeal is made to the various international organizations, bilateral programmes, and public and private national development agents to pursue earnestly better co-ordination, including the most fundamental level of ongoing information exchange. Improved co-ordination is particularly needed at four points: (a) within national governments and ministries of health; (b) within the United Nations family where the United Nations Resident Coordinator assists the government in co-ordinating the efforts of various United Nations organizations, multilateral development banks and relevant ministries; (c) within the health sector where WHO can provide technical leadership; and (d) among the activities of other external sources such as bilateral and nongovernmental organizations.

F. Enhancing development through health

18. The improvement of the health of the population can make an essential contribution to national development. The benefit/cost ratio of improved health services is high. If the requisite political commitment and related social forces are mobilized, the inherent difficulties can be overcome. Such achievements in health will encourage social action in other sectors contributing to national development.

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