

# 2009

## PROJECT EVALUATION



### UNV Support to the Health Sector in Limpopo Province



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**Notice:** This report represents an independent evaluation and the views and opinions contained in this report are not necessarily those of the UNDP, the UNV Programme, the Limpopo Provincial Departments of Health and Social Development.

## FOREWORD

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As the UNV Doctors Programme Evaluation Team, we have the privilege and pleasure to release the “*UNV Support to the Health Sector in Limpopo Province, Evaluation Report 2009*”. This report presents our investigation and findings as an independent evaluation team during the period May 2009 to July 2009 at the bequest of the UNDP PMU Polokwane Office.

BizMetrics’ brief was to undertake a rapid Project Evaluation to identify and establish whether the objectives of the current project implementation have been achieved and whether adjustments if any, need to be made to the current project in order to achieve the stated objectives. As the evaluation team, we put all our efforts to reach a wide consensus among the interviewees and stakeholders as possible. We hope that the recommendations of this evaluation will inform the project leadership and stakeholders as well as strengthen the institutional arrangements and capacity to manage UNDP’s programmes. It is our belief that this project is strategically located to facilitate and strengthen access to quality health care for people of Limpopo. Thus may it find resonance with UNDP’s senior management and staff and the programme partners going forward. We also sincerely hope that the evaluation will provide a basis for deepening the positive lessons, overcoming institutional obstacles and setting clear benchmarks for tracking progress of the UNV doctor and similar programmes in the future.

This report is a result of many people’s dedication and contributions, thus at the end of this rapid evaluation exercise, we would like to thank all the key stakeholders (especially the UNV Doctors, the Hospital CEOs and Clinical Managers and the Staff and co-workers at the facilities – see Appendix 4) interviewed for their precious time spent and the valuable information provided. We are also deeply indebted to all the people who worked tirelessly under a very tight timeline to complete this evaluation.

We were are humbled and appreciated the valuable support and contribution from the UNDP Offices and the Limpopo Provincial Department Health and Social Development, which would not have been possible without the dedicated support and guidance from the PMU specifically from Mr Gavin Joachims, the Project Manager.



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## CONTENTS

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<b>FOREWORD .....</b>	<b>2</b>
<b>ACRONYMS and ABBREVIATIONS .....</b>	<b>4</b>
<b>Section 1: EXECUTIVE SUMMARY.....</b>	<b>5</b>
1.1. Key Evaluation Findings .....	5
1.1.1. Brief demography of the UNV Doctors and specialist services rendered .....	5
1.2. Lessons Learned.....	9
1.3. Recommendations .....	10
1.4. The Conclusion.....	11
<b>Section 2: INTRODUCTION.....</b>	<b>13</b>
<b>Section 3: THE PROJECT AND ITS DEVELOPMENT CONTEXT.....</b>	<b>15</b>
3.1. South Africa Health and Social Developmental Profile .....	15
3.2. The Limpopo Province Health and Social Developmental Profile .....	16
3.3. The UNV Doctors Project Summary .....	20
<b>Section 4: THE EVALUATION PROFILE.....</b>	<b>24</b>
4.1. The Evaluation Scope.....	24
4.2. Aim of the Evaluation .....	24
4.3. Objectives of the Evaluation.....	24
4.4. Expected Evaluation Deliverables .....	25
4.5. Organisation and responsibility of the evaluation mission .....	26
4.6. Evaluation Timeframe .....	26
4.7. Evaluation Methodology.....	27
4.8. Evaluations Limitations.....	29
<b>Section 5: KEY EVALUATION FINDINGS.....</b>	<b>30</b>
5.1. Brief Demography of the UNV Doctors and Specialist Services rendered.....	30
5.2. Achievement of Project Objectives .....	32
5.3. Attainment of the intended Project Outcomes .....	47
5.4. Overall Programme Evaluation.....	51
<b>SECTION 6: LESSONS LEARNED.....</b>	<b>56</b>
<b>Section 7: THE RECOMMENDATIONS .....</b>	<b>62</b>
7.1. Specific Recommendations .....	62
7.2. General Recommendations .....	65
<b>Section 8: THE CONCLUSION .....</b>	<b>69</b>
<b>Section 9: APPENDIXES.....</b>	<b>71</b>
Appendix 0: EVALUATION TERMS OF REFERENCE .....	72
Appendix 02: The UNV Project Evaluation Project Log Frame .....	75
Appendix 03: QUESTIONS USED IN THE EVALUATION, ANALYSIS AND REPORTING.....	76
Appendix 04: FIELD VISITS INTERVIEWEES.....	78

## ACRONYMS and ABBREVIATIONS

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CTO	Compensatory Time Off
DoH	Department of Health
MDGs	Millennium Development Goals
MGDs	Millennium Development Goals
PDGs	Provincial Development Goals
PMU	Project Management Unit
PSD	Programme Support Document
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDP CO	United Nations Development Programme Country Office
UNV	United Nations Volunteer Programme
UNVs	UNV Doctors

## Section 1

### EXECUTIVE SUMMARY

This is a report on the evaluation of the UNDP UNV Doctors project in the Limpopo Province, South Africa. The purpose of the review was to establish whether the objectives of the current projects have been achieved and whether adjustments if any, need to be made to the current projects in order to achieve the stated objectives. The executive summary gives a brief synopsis of the substantive elements of the evaluation, while emphasising performance highlights, recommendations and lessons learned.

#### 1.1. Key Evaluation Findings

The evaluation considered the aspects of performance of the UNDP UNI Program along the key evaluation themes criteria as outlined in the summary below. The findings are given from the perspectives of the three main categories of the target respondents: the UNV Doctors themselves, the UNDP UNV Programme Partners and the staff who worked with the UNV Volunteers.

##### 1.1.1. Brief demography of the UNV Doctors and specialist services rendered

An attempt was made to present a profile of the UNV doctors and the services they provide. At the time of the evaluation the nationalities of the UNV doctors included Russians, Filipino, Ethiopian, Nepalese, and Bangladesh and Indian volunteers. In terms of gender 8 were female and 14 male. Their specialties included Anaesthesia; General Surgery; Endoscopy; Ophthalmology; Neurosurgery; Cardiology; Community/Environmental Health; Obstetrics and Gynaecology; Paediatrics; and Family Medicine. The table below provides a profile of the UNV doctors' specialties.

**Table: Summary Profile of the UNV Specialist Doctors Currently Under the Project (July 2009)**

<b>(a) Gender Distribution</b>		<b>(c) Speciality Distribution</b>		<b>(d) Duty Station Distribution</b>	
<b>Gender</b>	<b>No</b>	<b>Speciality</b>	<b>No</b>	<b>Duty Station (Hospital)</b>	<b>No</b>
Male	14	Anaesthesia	6	Tshilidzini	3
Female	8	General Surgery	2	Mecklenburg	1
<b>Total</b>	<b>22</b>	Paediatrics	1	St. Ritas	2
<b>(b) Nationality Distribution</b>		Cardiology	2	Polokwane/Mankweng	7
		Endoscopy	1	Philadelphia	2
		Family Medicine	5	Lebowakgomo	1
		Neurosurgery	1	Zebetela	1
		Obstetrics & Gynaecology	2	Letaba	2
		Ophthalmology	1	Elim	2
		Community/Enviro. Health	1		
		<b>Total</b>	<b>22</b>	<b>Total</b>	<b>22</b>
<b>Nationality</b>	<b>No</b>				
Russian	4				
Filipino	6				
Ethiopian	1				
Indian	3				
Nepalese	2				
Ukrainian	3				
Bangladesh	2				
<b>Total</b>	<b>22</b>				

### **1.1.2. Providing Care & Support to UNV Doctors**

Support to the UNV doctors is crucial to the success of the UNV Doctors programme and this was evaluated from the UNV Programme Partners and the UNV doctors' perspectives (but not the co-workers) and the following findings were elicited:

- The UNV Doctors Project had interacted with UNV doctors and facilitated their development and learning through encouraging their attendance to conferences and seminars. However, this was rather erratic and could be improved.
- The UNV Doctors Project has ensured that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) were dealt with speedily and efficiently, but there were instances of tardiness in responses from the volunteers' perspectives. Thus there is room for improvement.
- The UNV Doctors Project has ensured that there is the transferral of skills between UNV Doctors and local junior doctors/specialists and interns. However the heavy demand for service delivery has limited the full potential of this aspect of the programme.
- However, there are some weaknesses with regards efficiency and effectiveness with which UNV Doctors issues are dealt with - a specific example is delays in the issuance of UNV doctors' Diplomatic ID Cards in 2008.

### **1.1.3. Enhancing Better Health Service Delivery**

The overall objective of the project was to enhance service delivery in the province of Limpopo and evaluation of this aspect was pursued under this evaluation theme with the following findings:

- The Project has strengthened and facilitated relationships between the internal and external project partners.
- The Project increased close interaction between external project partners and hospitals/clinics where UNVs are placed.
- The Project has continued fielding and recruiting international specialists to assist with the skills shortages in the Province.
- The Project ensured that there is the transferral of skills between UNV Doctors and local junior doctors/specialists and interns; and
- The Project made a real difference to health care provision in the Limpopo Province especially in the facilities (mostly rural) where the doctors have been deployed.

#### **1.1.4. Encouraging volunteerism through the Volunteerism Campaign**

Evaluation in this section aimed at finding out the contribution and achievements of the project with respect to encouraging volunteerism among the local doctors and other medical professionals, a stated objective of the UNV programme in Limpopo.

- The UNV doctors as vehicle for promoting volunteerism amongst local medical staff and professionals has not had much impact though some that opportunities are still there to leveraged the programme in this regard.
- The project's aim was to raise awareness within Limpopo Province of the importance and the value of voluntary activity. This has been mostly in the appreciation of the role of the UNV doctors in service delivery rather than volunteerism among the local medical personnel.
- The programme has indeed increased support for the Limpopo Department of Health in the delivery of its services.
- There has been some instances where the importance of volunteerism has been amply demonstrated: e.g. during the Cholera outbreak in Messina in November 2008. Then, a UNV Epidemiologist and several other UNVs were joined by local specialists and doctors who volunteered during this outbreak.
- Unfortunately, it seems that while the UNV programme aims to promote volunteerism among the local staff, they continue to perceive the UNV doctors as extra hands of cheap labour and not as support personnel.

#### **1.1.5. The weaknesses of the UNV Doctors Project**

- There was a feeling among respondents that the project was poorly conceptualised and that the project documentation was inadequate. This has affected the project implementation itself as is reflected in delays in the finalisation of critical documentation due extensive content editing and process support from UNDP Pretoria.
- There are organisation structural problems with need for clarification of lines of accountability, especially with regard to UNDP CO and UNV Bonn (roles and responsibilities) and human resources and leadership development.
- There are some problems in programming capabilities such as poor understanding of Results Based Management. There is no standard monitoring and support of UNVs within health facilities. As a result there was poor reporting, although this has improved in the last 12 months due to UNDP active involvement.

- The project has often suffered undue delays and long recruitment process has resulted in fewer doctors being recruited than was originally envisaged.
- A significant weakness in the project itself has been that the roles of the UNV doctors were not really defined from the start with regards the hospitals where the UNV doctors serve.
- Though the programme aims to impact positively in volunteerism among the local doctors and other professionals, there are no operational guidelines or form strategies on how the UNVs can promote volunteerism among local doctors; especially notable was the lack of the envisaged Volunteerism Campaign; and
- There are no guidelines on how the UNVs' should be treated and their relationship with other SA government agencies aside from the Department of Health remains clouded. This has resulted in problems for the UNV doctors' renewal of licences and visas.

#### **1.1.6. Strengths of the UNV Doctors Project**

- The project has brought Specialist medical doctors to the province and in many instances these are the only ones in Limpopo with the particular specialization. This has increased access to specialized care and thus the project has strengthened health service delivery at an affordable level, especially in these rural communities.
- Additionally, though felt that it was minimal and unstructured by some, there has been transfer of skills and knowledge and as result much needed medical competencies were provided. The project has the potential of bringing the idea of volunteerism closer to the local professionals, though at the moment this is not happening significantly.
- The UNVs are selfless and hardworking brought about by the values instilled in them while they were training in their respective countries and the patients are benefiting from this kind of work ethic bringing about an improved quality of patient care in the hospitals they serve in.
- Since the UNVs come from different countries, the program fosters a global brotherhood of medical professionals whose South African experience will always form a bond between them when they go back to their respective countries.
- The project has also helped by enhancing the UNVs skills in working and improvising with limited/restricted resources. Aside from providing additional man power in the delivery of healthcare services it has shown the community or dedication and willingness of the province to provide the people of health needs; and
- Some UNV doctors also felt that the patience, tolerance and support from the Department Focal Point was remarkable and this promotes the very spirit of volunteerism and camaraderie among the stakeholders.



## **1.2. Lessons Learned**

The UNV Project has also produced lessons that can be taken cognation of in future projects and these include lessons with respect to the following:

### **1.2.1. Support to UNV Doctors**

- The UNV Doctors Project has interacted with UNV doctors and facilitated their development and learning through encouraging their attendance to conferences and seminars, but there is room for improvement.
- The UNV Doctors Project has ensured that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) are dealt with speedily and efficiently, but more could be done.
- The UNVs are not just workhorses, they can be utilized to make decisions for the hospitals they work in and the UNV Doctors project as well.

### **1.2.2. Role of UNV Doctors in enhancing health service delivery.**

- As a short term measure, UNV doctors play a significant role in reducing the doctor-patient ratio; and
- The Limpopo Department of Health cannot only depend on UNV doctors for its healthcare needs - a comprehensive retention strategy is required to keep local doctors.

### **1.2.3. Role of UNV Doctors in promoting volunteerism and retention of local doctors in target areas.**

- The role of UNV doctors as a vehicle for promoting volunteerism amongst local medical staff and professionals might not be effective.
- The impact of the project on retention of local doctors in the target areas is not really known as this has not been measured or tracked.
- Promotion of volunteerism should come from the DOH and UNDP CO/ PMU using the UNVs' works as a focal point.
- Enhancement of skills of local doctors alone is not enough to achieve the aims of the programme.
- South African public healthcare system has a lot of problems which are not expected to be sorted out soon; and the programme is only temporary stop gap measure.
- A lot more can be achieved if there is willingness and involvement not only of the UNV programme partners but also on the part of the host community and the people.

#### **1.2.4. UNV Doctors recruitment and deployment**

- One UNV databases is not sufficient to source profiles of UNVs targeted for recruitment; and
- Recruited specialists need to be assigned to hospitals according to their level of qualifications and experience to better utilise their skills.

#### **1.2.5. UNV Doctors programme project management**

- Poorly designed project document provided challenges in the overall planning and implementation of the project; and
- There need to be closer interaction between stakeholders for the project to be a success.

### **1.3. Recommendations**

Part of the aims of this evaluation was to get recommendations on the UNV Programme and these are presented below as specific and general recommendations:

#### **1.3.1. Specific Recommendations**

- The UNV Doctors Project must enhance general support for UNV Doctors.
- The UNV Doctors Project must continue interaction with UNV doctors and facilitating their development and learning through encouraging their attendance to conferences and seminars.
- The UNV Doctors Project should help the UNV doctors especially in speedily and efficiently resolving with matters operating to emigration and renewals.
- There should be clarification of roles and responsibilities among partners and creation of an interactive platform to maximise healthcare delivery.
- The project should develop strategies to diversify the skills of the volunteer base as well as structure the transfer of these skills to the local doctors.
- Programme must review its strategies on Promoting Volunteerism among local doctors.
- The project needs to review its role in enhancing retention and commitment of local medical experts to serve in disadvantaged areas as a result of increased appreciation of volunteerism; and
- The project should critically review its impact towards the MDGs and PDGs and incorporate this into its programming and reporting.

### **1.3.2. General Recommendations**

- The programme needs to enhance recruitment and placement of UNV Doctors.
- There is need to develop a more efficient UNV Volunteer Recruitment & Retention Database.
- The programme should enhance capacity of the PMU to manage the project and its demands and challenges.
- The programme should enhance the project programming components and mainstream Results Based Management these into the project.
- The programme should establish an effective monitoring and evaluation system; and
- There is a need to develop a stronger and responsive volunteers supervision strategy; and
- South African doctors themselves should enrol in UNV Doctors programme.

### **1.4. The Conclusion**

In conclusion, the evaluation revealed that:

- The project has achieved a number of its objectives satisfactorily but what has been painful outstanding has been the imparting of volunteerism to local medical practitioners. This has not happened to any noticeable extent.
- The project has made a real difference to health care provision in the Province. It has vastly improved health service delivery both in quantity and quality of services.
- There has been a transferral of skills and medical expertise to a reasonable extent. The limitation here has been the fact that most of the volunteers are inundated with work and have little time to transfer skills direct as they are at the forefront of health care delivery often without a local co-worker.
- With regard to the UNV doctors as a vehicle for promoting volunteerism amongst local medical staff and professionals, and the public has unfortunately not done well. The envisaged volunteer programme did not materialize and without a focus on promoting volunteerism directly there has been failure in achieving this outcome.
- The project partners (UNDP CO, UNV, PMU and Health Authorities) have indeed each played its role satisfactorily despite challenges commensurate to such a complex and extended project. Better collaboration will enhance the programme.
- Regarding organizational capacity the project has been doing progressively better especially since the appointment of the project manager. Save for a few areas where more can still be done, e.g. supporting the UNV through enhanced visits etc, the project management through the PMU has done well.

Finally, it is hoped that the lessons learnt and recommendations that have been identified above offer opportunities and best practices to inform the design of other UNV Doctors Projects. In all, the UNV Doctors programme has been effective in increasing service delivery through the importation and placement of qualified volunteer-doctors to address a serious skill shortage in the province of Limpopo. This is what should be expanded and built upon going into the future.

## Section 2

### INTRODUCTION

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This is a report on the evaluation of the UNDP UNV project in Limpopo, South Africa. The purpose of the review is to establish whether the objectives of the current projects have been achieved and whether adjustments if any, need to be made to the current projects in order to achieve the stated objectives. This report is has been structured as follows to allow for easy and yet comprehensive reading:

- 2.1. *Section 1: The Executive Summary* – This will give a brief synopsis of the report that provides an overview of all substantive elements of the evaluation, while emphasising performance highlights, recommendations and lessons learned.
- 2.2. *Section 2 - The Introduction* – This gives an introduction to the UNDP UNV project Evaluation Report and how it is structured to help orient the reader.
- 2.3. *Section 3 - The Project and its Development Context:* This provides background contextual information and historical perspective on the UNDP UNV project development issues and trends in South Africa and elsewhere.
- 2.4. *Section 4 - The Evaluation Profile:* Focuses on outlining how the evaluation was carried out, describing the mandates, scope and coverage, as well as the methodologies employed.
- 2.5. *Section 5 - The Evaluation Findings:* Summarizes the evaluations team's findings on the evaluation according to the TORs and methodologies adopted.
- 2.6. *Section 6 - Lessons Learned:* This describes what was learned from the Project which may have value for broader application (and provides a list of specific lessons learned).
- 2.7. *Section 7 - The Recommendations:* These address the request and need by the partners (UNDP and the Department of Health) to use the information on current or future projects to achieve the results effectively. The series of recommendations given here

are for helping the partners to positioning itself over the longer-term and shaping its approaches to and mechanisms for planning and implementing development projects programming in South Africa.

- 2.8. *Section 8 - The Conclusion:* This section provides an overall conclusion to the evaluation, identifying whether the broad objectives and results were met in the context of the evaluation and what shortcomings require attention; and
- 2.9. *Section 9 – Appendixes:* In the appendixes will be found all the resources that help amplify, illustrate or elaborate, on the evaluation. This will include the TOR, resources and bibliography.

### Section 3

## THE PROJECT AND ITS DEVELOPMENT CONTEXT

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This section intends to describe the project and its developmental context by looking the context of development and health trends in South Africa and Limpopo Province; the UNV project; and key understanding of the programme and the projects' roles, expectations and current status.

### 3.1. South Africa Health and Social Developmental Profile

Though South Africa is considered a resource rich, middle-income country and the leading economy in Africa, it is characterized by one of the most unequal distributions of income in the world and gross disparities in accessibility to basic services (e.g. clean water, sanitation, education, health), and employment and economic opportunities. These conditions reflect a pronounced racial bias inherited from the past and infamous apartheid era.

In an effort to focus on a few activities, the national and provincial departments<sup>1</sup> decided to focus on the following, commencing April 2006/07: *Service transformation plan; Strengthening Human Resources; Strengthening Physical Infrastructure; Improving quality of care; and Priority health programmes*. These priorities have been addressed partly by the CI but will still need continued focus for future funding purposes to ensure alignment with other country priorities. The DOH has prioritised TB (The DOH launched the TB Crisis plan on World TB Day 2006 to address this continuing challenge), HIV and AIDS through the TB Crisis Plan and an accelerated HIV Prevention Plan respectively. Efforts to strengthen rapid response to epidemics have continued.

The malaria strategy received a 72% reduction in malaria cases and a 50% reduction in related deaths, due to better collaboration with neighbouring countries and better control within South Africa. In line with prevention strategies, condom distribution for 2004/05 was 340 million against a target of 400 million, more than 80% of public health facilities offered Voluntary Counseling and Testing (VCT) against a target of 90% for the same reporting period. The treatment component of the plan has expanded treatment sites to 192 sites in the 53 districts countrywide. By December 2005, over 100,000 patients had started on Anti Retroviral Therapy (ART). TB has continued to pose a formidable challenge to the public health system with low cure rates (56.7% against a target of 65%).

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<sup>1</sup> Strategic Plan (2006/07-2008/09):DOH; Republic of South Africa

### **3.1.1. Trends in Official Development Assistance Funding**

Post apartheid South has seen a trend in which ODA (Official Development Assistance Funding) usage has been progressively lessening. Prior to 1990, ODA funding that largely bypassed the state went to support anti-apartheid bodies and civil society organizations, contributing to the establishment of a significant anti-apartheid movement. But Since 1994, ODA funding has been directed to the South Africa government for the purposes of institutionalizing democracy and developing wide-ranging policies with a focus on poverty reduction. This has resulted mostly, in the management of ODA moving from bilateral arrangements with donor recipients to a centralized framework that recognized the South African Government as the principal development engine in the country. There is now significant alignment between donor and government interests in the governance sector.

Though South Africa uses ODA, such commitments currently constitute a miniscule of the South African government's budget and account for less than 0.3 percent of GDP. ODA has been declining since 1997 as a proportion of the Government's own resource commitments, and this trend is expected to continue. In conclusion, South Africa has largely completed building the institutions and policies of the new post-apartheid era, and the government is now focusing on strengthening its ability to implement and deliver services. At the same time, it is faced with the devastation of HIV and AIDS now afflicting some five million (almost 12%) of South Africans. This has raised the importance of ODA despite its miniscule role.

## **3.2. The Limpopo Province Health and Social Developmental Profile**

Limpopo province is situated in the north of the Republic of South Africa and shares borders with Gauteng Province in the south, the Republic of Mozambique in the east, Zimbabwe in the north and Botswana in the west. It is one of the poorest province with the largest young population and faces significant development challenges especially and health and social development.

### **3.2.1. The Limpopo Province Demographic Profile**

The Province covers 123 910 km<sup>2</sup> with an estimated population of 5.4 million which translates into a population density of 44 people per square kilometre. The population of Limpopo Province contributes 11.3% of South Africa's population of 47.9 million, according to Stats SA (2007). This makes Limpopo the fourth most populated province in the country. It has a youthful population with 37% of the population being children aged fourteen years or younger while the economically active population (15-64) makes up 57.6%. Females

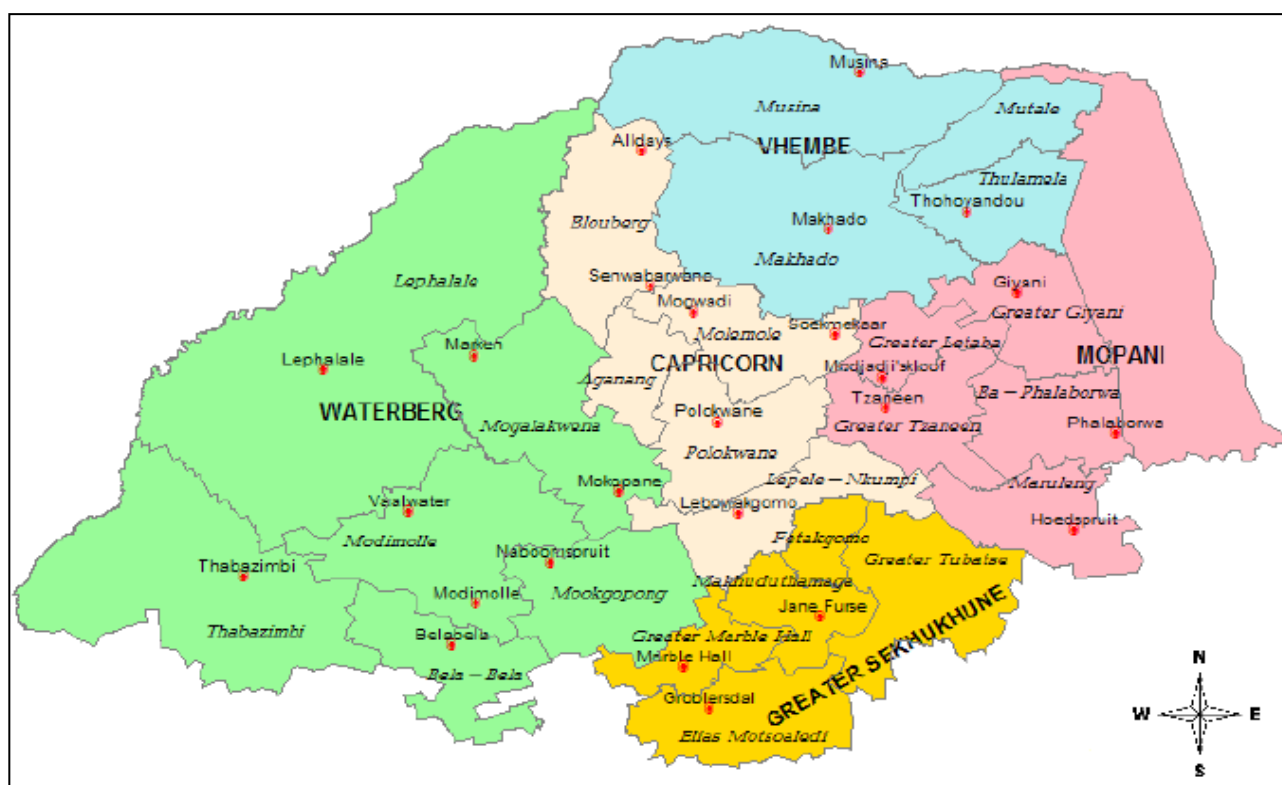


outnumber the males with the former constituting 53%. From a district perspective, Limpopo Province comprises of five districts as indicated in Table 3.1. and Diagram 3.1. below. The population distribution is uneven with close to half of the population (47.3%) being concentrated in Vhembe and Capricorn districts. Sekhukhune represents one of the most densely populated but poor rural areas of Limpopo.

**Table 3.1. Estimated Population by District<sup>2</sup>**

District	Male		Female		Total	
	Number	%	Number	%	Number	%
1. Capricorn	590 765	23.2%	656 995	23	1 247 760	23.1%
2. Vhembe	600 950	23.6%	694 129	24.3	1 295 079	23.9%
3. Waterberg	333 579	13.1%	337 067	11.8	670 646	12.4%
4. Mopani	542 383	21.3%	605 578	21.2	1 147 961	21.2%
5. Sekhukhune	478 723	18.8%	562 731	19.7	1 041 454	19.3%
<b>Total</b>	<b>2 546 400</b>	<b>100%</b>	<b>2 856 500</b>	<b>100</b>	<b>5 402 900</b>	<b>100%</b>

**Diagram 3.1.: Map of Limpopo Districts**



### 3.2.2. Socio-economic Profile of the Limpopo Province

Limpopo province is predominantly rural with close to 80% of the population falling into this category. Statistics show that one in three people (33.4%) aged 20 years and older has had no formal education. The highest percentage of people in this category (39%) is found in Vhembe

<sup>2</sup> Final Limpopo Department of Health and Social Development Annual Performance Plan –Vote 7: Health (2008/09 -2011)

District while Capricorn District has the lowest percentage (9%). At least two thirds (67.6%) of the population aged 20 years and older with no formal education are women (State of the Limpopo province report – 2005). Statistics South Africa (2007) shows a significant decrease in the percentage of the population aged 20 years and older with no schooling, nationally. Official National unemployment figures indicate unemployment to have declined from 35.6% in March 2006 to 32.4% in March 2007. In spite of the decline, Limpopo's unemployment rate turned out to be the highest in comparison with the other provinces; the national unemployment rate stood at 25.5%.

### **3.2.3. The Limpopo Provincial Disease Profile**

The burden of diseases in Limpopo is a result of TB, malaria, HIV and AIDS, mental health and chronic diseases. The health status of the South African population is poor due to the multiple burdens of diseases from a combination of poverty related diseases, emerging and re-emerging diseases and injuries. The HIV and AIDS epidemic has exacerbated this in recent years resulting in increased mortality rates and reduced life expectancy (SAHR 2000). Tuberculosis is the most prevalent medical condition in all Provinces in South Africa; and in Limpopo, it accounts for 67% of all notifiable medical conditions reported in 2007 with case fatality rate of 4.4%. Approximately 55% of TB patients are HIV positive (Source: MRC MDR TB Study 2002). The second most prevalent condition is Malaria accounting for 26.1% of notifiable medical conditions with a case fatality rate of 1.5%. The most killer disease in Limpopo is Human Rabies with case fatality of 100%. Most dog bites and confirmed human Rabies cases are reported in Vhembe District.

The 2006 Annual Antenatal HIV and syphilis sero-prevalence survey for women attending ante-natal clinics in public health institutions shows an insignificant decline from 21.5% in 2005 to 20.7% in 2006, lower than the national prevalence rate of 29.1%. Limpopo remains the third lowest province affected by HIV epidemic, but the rate is still very high.

### **3.2.4. Limpopo Provincial Health Services Delivery Model**

The stated main purpose for the existence of the Department is to successfully implement policies and programmes that are focused on increasing access to Primary Health Care, Devolution of District Health Services to Municipalities, Hospital Revitalisation, Organisational Development and Resource Management and consequently succeeding in offering the communities greater access and better quality of services. The Department uses the District Health System as the vehicle to render the main functions of the Department through the

*Primary Health Care Approach.* However, certain health services (secondary and tertiary) are provided at a provincial level. Four main categories of services are provided by the Department, namely Primary Health Care (PHC) Services, *Hospital Services*, Emergency Medical Rescue Services (EMRS) and Forensic Medical Pathology Services at the District and/or Provincial level. *Most doctors support the hospital based services.*

### 3.2.5. Distribution of Health Services in Limpopo

Limpopo's network of health institutions is managed through the Head Office in Polokwane and the following 5 district offices: Capricorn, Mopani, Sekhukhune, Vhembe and Waterberg. Service is dispensed through the 44 Hospitals, 27 Health Centres, and 408 Clinics, 1 Place of safety facility, 4 children's homes, 1 secure care facility and 1 176 crèches which are supported by the Department through a staff total of 30 813 in 2007/2008.

**Table 3.2.: Limpopo Health Districts by Population and Health Facilities<sup>3</sup>**

District	Population	% age of Limpopo Population	Number of District Hospitals	Number of Clinics & CHCs	Mobile Clinics
1. Capricorn	1 247 760	23%	6	80	641
2. Vhembe	1 295 079	24%	6	107	1 255
3. Waterberg	670 646	12%	6	49	1 177
4. Mopani	1 147 961	21%	7	92	909
5. Sekhukhune	1 041 454	19%	7	78	326
<b>TOTAL</b>	<b>5 402 900</b>	<b>100%</b>	<b>32</b>	<b>406</b>	<b>4 308</b>

### 3.2.6. The State of Medical Human Resources in Limpopo

Limpopo's network of hospitals is served by 455 doctors with vacancy rate of 71% since 1456 are actually required according to current benchmarks. This represents a per capita doctor rate of 1 doctor per 11 875 people. Capricorn District has the lowest vacancy rate (64%) and Mopani District has the highest (81%). In short there is a dire shortage of doctors in the province.

**Table 3.3.: Limpopo Doctors Posts by District (Source 2008 Annual Performance Plan)**

District	Filled	Approved	Vacant	Vacancy Rate
1. Capricorn	68	191	123	64%
2. Vhembe	101	263	162	62%
3. Waterberg	92	301	209	69%
4. Mopani	103	529	426	81%
5. Sekhukhune	91	302	211	70%
<b>TOTAL/OVERALL</b>	<b>455</b>	<b>1586</b>	<b>1131</b>	<b>71%</b>

<sup>3</sup> Final Limpopo Department of Health and Social Development Annual Performance Plan –Vote 7: Health (2008/09 -2011)

### **3.3. The UNV Doctors Project Summary**

As indicated above, Limpopo has been severely affected by the acute shortage of medical doctors in all specializations, e.g. anesthesiology where there were no local doctors at all. The project responds to the request by the Limpopo Provincial health Department to provide continued service through UNV Medical experts to provincial health centres and hospitals and seeks to address the acute shortage of medical personnel in that province.

This project is a second phase of the UNV Support for health Sector in the Limpopo Province of South Africa (00039493/SA/95/0007) that was developed with aim to provide essential international medical experts as UNVs to the province to enable efficient health care services delivery. This project was fully consistent with the Government's priority of addressing the issues of poverty through the provision of and ensuring access to essential social services. It responded to the Government's short-term strategy of capacity replacement, while helping to support its medium-term strategy to actively seek ways of attracting South African Medical experts to practice in the peri-urban and rural areas where the health indicators of the population show that the need is highest by appealing to the spirit of volunteerism and national service that is so prevalent in other professional spheres in the country. Deliberate efforts would be made to attain a gender balance. Additionally, the project was aligned with the attainment of the MDGs by South Africa through attainment of results in Programme Area 2: Integrated sustainable development by strengthening national and regional agencies.

UNV/NDP was to provide support through capacity building and the provision of 40 international UNV Medical experts to facilitate the delivery of health services to the public. The UN Volunteers would:

- Provide hands-on-training for South African Medical Experts/interns in the areas where expertise is unavailable or in short supply by a mentorship approach.
- Provide service to in patients and out patients and improved health service delivery.
- Improve management shortages of health Care institutions.

The following results were expected from the project:

- Increased retention of medical doctors and interns who have served their specialisations studies in the Limpopo province.
- Improved quality and quantity of service delivery of medical services in the province; and
- Enhanced commitment of local doctors to serve in disadvantaged areas as a result of an increased appreciation of volunteerism.

### **3.3.1. The Volunteerism Focus**

The project intends to promote the spirit of solidarity and of volunteerism among South Africans and South African Medical experts in particular. Together with the Provincial /National Health authorities and the upcoming Polokwane Teaching Hospital the UNV's will lead a "Volunteer for Limpopo Province campaign. By practicing what is traditionally an unattractive area for local medical experts and appealing to young or retired health personnel to volunteer for health service in the province, the UNV's will promote volunteerism to attract South Africans to serve in the region. To this end the project will establish relationship and pilot project joint activities/short term events with other UNV-supported projects in the province. In parallel, the project will set a clear focus on documenting its achievements. In parallel to these efforts, the UNV project coordinator will act as the counterpart and will try to assist, as appropriate, the country to devise and implement to retain medical professionals on a long-term basis.

By acting as role models for promoting the volunteer ideals and providing training and mentoring to South African Medical experts in their areas of specialization, the UNV Medical experts would be key players in the building of the capacity of the South African medical services for its neediest citizens as well as for promoting the practice of medicine in the less lucrative areas. To improve service delivery in the region as well as provide opportunities for professional development for South Africa medical experts, a training hospital was expected to be opened.

It was expected that the opportunity for professional growth in addition to the teamwork with international UNV medical experts would provide an incentive to attract more South African medical experts to stay on after the training and serve in the region. Serving as volunteers to countries and the combination of the volunteer spirit and the modest required for the budget along with the expertise has proved to be an effective element of a national strategy to address brain drain.

### **3.3.2. Intended Beneficiaries**

The direct beneficiaries were identified to be the patients treated by the medical experts who would not normally have had access to such services at the regional level. The direct beneficiaries were the communities in the province, because many can still seek medical service without being patients; e.g. those in the home based care programmes, mothers at

home who seek medical information, family planning services etc. Other beneficiaries will be the Management of the medical services who will benefit from being able to offer a better service to patients. Important beneficiaries will also include South African Medical experts and other health workers. These will be working with the UNV medical experts and will benefit from the professional interaction with the UNV medical experts and also the exposure to the volunteering ethos.

### **3.3.3. Justification for UNV Involvement and Partnership**

UNV has over the years fielded professionals as volunteers to serve in what are sometimes remote and difficult environments. In the case of this project UNV medical experts were successfully fielded in Limpopo under the previous phase of the project and the host organisations have had extensive experience in utilising the services of the medical experts and, are therefore in a position to maximise the use of their services immediately. Drawing on the lessons learned from the first phase of the programme (including an independent evaluation), the programme would be in a better position to contribute to the search for effective and sustainable solutions the big challenge of reversing the brain drain in the country and in particular that in the rural areas.

### **3.3.4. Project Management Arrangements**

The programmatic and administrative delivery of the Programme on a day to day basis was to be managed by a manager designated by the Regional UNV in close consultation with the Department of Health (the Project Partners), who would take a lead in the recruitment fielding and management of the UNVs and will provide the expertise in the management of the programme. The host regional medical authorities and medical institutions would provide the necessary logistical, administrative and technical support to facilitate the UNV's to perform their duties. To provide overall oversight, a steering committee will be established consisting of representative of UNDP, UNV, the regional medical authorities and a representative of the regional local authorities.

### **3.3.5. Sustainability and Risks**

The challenge of building sustainable capacity of the Medical Services in the rural areas requires an effective strategy to reverse the brain drain that is being experienced by South Africa in general and is particularly acute from the rural areas to the urban areas and from there abroad. The dynamics of the brain drain are complex and though the government and

development partners have given it a lot of attention, no strategy has been entirely effective. The best the project could expect was to possibility slow down the drain while providing in the short term essential medical services that save lives and provide an essential service in the rural areas that would otherwise not be available. It was noted that the biggest risk of the programme is that it will have a negligible effect on contributing to the reversing of the brain drain the region and country are experiencing.

## Section 4

### THE EVALUATION PROFILE

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#### **4.1. The Evaluation Scope**

This section provides an overview of the evaluation aim and approach (scope) and describes the methodology used and explains the accountabilities in the evaluation assignment, as stated in the Terms of Reference (TORs) of the evaluation.

#### **4.2. Aim of the Evaluation**

The overall objective of this project evaluation was to give feedback to the stakeholders (Department of Health, UNV, UNDP CO), as well as the local South African Government on progress in achieving the objectives and outcomes of the Project and document these to inform Phase II of the project. In order to get a comprehensive view of the projected achievements of objectives and outcomes of the Project, the evaluation team was expected to undertake development and delivery of the following:

1. An assessment of the Project objectives, expected outcomes, activities undertaken, inputs and resources as stated in the Project Document.
2. An assessment of the progress in achieving the objectives and results so far.; and
3. An assessment of action to be taken to complete already initiated tasks toward meeting the objectives and expected outcomes, or in the case of not obtaining the expected results, recommend ways forward.

Thus, this evaluation TORs provide the key questions and guidance vis-à-vis the methodology in conducting this project evaluation.

#### **4.3. Objectives of the Evaluation**

The primary purpose of this evaluation was to assess the impact of this Project toward health promoting, and development services to the people of Limpopo. The evaluation was to clearly assess the progress of the project since the project formulation, whether benchmarks and/or targets have been met, and whether the design of the Project was enabling a participatory process of development. After review of the TORs and discussions with the UNDP office the following emerged as the objectives of the project as per the Logframe created for this assignment (see Appendix 02):



- Assess the Project objectives, expected outcomes, activities undertaken, inputs and resources as stated in the Project Document (as well as the Terms of References of this Evaluation).
- Assess the progress in achieving the objectives and results so far.
- Assess action to be taken to complete already initiated tasks toward meeting the objectives and expected outcomes, or in the case of not obtaining the expected results, recommend ways forward.
- Assess whether the activities and outputs of the project are consistent with the overall goal and the attainment of its objectives; and, the effectiveness and extent to which activities have attained its objectives.
- Assess whether the project has made a real difference to health care provision in the Province; and
- Capture lessons from experiences of the project - issues, opportunities and best practices emerging from this project to inform the design of other UNV Doctors Projects, and how these experiences can inform future funding for further resource mobilization for the project.

Of particular note was the requirement for the evaluation to explore the following questions:

- Has there been a transferral of skills and medical expertise?
- Are UNV doctors a vehicle for promoting volunteerism amongst local medical staff and professionals, and the public?
- What is the role and performance of Project partners: UNDP CO, UNV, PMU and Health Authorities?
- What was the organizational capacity of the Project, including the project management, in achieving Project outcome(s) and objective(s); and
- What are the conclusions and recommendations for changes to enhance Project performance and enable the necessary changes to reach expected results?

#### **4.4. Expected Evaluation Deliverables**

The evaluation exercise was expected to culminate in an evaluation report of the identified project encompassing recommendations and lessons learned. The Project Evaluation was expected to deliver a comprehensive analytical report (in English) that should include at least the following:

- Executive summary
- Introduction
- The Project and its development context
- Key findings and conclusions
- Recommendations
- Lessons learnt; and
- Annexes: TOR, field visits, people interviewed, documents reviewed, etc.

The final version of the report was to be given officially to the UNDP Officer, to be distributed to the relevant stakeholders.

#### 4.5. Organisation and responsibility of the evaluation mission

The evaluation was commissioned by the UNDP Limpopo Office and the main coordinator of the evaluation mission was Mr Gavin Joachims of the UNP Limpopo Office. Independent South African experts were appointed to carry out the evaluation. The Evaluation Team was composed of the following Healthcare Research and Programme Evaluation Experts: Ms Nomvula Marawa (B.Sc Soc Hons, MSc. MBA), and Dr Pino Mavengere (MB. ChB. MBA). Both consultants fulfilled the requirements as stipulated in the TORs. They have designed and carried a number of Monitoring & Evaluation projects and Mid-Term and End of Term Reviews for many leading development funders. The UNDP Limpopo Office provided technical and logistical support to the evaluation team.

#### 4.6. Evaluation Timeframe

The Project Evaluation was to be conducted during the first quarter of 2009 with a set date for delivery of the evaluation report, this being June 2009 for the draft and the finalised document 14 days later. Originally the evaluation was set out with a phased timetable and activities in mind in 2008. However the actual timetable was not able to meet this expectation as outlined in the evaluation limitations below (Section 2.3).

Stage	Activities	Duration (Man Days)
Phase 1: Project Initiation	1. Prepare and present of an action plan for the for the Project Evaluation to the UNV/UNDP CO.	2
	2. Develop the Evaluation Toolkit (qualitative and quantitative) focusing on key issues as identified in the TORs	2
Phase 2: Desk Top Review	3. Review relevant material for the project (Project document, Project reports, Project Work Plans) as provided by the UNV/UNDP CO	3
Phase 3: Field Evaluation	4. Plan and undertake field visits in Polokwane and other places of UNV placements.	7
	5. Meet with the relevant Project stakeholders at DoH in Polokwane, Project management, UNDP staff and UNV Programme Officer.	3
Phase 4: Reporting	6. Data Synthesis and Develop and present Draft Report	5
	7. Develop and present Final Report	3
<b>TOTAL</b>		<b>25</b>

#### 4.7. Evaluation Methodology

The evaluation team sought to develop a methodology that responds to the key issues and the requirements and expectations as set out in the Terms of Reference. This involved formulating an evaluation strategy that best achieved these objectives given the range of available information, what was practical, and the imposed time and resource constraints.

The evaluation applied a variety of traditional approaches to programme evaluation including literature review, programme and project documentation review, interviews and field or site visits – but all underpinned by a rapid analysis approach. The evaluation team would have wanted to use participatory approaches such as round tables, focus groups and feedback sessions to involve as much as possible the variety of stakeholders involved in the project, but the constraints of time and availability made this impossible. The evaluation approaches used included the following:

- The team had a quick analysis of the project through a brief meetings held in Limpopo with the UNDP coordinator to discuss these projects and visits of some projects on site in the province.
- The evaluation commission team reviewed the programme and projects literature. This included the project guidelines, programme and project management plans, project logical frameworks analyses, narrative reports and presentations, evaluation reports and so on. The team interviewed executing agencies, monitoring officers, and UNDP as well as managers and personnel involved in these projects, both at national, provincial and facility levels.
- The evaluation team synthesised the objectives of the evaluation as given in the TOR – (see Appendix 01) into a Logframe (see Appendix 02) into the evaluation questions that were to be used in the assessment, analysis and reporting of the evaluation. Then questionnaires or survey instruments were developed to target the three stakeholders as depicted in the table below:

Evaluation Tool	Respondent
• UNI Doctor Questionnaire	• UNV Doctors
• Staff Questionnaire	• Staff working with UNV Doctors - Doctors - Nurses
• Partner Questionnaire	• UNDP Personnel • NDOH Provincial Personnel • Hospital CEOs • Clinical Officers

The questions were asked according to evaluation themes that focus on the following themes, these are fully outlined in Appendixes 03.

Evaluation Theme	Purpose	Respondent Targeted		
		UNV Doctors	Partners	Staff
<ul style="list-style-type: none"> <li>Questions on working Relationship with UNV Doctors</li> </ul>	The aim was to understand the working relationship between the respondents and the UNI Doctors or Programme.		●	●
<ul style="list-style-type: none"> <li>Questions on achievement of Project Objectives</li> </ul>	This was meant to assess and review whether the programme achieved its objectives. General and open-ended questions tried to get a sense of the weaknesses and achievements as well as any arising issues.	●	●	●
<ul style="list-style-type: none"> <li>Questions on achievement Project Outcomes</li> </ul>	This was meant to assess and review whether the programme achieved its objectives. General and open-ended questions tried to get a sense of the weaknesses and achievements as well as any arising issues.	●	●	●
<ul style="list-style-type: none"> <li>Questions on achievement of the Overall Programme</li> </ul>	The overall programme evaluation questions reviewed whether the programme in whole had any impact ad what lessons were learnt on the process. Also recommendations for the future were sought.	●	●	●

The team held information gathering sessions with provincial and national program stakeholders and partners through structured and semi structured questionnaires. In all, a spectrum of people were involved - these included hospital personnel (UNV Doctors, Staff and the heads of the institutions and facilities) and selected personnel at the national and provincial offices of both the UNDP and DOH.

In Phase 4 (Reporting), the respective teams continued the evaluation process through further document review, e-mail communication tele-interviews to verify findings and a few face to face meetings in their respective countries.

It should be noted that the Evaluation Team did not conduct any full project impact studies. This was impractical considering the fact that activities were divided among many areas and that there are no valid, standardised information databases. Attempting such an undertaking would have meant incurring implementation costs clearly beyond the resources and time allocated and mandated for this expedition.

## **4.8. Evaluations Limitations**

The following were the main limitations of the evaluation exercise as experienced by the evaluation team and these are briefly presented below:

### **4.8.1. Short timetable.**

The Evaluation was supposed to commence initially in August 2008, then in February 2009, but was only undertaken in May and June 2009, and then not enough time was available for the evaluation exercise due to some factors such as the ongoing election period in South Africa which resulted insignificant delays. This also resulted in logistical problems as to the availability of the evaluators who were involved in other projects as well. However, adaptability on the UNV projector coordinator helped deal with this problem to a very good extent. Also discovered, the projects was widely distributed in the province and quite a lot of time was spent in travelling between the geographically distant project implementation sites as the rural territory caused significant travel time challenges.

### **4.8.2. Lack of adequate documentation available on past activities.**

The evaluation team faced difficulties in tracing the documentation of past projects activities, particularly for those reports already developed. The team did not find a coordinated file system in place, either in electronic or paper formats. Especially useful would have been the previous office evaluations and reporting from the UNV doctors and government officials.

### **4.8.3. Lack of a monitoring and evaluation (M&E) system.**

Though the UNDP seemingly fully subscribes to the use of the logical framework approach but a systematic and standardised monitoring and evaluation system could not be found. This would have helped to assess progress and compliance with the planned activities. Due to the lack of such an M&E system, the team was not able to find reliable and consistent documentation about the achievements of past activities against milestones or baselines. Only a little of the latter was available.

### **4.8.4. Inadequate interview coverage**

The team was not able to interview all the people needed according to the plan, in particular at the hospital level as some UNV doctors and local staff were either on holiday or otherwise. Especially, difficulty was to find the heads of institutions (the hospital CEOs) and the Clinical managers as a two doctors strikes were in progress around the evaluation period.

## Section 5

### KEY EVALUATION FINDINGS

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The evaluation team considered the aspects of performance of the UNDP UNV Doctors Program along the following key evaluation theme criteria as outlined in the evaluation context: *achievement of the project objectives; achievement of the project outcomes; and the achievement of the overall programme as to its overall success, impact, and weaknesses.* Findings on these key evaluation issues and questions are considered in this section, while the following report sections deal with the *lessons learnt and recommendation from the field and the evaluation team.* The findings are presented from the various perspectives of the three main categories of the target respondents: the UNDP UNV Programme Partners, the UNV Doctors themselves and the Staff who worked with the UNV Volunteers. However, before presenting the evaluation theme findings, a brief profile and summary of services provided by the UNV Doctor is given.

#### **5.1. Brief Demography of the UNV Doctors and Specialist Services rendered**

An attempt was made to get a profile of service provided by the UNV doctors. At the time of the evaluation the nationalities of the included Russian, Filipino, Ethiopian, Nepalese, Bangladesh and Indian. In terms of gender 8 were female and 14 male. Their specialties included Anesthesia; General Surgery; Endoscopy; Ophthalmology; Neurosurgery; Cardiology; Community/Environmental Health; Obstetrics and Gynecology; Paediatrics; and Family Medicine. The tables (Table 5.1 and 5.2) below provide a profile of the UNV doctors and their specialties.

The responsibilities of these doctors varied but were generally broad and this can be reflected from the following summaries of the major responsibilities expressed by some of the doctors in the annual performance reports:

*“Maintain smooth functioning of OT, preoperative assessment, administer safe anaesthesia, assess, transfer and treat patients in ICU. Prepare guidelines for anaesthetic procedures. Teach and transfer practical skills to rotating Medical officers. Present and discuss cases at morning reviews meetings. Attend emergencies in OR, ICU and casualty.”*

**Table 5.1. UNV Specialist Doctors Currently Under the Project July (2009)**

No	Gender	Nationality	Specialization	Duty Station (Hospital)	Contract Expires
1	Male	Russia	Anaesthesia	Tshilidzini	13.09.2009
2	Male	Philippines	General Surgery	Mecklenburg	29.08.2009
3	Male	Philippines	Paediatrics	St. Ritas	18.07.2009
4	Female	Russia	Cardiology	Polokwane/Mankweng	03.10.2009
5	Female	Russia	Endoscopy	Polokwane/Mankweng	06.02.2009
6	Male	India	Family Medicine	Polokwane/Mankweng	29.07.2009
7	Female	Philippines	Family Medicine	Tshilidzini	13.09.2009
8	Male	Russia	Neurosurgery	Polokwane/Mankweng	08.09.2009
9	Male	Ukraine	Anaesthesia	Philadelphia	25.07.2009
10	Male	Ethiopia	Anaesthesia	Lebowakgomo	14.10.2009
11	Female	India	Obstetrics and Gynaecology	St. Ritas	12.09.2009
12	Male	India	Cardiology	Polokwane/Mankweng	15.09.2009
13	Female	Bangladesh	Family Medicine	Zebetela	04.07.2009
14	Male	Nepal	Anaesthesia	Letaba	17.07.2009
15	Female	Philippines	Obstetrics and Gynaecology	Letaba	13.09.2009
16	Male	Philippines	Family Medicine	Tshilidzini	13.09.2009
17	Female	Ukraine	Family Medicine	Polokwane/Mankweng	15.07.2009
18	Male	Ukraine	Anaesthesia	Elim	06.11.2009
19	Female	Nepal	Anaesthesia	St. Ritas	05.09.2009
20	Male	Philippines	Ophthalmology	Elim	14.08.2009
21	Male	Nepal	Community/Environmental Health	Polokwane/Mankweng	08.09.2009
22	Male	Ukraine	General Surgery	Philadelphia	09.09.2009

**Table: Summary Profile of the UNV Specialist Doctors Currently Under the Project July (2009)**

(a) Gender Distribution		(c) Speciality Distribution		(d) Duty Station Distribution	
Gender	No	Speciality	No	Duty Station (Hospital)	No
Male	14	Anaesthesia	6	Tshilidzini	3
Female	8	General Surgery	2	Mecklenburg	1
<b>Total</b>		Paediatrics	1	St. Ritas	2
<b>(b) Nationality Distribution</b>		Cardiology	2	Polokwane/Mankweng	7
		Endoscopy	1	Philadelphia	2
		Family Medicine	5	Lebowakgomo	1
		Neurosurgery	1	Zebetela	1
		Obstetrics & Gynaecology	2	Letaba	2
		Ophthalmology	1	Elim	2
		Community/Enviro. Health	1		
		<b>Total</b>		<b>Total</b>	<b>22</b>
Nationality	No				
Russian	4				
Filipino	6				
Ethiopian	1				
Indian	3				
Nepalese	2				
Ukrainian	3				
Bangladesh	2				
<b>Total</b>					

*"The main responsibility and duties of mine related perioperative anaesthetic service. These duties are listed quite clear in Term of Reference. Besides these duties I have taken under my supervision High Care Service. Activities in this field included: respiratory therapy (Mechanical, ventilation, etc) air way management volume resuscitation, vasoactive therapy, parenteral nutrition, pain control etc. The most challenging aspect of my work was shortage of medical personnel, particularly doctors. Among achievements during the reporting period I can list implementation of TIVA, fibro-optic, laryngoscopy and tracheal intubation, LMA in ophthalmic surgery, sevoflurane, combined spinal and general anaesthesia for explorative laparotomy."*

*“Basically my assignment is to provide support in giving the best health care to all patients at my work place. It comprises mostly on overseeing the outpatient and emergency departments and assist junior doctors medical interns and students as its clearly defined on the Terms of Reference under the conditions for UNV’s. Cultural difference is what I think the most challenging part of my work. Imparting medical education knowledge to one has many beliefs in treating oneself. I could say that a lot has been achieved by my 2 year stay in my workplace”*

## **5.2. Achievement of Project Objectives**

This was pursued under the following key objectives of the programme as stated in the Programme Support Document (PSD): *Care and support to INIVs; helping in better health service delivery and promote volunteerism among the local South African medical practitioners.* This was evaluated from the UNV Programme Partners and the UNV doctors’ (but not the coworkers’) perspective under various subthemes under each aspect.

### **5.2.1. Providing Care & Support to UNV Doctors**

#### **5.2.1.1. Has the UNV Doctors Project interacted with UNV doctors and facilitating their development and learning through encouraging their attendance to conferences and seminars?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					3	5
UNV Doctors	11				2	6	3

UNV Programme Partners were either “Fairly Satisfied” (3 out of 5) or “Very Satisfied” (5 out of 8) about the Project interacting with UNV doctors and facilitating their development and learning through encouraging their attendance to conferences and seminars. The same question posed to the UNV Doctors had responses that added more weight to the viewpoint of the UNV Programme Partners. All 11 UNVs respondents said yes “YES” and then 6 out of 11 were “Fairly Satisfied” and 3 out of 5 were “Very Satisfied”. Only 2 out 5 felt that though there was support they were “Fairly Dissatisfied”.



**5.2.1.2. Has the UNV Doctors Project ensured that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) are dealt with speedily and efficiently?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8				1	2	5
UNV Doctors	10	1		1	1	6	3

The UNV Programme Partners were mostly satisfied with 2 out of 5 respondents “Fairly Satisfied” and 5 out of 8 “Very Satisfied” about the Project ensuring that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) were dealt with speedily and efficiently. A single respondent was not convinced and “Fairly Dissatisfied” by the Project ensuring speedy and efficient resolutions of the doctors concerns. Among the UNV volunteers themselves, there were mixed feelings here, with 10 out the 11 respondents saying “YES” and 1 respondent was “Very Dissatisfied”; 1 was “Fairly Dissatisfied”; 6 were “Fairly Satisfied” and 3 were “Very Satisfied” with the speed and efficiency of the resolution to their concerns by the PMU.

**5.2.1.3. Has the UNV Doctors Project ensured that there is the transferral of skills between UNV Doctors and local junior doctors/specialists and interns?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					5	3

This question was directed at UNV Programme Partners only and the respondents were all satisfied, either “Fairly satisfied” (5 out of 8) or “Very Satisfied” (3 out of 8) about the Project's ensuring that there is the transferral of skills between UNV Doctors and local junior doctors, specialists and interns. What was interesting in the focus group discussions was that there wasn't clear consensus on how this was actually achieved.

**5.2.1.4. Do you feel you have given all the necessary support to the UNV Doctors?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					3	5

Again, this question was directed at UNV Programme Partners only. They were either “Fairly Satisfied” (3 out of 8) or “Very Satisfied” (5 out of 8) about having given all the necessary support to the UNV Doctors. To pursue this theme from the perspective of

the volunteers themselves, the following questions were superficially directed at the UNV doctors themselves to get a sense of the support they received from the various programme stakeholders in their own right:

**5.2.1.5. Have you received enough support from the UNV – United Nations Volunteer Programme?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Doctors	9	1	1		1	7	3

Most UNV doctors were “Fairly Satisfied” (7 out of 11) or “Very Satisfied” (3 out of 11) with the support from the UNV – United Nations Volunteer Programme, save 1 who felt that this support was not forthcoming (and was “Fairly Dissatisfied”) and 1 who responded “Don’t Know.”

**5.2.1.6. Have you received enough support from the UNDP CO - UNDP Country Office?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Doctors	7	1	4		1	5	1

A significant number (4 out of 11) of respondents could not commit themselves regarding this question (answering “Don’t Know”). The majority of the remainder (7 out of 8) of the UNV doctors felt that they did get support from the UNDP Country office and 5 were “Fairly Dissatisfied” and 1 was “Very Satisfied” and only 1 person was “Fairly Dissatisfied.”

**5.2.1.7. Have you received enough support from the Projects Management Unit (PMU)?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Doctors	10	1			2	5	4

The majority of respondents (10 out of 11) felt that there was support from the Projects Management Unit (PMU) and were “Fairly Satisfied” (5 respondents) to “Very Satisfied” (4 respondents). Only 1 UNV doctor felt that there was “NO” support and 2 responded that they were “Fairly dissatisfied” with the levels of support.

#### **5.2.1.8. Have you received enough support from the Limpopo Department of Health?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Doctors	7	2	2		1	8	

7 out of 11 of the respondents responded that “YES” they had received adequate support from the Limpopo DOH and 2 out of 11 said they did not. 2 out of 11 respondents said they “Don’t Know” in response to the question. Their feelings about the support ranged from “Very Dissatisfied” (1 respondent) to “Fairly Satisfied” (8 respondents). Notably, one particular case of dissatisfaction was due to “*unexplainable*” delays in equipment acquisition which left the volunteer quite disappointed.

#### **5.2.1.9. Have you received enough support from the Hospital?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Doctors	10	1		1		3	6

In the main, the UNV doctors were happy with the support from their hospitals and were satisfied, either “Fairly Satisfied” (3 respondents) or “Very Satisfied” (6 respondents). However, the only UNV doctor who responded negatively (NO) was “Very Dissatisfied” with the hospital support. This could be connected to the reason given in the question above.

#### **5.2.1.10. General Comments on Providing Care & support to UNV Doctors**

There were also an open ended evaluation of the viewpoints of the project partners and the UNV doctors as to their assessment of the provision of care & support to the UNVs. From the perspective of the various UNV Programme role players the programme has had the following strengths and weakness:

##### **(i) Programme Strengths**

**(a) UNV Programme partners:** The PMU office strongly felt that it has given sustained and efficient support to the UNVs despite the challenging environment. Although rather in an erratic and unstructured fashion, the PMU has facilitated several conferences, seminars and courses for the UNV doctors. The other partners also felt that the support has been forthcoming to the UNVs. As one hospital CEO put it: “*The UNV project is very useful, programme should continue.*”

A partner representative also commented, *“Although erratic and unstructured, PMU has facilitated several conferences, seminars and courses; and the PMU has given sustained and efficient support to UNVs.”*

**(b)UNV Doctors:** The UNV doctors in most hospitals have found them to be supportive of the UNV doctors with regards to accommodation, transport, and academic pursuits and hospitality. Some of the comments by the UNV doctors are highlighted below:

*“The project gives good support as both offices at Polokwane and Pretoria are easily assessable by phone or internet, where any issues or queries can be addressed. At workplace, my immediate supervisor, the Clinical Manager is very supportive both professionally and in other logistic matters.”*

*“Support in any aspects has been greatly provided by the hospital administration. Hospital administration and staff are very accommodating to our needs to perform our respective assignments.”*

## **(ii) Programme Weaknesses:**

**(a) UNV Programme partners:** There are some weaknesses with regards efficiency and effectiveness with which UNV Doctors issues are dealt with. A specific example is given: in particular in 2008, the issuance of UNV doctors’ Diplomatic ID Cards and permits created some dissatisfaction among UNVs due to delays. Also the facilitation of UNVs’ payments on arrival still has areas that can be improved to the benefit of the programme. The issue of erratic support was also a point to note; according to one respondent *“Capacity building programmes for UNVs can yield measurable results if they were well planned and structured”*.

Some of the comments by the one of the UNV Programme Partners are highlighted below:

*“Adjustments are needed in the employment conditions of the UNVs to make up for the limited stipend they receive in relation to the doctors employed by government. This will*

*reduce the ongoing temptation to opt out of the UNV contract into fulltime employment by the Department. For instance, increment of their stipend assistance with transport once a month for shopping etc.”*

*“More study is needed in commonly prevalent South African surgical and medical conditions and diseases”*

*More support should be given to help “the UNVs with improvement in communication in English, spoken and written.”*

*Though the “PMU has given sustained and efficient support to UNVs, ... More attention is needed in facilitation of UNVs’ payments on arrival.”*

**(b) UNV Doctors:** The conferences and seminars were felt to be too far and few in between. This is worsened by the lack of internet access in the hospital which hampers the doctors’ efforts to update themselves regarding available conferences and seminars. The responses showing the weaknesses are embodied in comments such as the following:

*“The issue of “speedily and efficiently,” attending to the UNV doctors concerns especially regarding contract extensions and visa renewals was a significant problem sighted by most UNV volunteers. The delays in first VLA which seems to happen to a lot of UNVs and tends to demoralize the doctors significantly. Additionally, though the UNDP CO/ PMU is appreciated for working under pressure, their getting things “ done in the last minute” was felt to put UNVs under continuous state of suspended anticipation. “*

*“The support expected from the UNDP CO/PMU suffers some weakness in that their support for UN volunteers in their boarder entry processes. Some sited instances of harassment by customs officials at the OR Tambo airport, suffering long queues at the immigration, or even get stopped by the traffic police for alleged speeding. A little common courtesy from the SA government agencies doesn’t cost much in exchange for the selfless sacrifices we make everyday for the South African people.”*

*"Though The UNV doctors in most hospitals have found them to be supportive of the UNV doctors with regards to accommodation, transport, and academic pursuits and hospitality, although it is still lacking adequate facilities for outside communication. Internet access is still limited only to a few personnel in the hospital. However, when it comes to having our suggestions for improving hospital facilities and services acted upon, the whole thing becomes an exercise of patience and futility."*

*"However, in the technical aspect, we could do with some improvements, the hospital lacks library, which would help us all to continue to update ourselves. In anaesthesia, lack of trained assistants but the most important need I feel is the establishment of Blood Bank, as the nearest Bank is 130km away."*

*"During nearly 3 years, all parties involved (UNDP/UNV/Limpopo HD) was holding a few meetings only. This is definitely not enough to discuss problems and create solutions."*

*I'm repeatedly requesting a monitor with capnograph (which is essential part of anaesthetic equipment) from November 2006, providing Hospital Management and Limpopo HD all needed details of such monitor. Now I don't expect it to come, anymore."*

*"I am quite satisfied by administrative and professional support. But I think continuous professional education could be improved. A doctor volunteer should have access to mandatory professional courses (ACLS, ATLS, APLS etc) regularly."*

*"I am not aware if there is any communication between my hospital and the DOH/UNDP CO regarding the needs of this hospital for specific specialists in surgery and medicine at the very least...but if there isn't one, there should be regular communication between the two entities."*

Finally, some UNV Doctors felt that they rarely interacted with the Department of Health and the UNDP CO unless it's for contract renewal or annual gathering of UNVs. However, the few times that the doctors have had gatherings together, with efforts the PMU/UNDP CO/ DOH in varied venues around the Limpopo- Mpumalanga area showcasing the beauty of South Africa - have been much appreciated.

### 5.2.2. Better Health Service Delivery

The overall objective of the project is to enhance service delivery in the province of Limpopo and evaluation of this aspect was pursued through a number of questions under this evaluation theme.

#### 5.2.2.1. Has the Project strengthened and facilitated relationships between the internal and external project partners?

	YES	NO	Don't Know	Very dissatisfied	Fairly dissatisfied	Fairly satisfied	Very satisfied
UNV Programme Partners	7					4	3
UNV Doctors	4	2	5	1	1	1	1
Co-workers (Hospital Staff)	4		10			2	2

The UNV Programme Partners respondents felt satisfied that the Project strengthened and facilitated relationships between the internal and external project partners: either “Fairly Satisfied” (4 out of 7) or “Very Satisfied” (3 out of 7). This contrasted significantly with the majority among the UNVs (5 out of 11) who said they “Don’t Know.” 2 respondents said “NO”. Of those who responded “YES” they were evenly distributed as to their feelings with 1 each responding, “Very Dissatisfied,” “Very Dissatisfied,” “Fairly Satisfied” and “Very Satisfied.” Though a few (4 out of 15) co-workers expressed the opinion that the project had indeed strengthened the relationship between the parties, the majority (10 out of 15) felt that they “Don’t Know” enough to comment.

#### 5.2.2.2. Has the Project increased close interaction between external project partners and hospitals/clinics where UNVs are placed?

	YES	NO	Don't Know	Very dissatisfied	Fairly dissatisfied	Fairly satisfied	Very satisfied
UNV Programme Partners	7					3	4
UNV Doctors	8	2	1	1	1	8	
Co-workers (Hospital Staff)	4		10			2	2

Regarding the Project increase close interaction between external project partners and hospitals/clinics where UNVs are placed, the UNV Programme Partners felt either “Fairly Satisfied” (3 out of 7) or “Very Satisfied” (4 out of 7). Among the UNV Doctors the respondents were mainly “Fairly Satisfied” (8 out of 11), “Fairly Dissatisfied” (1 out of 11), and “Very Dissatisfied” (1 out of 11). Again a few (4) co-workers expressed the opinion that the project had indeed strengthened the relationship between the parties, but the majority (10 out of 15) felt that they “Don’t Know” enough to comment.

#### 5.2.2.2. Has the Project continued fielding and recruiting international specialists to assist with the skills shortages in the Province?

	YES	NO	Don't Know	Very dissatisfied	Fairly dissatisfied	Fairly satisfied	Very satisfied
UNV Programme Partners	7		1			2	5
UNV Doctors	9	2		1	2	8	
Co-workers (Hospital Staff)	1		14				1

The UNV Programme Partners felt that the project has continued fielding and recruiting international specialists to assist with the skills shortages in the Province (save for 1 who was unsure) with the response “Very Satisfied” (in 2 out of 7) and “Fairly Satisfied” (in 5 out of 7). Among the UNV Doctors 8 out of 11 were fairly satisfied with this aspect; 2 were “Fairly Dissatisfied” and 1 was “Very Dissatisfied.” The co-workers significantly (14 out of 15) were not able to respond to this though they expressed the need for more UNV doctors.

#### 5.2.2.3. Has the Project ensured that there is the transferral of skills between UNV Doctors and local junior doctors/specialists and interns?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					5	3
UNV Doctors	10	1			1	8	2
Co-workers (Hospital Staff)	15					10	5

In the main, all parties were satisfied that the Project had ensured that there is transferral of skills between UNV Doctors and local junior doctors/specialists and interns. Among UNV Programme Partners, 5 out of 8 were “Fairly Satisfied” and 3 out of 8 were “Very Satisfied”; and among the UNVs 8 out of 11 were “Fairly Satisfied” 3 out of 8 were “Very Satisfied” and 1 was “Fairly Dissatisfied”. All co-workers were happy that there was skills transferral from the UNVs to the local doctors with most (10 out of 15) being “Fairly Satisfied” and a few more (5 out of 15) being “Very Satisfied” about this.

#### 5.2.2.4. Has the Project made a real difference to health care provision in the Limpopo Province?

	YES	NO	Don't Know	Very dissatisfied	Fairly dissatisfied	Fairly satisfied	Very satisfied
UNV Programme Partners	8					2	6
UNV Doctors	9	1	1		1	4	6
Co-workers (Hospital Staff)	15			2		2	11



In response to whether the Project had made a real difference to health care provision in the Limpopo Province the UNV Programme Partners 6 out of 8 were “Very Satisfied” and 2 out of 8 “Fairly Satisfied”. Among the UNV Doctors 9 out of 11 felt that the project made a difference which 1 said “NO” and 1 responded “Don’t Know” with 6 respondents being “Very Satisfied,” 4 being “Fairly Satisfied” and only 1 person being “Very Dissatisfied”. The majority of the hospital staff that work with the UNVs were “Very Satisfied” (11 out of 15) or “Fairly Satisfied” that the Project had made a real difference to health care provision in the Limpopo Province. With the 2 co-workers who were dissatisfied, this was to do with the cases in which the UNVs were not able to perform the generalist tasks demanded of them in the rural hospital.

#### **5.2.2.10. General Comments**

The respondents were also asked to give general comments on the performance of the project regarding the overall objective of the project to enhance service delivery in the province of Limpopo.

##### **(i) Programme Strengths**

**(a) UNV Programme Partners:** The PMU has tried to continue playing an essential role in this project despite the concomitant challenges. Although its capacity was not substantially increased, the PMU has maintained relatively good contact with hospital management. The relationship between the PMU and Department has been healthy though there was *“articulated dissatisfaction with the poor quality of reports and other documents compiled and submitted by PMU.”*

The UNVs have provided much needed skills and made a huge difference, especially in rural areas. As one respondent put it,

*“Transfer of skills to local doctors is welcome and necessary as we are a country with scarce skills. I suggest that actually their contract should be at least 3-5 years.”*

Regarding tracking of performance, a Workflow Assessment template has now been designed as a feedback response from UNVs vis-à-vis Compensatory Time Off (CTO), working hours, skills transfer, etc. and details on these are only being analyzed now.

**(b) UNV Doctors:** The UNV doctors were almost unanimous in highlighting their role in enhancing service delivery in the hospitals where they served. They provided various specialities to rural areas which would otherwise not be available to the communities of the volunteers were not here. Here is a comment from one of the UNV doctors:

*"I am convinced that I have made paediatric health care provision, at least in this hospital catchment areas, more efficient and reliable by managing referrals from district hospitals, ensuring that the PMTCT program is being implemented, and that paediatric OPD clinics are always manned and that patients do not wait for a ridiculously long time before they see a doctor."*

**(c) Co-workers (Hospital Staff):** The responses of the staff or co-workers showed immense appreciation of the role of the UNV doctors in buttressing the hospital in this essential element of service delivery.

One local doctor said this, *"The surgical department in this hospital would be non-functional without the UNV doctors"*

## **(ii) Programme Weaknesses:**

**(a) UNV Programme Partners:** There is lack of an interactive platform for all partners to maximise health services delivery under the programme. This is worsened by lack of clear roles and responsibilities amongst other partners that has resulted in confusion between the various offices (UNV Bonn, PMU and UNDP CO). There is also lack of project partners' strategic plans based on the possible contribution they can make to the project.

There is a weakness in the project regarding tracking of its impact and contribution towards the MDGs, the provincial strategy of the Department and the province's PGDs. There is need for consultation of all partners (including UNV Bonn) looking at the impact of the project and its strategic contributions as well as reporting on these aspects.

Although the UNVs have provided much needed skills and made a huge difference, especially in rural areas, there was the feeling that there was inadequate diversification of needed medical related skills; and that there is no structured and planned transfer and prioritisation of such skills to the local doctors. Additionally, the aspect of the transfer of skills is something that has not been fully quantified.

**(b) UNV Doctors:** The transfer of skills is a fundamental pillar of this project and many of the volunteers expressed their willingness in this regard, but sometimes this has been abused, some UNVs felt). Some quotes elicit this as well as other perceived weaknesses within the project:

*"I wanted to transfer more than just skills to the local doctors... I wanted to transfer good work ethics and attitudes toward the patients and the medical profession and leading by example by putting in extended hours of work, especially during weekends, but it turns out, I only found myself getting taken advantage of and finding the local doctors out of their posts secure in the idea that I was there doing their work for them."*

*"In terms of skills transfer, it's taking slower than usual because I am seldom given an intern or MO to work with but in the times that I do have one, I am content in having them remember at least some basic aspects of paediatric care....small baby steps at a time."*

*"In addition, they should also somehow involve UNVs already staying in the hospital for some time in deciding which specialists are mostly needed in the area because they will mostly have an idea already of what the hospital is lacking in its services. In any case, the hospital is in dire need of another surgeon in its complement of doctors".*

*"It looks as there is very bad communication, if any, between the UNDP/UNV/Limpopo HD/Hospital and thus should be enhanced".*

*Regarding recruiting is concerned, as far as I remember, once the number of UNV doctors was approaching 40, but now I understand there about 23-26. It means that doctors are leaving and no new arrivals. This cannot be good for service delivery.*

*"Politics still interferes with healthcare service delivery in this area and this remains a weakness in the programme."*

### 5.2.3. Promote and Encourage Volunteerism through the Volunteerism Campaign.

Evaluation in this section was aimed at finding out the contribution and achievements of the project with respect to encouraging volunteerism among the local doctors and other medical professionals, a stated objective of the UNV programme in Limpopo. This was assessed using a number of questions and these and the responses to them are presented below:

#### 5.2.3.1. Are UNV doctors a vehicle for promoting volunteerism amongst local medical staff and professionals?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	2	5	1	2	5		1
UNV Doctors	4	4		2	2	5	2
Co-workers (Hospital Staff)	7		8			4	3

With UNV doctors 4 out of 8 felt there was no impact (of the UNV doctors as a vehicle for promoting volunteerism amongst local medical staff and professionals). Of the UNVs 2 felt "Very Dissatisfied", 2 "Fairly Dissatisfied," 5 "Fairly Dissatisfied," and 2 "Very Dissatisfied." These the feelings are shared by the UNV programme partner respondents 5 out of 8 of whom felt it was not a good vehicle of promoting volunteerism amongst local medical staff and professionals. 2 respondents were "Very Dissatisfied", 5 "Fairly Dissatisfied" and only 1 "Very Satisfied." The co-workers were almost equally divided among those (8 out of 15) who felt they "Didn't Know" and those (7 out of 15) who were either "Very Satisfied" (3 out of 15) or "Fairly Satisfied" (4 out of 15) that the programme had promoted volunteerism among local medical staff and professionals.

#### 5.2.3.2. Has this project raised awareness within Limpopo Province of the importance and the value of voluntary activity?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	6	2		2	3	3	
UNV Doctors	6	2	3	1	4	1	
Co-workers (Hospital Staff)	15					3	12

Among the UNV Programme Partners respondents 6 out of 8 said "YES" while 2 said "NO." Of these 2 were "Very Dissatisfied", 3 were "Fairly Satisfied" and only 3 were "Fairly Satisfied". Among UNV Doctors 6 responded "YES" while 2 responded "NO" and

3 responded “Don’t Know”. 1 UNV was “Very Dissatisfied”, 4 Fairly Dissatisfied and only 1 “Fairly Satisfied,” about the success of the project in raising awareness within Limpopo Province of the importance and the value of voluntary activity. Interestingly, among the co-workers there was indeed appreciation of the value of volunteerism in the sense of its helping in providing services to the people, with 3 and 12 out of 15 feeling respectively “Fairly Satisfied” and “Very Satisfied”.

#### **5.2.3.3. Has this programmes project increased support for the Limpopo Department of Health in the delivery of its services?**

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					6	2
UNV Doctors	9	1	1		2	5	3
Co-workers (Hospital Staff)	15						15

All UNV Programme Partners felt that indeed the project increased support for the Limpopo Department of Health in the delivery of its services and 6 were “Fairly Satisfied” while 2 were “Very Satisfied”. The feeling among the UNV doctors was also “YES” in 9 of 11 respondents while 1 said “NO” and 1 responded “Don’t Know.” Of the UNVs respondents 2 were “Fairly Dissatisfied”, 5 were “Fairly Satisfied” and 3 were “Very Satisfied”. The co-workers were quite satisfied with the important role played by the UNV doctors in providing services to the communities, all 15 being “Very Satisfied”.

#### **5.2.3.4. General Comments**

Ai in the evaluation of the other objectives of the project, the respondents were asked open ended questions to ascertain the contribution and achievements of the project with respect to encouraging volunteerism among the local doctors and other medical professionals.

#### **(i) Programme Strengths:**

**(a)UNV Programme Partners:** Though the partners generally agreed that the programme has not done enough in promoting volunteerism among locals. However there has been some instances where this has happened: e.g. to a limited extent and indirectly, the project demonstrated the importance of volunteerism during the Cholera outbreak in Messina in November 2008. Then, a UNV Epidemiologist and

several other UNVs were joined by local specialists and doctors who volunteered during this outbreak. Additionally, some partners felt that some strides have been made toward implementation of the Volunteer Programme. It is hoped that work currently being done by the Volunteer Service providers will give clearer insight into how this can help achieve this component.

**(b) UNV Doctors:** The UNV Doctors themselves on the main felt that though the project has certainly provided specialised support and delivery of health services to the provinces, in terms of promotion of volunteerism among local doctors *“not much could be said”*.

**(c) Co-workers (Hospital Staff):** Other than the observation there was a very positive demonstration of volunteerism by the UNV doctors themselves, there was not much felt about this having an influence on the local doctors. It seems the local doctors had other issues to deal with, especially the *“ongoing salary and OSD disputes”*.

## **(ii) Programme Weaknesses**

**(a) UNV Programme Partners:** Though the project provided one of the most needed skills, and thus improved health service delivery in the province, it did not take advantage of the UNVs to promote the importance and culture of volunteerism in the province. The partners also felt that the Volunteerism Campaign is a component of the project that has been lagging behind or otherwise delayed. This means that the volunteerism strategy for the province needs to be developed to address the sustainability of the Volunteerism Campaign. It needs to be well articulated with realistic targets, and integrated to project activities in order to evaluate the overall impact of the project.

**(b) UNV Doctors:** The UNV Doctors themselves on the main felt that the project has certainly provided specialised support and delivery of health services to the provinces. However, *“while the UNV doctors promotes volunteerism by example, it is to my observation, that the local staff continues to perceive the UNV doctors as extra hands of cheap labour and not as support personnel”*, said one UNV doctor. So, to promote volunteerism, the UNV programme needs promotional materials and programs to

promote the cause and calling. Currently, because of the lack of this visibility, the people and patients of Limpopo can't really tell the difference which doctors are volunteers – this is a lost opportunity for volunteerism.

**(c) Co-workers (Hospital Staff):** There was not much commented on this aspect of the programme generally by the co-workers, but one staff member did say that though volunteerism had been well demonstrated by the UNVs, it wasn't by the local doctors. She said further, *"Volunteerism could be promoted to local doctors if their concerns were addressed for example the OSD and other benefits concerns"*.

### 5.3. Attainment of the intended Project Outcomes

The project plan has some stated outcomes it aimed to achieve: increased retention rate of local medical experts and interns who have served their specialization studies in Limpopo Province; improved quantity and quality of Medical services in the province; and enhanced commitment of local medical experts to serve in disadvantaged areas as a result of increased appreciation of volunteerism. The extent which this was attained was therefore evaluated using responses to the following questions by the project stakeholders.

#### 5.3.1. Has the Project increased retention rate of local medical experts who have served their specialization studies in Limpopo Province?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	1	4	3	4	4		1
UNV Doctors		6	5	2	4		
Co-workers (Hospital Staff)	2		13			2	

Among the UNV Project Partners only 1 respondent scored a "YES" to the question with 4 respondents saying "NO" and 3 respondents "Don't Know". 4 of the partner respondents were "Very Dissatisfied" and 4 also "Fairly Dissatisfied". The PMU office confirmed that there were no studies specifically developed in this regard. Among UNV doctors there was no positive response to the question with 6 respondents saying "NO" and 5 saying "Don't Know"; of these 2 responded "Very Dissatisfied" and 4 "Fairly Dissatisfied". The co-workers were mostly not sure (response "Don't Know") about the impact of the project on medical experts' retention and the only 2 who felt that the project had increased local medical specialists retention scored "Fairly Satisfied".

### 5.3.2. Has there been increased retention rate of local Medical Interns who have served their specialization studies in Limpopo Province?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners		1	6	1	2		
UNV Doctors		2	7	1	1		
Co-workers (Hospital Staff)		15					

All respondents (UNV Programme Partners and the UNV doctors and co-workers) scored “Don’t Know” on this question highlighting the possibility that there was no significant achievement in this regard or the fact that this aspect of the programme was not really visibly focused on. There was general dissatisfaction by a few of the respondents who ventured to express their opinion on this aspect.

### 5.3.3. Has the Project improved quality of Medical services in the province?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					4	4
UNV Doctors	11					5	
Co-workers (Hospital Staff)	13	2		2		1	12

All the UNV Project Partners (8 respondents) felt that this programme had indeed improved the quality of Medical services in the Limpopo Province and were either “Fairly Satisfied” (4 out of 8) or “Very Satisfied” (4 out of 8). The feeling was also strongly echoed by the UNV doctors and a majority of the staff (13 out of 15) who felt that the quality had improved. However, in the group interviews there were one or two instances cited where the UNV Doctors were felt to have lacked the breadth of skills, capabilities and experience needed for the predominantly rural deployment.

### 5.3.4. Has there been increased improved quantity of Medical services in the province?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					5	3
UNV Doctors	5					5	
Co-workers (Hospital Staff)	15					15	

The respondents among the project partners felt that that the programme had increased improved quantity of Medical services in the province: (“Fairly Satisfied”: 5; “Very Satisfied”: 3). This sentiment was also expressed by the UNV doctors and staff: all interviewees felt that this was the case (All “Fairly Satisfied”).



### 5.3.5. Has the Project enhanced the commitment of local medical experts to serve in disadvantaged areas as a result of increased appreciation of volunteerism?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	3	3	2	2	2	2	2
UNV Doctors	1	9	2	3	6	1	
Co-workers (Hospital Staff)		4	11	4			

Whereas most of the UNV programme partners responded “Don’t Know” and were undecided as to whether the project had enhanced the commitment of logical medical experts to serve in disadvantaged areas as result of increased volunteerism, in the main the UNV doctors themselves (9 out of 11) felt that there that there was no such enhancement. They were either “Fairly Dissatisfied” (6 out of the 9) or “Very Dissatisfied” (3 out of the 9) about the role of the project in this regard. The UNV doctors’ co-workers were either ambivalent or unimpressed by the impact on volunteerism among locals and the commitment of local medical experts to serve in disadvantaged areas (4 out of 15 responded “NO” and were “Very Dissatisfied”; the rest responded “Don’t Know”.)

### 5.3.6. General Comments

The respondents were also asked to give general comments on the performance of the project regarding the attainment of the intended project outcomes and their responses are presented below.

#### ***(i) Programme Strengths***

***(a) UNV Programme Partners:*** The project partners felt that the quality and quantity of medical services has improved due to increased availability of UNVs. One partner representatives though pointed out that, *“Because of the UNV doctors’ example, some specialists from Gauteng and former Limpopo doctors are willing to volunteer their services.”* This must have been around the Cholera outbreak in Limpopo in 2008.

***(b) UNV Doctors:*** Regarding service delivery, there were feelings that the quality and quantity of medical services, despite outdated medical facilities, in some hospitals has improved a lot since the deployment of the specialties. Many in the specialist anaesthesiology felt that there have been great strides in improvement of quality and quantity of healthcare service; e.g. in one facility there was *“provision of more than 1000 anaesthesias, with only on minor complication”*. Also the programme has provided

more opportunities for the UNV for professional development in terms of research; training and conferences.

**(c) Co-workers (Hospital Staff):** The UNV Doctors co-workers also identified the role of the UNV doctors in achieving the programme outcomes. And called for more, “*We need more UNV Doctors*”

***(i) Programme Weaknesses***

**(a) UNV Programme Partners:** Though the quality of medical services has improved due to increased availability of UNVs, the retention of local medical experts could not be substantiated. It was felt that the project did not develop or integrate outcome/impact indicators in their monitoring process. Besides, there is poor project document in this regard - the project document does not speak of the baselines which addresses some of the indicators needed to track the issues mentioned in this section. So the project lacked a well defined monitoring and evaluation plan in order to measure outcomes achieved. This needs to be done in the next phase of the project, so that the project monitoring can go beyond activities and outputs monitoring. One notable response was the opinion that the PMU needs to recruit more health practitioners, e.g. nurses as well as those in other auxiliary services to provide a more holistic approach to service delivery.

**(b) UNV Doctors:** The feelings of the UNV doctors differed according to the facility where the volunteer was deployed. In some facilities the doctors felt it is still too early to claim if the project has had any influence in retaining doctors in the facility. In fact, the opposite seemed to have happened in several doctors had left the hospital for greener pastures in urban parts of South Africa or other developed countries. The financial aspect (remuneration), lack of accommodation, medical, educational and recreational facilities for their children around is an issue among the local doctors and until these issues are resolved, retention of medical doctors will continue to be a problem. Again, the weaknesses that many local doctors do not appreciate voluntarism, was again reiterated.

**(c) Co-workers (Hospital Staff):** The weaknesses the co-workers indicated was that the UNV are minuscule in numbers and they hoped more could be recruited.

## 5.4. Overall Programme Evaluation

In this section of the evaluation, the participants were asked to reflect on the overall assessment of the UNV Programme with particular reference to the following: *the overall project success; the quantity of services provided by UNV Doctors; the quality of services provided by UNV Doctors; the degree of innovation in services provided by UNV Doctors; and the strengths and weaknesses of the UNV Doctors Project.*

**When you reflect on the Project as a whole, how satisfied are you with the following aspects of the services/outputs provided by UNV Doctors?**

### 5.4.1. The overall Project success?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	7	1			1	4	2
UNV Doctors	10	1			1	4	6
Co-workers (Hospital Staff)	15					8	7

In response to the question, the UNV Programme Partners said yes with only 1 saying no. Of the respondents were 2 were “Very Satisfied”, 4 were “Fairly Satisfied” and only 1 was “Fairly Dissatisfied” with the project success. 10 out of 11 UNV Doctors respondents agreeable (“YES”) that there was overall project success. Of these 6 were “Very Satisfied” and 4 were “Fairly Satisfied” and 1 was “Fairly Dissatisfied”. Among the co-workers the response was general satisfaction that the project had been a success (8 out of 15 “Fairly Satisfied” and 7 out of 5 “Very Satisfied”).

### 5.4.2. The quantity of services provided by UNV Doctors?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					4	4
UNV Doctors	11					3	8
Co-workers (Hospital Staff)	15						15

The UNV Programme Partners respondents as well as the UNV doctors were satisfied with the quantity of services provided by the UNV project. Among the partners 4 were “Fairly Satisfied” and 4 were “Very Satisfied”; whereas among the UNV doctors themselves 3 were “Fairly Satisfied” and 5 were “Very Satisfied”. The volunteers’ co-workers felt “Very Satisfied” with the quantity of services by the UNV doctors.

#### 5.4.3. The quality of services provided by UNV Doctors?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					3	5
UNV Doctors	11					7	4
Co-workers (Hospital Staff)	15					5	15

All were unanimously in a positive view of the quality of services provided by the UNV doctors. Among UNV Programme Partners 3 out 8 were “Fairly Satisfied” and 5 out 8 were “Very Satisfied”. Among the UNV doctors respondents had a similar response profile with 7 out 11 were “Fairly Satisfied” and 4 out 11 were “Very Satisfied”. The co-workers were satisfied (8/15 “Fairly Satisfied”; and 7/15 “Very Satisfied”) by the quality of service by the UNVs.

#### 5.4.4. The degree of innovation in services provided by UNV Doctors?

	YES	NO	Don't Know	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
UNV Programme Partners	8					5	3
UNV Doctors	10	1			1	3	1
Co-workers (Hospital Staff)	4		11			2	

The UNV Programme Partners and the UNV doctors’ respondents were either “Fairly Satisfied” (5 out of 8 and 4 out of 15, respectively) or “Very Satisfied” (4 out of 15 and 4 out of 15, respectively) with the innovation in services provided by the Programme. The odd one out was the 1 respondent among the UNV doctors who was “Fairly Dissatisfied”. The majority of co-workers (11 out of 15) said that the ‘innovativeness’ perspective was an issue they had not considered before the evaluation and only a minority (4 out of 15) said they recognised innovation and were “Fairly Satisfied” with the innovation in bringing specialised services to areas where they would otherwise not be available.

#### 5.4.5. What have been the Weaknesses of the UNV Doctors Project?

**(i) UNV Programme Partners:** Though the project is largely appreciated and has notable strengths as highlighted below, there have been some notable weaknesses which demand some attention. To start with, there was a feeling among respondents that the project was poorly conceptualised and that the project documentation is inadequate. This has delayed in the project implementation itself as is reflected in delays in finalisation of critical documentation due extensive content editing and process support from UNDP Pretoria. This might be reflection of an even more significant problem.

There was also mention of organisation structural problems with confusing lines of accountability, especially with regard to UNDP CO and UNV Bonn (roles and responsibilities). This might have incapacitated UNV UNDP Programme in Pretoria. Also mentioned was poor support from UNDP especially in 2007 and the lack of capacity and stronger support from the UNV Pretoria. At the PMU level it was felt that there were opportunities for increased utilisation of all competencies within the PMU and strengthening of leadership and teamwork to improve the performance of the unit through clarification of management arrangements and protocols.

There are some problems in programming capabilities such as poor understanding of Results Based Management. There is no standard monitoring and support of UNVs within health facilities. As a result there was poor reporting, although this has improved in the last 12 months due to UNDP active involvement.

The recruitment process should be streamlined. The project has often suffered undue delays and long recruitment process has resulted in fewer doctors being recruited than was originally envisaged.

The sustainability of the project has been doubted by some due to the separation of UNVs from spouses. Some partners also felt that the placement of UNVs with young children far away from towns creates problems regarding schooling especially. It was also reported that some UNVs had left the project to join the local South African staff establishment. At the local level quality of services was also sometimes affected by lack of sufficient support from other auxiliary services, e.g. nurses as well as shortage of medical supplies.

**(ii) UNV Doctors:** A significant weakness in the project itself has been that the roles are not really defined from the start with regards the hospitals where the UNV doctors serve in. *“While the project is called UNV Support to the Health Sector, we are often called to “replace” our local counterparts in the performance of their regular functions and often sees our presence as an excuse to go on leave or be negligent of their own duties such that the hospital is often in a perpetual state of doctor shortage”;* It was also

expressed that while the “Project Support Document” lists *providing hands- on training to South African doctors/interns* as one of the UNV doctors’ functions, there seems to be a need to adjust working attitudes of local doctors from as early as when they start medical education into realizing that medicine is more than a job that is stated in one’s contract with fixed number of working hours – *“it is a way of life and that, more often than not, doctors will often find themselves providing services that will not be paid for as a matter of the intrinsic nature of their calling”*.

Though the programme aims to impact positively in volunteerism among the local doctors and other professionals, there are no operational guidelines or form strategies on how the UNVs can promote volunteerism among local doctors. As it is now, it seems their being an example for volunteerism doesn’t seem to be enough. An example cited was the lack of *“a blitz campaign to announce the presence of the UNVs and their work”* thus the UNVs are largely ignored by their local counterparts and the general public.

There are no guidelines on how the UNVs’ should be treated and their relationship with other SA government agencies aside from the Department of Health remains clouded. It was also expressed that the UNV numbers are rather miniscule to have a meaningful impact as it is at the moment: *“25 doctors only can’t really improve healthcare system in 5 million population province”*. Finally, the language barrier maybe the single most important barrier in the delivery of efficient health care: though the volunteers are generally deemed to have acceptable command of the English language, the local population served have a variety of their own languages which are preferable in communication.

**(iii) Co-workers (Hospital Staff):** Most of the staff interviewed were quite happy with the overall performance but though that language barriers are a weakness in the programme’s effectiveness. This is not just that the doctors are themselves secondary English speakers but the patience and staff are also either secondary or tertiary English speakers.

#### **5.4.6. What have been the Strengths of the UNV Doctors Project?**

**(i) UNV Programme Partners:** The strengths of the programme included the fact that the project has brought specialist medical doctors to the province and in many instances these are the only such specialists in Limpopo. This has increased access to specialized care at a cheaper rate than it would have been in the private sector (e.g. Urology and Cardiology). These specialists have in many cases become an integral component of health service delivery in Limpopo. Thus the project has strengthened and increased health service delivery at an affordable level, especially in these rural communities. Additionally, though felt minimal and unstructured by some, there has been transfer of skills and knowledge and as result much needed medical competencies were provided. The project has the potential of bringing the idea of volunteerism closer to the local professionals. The UNVs are selfless and hardworking brought about by the values instilled in them while they were training in their respective countries and the patients are benefiting from this kind of work ethic bringing about an improved quality of patient care in the hospitals they serve in. There must be a way to adapt a values training in the South African setting.

**(ii) UNV Doctors:** Since the UNVs come from different countries, the program fosters a global brotherhood of medical professionals whose South African experience will always form a bond between them when they go back to their respective countries. The project has also helped by enhancing the UNVs skills in working and improvising with limited/restricted resources. Aside from providing additional man power in the delivery of healthcare services it has shown the community or dedication and willingness of the province to provide the people of health needs. Some UNV doctors also felt that the patience, tolerance and support from the Department Focal Point remarkable. As a group they variously felt that the UNVs have contributed long hours, (working on holidays and weekends) and they have also run successful training programmes in their hospitals (e.g. Orthopaedics in Tshilidzini hospital; and Anaesthesia in Letaba). All in UNV doctors stable felt that they indeed had enabled skills transfer to local doctors while providing specialist service to the community.

**(iii) Co-workers (Hospital Staff):** According to staff, the strengths of the UNVs is in delivering services that would otherwise not be there, especially since most of them are specialists working in rural and remote areas. This is unusual for local specialists to do whether in private or public.

## SECTION 6

### LESSONS LEARNED

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In any development programme or projects there is and should be lessons learned that will help the stakeholders and participant to refine their strategies and approaches with the wisdom gained from experience of current and past projects. The UNV Project has also produced lessons that can be taken cognition of in future projects. The UNV Programme stakeholders respondents expressed a number of lesson learnt in the development and implementation of the programme and these are summarised below. They are presented below in the context of how they relate to the projects objectives and project management.

#### **6.1. Providing Care and Support to the UNV Doctors**

##### **6.1.1. The UNV Doctors Project has interacted with UNV doctors and facilitated their development and learning through encouraging their attendance to conferences and seminars, but this was rather erratic and could be improved.**

Many respondents felt that the UNV Doctors Project interacted with UNV doctors and facilitated their development and learning through encouraging their attendance to conferences; but a few remain concerned about the support. The UNV project partners conceded that though the conferences and seminars have been held these have been erratic. The UNV doctors also felt that, conferences and seminars were too few and far in between. Lack of internet access in the hospital is hampering the doctors' efforts to update themselves regarding available conferences and seminars.

##### **6.1.2. The UNV Doctors Project has ensured that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) are dealt with speedily and efficiently, but more could be done.**

Though the UNV Programme Partners were either broadly quite satisfied about the Project ensuring that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) were dealt with speedily and efficiently, there is general less satisfaction with this among the UNV doctors themselves. The issues of the resolution of the doctors concerns by the Department, PMUs and other role players remain with need for improvement. Though the UNV doctors in most hospitals have found the Project to be supportive with regards to accommodation, transport, and academic pursuits and hospitality; there are some weaknesses with in terms of the efficiency and effectiveness with which the UNV Doctors issues are dealt with.



### **6.1.3. The UNVs are not just workhorses, they can be utilized to make decisions for the hospitals they work in and the Doctors project as well.**

This expression emanating mainly from some UNV doctors may reflect to the feeling of helplessness and non-participation they experience in the decision making process in their local areas of assignment. This is especially important if the decisions have a direct impact on their own work as professionals - they appreciate being consulted on such matters.

## **6.2. Lesson learnt regarding role of UNV Doctors in enhancing health service delivery.**

### **6.2.1. As a short term measure, UNV doctors play a significant role in reducing the doctor-patient ratio.**

The UNV doctors have been effective but mainly so in the short term as a stop gap measure. Without the achievement of the goal to encourage volunteerism among local doctors, their impact sublimates as soon as they leave. The busy schedule curtails the transfer of skills to the staff who are there as the doctors become more focused on delivering scarce medical service, many a time they being the only doctor in the facility. The industrial action by local doctors during the past few months has highlighted the vulnerability of the arrangement. Though the UNV doctors became a resource, many of them are specialised and could not possibly cover all sectors of the facility; e.g. an anaesthetist NT being able to work as a general practitioner of obstetrician.

### **6.2.2. Limpopo Department of Health cannot only depend on UNV doctors for its healthcare needs - a comprehensive retention strategy is required to keep local doctors.**

The role of the UNV volunteers cannot be underestimated as they play a huge part in the running of our communities, both on a local and national level. They play a significant economic role as they save the economy millions of rands a year. The jobs that are done by volunteers range from highly specialised to mundane and boring - but all are jobs that need doing. It is impossible to put a price on volunteers because they add something which is priceless - the willingness to get tasks done with no financial compensation. They bring skill and services to underserved areas. However, they cannot be the answer to the retention of local doctors in the rural areas and a comprehensive retention strategy is needed to keep local doctors in these areas.

### **6.3. Lesson learnt regarding role of UNV Doctors in promoting volunteerism and retention of local doctors in target areas.**

#### **6.3.1. The role of UNV doctors as a vehicle for promoting volunteerism amongst local medical staff and professionals might not be effective.**

Though the project has promotion of volunteerism as a stated main objective, the project did not take advantage of the UNVs to promote the importance and culture of volunteerism in the province. Although the feelings at the Project Partner level was that this programme was a good vehicle for promoting volunteerism amongst local medical staff and professionals, this was not the case felt at the facility level and among the volunteers and hospital leadership (clinical and leadership). The office admits that the Volunteerism Campaign is a component of the project which has been lacking and/or otherwise delayed. Only in 2008 were real strides made toward its implementation, but evidence of this was hard to find at facility level.

There hasn't been significant impact observable in increase in the retention of doctors and interns or otherwise in the areas where the UNV doctors have been deployed. This is further dampened by the fact that it seems there were no focus on this aspect in the programme as intended Volunteerism Campaign has not taken off yet. Additionally, the interaction between UNV and local doctors was more conducive to skills transfer than volunteerism. This aspect of the project seems to have been lost both among local and UNVs as they get caught up in the busy pace of providing healthcare services.

While the UNV doctors are meant and would like to promote volunteerism by example, the local staff continues to perceive the UNV doctors as extra hands of cheap labour and not as support personnel – some UNV doctors strongly felt. *“The people and patients of Limpopo can't really tell the difference which doctors are volunteers or not nor do they really care as long as they are cared for properly”*. As an example there has been no differentiation between the Cuban expatriates and the UNV volunteers in the eyes of the communities and some staff. This has left them being perceived as high paid expatriates whereas the contrary is true. As one doctor expressed, *“It looks as local people mentally don't understand how's a Specialist Doctor can work for free”*. This shows the extent to which the orientation towards volunteerism is rather lacking.

### **6.3.2. The Impact of the project on Retention of local doctors in the target areas is not really known**

Through an objective related to increasing volunteerism among local doctors the Project also sought to increase the retention rate of local Medical Experts who have served their specialization studies in Limpopo Province. Evidence to that was not available and difficult to elucidate. This is for a number of reasons among which is the fact that this was not particularly monitored. The PMU office confirmed that there were no studies specifically developed in this regard. The co-workers were mostly not sure about the impact of the project on medical experts' retention. The situation was not different regarding "retention rate of local Medical Interns who have served their internship studies in Limpopo Province". All respondents highlighted that there was no significant achievement in this regard or the fact that this aspect of the programme was not really visibly focused on.

### **6.3.3. Promotion of volunteerism should come from the DOH and UNDP CO/ PMU using the UNVs' works as a focal point.**

Promotion of volunteerism cannot be left entirely to the UNV doctors only. Instead, as envisaged in the planning phase the Department of Health and the UNDP CO/ PMU could have collaborated to launch the volunteer programme. The UNV doctors are too involved at the healthcare service delivery "war front" as it were to be able to handle the coordination and planning needed for sustainability of the local volunteer effects.

### **6.3.4. Enhancement of skills of local doctors alone is not enough to achieve the aims of the programme.**

From the experience of all the stakeholders, but especially the UNV doctors themselves, enhancement of skills of local doctors alone is not enough to achieve the aims of the programme. What is needed in addition is education in values and reprogramming of young doctors into understanding that being a doctor is more than just earning rands - it's a vocation.

### **6.3.5. South African public healthcare system has a lot of problems which are not expected to be sorted out soon.**

The problems inherent in the South African health system are deeply embedded and cannot be resolved by this programme. It thus remains a stop gap measure while better solutions are being sought for reform in the healthcare system, both provincially and nationally.

### **6.3.6. A lot more can be achieved if there is willingness and involvement not only of the UNV but also on the part of the host community and the people.**

In the programme thus far, involvement of the local communities has been minimal and could be enhanced. The community being the ultimate beneficiaries of the programme, should play a meaningful role in its planning or implementation. The local community could appreciate and encourage volunteerism for example among the local doctors. This could help influence the mindset of the local medical practitioners about voluntary service.

## **6.4. Lesson learnt with respect to UNV Doctors recruitment and deployment**

### **6.4.1. One UNV databases is not sufficient to source profiles of UNVs targeted for recruitment.**

The database size and the depth and breadth of the available volunteers is important as it helps in that it allows better selection and matching of the UNV resources to the needs of the target location, in this case South Africa and Limpopo Province.

### **6.4.2. Recruited specialists need to be assigned to hospitals according to their level of qualifications and experience to better utilise their skills.**

Though qualifications and experiences are good proxies for the suitability of deployment of the volunteers, there should be consideration of the experience of the incumbent. Some incumbents were assigned to areas where independent working is a norm and the skills needed are more of a generalist rather than specialised medical practitioners. So though the doctors were specialist in certain categories, they would have had to dig into their general practitioner experience to be maximally useful in the facility. There were instances where the volunteer could not cope and this resulted in frustration for all parties involved.

## **6.5. Lesson learnt with respect to UNV Doctors programme project management**

### **6.5.1. Poorly designed project document provided challenges in the overall planning and implementation of the project.**

The project design left a lot to be desired and there were no clear indicators and targets as well as a budget line for monitoring and evaluation thus far. Project planning (and implementation) is critical to delivering on time and on budget. There is a need to streamline project planning for the UNV and link it with workflow-controlled monitoring and evaluation. This has resulted in challenges in the monitoring, evaluation and reporting and the crafting of relevant and effective Terms of References (TORs) for the evaluation assignment.

### **6.5.2. There need to be closer interaction between stakeholders for the project to be a success.**

There were expressions of inadequate collaboration between stakeholders be they the UNDP offices, the DOH Offices, the hospital management at the facility of deployment of the UNV doctors, the co-workers of the latter; as well as the d UNV doctors themselves. There is need to encourage interaction and closer collaboration between all stakeholders. Project success and failure is related to stakeholders' perceptions of the value created by the project and the nature of their relationship with the project team. There is a link between the successful management of the relationships between the project and its stakeholders, and the stakeholder's assessment of a successful project outcome. The project's success, or failure, is strongly influenced by both the expectations and perceptions of its stakeholders, and the capability and willingness of project managers to effectively manage these relationships within the organisation's political environment.

### **6.5.1. Role clarification important**

There is lack of an interactive platform for all partners to maximise health services delivery under the programme. This is worsened by lack of clear roles and responsibilities amongst other partners which has resulted in confusion between the various offices (UNV Bonn, PMU and UNDP CO). Also there is lack of attention to their own possible contribution to the project in the project partners' strategic plans.

### **6.5.2. Volunteerism has benefits for both the recipients and the volunteers and this can be used in promoting volunteerism among local doctors.**

Volunteerism indeed brings advantages to all the parties, the volunteers and the service recipients as well as the community. For the volunteers the programme offers what could be deemed "educational and skills development tourism;" as put by one CEO of a hospital. This is a fact that can be used in promoting the cause of volunteerism among local interns, qualified doctors and specialists.

## Section 7

### THE RECOMMENDATIONS

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Part of the aims of this evaluation as stated in the Terms of reference (TORs) was to get recommendations on the UNV Doctors Programme. After reviewing the successes, constraints and challenges as well as the lessons learned and reflections from the respondents this section presents recommendations to improve the UNV Doctors volunteer recruitment and sustainability of the programme. These are presented below in two groupings as follows:

- *Specific Recommendations* - this presents recommendations pertaining to specific objectives of the current programme and projects as focused on in the evaluation; and
- *General Recommendations* – which covers strategic issues, current and in the future, and also include additional programme recommendations gleaned from the field staff as well as the independent evaluation team.

#### **7.1. Specific Recommendations**

##### **7.1.1. The UNV Doctors Project must enhance general support for UNV Doctors.**

There was a feeling among the UNV doctors that although support was there and appreciated in most cases, there was also expressed a need to enhance this support. For instance all parties involved (UNDP/UNV/Limpopo HD) should hold more regular meetings with the doctors. The infrequent meetings at the moment do not avail enough time to discuss problems and create solutions. Some UNV doctor suggested more and ongoing combined hospital monitoring visits (i.e. including all project role players) for the PMU and Limpopo Department of Health for the stakeholders, not only to observe the circumstances under which the volunteers work, but also to increase a sense of project support and care amongst UNVs.

##### **7.1.2. The UNV Doctors Project must continue interaction with UNV doctors and facilitating their development and learning through encouraging their attendance to conferences and seminars.**

The PMU needs to lead in facilitation of seminar and conferences and increase in number and quality. This is especially required as the doctors tend to be located in remote areas where access to seminars and conferences is rather limited. The UNV doctors in most hospitals have found they still lack adequate facilities for outside communication. Internet access is still limited only to a few personnel in the hospital.

### **7.1.3. The UNV Doctors Project should help the UNV doctors especially in speedily and efficiently resolving with matters operating to emigration and renewals.**

The UNV doctors have especially needed support with immigration issues and also registration with the relevant regulator such as the Health Professions Council of South Africa. The doctors also need support with immigration and contract renewal processes as most face challenges in this regard - yearly renewal was found by many to be rather honourous. Longer renewal periods should perhaps be considered, especially if the volunteer has proven himself/herself adequate in the first year of review. Probably, thereafter only two yearly renewals are needed. As a safety net if the doctor's performance degenerates then appropriate remedial action could then be taken. This is to be considered along with issues pertaining to further training for the UNV doctors once they are deployed.

### **7.1.4. There should be clarification of roles and responsibilities among partners and creation of an interactive platform to maximise healthcare delivery.**

Lack of an interactive platform for all partners to maximise health services delivery under the current programme was highlighted as a weakness. This, worsened by lack of clear roles and responsibilities amongst the partners and appropriate strategies, has resulted in confusion between the various offices (UNV Bonn, PMU and UNDP CO). It is thus recommended that actions to clarify the roles and responsibilities among project partners be taken as soon as possible. The project partners should be requested to review their strategies to include objectives and strategies pertaining to their own contribution to the success of the project.

### **7.1.5. The project should develop strategies to diversify the skills of the volunteer base as well as structure the transfer of these skills to the local doctors.**

There was a viewpoint that there was inadequate diversification of medical skills among the supply pool of the UNV doctors; i.e. specialisations beyond the current range are needed; and that there is no structured and planned transfer and prioritisation of such skills to the local doctors. The transfer of skills themselves has not been monitored or quantified, though the envisaged Workflow Assessment template should go a long way in addressing this gap – thus it should be implemented speedily.

### **7.1.6. Programme must review its strategies on Promoting Volunteerism among local doctors.**

The programme must review the strategies for improving volunteerism among local doctors and put in place projects and programmes to make this happen. Especially important is to address the lack of interest in volunteerism among local medical professionals. This should be probably addressed upstream of the doctors development, during the training years. Also active promotion of volunteerism (i.e. campaigns, fares, etc) should be undertaken for local doctors. Trying to achieve this through interaction between UNV and local doctors is not practical and is a tardy process.

Volunteerism strategy for the province needs to be developed to address the sustainability of volunteerism. To promote volunteerism, the UNVs need promotional materials and programs to promote their cause and calling. This should include campaigns probably targeted at the doctors who are about to be deployed in the areas where UNV reside. A thought is that the UNV doctors could be used as volunteering ambassadors to Te medical schools to instil that spirit at training level. By the time the doctors leave schools for rural deployment their mind is already set and usually not on volunteerism. To improve Volunteerism among local doctors, some respondents suggested that there should be a relook at rules and regulations to link doctors' permission to work in a private sector with the work in public sector.

There were indications that the Volunteerism Campaign might be launched soon, then it needs to be well articulated with realistic targets, integrated to project activities in order to evaluate the overall impact of the project. Baselines should be set to allow assessment of the impact on volunteerism among local doctors.

**7.1.7. The project needs to review its role in enhancing retention and commitment of local medical experts to serve in disadvantaged areas as a result of increased appreciation of volunteerism.**

With doubtful impact on volunteerism, the stated aim to increase retention of local doctors in the rural areas is under jeopardy. Though the project aimed to increase retention of local doctors, there were no metrics in place to monitor the retention rates of local doctors. This would have helped in monitoring both the retention and volunteerism. Additionally, volunteerism could happen at a later stage in the exposed local doctor's life and this currently the project is not able to accurately monitor or track this element. According to the PMU office a retention strategy will form part of the Phase 3 of the project which would be a welcome development.

**7.1.8. The project should critically review its impact towards the MDGs and PDGs and incorporate this into its programming and reporting.**

There has been recognised a silence of the project regarding its contribution towards various essential strategies, there should be an annual consultation of all partners including UNV Bonn to look at the impact of the project, contribution towards the MDGs (Millennium Development Goals), the provincial strategy of the Department and the province's PGDs (Provincial Development Goals). The roles and responsibilities of partners should be redefined and the project AWP (Annual Work Plan) should be shared with all concerned.



## **7.2. General Recommendations**

### **7.2.1. Enhance Recruitment and placement of UNV Doctors.**

There is need for improved coordination process of overall recruitment between the project partners and role players, i.e. UNV Bonn, UNV COA and PMU. Then, realistic targets need to be set for the levels of recruitment versus the recruitment time lines and the recruitment process need to be made shorter and yet more effective.

The placements of the volunteers also demands attention: there are instances where the volunteers were found not to be fully adequate. This probably reflected a mismatch between the volunteers' skills and expectations at placement station which could have been resolved at recruitment and placement time. The needs of the target facilities are varied and also unique and the deployment of the UNV specialists need to be "needs as well as skills based".

Additionally, the people doing the selection of the volunteers need to be well versed with practice and challenges at the local hospital levels. In this regard it was suggested that rather than just leave the recruitment to the office-based people at provincial head office there should be participation of the clinical officers (and perhaps hospital CEOs) in the selection of and placement of the UNV doctors.

Other relevant recommendations were given by the stakeholders to enhance the UNV volunteers' recruitment processes and these included:

- Recruiting of more couples, where both partners are medical practitioners. This would make the stay of individuals "less lonely and more bearable in especially the rural areas".
- Also it was felt that there should be institution of minimum local language proficiency courses for UNV doctors to enhance service delivery to the people of Limpopo.
- The UNV doctors could be more effective if the doctors had a longer tenure. This would necessitate change contract terms: e.g. extend the contract duration for UNVs to minimum of two years service to the province; and
- Calls were made from various quarters to send more volunteer doctors as their role is crucial in addressing the skills shortages in the province.

### **7.2.2. Develop a more efficient UNV Volunteer Recruitment & Retention Database.**

The feasibility to enhance the centralized database to track and manage all UNV volunteers should be explored further. The central database should enable the officers to manage the volunteer program in a very efficient and effective way such as maintaining up-to-date records, determine individual station needs, follow-up more effectively with prospective recruits, determine a volunteer's needs and expectations, determine training needs based on incoming recruits, and conduct exit interviews. This way, the project will be able to measure the effectiveness of the recruitment and retention efforts with some certainty because of the availability of good data and information.

### **7.2.3. Enhance the Capacity of the PMU to manage the Project**

The PMU is crucial to the success of the UNV Project and as such capacity assessment of staff in PMU to deliver on all project activities and Protocol issues has to be given more consideration. The PMU has to be more organised to minimise frequent editing of documents and extensive guidance from UNDP and the Department of Health. This needs diversification and broadening of required competencies including support on health facility management. They need to develop expertise in various in programming approach, notably the Results Based Management.

The PMU needs to lead in defining how the project needs and challenges are going to be addressed in the long-term and define roles and responsibilities of all key stakeholders. Because of its role in supporting the management and wellbeing of UNVs, it should hold more frequent meeting between the UN and PMU office and Limpopo Department of Health to discuss areas of concern and improvement in service delivery. This will also entail maintaining communication with UNVs and hosting health facilities on a regular basis.

### **7.2.4. The Project should enhance the Project Evaluation and Programming**

Though the UNDP ascribes to Results Based Management (RBM), this was not too evident in the project processes and documentation. The role of RBM could be enhanced by having the project stakeholder develop a better and standardised project logic framework with a strong commitment to, and development of, monitoring and evaluation upfront. This will allow effective ongoing monitoring of the projects and allow timely warnings when problems are arising. This will allow evaluation at predetermined times to inform the effectiveness and success of the projects and their activities. Having such an approach will improve the objectivity of field personnel whose livelihood depends on the project, as this subject of objectivity was a notable issue during the evaluation.

In the proposed project framework there should be well defined roles and responsibilities of all parties involved in the project. The RBM approach and good programming will align the project activities/mission with the provincial department strategy, PGDS and national priorities and MDGs. The result will be a well developed project document to guide the development and implementation of the project.

#### **7.2.5. Establish an effective monitoring and evaluation system**

Program leaders must make critical decisions regarding the distribution, use, and management of available resources. In this regard the volunteer program managers need to document: (1) how financial, material, equipment, in-kind, and human resources have been, are being, and will be used by the project; and (2) what benefits these resources have brought to the clients and programs. This requires the setting up of an effective monitoring evaluation and reporting system as part of the programme planning and development.

There are two basic types of evaluation. Formative program evaluation is used to monitor ongoing program effectiveness and to manage activity. It guides mid-year (or mid-project) adjustments and provides mid-year data for a year-end report. Summative program evaluation is a year-end (or project-end) report that includes results, strengths, weaknesses, recommendations, and future plans. Formative evaluation needs to be buttressed more through accurate monitoring and reporting systems.

Well structured monitoring and evaluation plans with clear indicators to assess progress are needed to assess progress and impact of the programme. This will result in quality and scheduled reporting.

#### **7.2.6. There is a need to develop a stronger and responsive Volunteers Supervision strategy.**

Volunteers need support to perform their duties and the UNV doctors should be no different. Whether this is at the PMU level or hospital level, the UNV doctors should have a designated supervisor to whom they can turn for advice, guidance, encouragement, and feedback. The supervisor also needs to provide the materials, training, and direction to enable the volunteer to perform assigned tasks, and will empower volunteers by providing: sufficient orientation to the organization; clear and appropriate expectations; proper training and equipment; evaluation of performance, and regular reinforcement and recognition.

Volunteers want and need to be held accountable for their performance by their supervisors. An effective supervisor should be concerned that volunteers have confidence in themselves, are satisfied with their level of contribution, and have the opportunity to grow personally and professionally through their service.

While many of the principles of supervision are the same for paid or unpaid staff, managing volunteers effectively takes special effort to see that volunteers' need for satisfaction with their assigned duties is met. The supervisor should be both willing and able to manage the volunteers as not everyone knows how to work with and motivate volunteers. A *professional volunteer manager* can support the supervisors of volunteers by eliciting feedback from the supervisors and using it to evaluate the volunteer program periodically, by facilitating the sharing of experiences among the supervisors, and by showcasing good volunteer supervision. To what extent this happens or need to happen must be determined by this project.

#### **7.2.7. South African doctors themselves should enrol in UNV Doctors programme**

Some felt that enrolment of South African doctors themselves in the programme elsewhere would instil in them a sense of community service and would also offer learning opportunities from other countries and environments. This would ultimately engender a spirit of volunteerism among the local medical personnel.

## Section 8

### THE CONCLUSION

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In conclusion, the evaluation meant to answer a number of questions and these can be reframed and addressed in the conclusion in a logical manner to satisfy the purposes of the evaluation:

- *Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives; and the effectiveness and extent to which the activities have attained its objectives?* The project has achieved a number of its objectives satisfactorily but what has been painful outstanding has been the imparting of volunteerism to local medical practitioners. This has not happened to any noticeable extent.
- *Has the project made a real difference to health care provision in the Province?* Yes, and the project has vastly improved health service delivery both in quantity and quality of services. This fact has borne out by all stakeholders involved the project partners as well as the UNV doctors and co-workers.
- *Has there been a transferral of skills and medical expertise?* Yes, there has been transferral of skills to a reasonable extent. This was testified to by all the stakeholders. The limitation here though has been the fact that most of the volunteers are inundated with work and have little time to transfer skills direct as they are at the forefront of health care delivery often without a local co-worker.
- *Are UNV doctors a vehicle for promoting volunteerism amongst local medical staff and professionals, and the public?* Unfortunately this aspect has not been achieved to any significant extent by this programme. The envisaged Volunteer Programme did not materialize and without a focus on promoting volunteerism directly there has been failure in this regard. To expect a passive volunteerism effect by the UNV doctors has not proved to be a legitimate expectation for this project.
- *What is the performance of Project partners: UNDP CO, UNV, PMU and Health Authorities?* The project partners have indeed each played their role (support and facilitating their

development) satisfactorily despite challenges commensurate to such a complex and extended project. However, better collaboration will enhance the programme even further.

- *What is the organizational capacity of the Project, including the Project management, in achieving Project outcome(s) and objective(s)?* Given the fact that for a while the project did not have a project manager, the project has done well; and has been doing progressively better since the appointment. Save for a few areas where more can still be done, e.g. supporting the UNV through enhanced visits etc, the project management through the PMU has done well. Further enhancement in the management of the project would be to refine the results based approach and create logframes for the project with a solid monitoring evaluation and reporting system.
- *What are the conclusions and recommendations for changes to enhance Project performance and enable the necessary changes to reach expected results?* The lessons learnt, conclusions and recommendations have been identified in the sections above and these offer opportunities and best practices emerging from this project to inform the design of other UNV Doctors Projects. These experiences can inform future funding for further resource mobilization for the project.

The balanced viewpoint is that, whereas the project could be considered to have been fairly successful, it could have been more strategic and thus responded adequately to the province's pressing needs - it can do with a review of its strategies and lessons learnt in proceeding into the new round of operation. The most important weakness identified is lack of sustainability. Monitoring and evaluation should be strengthened across the whole portfolio and be effected as part of the planning of the project themselves.

In all, the UNV Doctors programme has been effective in increasing service delivery through the importation and placement of qualified volunteer-doctors to address a serious skill shortage in the province of Limpopo - there is no doubt that the UNV doctors fill a critical gap. However, this alone is not enough in the medium to longterm without parallel attempts to address the skills shortage through other strategies. In the final analysis, it is clear that the UNV Programme was highly appreciated by those well informed within the South Africa health departments and government. This is what should be expanded and built upon going into the future.

## **Section 9**

### **APPENDIXES**

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The appendixes of material and information in support of the evaluation are attached below and include the following:

- Appendix 1: Evaluation Terms of Reference
- Appendix 2: Appendix 02: The UNV Project Evaluation Project Log Frame
- Appendix 3: Questions used in the evaluation, analysis and reporting
- Appendix 4: Field Visits Interviewees

## **Appendix 01**

### **EVALUATION TERMS OF REFERENCE**

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#### **1. Introduction**

In UNDP, project evaluations are mandatory when required by partnership protocol. The UNDP policy also requires that projects are monitored and evaluated regularly. The UNDP Executive Board approved “The Evaluation Policy of UNDP” in May 2006. This policy is aimed at increasing “transparency, coherence and efficiency in generating and using evaluative knowledge for organizational learning and effective management for results, and to support accountability”. All UNDP evaluation reports will be made public, and the results of the evaluation will be used by, and serve the purpose of, the implementing partner and other partners, as well as the UNDP, toward improving their respective development and strategic objectives.

At the project level, Monitoring and Evaluation Policy (M&E Policy) has four objectives:

- To monitor and evaluate results and impacts;
- To provide a basis for decision making on necessary amendments and improvements;
- To promote accountability for resource use; and
- To document, provide feedback on, and disseminate lessons learned.

The overall objective of this project evaluation is to give feedback to the stakeholders (Department of Health, UNV, UNDP CO), as well as the Local South African Government on progress in achieving the objectives and outcomes of the Project document for Phase II of the project. In order to get a comprehensive view of the projected achievements of objectives and outcomes of the Project, the Evaluator shall undertake development and delivery of the following:

1. An assessment of the Project objectives, expected outcomes (indicators), activities undertaken, inputs and resources as stated in the Project Document.
2. An assessment of the progress in achieving the objectives and results so far.
3. An assessment of action to be taken to complete already initiated tasks toward meeting the objectives and expected outcomes, or in the case of not obtaining the expected results, recommend ways forward.

This Evaluation TOR provides the key questions and guidance vis-à-vis the methodology in conducting this project evaluation.

#### **2. Project Objectives**

The objective of the project is to extend the UNV/UNDP assistance to the Government of South Africa, to enable efficient delivery of health care services in the Limpopo Province through capacity building and the provision of 40 international UNV doctors. The key components of the project include: the fielding and recruitment of international medical experts; administrative support to UNV Doctors in the Province; and, to lead a Volunteerism Campaign for the Province in order to promote volunteerism and/or volunteer activity within the health care sector.



Objectives	Outcomes
<b>Care &amp; support to UNVs:</b> Interacting with UNV doctors and facilitating their development and learning through encouraging their attendance to conferences and seminars. Ensure that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) are dealt with speedily and efficiently. Ensure the transferral of skills between UNV Doctors and local junior doctors/specialists and interns.	Increased retention rate of International Medical experts and interns who have served their specialization studies in Limpopo Province
<b>Better health service delivery:</b> To strengthen and facilitate relationships between the internal and external project partners, and to interact closely with hospitals/clinics where UNVs are placed. To continually field and recruit International specialists to assist with the skills shortages in the Province.	Improved quality and quantity of Medical services in the province
<b>Volunteerism Campaign:</b> Together with the Provincial and National Department of Health, the Project will lead a "Volunteer for Limpopo Campaign". This campaign is aimed at raising awareness within Limpopo on the importance and the value of voluntary activity, and to secure increased support for the Limpopo Department of Health.	Enhance the commitment of local medical experts to serve in disadvantaged areas as a result of increased appreciation of volunteerism

### 3. Objectives and Scope of the Evaluation

The primary purpose of this evaluation will be to access the impact of this Project toward health promoting, and development services to the people of Limpopo. The evaluation should clearly assess the progress of the project since the project formulation, whether benchmarks and/or targets have been met, and whether the design of the Project is enabling a participatory process of development.

In particular the evaluation will:

- Assess whether the activities and outputs of the project is consistent with the overall goal and the attainment of its objectives; and, the effectiveness and extent to which activities have attained its objectives.
- Assess whether the project has made a real difference to health care provision in the Province
- Capture lessons from experiences of the project - issues, opportunities and best practices emerging from this project to inform the design of other UNV Doctors Projects, and how these experiences can inform future funding for further resource mobilization for the project.

The following key issues should be explored:

- Has there been a transferral of skills and medical expertise?
- Are UNV doctors a vehicle for promoting volunteerism amongst local medical staff and professionals, and the public?
- Role and performance of Project partners: UNDP CO, UNV, PMU and Health Authorities.
- Organizational capacity of the Project, including the Project management, in achieving Project outcome(s) and objective(s).
- Present conclusions and recommendations for changes to enhance Project performance and enable the necessary changes to reach expected results.

### 4. Elements of the Evaluative Approach

Given the nature of the data required for this evaluation, the data collection method should take the form of:

- Quantitative research (e.g. face-to-face interviews) – for comparative analysis; and,
- Qualitative research (e.g. focus groups) – deeper probing for quality data and fine-tuning questionnaire for quantitative process

The Qualitative process should precede the Quantitative process. The suggested information gathering instruments are: Documentation review (Refer to Reference list); questionnaires; interviews; field visits and focus group discussions. The evaluator will be provided with all pertinent information with regards past evaluation of the Project. The Project will provide the evaluator with all relevant global, regional and national data and/or complementary data of similar projects. The detailed evaluation methodology will require the involvement of the evaluator.

## **5. Planning Process**

In order to achieve the aforementioned objectives, the Evaluator will develop sequential activities to be carried out.

- Prepare and present to UNV/UNDP CO a plan of action for the Project Evaluation.
- Relevant material must be consulted (Project document, Project reports, Project Work Plans). UNV/UNDP CO will make available all necessary material.
- Undertake field visits in Polokwane and other places of UNV placements.
- Meet with the relevant Project stakeholders at DoH in Polokwane, Project management, UNDP staff and UNV Programme Officer.
- Present a draft report by 29 August 2008 and a final report by 15 September 2008.

## **6. Deliverables**

The Project Evaluation will have to deliver the following: A comprehensive analytical report (in English) that should include at least the following:

- Executive summary
- Introduction
- The Project and its development context
- Key findings and conclusions
- Recommendations
- Lessons learnt
- Annexes: TOR, field visits, people interviewed, documents reviewed, etc.

## **7. Timeframe**

The Project Evaluation will be conducted during July and/or August 2008, over a 20 (twenty) day period. A draft report must be submitted by 29 August 2008 and a final report by 15 September 2008.

## **8. Requirements**

The consultant should have the following:

- An appropriate post-graduate degree (preferably a Masters Degree)
- Proven research and strong analytical skills
- Good presentation, communication and report-writing skills.
- Conduct impact analysis on organizational/project performance
- Fluency in English language
- Availability – July and August 2008

## **9. Management Arrangements**

The UNDP CO and the Project Management Office in Polokwane, will be responsible for liaising with the Project Evaluation Team including: stakeholder interviews; arrange field visits; coordinate with the Department of Health; and, ensure timely arrangements for provision of travel and/or accommodation.

## Appendix 02

### The UNV Project Evaluation Project Log Frame

PROJECT PURPOSE
<ul style="list-style-type: none"> <li>The primary purpose of this evaluation will be to assess the impact of this Project toward health promoting, and development services to the people of Limpopo.</li> <li>The evaluation should clearly assess the progress of the project since the project formulation, whether benchmarks and/or targets have been met, and whether the design of the Project is enabling a participatory process of development</li> </ul>

PROJECT OBJECTIVES
<ol style="list-style-type: none"> <li>Assess the Project objectives, expected outcomes (indicators), activities undertaken, inputs and resources as stated in the Project Document (as well as the Terms of References of this Evaluation).</li> <li>Assess the progress in achieving the objectives and results so far.</li> <li>Assess action to be taken to complete already initiated tasks toward meeting the objectives and expected outcomes, or in the case of not obtaining the expected results, recommend ways forward.</li> <li>Assess whether the activities and outputs of the project is consistent with the overall goal and the attainment of its objectives; and, the effectiveness and extent to which activities have attained its objectives.</li> <li>Assess whether the project has made a real difference to health care provision in the Province</li> <li>Capture lessons from experiences of the project - issues, opportunities and best practices emerging from this project to inform the design of other UNV Doctors Projects, and how these experiences can inform future funding for further resource mobilization for the project.</li> </ol>

Key Project Stakeholders	
Primary	Secondary
<ul style="list-style-type: none"><li>• UNDP</li><li>• Limpopo Provincial Departments of Health and Social Development.</li></ul>	<ul style="list-style-type: none"><li>• LDOHSD Facilities</li><li>• UNV doctors co-workers</li><li>• Communities served by hospitals</li></ul>

Resources	Activities	Deliverables
<ol style="list-style-type: none"> <li><b>Human Resources:</b> <ol style="list-style-type: none"> <li>Technical consultants: Nomvula Marawa and Pino Mavengere and support staff (BizMetrics)</li> </ol> </li> <li><b>Financial Resources:</b> <ol style="list-style-type: none"> <li>Budgeted (R 210 000)</li> </ol> </li> <li><b>Materials for the Programme:</b> <ol style="list-style-type: none"> <li>BizMetrics Evaluation Framework and Tools</li> </ol> </li> <li><b>Equipment or physical resources:</b> <ol style="list-style-type: none"> <li>None particularly</li> </ol> </li> <li><b>Information and Technology:</b> <ol style="list-style-type: none"> <li>Computers and programmes</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Prepare and present of an action plan for the Project Evaluation to the UNV/UNDP CO.</li> <li>Develop the Evaluation Toolkit (qualitative and quantitative) focusing on key issues as identified in the TORs (see our sample evaluation Checklist).</li> <li>Review relevant material for the project (Project document, Project reports, Project Work Plans) as provided by the UNV/UNDP CO</li> <li>Plan and undertake field visits in Polokwane and other places of UNV placements.</li> <li>Meet with the relevant Project stakeholders at DoHSD in Polokwane, Project management, UNDP staff and UNV Programme Officer.</li> <li>Data Synthesis and Develop and present Draft Report</li> <li>Develop and present Final Report</li> </ol>	<p><i>A Comprehensive Analytical Report</i> (in English) that should include at least the following:</p> <ul style="list-style-type: none"> <li>Executive summary</li> <li>Introduction</li> <li>The Project and its development context</li> <li>Key findings and conclusions</li> <li>Recommendations</li> <li>Lessons learnt</li> <li>Annexes: TOR, field visits, people interviewed, documents reviewed, etc.</li> </ul>

Key Programme Assumptions:	Key Programme Risks
<ul style="list-style-type: none"> <li>Necessary funding will be available from UNDP and the Limpopo Department of Health and Social Development.</li> <li>Support by Health sectoral partners and stakeholders</li> <li>Cooperation from incumbents within the provincial DOHSD</li> <li>Senior management goodwill and support at all levels of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Lack of cooperation by provincial personnel and/or stakeholders</li> <li>Negative perceptions by stakeholders</li> <li>Disputes regarding findings of the evaluation and review</li> <li>Project duration and mandates can easily expand beyond initial expectations</li> <li>Lack of programme information and evidence</li> </ul>

## Appendix 03

### QUESTIONS USED IN THE EVALUATION, ANALYSIS AND REPORTING

Evaluation Theme	Evaluation Questions	UNV Doctors	Partners	Staff
<b>1. Working Relationship with UNV Doctors</b>	1.1. What is your partnership type with UNV Doctors Project in the Limpopo Province?		●	
	1.2. What is your contact with UNV Doctors Projects in the Limpopo Province?			●
	1.3. Name and contact		●	
	1.4. What role do/should you play?		●	
	1.5. What is your current job			●
<b>2. Project Objectives</b>	<b>2.1.1. Care &amp; support to UNVs:</b>			
	2.1.1.1. Has the UNV Doctors Project interacted with UNV doctors and facilitating their development and learning through encouraging their attendance to conferences and seminars?		●	
	2.1.1.2. Has the UNV Doctors Project ensured that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) are dealt with speedily and efficiently?		●	
	2.1.1.3. Has the UNV Doctors Project ensured that there is the transferral of skills between UNV Doctors and local junior doctors/specialists and interns?		●	
	2.1.1.4. Do you feel you have given all the necessary support to the UNV Doctors?		●	
	2.1.1.5. Any General Comments (Weaknesses; Strengths; Areas for improvement)		●	
	2.1.1.6. Has the UNDP Project Management Unit interacted with UNV doctors and facilitated their development and learning through encouraging their attendance to conferences and seminars.	●		
	2.1.1.7. Has the UNDP Project Management Unit ensured that all UNV doctors' concerns (vis-à-vis entitlements, accommodation, etc.) are dealt with speedily and efficiently?	●		
	2.1.1.8. Have you received enough support from the following stakeholders?			
	a. UNV – United Nations Volunteer Programme	●	●	
	b. UNDP CO - UNDP Country Office	●	●	
	c. The Projects Management Unit ( PMU)	●	●	
	d. The Limpopo Department of Health	●	●	
	e. The Hospital	●	●	
	2.1.1.9. Any General Comments (Weaknesses; Strengths; Areas for improvement)			
	<b>2.1.2. Better health service delivery</b>			
	2.1.2.1. Has the Project strengthened and facilitated relationships between the internal and external project partners?	●	●	●
	2.1.2.2. Has the Project increased close interaction between external project partners and hospitals/clinics where UNVs are placed?	●	●	●
	2.1.2.3. Has the Project continued fielding and	●	●	●

Evaluation Theme	Evaluation Questions	UNV Doctors	Partners	Staff
	recruiting international specialists to assist with the skills shortages in the Province?			
	2.1.2.4. Has the Project ensured that there is the transferral of skills between UNV Doctors and local junior doctors/specialists and interns?	●	●	●
	2.1.2.5. Has the Project made a real difference to health care provision in the Limpopo Province?	●	●	●
	2.1.2.6. Any General Comments (Weaknesses; Strengths; Areas for improvement)	●	●	
	<b>2.1.3. Volunteerism Campaign:</b>			
	2.1.3.1. Are UNV doctors a vehicle for promoting volunteerism amongst local medical staff and professionals?	●	●	●
	2.1.3.2. Has this project raised awareness within Limpopo Province of the importance and the value of voluntary activity	●	●	●
	2.1.3.3. Has this programmes project increased support for the Limpopo Department of Health in the delivery of its services.	●	●	●
	2.1.3.4. Any General Comments (Weaknesses; Strengths; Areas for improvement)	●	●	●
<b>3. Project Outcomes</b>	3.1. Has the Project increased retention rate of local Medical Experts who have served their specialization studies in Limpopo Province.	●	●	●
	3.2. Has there been increased retention rate of local Medical Interns who have served their specialization studies in Limpopo Province?	●	●	●
	3.3. Has the Project improved quality of Medical services in the province?	●	●	●
	3.4. Has there been increased improved quantity of Medical services in the province?	●	●	●
	3.5. Has the Project enhance the commitment of local medical experts to serve in disadvantaged areas as a result of increased appreciation of volunteerism?	●	●	●
	3.6. Has there been enhanced commitment of local medical experts to serve in disadvantaged areas as a result of increased appreciation of volunteerism?	●	●	●
	3.7. Any General Comments (Weaknesses; Strengths; Areas for improvement)	●	●	●
<b>4. Overall Programme Evaluation</b>	When you reflect on the Project as a whole, how satisfied are you with the following aspects of the services/outputs provided by UNV Doctors:			
	4.1. The overall Project success?	●	●	●
	4.2. The quantity of services provided by UNV Doctors?	●	●	●
	4.3. The quality of services provided by UNV Doctors?	●	●	●
	4.4. The degree of innovation in services provided by UNV Doctors?	●	●	●
	4.5. What have been the weaknesses of the UNV Doctors Project?	●	●	●
	4.6. What have been the strengths of the UNV Doctors Project?	●	●	●
	4.7. What lessons have been learnt?	●	●	●
	4.8. What recommendations can you make?	●	●	●

## Appendix 04

### FIELD VISITS INTERVIEWEES

#### 1. Facility Based

Hospitals/ Duty Stations	Hospital CEO/Clinical Manager	UNV Doctors
• Elim Hospital	• Dr Madzivhandila • Dr Nkuna	• Dr. Ryabchiy • Dr. Torralba
• Tshilidzini Hospital	• Mr Mphaphuli • Dr Mukwevho	• Dr. Aivilov • Dr. Guiang • Dr. Rayos
• St. Ritas Hospital	• Ms T Dhlamini • Dr Mpiko	• Dr. Blando • Dr. Subba Palla
• Mokopane Hospital	• Mrs AM Ntswena • Dr F Ndhambi	• Dr. Bondareva
• Philadelphia Hospital	• Ms Z. Mabindisa • Dr Motheu	• Dr. Kharchenko • Dr. Zhyrnyy
• Zebediela Hospital	• Mrs Momankweng • Dr Masemola	• Dr. Nuzhat
• Lebowakgomo Hospital	• Mr A Mahloele • Dr Kganane	• Dr. Kebede
• Mecklenburg Hospital	• Ms Phala • Dr Mohlala	• Dr. Bautista
• Letaba Hospital	• Dr Muhlarhi • Dr Fisser	• Dr. Projo • Dr. Pradkhan
• Polokwane Hospital	• Ms Mohape • Dr Pinkwane	• Dr. G. Bogoslovsky • Dr. Dar • Dr. Ivantchenko • Dr. R. Misra • Dr. A. Misra • Dr. Rozumyk • Dr. Yadav

#### 2. Other Locations

Individual	Role	Institution
• Dr. J. Dlamini	• Head of Department	• LDoHSD, Polokwane
• Dr. M. Nkadimeng	• Senior General Manager	• LDoHSD, Polokwane
• Mr. M. Monale	• Acting General Manager (Focal person DoHSD)	• LDoHSD, Polokwane
• Mr. K. Shole	• Deputy Resident Representative (Focal person UNDP)	• UNDP Pretoria Office
• Prof. A.J. Mbokazi	• Interim Director: Health Sciences	• UNUniversity of Limpopo, Polokwane Campus
• Ms L. Monale	• Project Administration	• UNDP PMU Office, Limpopo
• Mr Gavin Joachims	• Project Manager	• UNDP PMU Office, Limpopo