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Streamlining the formulation of project proposals in the provincial health sector in Sri Lanka

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Abstract

Background

National Planning Department is the central organization granting project approvals in the government sector in Sri Lanka. As a prerequisite for implement a project, an approval is mandatory. This entire process is paper-based and possessed several limitations resulting in stagnations and rejections.

Methods

The interventional study was carried out in decentralized health management units in Northern Province of Sri Lanka. It consisted of three phases.

Phase I- a pre intervention arm involved evaluation of current proposal statuses.

Phase II- consisted design and implementation of interventions. Upon identifying gaps, an online proposal feedback portal that used colour coding and provided real-time feedbacks was developed. Health planning unit staff were trained through workshops to develop project proposals and get feedbacks via an online portal. A project appraisal committee also formed and guiding documents translated into native languages. Phase II spanned across three months.

Phase III - comprised of post-intervention assessment.

Results

Four major gaps identified in the current process: insufficient knowledge and experience of the personnel in project formulation and submission, unavailability of guiding materials in native languages, absence of project appraisal mechanism and lack of feedbacks. Post-interventional analysis indicates that all major gaps are bridged. Evaluation of submitted and approved project proposals revealed a post-intervention approval rate of 60-100% as compared to pre-intervention which was 40-50%. Post-intervention mechanisms were rated more favorably than pre-intervention, including convenience to obtain feedback (mean 2.0-4.29) and were statistically significant.

Conclusion

Strategies and interventions to bridge the gaps has been successful in achieving the overall objective of the intervention which was to strengthen the proper formulation of project proposals at the Directorate of the Provincial Health Services of the Northern Province.

Keywords: Project proposals, Planning, Provincial health sector

Introduction

A project proposal is a request for financial assistance to implement a project. The proposal outlines the plan of the implementing organization about the project, giving extensive information about the intention for implementing it, the ways to manage it and the results to be delivered from it.¹ The following guidelines are designed to help prepare a full proposal. How the action is planned is critical to the success of the project.

A project proposal is a detailed description of a series of activities aimed at solving a certain problem.² In order to be successful, the document should;

1. Provide a logical presentation of an idea,
2. Illustrate the significance of the idea,
3. Show the idea's relationship to past actions and
4. Articulate the activities for the proposed project.³

Designing a project is a process consisting of two elements, which are equally important and thus essential to forming a solid project proposal:

1. Project planning (formulation of project elements),
2. Proposal writing (converting the plan into a project document).

The project proposal should be a detailed and directed manifestation of the project design. It is a means of presenting the project to the outside world in a format that is immediately recognized and accepted.⁴

The requirements of content and format of proposals differ noticeably from one sponsoring agency to another. While some may provide their own application forms to be filled, and others may request on-line submission of proposals, others will accept a proposal in any format as long as it features the necessary information and does not contradict their conditions.⁵

The items of National Planning Departments (NPD) project submission format are so arranged to make the project proposals logical in their presentation and require the project proponent to

prepare the proposal in a coherent and consistent manner. In supporting the project proponent, this document provides guidance item by item in the same order of NPD's project submission format, so the project proponent can easily find the specific guidance on the particular item of the format he/she would like to refer to NPD Operational Manual.⁶ The Management Development and Planning Unit (MDPU) of the Ministry of Health, Sri Lanka is the main focal point for all health-related projects in the country.⁷ The MDPU is placed directly under the purview of the Director/ Planning and is supervised by the Deputy Director General of Planning (DDG-P) of the Ministry of Health.

The provincial and line ministry institutions are expected to submit their proposals to the Department of National Planning (DNP) through the MDPU. The Office of the Provincial Director of Health Service plays an important role in the project formulation and implementation at the provincial levels. The Management Development and Planning Unit (MDPU) handle around 50 new major project proposals annually and processes approximately 200 projects at a given time. All this project information is managed by subject officers with traditional paper based (file) system. The line ministry projects are allocated to a development officer and the provincial ministry projects allocated to a different development officer.

Provincial/line ministry institutions are expected to forward their project proposals in the standard format through the proper channels to the MDPU (Figure: 01). At the MDPU a monthly Project Evaluation Committee (PEC) meeting is scheduled to evaluate the projects submitted. The stakeholders participate in the review process.

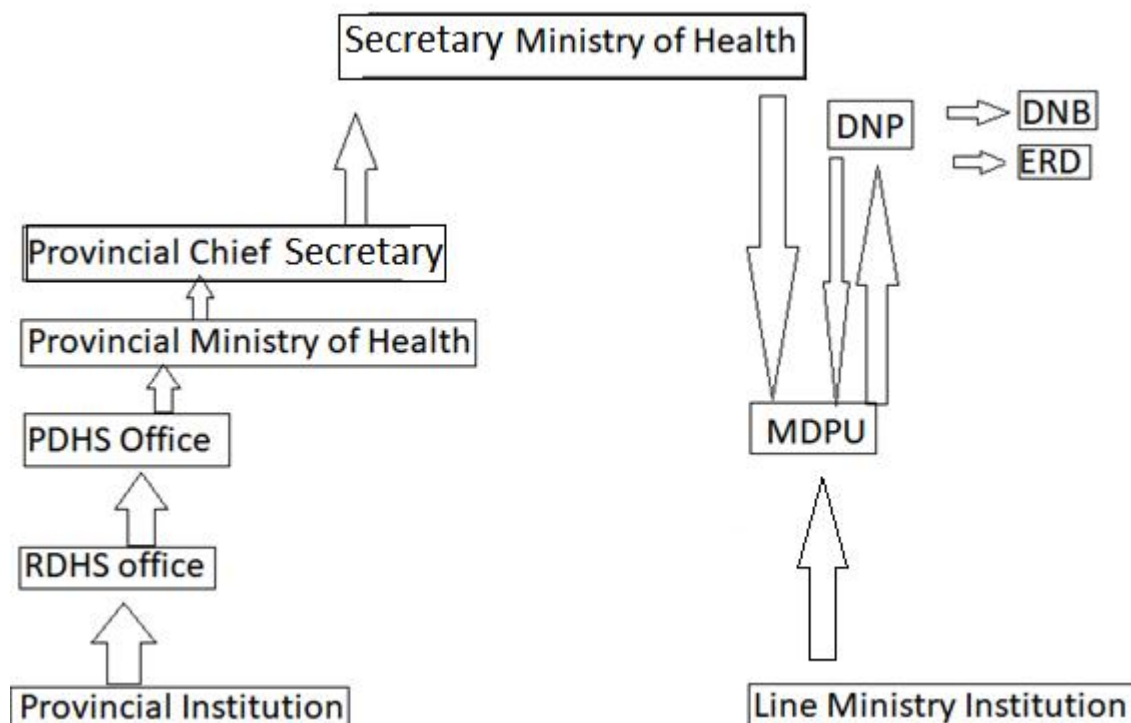


Figure 1: Pathway for channeling project proposals

At the PEC, these proposals can be accepted or rejected or returned with a request to resubmit with additional information. The projects approved at the PEC will be forwarded to DNP by Ministry of Health. At the DNP, each project will be appraised and may be accepted, rejected to returned with a request for additional information.

If the project is rejected or returned with a request for additional information, the details will be provided at the operational level where the proposals are initiated. Once projects are approved, the MDPU will coordinate with the Department of National Budget and External Resource Department (ERD) to identify sources of funding, determine the allocation of funds and monitor the progress each project until it is completed.

The role of the MDPU in relation to healthcare development is tremendous. Many vital projects are forwarded through the MDPU and the timely initiation and successful completion of those projects are essential for sustainable health care delivery in Sri Lanka. Therefore, it was decided to audit the files maintained for each project at MDPU. This was to obtain data on the number of projects that are currently in process, and the number of projects that are approved or rejected by the PEC, the number of projects that are approved or rejected by the NPD, and, the number of projects that have been completed.

Data related to the existing projects was extracted from the individual files and analyzed. There was a total of 281 files at that period managed at MDPU related to the projects (Figure -02).

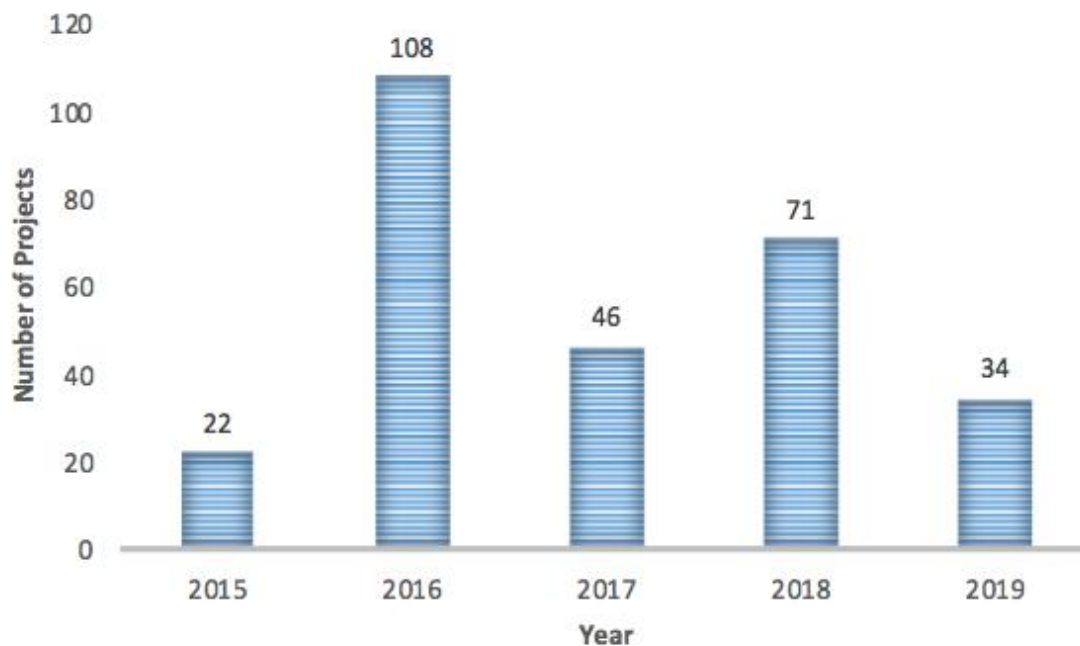


Figure 2: Projects processed via MDPU annually from 2015-19

All 281 files were studied and found that only 43 projects were approved by NPD and others returned to the operational levels with a request for additional details including 29 rejected proposals. The three major reasons due to which the project proposals did not receive approval at the PEC/NPD levels were: 1.They were not forwarded in the recommended format (n=43), 2.They were not filled properly (n=67) and 3.Lack supporting documents attached, such as a Master plan of the institution or documents proving Land ownership documents (n=128). Of the 238 projects that were returned to operational level from the PEC/NPD, 14 projects were forwarded from Provincial Director of Health Services of Northern Province (PDHS-NP).Therefore, it was decided to identify the reasons for the existing gaps in formulating the project proposals at the Provincial level and find ways to implement an intervention to overcome these gaps.

Methods

This interventional research project was conducted in three phases at decentralized health management units (PDHS & RDHS) in Northern Province of Sri Lanka.

Phase I:

-) Assess the status of submitted project proposals.
-) Analyze the existing processes, practices and staff perception on mechanism of formulation of project proposals at PDHS NP, do a process mapping and identify gaps in the existing process.

Phase II

-) Develop strategies to strengthen the process of project proposals formulation.
-) Implement strategies to strengthen the process of project proposals formulation.

Phase III:

-) Evaluate the efficacy of interventions to strengthen the project proposals formulation.

Office of the PDHS NP and all Offices of Regional Directors of Health Services (RDHS Office) in NP were selected to implement this research project.

Conceptual Framework of the Research Project shown below (Figure 3).

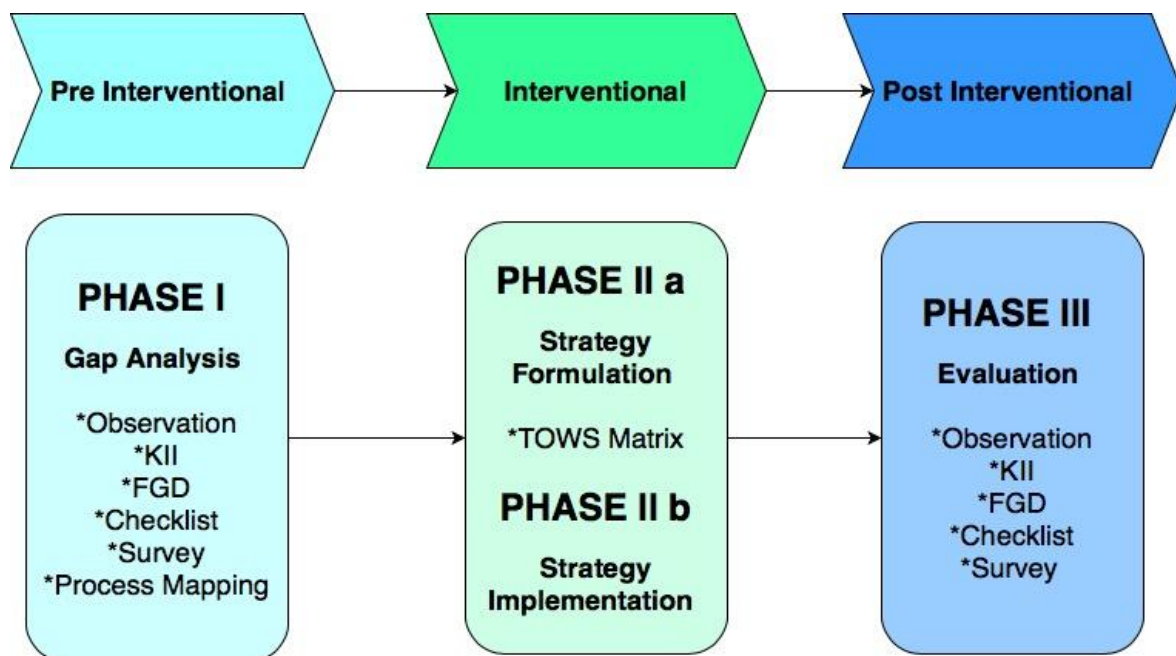


Figure 3: Conceptual framework

The PDHS-NP, Director Planning (DP) - MoH-NP, Medical Officer Planning (MO Planning) of PDHS office NP, Project Planning Officer (PPO) at PDHS office NP, Medical Officers (MOOs) involving in planning at NP (RDHSS and MOOs of Planning in all the districts in NP) (n=10) and other staff (Health Management Assistance-HMAs and DOs) from health planning team of all RDHS Offices in NP (n=34) were considered as stakeholders of this project.

The following quantitative and qualitative research methods were employed in Phase I to show gaps and issues in formulation of project proposals at PDHS NP, and also, to evaluate the effectiveness of this project in Phase III.

Key Informant Interviews (KIIs) – with the PDHS NP, Director Planning NP, MO Planning NP, and PPO of NP using Interviewer Guides.

Focus Group Discussions (FGDs) – with all MOOs (n=10) involved in planning (all five

MOOs planning and RDHSs in NP), and randomly selected ten (n=10) other staff from health planning team of all RDHS Office in NP using a FGD Guide.

Observations – using a ‘Check List’.

Desk review of documents – by perusing project proposals submitted for approvals.

Surveys - with RDHS of all districts (n=5) and MOOs planning (n=5) of NP from all RDHS Offices, and other staff (HMAs & DOs) from health planning team of all RDHS Office in NP (n=34) using a structured self-administered questionnaire.

After reviewing the literature ^{4,8,9,10,11,12,13,14}, Interviewer Guides and the FGD Guide, Checklist and the Questionnaire were formulated. The following process and outcome indicators were used to measure interventional effectiveness (Table 1).

Table 1: Indicators used to measure interventional effectiveness

| PROCESS INDICATORS | | |
|--------------------|---|--------------------------|
| | Indicator | Method of Measurement |
| 1 | Availability of selected features in the mechanism | Checklist/ Questionnaire |
| 2 | Timeliness of accessing necessary feedback on submitted project proposals | Questionnaires |
| OUTCOME INDICATORS | | |
| | Indicator | Method of Measurement |
| 3 | Level of convenience/ usefulness of the mechanism | Questionnaires |
| 4 | Level of satisfaction about the mechanism | Questionnaires |
| 5 | % of project proposals from NP approved for 3-month period | Review |

The data was analyzed using Statistical Package for Social Sciences (SPSS) software. The statistical significance of differences in pre and post-interventional results were analyzed by applying a paired t-test and Wilcoxon Signed-Ranks test. Means were calculated by assigning a scoring to each response depending on their favourability with the statement (more favourable – higher score, less favourable – lower score).

| Response | Score |
|---------------------------------|-------|
| Very convenient / Satisfied | 05 |
| Convenient/ Satisfied | 04 |
| Somewhat convenient/ satisfied | 03 |
| Inconvenient/ dissatisfied | 02 |
| Very inconvenient/ dissatisfied | 01 |

KIIs and FGDs were recorded with consent for ease of compilation and narrative examination was performed. To ensure reliability, supervision of the process and data collection was carried out. Project instruments were pretested at RDHS office, Kilinochchi and validated.

Data collected during Phase I, helped highlight the issues to be addressed by the intervention. The Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was conducted, and Threats - Opportunities and Weaknesses -Strengths (TOWS) matrix was formulated to develop solutions in Phase II a. The best possible solutions among many options were discussed and agreed

with the participation of stakeholders and a package of interventions was designed.

Following package of interventions designed in the planning phase were implemented during the initial stage of the Phase II.

-) Created an online tool to obtain feedback from Ministry of Health.
-) Trained stakeholders on project planning & proposal formulation.
-) Formed a Provincial Health Project Appraisal Committee.
-) Made guiding documents of NPD available in first languages.

Monitoring and Evaluation was carried out based on the milestones given in the Gantt chart and using instruments mentioned in table 1 to assess the effectiveness of the project.

Results

The results were obtained through qualitative and quantitative techniques used in the research.

Pre intervention assessment showed that fourteen (14) project proposals from PDHS NP were delayed in getting PEC/NPD approvals. It was 40-50% of submitted proposals. Process mapping identified a delay in feedback from MoH (Figure 04)

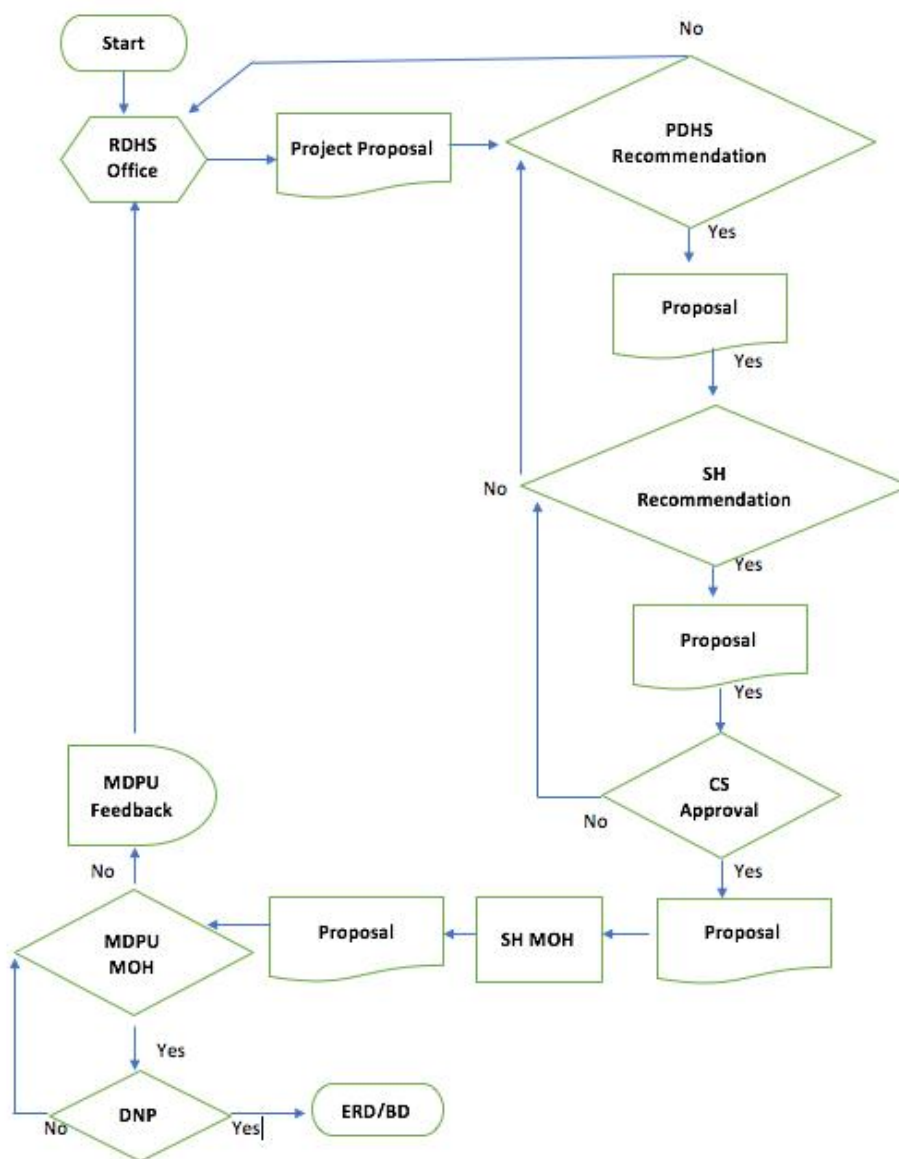


Figure 4: Process mapping of the approval process of project proposal

Through pre-interventional KIIs and FGDs following issues/gaps in existing process were identified. Following gaps are identified through KIIs:

1. Many project proposals forwarded to MoH, but not received any feedback
2. Stagnation of project proposals without being approved with no feedbacks had led to repeat project proposals for same project
3. Guidelines and circulars on updated project submission format were not available in first (Tamil) language at NP

and this affect the proper formulation of project proposals at the Planning Units (PUs) in the regions.

Gaps identified through FDGs are;

1. Non availability of guidelines and circulars in first language were one of the main reasons for substandard project proposals getting formulated.
2. Some of the MOOs Planning are new to the post and not familiar with project proposals and specifically on project planning

3. There was lack of feedback/ follow up on the already submitted project proposals
4. Feedbacks on submitted proposals were not received by institutions
5. There was no systematic mechanism at the provincial level to appraise the project proposals before they submitted to national level and transfer system which remove the trained staff.

Direct observations and surveys were also conducted in Phase I and Phase III. A total of 34 out of 43 Other staff from health planning team of all RDHS Office in NP (response rate 79 %) and 10 MOOs involved in planning in NP (RDHSs and MOOs Planning) (response rate 100%) responded to pre and post-interventional surveys.

It shown that relevant circulars and guidelines issued by NPD were not available in first language, there was no systematic process for verifying the formulated project proposals available, and no systematic feedback mechanism about submitted project proposals was available.

It was identified that major gaps leading to poor performance of the project proposal formulation process were

1. There was no systematic mechanism to obtain feedback from MoH/ NPD (status of project proposals)
2. Lack of knowledge of planning team in NP in project planning and formulating the project proposals
3. Lack of a systematic mechanism to appraise the formulated project proposals at Provincial level

4. Non availability of circulars and guidelines of NPD in first language.

The same techniques that were used in the pre-intervention were used to evaluate the effectiveness of the interventions. In comparison to Phase I, the post-interventional KIIs and FGDs with the same group revealed the following:

1. After the intervention, the project proposals which were stagnating in the process started moving faster than earlier
2. The online tool enabled easy and prompt access of feedback (status of submitted project proposals)
3. Downloadable versions of circulars and guidelines of NPD regarding the formulation of project proposals in the first language is now available and it helps to formulate the proposals to the expected standards
4. Both workshops were very useful and knowledge in formulating project proposals improved
5. Project appraisal mechanism at PDHS office (before forwarding the project proposals to MoH) was very helpful to improve the proposals.

Post-intervention data were evaluated using a checklist to assess features and facilities. All the features considered above were made available after the intervention. There was a significant difference in perception after intervention on the reduction of average time taken to obtain feedback both by MOOs (from mean value 3.20 to 5.70) and other staff members of PUs in NP (from mean value 3.91 to 5.91) at 1% significance level. (Table 2)

Table 2: Perception on average time taken to obtain feedback

| Indicator | Pre-interventional Mean (SD) | Post-interventional Mean (SD) | Significance (p value) |
|--|---------------------------------|----------------------------------|---------------------------|
| Average time taken to obtain feedback by planning unit staff | 3.91 (0.86) | 5.91 (0.42) | 0.000 |
| Average time taken to obtain feedback by MOOs | 3.20 (0.42) | 5.70 (0.67) | 0.000 |

There was a significant improvement after intervention in perception of other staff members of PUs in NP on convenience to obtain feedback (from mean value 2.00 to 4.29), convenience to

submit proposals (from mean value 2.11 to 4.29); user-friendliness (from mean value 1.84 to 4.25) and usefulness (from mean value 2.09 to 4.16) at 5% significance level. (Table 3)

Table 3: Perception on convenience of the mechanism

| Indicator | Pre-interventional Mean (SD) | Post-interventional Mean (SD) | Significance (p value) |
|---|------------------------------|-------------------------------|------------------------|
| Convenience to obtain feedback | 2.00 (0.75) | 4.29 (0.70) | 0.000 |
| Convenience to submit proposals | 2.11(0.65) | 4.29 (0.85) | 0.000 |
| User-friendliness of the mechanism | 1.84 (0.43) | 4.25 (0.72) | 0.000 |
| Usefulness of the mechanism to facilitate feedbacks | 2.09 (0.60) | 4.16 (0.71) | 0.000 |

The Wilcoxon Signed-Ranks test results of the same of MOOs shown that post intervention mechanisms rated more favorably than the pre intervention. There was a significant increase in levels of satisfaction after intervention about quick availability of feedback (from mean value

2.32 to 4.39), proposal submission process (from mean value 2.27 to 4.52), and overall satisfaction about project formulation process (from mean value 2.04 to 4.52) at 5% significance level. (Table 4)

Table 4: Satisfaction on introduced process

| Indicator | Pre-interventional Mean (SD) | Post-interventional Mean (SD) | Significance (p value) |
|--|------------------------------|-------------------------------|------------------------|
| Satisfaction about quick availability of feedback on submitted project proposals | 2.32 (0.60) | 4.39 (0.65) | 0.000 |
| Satisfaction about proposal submission process | 2.27 (0.45) | 4.52 (0.51) | 0.000 |
| Overall satisfaction about the mechanism as a whole | 2.04 (0.21) | 4.52 (0.51) | 0.000 |

Similarly, The Wilcoxon Signed-Ranks test shown that post intervention mechanisms rated more favorably than the pre intervention by MOOs. The Table 5 illustrate districts from where the Project proposals originated were selected for

this assessment. The percentage approved after the intervention (60-100%) was remarkably higher than the pre-interventional percentage (40-50%).

Table 5: Distribution by approval of project proposals

| District | Pre-interventional | Post-interventional |
|-------------|--------------------|---------------------|
| Kilinochchi | 50% | 100% |
| Vavuniya | 00% | 100% |
| Mannar | 00% | 100% |
| Mullaithevu | 00% | 100% |

Discussion

For the uninterrupted provision of healthcare services in the provinces, timely implementation of projects is essential. So, the projects must be approved without unnecessary delays at the PEC/NPD. However, it was observed that due to the existing gaps in the formulation of project proposals, there was a significant delay in getting PEC/NPD approvals. Hence the project was designed and carried out in three stages.

Giving due consideration to the background information mentioned in the introduction, this project was designed to identify shortfalls in the current project proposal formulation process in NP (Phase I), once these were identified, the next step was to develop interventions and put them into practice (Phase II).

During the phase II, a package of interventions was designed and implemented to bridge the gaps identified in Phase I. Interventions to rectify the deficiencies identified were developed using TOWS matrix with findings of SWOT analysis and with the inputs from experts. Stakeholders were given clear information and guidance on the package of interventions and the project was implemented for three months prior to the final evaluation. Necessary features were incorporated in the intervention package to address the major gaps identified.

An online tool was created with the assistance of information unit of Ministry of Health and necessary features were incorporated to address the main gaps identified including a feedback mechanism as it is important to monitor the progress of submitted project proposals to the MoH/NPD. The WHO also has emphasized the importance of a proper monitoring and evaluation mechanism for the success of any project.^{15,16}

Knowledge of the planning team on formulating the project proposals was enhanced by the two workshops which improved their performance. A Provincial Health Project Appraisal Committee was formed, and all the proposals got verified before submitting to MoH and it was very helpful to improve the proposals. The circulars and

guidelines are made available in Sinhala, Tamil and English languages by NPD and this helped officers to understand and formulate the proposals to expected standards.

Three months after phase -II, research methods that were similar to those used in phase -I were applied, in order to assess the effectiveness of the interventions. KIIs after the interventions revealed that the process had begun to improve, and online tool kept managers and PUs updated on the status of submitted proposals. FDGs highlighted that NPD documents now available in first language and it helps to meet the standards in project proposal formulation. Both workshops were very useful which helped to improve knowledge on formulating project proposals. Project appraisal mechanism at Provincial Director's office kept planners on track.

Both level of convenience and satisfaction are very important as they reflect the end user acceptance which is important for the project sustainability. There was a statistically significant improvement in the perception of other staff in PUs after the intervention on levels of convenience and usefulness of the mechanisms for project proposal formulation at 5% significance level. Similarly, MOOs rated on levels of convenience and usefulness of post intervention mechanisms more favorably than the pre intervention at 5% significance level.

Level of satisfaction of other staff members of PUs regarding the introduced interventions to ensure proper project proposal formulation, showed increase in levels of satisfaction among other staff members after intervention about quick availability of feedback on submitted project proposals, about proposal submission process and overall. Levels of satisfaction of MOOs indicated that post intervention mechanisms rated more favorably than the pre interventions which includes satisfaction about quick availability of feedback on submitted project proposals. This was statistically significant at 5% significance level.

Conclusions

For the uninterrupted provision of healthcare services in the provinces the projects must be approved without unnecessary delays at the PEC/NPD. However, it was observed that due to the existing gaps in the formulation of project proposals, there was a significant delay in getting PEC/NPD approvals for the projects from PDHS NP. Post-interventional evaluation confirmed that all four major gaps were bridged, and the formulation of project proposals had significantly improved. This showed that strategies and interventions to bridge the gaps has been successful in achieving the overall objective of this project which was to strengthen the proper formulation of project proposals at the PDHS NP.

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