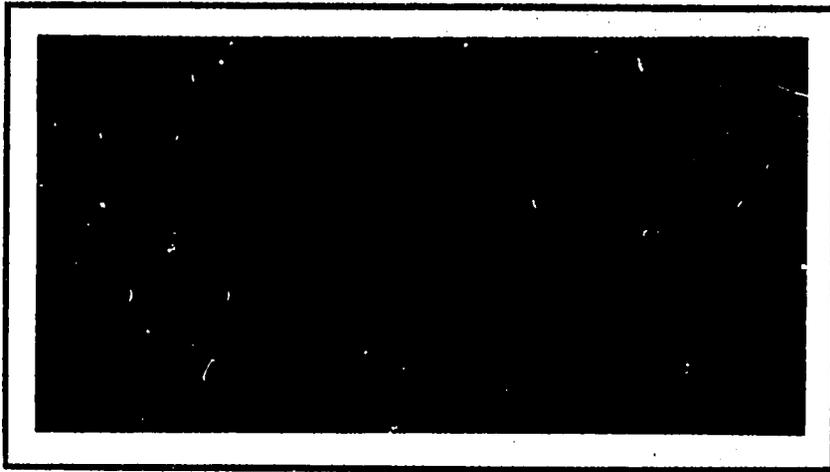




538-0019-2  
5380019001702  
FD-996-990-01



**AMERICAN PUBLIC HEALTH ASSOCIATION**  
International Health Programs  
1015 Fifteenth Street, N.W.  
Washington, D.C. 20005

REPORT ON A MID-TERM EVALUATION  
OF BASIC HEALTH MANAGEMENT DEVELOPMENT  
IN NINE CARIBBEAN COUNTRIES

A Report Prepared By:  
HANS C. BLAISE, Ph.D., Team Leader  
JOHN S. NAGEL  
MARY E. WORSTELL

During The Period:  
OCTOBER 16 - NOVEMBER 6, 1980

Supported By The:  
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  
(ADSS) AID/DSPE-C-0053

AUTHORIZATION:  
Ltr. AID/DS/HEA: 2/12/81  
Assgn. No. 583057

Agency for International Development  
Library  
Room 105 SA-18  
Washington, D.C. 20523

# C O N T E N T S

	<u>Page</u>
ACKNOWLEDGMENTS	iii
ABBREVIATIONS	iv
I. INTRODUCTION	
Assignment	1
Scope of Work	1
Limitations	1
Approach to Evaluation	2
Team Report	2
II. PROJECT DEVELOPMENT AND MANAGEMENT	
General Assessment	4
Project Development	5
Project Design	6
Project Finance	8
Project Organization	12
III. PROJECT IMPLEMENTATION	
Training	
A. Package A	15
B. Package B	19
C. Package C	21
D. Package D	22
Technical Assistance	
A. Organizational Analysis	23
B. Health Planning	25
C. Model District Health Team (MDHT)	27
D. Management Information Systems (MIS)	29
E. Materials Resource Centers	30
IV. RECOMMENDATIONS	31

	<u>Page</u>
v. BUDGET IMPLICATIONS OF RECOMMENDATIONS	36
Notes	38
APPENDICES	
Appendix A: Scope of Work	
Appendix B: Itineraries	
Appendix C: Persons Contacted	

## ACKNOWLEDGMENTS

The evaluation team is grateful for the wholehearted cooperation of the many organizations and individuals interviewed and consulted during the mission. Dr. Philip Boyd and staff of the CARICOM project and the Finance and Administration staff of the CARICOM Secretariat gave the team much of their time and full access to all records and documents. The assistance of the director and staff of the AID mission in Barbados, and particularly the guidance and support provided by Mr. Mark Laskin, greatly facilitated the team's work. During a meeting following the field visit, the staff of Westinghouse Health Systems helped to clarify many of the team's observations and questions. Ministry of Health officials and the participants in training courses in Barbados, St. Vincent, St. Kitts, Antigua, St. Lucia, and Dominica were frank and generous in sharing their experience and assessments with the members of the team.

## ABBREVIATIONS

AGI	Analysis Group, Inc.
APHA	American Public Health Association
BHMT/BHMD	Basic Health Management Training/ Basic Health Management Development
CARICOM	Caribbean Community
CDB	Caribbean Development Bank
EDI	Economic Development Institute
LDC	Less Developed Country
MDHT	Model District Health Team
MIS	Management Information System
MOH	Ministry of Health
PAHO	Pan American Health Association
PHC	Primary Health Care
RFP	Request for Proposals
USAID	United States Agency for International Development
UWI	University of the West Indies
WHS	Westinghouse Health Systems

## I. INTRODUCTION

## I. INTRODUCTION

### Assignment

In agreement with the Agency for International Development (AID/DSPE-C-0053), the American Public Health Association (APHA) selected a team of consultants to make a mid-term evaluation of a three-year grant to the Caribbean Community Secretariat (CARICOM) for Basic Health Management Training (BHMT)\* (Project No. 538-0019). The countries that are participating in the project are Antigua, Barbados, Belize, Dominica, Grenada, Montserrat, St. Kitts-Nevis-Anguilla, St. Lucia, and St. Vincent. It was agreed that the evaluation team would assess the results of the project to date in Antigua, Barbados, Dominica, St. Kitts, St. Lucia, and St. Vincent and review activities at the CARICOM Secretariat in Guyana and the USAID mission in Barbados (for itinerary, see Appendix B). The field inquiry began on October 16 and ended November 6, 1980. On November 13, the team visited Westinghouse Health Systems (WHS), in Columbia, Maryland. WHS, a contractor to CARICOM, is training staff and contributing technical assistance.

### Scope of Work

The scope of work originally formulated by AID/W required the team to assess the effectiveness of the project, to analyze incurred cost, and to make recommendations on possible modifications of the work plan. While at the USAID mission in Barbados, the team discovered that the CARICOM project management had for many months been discussing with the mission the need for additional funding to complete project activities. Consequently, the mission requested that the team place considerably more emphasis on the analysis of proposed future activities. In the light of this additional emphasis, the scope of work was revised (see Appendix A).

### Limitations

The evaluation team was formed less than one week before the field assignment began. As a result, the team received no briefing in Washington before its departure. For the same reason it did not receive any reports or background documents on the project before reaching Barbados. Upon arrival at the USAID mission in Barbados, the team had two days for a briefing and a review of the extensive files on the project. Field

---

\* Also BHMD, Basic health Management Development.

visits to participating countries had been scheduled to begin two days after the evaluation team arrived. In retrospect, the evaluation process would have benefited from the allocation of more time at the beginning of the assignment for a briefing, preparatory reading, and an analysis of documentation and reports.

### Approach to Evaluation

The team reviewed project planning and design, organization and management, training and technical assistance activities to date, and the results of completed activities. In addition to the analysis of project documents and reports, the team relied heavily on interviews with a large number of persons involved in or affected by project activities. In attempting to measure the impact of training and technical assistance activities through interviews with participants and other Ministry of Health (MOH) officials, the team tried to determine what changes in individuals or in the system had occurred. No structured interview schedules were used, but the team repeated certain questions when interviewing persons in each category. The team also interviewed persons connected to programs and agencies that are relevant to the Basic Health Management Project.

The formulation of the original budget for the project, procedures for financial control and reporting, and actual versus budgeted expenditures were analyzed. A tentative calculation was made of the unit cost of the first training package. The financial analysis was a general analysis of cost incurred, of cost-effectiveness, of financial management, and of areas where improvements can be made. In no way did the review and analysis constitute an audit of the accounts of the project.

### Team Report

In accordance with the scope of work, the evaluation team prepared a number of recommendations on the work plan for the remainder of the project. The recommendations in this report are based on experience acquired during the first 18 months of the project, a revised assessment of priority needs within the project and of priority needs to be served by the project, and an assessment of current institutional capabilities in the Caribbean. The recommendations have been reviewed with the USAID mission in Barbados and with the leadership of the CARICOM project.

The members of the evaluation team assumed special responsibility for those areas of review and analysis that correspond most directly to their fields of expertise. However, the entire team discussed fully all

aspects of the project and of the evaluation. Thus, the report, including the conclusions at the end of each section and the recommendations, is based on the observations, findings, and contributions of all three team members.

## **II. PROJECT DEVELOPMENT AND MANAGEMENT**

## II. PROJECT DEVELOPMENT AND MANAGEMENT

### General Assessment

This report includes the evaluation team's detailed observations, conclusions, and recommendations on the various aspects and activities of the project. Some of the significant general findings are presented below.

1. The Basic Health Management Training Project was developed and initiated at a pace too rapid for responsible planning, review, and project preparation. The grant budget was seriously underestimated, as it did not include certain basic costs. Training was started by the project contractor almost immediately after the contract was executed and without sufficient time to develop the training process and training materials.
2. Communication problems and conflicts between the grantee, CARICOM, and the contractor, Westinghouse Health Systems, have interfered with effective and efficient project management. Procedures, roles, and responsibilities must be clarified as soon as possible.
3. The completed first phase of training, Introductory Training in Management, has been received well in the participating countries. Individual participants have clearly benefited from the experience, but it would be premature to judge the impact that training has had on the health systems. To date, the project has fostered more interest in management development at the Ministries of Health and appears to have enhanced similar interest among other government agencies.
4. The project is in the hands of dedicated staff at CARICOM. The staff have acquired experience and confidence in the last 18 months in both project management and management training and development. Regional resources have been discovered in the Caribbean that can contribute to the project.
5. The evaluation team recommends the continuation of the project, albeit with certain changes in emphasis and in the mode of operation. In particular, increased reliance on institutional resources in the Caribbean is viewed as feasible and desirable.

## Project Development

A Caribbean health survey team from AID/W visited the Caribbean in 1977. The report of that team\* led to the identification of health services management as a priority area and eventually to the design of the BHMD Project. CARICOM was identified as a suitable regional organization to manage a project designed to improve the health management capability of less developed countries (LDCs) in the Caribbean.

Based on the survey team's findings, Westinghouse Health Systems was contracted by AID/W to design the Basic Health Management Development Project (IQC Contract No. AID/afr-C-1145). A consultant to the Office of International Health, DHEW, was a member of the design team. Dr. Philip Boyd, chief of the Health Section, CARICOM Secretariat, joined the team on its visits to the Caribbean countries. After the design team submitted its report in April 1978, immediate action was taken which resulted in a project paper, "Caribbean Regional Basic Health Management Training" (LAC/DR: 78-21, Project Number: 538-0019), and a grant agreement with CARICOM, concluded on August 30, 1978. The financial plan called for a total expenditure of \$2,325,000, including an AID grant in the amount of \$1,800,000.

The WHS team designed a project for which a substantial part of the training and technical assistance services would be rendered under a contract with CARICOM. Soon after CARICOM appointed the core staff, a Request for Proposals (RFP) was issued to solicit contract bids. Fourteen bids were submitted. The number was reduced to five potential companies. Key staff members of the CARICOM project used a point system to assess each company's proposal and, in May 1979, selected the Westinghouse Health Systems proposal as the best proposal. In July 1979, contract negotiations with WHS were concluded, and the contract was executed on August 4.

The WHS contract provided for three subcontracts with Caribbean or Caribbean-American organizations, namely, the Development of Management Studies, University of the West Indies (UWI; Jamaica), Lurijos (Antigua), and Analysis Group, Inc. (AGI), of Washington, D.C. The execution of the subcontract with UWI took several months.

---

\* AID, Report of the Caribbean Health Survey Team, Washington, D.C., November 1977.

## Conclusions

1. After reviewing documents and interviewing CARICOM and MOH officials, the evaluation team concluded that there is in the participating CARICOM countries a sincere interest in the issues addressed by the project (i.e., activities related to the improvement of basic health management capacity).
2. The relative speed with which the project was designed and initiated indicates the interest of all concerned, including AID, in implementing the project as soon as possible. Although this interest is commendable, such rapid action may have resulted in a less careful review and analysis of this complex project.
3. The team wishes to note its reservation about the selection of Westinghouse Health Systems, the firm that both designed and bid on the contract. The aim is not to question the quality of the WHS proposal, as compared to the quality of proposals submitted by the other organizations, but to point out that WHS had several advantages over other bidders because its staff had visited the participating countries at an earlier date and had consulted extensively with health authorities and CARICOM. Furthermore, WHS designed and budgeted the entire project. WHS was in such an advantageous position that others would hardly have been able to compete for the contract.
4. The delay in concluding the WHS subcontract with the University of the West Indies interfered with the effective execution of the first phase of the training program (Package A). It also interfered with the provision of technical assistance in organizational analysis, as this activity was not completed, as planned, before the health planning exercise (the exception was St. Lucia), and it had to be canceled in two countries because it was no longer relevant.

## Project Design

In brief, the project consists of the following major elements:

## Training

- Package A: Basic Management
- Package B: Team Building
- Package C: Supervisory Management
- Package D: Program Design and Implementation

## Technical Assistance

- Health Planning
- Organizational Assessment and Analysis
- Model District Health Teams (MDHTs)
- Health Management Information Systems (MIS)

Training was to be carried out sequentially, with Package A directed to approximately 700 top-, middle-, and line-level personnel. Five days of training were set aside for each level in each country included in the project. Two teams of three trainers each were formed to provide Package A training. Package B is designed for 135 trainees and is to be conducted in each country for five days by two two-person training teams. Package C will have two two-person training teams, and each training activity will last 10 days. Two hundred twenty-five middle-level health personnel are expected to participate. Under Package D, approximately 125 top- and selected middle-level personnel are to receive five days of training.

The second major element in the design is technical assistance, which consists of health planning (5 countries, 2 person-months each), organizational analysis (5 countries, 1 person-month each), formation of model district health teams (3 countries, 3 person-months each), and development of management information systems (approximately .75 person-months in the 9 participating countries). An additional 24 person-months of technical assistance are available for assignment as needed.

The third project activity is the establishment in the CARICOM Secretariat and in each participating country of a Management Development Resource Center that contains relevant books and materials on management.

Finally, the project design provides for special activities, including seminars and workshops, meetings of country coordinators, and the inter-country exchange of individuals. "The main purpose [of these activities] is to facilitate diffusion of ideas and experiences" (Information Handbook, p. 21).

Comments on the effectiveness of the design of each training and technical assistance activity will be included in the more detailed analysis that follows. Some general conclusions are noted here.

### Conclusions

1. With the exception of Package B training and MDHT technical assistance, inadequate attention was given to the linkage of training to technical assistance. Thus, technical assistance in organizational analysis could have established a useful foundation and provided materials for Package A training had that technical assistance preceded training.
2. In health planning, organizational analysis, and management information systems, the scope of work and anticipated outcomes were far more ambitious than was reasonable, given the stipulated timeframe.
3. The evaluation team believes that the project would have benefited from a design that placed more emphasis on the development of the capacity for future and continuing independent action in the participating countries. In both training and technical assistance, there is little evidence of attention or commitment to the important task of creating a capacity for continuing development in the respective areas by the governments and institutions in some countries.

### Project Finance

The total cost of the project and the budget estimates for the various categories of expenditure are based on the estimates of the WHS design team. The design team based its estimates on the program elements in the proposed project (e.g., number and duration of training sessions per country; number of person-months and distribution of technical assistance to be provided; CARICOM project staff requirements) and a lump sum allocation for commodities.

An analysis of the Project Paper and related documents revealed two significant omissions. The financial plan called for \$967,419 in training and technical assistance services to be provided through a contract between the grantee and an organization with the necessary expertise. The figure represented only direct cost. Neither the detailed breakdown of the services to be contracted nor the summary financial plan reflected

the contractor's backup support, administrative costs, and other fees inherent in such a contract. The documentation reviewed at Westinghouse suggests that the omission of these charges was noted in a handwritten note when the draft Project Paper was submitted to AID without an estimate of the resulting financial implications. The final version of the Project Paper did not incorporate the anticipated costs. Barring reduction in the scope of work or in project expenses in other categories below estimate (neither occurred), this omission alone resulted in under-budgeting by approximately \$350,000.

Another omission in the financial plan included in the Project Paper was funds for special activities. The Project Paper refers to \$111,475 for special activities, but no allowance was made in the summary financial plan for this expenditure.

With regard to the expenditure estimates included in the financial plan in the Project Paper, a review of the documents indicates that the AID grant matched closely the rough calculations of the design team. As is almost inevitable in a project of this scope and complexity, and as practice has shown, subsequent detailed cost estimates and actual costs deviate from original estimates.

In certain areas and instances, the level or type of expenditure under the project is questionable. However, given the inadequacy of the original budget and budgeting process, the plan of activities, and the necessarily complex administration of a project that involves one grantee, one contractor, three subcontractors, and nine countries, the evaluation team believes that a cost overrun is inevitable.

The lack of precision and of detail in budgeting is particularly evident in the budget category, Implementing Agency Support. Allocated under this heading are \$445,400. Under this heading is listed a great variety of expenses incurred by CARICOM, from staff salaries and office expenses, to certain costs directly related to training, to special activities. With the exception of staff salaries, costs were not broken down at the beginning of the project. CARICOM neither was asked nor initiated a costing-out of the subcategories of expenditure under this broad heading. As a result, it was almost impossible to determine whether the allocation was adequate. Only after the Grant Agreement was executed were the costs under this heading broken down.

CARICOM began several months ago to account for implementing agency support costs, using functional line-items. During consultation with CARICOM in Guyana, a recommendation was made and accepted to review and possibly revise the line-item categories, to sub-allocate the budget to those line-items, and to institute a monthly reporting system for budget and cost control. After a review of the scope of work, the administrative

and coordination requirements, and expenses to date, the budget for implementing agency support was judged to be inadequate to complete the project. A detailed review of expenditures was not within the scope of work of the evaluation team. The team does wish to state, however, that it found no evidence that CARICOM, within the budget under its direct control, has incurred unnecessary expenses or expenses that go beyond the terms of the Project Agreement.

AID has already been notified that the actual expenses and revised estimates of future expenditures of WHS and the subcontractors are well beyond the original budget. It would appear that Westinghouse is, like CARICOM, a victim of the limitations of the design team that was provided by Westinghouse itself under an earlier contract. When it bid on the CARICOM contract, Westinghouse was confined by both the amount of money available and the specified scope of work. The management of Westinghouse Health Systems conceded that it was aware when the Westinghouse proposal was submitted that it would not be possible to provide all the services required, given the limits of the budget. Yet, at the time, Westinghouse decided not to propose a budget increase or a reduction in the scope of work to be performed.

Because the rate of expenditure is well beyond the provisions of the budget, both AID and CARICOM have begun to scrutinize specific expenses in considerable detail. Thus, AID now requires CARICOM to submit for approval all significant expenses to be incurred, not just contracts that exceed \$5,000, as stipulated in the Special Covenants. CARICOM, in turn, examines and questions in great detail all vouchers and claims submitted for reimbursement by Westinghouse. Without questioning the authority of CARICOM to review vouchers in such detail, Westinghouse has pointed out that the detailed pre-audit is far more demanding than the recordkeeping and reporting requirements to which the firm is subject under other government contracts and that it results in significantly higher administrative expenses.

The revised cost estimates submitted by Westinghouse call for additional funding for all program activities, except technical assistance in organizational analysis, where the scope of work has been reduced. Requested additional funding ranges from 5 percent for Package A to 92 percent for home office costs and 144 percent for Package B. CARICOM has requested an additional 46 percent for implementing agency support, an allocation of \$220,000 for special activities, and a relatively small addition to the commodities budget. In the final sections of this report the evaluation team offers a number of recommendations that would significantly change specific budget allocations; no attempt is made here to review in detail the budget revisions requested by CARICOM and Westinghouse.

Training and technical assistance in management do not readily permit cost-benefit analysis. Certainly, at this early stage of the project,

with only Package A training and part of the technical assistance completed, the impact on the health systems cannot be measured at all, let alone in quantifiable terms that facilitate cost-benefit analysis. The only cost analysis that seemed to be appropriate was the calculation of the unit cost of training under Package A. To determine the unit cost, the expenses of both Westinghouse and CARICOM that were directly attributable to Package A training and the prorated administrative cost were used. For the purposes of this exercise, the "in-kind" contributed cost was ignored. Using this approach, the total direct and indirect cost of Package A was estimated at \$664,307. Of this amount, 59 percent represented direct cost and 41 percent indirect cost. A total of 819 persons in 9 countries participated in five-day sessions. The resulting preliminary estimates are as follows: the per participant cost is \$811 when counting total cost, \$482 when counting direct cost. For each participant training day, the figures for total cost and direct cost are \$162 and \$96, respectively.

### Conclusions

1. The financial plan (see Project Paper) on which the grant to CARICOM was based did not include funds for two categories of expenditure, the contractor's backup and administrative costs and special activities. The result was under-funding of the project by an estimated \$460,000.
2. The cost estimates of the design team were necessarily rough approximations. Insufficient attention was given to a review of those estimates in greater detail before the grant was awarded. In addition, certain cost overruns, including sharp increases in air fares and per diem rates, changes in training and advisory assistance schedules beyond the control of the project management, and the complexity of the multi-country project, could not be foreseen.
3. Because Westinghouse submitted a detailed cost proposal to CARICOM when it bid on the contract, its cost overruns and revised estimates can be questioned legitimately in somewhat greater detail. The evaluation team particularly notes the following expenses and revised estimates:
  - a. the 144 percent increase in the cost estimate for Package B training;
  - b. the 92 percent increase in home office costs to complete contract obligations; and

- c. the charges through July 1980 of 1,836 person-hours (or 11.8 person-months) for curriculum and materials development.
4. Although CARICOM project staff have shown considerable fiduciary responsibility by closely monitoring the expense vouchers submitted by Westinghouse, CARICOM may have exerted more financial control over the contractor than AID would have expected of the grantee. The detailed monitoring has resulted in higher administrative costs, has taken up much valuable management time, has caused delays, and has led to tensions between the grantee and the contractor. The evaluation team urges AID, possibly through the USAID/RDO/C comptroller or the contract officer, to advise CARICOM on the appropriate financial control and review procedures. It is suggested that the comptroller at the USAID mission may wish to review CARICOM's findings on financial monitoring to determine whether an early audit of Westinghouse is indicated.

### Project Organization

The Basic Health Management Development Project is based at the CARICOM Secretariat, in Georgetown, Guyana, although no activity (training, technical assistance, etc.) is implemented directly in this country. Key project management personnel--the project director, project manager, management trainer, administrative officer--operate from this base. Originally, it was planned that a Westinghouse staff person would be assigned full time to Guyana to facilitate the coordination of the project among CARICOM, Westinghouse, and the subcontractors; this position was never activated.

Communication between CARICOM and Westinghouse consists primarily of long-distance phone calls and scheduled regional meetings, which often coincide with project activities (materials design, pretesting), at which time project management and program development plans are discussed. Communication between CARICOM and Westinghouse has been a concern throughout the project, principally because key personnel are rotated within WHS and because the lines of authority in WHS for project decisions are unclear or changing.

CARICOM and Westinghouse have shared the responsibility for developing training materials and initiating training cycles. Package A materials were designed by CARICOM and Westinghouse staff and consultants in Guyana one month before in-country training began. CARICOM's management trainer

traveled to Maryland for two weeks to work with Westinghouse personnel on the design of Package B materials. (Questions and comments on these materials and on the initiation of training are found in Chapter III of this report.)

The staff for the CARICOM project comprises a project director, who is responsible for policy and contract negotiations; a project manager, who is responsible for the executive administration of the contract; a management trainer, who gives advice on the development of training materials and the initiation of training cycles; and an administrative officer, who provides general administrative support for project activities.

Within Westinghouse, the main responsibilities for the contract are divided among the project director, the project manager, and the director of training.

The evaluation team observed that certain key staff at CARICOM do more than is expected. The project manager, for example, is integrally involved in the implementation and facilitation of the program, and she is now conducting the action-plan follow-up meetings to Package A training in each country. Originally, it was planned that the management trainer would give advice on the development of training materials and training implementation. Of necessity, this person has assumed the role of lead trainer and has devoted more time to stand-up training activities than any other Westinghouse staff member or consultant.

In each country, a project coordinator has been appointed to provide the training teams with necessary logistical support before and during the initiation in-country of training cycles. The principal qualification for this position was senior status in the Ministry of Health; the official was to be released from 50 percent of his regular duties to assume coordinating responsibilities for the program. As observed by the evaluation team, the country coordinators are working at 150 percent capacity, assuming responsibilities for this project as well as their regular work. Although neither task is included in the original proposal or the Project Paper, coordinators are now expected to take a training-of-trainers course and to assume in-country health management training responsibilities (BHMD Project, Information Handbook).

### Conclusions

1. There has been a critical lack of communication between CARICOM and Westinghouse on project management. Insufficient time to discuss project development and management issues, the rotation of personnel, and the reversal of program decisions have affected the ability of CARICOM

and Westinghouse to conduct the project smoothly. Both agencies have suffered from a lack of clearly defined roles and responsibilities in the development and implementation of this project. This has had a direct impact on the quality and regional application of training and technical assistance and on the institutionalization of management training capabilities within CARICOM.

2. The project manager and management trainer have become increasingly involved in the implementation of the project. Although they have contributed significantly to the effectiveness of project implementation, their responsibilities in that area require them to divert their attention from the equally important areas of project management, training supervision, and coordination.
3. The criterion for selecting the country coordinators appears to have been seniority in the Ministry of Health. The position was to be filled by someone who could be relied on to make government officials aware of the project and to get things done. As is to be expected, such a person is already fully entrenched in ministerial functions. Unable to be released from these responsibilities, the person eventually is overburdened with work for which he receives no justifiable compensation and, over time, he becomes frustrated and dissatisfied with his job. At this time, this is the complaint of the coordinators, and it requires the attention of project management.
4. The specific roles of country coordinators are unclear, and additional responsibilities may have to be assumed as the project evolves. The coordinators expect now to assume management training responsibilities for their countries. This warrants review for the following reasons:
  - a. The present coordinator may not be the appropriate person for this role. For example, in St. Kitts, the Permanent Secretary of Health is also serving as the project coordinator.
  - b. If those who are now coordinators are the appropriate persons for this new role, a serious effort should be made to increase their participation in training activities scheduled under this contract.

Valuable learning experience has been lost because these persons' role in Package A training was limited to logistics and program administration. Package B training is scheduled to begin within a month. The coordinators' involvement in Package B training has not been specified. Under "Special Activities," CARICOM is planning a training-of-trainers workshop. This will be a valuable component of the project. Its effectiveness will be enhanced if the country representatives participate in the in-country training sessions.

### III. PROJECT IMPLEMENTATION

### III. PROJECT IMPLEMENTATION

#### Training

##### A. Package A

Package A training for the project is complete. Three training cycles were conducted in each country for top-, middle-, and line-level personnel; additional training cycles were conducted in Barbados, St. Vincent, Antigua, Belize, and St. Lucia to meet personnel demands. The sequence of training cycles in-country was top-level management, mid-level staff, and line-level personnel. In Antigua and Barbados, personnel at different levels were combined in training cycles. A total of 819 persons were trained; this figure represents an increase of 119 trainees over the original estimate.

Package A was designed as introductory training in management. The content was a core of information on basic management that emphasized interpersonal skills--communication, motivation, leadership, and conflict management--and included exercises in planning, supervision, and decision making. Variations in training modules for top-, mid-, and line-level personnel were characterized more by the sophistication of the exercises and the pitch of the trainers than by program content. Each training cycle included a group exercise (disaster relief planning, hospital construction) in the application of training content to a group project. Individual trainees were asked to develop an action plan applicable to their jobs that, as a result of training, would improve work-effectiveness. A follow-up meeting with the trainees to discuss problems in implementing action plans was scheduled three months after the training was completed. Other such meetings are being conducted in the countries by the CARICOM project manager, in cooperation with the project coordinator.

The materials for Package A were developed in Guyana by CARICOM and Westinghouse training professionals and pretested on project coordinators immediately before training began. This was the first meeting of the training personnel. There were conflicts over philosophy and methodologies among the professionals which were not resolved. As a result, no standard training package was developed in Guyana. Training was implemented by two teams, each composed of three management specialists, one regional representative, and two North American consultants. Although the module outline was adhered to, training emphases in-country reflected the interests and strengths of the individual trainers. Generally, regional trainers were perceived to be more aware of local problems and resources and more sensitive to the problems of participants. A training manual that describes experiences gained while implementing Package A is now in production.

A handbook of reference materials was prepared by Westinghouse for distribution to participants during the training program. The handbook consisted of xeroxed articles on management of varying levels of sophistication and copies of a number of training exercises developed by University Associates. Reviewed by the training teams throughout the implementation of Package A, this handbook was modified in different countries and the irrelevant information was removed.

A pretest was administered before the training for the first four cycles, but it was deemed later to be an ineffective assessment tool and was dropped. A new pretest was planned but never developed.

Response to training in each country has been positive. Participants unanimously praised the training methodology and the individual trainers, saying they felt encouraged to participate actively in exercises without fear of reproach by peers or condescension from instructors. Each participant who was interviewed felt (s)he had grown personally as a result of the training, although perceived areas of personal and overall program benefit to the organization varied among levels of management.

### 1. Top Level

Participants cited increased awareness of their own and other top-level persons' leadership styles as the most beneficial aspect of the training. The opportunity to meet each other and to discuss as a group management issues in health improved channels of communication at this level and, according to participants from Barbados and St. Lucia, it greatly improved working relations among staff of the Ministry and the supporting units. Participants in all countries felt that staff relations had improved as a result of training.

The individual gains cited as a result of the training included enhanced listening skills, increased sensitivity to others' feelings, awareness of methods to confront conflicts, and a new tendency to include others in the decision making process. It was difficult, however, for participants to recall the specific application of training to their work, and, invariably, individual work plans and participants' action plans were "at home." Most found the resource materials to be useful, although the time available and the complexity of the articles limited the amount of material read to about one-half.

Top-level participants believed that one benefit of the training for mid- and line-level personnel was increased awareness of management problems at the top. Most people indicated that they observed in these personnel an increased willingness to accept tasks and an improved attitude toward work. As they said, "It is easier to work with them now."

## 2. Mid- and Line-Level

Participants cited increased self-confidence and sense of responsibility for their work as the benefits of their training. Previously, frustration or angry responses from officials would have caused them to terminate their efforts. The training has helped them to analyze the dynamics of a situation and to persevere in their tasks. A few individuals described specific applications of the training to their work, including the design of Gantt charts and daily task schedules; these instances were, however, limited. The majority of participants indicated that they read one-third or less of the resource materials, and only a few have referred to these materials since the training ended.

For these management personnel it is apparent that the development and implementation of the action plan were the focus of their training experience. The majority of trainers was, however, unable to complete the plans because of the transfer of personnel, the lack of support from top-level personnel, or increased work loads as a result of the hurricanes. Most indicated that staff were highly motivated to change their behavior immediately after the training, but that this desire dissipated quickly once they returned to their jobs.

When asked to comment about the response of top-level personnel to training, the majority indicated that no apparent change in behavior was evident. Although they felt that training had increased their own understanding of management issues at the agency, they also felt that the top-level staff had gained little or no understanding of the problems of line- and mid-level personnel. These trainees frequently suggested a scheduled day-long seminar with top-, middle-, and line-level personnel to clarify issues at each level.

Although an esprit de corps developed among the participants in each training cycle, with the notable exceptions of St. Lucia and Barbados, there was little communication among them after the training was completed. The general consensus in each country is that it is easier to work with people who have taken part in the same training program, but participants generally do not know who was trained at each level. Consequently, follow-up communication tends to involve only other members of one's training group, is infrequent, and is limited to discussion of a specific task.

## Conclusions

1. Package A training was well received by participants in each country. It would be difficult at this time (the last training cycle ended less than three months ago) to

confirm that this training has contributed to increased work effectiveness. However, it is apparent to the evaluation team that all individuals who participated in this training are more sensitive to others in their work environments, and are more aware of personal interaction, and that mid- and line-level personnel have benefited greatly from enhanced feelings of self-confidence and have developed an increased sense of responsibility for their work.

2. Because of unresolved issues and personal differences among trainers over the development of Package A training materials and the participant handbook, there was no standardization of or quality control over the implementation of training exercises by the training teams. Although this did not negatively affect in-country response to the training, it bears directly on the potential for institutionalizing this training in the region and on the evaluation of this training for program effectiveness. Interpersonal communication problems between the individual trainers and the training teams limited the formation of a cohesive training unit for Package A and minimized the regional trainers' opportunities to learn. Also limiting were the short start-up time of the training teams, the replacement of individual trainers during training, and the disbanding of teams immediately after the training was completed. The production of a training manual for Package A following the training is potentially useful for future regional training, but it is indicative of the less than desirable quality of the training package. Furthermore, the design of the package reveals little innovation in management or training content, and given its level of sophistication, it is inappropriate for non-professional trainers, and therefore limited in regional applicability.
3. Package A was designed to include three distinct modules specific to the needs of each of the management levels--top, middle, and line. In the implementation of this training, distinction in the content of the cycles delivered in-country was minimal, and the potential benefit of the training to the individual levels was decreased.
4. One objective of Package A training was to improve vertical communication among management levels within the participating agencies. As the evaluation team observed, and as participants noted during interviews, there is no evidence to indicate this goal has been achieved. The evaluation

team believes that the sequence of training delivery reinforced the traditional communication structure in this region (i.e., top to bottom). A more beneficial sequence would have been the reverse (line to middle to top), because this approach would have oriented top-level managers to the issues and sensitivities of line- and middle-level personnel and possibly enhanced dialogue among the organizational units.

## B. Package B

An objective of Package B training is to enhance team work and team-building skills in the nine countries participating in this project. In the project design, this training is linked directly to the formation of district health teams in each country in response to a region's priority focus on primary health care, and it is linked specifically to technical assistance in developing Model District Health Teams. Package B training is intended for those individuals identified in each country as key personnel in district health team service delivery. A trainer's manual for Package B was prepared by Westinghouse and CARICOM and pretested in the region in October. Final revisions in these materials are being made and training will begin as scheduled in November.

The evaluation team observed variations among the countries in the perceptions of and readiness to receive this training. Given the urgency with which this package is to be implemented, the countries' expectations, and the completed preliminary logistics to arrange for training in-country, the evaluation team does not advocate a change in the implementation schedule. Nevertheless, it would like to highlight its concerns about issues that potentially will have an impact on the effectiveness of the training in the region. The issues are the "team" concept, selection of participants for training, and development and deployment of district health teams.

The concept of an "integrated district health team" is a significant deviation from the traditional system of delivering health services in the Caribbean. Not only does it challenge the traditional approach to health services as exclusively hospital-based or clinic-based; it also advocates the integration of non-traditional personnel in the health system and community participation in the determination of the health service structure. It presents a formidable challenge to change to national ministries and health personnel. Receptivity to the concept is as yet unconfirmed. Anxiety about this matter, especially on the part of established medical teams (nurses, doctors, health officers), was expressed to the evaluation team during interviews with individual country officials and project coordinators and noted in the Package B Pretest Report (October 6-14, 1980).

Antigua, Belize, Dominica, and St. Lucia, where technical assistance to form Model District Health Teams has been provided, have a decided advantage, since their government officials have been thoroughly briefed and their commitment to the concept has been ascertained. Furthermore, mechanisms for implementing this new health service delivery approach are being discussed at the ministerial level. These countries, however, share with other countries involved in the activity a common problem: the need to clarify role definitions for existing and new categories of health personnel (e.g., doctors, nurse-practitioners, and community health aides).

St. Kitts, Montserrat, St. Vincent, Barbados, and Grenada received no in-depth orientation or assistance in forming district health teams before Package B training was initiated. As a result, the governments have failed to clarify the "team" concept, and there is noticeably absent commitment to and planning for the development of district health teams, as is reflected in the selection of participants for Package B training. In some countries, government officials indicated that they would select key personnel from a district yet to be determined; in St. Kitts the majority of the participants will be drawn from one district, with the key team position of doctor being filled by an individual from a neighboring district. Package B trainees in Barbados will form small, established teams from different areas of the island.

The lack of commitment and planning is also reflected in the lack of forethought about the supervision of health team formation following Package B training and the transfer of training and team methodologies to other districts in each country. During the pretest for Package B, the functions of a district health team were discussed by project coordinators and the project managers of CARICOM and Westinghouse. At that time, the project coordinators identified as their initial role guidance of the team; the role was to be assumed later by the identified team leader. Although the intent is admirable, it is questionable whether the coordinators have the time and expertise for this function, and, in some cases, the influence with Ministry officials they would need to extend team operations to other districts in the country.

It is the purpose of Package B training to facilitate improved team functioning through experiential learning in team development. This assumes the previous formation of a team which has operated in the field and identified areas of deficiency and team issues to be resolved during training. However, the selection of teams in each country is not completed, and few have worked as a unit in the field. In most countries, there is a heavy reliance on Package B as the vehicle to initiate the formation and development of district health teams. The training content of Package B focuses on mechanisms for increased team-building in established units. The formation of integrated teams at the district level is the real issue, and it raises serious questions about the impact that Package B will have.

## Conclusions

1. In accordance with the project design, only four countries are receiving pre- and post-technical assistance in conjunction with training. The effectiveness and impact of only five days of team-building in the other countries are questionable.
2. To be most effective, Package B training should be delivered while district health teams are being formed and fielded. Barriers to effective functioning as a unit in the pursuit of health service objectives should be confronted. Countries at this time are relying on Package B training to form and initiate district team work; such reliance reduces considerably the benefits to be derived from the training.
3. The design of Package B training assumes a standard approach to the formation and operation of district health teams. Upon examination, however, the composition of district health teams and the services they provide are distinct in the participating countries. The flexibility of this package to respond to the specific health service delivery needs of the countries is a necessity, if the training is to have a positive impact in the region. This flexibility will have to be spontaneous, although a more appropriate project design for this activity would have required country-specific needs assessments before training was initiated.
4. Given the varying levels of support and commitment by individual governments to the concept of integrated health team service delivery, the evaluation team suggests that a more cost-beneficial and cost-effective design for Package B would have been a phased approach, with MDHT technical assistance provided to two countries where training was carried out first. A pilot-test of this activity would have allowed the region to address the constraints to developing and deploying these teams. This knowledge could then have been applied to similar efforts in other countries.

### C. Package C

Package C is in the initial planning phase; the program design and selection of participants must be finalized. Package C is to "concentrate upon further development of supervisory skills" (BHMDP, Information Handbook) for 225 selected mid-level (supervisory) personnel. Package C training will be conducted for two weeks in each country.

Two fundamental approaches to management are planned:

- The process approach (tasks and operational skills) includes time-management, organizational charting, written communication skills, etc.
- The human behavior approach (people-management) includes delegation, interpersonal communication, conflict-management, etc.

The intent of Package C is to provide in-depth management training that builds on and increases the skills acquired in Package A. Although it is recommended that Package C trainees be exposed to or take part in Package A training, no definite criteria have been established.

### Conclusions

1. Package C is an unnecessary duplication of Package A training. Increased awareness of management concepts and interpersonal relations among trainees were achieved in Package A training. A more appropriate design for Package C would build on this knowledge and focus on specific supervisory and management techniques (e.g., supervisory skills, implementation of change, program design, program planning, budgeting, etc.).
2. The design of Package C would be improved if the audience for this training were determined. The evaluation team identified a need to establish selection criteria for participation in Package C training.
3. The skills required of trainers and consultants participating in Package C differ markedly from those required for Package A training. A review of trainers for Package C is warranted. In response to the evaluation of Package A training, regional expertise should be used as much as possible.

### D. Package D

Package D is designed to develop in top-level and selected mid-level health personnel specific skills and techniques in program development and program implementation to translate policy into action. Package

D is in the preliminary design stage. CARICOM is assuming full responsibility for its implementation. To date, no selection criteria have been established, and it is not clear from the project description or from interviews with CARICOM staff that Package D trainees will be expected to have attended any of the previous three training activities.

In the Caribbean, training in project development and implementation is conducted regionally, and is sponsored by the Caribbean Development Bank (CDB). Although the primary focus is on economic projects, the CDB is interested and willing to extend this training to health personnel.

### Conclusion

CDB training programs in project development and implementation in the Caribbean constitute a valuable resource for the CARICOM project. The linkage of Package D training to CDB expertise would satisfy the objectives of the project design by drawing on regional experience and capability, and it would establish a cooperative relationship between CARICOM and the CDB that could form a basis for continued training activities in the region after the project has been terminated.

### Technical Assistance

#### A. Organizational Analysis

To assist island governments in their efforts to improve major structures in their health care delivery systems, one person-month of technical assistance in organizational analysis was rendered in St. Kitts-Nevis-Antigua, Montserrat, and St. Lucia. Technical assistance in St. Lucia was provided by a Westinghouse consultant. A team of two consultants from the University of the West Indies provided assistance in Montserrat and St. Kitts.

Response to this technical assistance in the countries that were visited has been negative. A recurrent problem has been excessive delay in the countries' receipt of the final consultant report. A case in point is St. Lucia, where technical assistance in organizational analysis was provided in February. The report was received in October, six months later. St. Kitts experienced a similar delay. Furthermore, the information provided by the consultant and the quality of the study overall have been criticized. St. Lucia criticized the report for failing to provide new information on the health system structure and for failing to address

the vital issue of the integration of health with the functions of other ministries. St. Kitts noted similar deficiencies; it received a general report that was only 14 pages long. (It is the understanding of the evaluation team that the quality of UWI consultants was subsequently discussed by project managers.)

As stated in the CARICOM Information Handbook, those countries that requested assistance "tacitly recognized that change is necessary and [they] are obviously willing to face that change" (p. 16). The evaluation team, however, was unable to find evidence of any specific planning by country officials for structural changes in the Ministries of Health. Questioned about the impact of the assistance on the operating procedures of the Ministry of Health, local officials responded that their understanding was that this activity was supposed to enable employees to "understand and perform more efficiently in the present structure."

### Conclusions

It is the consensus of the evaluation team that the impact of technical assistance in organizational analysis in the participating countries has been minimal to nonexistent. This deficiency can be attributed to several factors.

1. The competence of the consultants in this area is questioned by country officials, project management, and the evaluation team. The problem in St. Kitts is unique in that no satisfactory working agreement could be reached between government officials and the consultant. In this instance, the evaluation team believes that the consultant should have exercised the option to terminate the assignment until the project objectives and the country's responses to those objectives were clarified.
2. In the design of the activity, there was no structured linkage between technical assistance in organizational analysis and Package A training or technical assistance in health planning. This is a critical oversight, for it disjointed the program design and limited the potential impact of various project activities in each country. Structured linkages between technical assistance in organizational analysis and other project activities might have resulted in the following benefits:

- a. Package A: An updated organizational chart for reference by trainees who are trying to analyze and improve relationships in the Ministry of Health; country-specific focal points of training emphasis in response to areas identified for organizational change.
  - b. Health Planning: A clearer relationship between the goals and objectives of health delivery in a country; the structure and resources needed to achieve this goal.
3. An erroneous assumption was made that a request for technical assistance in organizational analysis presupposed a commitment by local officials to change present Ministry of Health structures. This led to certain expectations about the receptivity of the countries to the results of training and assistance. Consequently, insufficient attention was given to the nurturing of the countries' commitment to essential changes to improve health delivery. Changes in the structure of the Ministries of Health may occur as a result of activities in this area; however, it is doubtful that changes will be made as rapidly as was anticipated in the original design.

#### B. Health Planning

Two person-months each of health planning technical assistance were scheduled for Antigua, Dominica, Grenada, Montserrat, and St. Vincent. The purpose was to help the countries "identify health sector problems, alternative resources and options for their solution and ultimately arrive at solutions best suited to meet their needs within their resources" (BHMD Project, Information Handbook, p. 17). To date, Antigua, St. Vincent, St. Lucia, and Montserrat have received technical assistance in health planning from a two-person consultant team that worked in-country between two weeks and one month. This team was composed of a British health consultant and a Caribbean management specialist.

The consultants first met with Ministry officials to discuss the present status of health delivery and to identify the key individuals to be interviewed. They devoted the remaining time to discussions with appropriate health and supporting agency personnel and to the identification of resour

In some countries a verbal presentation of the draft findings was made to government officials before the consultant's departure, although this was not standard practice. Final technical assistance reports were delayed. Most were finally received by the countries four to six months after the study had been completed.

Response by the countries to the technical assistance was generally termed "disappointing." A major issue is the different expectations of government officials and consultants about the objectives and intent of the effort. Government officials anticipated that the result of the study would be a structured health plan for the country; the consultants concerned themselves only with the first phase in the development of a health plan, namely, an intensive needs assessment. Consequently, the countries were surprised when they received the final technical assistance report entitled "Pre-Planning Review of the State of Health Services in \_\_\_\_\_." Although they present comprehensive data on health sector problems, these reports do not provide an outline for a country-specific health plan. Lacking experience in the process of applying these data to the development of a national health plan, the countries have been left wondering where to go from here.

### Conclusions

1. The scope of work for technical assistance in health planning is specified in the CARICOM Information Handbook. It differs from that outlined in the Westinghouse contract. The latter states that the purpose of the technical assistance is to assist in developing the health planning process in each country. Apparently, CARICOM and the Westinghouse project management have failed to clarify the objective of this technical assistance, possibly because of the briefing the country officials (CARICOM) and consultants (Westinghouse) received before they provided the assistance. That briefing may have had a direct impact on the expectations of these groups, resulting ultimately in regional dissatisfaction with the product.
2. The content and frequency of interaction between top Ministry officials and consultants also had an impact on the potential benefit of the activity. These persons focused on the collection of data on health services and did not address or determine a shared objective for this technical assistance effort. The lack of clarification and the consultants' failure to debrief Ministry personnel before their departure from the country

(Antigua) have contributed directly to the differing expectations for and unsatisfactory results of this technical assistance.

3. Two person-months of technical assistance in health planning per country are insufficient to complete to a satisfactory degree either interpretation (Handbook vs. contract) or the scope of work for this activity. What was completed during this activity was realistic for the time period allowed. However, although the information presented in the final technical assistance reports is comprehensive and useful to the countries, its benefit is limited at this time. As these countries do not have the capacity to apply this information to the formulation of a national health plan, perhaps it would be more valuable to hold working sessions with country officials to discuss the development of health plans and to determine who needs to be involved, what information is needed, and what steps should be followed. In addition, the structural linkage in the project design of technical assistance in health planning to in-country training activities would strengthen each component. Specifically, health planning would be improved if health professionals at various levels in the organization could contribute to the development of the plan. As it is, the technical assistance effort has had minimal impact on the participating countries, and work in this area is incomplete.

#### C. Model District Health Team (MDHT)

Technical assistance in developing Model District Health Teams is critical to the design of the project, as it responds directly to a central objective of Caribbean health services: primary health care (PHC). The formation of district health teams is the most innovative component of the program design and it has the greatest potential for long-term health benefits in the region.

As a complement to Package B training, this technical assistance consists of two phases:

- Phase 1: Two specialists visit a country for one month to assist island governments in defining and

designing the MDHT program. This activity occurs six months before Package B training begins.

Phase 2: One consultant provides one month of follow-up approximately six months after Package B training to evaluate how well the team is functioning and to provide necessary corrective assistance.

The first phase of MDHT technical assistance has been completed in the four countries: Antigua, Dominica, St. Lucia, and Belize. In these countries, the model district area has been identified and the positions on the MDHT have been outlined. The supplies and equipment that the MDHTs will need have arrived, although country officials and management feel that shortages of other in-country supplies (lab kits, medical supplies) may diminish the program's effectiveness.

Response to technical assistance in MDHT has been positive. The evaluation team found that country officials were pleased with the quality and content of the reports on the technical assistance and were actively preparing to initiate Package B training. However, some Ministry personnel are concerned about the deployment of the teams. (These concerns are noted in the paper prepared by the project coordinators, "Review of MDHT Concepts and Proposals for Implementation of Strategies," October 1980.) Specific comments have been made about the acceptance by participants of the team concept, political support for team formation and development, and mechanisms for intersectoral linkages and the evaluation of this activity.

### Conclusions

1. In those countries that are participating in the development of MDHTs, technical assistance apparently has helped the governments to understand the concept of integrated teams and has fostered a commitment to this new service delivery system. It has not been determined, however, what individual team members' perceptions and commitment will be to this integrated approach. Package B is viewed as one activity to develop a common goal for team members to ensure constructive operation. If the team does not recognize and accept the validity and usefulness of team work, the expectation for training may be unrealistic and the approach to the formation of MDHTs weakened.

2. The impact of MDHT technical assistance cannot be evaluated until the teams are formed and begin to work as units to deliver health services. The evaluation team feels that the scheduled six-month waiting period following Package B training is inappropriate for follow-up technical assistance. Considering the status of district health team formation before Package B training, the purpose of the training, and content of the package, more immediate and repeated technical assistance is desirable.

#### D. Management Information Systems (MIS)

Limited information on program activities to develop management and health information systems was available to the evaluation team. Therefore, the team can offer only general observations on MIS activity. It will be CARICOM's responsibility to make the final assessment.

The evaluation team believes that the inclusion of technical assistance in management information systems is a valuable additional component of the project. Improved information on health status and other relevant health service data in a country will directly contribute to improved decision making about health programs. To date, the following activities have been conducted:

- A two-day workshop on MIS was held in Antigua. A rough draft report is being circulated at Westinghouse and CARICOM. The report was not available for review by the evaluation team.
- Initial assessments were made of the need for MIS in all participating countries; in-depth needs assessments were made in Grenada and St. Lucia. Reports on the initial assessments were not available. However, the final reports on the in-depth studies have been released. They are of high quality and include specific recommendations on the inclusion of necessary features in the systems developed in each country.
- In Barbados, an activity related to MIS technical assistance was carried out directly under CARICOM auspices, and not as part of the AGI subcontract. A local firm, SYSTEMS, was called in to design and install a computerized system in the Ministry of Health. This system for the purchase and distribution of drugs and the maintenance of inventory control covers all government health facilities. The project was competently executed by the Barbadian

firm. Its use promises to lead to cost reductions. Neighboring countries have shown an interest in adapting the system to their needs, and SYSTEMS has been commissioned by the Ministry of Health to perform additional tasks related to systems design.

#### E. Materials Resource Centers

Each of the nine countries participating in this project is to establish a Management Resource Center, complete with library and audio-visual equipment. The center will serve as a reference library and repository during the life of the project; after the project ends, it will be a permanent facility. CARICOM will identify and purchase the materials for the individual resource centers.

To date, only Antigua has a functioning resource center. Other countries participating in the project have had to delay establishing their centers because of hurricanes, the interruption of the program and lack of direction, and the lack of available space. Materials for the centers have been received in all countries, except St. Vincent, and they are under the protection of the Ministry of Health.

#### Conclusion

1. The evaluation team supports the establishment of Materials Resource Centers as a mechanism for supporting training and technical assistance activities. With the prompt establishment of the centers, more attention can be given to following up the completed Package A training. The facilities also can be resource centers for Package B training and the formation of district health teams. Careful attention to the selection of the sites for the centers is necessary to ensure accessibility to all health personnel and interested parties. The potential payoff of these centers is exemplified in Antigua, where personnel from ministries other than the MOH are using the center as a resource and simultaneously establishing linkages between individuals and ministries.

#### **IV. RECOMMENDATIONS**

#### IV. RECOMMENDATIONS

1. The primary purpose of the Basic Health Management Development Project is to strengthen the managerial capacity of the Ministries of Health in the participating countries. It is too early to assess the extent to which this purpose has been effectively served, partly because only one of the four training phases has been completed. However, the evaluation team has concluded that the impact on many individuals who participated in Package A training was positive. The team recommends the continuation and completion of the project. Specific recommendations on planned future project elements are based on a review of the project design and a consideration of experience acquired.
2. The secondary purpose of the project is to improve CARICOM's ability to coordinate activities in the region. The team believes that significant progress has been made in this area. It has concluded that important regional and national resources for continued assistance in the field of management development have been developed or discovered in the Caribbean. If the recommendations that follow are implemented, it will be possible to use CARICOM's increased capacity to coordinate, and there will be greater reliance on institutional and human resources in the region.
3. Package B training, which involves the use of Model District Health Teams, is complemented by three months of technical assistance in three of the nine participating countries. To date, six person-months of MDHT technical assistance have been used. Given the need for follow-up support in all countries, it is recommended that the remaining months of technical assistance be eliminated and that an additional staff member of the CARICOM project be retained to help guide the implementation of the project (see Recommendation 12).
4. It is recommended that Package C training focus more explicitly on management skills, tools, and techniques. This emphasis is not apparent in the current design. Project design, budgeting, management by objectives, staff development, methods for instituting organizational change, and supervisory skills and techniques are examples of possible training modules that could be included in the design. The duplication of the training components in Package A should be prevented.
5. The team is of the opinion that CARICOM project staff now have the capacity to assume direct responsibility for the design, implementation, and management of Package C training. It also appears that qualified trainers in this area can be drawn largely, if not entirely, from the Caribbean countries. It is therefore recommended that the

CARICOM contractor, Westinghouse Health Systems, be relieved of the responsibility for Package C training and that the CARICOM management trainer be given responsibility for design and implementation.

6. It is recommended that CARICOM, in consultation with the Ministries of Health operating through the project coordinators, establish clear criteria for selecting the participants for Package C training. Although participation in Package A training can be viewed as one of the desirable criteria, it would be unrealistic to expect all candidates to satisfy this requirement. Package C is viewed as a self-contained learning experience that is related to but not dependent on Package A. It would be desirable to orient those who participate in Package A to the various training components. Preparatory meetings could be conducted by the project coordinators and appropriate written materials could be distributed to Package C trainees before the training sessions begin.
7. Package D covers program design and implementation--an area of concern to those engaged in training and assistance activities in several regional Caribbean organizations, specifically, the Caribbean Development Bank. Despite the current mandate, CDB staff have not been active in the field of health, project planning, and implementation. CDB staff have trained government officials in other sectors in Caribbean countries. The director of the Project Development and Implementation Unit has suggested that the CDB would be willing to assist CARICOM by providing technical training expertise in this area. Although CDB staff have expertise in project development and implementation, their knowledge of the health sector is limited. In consultation with the Economic Development Institute (EDI) of the World Bank, the CDB suggested that the EDI might be willing to make one of its health experts available for consultation and participation in project development and health planning. Because health sector activities fall outside the scope of the CDB program, the project would have to fund the major share of the expense of training.

In view of the available regional expertise, and to promote linkages with other regional institutions, the team recommends that Package D training be conducted in close collaboration with the Caribbean Development Bank.

8. As specified in the CARICOM contract with Westinghouse, 10 person-months were allocated for technical assistance in health planning. At this time, eight person-months have been used. Given the limited effectiveness of this technical assistance and the lack of assurance that the remaining two person-months would have a significant

beneficial impact, it is recommended that this activity be limited to the work performed to date.

9. There is some disappointment in the countries that received health planning assistance with the outcomes of the activity, but the team considers planning to be an important element in the development of management capability. For these reasons, it is recommended that CARICOM organize two sequential training clinics on the health planning process. It is suggested that three carefully selected participants from each of the nine participating countries be invited to participate, that each training clinic last six days (there should be a three-month interval between the two clinics and the same persons should participate), and that two or three expert consultants be engaged to conduct the training. Participants would be expected to bring specified data on health conditions, health services, the structure of government organizations, and other relevant matters to the training clinic. The design of an action system and of a process for the participants' respective countries would be one of the key elements of the training process.

It is recommended also that CARICOM collaborate with PAHO and other relevant organizations in the region on the design of the training and to ensure, wherever possible, follow-up in each country.

10. The evaluation team has insufficient information to make specific recommendations on technical assistance in MIS. In cooperation with PAHO, CARICOM organized a Health Information Systems Workshop for the participating countries. The Analysis Group, Inc., a Westinghouse subcontractor, presented papers at the workshop. It also made a needs assessment of health information systems in all countries. Reports on these activities were not available at CARICOM or USAID/RDO/C when the team was in the field. It is recommended that CARICOM carefully review the reports on activities when they become available and on that basis assess proposed additional activities to complete the subcontract.
11. The CARICOM project manager has assumed a range of responsibilities that is considered to be excessive in both scope and work load. In view of the additional direct responsibilities that will have to be assumed if the above recommendations are accepted, the project manager should devote more of her effort and time to project management and liaison with the project coordinators, and less time and effort to project implementation.
12. The stimulation and guidance of implementation after training remain important functions of the CARICOM staff. These tasks will become

even more important if Recommendation 3 (Package B training) is implemented. To provide more time for the project manager and to strengthen the project staff's capacity to follow up activities, it is recommended that a management development officer be added to the staff. This person should have a background in primary health care and management. (S)he should have excellent skills in liaison and interpersonal relations. In addition to providing implementation guidance, this person could assist the project manager in project-related activities in several countries.

13. In accordance with the preceding recommendations, CARICOM would assume direct responsibility for three more training events which would complete the work for the project. Although experience has been gained, the evaluation team is of the opinion that the CARICOM project management and training staff will need assistance in reviewing the content of the training course and the training methodology and procedure. It is recommended that CARICOM secure the consulting services of a recognized training expert to review and give advice on the training content, materials, and methodology after arrangements for each training event have been made. The same consultant would be used throughout the activity and should be available for several short consulting assignments until the project ends. It is estimated that the total consultant time involved would be three months. The recommended process would allow for an effective transition from the early phase of the project, when training services are fully contracted out, to the institutionalization of an independent training capacity upon completion of the project.
14. The role of the project coordinators is somewhat ambiguous. An invaluable aspect of their role is service as coordinators and facilitators in the Ministries of Health. These persons are being viewed increasingly as potential health management training coordinators, if not management trainers, for their countries after the project ends. In several cases, it appears that the latter role will not be compatible with specific coordinators' current positions and anticipated career patterns. It is recommended that CARICOM, in collaboration with appropriate Ministry officials in each country, determine whether the current coordinator is the most suitable person for a position in health management training. If the person is inappropriate, another person could be identified to assume a continuing management training and development role, and the current coordinator would continue to serve as a facilitator for the duration of the project. Although it would be desirable to employ a trainer who is in the ranks of the MOH, given the number of civil servants in most participating countries, the trainer may have to be coopted from the ranks of other government agencies (e.g., public service training units). Opportunities should be available to others to become familiar with the special concerns of health service management.

15. As part of their counterpart contribution, the Ministries of Health committed themselves to releasing the project coordinators for 50 percent of the time they spend on other duties. In most cases this commitment has not been honored, and an undue burden has been placed on the conscientious group of coordinators. The team recommends that CARICOM remind the respective Ministers of Health of the commitment they made.
16. CARICOM and the project coordinators have discussed with AID/RDO/C the desirability of offering some compensation to the coordinators in recognition of the extra time and effort they give to the project. The evaluation team does not consider it appropriate, given its frame of reference, to make a specific recommendation on this issue. The team wishes to note, however, that it was impressed by the dedication and extra effort of the coordinators. It was apparent that in carrying out their assignments, the coordinators must sometimes cover their personal automobile and other incidental expenses with their own money. Although there is no provision for compensation in the budget estimates that follow, the team suggests that AID give sympathetic consideration to CARICOM's request.
17. To date, CARICOM has established and maintained liaison with related organizations in the Caribbean. Thus, a representative of PAHO is serving on the Project Advisory Committee. Implementation of the above recommendations would further strengthen intra-regional cooperation (see recommendation on the proposed collaboration with the Caribbean Development Bank). To ensure regional coordination and regional resource development and to provide a base for continuing health management development, the evaluation team encourages CARICOM to cooperate with appropriate organizations in the region. If and when it begins to operate, the Public Service Training Program of the Eastern Caribbean Common Market in Antigua may be especially significant.
18. The team notes with satisfaction that, in accordance with the Project Paper, the project director and head of the Health Section of CARICOM, Dr. Philip Boyd, is considering the establishment of a position within his section that would provide continuing guidance and assistance in health management. The evaluation team strongly endorses the establishment of such a position.

**V. BUDGET IMPLICATIONS OF RECOMMENDATIONS**

## V. BUDGET IMPLICATIONS OF RECOMMENDATIONS

Previously, CARICOM submitted to AID/RDO/C a request for additional funding in the amount of \$585,328, funds it deemed necessary to complete the project (see letter from A.C.B. Watty, CARICOM, to William B. Wheeler, AID/RDO/C, 8/27/80). A subsequent projection by the WHS would have increased the cost of completing the activities to \$667,336.

The preliminary calculations of the budgetary implications of implementing the recommendations were given in another chapter of this report. Cost data available to the team were limited. The estimates given below will require more detailed costing-out. An explanation of each item in the list that follows will be given. The total estimated variance is \$591,353. In the section entitled "Project Finance" it was suggested that the original budget be set at \$460,000 below anticipated cost. If the analysis is correct, the proposed increase would be only \$131,353, or just over 5 percent. The evaluation team notes that, in the official Project Authorization, additional increments (to \$800,000) in grant funding during the grant period were approved, subject to the availability of funds.

<u>Item</u>	<u>Original Budget*</u>	<u>Revised</u>	<u>Variance</u>
1. Package A	\$301,918	\$316,632	+ 14,714
2. Package B	33,652	82,152	+ 48,500
3. Package C	65,382	91,850	+ 31,468
4. Package D	20,000	35,000	+ 15,000
5. Organizational Analysis	25,858	22,406	- 3,452
6. Health Planning	56,761	56,761	- 0 -
7. Model District Health Teams	60,730	43,219	- 21,609
8. Management Information Systems	75,600	82,079	+ 6,479
9. Health Planning Training Clinics	- 0 -	53,000	+ 53,000
10. Technical Assistance, CARICOM	154,526	116,526	- 38,000
11. Commodities	125,800	143,810	+ 18,010
12. Implementing Agency Support	445,400	714,203	+ 268,803
13. Special Activities	- 0 -	150,000	+ 150,000
14. WHS Home Office	121,560	170,000	+ 48,440
15. WHS General and Administrative Expense and Fixed Fee			<u>?</u>
		TOTAL VARIANCE	+ <u>591,353</u>

---

\* Because no figure is given here for Item 15, the total in this column is less than the \$1,800,000 AID grant.

Notes

1. Package A training has been completed. The figure \$14,714 represents expenditures in excess of the budget estimated by Westinghouse.
2. As indicated under "Project Finance," the revised cost estimate for Package B by Westinghouse is more than twice the original budget. A review of the need for the substantial increase in WHS consultant inputs is indicated.
3. The WHS revised estimate of the cost of Package C training would add \$42,709. Using the currently available capability in CARICOM and in the region, this figure can be reduced to \$31,468.
4. The cost of Package D training was underestimated in the original budget. The additional \$15,000 includes the cost of curriculum development and materials preparation.
5. The reduced technical assistance cost for organizational analysis reflects a reduction in the scope of work.
6. Although the number of person-months for health planning has been reduced, higher cost will result in the expenditure of the budgeted amount.
7. Model District Health Team technical assistance would be reduced in its present form to assistance rendered to date. The resulting savings, estimated at \$21,609, would be used to partly offset related activities carried out by the CARICOM Management Development Officer (see Recommendations 3 and 12).
8. The increased allocation for technical assistance in management information systems is in accordance with the WHS proposed revision.
9. The proposed allocation of \$53,000 for two health planning training clinics is explained in Recommendation 9.
10. The reduction of the budget for technical assistance directly controlled by CARICOM is based on a review of this area with CARICOM staff. Included in this category is the estimated cost (\$27,000) of the consultant mentioned in Recommendation 13. The reduction of this line-item by \$38,000 would allow for the reallocation of funds to more essential project areas (e.g., the salary and other expenses of the proposed Management Development Officer).
11. The proposed increase of \$18,010 for commodities is based on CARICOM estimates of the increased cost of materials and equipment for the Management Development Resource Centers and of commodities for the Model District Health Teams.

12. As indicated in this report, the category known as Implementing Agency Support includes many different expenditures, several of which, in fact, represent direct project activity costs. The category and its component elements were seriously underestimated in the original budget. An increase of \$268,803 is proposed. Included in this amount is a new staff position (Management Development Officer) for the balance of the project.
13. An amount of \$150,000 is proposed for Special Activities. Although included in the work plan, Special Activities was not a separate category in the budget. Besides conferences, workshops and intra-regional exchanges that will enhance coordination and the sharing of experience, some training-of-trainers activities are planned under Special Activities to lay a foundation for future management training and development in the participating countries.
14. Westinghouse has estimated that its budget for home office cost would need to be increased from \$121,560 to \$233,642 to complete WHS responsibilities under the contract. Implementation of the recommendations of the evaluation team would result in the significant reduction of the balance of the contractual obligations of Westinghouse. Considering Westinghouse home office expenses incurred to date, even the reduced scope will require an additional allocation. The estimated reduction of this additional allocation from \$112,082 to \$48,440 is necessarily rough.
15. The final expense category is WHS General and Administrative Expense and WHS Fixed Fee. The former is tied to the direct expense of the contract; the latter is a negotiated fixed fee. It cannot be determined at this time what the variance in these amounts would be if the recommendations are implemented and if they have the indicated financial implications.

## APPENDICES

**Appendix A**  
**SCOPE OF WORK**

## Appendix A

### SCOPE OF WORK FOR EVALUATION OF BASIC HEALTH MANAGEMENT TRAINING PROJEC

(538-0019)

#### BACKGROUND

Since August 1979, AID, through the Health Section of the CARICOM Secretariat, has coordinated a Caribbean regional project in Basic Health Management Training (538-0019) to improve the managerial capacity of personnel in the Ministry of Health and other related Ministries on participating islands in the region. A major portion of this project has been developed under a cost plus fixed fee contract with Westinghouse Health Systems. In response to a joint request from CARICOM and Westinghouse for additional funds under the grant, RDO/C is requesting a midpoint evaluation of project implementation.

#### PURPOSE

The purpose of the evaluation is:

- a. to ascertain the progress of the project in meeting sector goals;
- b. to determine the impact of the project on effecting changes in health management structures and practices on the participating islands of the region;
- c. to review the cost-effectiveness of the project in achieving its objectives; and
- d. to recommend further actions and utilization of existing funds, including any projected funding increases necessary to meet the project's objectives.

#### STATEMENT OF WORK

The American Public Health Association (APHA) has chosen a team comprised of a Management Training Specialist, a Management Evaluator and an Economist/Financial Analyst to conduct the evaluation. The scope of work for each consultant is outlined below:

- a. Management Training Specialist

A significant portion of this project is composed of management training provided by CARICOM through Westinghouse and its sub-contractors. The Management Training Specialist will examine the training methods used by the contractor, the effectiveness

of the training in improving the knowledge, attitudes and practices of the governments' health management personnel and the relevance of the training mechanisms to the region. The Management Training Specialist will review the training packages (A&B) already initiated as well as the training efforts (C&D) under development and their relationships to the over-all comprehensive management objectives.

b. Management Specialist

The project's primary objective is to enhance the managerial capacity of personnel at all levels of the governments' Ministries of Health. This improved capability will lead to changes in administrative structure and, consequently, more effective and efficient management of health programs. The Management Specialist will examine managerial practices and the institutionalization of management mechanisms in the target Ministries, and recommend future activities and changes.

c. Economist/Financial Analyst

This 3 year project is financed by a \$1.8 M grant. Considerable cost over-runs have been reported by CARICOM, Westinghouse and its subcontractors. The Economist/Financial Analyst, in conjunction with the Management Training Specialist, will review expenditures to date, ascertain their cost-effectiveness, and respond to the pending request for additional funding.

REPORTING

The consultants will review the results and recommendations of the evaluation with both RDO/C and CARICOM project leaders while in Barbados, and will leave a draft report with the AID Project Officer before their departure.

They will submit the draft to APHA by November 17, 1980, and to the RDO/C by November 25, 1980, for comments. It will contain: (a) a review of the project proposal to date, (b) an assessment of project effectiveness, both current and anticipated, (c) an analysis of costs and (d) recommendations for project modifications in both the work plan and funding levels. Before finalizing the report, the team will consult with Westinghouse.

ROLES AND RESPONSIBILITIES

The consultants will report to the Chief Health, Nutrition and Population Officer at RDO/C, and will work in close collaboration with the Project Manager, the Project Administrator and the Director. Site visits to meet with local Health Ministry personnel and project coordinators will be made.

**Appendix B**  
**ITINERARIES**

## Appendix B

### ITINERARIES

#### Hans C. Blaise

Barbados	October 16 - October 21
Guyana	October 21 - October 25
Barbados	October 25 - November 6

#### John S. Nagel

Barbados	October 16 - October 20
St. Kitts	October 20 - October 22
Antigua	October 22 - October 24
Barbados	October 24 - October 30

#### Mary E. Worstell

Barbados	October 17 - October 19
St. Lucia	October 19 - October 22
Dominica	October 22 - October 23
St. Vincent	October 23 - October 24
Barbados	October 24 - November 6

**Appendix C**  
**PERSONS CONTACTED**

Appendix C  
PERSONS CONTACTED

USAID Mission, Barbados

William B. Wheeler, Mission Director

Mark Laskin

A. Freeman

Robert Meaghan

John Tuleja

CARICOM

Dr. Philip Boyd, Project Director

Margaret P. Price, Project Manager

Alston Fergusson, Management Trainer

Evan Drayton, Administrative Officer

A.C.B. Watty, Chief, Finance and Administration, CARICOM Secretariat

E. Sills, Administrative Officer

Westinghouse Health Systems

Gary Damkohler, Managing Director

Sharon S. Russell, Project Director

Jackson Day, Project Manager

William Deutschmann, Director of Training

Deborah Kluge, Former Project Manager

Lurijos Management Associates (Antigua)

Clavis Joseph, Partner

Pan American Health Organization (PAHO; Barbados)

Omer Robles

James Potts

Fernando Sadek

Neil Carefoot

Caribbean Development Bank (CDB)

Beverly Charles, Unit Director, Project Development  
and Implementation Unit

Antigua

Ministry of Health

Hon. C. M. O'Marde, Minister of Health

H. Barnes, Permanent Secretary

E. John, Project Coordinator

Dr. A. J. Boyd, Chief Medical Officer

Training Course Participants

Dr. Catherine Lake

Sheila Piggott

Mrs. Goodner

Louise Pilgrim

Jenita Williams

Lauchland Lake

Sylvia Green

Barbados

Ministry of Health and National Insurance

Leroy Murrell, Project Coordinator

John Turnbull, Director, Drug Services

Training Course Participants

Norma Sealy

Vashti A. Iriness

Dr. Harold St. Clair White

Litchfield Morgan

Lisle M. Worrell

Dr. Dorene Murray

Una Clark

Joanna Newton

Rosita Mandeville

Patricia Tull

Barbara Cave

Lloyd Daniel

Alison Stanton

Yvonne Sarjeant

Norman Dave

Joan Sealy  
M. Haynes  
Patricia Bretney  
Jernese Layne  
Eileen Brewster  
Oneta Burgess  
Shirley Boyce  
Anthony Drayton

Dominica

Ministry of Education and Health

Hon. Charles Maynard, Minister  
Osborne Symes, Permanent Secretary  
John Fabian, Project Coordinator

Training Course Participants

Eraminthe Thomas  
Olive Williams  
Patricia Framptym  
Philip Frances  
Lipson Leblanc  
Elizabeth Alfred  
Jean Jacob  
Norie Dyer  
Anthony Cyrille  
Lyndell Williams

St. Kitts

Ministry of Health and Social Affairs

Hon. Sydney Morris, Minister

O. Hector, Permanent Secretary and Project Coordinator

Dr. C. Sebastian, Chief Medical Officer

Training Course Participants

Diana E. Francis Delaney

Angela Adams

Ellen Warner

Rita Hendrickson

Beulah Smith

James Hodge

Winifred McMahon

Catherine S. Fahie

Miss Morris

Ms. B. Morgan

St. Lucia

Ministry of Health and Housing

Hon. Bruce Williams, Minister

Fitz Louisy, Permanent Secretary

Cornelius Lubin, Project Coordinator

Training Course Participants

Ruth Lawrence

Errol Frederick

Murice Louisy

Linda Philgence

Daphne Auguste

Agatha Frederick

Elvina P. Raveneau

Linda Lawrence

Jeanne Frederick

Roseanna Napoleon

Carol Lloyd



538-0019-3

5380019005901

PD-ANS-410-61



**AMERICAN PUBLIC HEALTH ASSOCIATION**  
International Health Programs  
1015 Fifteenth Street, N.W.  
Washington, D.C. 20005

REPORT ON A CONSULTANCY TO  
PREPARE AN AMENDMENT TO  
THE BASIC HEALTH MANAGEMENT  
TRAINING PROJECT

A Report Prepared By:  
MS. MARY WORSTELL  
DR. HANS BLAISE

During The Period:  
JANUARY 4-20, 1981

Supported By The:  
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  
(ADSS) AID/DSPE-C-0053

AUTHORIZATION:  
Ltr. AID/DS/HEA: 2/27/81  
Assgn. No. 583066

Agency for International Development  
Library  
Room 105 SA-18  
Washington, D.C. 20523

REPORT ON A CONSULTANCY TO  
PREPARE AN AMENDMENT TO  
THE BASIC HEALTH MANAGEMENT  
TRAINING PROJECT

Scope of Assignment

At the request of AID/RDO/C, the American Health Association (APHA) selected Ms. Mary Worstell and Dr. Hans Blaise as consultants to assist the Health Section of the Caribbean Community (CARICOM) and the Regional Development Office/Caribbean of the Agency for International Development (AID/RDO/C) in preparing a project amendment for the Basic Health Management Training (BHMT) Project (538-0019). The two consultants earlier were members of a team of consultants who made a mid-term evaluation of the project in October-November, 1980.

As stipulated in the Scope of Work (see Appendix A), the consultants reported to the regional health adviser, RDO/C, and worked closely with the chief of the Health Section, the CARICOM Secretariat, the manager of the Basic Health Management Training Project, and project staff in Guyana. RDO/C assigned a financial analyst to assist the regional health adviser and the team of consultants in preparing a budget. In accordance with the Scope of Work, a final project paper amendment was prepared by the consultants in collaboration with mission staff. That amendment was submitted to RDO/C. Although minor subsequent modifications were made, RDO/C approved the project paper amendment before the consultants completed their assignment. The project paper is available upon request from USAID/Barbados.

Schedule of Activities

The team arrived in Bridgetown, Barbados, on January 4, 1981. After a briefing at RDO/C on January 5, they traveled to Georgetown, Guyana. They were accompanied by Mr. Peter Medford, the financial analyst assigned by RDO/C to work with the team. The team remained in Georgetown until January 9 for a series of working sessions with appropriate CARICOM staff (see Appendix B). Mr. Mark Laskin, the regional health adviser, RDO/C, participated in the consultants' discussions with CARICOM.

From January 9, when the team returned to Barbados, until January 20, when the assignment ended, the team prepared the project paper amendment. This was done in continued close cooperation and consultation with RDO/C staff and staff of the CARICOM project. Before the assignment ended, two review meetings were held at RDO/C. The acting director of the mission participated in one of these meetings.

## Overview

The substance of the team report is contained in the final project paper amendment. This overview provides some general observations of the consultants and background information on this assignment.

The mid-term evaluation report was accepted by the RDO/C. The recommendations contained in that report were the basis for the project paper amendment. (The recommendations were not implemented fully because it was anticipated that fewer funds than required would be available.) The team found that CARICOM also endorsed the recommendations of the mid-term evaluation team, requesting only minor modifications.

As is stated in the mid-term evaluation report, the remaining funds of the project were insufficient to complete the scope of work specified in the original project paper. In large measure, this was due to shortcomings in the formulation of the original budget and to the fact that Belize was added to the list of participating countries without the allocation of additional funds. Additional funding was needed because it was found that the number of health personnel in the participating countries who needed management training exceeded the number that had originally been anticipated. In addition, experience indicated that in some important cost areas the rate of inflation was considerably higher than the calculation in the original budget. Finally, in some areas of activity the evaluation team found that either the kind or scope of activities scheduled for the project was inadequate to develop the desired institutional capacity in the participating countries.

Understandably, the CARICOM Health Section and project management were anxious to have an opportunity to fulfill the scope of work of the original project, which had been modified after the mid-term evaluation. Not only did CARICOM representatives view this as genuinely necessary to serve the health management needs of the region, but they also noted that it would be difficult for CARICOM not to respond to the expectations of the participating countries. As was revealed in a review of the detailed calculations of the financial implications of complete implementation of the "optimum" project, this would require significant additional funding.

It became necessary for RDO/C to reduce the level of activity for the remainder of the project period to what was considered to be within the limits of the financial constraints. The views of the consultants, who were asked to comment on this action, are reflected in the final project paper amendment. The final project paper amendment is, of course, a proposal. It has been submitted to AID/Washington, which will make the final decision about additional funding for the BHMT project.

## APPENDICES

Appendix A  
SCOPE OF WORK  
FOR AMENDMENT TO PROJECT 538-0019

## Appendix A

### BASIC HEALTH MANAGEMENT TRAINING PROJECT PROJECT PAPER AMENDMENT SCOPE OF WORK (538-0019)

#### I. Objectives

The objectives of the consultants is to prepare a project amendment for the BHMT project in collaboration with the implementation agency, CARICOM, and the Regional Development Office/Caribbean (RDO/C).

#### II. Statement of Work

Based on the recommendations of the BHMT Development Project Evaluation Team and in consultation with the CARICOM Health Section, the consultants will prepare a project paper amendment reflecting a plan of action for the achievement of project objectives using remaining funds in the project and additional funds as required and available. The project paper amendment should be formulated according to the following format:

##### a. Project Purpose:

If revised, a rationale should be provided.

##### b. Project Description:

This section should indicate any changes in the design of the program and the effect these changes may have on the achievement of the project purpose. The revised project design should reflect any changes in strategy or project implementation, including an institutional analysis for the implementation agency and the rationale for any changes in implementing agents. The project description also should relate as closely as possible project activities to expected beneficiaries and project outcomes. In

a background statement the project description should describe (a) where the project has been, (b) where the project is at the moment, and (c) future directions for the project and expected outcomes.

Since the project is a continuation of an existing on-going activity, the results of the recently completed evaluation and any rationale for deviation from the recommendation of that evaluation should be discussed within the context of the project paper amendment.

It is assumed that the project-specific analyses (e.g., economic analysis, social analysis) will remain relatively unchanged. Any changes in project-specific analyses, however, should be reflected in the project paper amendment. Specifically, a technical feasibility analysis and an administrative feasibility analysis should be provided and updated from the original project document.

### III. Financial Plan

The financial plan should indicate in detail the total financing from both AID sources and CARICOM (in-kind contributions) required to carry out the project. The financial analysis should indicate the allocation of existing resources under the grant and any additional resources required to complete the project.

### IV. Implementation Plan

As a result of the revised project design, a revised implementation plan should be included in the project paper amendment. This should indicate expected project activities and estimated sequencing in time. The implementation plan should identify who is responsible for each separate implementation action.

### V. Evaluation

The project paper amendment should include a revised evaluation schedule based on any revisions to the estimated completion date for the project.

VI. Roles and Responsibilities

The consultants will report to the regional health adviser, RDO/C, and work closely with the chief of the Health Section, the CARICOM Secretariat, the BHMT project manager, and BHMT project staff in Guyana.

The project paper amendment will be reviewed at RDO/C, Bridgetown

VII. Level of Effort

Two individuals will be required for the above statement of work for approximately two (2) weeks. A six-day work week is authorized.

VIII. Logistic and Administrative Support

RDO/C will provide office space, equipment, and secretarial services to the consultants. It will provide the services of a financial analyst, as required for budget preparation. The financial analyst will work under the joint guidance of the RDO/C, regional health adviser, and consultant team leader. All other support will be provided by the consultants.

IX. Reports

Before the assignment is completed, the consultants will submit a final project paper amendment which has been reviewed and approved by RDO/C.

**Appendix B**  
**LIST OF CONTACTS**

Appendix B  
LIST OF CONTACTS

AID/RDO/C

Mr. Mark Laskin

Mr. Edward Birgells

Mr. Peter Medford

CARICOM

Dr. Philip Boyd

Ms. Margaret P. Price

Mr. Alston Fergusson

Mr. Evan Drayton

Mr. A. C. B. Watty

Mr. E. Sills