PD-AAP-982

PROJECT NO.: 504-0066

Rural Health Systems Project
AID/LAC-C-1397
Status Report, Year III

October 1982 - November 1983

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I. INTRODUCTION

This assessment reviews inputs made by The MEDEX Group of the University of Hawaii during the third year (October 1982 - November 1983) of technical assistance provided by the University of Hawaii to the Government of Guyana, in accordance with AID contract LAC-C-1397, part of the Loan/Grant Agreement between AID and the Government of Guyana entitled Rural Health Systems Project. The contract calls for the University of Hawaii to provide technical assistance required to (1) plan and provide basic and refresher training of Medex, CHWs, and other primary health care workers, and (2) develop and implement the management systems needed to support these workers when they are deployed in rural areas.

II. PROGRESS TOWARD PROJECT OBJECTIVES

A. Manpower Development

The University of Hawaii training specialist has continued to work very closely with the Medex Training Unit staff and students over the past year, to revise curriculum and teaching approaches. He has also worked to improve the usefulness of site visits to deployed medex and to provide additional support for them.

There are now five classes of medex (one hundred and two people) deployed, and twenty-four students in the current Class VI. Time and effort has naturally been devoted increasingly to the development of adequate supervision, continuing education, and other support for these preponderate deployed medex.

1. Medex Training Unit

Twenty-six Class V medex were graduated this past year, and twenty-six students were recruited for Class VI, now down to twenty-four owing to the emigration of two students. Continued emphasis has been placed on active participation by the students in class discussion and group presentations. Students have been divided into groups of four or five, under the guidance of particular tutors, and an individual folder for each student contains ongoing evaluations by the staff. During the past year, an early section on health education and one on maternal and child health were added to the curriculum. A new health education module was developed with the assistance of the Health Education unit of the Ministry of Health. As the final few months of the Rural Health Systems Project begin, it is still unclear whether

or not the Medex Training Unit will continue to exist after Class VI medex graduate in May. There is general agreement that additional classes are needed, if only to make up for the natural attrition of deployed medex who choose to leave government service after their five years' bonding period ends. Continued funding from AID sources beyond June 30 seems uncertain.

2. Tutors and Deployed Medex

The policy of increasingly active participation by the tutors in the medex classroom and in support of deployed medex has continued. Tutors have helped to develop new site visit booklets and activities that are designed to meet the needs and interests of individual deployed medex. The new site-visit booklets emphasize continuing education and community activities. An evaluation is sent to medex after each site visit, to provide guidance for improvement and praise where appropriate. This past year the Medex Formulary was completed for distribution to all medex, listing drugs medex can prescribe, with dosages, side effects, cautions and other information. The Formulary has provided guidance for prescribing, and for the selection of second and third choice drugs in a time of shortages.

A significant expression of Ministry of Health support for the medex was the recent issuance of back pay due for Classes I and II, with similar corrections due for the medex of subsequent classes.

B. Management Systems

The effort to support primary health care workers through the implementation of management systems strengthening steps for the entire health services delivery system focused on a number of areas which are reviewed below. A Management Analyst, Mrs. Monica Bacchus, was hired on May 16, 1983 under a contract amendment, to assist the Management Specialist.

1. Financial Management Information System

Following extensive discussions within the Ministry of Health, Data Processing Unit and State Planning Secretariat, basic design of the system was completed, and the Data Processing Unit completed formulation of the computer program for processing data on central government Ministry of Finance computers. At the end of 1982 it appeared that an IBM Data Input Station would be allocated to the Ministry of Health to assure access to the system; consequently the Ministry of Health requested

two data input clerk posts (and rent for the machine) from the government, which was approved but subsequently not needed.

A manual was written for training clerical staff to initiate expenditure reporting. Eight training workshops for clerical staff were conducted in the regions by a team from the Ministry. The Ministry of Health issued a circular implementing the new system as of May 1, 1983; however, significant constraints remain to be overcome:

a) The input of salaries by unit, e.g., health center or hospital, is impossible as they are not yet disaggregated by unit. This is planned to begin in January 1984.

b) A number of units have not yet begun to forward data.

c) A reliable input method for prices of drugs and medical supplies must be implemented.

2. Programming and Budgeting System

In July a short-term consultant worked closely with Ministry of Health and State Planning Secretariat officers in reviewing and refining the programming and budgeting process; a programming and budgeting manual was written for the Ministry, the content for training workshops specified, etc. With this groundwork completed, Ministry of Health teams went to most regions to hold 2-day training workshops, and initiated programming and budgeting for 1984 on a regional basis versus formulation only at the central level. Constraints encountered have been that no guidelines were issued by the National Budget Committee for 1984, there was very little evaluation data (both programmatic and financial) available to put into the process, and there were some delays in launching the process for 1984.

3. Supply System

In general there are two aspects of the supply system: creation of a Central Supply Unit, and development of the regional system. The posts of Chief Supplies Officer and Purchasing Officer were proposed and approved by the government, and filled as of May 1st, 1983. Additionally, other clerical and customs officer posts were transferred, thus initiating Central Supply Unit operations, though on a limited scale. During the month of May a Central Supply Unit (CSU) implementation team commenced studying CSU operations in detail, but was not able to complete its task of defining the policies and basis for operating the CSU.

As for the regional component, supply manuals for health posts, health centers, and hospitals were revised and issued. With these manuals, nine workshops were held for staff at all levels to enable them to work with the new system. In the circular of May 1st, 1983 mentioned above (II.B.1.), the MOH announced implementation of the new supplies system. Additional steps achieved are the drafting of a regional supply unit operations manual and the approval and issuing of a list of approximately 60 essential drugs for health centers.

Constraints in implementing the new supply system are:

a. Severe lack of foreign exchange.

b. Lack of resolution of whether drugs and medical supplies are procured through the CSU or directly by the Office of the Chief Pharmacist.

c. Authorized Stock Lists have not been finalized (and require revision due to a shorter list of essential drugs).

d. Quarterly consumption reports generally are not yet being forwarded.

Over the next year, efforts will be made to resolve as many of the above constraints as possible. In addition, all concerned hope that the CSU implementation team can complete their assignment and that an effort will be made to establish some regional supply units.

In June 1983 the Management Analyst commenced a survey of 16 health centers and hospitals in order to establish baseline data on the system's performance. This will facilitate evaluation of the impact of the new supply system.

4. Regional Supervision

With increased recognition that the system of supervising primary health care efforts in the regions was inadequately conceptualized, a paper, "The Supervision Link in Primary Health Care," was drafted and approved by the Policy Committee, which set the basis for the functioning of Regional Supervisors of Health Centers (RS/HCs). A sub-committee of the Policy Committee dealt with details including definition of number of RS/HCs, proposed salary scale, and proposed candidates. It also considered housing, office, transport, and communication needs.

A short-term consultant provided inputs in July. He formed a team which defined the RS/HC job description; adapted the Management Training Manual for RS/HCs and the

Instructor's Guide for a 4-day course; designed a Supervisory Training Workshop for Regional Health Officers, RS/HCs, etc.; and designed follow-up workshops in the regions.

The short-term consultant recommended the Medical Director of Regional Health Services post be filled prior to the RS/HCs commencing their work in order for the functioning of Regional Health Officers to be strengthened. The Ministry of Health has been unable thus far to take this step, hence appointment and training of the RS/HCs has not yet proceeded.

5. Communication System

The pilot project two-way radio system is to be expanded from 10 sets to 33, with the arrival of the additional two-way radio sets and spare parts. A short-term consultant in January 1983 checked the functioning of the new hardware, revised the TWR Operators Manual, trained Medex users, and reviewed the record system. The consultant recommended that an evaluation of the expanded system's hardware and software components be carried out 6-12 months after installation; however, such an evaluation under this contract may not be possible due to late arrival of solar panels and batteries.

Looking at the broader communication system for primary health care workers, the Management Analyst initiated an analysis of this in June 1983 by conducting a survey at 16 sites. Findings and recommendations will be available shortly.

6. Information System

In September 1983 discussions commenced regarding providing short-term consultation to study the possible application of a microcomputer to process Ministry of Health statistics unit data, and also financial management information system (FMIS) data if the Ministry of Finance computer is unable to access and process it.

7. Management Training

The Ministry of Health organized 3-day training programs on regionalization, FMIS, and the supply system, for which a team held workshops for Regions 1, 2, 3, 4, 5, 6, 7/8, and 9.

Relative to the training of medex, assistance was provided the Medex Training Unit with revision of the Working with Support Systems Module units of Supervision, Supply and Transport, and the Management Specialist taught the Supervision and Supply sessions.

8. Health Center Operations Manual

The Management Analyst has begun to adapt the prototype Health Center Operations Manual from the University of Hawaii MEDEX Primary Health Care Series.

9. Transport System

No inputs have been made to the system during the year under review, and there appears to be a deterioration of the vehicle fleet position. The Chief of the Transport Unit, whose primary position was that of Senior Personnel Officer, has resigned, and this function has been assigned to the Chief Personnel Officer.

C. Project Administration

In the course of the past year, The MEDEX Group of the University of Hawaii has provided administrative support for the Guyana Rural Health Systems Project in numerous ways. Six short-term consultants were sent to Guyana in response to requests for assistance in specific areas from the Ministry of Health. In each case The MEDEX Group prepared the consultants for their work in Guyana with background information and documents concerning the technical area of the consultation, in addition to recruitment where necessary and the making of all travel and financial arrangements. Similar assistance was provided to the Project Manager for his trip to Washington and Honolulu in June, to the Management Specialist for R&R travel, and to his two daughters for their annual educational travel.

The project coordinator provided liaison between the project and the University of Hawaii Research Corporation, the School of Medicine, and the Chancellor's office periodically throughout the year as needed, in addition to occasional contact with the Washington AID Contracts Office. Twice during the year, the project coordinator traveled to Guyana to review project status, assist with future plans, resolve issues that had arisen in the interim, and keep The MEDEX Group informed of activities in Guyana.

Routine support during the year has included preparation of monthly financial reports, processing of reimbursement requests for expenditures from the Guyana imprest account, purchase and shipment of requested supplies and materials, order of or subscription to technical books and journals, and maintenance of personnel, travel, financial, and communications records.

The project coordinator has been in frequent communication with the field staff via telex, letters, and occasional telephone calls, responding to requests for information and assistance as they have arisen. Administrative support for project operations in Guyana has been ably provided by

Administrative Assistant Celestine Cheong and Secretary Colleen Ten Pow, who have assisted the Management Specialist in his capacity as Administrative Officer for the project.

III. SHORT-TERM CONSULTANT ASSISTANCE

The following short-term consultants have provided services during the year under review:

Income Generation Project;	Mr. Louis Connick, 16 October - 8 December 1982
Two-Way Radio:	Dr. Stanley Burns, 1-18 January 1983
Orientation Manual:	Mr. Thomas Coles & Mr. Gregory Miles, 14 May - 10 June 1983
Programming and Budgeting:	Mr. Albert R. Neill, 3-23 July 1983
Regional Supervision of Health Centres:	10-29 July 1983

The Scopes of Work for these consultacions are found in Appendices A to E.

IV. CONSTRAINTS IN CARRYING OUT PROJECT PLANS

With the severe and continuing decrease in resources, particularly foreign exchange, the overall primary health care program has been negatively impacted to a significant degree. There is an increasing tendency for Ministry of Health staff to be demoralized. While there is a mandate for change within the Ministry to strengthen primary health care and the required management support systems, there seems inadequate resolve to follow through in implementing new systems and other changes. Please see sections IIA and B above for details.

V. YEAR IV: DECEMBER 1983 - JUNE 1984

In the final months of the University of Hawaii's contract to provide technical assistance to Guyana, the training and management specialists will seek to bring to conclusion initiatives they have taken in their respective fields. The main areas of concentration for the training specialist will be the further development of continuing education and supervisory support for deployed medex. The management specialist will focus on the financial managment information system and implementation of the regional supervisors of health centres scheme. Please see Section II above for details.

VI. FINANCIAL STATUS

There are still considerable monies from the University of Hawaii contract that have not been expended. The Ministry of Health and the AID Mission have held discussions on the appropriate allocation of these funds as well as the funds directly administered by the Mission. The attached budget chart summarizes the budget status of the AID/LAC-C-1397 contract through November 1983.

Rural Health Systems Project, The MEDEX Group, University of Hawaii

Budget Summary
Through November 30, 1983

Expenditures Listed By Major Category & RCUH Category Number		3-Year Budget Sept. '80 - Aug. '83	Expenditures Thru Nov. 30, '83	Budget Balance
Salaries, Home Office	01	$116,067	117,460	(1,393)
Salaries, In-Country	11	271,476	233,486	37,990
Salaries, Local Hire	21	28,089	20,803	7,286
Fringe Benefits, U.S.	02, 12, 72	77,509	64,034	13,475
Fringe Benefits, Local	22	1,643	3,935	(2,292)
DBA Insurance	32	27,409	10,468	16,941
Post Differential	71	24,255	44,445	(20,190)
Consultant Fees	06	87,450	35,551	51,899
Travel, HMDS & Net.	40	35,588	17,808	17,780
Travel & Transport.	41	143,860	69,130	74,730
Travel, Local	42	27,814	1,493	26,321
Allowances	50	120,834	69,445	51,389
Per Diem, HMDS & Net.	60	40,300	20,904	19,396
Per Diem Contract, Cons. & Counterparts	61	67,502	39,553	27,949
Equipment	03		6,507	
		25,237		14,734
Materials & Supplies	04		3,996	
Vehicle Purchase	70	6,380	6,382	(2)
Other Direct Costs	08	62,820	48,914	13,906
Overhead		170,319	124,320	45,999
Totals		1,334,552	938,634	395,918

SCOPE OF WORK FOR CONSULTATION

INCOME GENERATION FOR COMMUNITY HEALTH WORKER SUPPORT

I. Purpose

The purpose of the consultancy is broadly:

A. To make possible further extension of primary health care services by overcoming financial obstacles and specifically

B. To identify and make implementation plans for several kinds of small-scale, cooperative income generation projects designed to provide local communities with funds to meet urgent development needs, including stipends for community health workers

II. Scope of Work

The consultant will work in collaboration with Guyanese government agencies and village communities to do the following:

A. Assist in identifying appropriate income generation projects that are compatible with current village activities and capabilities.

B. Help determine which projects are likely to be self-sustaining and to generate sufficient income to meet significant village development needs.

C. Help develop a comprehensive implementation plan for the economically viable projects identified in 11 B above. The plans will include:

1. A financial analysis, including start-up costs, recurrent costs, estimated revenues for each of the projects.

2. A marketing analysis, including transportation and storage.

3. Design of an organizational structure for the management and operation of each project, using existing associations or developing new ones.

4. An implementation strategy for each project, including feasibility of training Medex and other existing rural government personnel to assist villages in setting up small scale projects to generate funds for development needs, including stipends for community health workers.

D. Identify possible sources of seed money for the projects and assist as needed in preparing requests for such funds.

III. Duration of Consultancy

Six weeks October 16 - December 8, 1982 (if MOH, USAID, and HMDS agree, a follow-up consultancy will be scheduled to assist with the implementation of strategies referred to in 3d above).

IV. Consultant

Louis Connick

TWO-WAY RADIO COMMUNICATION SYSTEM CONSULTATION

SCOPE OF WORK

I. Purpose

A. To assist in the development, installation and functioning of expanded two-way radio in two scheduled consultations

B. To provide ongoing occasional technical assistance and advice as required by the Ministry of Health by any form of communication or visit

II. Scope of Work

Working in collaboration with the Medex Training Unit and Guyana Telecommunications Corporation, the consultant will:

A. During the first consultation:

1. Check out functioning and working state of new equipment before installation or delivery to sites.

2. Train the new radio operators in a session of up to one week to be held in Georgetown.

3. Review the present record system of the currently functioning two-way radio system (as time permits) and make recommendations as necessary.

4. Redraft the Operations Manual.

B. During the second consultation to be done before termination of the U.H. contract, the consultant will:

1. Technically evaluate the new system operations, functional state, costs and benefits. This will include several site visits, as deemed necessary.

2. Evaluate the new technical features of the system and make recommendations as necessary.

C. Provide other occasional consultations as required.

III. Timing and Consultant

A. First consultation January 1-19, 1983 (two and a half weeks)

B. Second consultation sometime before termination of U.H. contract (three to four weeks in length).

C. Stan Burns, University of Iowa, Ames, Iowa

ORIENTATION MANUAL/CONTINUING EDUCATION CONSULTATION

SCOPE OF WORK

I. PURPOSE

A. To draft an orientation manual defining the structure of the health system with special emphasis on rural health services. The manual should provide an orientation to the health system appropriate for all health workers in Guyana, including doctors (Regional Health Officers and Government Medical Officers), Public Health Nurses, Registered Nurses, and other Ministry of Health Regional and Central Personnel for the purpose of functional and practical use by the Ministry of Health.

B. To assist the Medex Training Unit in development of continuing education.

C. To assist, if time permits, in the development of supervision as described in (C) below.

II. SCOPE OF WORK

A. Orientation Manual:

1. Describe Guyana's health system including regionalization of health services, supervisory structure, and defined responsibilities of health workers.

2. Describe organizational structure of Ministry of Health, Levels of Care I-V, and Ministry of Health functioning at district, regional, and central levels.

3. Describe and clarify referral and supervision lines from district to central levels.

4. Describe Ministry of Health lines of authority.

5. Help develop an orientation plan to make effective use of the manual.

B. Continuing education/supervision of Medex

Assist the Medex Training Unit in improving its continuing education and supervision of Medex.

C. Supervision system

Provide assistance in initial adaptation of supervision manual and design of supervision workshop.

IV. TIMING, CONSULTANTS, AND METHODOLOGY

Tom Coles and Greg Miles, of The MEDEX Group, University of Hawaii, are to perform the above duties by data collection and discussion with Ministry of Health personnel (including, in particular, the IDB Implementation Unit, Georgetown Hospital, and the Medex Training Unit) during the four-week period May 14 - June 10, 1984.

PROGRAMMING AND BUDGETING CONSULTATION

SCOPE OF WORK

I. PURPOSE

To develop the method for Ministry of Health staff to carry out the annual programming and budgeting exercise.

II. SCOPE OF WORK

1. Assess the status of the annual programming and budgeting exercise.

2. Assist with modifications to the programming and budgeting process if necessary, with particular reference to regionalization of health services.

3. Draft a manual providing instruction for programming and budgeting.

4. Assist in determining methods of using the manual.

5. Advise on immediate application and participate as an advisor in some programming sessions.

III. TIMING AND CONSULTANT

July 4-22, 1984 (3 weeks)
Albert R. Neill, MEDEX/Honolulu

IV. METHODOLOGIES

Perform the above tasks by data collection and discussions with Ministry of Health, State Planning Secretariat, and Ministry of Economic Planning and Finance staff, and the management specialist.

SUPERVISORY TRAINING FOR REGIONAL SUPERVISORS CONSULTATION

SCOPE OF WORK

I. PURPOSE

Assist in the development of supervisory training for regional supervisors of health centers.

II. SCOPE OF WORK

1. Adapt for Guyana the Supervising and Supporting Mid-Level Health Worker student text and instructors manual.

2. Assist in the design of a supervisory training workshop for Regional Supervisors, Regional Health Officers, central office of regional health services staff, and Medex Training Unit tutors.

3. Make recommendations on general implementation of the regional supervision system, including orientation of other groups to the new system, general arrangements for placing regional supervisors and problem areas.

III. TIMING AND CONSULTANT

July 11-29, 1984 (3 weeks)
Patrick Dougherty, MEDEX Group/Honolulu