

memorandum

DATE: April 10, 1985
 REPLY TO: Holly ^WWise, RHPDO
 ATTN OF:
 SUBJECT: Project Assistance Completion Report (PACD)
 TO: See Distribution.

Attached please find the Project Assistance Completion Report for the Health Manpower Planning Project (538-0054).

I am pleased with the successes of this project and feel in addition to meeting its purpose some very important lessons were learned. I will be happy to respond to any questions about the project.

Distribution

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PROJECT ASSISTANCE COMPLETION (PAC) REPORT: HEALTH MANPOWER PLANNING PROJECT
538-0054

This Project Assistance Completion Report follows guidelines established in AID's Handbook III, Project Assistance. The report is organized into the following eight topic areas:

1. Background and current project status
2. Review of project inputs
3. Review of project outputs
4. Review of project purpose
5. Final project adjustments
6. Post-project AID monitoring
7. Data collection review and evaluation
8. Lessons learned

It should be noted that the Operational Program Grant was not structured in terms of a Log Frame Analysis, thus necessitating greater subjectivity in analysing the success of this project.

1. Background and Current Project Status

A two-year Operational Program Grant in the amount of \$512,138 was awarded to the National Council for International Health (NCIH) to commence on September 25, 1980 to support a Health Manpower Planning Program. After some delay, NCIH and CARICOM entered into a two-year sub-grant agreement beginning on June 1, 1981. Two no-cost extensions were granted moving back the PACD to July 27, 1984.

Two distinct program efforts were provided for under the grant relative to solving health manpower needs in the target countries, i.e., lesser developed countries in the English-speaking Caribbean:

- (1) To assist countries with manpower availability by providing select health personnel (volunteers) on short term (3-6 month) assignments.
- (2) To establish a health manpower planning capacity within CARICOM which could assist countries with their health manpower planning. It was intended that CARICOM would maintain this manpower planning capacity after the completion of the Project.

By the PACD several volunteers had been placed and completed their tours and the CARICOM health manpower planning capacity had been established. The recommendation of the consultant conducting the final project evaluation was to terminate the project at the PACD. This recommendation was accepted.

2. Review of Project Inputs

Analyses of the Implementation Plan and Budget of the grant agreement and subsequent amendments to the grant identify several intended project inputs by NCIH, CARICOM, and the participating countries. These included:

NCIH

- . Washington-based staff to manage the grant.
- . A Special Information Unit to be developed in the NCIH Clearinghouse to identify US PVOs and individuals to meet health manpower needs in the participating Caribbean countries.
- . Consultant services to assist CARICOM and the member governments in implementing a plan of action for health manpower planning.
- . An estimated 62 man-months of assistance by volunteer health professionals (or approximately eight volunteers per year) over the grant period.
- . An Internal Grant Review Committee.
- . Orientation and transportation of US volunteers.
- . A health statistician counterpart to CARICOM.

CARICOM

- . Staffing and support to establish a Health Manpower Unit within the CARICOM Health Secretariat.
- . Technical assistance to participating countries in analysing, planning and meeting health manpower needs.
- . Support services to volunteer health personnel.
- . An ad hoc Advisory Committee.
- . A health statistician.
- . A microcomputer installed, and training for the statistician in using the computer for analysing health statistics.
- . Volunteers from Caribbean nations.

Participating Countries

- . National Health Manpower Coordinators for each country to collect health manpower data.
- . Administrative backstopping, housing and 50 percent of the travel costs of health volunteers to their countries.

Each of these inputs were provided by the responsible party as needed over the course of the grant. In terms of volunteers provided, it should be pointed out that the total number of volunteers provided exceeded the estimated 16. Twenty volunteers were provided over the grant period.

3. Review of Outputs

Six major outputs can be identified as intended results of Project efforts:

- (1) Increased health manpower to meet identified critical gaps in the health systems of participating countries. Twenty volunteers were placed to ease manpower shortages in the participating countries over the course of the grant including 12 physicians and 8 non-physician personnel. In response to requests for assistance from participating countries the following skilled professionals were provided: 2 anesthesiologists; 1 ear, nose and throat specialist; 1 family practitioner; 1 radiologist; 5 psychiatrists; 2 general surgeons; 2 dental nurses; 1 hospital engineer; 1 specialist in medical records keeping; 2 medical technicians; 1 nutritionist; and 1 nurse-midwife. Early in the Project the Permanent Secretaries of Ministries of Health noted their desire that volunteers be recruited in the following descending order: from the West Indies; West Indian nationals now living in the U.S. or Canada; and U.S. nationals. Despite efforts to meet their request, of the 20 volunteers placed, 12 were Americans from the U.S. and 8 were West Indians living in the Caribbean. No West Indians from outside the region with requested skills were recruited despite significant effort to do so due either to an inability to locate appropriate candidates or an inability to induce a U.S. resident Caribbean national to volunteer.
- (2) Baseline data on health manpower resources in the English-speaking Caribbean to be collected and analysed to assist member governments in manpower planning activities. Manpower data of both physician and non-physician health personnel including an assessment of met and unmet needs in the present and forecasted for the future were collected and analysed for each Caribbean country. The data generated are of high quality and are of great potential usefulness in manpower planning particularly at the various national levels, and represent a first-ever availability of such information.
- (3) Establishment of a Health Manpower Unit in CARICOM. This was accomplished by Project support of a Project Coordinator, Secretary, and Statistician. The Unit was successful in recruitment and placement of volunteers; the collection, processing and distribution of health manpower planning information; and developing a capacity in computer manipulation of data.

- (4) A regional health manpower plan to meet the priority health manpower needs in the eight LDCs. The activity to develop a regional health manpower plan was to be preceded by three activities: collection and analysis of baseline manpower data on a country specific basis; a regional meeting of concerned health and other officials to discuss the findings; and a series of country meetings in which local health manpower planners would be instructed to fully use the information for developing necessary manpower projections. Finally, a task force was to be established to arrive at a "Master Plan for Health Manpower Needs" of all eight countries. Under the Project two of the three preliminary activities (data collection and individual country meetings) were initiated. The task force did meet towards developing a regional plan, however it became apparent that the best use of the information would be on a national level and the effort to develop a regionally acceptable and viable health manpower plan would not be commensurate with any benefits possibly derived therefrom.
- (5) A listing (registry) of US based PVOs and individual health specialists (comprised primarily of Caribbean nationals) who have skills which can be used to meet immediate health manpower needs in the Caribbean countries. By the completion of the grant and despite significant efforts, only a scant listing of potential volunteers was available.
- (6) An operating, updatable Clearinghouse Information Unit of volunteer specialist resource organizations within CARICOM. It was intended that the CIU would provide an ongoing referral mechanism of new volunteers available and interested in short-term work in the Caribbean. As the system was not productive in developing a useful listing during the grant, the decision was taken not to continue the system at CARICOM.

4. Review of Project Purpose

The purpose of the Project as enunciated in the Project Grant Agreement was "to establish a Health Manpower Planning capacity within CARICOM in order to (1) improve the relevance and outreach effectiveness of CARICOM's programs and services related to regional primary health care needs; and (2) to assist participating countries in health manpower planning by providing selected health personnel, and related technical services". This was stated somewhat differently in the sub-grant agreement between NCIH and CARICOM suggesting that "the purpose of the AID grant to NCIH is to: (1) improve the relevance and outreach effectiveness of CARICOM's programs and services related to regional primary health manpower needs; and (2) assist participating countries in health manpower planning by providing selected health personnel, and the related technical services."

Both parts of the purpose have been accomplished, although not to the degree first anticipated. The relevance and outreach of CARICOM in relation to health manpower planning have been strengthened by the establishment of a Health Manpower Unit which related very effectively with the participating countries, the UWI, USAID and PAHO. At completion of the grant, the Unit was the most effective health manpower planning body operating for the Caribbean. However, it has not yet developed the financial capacity to carry out its activities at Project levels beyond AID support.

CARICOM and NCIH were successful in developing baseline data from which participating countries will be able to better forecast manpower needs and devise manpower plans to meet priority needs.

Finally, the Project was able to successfully respond to 76 percent of the requests for short term manpower needs through the provision of volunteers to the participating countries. It should be noted that while the Project was highly successful in responding to member governments requests, these requests in many cases were not consistent with the grant emphasis on primary health care, but reflected a perceived need for secondary and tertiary care practitioners.

5. Final Project Adjustments

The Project has accomplished nearly all that might reasonably be expected with the support of USAID. An increasing interest on the part of participating countries for medical care providers at the secondary and tertiary levels would appear to be outside of AID's programmatic emphasis and, as this project proved, the Ministries of Health do have access to other sources of volunteers from Peace Corps, PAHO, the British and French assistance organizations to services these needs.

As to the manpower planning capability developed under the project, it can be reported that the CARICOM capacity has attracted PAHO's interest, collaboration and cooperation beyond expectations at the beginning of the Project. Maintenance of the Health Manpower Unit by CARICOM at the completion of the grant was a covenant in the original project and in the opinion of the consultant conducting the final evaluation, "an extension of support would stifle self sufficiency and foster dependence". The degree of interest of participating countries in continuing long-term health manpower planning initiatives has not been established however, and this would obviously figure into considerations about the future of the Health Manpower Unit. It is expected that CARICOM will take appropriate steps to assess the interest of member countries in the expertise available through the Health Manpower Unit and continue health manpower activities as warranted.

6. Post-Project AID Monitoring

Given the above assessment, no further resources are anticipated or recommended to be allocated at this time.

7. Data Collection Review and Evaluation

A review of the data collected over the course of the Project suggests that the provision of volunteers was a cost efficient way to temporarily augment health manpower in the participating countries.

Data collected under the manpower planning component of this project resulted in the first-ever availability of comparable national health statistics which illustrate the current manpower situation of technical professional posts, major technical/professional groups and projected changes for each participating country. Additionally, a system for updating this information has been developed and computer capability for analysing and storing the information has also been established at CARICOM.

Project evaluations at the beginning of the grant, i.e., at mid-term and close-of-grant, have been undertaken and finalized. No further evaluation is anticipated.

8. Lessons Learned

Seven specific observations can be made from the implementation of this Health Manpower Planning Project:

1. A private, voluntary organization (in this case, NCIH), is an effective mechanism to interface between the private sector in the U.S. and governmental and quasi-governmental (CARICOM) organizations overseas.
2. NCIH has used successfully the strategy of being generally reactive to host country needs rather than being strongly prescriptive. On its part, CARICOM has done a creditable job of anticipating and articulating the needs expressed by the cooperating countries. This process has resulted in CARICOM being in a much stronger position to carry on those parts of the Project for which the countries express continuing interest, with concurrent decreased dependency upon NCIH or AID.
3. It is important before Project implementation that all parties involved be in accord in their expectations. The LDC Ministries of Health very clearly were and are more interested in filling immediate gaps in their health manpower, while the PVO and USAID had longer-term health manpower planning as their major agenda. This lack of congruence of objectives has resulted in some misunderstandings and possible resentments, and as an end result, neither agenda has been fully answered.
4. The Project has shown that using volunteer U.S. health personnel is a cost efficient way of providing this expertise. Use of US volunteers, however, is less cost efficient and probably has less health impact than the use of similar volunteers from the area served.

5. The use of volunteers has had limited development impact in this Project. In part this is because of the predominance of secondary and tertiary level medical skills, as opposed to primary health skills, of the volunteers requested and provided.
6. A method was explored during the Project whereby U.S. university faculty would replace Caribbean faculty of the West Indies. These in turn would serve as temporary manpower replacements-cum-instructors in the LDCs. The advantages of this would be that the US volunteer would be more familiar and productive in another university role than s/he would be as a direct health provider in a different culture and medical delivery system, while his Caribbean colleague would be much more productive within the health systems of the LDCs. This plan was never implemented largely due to costs (two volunteers would have been required in order to fill one post) and the unresolved matter of dealing with the private practices of the Caribbean professionals, but could be further explored in future similar activities.
7. The Operational Program Grant mechanism does not lend itself well to the standard AID evaluation methodology. This is more observation than criticism, but the Log Frame is a very useful planning and evaluation tool. Its absence in the OPG makes the evaluation process less objective and more subjective than is the case in more standard AID projects.