

HEALTH MANPOWER PLANNING PROJECT

USAID Grant #538-0034

Quarterly Report

July 1 - September 30, 1981

The National Council for International Health (NCIH) submits this quarterly report on activities related to the Health Manpower Planning Project, USAID Grant #538-0034, during the period July 1 - September 30, 1981. The report is divided into four sections in accordance with suggested AID format: (1) project status, (2) comments on implementation, (3) problems and delays in implementation, and (4) major activities for the following quarter. A financial report for the project is also attached. Due to the submission of this report in mid-September and the anticipation of activities to be completed in the last half of September, an addendum to this report shall be transmitted to USAID. Additionally, since it is anticipated that funds shall be expended during the last half of September, a revised budget shall be submitted to USAID.

Summary of Health Manpower Project Activities

July - September 1981

July 1981

- trip made to Guyana, Belize and Jamaica by Julia Bauder, Health Manpower Specialist to continue ongoing health manpower planning activities
- Terrence Goldson, Health Manpower Coordinator attended Ministers of Health Conference in Belize
- First meeting of CARICOM Project Advisory Committee held in Belize
- Meeting held with USAID representative regarding shift of health manpower needs in the Caribbean; request made by USAID to discontinue health manpower planning activities
- Terrence Goldson traveled to Belize, Jamaica and Barbados to establish linkages with Caribbean health professional groups and meet with PAHO representatives
- Questionnaire developed to identify U.S.-based resources available to lesser-developed countries of Caribbean; activity discontinued at request of USAID
- Initiation of Caribbean Health Library by NCIH Project staff for use in development of health manpower plans; activity discontinued at request of USAID
- Initiation of linkages with U.S.-based PVOs and other institutions through use of press release and NCIH Newsletter article; contacts made with about 75 organizations or individuals
- Volunteer placement process initiated and record-keeping activities instituted, volunteer request forms developed, linkages made with University of the West Indies, health personnel placement services contacted, article placed in the American Journal of Public Health, and arrangements made to run ad in American Public Health Association Convention Placement Service during November

August 1981

- Methodology for processing of volunteer requests formalized, development of volunteer applicant pool gotten underway, 30 requests received for personnel
- Requests for personnel processed; however, requests either do not fit NCIH/CARICOM criteria or are not accompanied by sufficient information for placement of applicants - more information requested from Country Coordinators. Guidance sought from USAID regarding requests which do not meet NCIH/CARICOM criteria
- Conversations held with USAID representative regarding redesign of Project; staff of Project asked to discontinue all health manpower planning activities until meeting can be held to formally redesign Project
- NCIH Grant Review Committee formed
- Meeting scheduled with Ministers of Health of the LDCs who will be attending the PAHO Directing Council Meeting, NCIH and CARICOM staff, Grant Review Committee members, and USAID representative
- Discussions held with numerous representatives of U.S.-based organizations and training institutions

September 1981

- Attempts made to clarify personnel requests continued
- Conference call held by NCIH Grant Review Committee
- Meeting held by NCIH, CARICOM, and USAID to redesign Project
- Meeting held with Ministers of Health of LDCs to discuss Project

Project Status
July 1981

Trip Made to Guyana, Belize and Jamaica

Ms. Julia Bauder, Health Manpower Specialist conducted a trip to Guyana, Belize and Jamaica from July 6 - July 29. The purpose of the trip was to: meet with CARICOM staff to develop a work plan for the next year, learn of CARICOM projects which might overlap with Project activities and plan joint efforts for the next year, become oriented to the health manpower requirements of the LDCs and complete needs assessments, and provide follow-up to discussions held in St. Lucia in June with various non-governmental organizations, training programs, and LDC Ministries of Health. Ms. Bauder traveled to Guyana for approximately one week, to Belize for five days, and to Jamaica for one-and-a-half weeks. During that period, extensive meetings were held with CARICOM staff, private voluntary organizations, educational institutions, training programs, Ministries of Health, PAHO, UNICEF, UNFPA, the British Commonwealth Secretariat, USAID, U.S. Peace Corps and others. Although the itinerary was to extend to the end of August and to include visits to the Leeward and Windward Islands, the trip was cut short and Ms. Bauder returned to Washington, D.C. at the request of Mark Laskin, USAID (see attached trip report, Attachment #1).

Ministries of Health Conference in Belize

During July 12 - July 17, Terrence Goldson, Health Manpower Coordinator, attended the Ministers of Health Conference in Belize City, Belize. Mr. Goldson observed the plenary session of the Conference, met with the Ministers of Health and Permanent Secretaries of Health of the LDCs, and attended other related Conference activities. Ms. Bauder was in Belize at this time and was also able to meet with many of the Conference attendees, discuss the manpower needs of the LDCs, and initiate cooperative agreements with organizations and institutions. During a Conference plenary session the Project was discussed and concern was voiced regarding its objectives, activities, and allocation of resources to the LDCs. It was recommended that a meeting be held with representatives of the LDCs, USAID, CARICOM, Project HOPE, the University of the West Indies, and NCIH to review the Project. Since all those parties making up the Project Advisory Committee were in Belize City during this time, the first meeting of the Committee was conducted. A discussion was held regarding the terms of the NCIH/CARICOM Sub-Grant Agreement, an examination was made of the budget, and a review initiated of the current needs of the LDCs for health manpower. It was the consensus of the representatives of the LDCs that the needs assessments conducted in January of 1981 no longer reflected the true needs of the countries. It was suggested that the members of the Leeward and Windward Islands caucus and develop a list of personnel needs. Additionally, while caucusing, they were to prioritize these lists so that the most immediate needs could be addressed. Those lists were to be provided to Project staff before the end of the Conference. Unfortunately, Project staff did not receive most of the requests until mid to late August and no prioritization was made (see meeting minutes, Attachment #2).

Discussions with USAID

While in Belize, Project staff met with Mr. Mark Laskin to discuss the progress of the Project during the first month and a half, the recommendations of the Project Advisory Committee, and future Project activities. Mr. Laskin expressed concern about the evidential shift of health manpower needs in the region and requested that Project staff concentrate their activities on filling the requests of the LDCs for personnel.

Trip Conducted to Belize, Jamaica and Barbados

From July 12 - July 23, Terrence Goldson traveled to Belize, Jamaica, and Barbados. The purpose of this trip was to observe the Conference of Ministers of Health, meet with Conference attendees, review the health manpower needs of Belize, contact Jamaican professional groups in order to identify the potential volunteer pool, and conduct meetings with PAHO staff (see trip report, Attachment #3).

Identification of U.S.-Based Organizations

A questionnaire was developed by Ms. Bauder and Noreen King, Project Assistant, to identify U.S.-based organizations and institutions currently providing health related resources to the Caribbean. This questionnaire was also to be used to identify organizations who would be interested in initiating projects in the region. A master list of organizations was developed using a variety of sources obtained from NCIH staff. Project staff have not completed the data collection process at the request of Mark Laskin, USAID.

Development of Caribbean Health Library

Ms. King initiated the development of a Caribbean health library which would consist of materials related to the demographics, health status, and health resources of the Caribbean, and other information necessary to the health manpower planning process. A number of materials were collected and citations found. At the request of Mr. Laskin to suspend all health manpower planning activities, this project has been discontinued.

Resource Development

In order to publicize the launching of the Project, a press release was sent to 1,500 international health organizations, newsletters, and journals. Additionally, an article featuring the Project was run in the June issue of the NCIH Newsletter. As a result, approximately 75 organizations or individuals have contacted the Project staff. Many organizations and educational institutions indicated an interest in participating in the health manpower planning aspects of the Project and wanted to become involved in the LDCs of the Caribbean. Unfortunately, since health manpower planning activities were suspended, no further linkages could be made.

Volunteer Placement Process Instituted

Ms. King initiated the volunteer placement process and organized the record keeping portion of the activity. Mr. Goldson and Ms. Bauder reviewed the Request Form, End of Assignment Evaluation Form, and Quarterly Report on Assignment Forms developed by Mr. Goldson in June. Also, they discussed in detail a process for handling requests received by the LDCs for volunteers. An agreement was made that volunteers would be sought first in the Caribbean before looking elsewhere. It was felt that Project resources could be kept in the region and linkages made for future activities after the completion of the Project. With this in mind, Ms. Bauder obtained the agreement of the University of the West Indies to identify alumni and faculty willing to provide short-term volunteer services. Ms. King also contacted the American Medical Association, American Public Health Association, various medical societies, and the Peace Corps regarding the use of their physician or health personnel placement services to identify potential volunteers. The American Public Health Association was also contacted regarding the advertisement of openings for volunteers in the American Journal of Public Health. (This advertisement will be run in the November issue to coincide with the APHA Convention. During the convention, openings will be advertised in the Placement Service listings and interviews will be conducted by Project staff. Approximately 12,000 health workers attend the Convention each year.)

August 1981

Volunteer Placement Process Formalized

During August, the methodologies for processing volunteer requests and the development of a volunteer applicant pool were formalized. A record keeping system was developed as well as a flow chart illustrating the methodology to be used by NCIH upon receipt of a request (see Attachment #4). The development of an applicant pool was initiated and 129 applications processed. A list of journals was developed which was to be used as a method of advertisement for volunteers.

During August, 30 requests were received by NCIH via CARICOM. Of these requests, seven were for personnel to fill permanent posts in primarily sub-specialities of medicine. NCIH is unable to fill these posts until USAID clarifies its policies regarding the nature of the positions. All seven requests have included a need for augmented salaries and benefit packages to be derived from NCIH funds. Eight requests have been for volunteers but only one of these has been accompanied by sufficient information to approach an applicant. Someone has been found who can fill this need immediately and the country is now reviewing her curriculum vitae. Two requests were for permanent posts in a non-priority Caribbean country. The balance of the requests were not accompanied by sufficient information to initiate filling them and the countries have been asked to provide more information (see Attachment #5 which reviews the status of the requests received). Ms. Bauder completed two analyses of requests received which discuss the policy implications of those requests. These have been attached for review (see Attachments #6 and #7). Cables have also been sent to CARICOM describing volunteers available for service which meet the criteria of the Sub-Grant Agreement.

Discussions with USAID

During telephone conversations with Mr. Laskin, he indicated that the health manpower components of the Project did not meet the needs of the Caribbean. It was his suggestion that the Project be redesigned in October and until a meeting could be held, all health manpower planning activities should be suspended. He requested that only those activities necessary to the filling of the personnel requests should be conducted. Since most of the requests received have been insufficient in providing basic information about the type of person needed, Project staff have been unable to fill these. Additionally, since some requests do not meet the criteria used in the Sub-Grant Agreement, they cannot be filled without clarification from USAID. As a result, a meeting was scheduled in September in order to redesign the Project.

In an effort to seek further clarification from USAID about the responsibilities of NCIH as a recipient of a USAID OPG, meetings were held with Linda Morse and Paul McGuire, USAID-Washington, D.C.

Grant Review Committee

The Grant Review Committee was organized and now consists of Michael Alderman, M.D., Cornell University, Committee Chairperson, Betty Lockett, Ph.D., PAHO, Matthew Perry, Project HOPE, and Thomas Bacon, Ph.D., University of North Carolina Area Health Education Center. Informational packets were prepared for the Committee and briefings conducted.

Additional Activities

A meeting was scheduled in September between Grant Review Committee members, a representative of USAID, NCIH and CARICOM staff, and representatives from the Ministries of Health of the LDCs planning to be in Washington, D.C. to attend the Directing Council of PAHO. Preliminary activities were completed for that meeting.

Discussions were held throughout August with representatives of: Howard University Medical School, PAHO, UNICEF, International Eye Foundation, University of Wisconsin, Boston University, Puget Sound Health Systems Agency, University of North Carolina, Project Concern, and Duke University.

September 1981

Personnel Requests

NCIH and CARICOM staff continued to attempt to clarify personnel requests received from the LDCs. Volunteers continued to be identified but none could be placed until clarification was obtained by USAID about how Project funds should be expended.

Grant Review Committee

The Committee held a conference call on September 10, 1981 to discuss the current status of the Project and the redesign suggestions made by USAID.

Meeting Held in Puerto Rico

A meeting was held in Puerto Rico on September 11th and 12th to discuss the current health manpower needs of the Caribbean and recommendations for redesign of the Project. Attending the meeting were Philip Boyd, M.D. of CARICOM, Mark Laskin, USAID, and Russell Morgan, Ph.D. and Julia Bauder of NCIH.

Planned Activities in September

It is anticipated that a meeting will be held during the week of September 21st with the Grant Review Committee, NCIH and CARICOM staff, a USAID representative, and Ministers of Health of the LDCs. This meeting shall be held contingent on sufficient representation of the Ministers of Health.

Other activities to be completed in September are contingent upon recommendations made by USAID for redesign of the Project.

Comments on Implementation

Implementation of Project activities during the first few weeks of the quarter went smoothly. The NCIH Health Manpower Specialist and CARICOM Health Manpower Coordinator met extensively in Georgetown, Guyana and mapped out an implementation strategy for the following year. Responsibilities were assigned and roles clearly outlined. Following the Ministers of Health Conference in Belize in mid-July, however, the position of USAID shifted regarding the priority activities of the Project and the planned strategies had to be eliminated and new approaches developed. Throughout the end of July, August and September, implementation of activities planned during the following quarter had to be eliminated at the request of USAID and a singular emphasis was placed on the processing of requests from the LDCs for personnel. Unfortunately, almost all the requests received from the countries participating in the Project either did not meet the criteria agreed to by CARICOM, NCIH, and USAID or were not accompanied by an adequate amount of information so that recruitment and placement could occur. As a result of the

shifting requirements of USAID and the lack of clarification about the personnel requests, implementation of Project activities was hindered greatly. Specific problems encountered in the implementation of the Project are described below.

Problems and Delays in Implementation

On July 16th the CARICOM Project Advisory Committee conducted their first meeting to discuss the current activities of the Project, allocation of Project funds, and the shifting needs of the LDCs for health manpower. The Committee expressed the concern that the Project may not meet the needs of the countries as currently conceived and that the most pressing need of the countries was to fill vacant permanent posts in the Ministries of Health. Following the meeting the USAID representative, Mark Laskin, indicated to Julia Bauder, Health Manpower Specialist, that the Project should probably be redesigned and that, until a meeting could be held to do this, all Project activities should concentrate on filling the requests of the countries for personnel. Mr. Laskin asked Ms. Bauder to return to Washington, D.C. as soon as possible to begin filling the requests for personnel that were to be transmitted immediately to the NCIH office. It had been originally planned by Ms. Bauder and Mr. Goldson, CARICOM Health Manpower Coordinator, that she should travel to the LDCs to assess the current personnel requirements of the countries, determine the feasibility of placement of medical subspeciality personnel in the countries, and obtain other information needed to clarify the personnel needs of the LDCs. This trip was cancelled and after a brief visit to Jamaica, Ms. Bauder returned to Washington to await the receipt of the personnel requests. During Ms. Bauder's trip to Belize there was also some confusion about her attendance at the Ministers of Health Conference. Prior to her trip, Dr. Philip Boyd, Mr. Goldson, and Ms. Bauder discussed her travel plans to Belize, her planned activities in the country, and her participation in activities related to the Ministers' Conference. It was determined that she should conduct her planned trip to the country and attend only those sessions of the Conference that she was officially requested to be present at. There was, unfortunately, some confusion during the Conference about her role there, however, this was clarified. Both the request that Ms. Bauder return to the U.S. and the confusion regarding her travel to Belize during the Ministers' Conference indicate a need for a definition of the roles of USAID and NCIH regarding the administration of every day Project decision making and a need for better communication regarding the appropriate role of the Project staff at regional meetings and conferences.

During early August Ms. Bauder and Mr. Laskin had telephone conversations regarding the need to redesign the Project. Mr. Laskin indicated that although health manpower planning was a "laudable goal" it was not feasible in the Caribbean region. He expressed the need to meet in order to redesign the Project and suggested that October was the earliest date that he could meet. In the mean time, he requested that all Project activities related to health manpower planning be discontinued and that only those activities necessary to filling the requests for personnel by the LDCs be completed. This request to discontinue the major portion of Project activities has placed NCIH and CARICOM in a tenuous position since nothing has been transmitted in writing by USAID in this regard. NCIH was particularly concerned that although there has been a major refocus of the Project recommended by USAID, nothing has been transmitted in a formal fashion. Since NCIH has contracted with USAID to complete various activities many of these have been discontinued without documentation of a request to do so by USAID. In the spirit of cooperation, NCIH has met the request of USAID and concentrated solely on the requests for personnel transmitted via CARICOM from the LDCs. It is hoped that the meeting to be held on September 11th and 12th with USAID and CARICOM will clarify this situation.

Since mid-August, 30 personnel requests have been received from the LDCs. In the Sub-Grant Agreement between NCIH and CARICOM, the Council was to recruit and place volunteer health personnel in the LDCs on an emergency basis for not more than six months. The request must: meet a critical health delivery need, be a temporary replacement of an established professional position, not result in the creation of a new position within the health delivery system, strengthen primary health aspects of the system within the country, and be accompanied by a request form which outlined the nature of the assignment and the resources to be provided by the country for the position. Volunteers were to provide direct patient care and not to provide support activities such as planning, evaluation, or technical assistance. Although training activities could take place, there were not to be the single focus of the assignment.

Only one request received by NCIH meets the criteria outlined in the Sub-Grant Agreement. As indicated earlier in this report, seven requests have been received for permanent posts. Of these requests most are for medical sub-specialists such as a psychiatrist, pathologist, anesthesiologist, and radiologist. Also, these requests have been accompanied by an expressed desire that Project funds be allocated for the augmentation of salaries. This would involve the use of at least \$35,000 per year/per post to bring the salary level up to competitive standards in order to recruit a competent physician. Also, some of the requests have been accompanied by the expressed desire that Project funds be allocated for the purchase of a car to be used by the staff person and travel and per diem costs generated by posts shared by more than one country. Since the current NCIH Project budget does not allocate funds for these expenditures, a request has been made that USAID clarify its position regarding such allocation at the meeting to be held in Puerto Rico on September 11th and 12th.

Requests received for volunteers have, for the most part, not been accompanied by sufficient information to approach prospective candidates. Communication between the LDCs and CARICOM and between CARICOM and NCIH has been extremely difficult. The countries often provide only the title of a position requested without accompanying information such as the duties to be performed, length of service, or if the post is to be shared with other countries. Often NCIH staff must phone the Ministry making the request directly to obtain sufficient information for processing. This creates unnecessary costs, duplicates the efforts of CARICOM staff, and ignores a clearly defined process agreed to by the countries, NCIH, and CARICOM. Some requests for volunteers are for one or more years, some for medical sub-specialists, some for non-direct patient care activities, and most represent the creation of a new post within the Ministry. Thus, these requests do not meet the criteria set out in the Sub-Grant Agreement between NCIH and CARICOM. Since the nature of these requests does not meet the agreed-to criteria, NCIH is reluctant to approach prospective volunteers or to expend Project funds on the placement of volunteers until such time as USAID clarifies its position regarding this matter.

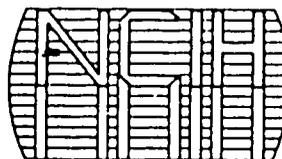
The last group of requests received by NCIH have consisted of only a personnel title and more information is being requested regarding these posts. A serious concern about the requests received is that there has been no assignment of priorities to the requests received. Since Project funds are limited, priorities are necessary to a rational and effective expenditure of funds.

The timely completion of Project activities has been greatly hampered by the request from USAID to discontinue health manpower planning and the difficulty in obtaining a clarification of USAID's policies regarding the personnel requests submitted to NCIH. Project staff is most anxious to initiate the activities described in the USAID

contract and the NCIH and CARICOM Sub-Grant Agreement and is very concerned that sufficient time may not be available to implement any health manpower planning activities that are included in a revised Project design. There is also great concern about the Project redesign proposals made by USAID to date. An analysis of these proposals as been attached for review (see Attachment #8).

Major Activities Expected for Next Quarter

The nature of activities conducted in the next quarter shall be contingent upon the discussions held with USAID and CARICOM regarding Project redesign.



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M E M O R A N D U M

To: Russell Morgan
From: Julia Bauder *Julia*
Subject: July 6-29 Trip Report
Date: August 25, 1981

Attached is my trip report for July 6th - 29th to Guyana, Belize and Jamaica. Due to the events regarding the Project that we have experienced since my return from this trip, I am now completing this report. In the future, time allowing, I hope to complete my trip reports immediately after returning to Washington, if that is possible.

cc: Mark Laskin, USAID Barbados
Terrence Goldson, CARICOM
Grant Review Committee, NCI

TRIP REPORT

Julia Bauder, Health Manpower Planning Specialist
NCIH/CARICOM Health Manpower Planning Project

Caribbean Region July 6-29, 1981*

During the period between July 6th - 29th, I traveled to Guyana, Belize, and Jamaica with stop-overs in Miami, Florida. The objectives of the trip were to:

- meet with CARICOM staff to develop a work plan for July 1981 - June 1982;
- meet with CARICOM staff to learn of their activities in the LDCs and identify overlap of projects and activities which could be conducted jointly;
- schedule itinerary for two-month trip throughout Caribbean;
- meet with attendees of Ministers of Health Conference in Belize;
- gain knowledge of the health care sectors of the LDCs, their health manpower requirements, complete basic health manpower assessments, and clarify health manpower requests to NCIH from Ministries of Health;
- meet with USAID and CARICOM staff to discuss implementation of the Project;
- meet with CARICOM Advisory Committee;
- provide follow-up to meetings held in St. Lucia with the University of the West Indies and various non-governmental organizations;
- meet with Caribbean health manpower training institutions to identify supply of health manpower generated in the Caribbean and discuss activities of the Project;
- meet with PAHO staff in Barbados and Jamaica to develop agreement on the role of the Project in the region and develop joint activities that might be conducted cooperatively; and,
- meet with representatives of UNICEF, UNFPA, and the British Commonwealth Secretariat to discuss role of the Project in the region and develop cooperative agreement.

Activities

Washington, D.C. to Georgetown, Guyana - July 6

Georgetown, Guyana - July 6 to July 11

- (1) Met with Terrence Goldson throughout week to discuss implementation of Project goals. Outlined detailed work plan for the period of July 1981 - June 1982. Discussed division of work and the roles of the Health Manpower Coordinator and the Health Manpower Specialist in the Project. Developed methodology for handling requests for volunteer health personnel and reviewed forms. Was introduced to CARICOM staff. Reviewed CARICOM files regarding NCIH/CARICOM Sub-Grant Agreement and materials pertinent to the development of a Caribbean regional health manpower plan. Developed itinerary for the

*This trip was originally planned to extend from July 6 through August 27 with visits made to Guyana, Belize, Barbados, Jamaica, Grenada, St. Vincent, Dominica, St. Lucia, Montserrat, Antigua, and St. Kitts/Nevis. Due to a request from USAID that I return to Washington, D.C. to fill health personnel requests, the trip was greatly shortened.

duration of stay in the Caribbean region. Discussed visit to Belize and participation in the Caribbean Ministers of Health Conference. Discussed CARICOM Advisory Committee and developed agenda.

- (2) Met briefly with Dr. Philip Boyd to discuss current status of the Project. Also discussed trip to Belize and other visits scheduled in the region.
- (3) Met with Marion Harding to discuss nursing personnel issues in the region. Met with George Boyd to discuss pharmacy personnel requirements in the Caribbean. Met with Raymond Noel to review current status of environmental health personnel in the region. Met with Margaret Price to discuss the overlap of the NCIH/CARICOM Project with the Basic Health Management Project and future joint activities which might be conducted by the two projects. Also met with Evan Drayton of the Basic Health Management Project to discuss the administration of the Project.
- (4) Visited the MEDEX Project and spoke with Dr. Frank Williams. Discussed the expanded role of the mid-level practitioner in the region and the possibility of having the Project fund a convocation of mid-level practitioner training projects in the region to promote communication, pooling of resources, and exchange of ideas.
- (5) Met on several occasions with Paula Feeney, Consultant to PAHO, who had worked in the Barbados USAID office when the NCIH/CARICOM Project was originally conceived. Discussed the historical development of the Project, problems which we might encounter in the region, and the need for basic health manpower planning in order to remedy long-standing shortages of health personnel.
- (6) Met with consultant to Canadian Economic Development Agency who was in the Caribbean to determine need for training of pharmaceutical warehouse personnel. Discussed pharmacy personnel requirements in the region and the Canadian role in funding of health manpower training.
- (7) Attended various social functions including visits to Guyanese homes and tour of Georgetown and the University of Guyana.

Guyana to Trinidad to Miami - July 11

Lay over in Miami

Miami to Belize City, Belize - July 12

Belize City, Belize - July 12 to July 17

- (1) Attended welcoming reception for Caribbean Ministers of Health held by the Belize government at the Belize Airport.
- (2) Met with CARICOM staff to discuss itinerary while in Belize and participation at Ministers' Conference.
- (3) Scheduled appointments with Belize Ministry of Health staff, Peace Corps, and PAHO.
- (4) Met with Dr. William Hawley of the Belize Ministry of Health to discuss the health manpower requirements of Belize, Belizean health politics, the experiences he has had as an American physician working in the region, and learned of members of the Ministry staff I should speak to.

- (5) Met with Jose Encalda, pharmacist with the Belize Ministry of Health and NCIH/CARICOM Country Coordinator, to discuss health manpower requirements and the process used to request health volunteers for the country.
- (6) Met briefly with the Minister of Health of Belize, the Permanent Secretary of Health, the Assistant Permanent Secretary of Health, and the Chief Medical Officer. We discussed the activities of the Project and how we might assist the government in meeting their health manpower needs.
- (7) Had luncheon with Marnesba Hill, Belize Peace Corps Director and about six of her staff and volunteers to discuss the health care delivery system of Belize and their role within the country. Following the luncheon, I met with Ms. Hill and her administrative assistant to discuss in further detail how our Project might be of assistance in Belize.
- (8) Scheduled a trip to visit the southern portion of Belize and meet with a Peace Corps volunteer who is providing nurse practitioner services to the Toledo District. Unfortunately, due to a conflict with the first meeting of the CARICOM Advisory Committee, this trip had to be cancelled.
- (9) Was asked by CARICOM and USAID staff to attend one session of the Ministers' Conference to be on hand if the CARICOM Advisory Committee was planning to meet regarding the redesign of the Project.
- (10) Attended first meeting of the CARICOM Advisory Committee.
- (11) Attended reception for the Ministers of Health.
- (12) Met with staff of the University of the West Indies, including Dr. Standard, Dr. Seivwright, and Dean of the Medical School, S.R. Wray, regarding the role of the University in health manpower planning in the Caribbean.
- (13) Met with Sir Kenneth Stuart, British Commonwealth Secretariat to discuss the Project and joint activities we might be able to conduct regarding health manpower planning and development.
- (14) Met with Dr. Henry and Dr. Monekosso of PAHO regarding Project and set up meetings for later in the month.
- (15) Met with Yvonne Hartshorn, a Belizean nurse practitioner, regarding the role of the mid-level practitioner in the Caribbean.
- (16) Met with Dr. Banta, Dean, Tulane University, regarding the role of Tulane in the Caribbean and assistance the University might provide to the Project.
- (17) Met with Mr. Taylor, Belize City Hospital Administrator to discuss the facility's need for personnel, plans for the construction of a new hospital in Belize City, and the plans for regionalization of medical care delivery system in the country.
- (18) Held several meetings with Mark Laskin, USAID, and Terrence Goldson, CARICOM, regarding the redesign of the Project. I was asked to return to Washington after my scheduled trip to Jamaica, to fill the requests to be sent to the office by the Leeward and Windward Islands.

- (19) Met with staff of Project HOPE, CFNI, UNICEF and CARICOM throughout the Conference.
- (20) Held numerous breakfast, luncheon, and dinner meetings with attendees of the Conference.
- (21) Participated in a field trip to the interior of Belize conducted for the attendees of the Conference.

Belize City, Belize to Miami - July 17

Lay over in Miami

Miami to Kingston, Jamaica - July 19

Kingston, Jamaica - July 19 to July 29

- (1) Spent approximately two days attempting to schedule meetings while in Jamaica. Was told that due to recent telephone strike it was very difficult to make local calls and found that it was impossible to reach some organizations and training institutions due to inability to place calls.
- (2) Met with Edna Tullock, Ms. Perry, and Mr. Taylor of the Jamaican Ministry of Health. Ms. Tulloch had asked to have a meeting with me when we had previously met in St. Lucia. We discussed at great length the current health manpower situation both in the region and in Jamaica. They requested that the Project assist them in any way it could to locate Jamaicans who might like to return to the country to provide health care services. Also, they requested that we assist in future health manpower planning and development activities including a large loan and grant program currently being considered by USAID for the country.
- (3) Met with Hasse Gaenger of UNFPA to discuss joint activities that might be conducted in the future. Also discussed current UNFPA projects regarding the development of family planning health personnel.
- (4) Met with John Gist of the Peace Corps to discuss the role of the Corps in Jamaica and the delivery of health care services by volunteers. An agreement was made that when the Corps received requests from the Jamaican government for volunteers which it could not fill, our Project would be contacted.
- (5) Met with Dr. Monekosso, PAHO Country Representative in Jamaica to discuss the role of the Jamaican PAHO office in the region, the needs of Belize (which is one of the countries which that office provides services to), and joint activities which might be conducted. Also, reviewed the PAHO budget and plans for future projects.
- (6) A meeting was scheduled with Dr. John Maxwell, University of the West Indies Sociology Department, to discuss the training of medical and mental health social workers but this was missed by Dr. Maxwell inadvertently.
- (7) Held lengthy meeting with Dean S.R. Wray, University of the West Indies School of Medicine, to discuss the role of the Medical School in the LDCs. Methods were discussed to strengthen that role by use of Project funds and proposals were reviewed. The use of UWI alumni to fill the volunteer and permanent post requests of the LDC Ministries of Health was discussed and it was agreed that the Project staff would notify the University when requests were received. Also, the Dean suggested that he send a memo out to faculty and medical residents notifying them of possible vacancies.

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- (8) Met with Francesca Nelson of the USAID, Jamaica office twice to discuss the AID-funded projects in Jamaica. We discussed in great detail the upcoming grant and loan package to upgrade the primary care service capability of the Ministry of Health. Also, we discussed the role of the Project in the development of a regional health manpower plan and assistance we might provide to the Jamaican Ministry to implement the staffing and development portion of the loan package.
- (9) Met with Fritz Lherisson and Walter Sitzmann of UNICEF on several occasions to review the projects conducted in the region that have personnel development aspects. Discussed the difficulty in implementation of planning activities and UNICEF plans to fund community health worker projects in the LDCs.
- (10) Met with Dr. Green of the Social and Economic Research Institute, UWI, to discuss their research activities in the health manpower planning area.
- (11) Met with Professor Standard and his staff at the Social and Preventive Medicine Department, UWI, to discuss the Department's role in the training of public health personnel for the region. Held a lengthy discussion about joint activities that might be conducted between the Project and the Department. Agreement was made that requests for public health personnel would be forwarded to the Department when appropriate.
- (12) Arrangements were made to visit a rural health project of the UWI which provides third-year medical students with rural health clerkships. Students were to be presenting the reports of their activities for the previous term to the faculty. Unfortunately, due to the need to return to the U.S., this trip was cancelled.
- (13) Met with Pat Thompson of PAHO to discuss the administration of PAHO projects in Belize and Jamaica. Had a lengthy conversation about the health care delivery system of Belize, with which she is very familiar. Also discussed the impact of independence on the infrastructure of the health care system in that country.
- (14) Met with the Primary Health Care Team of the PAHO Jamaica office. Included in this meeting was Dr. Aleyta, Dr. Sinha, and Ms. Delaroto who are currently conducting a model primary health care development project in Jamaica which may serve as a model for future primary care development projects in the LDCs. We discussed at length the problems with meeting current LDC medical personnel needs by augmentation of salary. An agreement was made that both projects would assist the other whenever possible.
- (15) Due to problems encountered by lack of telephone service and due to the unavailability of some people due to annual leave, I was unable to meet with the following people: Dr. Mary Seivwright, UWI School of Nursing, Dr. Sangster, College of Arts, Science, and Technology, Ms. Peggy Robothom, Ministry of Public Service, Berunda Sing, PAHO, the Dean of the West Indies School of Public Health, Project HOPE staff, Dean Mills and Dr. Nunes of the UWI School of Government and Administration.

Kingston, Jamaica to Washington, D.C. - July 29

Achievement of Trip Objectives

The objectives established for this trip were only partially met due to the request by USAID that I return to Washington as soon as possible to fill the personnel requests of the Ministries of Health of the LDCs. Also, during the trip to Belize,

NCIH and CARICOM staff were notified by USAID that the project should be redesigned, which made the objectives of most of the trip to do basic health manpower planning unnecessary. Strong linkages were made, however, with the UWI, PAHO, UNICEF, CARICOM, and others active in the Caribbean region.

Problems Encountered During Trip

Several problems were encountered during the trip which made achievement of trip objectives difficult. These included the usual delays encountered in travel in the Caribbean, inability to contact people in order to set up meetings due to lack of adequate telephone systems, and an occasional misunderstanding about the time and location of meetings. Of a more serious nature, although often as inconvenient, were: a lack of communication between the US representative to the Ministers' Conference and myself about my presence in Belize at the time of the Conference, a tremendous amount of confusion during the Conference regarding the role of the Project and the needs of the LDCs regarding health manpower planning, and the role of the USAID officer in the daily administration and decision making process of the Project. Also, although the trip was terminated prematurely in order to return to the U.S. to fill the personnel needs of the LDCs, these requests were received almost three weeks after my return to the U.S. One final problem that was encountered at the end of the trip and is currently creating confusion for Project staff is the future role of the Project in the region. Since a great deal of preparatory work was completed during this trip, and linkages made with a number of institutions and agencies, and since we may indeed not be providing the type of services in the region that we had anticipated, this may create some animosity on the part of those people we have begun to work with. This would be very unfortunate and only help to exacerbate a serious problem of lack of communication and coordination in the region.

Cable Address :
CARIBSEC GUYANA
P.O. BOX NO 10827

ALL COMMUNICATIONS SHOULD BE
ADDRESSED TO THE SECRETARY-GENERAL

CARIBBEAN COMMUNITY SECRETARIAT,

Third Floor, Bank of Guyana Building,
Avenue of the Republic,
Georgetown,
Guyana,

NO. 97/4/1/4

TG:RW

.....17th August,.....19.81

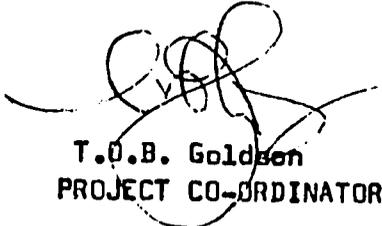
RECEIVED AUG 31 1981

Dear

Re CARICOM/NCIH Regional Health Manpower Project

I forward herewith for your information a copy of the minutes of the first meeting of the Project Advisory Committee which was held in Belize on the 16th July 1981.

Yours sincerely


T.O.B. Goldson
PROJECT CO-ORDINATOR

Dr. Russell Morgan,
Executive Director,
National Council for International Health,
2121 Virginia Avenue, N.W. (Suite 303),
Washington, D.C. 20017,
U.S.A.

c.c. Miss Julia Bauder,
Health Manpower Specialist,
NCIH.

Mr. Mark Loskin,
Regional Health Adviser,
USAID RDO/Caribbean,
P.O. Box 302,
Bridgetown,
BARBADOS.

REPORT OF
FIRST CARICOM/NCIH ADVISORY COMMITTEE MEETING
BELIZE CITY, BELIZE - 16 JULY 1981

The first meeting of the CARICOM/NCIH Advisory Committee of the Health Manpower Project was held in Belize City, Belize (during the Conference of Ministers Responsible for Health) on Thursday 16 July 1981 commencing at 8.00 a.m.

Present were:

CARICOM

Dr. Kurleigh King - Secretary-General
Mr. T.O.B. Goldson - Project Co-ordinator (Convenor)

ANTIGUA

Mr. H. Barnes - Permanent Secretary
Ministry of Health
Dr. A. Boyd - Chief Medical Officer

BELIZE

Mr. E. Usher - Permanent Secretary
Ministry of Health, Housing and
Co-operatives
Mr. Jose Encalada - Head, Bureau of Health Education
and Manpower Development
Ministry of Health, Housing and
Co-operatives

DOMINICA

Mr. F.O. Symes - Permanent Secretary
Ministry of Health, Education,
Youth Affairs, Sports and Culture

GRENADA

Bro. O. George - Permanent Secretary
Ministry of Health and Housing

Dr. S. Friday - Surgeon Specialist

MONTserrat

Mr. G.M. Cassell - Permanent Secretary,
Ministry of Education, Health and
Social Affairs

ST. KITTS/NEVIS

Hon. S.E. Morris - Minister of Education, Health and
Social Affairs

Mr. O. Hector - Permanent Secretary
Ministry of Education, Health and
Social Affairs

Dr. C.M. Sebastian - Chief Medical Officer

SAINT LUCIA

- Mr. F.G. Louisy - Permanent Secretary
Ministry of Health
- Dr. A.J. De Souza - Director of Health Services

ST. VINCENT

- Dr. F.N. Ballantyne - Senior Medical Officer
Ministry of Health
- Mr. J. McBride - Health Services Administrative Adviser

BRITISH VIRGIN ISLANDS

- Dr. O. Smith - Chief Medical Officer

USAID

- Mr. Mark Laskin - Regional Health Adviser

NCIH

- Miss Julia Bauder - Health Manpower Specialist

PROJECT HOPE

- Dr. Charles R. Hadden - Head of Faculty
Saint Lucia Training Centre

/...

Excuses

2. Excuses were tendered on behalf of:

Chief, Health Section - Dr. P.I. Boyd

U.W.I. (Medical Faculty) - Prof. K. Standard
Head, Department of Social and
Preventive Medicine

PAHO/WHO - Dr. M. Henry
Caribbean Programme Co-ordinator

Barbados - Mr. A.F. Daniel

who were otherwise engaged, and the International Eye Foundation, whose representative had not been notified of the meeting being convened at this time.

Meeting called to order

3. The meeting was called to order by the Convenor, who extended a welcome to members of the Committee and other participants, and outlined the objectives of the Advisory Committee as set out in Section F. 4.1 of the Sub-grant Agreement

4. It was explained that this first meeting was being convened at this time as a result of recommendations made at two meetings of a Subcommittee on the Special Problems of Small States, chaired by

Mr. G.M. Cassell, Permanent Secretary, Ministry of Education, Health and Welfare, Montserrat. The Sub-committee while reiterating its full agreement and support of the Health Manpower Project within the Secretariat was specially requested:

- (i) to examine the terms of the CARICOM/NCIH Health Manpower Project Sub-grant Agreement, with particular reference to the composition of the Advisory Committee;
- (ii) to examine the Budget, with a view to its restructuring, if possible; and
- (iii) to review the health manpower needs previously identified and, as far as possible, seek to utilise the specialists engaged, on a 'pooled' or 'shared' basis.

5. It was agreed at the Sub-committee meetings that Section F. 4.1 of the Sub-grant Agreement did not debar representation by all the LDCs on the Advisory Committee. Consequently, it was decided that one of the bi-annual meetings of the Advisory Committee should be held at a convenient time during the annual Conference of Ministers Responsible for Health, to permit full representation by the LDCs (without additional cost to the Project), while at the other meeting two representatives of the LDCs (1 Leewards/Belize, and 1 Windwards/Barbados) would attend.

Approval of Agenda

6. The draft agenda was presented and approved as under:

Item 1 (a) The Sub-grant Agreement

(b) The Budget - restructuring of

Item 2 The Advisory Committee

Item 3 Examination of the Health Manpower needs of the LDCs

Item 4 Identification of Priorities

Re Item 1

(a) Information on Sub-grant Agreement

7. The Convenor gave a brief review of the development of the Project, and read sections of the Sub-grant Agreement. In response to requests for each participating country to be supplied with a copy of the Agreement, the meeting was advised that the preparation of copies of the document had already been put in hand at the Secretariat, and that they would be despatched early.

(b) Budget - its restructuring

..8. Details of the Project budget were given as under:

B U D G E T

CARIBBEAN HEALTH MANPOWER PLANNING PROGRAMME/OPG

	<u>Year 1</u>	+	<u>Year 2</u>	=	<u>Total</u>
A. <u>Direct Support to CARICOM</u>					
To Establish a Health Manpower Planning Unit:					
1.0 Staff Salaries					
1.1 Health Manpower Coord.	35 000		40 000		75 000
1.2 Secretary	4 000		4 200		8 200
2.0 Staff Travel and Per diem					
3.0 Direct Office costs	7 000		8 500		15 500
Sub-total	53 800		60 700		114 500
%					(23%)
B. <u>Programme Support Services provided</u>					
<u>By NCIH to CARICOM and CARIBBEAN PARTICIPATING COUNTRIES</u>					
1.0 NCIH Health Manpower Specialist (60%)					
Fringe Benefits	18 000		19 080		37 080
Fringe Benefits	4 320		4 579		8 899
2.0 NCIH Staff Travel and Per Diem					
3.0 Project Consultants Support	12 300		11 100		23 400
3.1 Consultant Fees	10 500		10 500		21 000
3.2 Consultant Travel	12 224		9 016		21 240
4.0 Evaluation Year					
5.0 Volunteer Health Manpower Assignment (Matching Travel and Per Diem Costs)	10 000		15 000		25 000
Sub-total	40 000		60 000		100 000
%					(46%)
C. <u>Direct Support to NCIH to Provide Management Support of Project</u>					
1.0 Staff Salary					
1.1 Health Manpower Specialist (40%)	12 000		12 720		24 720
1.2 Secretary	13 500		14 300		27 800
2.0 Fringe Benefits (24% salaries)					
3.0 Other Direct Costs	6 120		6 485		12 605
4.0 Indirect Costs (Overhead)	14 100		15 523		29 623
Sub-total	30 568		35 703		66 271
%					(31%)
TOTAL	76 208		84 731		161 019
					(31%)
	237 432		274 706		512 138
					512 138

9. Representatives of the LDCs were concerned about the apparently high administrative costs vis-a-vis the project support costs, and enquired whether any adjustment to the ratio could be effected over and above the fifteen percent (15%) adjustment among major line item categories (without NCIH approval) which the Agreement specified.

10. Dr. Kurlough King, Secretary-General explained that he was also concerned about the matter, and had discussed this aspect with the grantor, but the nature of the Project did not permit the major variation suggested; consequently, no significant restructuring could be undertaken. He, however, noted the views of the representatives in respect of any such future project

Re Item 2

Advisory Committee

11. The dissatisfaction expressed by the Sub-committee on the Special Problems of Small States regarding the paucity of the LDCs representation was endorsed, and the meeting accepted the Sub-committee's recommendation in the matter as already set out.

Re Items 3 and 4

12. - Health Manpower Needs
- Identification of Priorities

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13. There was consensus that the health manpower needs of the LDCs, and the priorities identified during the January/February visit of the Consultant, and confirmed in the Secretariat's memorandum No. 97/4/1/1 dated 11th March 1981 had now changed, and that a new identification of needs and priorities should be done.

14. It was also suggested and agreed that as far as possible, efforts should be made for the pooling and sharing of specialists among countries. Two groupings were accepted. Mr. Fitz Louisy, Permanent Secretary, Ministry of Health, Saint Lucia was selected to consult with his fellow delegates and identify the specialist services under this project which could be shared between Dominica, Grenada, Saint Lucia and St. Vincent and the Grenadines, while Dr. C.M. Sabastian, Chief Medical Officer, St. Kitts/Nevis was selected to do similarly for Antigua, Belize, Montserrat and St. Kitts/Nevis. The CARICOM Project Co-ordinator should be advised early of these health manpower requirements and priorities.

15. The meeting was adjourned for a date to be determined.

97/4/2/5

30th July, 81

TRIP REPORT
(CARICOM PROJECT COORDINATOR)

PROJECT: NCIH/CARICOM - REGIONAL HEALTH
MANPOWER PROJECT

Period of Visit:

Sunday 12th July to Thursday 23rd July, 1981

Places Visited:

- (i) Belize - Sunday 12th July to Friday 17th July
- (ii) Jamaica - Saturday 18th July to Tuesday 21st July
- (iii) Barbados - Wednesday 22nd July to Thursday 23rd July

Activities:

(i) Belize

(a) During the visit to Belize, many discussions were held with delegates who were attending the Conference of Ministers Responsible for Health.

As a result of these discussions, many of which were attended by Mr. Mark Leakin, Regional Health Adviser, USAID, and Miss Julie Baudex, Health Manpower Specialist, NCIH, either separately or together, a number of issues on the implementation of the project were dealt with. Foremost among these, was the recognition that the health manpower needs previously expressed

by the participating countries, and circulated for their information by Secretariat memorandum dated 11th March, 1981, had now varied.

It was agreed that specialists being sought under the Project, should, as far as possible, serve on a 'pooled' or 'shared' basis. Dr. C.M. Sebastian, Chief Medical Officer, St. Kitts/Nevis, and Mr. Fitz Louisy, Permanent Secretary, Ministry of Health, Saint Lucia, would consult with fellow delegates, identify the serving under the Project which could be shared between the Leeward and Windwards respectively, and advise the CARICOM Project Coordinator early.

- (b) While on this visit, discussions were also held with Mr. Larkin and Miss Brauer on strategies for implementation.
- (c) In particular, contact was made with Mr. E. Usher, Permanent Secretary, Ministry of Health, Housing and Co-operatives, and Mr. Jose Encalada (who has now been designated Country Project Coordinator) and discussion held on the details of the Project.

Belize, as one of the participating territories was not visited when the project was being developed, consequently, both the Permanent Secretary and the Coordinator had to be updated on its nature and scope, and to ascertain their needs and resources.

/...

(d) The first Advisory Committee meeting under the chairmanship of the CARICOM Project Coordinator (at which the Secretary-General was present, and all the LDCs represented), was held on Thursday 16th July, 1981. The minutes will be circulated shortly.

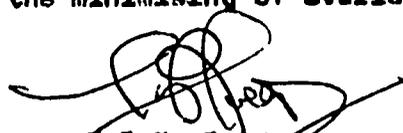
(ii) Jamaica

Contacts and discussions were had with the Presidents/ Officials of Health Professional Organisations (e.g. Radiography, Physiotherapy, Environmental Health), Health Training Institutions, Health Ministry Officials, Administrator University Hospital, the Professional Centre, to explain the Project, and to seek their co-operation and assistance when required.

Much more time was needed for an exercise of this nature, but its continuation can be undertaken at some other time in the future.

(ii) Barbados

The intended in-depth discussion with Dr. Harry Drayton, Coordinator of the Allied Health Manpower Project had to be postponed due to his unavoidable and unexpected absence on official duties, outside of Barbados, but planned discussions were held with Dr. Marvyn Henry, PAHO Caribbean Programme Coordinator, on aspects of the health manpower activities being undertaken by PAHO within the Region, in an attempt at harmonisation of efforts, and the minimising of overlaps and duplication.

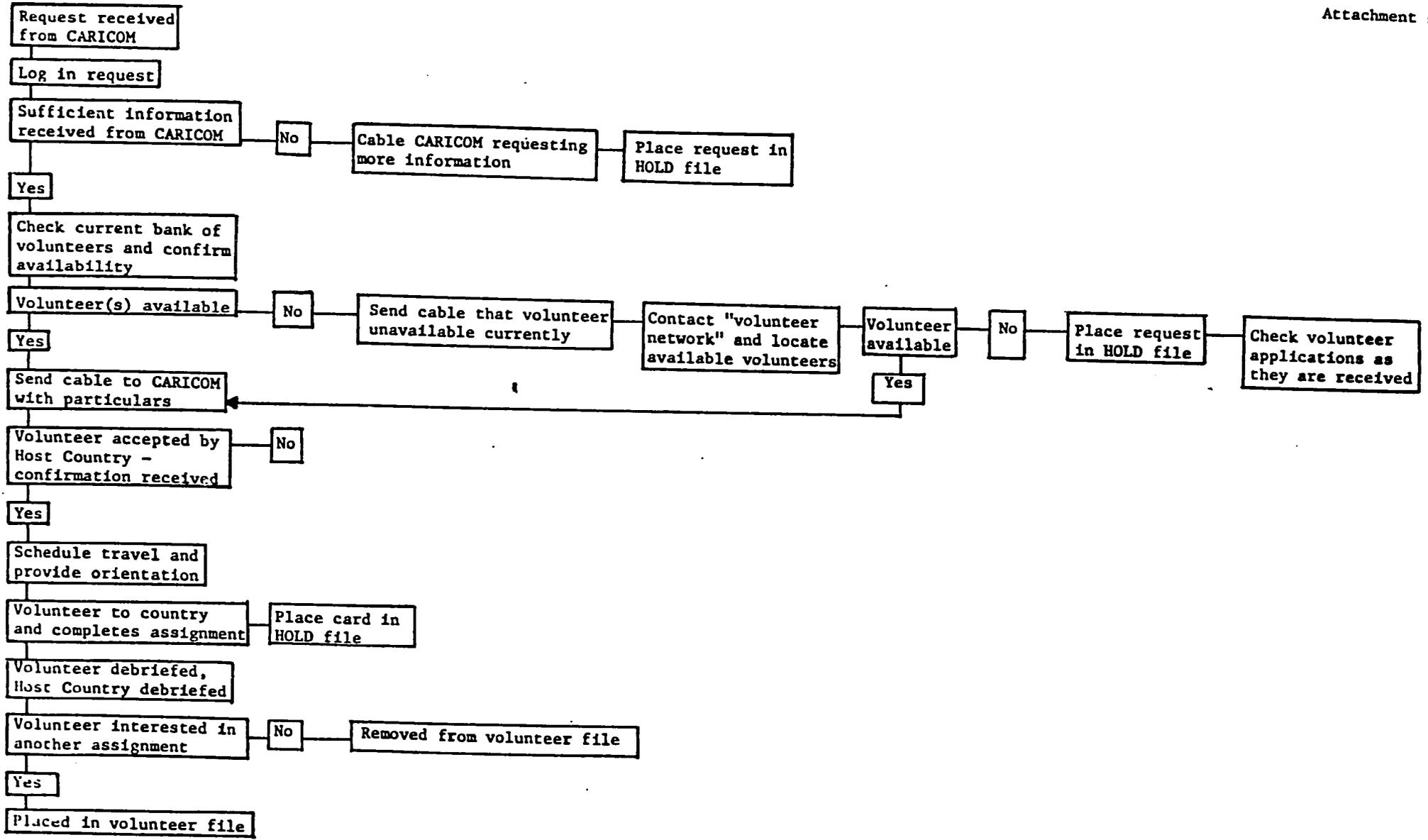

T.O.B. Goldson
CARICOM PROJECT COORDINATOR

1...

DISTRIBUTION:

CARICOM - Dr. Philip Boyd
NCIH - Dr. Russell Morgan
- Miss Julia Bauder
USAID (B/dos) - Mr. Mark Larkin

VOLUNTEER REQUESTS



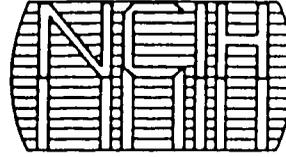
Status of Health Manpower Requests Received

By NCIH Through CARICOM From LDCs

September 9, 1981

Personnel Type	Volunteer or Permanent Post	Country	Status of Request
1. Psychiatrist	Permanent Post	St. Lucia to share w/ Grenada, Dominica and St. Vincent	NCIH unable to fill until clarification received about particulars of request.
2. Pathologist	Permanent Post but wants volunteer	St. Kitts/Nevis to share w/ Montserrat and Antigua	NCIH unable to fill until clarification received about particulars of request.
3. Pathologist	Permanent Post	St. Vincent to share w/ St. Lucia, Grenada, and Dominica	NCIH unable to fill until clarification received about particulars of request.
4. Radiologist	Permanent Post	St. Vincent to share w/ St. Lucia, Grenada, and Dominica	NCIH unable to fill until clarification received about particulars of request.
5. Nutritionist	Permanent Post	St. Vincent	NCIH unable to fill until clarification received about particulars of request.
6. Pediatrician	?	Dominica	Insufficient information received from CARICOM, more being sought.
7. Nurse/Midwife	Three-Month Post	Montserrat	Applicant found, CV forwarded to Ministry.
8. Nurse/Midwife	Volunteer	Grenada	Insufficient information received from CARICOM, more being sought.
9. Nurse Educator	Volunteer	Grenada	Insufficient information received from CARICOM, more being sought.
10. Hospital Maintenance Specialist	Volunteer	Dominica to share w/ St. Lucia, St. Vincent, Grenada	Insufficient information received from CARICOM, more being sought.
11. ENT Specialist	Volunteer	Dominica to share w/ St. Lucia, St. Vincent, Grenada	Insufficient information received from CARICOM, more being sought.
12. Clinical Psychologist	Volunteer	Dominica to share w/ St. Lucia, St. Vincent, Grenada	Insufficient information received from CARICOM, more being sought.
13. Internist	Volunteer	Windward Islands	Insufficient information received from CARICOM, more being sought.
14. Health Planner	Volunteer	Antigua	Insufficient information received from CARICOM, more being sought.

Personnel Type	Volunteer or Permanent Post	Country	Status of Request
15. Medical Officer	Volunteer	Antigua	Insufficient information received from CARICOM, more being sought.
16. Pathologist	?	Montserrat	Official request not received from CARICOM.
17. Radiologist	?	Montserrat	Official request not received from CARICOM.
18. Ophthalmologist	?	Montserrat	Official request not received from CARICOM.
19. Psychiatrist	?	Montserrat	Request not received from CARICOM.
20. Anesthesiologist	Permanent Post	Belize	NCIH unable to fill until clarification received about particulars of request.
21. Pathologist	Permanent Post	Belize	NCIH unable to fill until clarification received about particulars of request.
22. Radiologist	Permanent Post	Belize	NCIH unable to fill until clarification received about particulars of request.
23. Psychiatrist	Permanent Post	Belize	NCIH unable to fill until clarification received about particulars of request.
24. Ophthalmologist	?	To be shared by Windward Islands	Request not received from CARICOM.
25. Orthopedic Surgeon	?	To be shared by Windward Islands	Request not received from CARICOM.
26. Health Planner	?	To be shared by Windward Islands	Request not received from CARICOM.
27. Health Legislation Officer	?	To be shared by Windward Islands	Request not received from CARICOM.
28. Intersectoral Project Planner	?	To be shared by Windward Islands	Request not received from CARICOM.
29. Clinical Pharmacist	Permanent Post	Jamaica	Insufficient information received, country contacted - Jamaica not priority Caribbean country.
30. Radiology Technician Tutor	Permanent Post	Jamaica	Insufficient information received, country contacted - Jamaica not priority Caribbean country.



NATIONAL COUNCIL FOR
INTERNATIONAL HEALTH
2121 Virginia Ave. NW, Suite 303
Washington, DC 20037
(202) 298-5901

M E M O R A N D U M

To: Russell Morgan
From: Julia Bauder
Subject: CARICOM Personnel Request
Date: August 21, 1981

We have received a request from CARICOM to recruit a psychiatrist for a permanent post in the Ministry of Health in St. Lucia. I spoke today with Fitz Louisy, Permanent Secretary of Health in St. Lucia to clarify the request. Mr. Louisy indicated a permanent post is available at this time to provide basic psychiatric care in St. Lucia with a portion of time spent on loan to St. Vincent, Dominica and Grenada. It is not known what portion of time would be spent in those other countries. A 3 to 4 year contract would be signed for the following salary and benefit package:

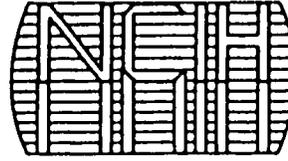
Salary	\$7,737.70 - \$8,122.66 US
Cost of Living Allowance	?
Gratuity (25% of Salary)	\$1,939.43 - \$2,030.67 US
Housing Allowance (<u>If</u> Government Housing Available, Not to Exceed 10% of Salary Per Year)	\$ 773.77 US
Car Loan (If Required)	
Approximately 25 Days Per Year Vacation	
Travel Allowance for Costs Incurred in St. Lucia	

There are some policy questions which must be answered by USAID before we can recruit applicants for this position. These include:

1. Since this is a permanent post, can we recruit someone for the position under our current AID agreement?
2. The St. Lucian government has requested that the salary of the post be augmented in order to recruit a qualified applicant. Can project funds be used for this purpose? At what level can we augment this salary? What salary standards should we use?
3. The proposed length of contract is for 3 to 4 years. Since the scheduled length of our project is 2 years, can the project enter into a salary augmentation arrangement which it cannot fund beyond about a year and a half? Is the St. Lucian government willing to maintain the augmented salary beyond the term of the project?
4. Since the post will be shared with other countries, should they be asked to share the cost of the salary?

5. If someone in the region currently is working in the public health sector and applies for the post, should they be considered? Will this simply "Rob Peter to Pay Paul"? Will we in turn be asked to augment the vacated post's salary to recruit qualified applicants?
6. Will only board certified applicants be considered or those people who have completed or are now completing psychiatric residency training?
7. The Ministry of Health has requested that the project fund the purchase of a car for use by the psychiatrist on the island. Can the project pay for this?
8. The Ministry has requested that the project fund inter-island transportation when the psychiatrist is on loan to the other countries. They may also request that the project pay per diem if the other countries cannot pay these expenses. Can the project pay for this?
9. What responsibility will the project have for scheduling and funding the cost of interviews in St. Lucia?
10. What responsibility will the project have for evaluating the applicants qualifications and background?
11. If an applicant is found that will accept the post, can the project pay his/her travel and moving expenses? Will it pay for travel and moving costs of their family?

These questions should be discussed with Mark Laskin, USAID when we meet with him to redesign the project.



NATIONAL COUNCIL FOR
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2121 Virginia Ave. NW, Suite 303
Washington, DC 20037
(202) 298-5901

M E M O R A N D U M

To: Russell Morgan
From: Julia Bauder *Julia*
Subject: Second CARICOM Request
Date: August 25, 1981

We have received a request from CARICOM to recruit a pathologist for a permanent post in the St. Kitts/Nevis Ministry of Health. I spoke with Mr. Oriel Hector, Permanent Secretary of Health in St. Kitts/Nevis to clarify the request. Mr. Hector indicated that a post has been vacant for some time due to low salary. Since they believe it is doubtful that a qualified applicant can be found for this position, they have requested a volunteer. This person would also provide pathological service to Antigua and Montserrat since they are not needed full-time by St. Kitts.

The Permanent Secretary indicated that if a volunteer is found, they would like to have him/her commit themselves to a 1 to 2 year stay. If someone was found for a shorter period of time, they would like to have the Project find a replacement immediately so as to not disrupt continuity of services. Mr. Hector said that a volunteer for less than 3 months would probably not be acceptable.

Although a volunteer is acceptable to the Ministry, they would prefer a person willing to fill the permanent post. In order to make it more attractive they would like the salary and benefit package augmented to a more competitive level by the Project. They currently do not have government housing available and would like the Project to provide a housing allowance. They would also like the Project to pay for the inter-island travel expenses incurred by either a permanently employed or volunteer pathologist.

The salary and benefit package is listed below:

Salary	\$12,072.00 US
Car Loan	\$ 6,000.00 US

As in the previous request we received regarding a psychiatrist for St. Lucia, there are some policy questions which must be answered by USAID. These include:

1. Currently there is a six-month limit set in our Sub-Grant Agreement with CARICOM regarding volunteers. Can we process a request for a volunteer for 1 to 2 years?
2. In our current budget, we have allocated travel and per diem for volunteers. Should per diem be paid for a volunteer who is working for 1 to 2 years? Is that financially feasible?

3. Since this may be a permanent post if someone is located, can we recruit someone for the position under our current AID agreement?
4. The St. Kitts/Nevis government has requested that the salary of the post be augmented in order to recruit a qualified applicant. Can project funds be used for this purpose? At what level can we augment this salary? What salary standards should we use?
5. The proposed length of contract is for 2 to 3 years. Since the scheduled length of our project is 2 years, can the Project enter into a salary augmentation arrangement which it cannot fund beyond about a year and a half? Is the St. Kitts/Nevis government willing to maintain the augmented salary beyond the term of the Project?
6. Since the post will be shared with other countries, should they be asked to share the cost of the salary?
7. If someone in the region currently is working in the public health sector and applies for the post, should they be considered? Will this simply "rob Peter to pay Paul"? Will we in turn be asked to augment the vacated post's salary to recruit qualified applicants?
8. Will only board certified applicants be considered or those people who have completed or are now completing pathology residency training?
9. The Ministry has requested that the Project fund inter-island transportation when the pathologist is on loan to the other countries. They may also request that the Project pay per diem if the other countries cannot pay these expenses. Can the Project pay for this?
10. What responsibility will the Project have for scheduling and funding the cost of interviews in St. Kitts?
11. What responsibility will the Project have for evaluating the applicants qualifications and background?
12. If an applicant is found that will accept the post, can the Project pay his/her travel and moving expenses? Will it pay for travel and moving costs of their family?

These questions should be discussed with Mark Laskin, USAID, when we meet with him to redesign the Project.

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Proposed Changes Recommended By USAID Regarding
NCIH/CARICOM Health Manpower Planning Project

Staff Analysis
September 4, 1981

1. Proposed Redesign

- *Eliminate health manpower planning and CARICOM and LDC Ministry of Health staff development activities*

Potential Impact

- Chronic health manpower needs of LDCs not eliminated, current and future training and staff requirements not assessed or impacted upon
- Elimination of activities of Health Manpower Unit in CARICOM
- Elimination of activities of Health Manpower Specialist in NCIH

2. Proposed Redesign

- *Emphasis on placement of volunteers in LDCs by NCIH on emergency basis eliminated; shift project to recruitment, screening, and placement of applicants for long range permanent posts of 2 to 3 years*

Potential Impact

- NCIH functions as employment agency and is responsible for recruitment of applicants into low paying posts, screening of competence and qualifications, setting up of interviews, and other activities necessary for placement
- NCIH accountable for any placements which may not be acceptable to the countries
- No prioritization of requests for personnel could be made and would be handled on a first come basis
- NCIH would require staff experienced in physician recruitment and placement
- Unlikely that competent recruits could be located for current salary levels
- No funds budgeted for advertising and mass mailings required for recruitment
- NCIH not reimbursed at level comparable to agencies doing same type of recruitment
- NCIH may be responsible for cost of interviews, moving expenses for person hired and their family to job site, and their relocation costs at termination of post
- Impact of placement on health personnel supply would be difficult to assess since no health manpower planning staff would be working with the Project

3. Proposed Redesign

- *Augmentation of salaries and benefit packages of permanent posts in LDCs; (Using reallocated funds from staff salary, travel and per diem, consultant support, fringe benefits, and volunteer health manpower assignment budget line-items); benefit packages may include housing allowance, auto loans or reimbursement for auto purchase, gratuity, etc.*

Potential Impact

- Augmented salary scales and benefit packages hard to determine; would US standards be used or other scales?
- If US salary standards are applied, Project funds would be depleted rapidly (i.e. only a small number of posts could be augmented)
- Difficulty in determination of priorities for requests for augmentation

- Provide incentive for staff of other LDCs in region to apply for positions with higher salaries, thus resulting in a new vacancy that may require augmentation
- Demoralizing effect on other staff within Ministry which may provide similar services for a much lower salary
- No incentive provided to plan for eventual end of the augmentation arrangement when the Project is completed
- Project may be completed during the term of contracts between Ministry and providers receiving augmented salaries; there is no commitment made by Ministry to continue to pay augmented salary level
- Augmented posts may not be easily incorporated into civil service infrastructure of the country
- Continued ignorance of problems which result in high turnover and chronic vacancies

4. Proposed Redesign

- *Discontinue the identification of US-based resources (PVOs, educational institutions, service organizations, foundations, etc.) willing to fund Caribbean-based projects*

Potential Impact

- Continue inability of LDCs to identify and secure funding for Caribbean-based projects
- May eliminate opportunity for US-based groups to make coordinated effort to provide resources to region

5. Proposed Redesign

- *Subspecialist medical posts would be filled rather than primary care posts as originally planned (subspecialist posts include cardiologists, orthopedic surgeons, ENT specialists and ophthalmologists)*

Potential Impact

- No assessment has been made of the capability of the LDCs to support subspecialist physicians (i.e. both in terms of sufficient numbers of patients, adequate medical facilities and equipment, and appropriate support staff); it is unclear if the posts now vacant are actually appropriate in that country
- Further reinforces curative rather than preventive care; does not support trend toward health care systems based on strong primary care service delivery; encourages decentralized, duplicative systems in closely adjacent countries

6. Proposed Redesign

- *Shared posts with provider's time divided amongst 2 to 3 nations; travel and per diem between countries paid by Project*

Potential Impact

- Creates need for intercountry communication and sharing of resources
- Countries involved must clearly delineate responsibility for supervision and determine number of weeks of service needed per year
- Logistics may be difficult to plan and providers may be unwilling to divide time amongst countries

Recommendation

- Support if clear responsibilities are delineated in written agreements between countries and providers

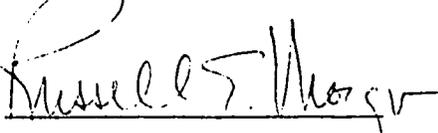
7. Proposed Redesign

- *Placement of volunteers in countries which do not have budgeted vacancies for that type of provider, thus creating new post*

Potential Impact

- Lack of commitment of Ministry to fund post may create vacuum of services when volunteer completes assignment



Standard Form 1034 September 1973 4 Treasury FRM 2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION U.S. Agency for International Dev. Regional Development Office/Caribbean P.O. Box 302 Bridgetown, Barbados			DATE VOUCHER PREPARED September 10, 1981		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS National Council for International Health 2121 Virginia Ave. N.W. #303 Washington, D.C. 20037			CONTRACT NUMBER AND DATE		PAID BY	
			REQUISITION NUMBER AND DATE			
			DATE INVOICE RECEIVED			
			DISCOUNT TERMS			
PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER				
SHIPPED FROM		TO		WEIGHT		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	
		Expenditures for the period of July and August, 1981 - as per attached 1035 NO PAY-FRLC 72-00-1179  Dr. Russell E. Morgan Executive Director				10,624
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL						
PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR	EXCHANGE RATE		DIFFERENCES	
		= \$	= \$ 1.00			
		BY ²				
		TITLE			Amount verified; correct for <small>(Signature or initials)</small>	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
(Date)		(Authorized Certifying Officer) ²			(Title)	
ACCOUNTING CLASSIFICATION						
PAID BY	CHECK NUMBER ON TREASURER OF THE UNITED STATES			CHECK NUMBER ON (Name of bank)		
	CASH	DATE		PAYEE ³		
\$						
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						PER
						TITLE

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PUBLIC VOUCHER FOR PURCHASES AND SERVICES

OTHER THAN PERSONAL

(Continuation Sheet)

NATIONAL COUNCIL FOR INTERNATIONAL HEALTH & CARICOM AID GRANT

	<u>Budget</u> <u>(Year 1)</u>	<u>Expenses</u> <u>7/1/81 - 8/31/81</u>	<u>Cumulative Expenses</u> <u>10/21/80-8/31/81</u>
<u>NCIH</u>			
<u>Staff</u>			
Health Manpower Specialist	30,000	5167	11555
Secretary	13,500	1004	1004
Fringe Benefits	10,400	1385	2918
Staff Travel & Perdiem	12,300	907	4259
<u>Consultants</u>			
Consultants' Fee	10,500		4914
Consultants' Travel	12,244		--
Other Direct Costs	14,100	391	4894
Voluntary Health Manpower Assignment (travel & Perdiem)	40,000		--
Evaluation Team	10,000		--
Overhead	30,568	1770	5444
Sub-total	183,612	10624	34988
<u>CARICOM</u>			
			(thru 5/31/81)
Health Manpower Coordinator	35,000		6474
Secretary	4,000		872*
Staff Travel & Perdiem	7,000		3544
Direct Costs	7,800		--
Sub-total	53,800		10890
Total	237,412		

* Consultant's fee