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MINISTRY OF HEALTH

HEALTH MANAGEMENT IMPROVEMENT PROJECT NO. 532-0064  
1981 - 1990

FUNDED JOINTLY BY THE

GOVERNMENT OF JAMAICA

AND

THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

END OF PROJECT REPORT

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MINISTRY OF HEALTH

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END OF PROJECT REPORT

**INTRODUCTION**

The agreement for the Health Management Improvement Project was signed on 25th October, 1981 with a PACD of 30th September, 1985. It was funded by USAID Loan and Grant funds amounting to US\$7,750,000 and GOJ counterpart funds amounting to US\$2,600,000.

In accordance with Section 5.5 of the Loan Agreement a mid term evaluation was held in April to June 1983. This was followed by Project Implementation Letter No. 39 dated June 30, 1983 which stated that USAID was unable to accept the revised project paper as submitted by the Ministry of Health. USAID decided to withhold any further disbursements of loan funds except for those relating to ongoing activities for which funds had already been approved.

It was not until March 1984 that the amended loan and grant agreements were signed. These extended the PACD to 30th March 1987 and added four new components and additional funding to the Project. A further amendment in July 1988 added additional activities for rationalization of the primary health care programme and to determine new initiatives for financing the delivery of health care services, increased the funding and extended the PACD to 30th June 1988. A final extension of the PACD was granted to 30th June 1990 to allow for the

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completion of the renovations.

The value of the Project in Jamaican dollars has increased over the years due to devaluation. At the onset the US\$1.00 was equivalent to J\$1.78 and in June 1990 US\$1.00 was equivalent to J\$7.00. The total value of the project at PACD 30th June 1990 was as follows:

|                            | US\$              | J\$               |
|----------------------------|-------------------|-------------------|
| USAID Grant and Loan Funds | 11,571,000        | 54,812,547        |
| GOJ Counterpart Funds      | 4,068,330         | 19,691,039        |
| <b>TOTAL</b>               | <b>15,639,330</b> | <b>74,503,586</b> |

The Project expenditure to 31st March 1990 was:

|                            | US\$              | J\$               |
|----------------------------|-------------------|-------------------|
| USAID Grant and Loan Funds | 9,878,235         | 45,502,338        |
| GOJ Counterpart Funds      | 2,535,501         | 11,260,481        |
| <b>TOTAL</b>               | <b>12,413,736</b> | <b>56,762,819</b> |

The actual final expenditure will not be known until 31st March 1991. For a summary statement on changes in Project funding and value over the years and expenditure by year please see APPENDIX I.

The Project purpose as stated at the 1986 revision was to strengthen the ability of the Ministry of Health to plan, implement and evaluate primary health care and nutrition programmes, and to assist the Ministry of Health in determining the most cost effective and efficient means of maximizing

health status on available resources.

The Project has stimulated and financed activities which have been very meaningful to the Ministry of Health and have been instrumental in considerably strengthening the infrastructure and management of the primary health care delivery services. The economic situation, which has caused a steep increase in the cost of drugs and medical supplies, and the drain of doctors and nurses to North America have militated against the anticipated improvement in quality and quantity of services but the effect would have been much more damaging if it were not for the improved use of available resources stimulated by the activities of the Health Management Improvement Project.

The activities since 1986 to examine new initiatives for financing and managing the health care delivery services opened the way for the development of a second project the "Health Sector Initiatives Project" which will carry these activities further.

The management of the Project was by a Project Implementation Unit (PIU) which included a Project Manager, two Financial Analysts, a Building Coordinator in the early stages and a Construction Advisor in the later stages, a Procurement Officer and supporting staff. Because the objective of the project was to build the institutional management capability of the Ministry, the responsibility for management of the individual components was given to the desk officers responsible for the activity. This proved to be both an advantage and a disadvantage. The disadvantage was that it gave an increased work load to hardworked managers. The technical officers in primary care definitely gained from the experience and the management of their programmes showed considerable improvement. On the administrative side, the officers did not feel the same need to give priority to project activities

and thus the effect of the project on their activities was less positive.

The following report will be based on the Logical Framework of the 1986 Revision.

1. MANAGEMENT AND ADMINISTRATION

The Management Adviser to the Project held a series of workshops with Senior Managers in the Ministry of Health Headquarters to identify the major management problems, five such were identified for priority attention. (APPENDIX II). We then conducted training, which continued after he left, to upgrade the management skills in accordance with the problems identified.

In the process of reviewing headquarters management it was seen that the quality of work was handicapped by the poor working environment and the outdated and inefficient office equipment. Project counterpart funds were used to update the office furniture and equipment at headquarters.

A series of fourteen Management Procedures Manuals have been produced and are in use. Procedures Manual No. 2, has only one chapter, "Procedures for Meetings" but this is used as a guideline in the Ministry, has been completely revised once and is due for a second revision.

Requests for revision of some of the other manuals are being received (November 1990) indicating that they are being used by the field staff.

The full list and present status of the manuals is given in APPENDIX III.

The project proposed to establish a Management Services Unit in the Ministry of Health Headquarters and for the purpose trained three management analysts. Unfortunately, by the time the analysts were trained, the Management Consultant had left and so the unit was not established.

## 2. HEALTH INFORMATION SYSTEM

A Health Information Unit was created and Technical Assistance from BUCEN contracted to establish it and develop computerized systems for collecting information. A conceptual design for a comprehensive statistical health information system was developed during the period 1983 - 1985. A Computerised Monthly Clinic Summary Reporting System for the primary health care clinics was developed and implemented with BUCEN assistance. This system was originally processed by the National Computer Centre. In June 1988 computers were obtained for the Health Information Unit. They are now processing their own data. They produce monthly, quarterly and annual statistical reports for primary care. Computerization of hospital statistics is commencing.

Parish Medical Officers of Health and their staff have been taught how to use the data produced.

Computers were also obtained for the Epidemiological Unit. The two units work separately but the data produced complement each other.

Over the years difficulty has been experienced in obtaining and retaining suitably qualified statisticians. With

the advent of computerization the need for statisticians is less and the Unit now has an experienced manager as the director and is staffed by fewer and less experienced statisticians.

Standardized Patient Care Records for primary care were developed with the assistance of a Consultant from the Pan American Health Organization. HMIP supported the pretesting activities, group process reviews etc. and finally printed the documents, prepared and distributed a procedures manual and conducted the necessary training.

To maintain a constant supply of the printed record forms would be a costly activity and difficult to maintain given the capabilities of the Government Printing Office. It was therefore decided that the Project should support the upgrading of the Ministry's existing printery (see Section 13).

The management of the main library of the Ministry of Health was transferred from the Bureau of Health Education to the Health Information Unit and its scope was increased to become a Learning Resources Centre with the addition of an Audio-visual unit and the development of small seminar or study rooms. A consultant was employed to establish the Learning Resources Centre and catalogue the library materials. A second consultant was engaged to catalogue the audio-visual materials, ensure that all audio-visual equipment was in working order and document the maintenance and handling procedures for the equipment.

It has been proposed to conduct surveys based on the primary care records but the reality of the time it took to develop, produce and institute the primary care records, made this impossible in the time frame of the Project.

3. MAINTENANCE FOR HEALTH CENTRES AND PRIMARY  
HEALTH CARE EQUIPMENT

The Project has alleviated but by no means solved the maintenance problem for primary health care facilities and equipment. A study was completed at the commencement of the project and a maintenance plan produced and approved by USAID in August 1983. It was decided to station two artisans in each parish and supply them with the necessary tools to undertake minor maintenance in the health centres. At present all parishes have at least one artisan at post.

A second maintenance study was conducted in 1989. This included the study of both primary and secondary care facilities. The report pointed out that the replacement value of the property owned by the Ministry of Health was in excess of J\$1.0 billion; that about J\$227 million was needed to refurbish buildings and equipment to the point at which they could be "maintained", and that the annual recurring cost for maintenance should be J\$18 million. It was thought unlikely that the quantum of funds could be obtained from the Government Budget. International funding had been obtained to refurbish the major hospitals and the health centres.

The recommendation was that a Property Management Company should be created as a private company in which Government owned all the shares. The company would be responsible for the maintenance of all Ministry of Health buildings and equipment. This recommendation was placed before Cabinet in July 1989 and received approval in principle. It is now in the process of implementation by the formation of a "Health Facilities Property Management and Maintenance Foundation."

The Ministry of Health has accepted the necessity for

making maintenance a priority and obtained a significantly larger maintenance budget in the 1990/1991 allocations than for very many years. It is anticipated that as facilities are brought into a condition where they can be maintained, funds will be available to maintain them and so, over a period of years, bring the Ministry of Health Facilities to a higher physical standard.

#### 4. NUTRITION

A Consultant was employed in 1982/1983 to develop a nutrition management system and a management structure for the Nutrition Unit at headquarters. This was successfully achieved and the Unit then went on to develop and document, in association with the primary health care unit, a system for nutrition surveillance in the field which would facilitate early detection of "at risk" children. This system was based on a heavy input from the Community Health Aides. Unfortunately the Community Health Aide programme was significantly reduced and this had an adverse effect on the programme. However in spite of this the surveillance system has been partially implemented in all parishes and more fully implemented where Community Health Aides are still present. There are plans to reactivate the Community Health Aid programme and then the system will become fully operational.

The system has been successful in identifying children "at risk" of becoming malnourished, has had limited success in giving advanced warning of areas where there was a nutritional risk and has been useful in determining where nutrition interventions need modifying. In the parish of St. James a process has been established for sharing

nutrition information with the community members.

The system has stimulated closer liaison between hospitals and health centres for nutritional management by collecting information from hospitals about children admitted with a poor nutritional status and passing it on to the health centres.

Quarterly and annual statistical reports are produced with the following information.

- Nutritional status by parish, clinic and age
- Prevalence of full breast feeding
- Anaemia among pregnant women

It was originally proposed to monitor haemoglobin levels in children. However a study identified anaemia in pregnant women as being a problem of greater importance and with the limited resources available it was decided to concentrate on the pregnant women.

The Project also helped to facilitate the introduction of food stamps for pregnant and lactating women, a public nutrition education programme and developed a publication for the dissemination of technical nutrition education for health staff.

## 5. SUPPLY MANAGEMENT SYSTEM

A consultant was employed to reorganise and modernise the Island Medical Stores. Physical alterations were made in the Marcus Garvey Drive buildings to facilitate

improved arrangements for storage of pharmaceuticals, and all "sundries" were transferred to the Bell Road Store. Improved internal and external security measures were installed. Cold, chill and freezer rooms were renovated and new equipment installed. Pallets, hand trucks, Stacker trucks, duplicating machine, magnetic tracking board etc were procured.

All items were coded and stored in pharmaceutical groupings. A VEN List (Vital, Essential, Necessary) was produced and is used by the Island Medical Stores and all field units when ordering and prescribing pharmaceuticals. This VEN List has been updated twice.

Two consultants were engaged, one to prepare a revised National Formulary and the other to develop a Drug Information Handbook to go alongside the VEN List for use by doctors, nurse practitioners and nurses in primary care. Both these documents have been tedious and time consuming to prepare. The National Formulary was distributed November 1990, the Drug Information Handbook is still with the printery.

A standardized supply management system was developed and documented in a procedures manual which is supposed to be in use at all hospitals and health centres. However due to transfer of the Supply Management Officer on promotion to another Ministry, the training programme was not implemented as arranged. This will be rectified under HSIP.

Supplies of Copper Sulphate (for haemoglobin estimation) and Ferrous Sulphate (for treatment and prevention of anaemia in pregnant women) were procured for use in the primary care programme, and J\$5 million of pharmaceuticals on the Vital list were procured for use in hospitals

and primary care.

It was originally proposed to construct parish supply depots to act as transfer depots for supplies en route from the Island Medical Stores to the health centres. It was subsequently determined that storage of the size proposed was not required but that a room set aside in the main parish health centre would suffice as items would remain in the store for a very short time only. It was therefore decided not to construct the Supply Depots.

6. FUNCTIONAL PRIMARY HEALTH CARE SYSTEM

Attention was given to the physical infrastructure for primary health care services delivery in the project counties of Middlesex and Surrey (nine parishes).

Basic furniture and equipment needed for the delivery of primary health care services was provided to complete the inventories at all the health centres.

For the support of the primary health care delivery services a station waggon was procured for each of the project parishes to facilitate the supervision and maintenance of technical standards. Procedures for the management of vehicles were developed and training held for all the drivers and supervisors. Initially each driver and supervisor was given a copy of the Ministry of Finance Procedures Manual "Control of Government Vehicles." Eventually the Project produced a Transport Management Manual which included the requirements of the Ministry of Finance and made them specific to the Ministry of Health.

In association with the maintenance programme a dual-cabin

pickup was procured for each project parish.

A minibus was provided for the Bureau of Health Education to facilitate the field health education programme. This was a replacement vehicle for an old vehicle due to be taken out of service.

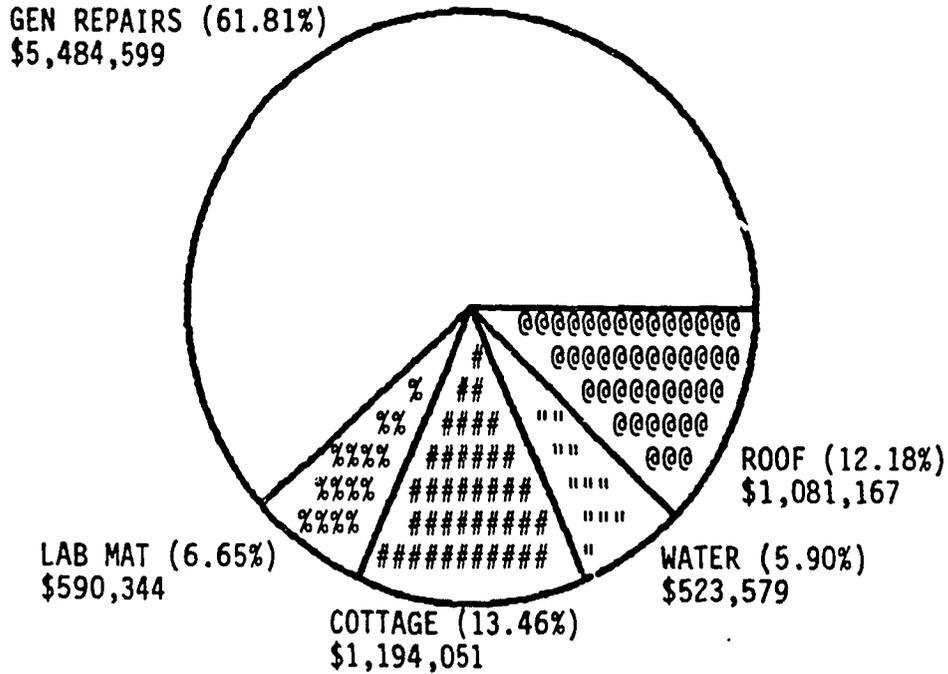
To facilitate the distribution of drugs and medical supplies, two trucks and a refrigerated van were procured for the Island Medical Stores.

Sixty one health centres were renovated and four new health centres constructed. In the first phase fourteen health centres were renovated using the Ministry's Health Facilities Maintenance Unit. There were so many problems associated with this activity that the project employed technical assistance in the shape of a Construction Advisor and Consultant Architects to achieve the implementation of the renovation of the remaining 47 health centres. This proved to be a good move and facilitated the solution of the many problems which still plagued the renovation programme.

The advent of the Construction Advisor meant, also, that a proper analysis of costs was prepared. The cost of the repairs for the 47 health centres was J\$8,823,240, equivalent to about US\$1.6 million. An analysis of costs showed expenditure as follows:

|                                   |           |
|-----------------------------------|-----------|
| Roof repairs                      | 1,081,167 |
| Water supply & sewage disposal    | 523,579   |
| Repairs to cottages               | 1,194,051 |
| General repairs and extension     | 5,484,599 |
| Fluctuations, labour and material | 590,344   |
|                                   | <hr/>     |
|                                   | 8,873,740 |
|                                   | <hr/>     |

### HEALTH CENTRE COSTS ANALYSIS



Details of expenditure on health centre renovations are given in APPENDIX V.

The Ministry reviewed the cost-effectiveness of the existing system for the delivery of health care services and came to the conclusion that the distribution of hospital beds into twenty seven hospitals did not make for an efficient service; some of the small rural hospitals were inadequately staffed, without the basic diagnostic support services and were providing ineffective but costly residential health care services. It was decided to rationalize five of these rural hospitals and convert them into primary care ambulatory facilities. The project financed the renovation and conversion of the buildings, the procurement

of furniture and equipment for the changed function, the development of a procedures manual and a series of seminars to facilitate the integration of previously primary and secondary care staff into a single working team and to assist in clarifying the changed function.

In the rural areas communication between the smaller and larger health centres, with the hospital and with the parish health department is a problem. A pilot project was developed in three parishes, Portland, Trelawny and Clarendon, for radio communications. Radios were installed in the health centres and tied into the hospital system. Where necessary repeaters were procured and installed in association with the existing government system. The radio communication system has proved very useful although in some places there has been difficulty in keeping the radios functional and two repeaters have not been fully functional since Hurricane Gilbert.

#### 7. DIVESTMENT OF HOSPITAL SUPPORT SERVICES IN KINGSTON REGION

Cleaning and portering services for the three hospitals in the Kingston Region were contracted out in September 1987. There were many initial problems, and although some problems still exist, the hospitals are cleaner than previously and the cleanliness is obtained at less cost. One of the problems was the actual contract document which was deficient in many aspects.

A revised Request for Proposal and a revised contract document have been prepared. These contain conditions which are much more specific than the 1987 contract documents. Moreover training to assist hospital staff

to understand and manage the contracts has been implemented.

Activities are in process to divest the cleaning and portering services at Spanish Town Hospital. This activity was transferred to the Health Sector Initiatives Project on 1st July, 1990, as were preparations to divest catering and laundry services at the same hospital. Activities are proceeding to divest catering services for the Kingston Region Hospitals but there is delay in this activity by reason of protracted legal decisions, since the first contract was not implemented and action is now in place with Cabinet and the Attorney General to conclude the original arrangements and award the contract to the second lowest tenderer. HMIP did not have any part in the contractual arrangements but has provided the necessary equipment and financed the alterations in the kitchen.

As a pre-divestment activity the New Initiatives Secretariat prepared profiles of St. Ann's Bay, Kingston Public and Victoria Jubilee Hospitals, the Bustamante Hospital for Children and the Spanish Town Hospital.

#### 8. USE OF THE PRIVATE SECTOR IN HEALTH SERVICES ADMINISTRATION

Serious consideration was given to divesting the management of the delivery of health care services to the private sector. Several possible schemes were investigated but none appeared to be feasible. The General Elections in 1989 brought a change of Government and the divestment of hospital management was no longer politically acceptable. Alternative measures for improving hospital management were explored.

In October 1989 the decision was taken to decentralize

the management of the delivery of health care services. Cabinet gave approval in principle and HMIP supported activities to identify the details of the scheme to be adopted. The final decision was to create Five Regional Health Authorities to which the Ministry of Health Headquarters would delegate responsibility; each hospital would have a Hospital Management Board; each hospital and parish health department would be responsible for the management of their respective budgets; and the hospital triumvirate management system would give way to the appointment of a hospital Chief Executive Officer who would be fully responsible for the management of the hospital.

This activity has been passed to the Health Sector Initiatives Project for completion. The activities under HMIP were six Decentralization Workshops which involved all categories of field staff, sensitized them to the changes which decentralization would bring about, and commenced the process of identifying staff needs for the management of the decentralized health care delivery services.

Training for the members of the Hospital Management Boards has been identified as necessary. The project arranged a one day seminar followed later by a three day residential seminar for the Chairmen and members of hospital boards appointed in June 1989, hospital triumvirates (Doctor, Matron, Administrator) and senior staff from the Ministry of Health. The Hon. Minister of Health was present and participated in both seminars. This has proved very valuable in assisting board members to understand the requirements of hospital management and to strengthen the relationship between hospital board members and the members of the triumvirates. This training activity will

be continued under HSIP for the new boards to be appointed in April 1991.

9. INCREASED INVESTMENT OF PRIVATE SECTOR RESOURCES IN HEALTH SERVICES DELIVERY

For this activity a secretariat was established in February 1987 to support the work of the Ogle Committee. In November 1988 a Director from the private sector was appointed to give more decisive leadership to the Secretariat.

A New Initiatives in Health Finance and Administration (NIHFA) Survey was conducted by the Statistical Institute of Jamaica. It was conducted in eight parishes to assist in determining the possibilities for non-governmental financing for health care delivery services. The eight parishes were from the three pilot catchment areas identified viz.

| <u>Catchment Area</u> | <u>Parishes</u>                                      | <u>Hospital</u>               |
|-----------------------|--|-------------------------------|
| "A"                   | St. Mary<br>St. Ann                                  | St. Ann's Bay Hospital        |
| "B"                   | Trelawny<br><br>St. James<br>Hanover<br>Westmoreland | Cornwall Regional<br>Hospital |
| "C"                   | Clarendon<br>St. Catherine                           | Spanish Town Hospital         |

A random sample of households in each catchment area was

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surveyed in July and August 1987 and produced information on the demographic characteristics of the catchment areas, the demographic characteristics of the household members, utilization of health care facilities, health insurance coverage, attitudes of people concerning where they obtain health care, transportation arrangements to medical facilities. The NIFA Survey tables were analysed by two independent consultants.

On the basis of the survey results the Ogle Committee made recommendations that Government should privatize the provision of both preventive and curative health care services, that all persons should pay for their health care on a per capita basis and that Government would accept responsibility for the indigent and near indigent. The report spelled out the details of such a scheme giving as alternatives full privatization and privatization of management only.

The Ministry considered as a first step, the privatization of management in the catchment area "C" the Spanish Town Region. With this understanding USAID agreed to fund the renovation of the Spanish Town Hospital buildings. When the decision against privatization was taken, the Ministry confirmed the determination to upgrade the management of the hospital and on this understanding USAID agreed to continue to fund the renovations. As hospital renovation was not a part of the USAID mandate, strict requirements were laid down for compliance by the Ministry of Health before reimbursement of costs could be made. The requirements and USAID's acceptance of Government of Jamaica's efforts to meet them are contained in correspondence in APPENDIX VI.

The Ministry continued to explore various options for improving management. It was agreed that improved

management of the health care delivery services in general, and hospitals in particular was an immediate priority. The decision was that this would best be obtained by decentralizing the management of the delivery of health care services and bringing about closer cooperation between primary and secondary care, giving the field units the authority and responsibility to manage their own affairs. This activity commenced with support from HMIP and is continuing with support from HSIP. The support being given is in the development and documentation of the decentralization guidelines and procedures, in workshops to sensitize the field staff and obtain their input into the proposals, and for training to facilitate the introduction of the system.

The renovation of Spanish Town Hospital has been completed; the contracts for the divestment of cleaning and portering and laundry services have been tendered; advertisements have been placed for prequalification of contractors to provide the catering service.

The cleaning and portering services in the Kingston Region have been contracted out and arrangements are being made for contracting out catering services.

Plans are in hand to contract out the laundry services at the May Pen and Lionel Town Hospitals.

#### 10. FINANCIAL MANAGEMENT FOR MINISTRY OF HEALTH

The project assisted the Ministry of Health to upgrade financial management and for this procured computers for the Finance and Accounting section of Headquarters. The decision concerning the system to be introduced was made as a result of a study conducted by the firm Peat Marwick

(Chartered Accountants) followed by a smaller consultancy to detail implementation procedures and to ensure that the software procured was in keeping with the Government proposals for computerization within Government ministries. Obtaining decisions at these various levels was time consuming and the actual equipment was not received until June of 1990 which meant that the installation did not take place before the Project Assistance Completion Date. (PACD). There have been further changes in the Government specifications for software and the particular software packages originally identified have not been obtained because they did not meet the new requirements. Installation of the financial systems, payroll etc are being implemented with the available software. The specialized government software will be procured and installed when the final decision is taken. Completion of this activity will be carried out under the HSIP.

#### 11. PRICOR STUDY

A study was conducted as part of the base line information for the project to determine the productivity of primary health care staff. This was conducted by PRICOR through the University of the West Indies and Price Waterhouse Associates. The study revealed that there was considerable down time of staff in many primary health care facilities and that some areas were over staffed for the anticipated work load.

A pilot study was prepared to demonstrate that improvement could be achieved and this was implemented in the Catherine Hall District of St. James. An inhouse evaluation was conducted and the project appears to have been very

satisfactory. The Ministry proposes to have it fully evaluated with the idea of replicating it throughout the primary health care system.

The staff situation in the field has changed so that now no areas are overstaffed and many are significantly understaffed. The need for a review of the primary health care services delivery structure is now urgent and the PRICOR model can help the Ministry to make the best use of available personnel resources. This is another activity which will be continued under HSIP.

#### 12. COMPUTERIZED REGIONAL HEALTH INFORMATION SYSTEM

The computerized health information system was described in Section 2. It is a centralized system. No attempt was made under HMIP to establish regional computer centres.

#### 13. THE PRINTERY

The Ministry had an operational printery which was attached to the Bureau of Health Education. The equipment was either outdated or in a state of disrepair. It was decided to make the printery operational in order to facilitate the printing of the patient care records and procedures manuals being developed by the project.

A building adjacent to the Learning Resources Centre was converted into the printery. A printery manager was engaged to manage the operations and given office accommodation in the Learning Resources Centre. The oversight of the printery was removed from the Bureau of Health Education

to the Director of Administration. New equipment was procured to replace what was unserviceable and computerized typesetting equipment installed.

The Printery now functions reasonably well but has a very heavy workload. The management procedures have not been completed and the printery operation suffers from the absence of these standardized procedures.

#### 14. MANPOWER DEVELOPMENT

A significant amount of project time and resources went into upgrading the training capacity of the Ministry. A Training Unit had been established at headquarters under a project financed by the World Bank. The HMIP enlarged the unit by creating ten additional posts for training officers, including a Chief Training Officer, and support staff. Technical Assistance was obtained for on-the-job training.

A system was developed and implemented for producing an annual Master Training Plan which encompassed all training for which the Ministry of Health was responsible at whatever level it took place. The plan included information on the courses, the categories and number of participants; the duration of the course, residential or non-residential and the source of funding. The first Master Training Plan received was for the calendar year 1984 and it has continued since then.

A process was developed to establish in-service training capabilities at field level. Certain staff were identified

in each parish for training as "Parish Trainers". The first group were trained in 1984 and another group in 1985. The teaching content was documented and developed as a training manual for the Trainer and training manuals for participants.

At a later date training for the primary care District Health Management Teams was developed and conducted with the assistance of PAHO/WHO. This training was documented in two manuals, one for trainers and one for participants. (see APPENDIX III)

During the life of the project training has been conducted for a wide variety of health staff including Senior Managers, Ancillary Staff, HEART Trainees, District Medical Officers, Public Health Inspectors, Public Health Nurses, District Midwives, Health Educators, Nutritionists, Clerical Staff, Medical Officers of Health. A few selected persons were sent overseas for training in micro-computer applications, Health Education, Industrial Relations and Administration.

The development of a computerized manpower inventory commenced in April 1983 with the listing of doctors and dentists, followed by pharmaceutical staff, nursing personnel, administrators, clerical and accounts staff and finally the ancillary staff. Computerization was completed by December 1984. Information was collected by hand and given to the Central Data Processing Unit (CDPU). The system was not flexible and information was not easily available from CDPU when required and in the form required. After sometime the system ceased to be maintained. It is planned that under the HSIP and in association with the Administrative Reform Programme,

the Personnel Division will be fully computerized in house, with a more flexible personnel information programme.

A consultant was contracted to conduct a management study of the personnel management system, to prepare a written report with recommendations for improving the efficiency of the system and to prepare and document personnel systems policies and procedures. This was completed in December 1988.

#### 15. COMMUNITY PARTICIPATION

Community participation is an essential Component of the primary health care programme because the members of the community can do much to improve their own health, prevent disease and maintain a healthy environment if they understand something about the factors which contribute to good and ill health. One important factor during this period was the poor economic status of many of the rural communities.

It was decided to implement this component by a series of community health development projects. Thirty seven such projects were developed and implemented between 1984 and 1986. Guidelines for the selection of Projects, and the preparation and presentation of project proposals were prepared and distributed to the Health Education Officers in all parishes. Strict guidelines for the management and accounting for the financial advances were developed, documented and distributed to all parishes. The development of the project was preceded by specific training for the Health Educators and members of Community Health Committees to enable them to lead the community

members in identifying and implementing these projects. In the parish of Manchester, training was conducted for the members of all health committees in the parish. This paid dividends and Manchester developed more projects than any other parish and their projects were amongst the most successful.

Some of the projects were controlled by the Parish Health Department eg. the Immunization, Food Stamp and Latrine Building Projects and were therefore not considered true community projects. The Bureau of Health Education conducted an evaluation of twenty four of the true community projects in 1990. Extracts from the evaluation report are given below.

"Like most community organization/development efforts the community health projects had their fair share of problems, satisfaction, dissatisfaction, weaknesses and strengths. Problems encountered were:

- delays of one kind or another
- disbursement of funds
- securing material and not carrying out activities
- lack of cooperation and interest.

"In all but one project mechanisms were put in place with a view to solving the problems. However in 8 (33.3% of projects) the measures taken failed to have the desired effects. In 15 (62.5%) of the projects measures employed were said to have had some measure of success in alleviating the problems."

"Approximately 30% of projects were ongoing, this despite the fact that the project planned life had

ended and all scheduled planned activities completed. Those involved saw the necessity of keeping the projects indefinitely as they served useful purposes. These projects involved livestock rearing/nutrition and dental care. It would appear that by nature, some projects lend themselves to longevity. Not to be discounted, however, is the outlook of the community/beneficiaries, as similar projects in other locations have not been maintained as an ongoing effort."

"In addition to the benefits derived by those individuals directly involved in the projects, other benefits accrued to the communities. Most of these were actually of things resulting in personnel development and which in turn resulted in overall community development.

"Those in this category were skills learnt, leadership developed and improved self confidence. The majority of the benefits however were directly associated with the community e.g. Improved Community relationships and improvement in overall community health, creation of employment/income."

"Community involvement in the planning and implementation aspects of projects was wide and varied and exemplified the rich resources and vast potential available at local level, resources that merely need tapping and potentials that only need to be developed. In terms of potential this came to the forefront when in 25% of projects local residents actually were involved in the writing of Project Proposals and in 16.7% in preparing budgets. The facts that these proposals were accepted

indicates that they had met the standard. This justifies the effort and money expended in training of members of Health Committees in Project Proposal writing."

"The main projects weaknesses (top three) were said to be: Finances (management and adequacy), poor overall management and supervision, and lack of leadership, in that order while the top three strengths were community participation, cooperation and unification, and the desire of the beneficiaries to learn.

A list of the projects with a summary statement of objectives and achievements of each is given in APPENDIX VII.

## CONCLUSION

The conclusion to be drawn from this Project is that it has been a good project and one that has been very meaningful to the Ministry of Health. It was developed at a period when there was a world-wide dramatic change in attitudes to the delivery of health care and the emphasis was moving away from hospital services to the importance of primary care and preventive health care services. This was brought into focus by the WHA declaration of 1979 adopting the target of Health For All By The Year Two Thousand, the Declaration of Alma Ata 1978 identifying primary health care as the means by which it would be achieved and the adoption in 1979 by the United Nations General Assembly of the resolution identifying "Health as an integral part of development".

The HMIP Project provided valuable support for the establishment of the primary care programme and later for the determination of the direction for the development of the management of the entire health care delivery services.

At the outset the emphasis was on management of the primary care system. The planned activities were well determined but the time frame was too short. Management changes in health care do not take place overnight. They require serious study, detailed preparation, the necessary research, clear implementation plans, the sensitization of all staff who will be involved in the change and finally in depth training programmes to equip health personnel to manage the change.

In 1990 the Ministry of Health is again tackling a major change in management of health care delivery services by the establishment of Five Regional Health Authorities and the decentralization of management with the Headquarters divesting some of its authority to the Regions and the field.

HMIP has supported much of the groundwork which was needed to enable the decisions to be made. Studies have been undertaken, reports written and surveys conducted to provide the necessary information for decision making. The primary care programme has benefitted significantly from the Project activities and a continuation and expansion of these activities under HSIP should share the benefits with the entire health care delivery system.

The institution building concept for project management was good and, although it caused additional pressure, the technical desk officers benefitted significantly in their ability to manage their programmes and in having a direct input into the development of the infrastructure.

In my opinion the Project achieved its purpose. It has strengthened the primary health care and nutrition programmes and has enabled the Ministry of Health to take decisions designed to make the most effective use of available resources to deliver efficient, effective and cost-effective health care services to the people of Jamaica. If these activities can continue with the support of the HSIP Project, a significant improvement in the management of the health care delivery services will be achieved.

I wish to express the thanks and gratitude of the Ministry of Health in general and the Primary Health Care Staff in particular, to USAID not only for the funding which they have provided for the Project but also for the support which they have given during implementation.

Dr. Christine Moody C.D.

Project Manager

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APPENDIX I

THE CHANGES IN PROJECT FUNDING

Project Agreement September, 1981

|      | <u>USAID</u> | <u>GOJ</u> | <u>TOTAL</u> |
|------|--------------|------------|--------------|
| US\$ | 7,750,000    | 2,600,000  | 10,350,000   |
| J\$  | 13,795,000   | 4,628,000  | 18,423,000   |

Amendment September 1982

Added US\$1,821,000 (USAID) and US\$590,000 (GOJ)

|      | <u>USAID</u> | <u>GOJ</u> | <u>TOTAL</u> |
|------|--------------|------------|--------------|
| US\$ | 9,571,000    | 3,190,000  | 12,761,000   |
| J\$  | 17,036,380   | 5,678,200  | 22,714,580   |

Conversion rate US\$1.00 = J\$1.78

Amendment January 1984

Added US\$76,508 (GOJ)

|      | <u>USAID</u> | <u>GOJ</u> | <u>TOTAL</u> |
|------|--------------|------------|--------------|
| US\$ | 9,517,000    | 3,266,508  | 12,837,508   |
| J\$  | 25,324,169   | 9,639,234  | 35,163,403   |

Conversion rate US\$1.00 = J\$2.65

Amendment September 1986

Add US\$2 million (USAID) and US\$801,822 (GOJ)

|      | <u>USAID</u> | <u>GOJ</u> | <u>TOTAL</u> |
|------|--------------|------------|--------------|
| US\$ | 11,571,000   | 4,068,330  | 15,639,330   |
| J\$  | 54,812,547   | 19,691,039 | 74,503,586   |

8th November, 1990

HEALTH MANAGEMENT IMPROVEMENT PROJECT  
LIFE OF PROJECT EXPENDITURE

| YEAR                              | USAID LOAN<br>US\$ | &<br>GRANT<br>CONV.<br>RATE | GOJ        |           | TOTAL      |            |            |
|-----------------------------------|--------------------|-----------------------------|------------|-----------|------------|------------|------------|
|                                   |                    |                             | JS         | US\$      | J\$        | US\$       | J\$        |
| ACTUAL EXPENDITURE<br>1981 - 1982 | 39,048             | 1.78                        | 69,505     | 11,210    | 19,954     | 50,258     | 89,459     |
| ACTUAL EXPENDITURE<br>1982-1983   | 929,199            | 1.78                        | 1,653,974  | 153,779   | 273,727    | 1,082,978  | 1,927,701  |
| ACTUAL EXPENDITURE<br>1983-1984   | 1,193,486          | 1.78                        | 2,127,585  | 331,384   | 589,863    | 1,524,870  | 2,717,448  |
| ACTUAL EXPENDITURE<br>1984-1985   | 336,044            | 3.15                        | 1,058,755  | 356,709   | 1,123,634  | 692,753    | 2,182,389  |
| ACTUAL EXPENDITURE<br>1985-1986   | 515,984            | 5.50                        | 2,837,912  | 266,837   | 1,467,601  | 782,821    | 4,305,513  |
| ACTUAL EXPENDITURE<br>1986-1987   | 2,285,205          | 5.50                        | 12,568,628 | 428,017   | 2,354,095  | 2,713,222  | 14,922,723 |
| ACTUAL EXPENDITURE<br>1987-1988   | 1,687,183          | 5.50                        | 9,279,505  | 149,196   | 820,577    | 1,836,379  | 10,100,082 |
| ACTUAL EXPENDITURE<br>1988-1989   | 1,371,325          | 5.50                        | 7,542,290  | 230,602   | 1,268,310  | 1,601,927  | 8,810,600  |
| ACTUAL EXPENDITURE<br>1989-1990   | 1,520,761          | 5.50                        | 8,364,184  | 607,767   | 3,342,720  | 2,128,528  | 11,706,904 |
|                                   | 9,878,235          |                             | 45,502,338 | 2,535,501 | 11,260,481 | 12,413,736 | 56,762,819 |

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APPENDIX II

MANAGEMENT PROBLEMS AT HEADQUARTERS IDENTIFIED  
FOR PRIORITY ATTENTION

1. TIME MANAGEMENT

- 1.1 Fewer standing Committees
- 1.2 Fewer Ad Hoc Meetings
- 1.3 Shorter Meetings
- 1.4 Better Work Activity Planning
- 1.5 Better Paper Work Skills

2. INADEQUATE RESOURCES

- 2.5 Control of waste and leakages
- 2.6 Use of lower cost substitutes
- 2.7 More economical procurement practices
- 2.15 Linking planning with budgeting

3. INADEQUATE MANPOWER DEVELOPMENT

- 3.5 Delegation and Supervision

4. INADEQUATE COMMUNICATION

- 4.1 Written communications practices
- 4.2 Communications skills and attitudes
- 4.3 Communications equipment

5. LACK OF FOLLOW-UP OF DECISIONS TAKEN

- 5.1 Decision making practices
- 5.2 Realistic and unambiguous Policy Decisions
- 5.3 Implementation Skills and Attitudes

APPENDIX III

| <u>PROCEDURES MANUALS</u>                                     | <u>FIRST ISSUED</u> | <u>PRESENT STATUS</u>  |
|---|---------------------|--|
| No. 1 Guide to Manuals  | 1st July 1986       | Produced and in use.<br>Needs updating.  |
| No. 2 Headquarters Management                                 | 1st July 1986       | One chapter only was developed "Procedures for Meetings". It is in use and has been completely revised once.                                       |
| No. 3 Filing Services   | 9th Nov 1983        | Produced and in use.<br>Request for additional copies received September 1990.   |
| No. 4 Primary Care Patient Care                               | 1st Sep 1987        | Produced and in use.<br>Request for revisions received November 1990.  |
| No. 5 Supply Management System for Drugs and Medical Supplies | 1st Jan 1990        | Produced, distributed and in use.  |
| No. 6 Nutrition Surveillance System                           | 1st Apr 1987        | Produced, distributed and in use.  |
| No. 7 Disaster Management                                     | 1st Jan 1989        | Limited distribution only. The Epidemiological Unit have the responsibility for updating the manual and obtaining approval for wider distribution. |
| No. 8 Audio-Visual Equipment                                  | 1st Jun 1987        | Produced, distributed and in use.  |
| No. 9 Transport Management                                    | 1st Mar 1989        | Produced, distributed and in use.  |
| No. 10 Health Information Unit                                |                     | Being developed by the Health Information Unit. First draft received by PIU  |
| No. 11 Monthly Clinic Summary Reporting System                | 1st Jan 1989        | Distributed and in use.  |

MINISTRY OF HEALTH  
SUMMARY REPORT OF CLINICAL ACTIVITIES

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The following statistical reports are produced monthly, quarterly and annually by Health Centre, Health District, Parish and County.

- Table 1 Summary of reports expected and received from Health Centres.
- 2 Service mix this year.
  - 3 Antenatal, Postnatal, and Child Health Visits, Family Planning, Curative and Dental Visits.
  - 4 First attendance at clinic by age of pregnancy.
  - 5 Results and comparisons of anaemia testing.
  - 6 Report and comparison of mothers' visits to postnatal clinics.
  - 7 Report and comparison of babies visits to postnatal clinics.
  - 8 No. and % of mothers receiving postnatal services who accept a Family Planning Method.
  - 9 No. and % of babies who are fully breastfed.
  - 10 Age of children at time of first visit to child health Clinics.
  - 11 Results of weighing at child health clinics.
  - 12 BCG immunization monitoring.
  - 13 DPT immunization monitoring.
  - 14 Polio immunization monitoring.
  - 15 Measles immunization monitoring.
  - 16 Attendance at Family Planning Clinics by sex and visit type.
  - 17 Family Planning acceptors (Female) by age.
  - 18 Contraceptive methods chosen by new female acceptors.
  - 19 Family planning commodities monitoring.
  - 20 Tracking of home deliveries and maternal home visits.

## APPENDIX V

COST OF HEALTH CENTRE REPAIRS

| HEALTH CENTRE   | START DATE | DATE COMPLETED | CONTRACT SUM | COST   |
|-----------------|------------|----------------|--------------|--------|
| Olympic Gardens | 5.5.86     | 27.05.87       | 118,025      | 125215 |
| Trench Town     | 15.9.86    | 26.03.87       | 163,462      | 306167 |
| Glen Vincent    | 5.5.86     | 20.03.87       | 51,374       | 57583  |
| Dallas          | 30.9.86    | 10.03.87       | 91,771       | 128779 |
| Mavis Bank      | 18.8.86    | 12.01.87       | 132,355      | 211608 |
| Gordon Town     | 18.8.86    | 12.01.87       | 88,476       | 198190 |
| Glengoffe       | 2.7.86     | 20.11.86       | 114,001      | 181886 |
| Harkers Hall    | 2.6.86     | 20.11.86       | 199,996      | 202224 |
| Moore Town      | 13.4.86    | 23.10.86       | 185,464      | 182155 |
| Fruitful Vale   | 13.4.86    | 18.09.86       | 198,405      | 209117 |
| Enfield         | 15.4.86    | 27.08.86       | 185,450      | 196698 |
| Belfield        | 9.3.86     | 22.08.86       | 199,433      | 224059 |
| Heywood Hall    | -          | -              | -            | 291315 |
| Retreat         | 16.4.86    | 03.09.86       | 180,296      | 188998 |
| Pembroke Hall   | 15.4.86    | 20.08.86       | 144,297      | 143494 |
| Browns Town     | 14.4.86    | 10.09.86       | 161,184      | 176895 |
| Dewar           | 6.5.86     | 18.11.86       | 201,198      | 243169 |
| Warsop          | 6.5.86     | 10.02.87       | 165,119      | 184320 |
| Wait-A-Bit      | 6.5.86     | 10.02.87       | 171,312      | 179735 |
| Jackson Town    | 3.7.86     | 24.03.87       | 167,303      | 199462 |
| Lincoln         | 5.5.86     | 23.07.86       | 127,385      | 163102 |
| Harmons         | 5.5.86     | 16.10.86       | 191,158      | 226694 |
| Pratville       | 5.5.86     | 16.10.86       | 147,638      | 179897 |
| Craighead       | 25.4.86    | 02.10.86       | 118,343      | 160598 |
| Mile Gully      | 25.4.86    | 02.10.86       | 179,992      | 297220 |
| Robins Hall     | 13.5.86    | 18.09.86       | 84,105       | 86698  |
| Frankfield      | 30.4.86    | 05.12.86       | 240,000      | 290419 |
| Crofts Hill     | 9.9.86     |                | 122,476      | 108270 |
| Point Hill      | 22.7.86    | 28.07.87       | 153,233      | 168597 |
| Water Mount     | 10.11.86   | 01.09.87       | 69,092       | 143616 |
| Connors         | 22.7.86    | 08.01.87       | 92,241       | 99846  |
| Sligoville      | 9.5.86     | 29.09.86       | 116,392      | 130593 |
| Linstead        | 5.5.86     | 03.03.87       | 143,978      | 241618 |
| Riversdale      | 23.10.86   | 21.05.87       | 248,300      | 445311 |
| Troja           | 30.5.86    | 29.09.86       | 137,957      | 177301 |
| Red Hills       | 26.5.86    | 22.09.86       | 135,174      | 186251 |
| Norman Gardens  | 2.6.86     | 18.12.86       | 103,183      | 122262 |
| Ocho Rios       | 9.6.86     | 06.05.87       | 209,173      | 300444 |
| Bath            | 11.8.86    | 25.02.87       | 82,062       | 130869 |
| Fair Prospect   | 18.7.86    | 21.01.87       | 80,247       | 111571 |
| Bamboo          | 7.8.86     |                | 119,466      | 188000 |
| Moneague        | 12.2.87    | 13.05.87       | 85,828       | 103845 |
| Llandewey       | 15.9.86    | 22.04.87       | 132,237      | 154108 |
| Parks Road      | 29.9.86    |                | 150,000      | 178351 |
| Port Morant     | 8.9.86     | 27.07.87       | 72,879       | 124251 |
| Claremont       | 18.8.86    | 17.02.87       | 117,794      | 129627 |

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HEALTH CENTRE COSTS ANALYSIS

| HEALTH CENTRE   | ROOF<br>REPAIR | WATER<br>SUPPLY | COTTAGE | GENERAL<br>REPAIRS | INCREASED<br>LAB MAT | TOTAL<br>COST |
|-----------------|----------------|-----------------|---------|--------------------|----------------------|---------------|
| Olympic Gardens | 18000          | 0               | 0       | 95,211.00          | 12004                | 125215        |
| Trench Town     | 113625         | 63165           | 0       | 95,754.00          | 33623                | 306167        |
| Glen Vincent    | 6800           | 0               | 0       | 46,708.00          | 4075                 | 57583         |
| Dallas          | 26275          | 8196            | 38000   | 43,286.00          | 13022                | 128779        |
| Mavis Bank      | 32451          | 26542           | 53652   | 79,788.00          | 19175                | 211608        |
| Gordon Town     | 3666           | 4412            | 71606   | 103,815.00         | 14691                | 198190        |
| Glengoffe       | 28625          | 23652           | 46521   | 72,388.00          | 10700                | 181886        |
| Harkers Hall    | 42650          | 0               | 62424   | 87,620.00          | 9530                 | 202224        |
| Moore Town      | 21320          | 0               | 12640   | 137,086.00         | 11109                | 182155        |
| Fruitful Vale   | 38411          | 16652           | 21613   | 125,113.00         | 7328                 | 209117        |
| Enfield         | 41313          | 8114            | 15622   | 120,326.00         | 11323                | 196698        |
| Belfield        | 38956          | 20151           | 8544    | 137,138.00         | 19270                | 224059        |
| Heywood Hall    |                |                 |         | 276,762.00         | 14553                | 291315        |
| Retreat         | 29500          | 3241            | 46566   | 101,524.00         | 8167                 | 188998        |
| Pembroke Hall   | 28322          | 4166            | 5699    | 99,171.00          | 6136                 | 143494        |
| Browns Town     | 24800          | 16542           | 19654   | 110,474.00         | 5425                 | 176895        |
| Dewar           | 5653           | 18655           | 9888    | 191,300.00         | 17673                | 243169        |
| Warsop          | 32555          | 6004            | 43150   | 81,036.00          | 21575                | 184320        |
| Wait-A-Bit      | 29877          | 26555           | 10588   | 92,076.00          | 20639                | 179735        |
| Jackson Town    | 25132          | 8544            | 48121   | 94,379.00          | 23286                | 199462        |
| Lincoln         | 19666          | 6656            | 22321   | 101,254.00         | 13205                | 163102        |
| Harmons         | 30554          | 18511           | 39871   | 117,419.00         | 20339                | 226694        |
| Pratville       | 46999          | 8555            | 9321    | 101,549.00         | 13473                | 179897        |
| Craighead       | 11444          | 20116           | 8874    | 98,563.00          | 21601                | 160598        |
| Mile Gully      | 40222          | 15988           | 78900   | 128,616.00         | 33494                | 297220        |
| Robins Hall     | 12800          | 6456            | 23210   | 44,232.00          | 0                    | 86698         |
| Frankfield      | 19544          | 11995           | 16651   | 227,684.00         | 14545                | 290419        |
| Crofts Hill     | 23020          | 4000            | 44000   | 35,373.00          | 1877                 | 108270        |
| Point Hill      | 19200          | 16123           | 37000   | 90,383.00          | 5891                 | 168597        |
| Water Mount     | 15632          | 26100           | 46501   | 48,482.00          | 6901                 | 143616        |
| Connors         | 15000          | 6900            | 28987   | 42,209.00          | 6750                 | 99846         |
| Sligoville      | 4856           | 10966           | 9998    | 97,917.00          | 6856                 | 130593        |
| Linstead        | 12630          | 0               | 0       | 218,852.00         | 10136                | 241618        |
| Riversdale      | 69888          | 58100           | 62188   | 213,819.00         | 41316                | 445311        |
| Troja           | 27416          | 24600           | 43134   | 72,593.00          | 9558                 | 177301        |
| Red Hills       | 0              | 0               | 0       | 165,682.00         | 20569                | 186251        |
| Norman Gardens  | 4800           | 0               | 0       | 105,855.00         | 11607                | 122262        |
| Ocho Rios       | 0              | 10000           | 0       | 271,618.00         | 18826                | 300444        |
| Bath            | 26300          | 0               | 18526   | 80,168.00          | 5875                 | 130869        |
| Fair Prospect   | 6210           | 9333            | 28633   | 62,882.00          | 4513                 | 111571        |
| Bamboo          | 0              | 0               | 0       | 188,000.00         | 0                    | 188000        |
| Moneague        | 16654          | 0               | 23231   | 58,450.00          | 5510                 | 103845        |
| Llandewey       | 0              | 0               | 0       | 145,550.00         | 8558                 | 154108        |
| Parks Road      | 48901          | 5987            | 68889   | 54,574.00          | 0                    | 178351        |
| Port Morant     | 9500           | 0               | 29987   | 75,251.00          | 9513                 | 124251        |
| Claremont       | 12000          | 8602            | 39541   | 60,001.00          | 9483                 | 129627        |
| Manchioneal     | 0              | 0               | 0       | 386,668.00         | 6644                 | 393312        |

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**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT  
KINGSTON, JAMAICA**

60 OXFORD ROAD  
KINGSTON 5 JAMAICA  
TEL: (809) 9263645 thru 9  
FAX: (809) 9293750 ext 3



KINGSTON (ID)  
DEPARTMENT OF STATE  
WASHINGTON, D.C. 20521-3210

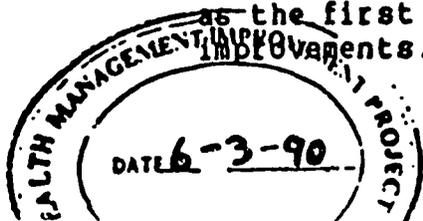
February 27, 1990

The Honourable Easton Douglas  
Minister of Health  
Ministry of Health  
10 Caledonia Avenue  
Kingston 5

Dear Minister Douglas:

As you know, USAID does not normally finance the renovation of secondary care facilities. Our involvement in the renovation of Spanish Town Hospital is to demonstrate that a series of policy and management reforms can make a difference in the quality, efficiency and cost effectiveness of hospital services. Therefore, prior to undertaking the hospital renovation, USAID and the Ministry agreed upon a series of measures which the Ministry would undertake to formulate and implement improved policies for managing and financing the health services. These measures were outlined in correspondence to USAID from the Ministry dated April 10 and May 3, 1989. These included:

- i) extension of the divestment of support services to Spanish Town Hospital;
- ii) improvement of the fee collection machinery to register an increase in collections;
- iii) integration of primary and secondary care services through an examination and implementation of a demonstration project with St. Jago Health Center and Spanish Town Hospital;
- iv) an in-depth review of the legal and other implications of granting autonomy to hospital boards as a first step; and
- v) conducting a management review of Spanish Town Hospital as the first step to identifying and introducing improvements.



Based upon the Ministry's stated intent to implement these initiatives, USAID approved the Contract and earmarked funds for the Spanish Town Hospital renovation in Project Implementation Letter No. 217.

This letter serves to confirm that USAID's reimbursement of the costs of renovating Spanish Town Hospital will be contingent upon the Ministry's progress in implementing these initiatives. Therefore I would appreciate a written report on progress to date and a comprehensive final report of the reforms undertaken prior to the Project Assistance Completion Date of June 30, 1990.

Sincerely,

  
William R. Joslin  
Director

cc: Dr. Christine Moody, Project Manager, HMIP  
Mrs. Clover Parker, Director of Projects, MOH  
Dr. Barry Wint, Chief Medical Officer, MOH  
Mr. Rupert Ramcharan, Permanent Secretary, MOH ✓  
Dr. Deanna Ashley, Principal Medical Officer (SHC), MOH  
Dr. Carmen Bowen-Wright, Principal Medical Officer (PHC), MOH  
Dr. Pat Knight, Senior Medical Officer, Spanish Town Hospital

HSIP 14-04

27th August, 90.

Mrs. Grace Ann Gray  
Actg Director  
Office of Health/Nutrition/Population  
USAID Mission in Jamaica  
6B Oxford Road  
Kingston 5.

Dear Mrs. Gray:

**HEALTH MANAGEMENT IMPROVEMENT PROJECT NO. 532-0064  
UPGRADING SPANISH TOWN HOSPITAL**

In response to your letter dated 9th July, 1990 I am forwarding herewith a comprehensive final report on the activities undertaken to upgrade the Spanish Town Hospital Management and Financing.

I have set the report along the lines of the Director's letter dated 27th February, 1990 of which I attach a copy for easy reference.

Yours sincerely,



C.O. Moody  
Project Manager.

cc Mr. R. Rancharan - Permanent Secretary  
Dr. Barry Wint - Chief Medical Officer  
Mrs. C. Parker - Director of Projects  
Dr. L. Knight - Senior Medical Officer  
(Spanish Town Hospital)

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**MINISTRY OF HEALTH**  
**HEALTH MANAGEMENT IMPROVEMENT PROJECT**

**REPORT OF MANAGEMENT UPGRADING AT THE SPANISH TOWN HOSPITAL**

**1. Divestment of Support Services**

Prequalification of Contractors has taken place for the divestment of cleaning, portering and laundry services and is in process for the catering services. The first advertisement for catering services elicited only two responses and so we have readvertised. The Request for Proposal and Contract Documents for the divestment of laundry services are completed and were given out on 15th August, 1990 for both Spanish Town and Linstead Hospitals.

The Contract Documents for cleaning and portering are just undergoing final revision of the Schedules. The preparation of these schedules has been time consuming but we felt it important to take the time and involve the hospital staff in the preparation of the Schedules so that they would be fully aware of what the Contractor was being asked to do and any possible friction would be avoided. I am sending herewith a copy of the draft Contract Document with the Schedules for your information.

The Catering Contract with Schedules is also in the final stages of preparation, and should be ready by the time the prequalification exercise for catering contractors has been completed.

These draft Contracts and Schedules will serve as models for use in all the hospitals and it will be comparatively easy to adapt them to the situation in the other hospitals.

**2. Fees Collection**

Work to improve fees collection is being implemented on several levels.

- a) To increase the collection of fees from patients. Physical changes have been made in the Records Office to accommodate both the Assessment Officer and a Cashier so that fees will be recovered from patients on the spot and not at some other point in the hospital to which in the past, although they have been directed, patients did not reach. Since this simple step has been instituted, there has been a considerable increase in the fees collection during August.
  - b) A study was commissioned and implemented with support from PAHO. A copy of the report should have been sent to USAID but in case not, I am attaching one hereto. As a follow-up to this study, the consultant, Mr. Jeremy Clark, has drafted some procedures. These will be reviewed on the 16th August, 1990 with a view to implementation.
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- c) At present all the personnel involved in fees collection are temporary staff. This is against the requirements of the Financial and Audit Act. The process has commenced to have Permanent Posts created for them and to increase the number of Cashiers to facilitate coverage for a greater portion of the twenty four hours of each day. At present there is only one Assessment Officer; it is proposed to increase the number so that coverage for the twenty four hours of each day can be achieved.
- d) A general increase in the hospital fees is under consideration but is unlikely to be approved in the immediate future. However an increase in pharmaceutical fees has been requested and is now with the Ministry of Finance and will be brought before Cabinet shortly.
- e) Discussions have also been held with Representatives from the four companies offering health insurance. In April the number of requests to Insurance Companies for payment of fees were few but by July these had increased with no stimulus other than the discussions.

The discussions with the Insurance Companies have revealed that there are misunderstandings on both sides and the Representatives from the Insurance Companies have undertaken to visit the hospitals (KPH/VJH have also been involved in these discussions) and clarify issues on both sides. A follow up meeting was held on 17th August to review progress. A training session for all hospitals is planned for Friday 19th October, 1990. Meanwhile a Consultant is writing the procedures for Spanish Town Hospital. Discussions have also commenced with the Insurance Companies to prepare a realistic scale of private patient fees which they will be prepared to honour.

- f) Procedures are being put into place to ensure that Hospital Fees are collected from private patients in the hospital.
  - g) Consideration is still being given to replication of the Catherine Hall Revolving Scheme for the sale of pharmaceuticals in Primary Health Care. There are some problems with the requirements of the Financial Administration and Audit Act which we are working to overcome.
3. Integration of Primary and Secondary Care Services through a demonstration project with St. Jago Health Centre and Spanish Town Hospital. Some progress has been made in this. Dental and Sexually Transmitted Disease Services have been removed from the hospital to the Health Centre. Primary Care patients who arrive at the hospital during office hours are directed to the Health Centre and only those requiring hospital care

are retained at the hospital. This system still has many areas to be refined because the staff at St. Jago Health Centre is inadequate to deal efficiently with the patient-load from the Hospital. Solutions are being developed and will be implemented as they are refined. The Pharmacy services at St. Jago Health Centre are under consideration. It is proposed that a Pharmacy Technician at the Hospital Pharmacy should be assigned to deal with the primary care patients. Procedures to implement this are still being worked out.

4. A Consultant was contracted to examine the legal implications of decentralization and giving autonomy to the Hospital Management Boards. She presented two options. The Ministry selected the Option which would make the Regional Health Authorities Administrative bodies and would leave the legal decision making powers for hospitals with the Hospital Management Boards. It has been decided to appoint a Hospital Management Board for each individual hospital. This will take effect on 1st April, 1991. The Regional Health Authorities will be responsible for the management of both Primary and Secondary Care Services.

A Consultant was also contracted to make recommendations concerning the restructuring of Headquarters. His report has been accepted and decisions taken with regard to implementation. Sixty seven of the eighty one recommendations have been accepted and are to be implemented as stated; eight are for further consideration; three relating to transport and three relating to procurement will require further study. Assignments and a time frame for implementation of the recommendations is being made.

5. The Ministry attempted to upgrade the management of Spanish Town Hospital by the use of a Consultant from the International Executive Service Corps. This was a dismal failure. Since then a management audit has been commissioned and is now in process.

C.O. Moody  
Project Manager.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT  
KINGSTON, JAMAICA

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KINGSTON (IDI)  
DEPARTMENT OF STATE  
WASHINGTON, D.C. 20521-3210

October 12, 1990

The Honourable Easton Douglas  
Minister of Health  
Ministry of Health  
10 Caledonia Avenue  
Kingston 5



Dear Minister Douglas:

Re: Health Management Improvement Project -  
Upgrading of Management and Financing in Spanish Town Hospital

We acknowledge receipt of Dr. Moody's letter HSIP 14-04 dated August 27, 1990 enclosing the final report on the activities undertaken by the Ministry of Health to upgrade the Spanish Town Hospital's management and financing functions. Her report outlines the status of activities mutually agreed upon by USAID and the MOH as the conditionalities for USAID reimbursement of the costs of renovating Spanish Town Hospital up to the level committed in PIL No. 217.

Copies of this final report were reviewed by our internal Project Committee vis a vis the conditionality outlined in Health Management Improvement Project Implementation Letter No. 217 dated July 21, 1989. I am pleased to inform you that the Committee recommended and I have concurred with the decision to approve the use of HMIP funds to reimburse the Ministry of Health for repairs to the Spanish Town Hospital.

Let me take this opportunity to commend you and your staff for the hard work and the outstanding performance shown in formulating and implementing these new initiatives for financing and managing health care services and in accomplishing the overall objectives of the project. The Project Committee, who has the opportunity to view other USAID financed projects, felt that the Ministry's accomplishments in the Spanish Town Hospital were impressive and distinctive.

We look forward to working with you on the implementation of the Health Sector Initiatives Project and are confident that its initiatives will be just as successful.

Sincerely,



Robert S. Queener  
Director

cc: Mr. Rupert Ramcharan, Permanent Secretary, MOH  
Dr. Christine Moody, Project Manager, HMIP  
Mrs. Clover Parker, Projects Manager, MOH  
Mr. Barry Wint, Chief Medical Officer, MOH

## LIST OF COMMUNITY PROJECTS

| <u>Rec ID</u> | <u>PROJECT NAME</u>      | <u>PLACE</u>     | <u>PARISH</u> | <u>COSTS</u> |
|---------------|--------------------------|------------------|---------------|--------------|
| 1             | Mosquito Control         | Sav-La-Mar       | Westmoreland  | 10,000       |
| 2             | Community Nutrition      | Georges Plain    | Westmoreland  | 4,000        |
| 3             | Community Nutrition      | Craighead        | Manchester    | 7,119        |
| 4             | Pig Rearing              | Gibraltar        | St. Ann       | 10,868       |
| 5             | Community Farm           | Deeside          | St. Catherine | 24,332       |
| 6             | Community Nutrition      | Catadupa         | St. James     | 12,809       |
| 7             | Environmental Sanitation | Mt. Salem        | St. James     | 6,641        |
| 8             | Leadership Training      | Parishwide       | Manchester    | 10,000       |
| 9             | Family Life              | Lawrence Tavern  | St. Andrew    | 2,527        |
| 10            | Nutrition Fair           | Albert Town      | Trelawny      | 7,858        |
| 11            | Mosquito Control         | New Haven        | St. Andrew    | 6,395        |
| 12            | Food Aid Registration    | St. Catherine    | St. Catherine | 21,159       |
| 13            | Pig Rearing              | Wilmington       | St. Thomas    | 12,379       |
| 14            | Community Nutrition      | Thornton         | St. Elizabeth | 6,830        |
| 15            | Goat Rearing             | St. Pauls        | Manchester    | 16,000       |
| 16            | Dental Health            | Christiana       | Manchester    | 4,043        |
| 17            | Water Tank               | Mile Gully       | Manchester    | 12,000       |
| 18            | Mosquito Control         | Country Wide     | All Parishes  | 190,373      |
| 19            | Food Stamp               | Clarendon        | Clarendon     | 2,287        |
| 20            | Latrine Construction     | Grass Piece      | St. Catherine | 28,697       |
| 21            | Immunisation             | Country Wide     | All Parishes  | 40,618       |
| 22            | United Banny             | Windsor Castle   | St. Mary      | 9,526        |
| 23            | Aids Screening           | Country wide     | All Parishes  | 249,694      |
| 24            | Income Generating        | Milk River       | Clarendon     | 8,570        |
| 25            | Goat Rearing             | Line Hall        | St. Ann       | 5,000        |
| 26            | Community Canteen        | Newport          | Manchester    | 5,000        |
| 27            | Mother Craft             | Edna Manley      | K S A         | 4,000        |
| 28            | Typhoid                  | Country Wide     | St. Elizabeth | 40,000       |
| 29            | Latrine Sanitation       | St. Catherine    | St. Catherine | 30,000       |
| 30            | Sanitary Facilities      | Comfort Castle   | Portland      | 18,150       |
| 31            | Typhoid Fever            | Marl Borough     | St. Mary      | 15,000       |
| 32            | Health Upgrading         | Philadelphia     | St. Ann       | 5,000        |
| 33            | Environmental Sanitation | Top Coffee Grove | Manchester    | 19,839       |
| 34            | Community Nutrition      | St. Elizabeth    | St. Elizabeth | 25,000       |
| 35            | Water Tank               | Southfield       | St. Elizabeth | 18,000       |
| 36            | Pit Latrine              | Llandevey        | St. Thomas    | 15,000       |
| 37            | SID                      | Cornwall         | Cornwall      | 25,000       |
| 38            | TOTAL                    |                  | WCI           | 813,885      |

COMMUNITY PROJECTS SUMMARY STATEMENT

4th December 1990

| Number | Type and Name<br>Project       | Place                         | Cost<br>J\$ | Dura-<br>tion in<br>Months | Description of Project  | Project Report   |
|--------|--------------------------------|-------------------------------|-------------|----------------------------|---|--|
| 1.     | Mosquito Control<br>Project    | Sav-la-Mar<br>Westmoreland    | 10,000      | 3                          | Fairly routine mosquito<br>Control project aiming to<br>create public awareness,<br>reduce mosquito breeding,<br>develop management skills<br>among health committee<br>members.  | <p>Public Education Programme<br/>successfully conducted<br/>April 1985. St Ann, New<br/>Market oval, Lewis Street.</p> <p>Fund raising lunch 29.4.85<br/>with help from Grace Food<br/>Processors, Sav-la-Mar<br/>Secondary School, YWCA,<br/>raised \$1,613 expenses \$688<br/>profit \$925.</p> <p>Government open lots bushed<br/>May 1985. Plans to continue<br/>raising funds for this to<br/>continue.</p> <p>Drains oiled<br/>Display boards constructed<br/>and display mounted with<br/>assistances of library<br/>staff. Pamphlets printed and<br/>distributed.</p> |
| 2.     | Community Nutrition<br>Project | Georges Plain<br>Westmoreland | 4,000       | 25                         | To establish a nutrition<br>clinic for malnourished<br>children 0-3 years old.<br>To identify factors contri-<br>buting to malnutrition and<br>to initiate appropriate<br>interventions, e.g. income<br>generating projects and to<br>develop management skills<br>among health committee<br>members. There are plans | <p>A Core group from the<br/>members of the health com-<br/>mittee was trained and par-<br/>ticipated in a nutrition<br/>survey when 161 homes were<br/>visited and 210 children<br/>aged 0-3 years weighed.</p> <p>26 grade 2 and 3 children<br/>were identified giving a<br/><u>prevalence of malnutrition</u></p>   |

| Number | Type and Name of Project          | Place                | Cost<br>J\$ | Duration in<br>Months | Description of Project   | Project Report  |
|--------|-----------------------------------|----------------------|-------------|-----------------------|--|---|
|        |                                   |                      |             |                       | to establish backyard gardens and to assist with marketing the crops.  | of 12.4%<br><br>Analysis of the Nutrition Survey Data identified improper feeding practices, no support from father, too many children under 5 years in the household as factors contributing to malnutrition.<br><br>Some income generating activities were identified and implemented but there were many problems - no available land for farming, Min. of Agric. discouraged animal rearing.<br><br>Some members of health Committee demotivated. |
| 3.     | Community-based Nutrition Project | Craighead Manchester | 7,264       | 24                    | The Project aims to improve the feeding practices of 16 of the 30 participating families by goat rearing, legume planting and nutrition education. Thirty goats and one dairy ram will be procured. The first offspring females will be distributed to other families in the community, the males will be sold and females purchased and distributed. Future offspring will be retained by the family. | Residents mobilised to form "Friends of Craighead Health Centre"; they raised \$502.25.<br><br>20 mothers with malnourished children in Grade 2 and 3 were given goats, peas and fertiliser. 10 mothers were given peas and fertiliser as funds did not allow the purchase of additional goats. Common ram purchased.   |

| Number | Type and Name of Project           | Place                  | Cost J\$ | Duration in months | Description of Project   | Project Report   |
|--------|------------------------------------|------------------------|----------|--------------------|--|--|
|        |                                    |                        |          |                    | ment skills of the health committee members.   |  |
|        | Community Education and Sanitation | Mt. Salem<br>Mt. James | 6,641    | 15                 | Community education and activities to improve the environmental sanitation in the area reducing the insect and rodent population and the incidence of diarrhoeal diseases. They will educate fifteen health committee members in the proper disposal of garbage, construct four concrete garbage collection bins and carry through a clean-up campaign.  | It was planned to build 4 garbage receptacles, 2 have been completed and a third commenced in April 1986. Some educational programmes have been conducted but no details are available. A positive impact on the cleanliness patterns has been achieved. Report 2nd April, 1986.   |
|        | Leadership Training                | Manchester             | 10,000   | 8                  | <p>To activate and reorganise Community Health Committees in Manchester. To improve management and leadership of existing executive bodies of 15 Community Health Committees.</p> <p>To identify and upgrade 25 Community Health Committee Executive members in management and leadership skills.</p> <p>To use the 25 trained executive members to train an additional 65 members. The health committee members will achieve increased selfconfidence in leadership abilities and the</p> | <p>Activities did not commence until August 1985.</p> <p>First phase successfully completed 27 participants representing 14 health committees trained in personal development</p> <ul style="list-style-type: none"> <li>- working with groups</li> <li>- project development</li> <li>- understanding leadership</li> <li>- specific leadership tasks</li> </ul> <p>Several community projects have been developed since.</p> <p>The second phase consisted of three two-day training sessions in North Central and South Manchester.</p> |

| Number | Type and Name of Project                      | Place                         | Cost J\$ | Duration in months | Description of Project   | Project Report   |
|--------|---|-------------------------------|----------|--------------------|--|--|
|        |   |                               |          |                    | <p>knowledge and skill to plan and implement viable community projects.</p> <p>A bi-monthly news-letter will be established for ongoing sharing of news. By the end of the Project 85 Community Health Committee members will have been trained and a programme of continuous inservice training during monthly health committee meetings will have been established.</p>  | <p>The training was delayed but eventually completed and made a significant difference to the implementation of the Manchester projects.</p> |
|        | Leadership Training and Family Life Education | Lawrence Tavern<br>St. Andrew | 2,527    | 5                  | <p>This project has two components - first to train a core group (9) of selected Health Committee members in Leadership, project management and interpersonal communications.</p> <p>Secondly to train a target group (30) of Community Health Committee members in Family Life Education. The objective is to improve communication and interpersonal relationships between parents and teens, to develop leadership capabilities, to improve knowledge of Family Life Education and to reduce the incidence of teenage</p> | <p>This project was completed as planned but I have no report.</p>   |

| Number | Type and Name of Project               | Place                | Cost J\$ | Duration in months | Description of Project   | Project Report  |
|--------|--|----------------------|----------|--------------------|--|---|
| 1.     | Nutrition Fair and Community Nutrition | Albert Town Trelawny | 7,859    | 16                 | <p>pregnancies.</p> <p>The project has four components:</p> <ol style="list-style-type: none"> <li> <u>Community Survey</u><br/>           To be conducted by the Health Committee under the direction of the Health Team. The objectives are to determine the impact of the Nutrition Fair held May 1984, to determine educational and training needs related to nutrition and to find out how the community see themselves as able to participate in another community venture. Health Committee Members will be trained to administer the questionnaire.         </li> <li> <u>Training</u><br/>           To develop in the Health Committee Members a better understanding of their role and functions, of the relationship between food and good health and the importance of good diet during critical periods, to teach them to manage their own meetings.         </li> </ol> | <p>The community KAP Survey was completed and written up. 7 unprotected water springs were identified and 60% houses have inadequate latrines; this may be contributing to the "lingering typhoid epidemic".</p> <p>A second annual "Good Food Fair Project" was held on 28th May, 1986. the exhibits were of high standard. A Baby Show was held. The attendance was good, about 200 people. Demonstrations were well received. Vegetable garden established around health centre.</p> |

| Number | Type and Name of Project              | Place  | cost J\$ | Duration in months | Description of Project   | Project Report  |
|--------|---------------------------------------|--|----------|--------------------|--|---|
| 1.     | Mosquito Control and Community Health | Newhavens/<br>Riverside<br>Gardens<br>St. Andrew | 4,955    | 3                  | <p>The project consists of:</p> <ol style="list-style-type: none"> <li>1. Community mosquito Survey conducted by members of the community with the assistance of the entomologist and Public Health Inspectorate.</li> <li>2. Community Education by a variety of methods for a number of community groups, to raise the level of community knowledge on how mosquitos breed and develop.</li> <li>3. Training for community members for activities that will be implemented               <ol style="list-style-type: none"> <li>a) Owners and occupiers to clean lots;</li> <li>b) volunteers to brush open lots;</li> <li>c) Trucks to take away refuse;</li> <li>d) Anti-mosquito adulticide treatment - spraying, fogging.</li> </ol> </li> </ol> | A successful mosquito control programme was carried out. They persuaded Metropolitan Parks and Markets to clean the gullies and National Water Commission to repair broken mains. |
|        |                                       |  |          |                    | <ol style="list-style-type: none"> <li>3. <u>Kitchen Gardens</u><br/>To be developed by community members.</li> <li>4. <u>Goat Rearing</u><br/>To develop a herd of milk-producing goats.</li> </ol>   |   |

| umber | Type and Name of Project | Place         | Cost J\$ | Dura-<br>tion in<br>months | Description of Project   | Project Report   |
|-------|--------------------------|---------------|----------|----------------------------|--|--|
|       |                          |               |          |                            | 4. Monitoring and evaluation will be by an Intern Public Health Inspector working in the area.   |  |
| 2.    | Food Aid Registration    | St. Catherine | 21,159   | 5 days                     | <p>1. To make the nutritional supplements of the Food Stamp programme available to pregnant and lactating mothers and children from the ages of 0-3 years.</p> <p>2. Improve immunization coverage of children from the ages of 0-3.</p> <p>3. To encourage this target group to enrol in the health clinics and to attend regularly.</p> <p>4. To stimulate community awareness about the importance of immunisation and proper pre and postnatal care.</p> <p>5. To identify cases of severe malnourishment in order to be able to provide special food supplements and appropriate health care.</p> | <p>Programme completed very successfully.</p> <p>12,765 new registrants for food stamps and books issued.</p> <p>9,057 children and 1,816 mothers registered at health centre.</p> <p>2,769 Polio immunizations<br/>2,428 D.P.T. immunizations<br/>6,405 children weighed</p> <p>65.5% normal<br/>27.3% Grade 1<br/>6.2% Grade 2<br/>1.03% Grade 3</p> |

| umber | Type and name of Projects | Place                    | Cost J\$ | Dura-<br>tion in<br>month | Description of Project   | Project Report  |
|-------|---------------------------|--------------------------|----------|---------------------------|--|---|
| 3.    | Pig-rearing               | Wilmington<br>St. Thomas | 12,379   | 12                        | <p>The Project will be implemented by the Wilmington Youth Club, which has 40 members ranging in years from 10-35 years. Club formed 1983. Registered with Social Development Commission. Has a Youth Committee of 9 members within the Club. The Club meets fortnightly.</p> <p><u>Objectives of Project</u></p> <ol style="list-style-type: none"> <li>1. Supply fresh meat to Wilmington</li> <li>2. To train young people in pig-rearing and small business practices.</li> <li>3. To supply funds for other community projects. The necessary resource persons are available locally and will conduct training as necessary. Pig pens and feed storage will be constructed to bred sows and 4 piglets will be purchased initially and a boar will be purchased in the 7th month using the money from the sale of the</li> </ol> | <p>This project was very well implemented. The whole village community supported the Youth Club in the venture. The aim of this project, run by the youth group was to raise enough money to renovate the community centre. It remained very active long after HMIP support ceased.</p> |

| Number | Type and Name of Projects | Place                     | Cost J\$ | Duration in months | Description of Project  | Project Report   |
|--------|---------------------------|---------------------------|----------|--------------------|---|--|
|        |                           |                           |          |                    | original 4 piglets. In the 12th month of the Project a litter of piglets will be sold. Thus a cycle of breeding, rearing, slaughtering and selling meat will be established. Profits generated will be put back into the community first by rebuilding of the community centre.   |  |
| 4.     | Community Nutrition       | Thornton<br>St. Elizabeth | 6,830    | 2                  | The objectives of the Project are to identify all children under 48 months in Thornton district and to determine factors contributing to malnutrition. Community groups will conduct mass weighing. Nutrition Clinics established and a display garden developed on the school compound. Community Leaders will be trained and seeds distributed for the garden. An agricultural officer will supervise the garden project. | The survey and training have been completed. 217 households were visited and children under 5 years examined of whom 10.6% were severely malnourished. Four training sessions were held for 20, 21, 18 and 15 respectively.<br><br>Nutrition clinics were established<br><br>The garden activities were hindered by severe drought conditions. |

PROCEDURES MANUALS

FIRST ISSUED

PRESENT STATUS

No. 13 Drug Information  
Manual

Draft completed. Type-  
set and proofreading  
completed. Final  
document still awaited  
from the Printery

No. 14 Management Pro-  
cedures for Com-  
munity Hospitals

1st Jun 1990

Produced, distributed  
and in use.

TRAINING MANUALS

Instructions Training Manuals

No. 1 District Health  
Management Teams

Nov 1986

Produced and in use.

No. 2 Community Partici-  
pation

Still with the Printery

Participant Training Manual

No. 1 District Health  
Management Teams

Nov 1986

Produced and in use.

| Number | Type and Name of Project | Place                | Cost J\$ | Duration in months | Description of Project   | Project Report   |
|--------|--------------------------|----------------------|----------|--------------------|--|--|
|        | Goat Income Generating   | St. Pauls Manchester | 16,000   | 3                  | <p>The objectives of the Project are to employ youths in the community who will be trained to manage a goat-rearing project which will provide not only meat but also milk for elderly and needy. A donation will be made to the health centre to assist in the provision of necessary items. Approximately 5 acres of land have been leased to the project for a period of 5 years. A goat house will be built on this by the members of the Youth Club and will initially be for a stock of 16 goats, - 1 ram and 15 ewes.</p> <p>Significant local support has been identified for the project. A feasibility study has been conducted and has shown this to be a viable enterprise. A Board of Management has been established and a project coordinator designated.</p> <p>He is the present Chairman of the Community Council, a teacher at the St. Paul's All-age School and a leader of the Leo Force Youth Club. He has a High School Diploma</p> | <p>Progress was slow because of difficulties in obtaining land and slow draw down of funds.</p> <p>5 acres of land was acquired, and shelters for the goats constructed. Sixteen goats and one ram were purchased.</p> <p>The project turned out well.</p> |

| Number | Type and Name of Project | Place                 | Cost J\$ | Duration in months | Description of Project  | Project Report   |
|--------|--------------------------|-----------------------|----------|--------------------|---|--|
|        |                          |                       |          |                    | <p>in Agriculture and a Certificate in Education UWI, Mona.</p> <p>It is established that the budget for the first year of the project will be \$31,440 of which \$5,880 is recurrent expenditure. They expect to have an income of \$6,000 in the first year, \$9,000 in the second year and \$11,000 in the third year from the scale of the goats.</p> <p>It seems that most of the construction materials will be donated by community members and the \$16,000 requested will pay the salary of the workers for the first year, purchase the initial 15 goats, develop a pasture, pay rent, purchase feed and medicines and pay for some construction materials which cannot be donated.</p> |  |
|        | Dental Health            | Christiana Manchester | 4,043    | 12                 | <p>The Project will be implemented in the Christiana Morvian Primary School where it will be run by members of the Parent Teachers Association. The Children will be given a weekly Flouride mouth</p>  | <p>This was a very well run project in a well disciplined school and continued long after HMIP funding ceased.</p> |

5/1/58

| umber | Type and Name of Project | Place                 | Cost J\$ | Duration in months | Description of Project   | Project Report  |
|-------|--------------------------|-----------------------|----------|--------------------|--|---|
|       |                          |                       |          |                    | rinse. A local Peace Corps volunteer will conduct dental health education and training programmes. It is anticipated that the incidence of dental series will be significantly reduced.  |   |
|       |                          |                       |          |                    | A Floride mouth rinse will be given on Wednesdays. Each class will have a tray and cup for every student. Funds will be required to purchase the Floride for the mouth wash, drug, cups, trays, toothbrushes, paper, educational materials etc. The community will donate prizes for the fund-raising activities. The PTA anticipates that after the first 12 months the project will be able to carry itself. |   |
| 7.    | Water Tank               | Mile Gully Manchester | 12,000   | 6                  | The project aims to assist the serious water shortage at the Mile Gully Health Centre. The Community had commenced a fund raising exercise. They planned to build a tank holding 10,652 gallons of water. This ground tank will supplement the the existing over-head tank. It will catch water from the roof and pump to the over-head tank.  | The water tanks was completed and an electric pump installed. It is of great benefit to the health centre.<br><br>Project funds were used to purchase materials and labour was provided by the community. |

| umber | Type and Name of Project     | Place                       | Cost J\$ | Dura-<br>tion in<br>months | Description of Project  | Project Report  |
|-------|------------------------------|-----------------------------|----------|----------------------------|---|---|
| 3.    | Mosquito Control             | Country wide                | 209,000  |                            | The objective is to reduce the nuisance level of mosquito and minimise the threat of certain mosquito-borne diseases.   | Successfully implemented.   |
| 1.    | Food Stamp/Immuni-<br>zation | Clarendon                   | 2,287    |                            | <p>The objectives are to:</p> <ol style="list-style-type: none"> <li>1. Make the nutritional supplements of the Food Stamp Programme available to pregnant and lactating women and children 0-35 months.</li> <li>2. Improve immunization in children 0-35 months.</li> <li>3. Encourage enrollment and regular attendance in clinics.</li> <li>4. public aware-ness of the importance of immunization and good nutrition.</li> <li>5. Identify cares of mal-nutrition for immediate care.</li> </ol> | <p>The activities took place but with only minimal funds from HMIP.<br/>No report received.</p> |
| 1.    | Latrine Construc-<br>tion    | Grasspiece<br>St. Catherine | 28,697   | 10                         | The objective is to construct 22 pit latrine at Grasspiece for use by the people as part of a programme to prevent the recurrent outbreaks of typhoid occurring there and to upgrade the general  | All 22 pit latrines completed.  |

| Number | Type and Name of Project             | Place                | Cost J\$ | Duration in months | Description of Project  | Project Report  |
|--------|--------------------------------------|----------------------|----------|--------------------|---|---|
|        |                                      |                      |          |                    | sanitation.   |   |
| 21.    | Immunization Thrust                  | Country wide         | 139,854  | 4                  | The objective is to increase immunization coverage to the target level of 80% of children less than 5 years of age.   |   |
| 22.    | Windsor Castle United Bammie Project | St. Mary             | 9,526    | 12                 | Objective to have 4 farmers cutting 2 acres of cassava and 8 persons employed in making bammies to improve the nutrition of nursing mothers, elderly, poor and children 6-15 years. It will also train 6 school leavers in the skill of bammie making, 6 in peer counselling, management and marketing skills and 8 persons in food hygiene. The aim is to produce 12 dozen bammies weekly. | Started 29.9.86 and remain ungoing in 1990. They supply the local supermarket with bammies.   |
| 23.    | AIDS Screening                       | Countrywide          | 249,694  |                    | Public education programme for AIDS and the procurement of materials for an AIDS screening programme.   | Materials for public education programme were developed. These included brochures, posters, newspaper advertisements, time and temperature checks on RJR and JBC, radio and television advertisements.<br><br>Laboratory supplies for AIDS testing were procured. |
| 24.    | Income Generating                    | Milk River Clarendon | 8,571    | 5                  | To put additional funds into an on-going community project started by the Urban   | The additional coops and pens were constructed, animals procured and feed   |

| Number | Type and Name of Project | Place               | Cost J\$ | Duration in months | Description of Project   | Project Report  |
|--------|--------------------------|---------------------|----------|--------------------|--|---|
|        |                          |                     |          |                    | Development Cooperation in 1979 to assist in the construction of coops and pens and the purchase of chickens and goats.  | purchased.  |
| 1.     | Goat Rearing             | Lime Hall           | 5,000    | 3                  | The project aimed to improve the nutritional status of the community by procuring goats and teaching the people how to care for the goats.   | The project was successfully implemented.   |
| 2.     | Community Canteen        | Newport Manchester  | 5,000    | 3                  | A canteen had been established at the health centre in 1979 by community effort to serve the people using the health centre. The funds were requested to provide additional furniture for the canteen and to establish a vegetable garden. | The furniture and equipment for the canteen were procured. There is no indication of the status of vegetable garden.  |
| 3.     | Mother Craft             | Grants Pen Kingston | 4,000    | 12                 | To train 40 girls to make simple baby clothes within a six months period.  | The project commenced in December 1986 and a report dated 25th February 1987 stated that 23 girls had been trained in cutting and sewing baby clothes. Nine of the girls found employment some in an 807 factory. Items made and sold were diapers, rompers, slips, nighties.<br><br>They were also taught to make baby cots out of carton boxes. |

| Number | Type and Name of Project | Place                          | Cost J\$ | Duration in months | Description of Project   | Project Report   |
|--------|--------------------------|--------------------------------|----------|--------------------|--|--|
| 1.     | Typhoid                  | St. Elizabeth and Country-wide | 40,000   | 3                  | To identify suspected typhoid carriers, to develop a register of typhoid carriers, to treat them, to identify households for priority latrine construction, to educate the community concerning typhoid and to provide in-service training for health staff. | Project successfully implemented.<br><br>During implementation a significant amount of research in relation to typhoid problem was done. |
| 2.     | Latrine Sanitation       | St. Catherine                  | 30,000   | 2                  | To construct pit latrine to assist in the reduction of the incidence of typhoid. Slabs and risers will be precast in Spanish Town and delivered to the householders who will assist in digging the pit and building the superstructure.                      | 35 pit latrines constructed in Central Village, Redwood, Jubilee Town, Dover Castle, Maryland, March Street, Berkshire, Riversdale.      |
| 3.     | Sanitary Facilities      | Comfort Castle Portland        | 18,150   | 2                  | To construct pit latrines with community assistance to improve the level of environmental sanitation and reduce the incidence of typhoid. The project also had a health educational component for the community.   | 16 pit latrines were constructed in Comfort Castle and Ginger House.   |
| 4.     | Typhoid Project          | Marl Borough St. Mary          | 15,000   | 6                  | To assist destitute citizens to construct sanitary pit latrines and to educate them about the need for sanitation and thereby reduce the incidence of typhoid.   | 20 latrines constructed and 25 repaired.   |

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|--------|--------------------------|-----------------------------------|----------|--------------------|--|--|
| 2.     | Health Upgrading         | Phildelphia<br>St. Ann            | 3,000    | 12                 | To improve the nutritional status of the community in Philadelphia by developing a chicken rearing project which would be implemented by the Community Health Committee. The project include construction of the chicken coops purchase rearing and selling chickens and a Health Education Programme. | The chicken coop was constructed and chicken successfully reared.  |
|        |                          | Moneague                          | 2,000    | 3                  | To introduce a breakfast programme into the school for 50 needy, malnourished children and to introduce a mothercraft class for pregnant mothers of school aged children and new parents.  | There is no information relating to the Moneague project.  |
| 3.     | Environmental Sanitation | Top Coffee<br>Grove<br>Manchester | 20,000   | 3                  | Project developed by the Community Health Committee to construct pit latrines using indigenous materials and community labour.   | 46 pit latrines constructed.   |
| 4.     | Community Nutrition      | St. Elizabeth                     | 25,000   | 3                  | A community nutrition project which involved the creation of community demonstration projects, the production of food supplements using solar driers and the development of educational materials.   | Nutrition surveys were undertaken, nutrition demonstrations conducted and home sanitation and food hygiene sub-projects developed and into the St. Elizabeth Parish Health Plan. |

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|--------|--------------------------|-----------------------------|----------|--------------------|---|--|
|        | Water Tank               | Southfield<br>St. Elizabeth | 18,000   | 3                  | To build a water storage tank at the Southfield Health Centre. Materials to be provided by the project and labour by the community.   | Water storage tank constructed.  |
|        | Pit Latrine              | Llandewey<br>St. Thomas     | 15,000   | 6                  | To assist the community to establish pit latrines in the Llandewey area where there has been an outbreak of typhoid.  | 27 pit latrines constructed.   |
|        | S.T.D.                   | Cornwall<br>County          | 25,000   | 6                  | To reduce the incidence and prevalence of Sexually Transmitted Diseases by training Community Health Committee Members in the dissemination of STD messages, establishing STD referral clinics and upgrading the knowledge and skills of the health staff relating to STDs. | Health staff in hospital and primary care were trained.<br><br>District Medical Officers and Nurse Practitioners were trained in laboratory diagnosis of STDs as well as in clinical work.<br><br>Eight persons attended a 2 weeks course on contact training.<br><br>Community Education programmes were conducted. |