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**BASICS/SOUTH AFRICA  
USAID BRIDGING PROJECT  
COMPREHENSIVE PHC CLINICAL SKILLS PROGRAM**

**USAID EVALUATION OF BRIDGING ACTIVITIES  
PHC TOT COMPREHENSIVE LESSONS  
LEARNED WORKSHOP TRANSFER OF BRIDGING  
ACTIVITIES PROGRAM TO THE EQUITY PROJECT  
BASICS SOUTH AFRICA (PRETORIA  
AND EAST LONDON) OFFICE CLOSE-OUT**

Pretoria, Gauterg and East London, Eastern Cape

March 6-26, 1997

Carolyn Kruger  
Jose Molina

## TABLE OF CONTENTS

ACRONYMS .....	v
EXECUTIVE SUMMARY .....	1
EVALUATIONS AND LESSONS LEARNED .....	2
Bridging Activities: USAID Evaluation .....	2
Review of Data Collection Report for Bridging Evaluation .....	2
Meeting with USAID Bridging Activities Evaluation Team .....	2
USAID Evaluation De-Briefing in Eastern Cape Province .....	2
Comments to the USAID Bridging Activities Evaluation Report .....	3
The Lessons Learned Workshop .....	3
Bridging Team Meeting with the Equity Team .....	3
PHC TOT Graduation .....	6
Dissemination of PHC Comprehensive Curriculum, Distance-based Learning and Training Materials .....	6
USAID Briefings .....	7
ADMINISTRATIVE CLOSE-OUT .....	7
BASICS Field Office Close-out .....	7
Administrative Visit: South Africa Office Close-out .....	8
Initial Meeting with Local Staff .....	8
Vendors .....	8
South Africa Department of Health .....	11
Office Inventory and Walk Through .....	12
Lease/Rental Agreements .....	13
Adams & Adams: Legal .....	13
First National Bank .....	14
Field Accounts: BASICS/SA Office .....	14
Price Waterhouse: Accounting and Payroll .....	16
USAID/South Africa .....	18
BASICS Property Transfer .....	18
Deliverables .....	18
APPENDIXES	
Appendix A Summary of Lessons Learned	
Appendix B BASICS Scope of Work Description	

## ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CDC	Centers for Disease Control and Prevention
DBL	Distance-Based Learning
DOH	Department of Health
EQUITY	Equity in Integrated Primary Health Care (USAID/South Africa Project)
F&A	Finance and Administration (BASICS division)
HRD	Human Resources Development
INTRAH/PRIME	Program for International Training in Health
MCH	Maternal-Child Health
NGO	Non-governmental Organization
PHC	Primary Health Care
PDOH	Provincial Health Director
TDY	Temporary Duty
TOT	Training of Trainers
USAID/SA	United States Agency for International Development/South Africa
WHO	World Health Organization

## EXECUTIVE SUMMARY

BASICS Operations Officer Carolyn Kruger and Program Assistant Jose Molina made an administrative trip to BASICS/South Africa for the purposes of participating in the USAID Bridging Activities evaluation, conducting a lessons learned workshop and closing out the BASICS/SA office and operations. Carolyn Kruger participated in the USAID Bridging Activities evaluation which included meetings with the USAID evaluation team and briefings for the Eastern Cape Province Department of Health in Bisho. She also facilitated preparation and conduct of the lessons learned workshop that included 80 participants; participated in the graduation ceremonies for the PHC TOT graduates; and assisted with the dissemination of the PHC TOT teaching materials to the Eastern Cape PDOH, the Department of Health and the other eight provinces. Meetings were held with the follow-on EQUITY team in Eastern Cape Province to transfer lessons learned and discuss recommendations for future implementation of PHC. One of the primary recommendations was to allow BASICS to participate in a formal evaluation of the TOTs collaboration with the EQUITY project and the PDOH and regional PHC teams.

Program Assistant Jose Molina focused on managing the close-out procedures for the BASICS/SA office in Pretoria and East London. The majority of his work focused on reconciling outstanding advances, verifying invoices with vendors, reconciling bank statements, conducting physical office inventory, transferring equipment to MSH and arranging the shipping of files to headquarters. Kruger and Molina worked as a team to coordinate activities related to collecting deliverables, establishing close-out plans with Price-Waterhouse and the local bank, and conducting employee termination activities. There were numerous administrative and financial issues and problems that needed attention and demanded extraordinary time and effort. The BASICS/SA office was closed March 31, 1997, for operations; however, the BASICS accountant and secretary were asked to remain another 30 days to assist in completing close-out procedures. The BASICS PHC training coordinator left the program when her contract expired on March 31, 1997.

The BASICS/INTRAH/CDC PHC comprehensive and management TOT training was considered to be very successful due to the model of training using adult learning strategies, distance-based learning materials and a mentor system of providing support during application of PHC concepts and skills to work settings. The Eastern Cape Province has a PHC TOT curriculum and training materials to continue the regional training process and, most importantly, 21 TOTs trained to train others in their regions on state-of-the-art primary health care. Eastern Cape Province also has three TOTs in PHC management trained through CDC along with thirty other PHC trainers representing the eight other provinces in south Africa. The two PHC training programs integrated PHC and management concepts that benefitted both groups. The EQUITY project and the DOH/PDOH were briefed on lessons learned and evaluation of the Bridging Activities, the status of the TOT training and the need for follow-up. The TOTs will need continued support in their new roles and an evaluation of their skills needs to be completed.

## **EVALUATIONS AND LESSONS LEARNED**

### **Bridging Activities: USAID Evaluation**

#### *Review of Data Collection Report for Bridging Evaluation*

The draft data collection report for PHC comprehensive and PHC management Bridging Activities was given a critical review. The scope of work for this activity was difficult to manage in the time frame allowed and the INTRAH consultant responsible for this task was unable to complete and summarize the amount of data that had accumulated as part of the training activities. The draft report lacked accuracy regarding the context and purpose of activities, clarity of tables, presentation of data and meaningful summary, and made inaccurate conclusions. These issues were shared with Anita Sampson from USAID and with Jedida Wachira, INTRAH program director. It was mutually agreed that the report needs to be rewritten with technical input from INTRAH, BASICS and CDC and that this should be done under the supervision of Jedida Wachira.

#### *Meeting with USAID Bridging Activities Evaluation Team*

BASICS Operations Officer Carolyn Kruger and INTRAH Program Director Jedida Wachira met with the USAID evaluation team to answer questions, clarify issues and discuss recommendations. A draft lessons learned document, prepared by Kruger attempted to summarize the key lessons learned and major issues. These were drafted from previous reports and discussions with CDC, INTRAH and BASICS consultants to the Bridging Activities. The draft document was reviewed and discussed with the evaluation team members and was utilized by the team members in writing their evaluation report.

#### *USAID Evaluation De-Briefing in Eastern Cape Province*

Kruger attended the USAID evaluation team debriefing for the Bridging Activities held in Bisho, Eastern Cape Province. The debriefing presented a summary of findings, key issues and recommendations. The participants from Eastern Cape Province Department of Health, TOTs and Co-facilitators raised issues related to the future of the TOTs and the need for continued support from the DOH as they assume their new roles as trainers. Discussion included issues related to evaluation of the TOTs, preparation of a provider curriculum for the TOTs to utilize in PHC training, support for the TOTs in their roles as trainers in utilizing adult learners methodologies (including distance-based and clinical on-site training), and accreditation for the PHC TOT comprehensive training. Kruger reinforced the importance of addressing the lessons learned and the issues raised during the discussion.

## *Comments to the USAID Bridging Activities Evaluation Report*

Kruger, in collaboration with the BASICS PHC coordinator, prepared a written document to the USAID evaluation team and submitted Celeste Carr, team leader for the USAID Bridging Activities evaluation report. The document outlined BASICS' response to the evaluation report and included comments on the report, omissions of important data and a list of content corrections.

### **The Lessons Learned Workshop**

The lessons learned workshop was planned to provide Eastern Cape Province with the opportunity to reflect on the accomplishments, unresolved issues and lessons learned during the Bridging Activities and to assist in making recommendations to the EQUITY project. Planning for the workshop was initiated during the November Bridging Activities planning workshop held in Pretoria in November 1996. Efforts were made to assure that the workshop was planned and implemented by the PHC comprehensive and PHC management TOTs and counterparts. The planning continued actively until the last hour and proved to be worthwhile since the workshop was deemed a success. There was a total of 60 participants including the TOT graduates, co-facilitators, working group members, PDOH representatives, EQUITY team members, the INTRAH program director and the BASICS operations officer. PHC management TOT representatives from two provinces (Northern and Northwestern) attended. Lessons learned perspectives were presented from the PDOH by the MCH and PHC directorates. TOTs from the comprehensive and management training also presented their perspectives. Issues were identified and discussed in large group sessions and presented to the PDOH as formal recommendations.

BASICS and INTRAH distributed copies of the PHC comprehensive curriculum, distance-based modules and training materials to each of the 60 participants. This was carried out in response to the mandate in the proposal to disseminate all training materials to Eastern Cape Province and to the remaining eight provinces. The lessons learned workshop was a great success according to the evaluation by the participants and the USAID, EQUITY and PDOH representatives. See Appendix A for summary of lessons learned

### **Bridging Team Meeting with the EQUITY Team**

The BASICS, INTRAH and CDC representatives met with USAID and the EQUITY team in Bisho at the new EQUITY regional office to discuss transition of the Bridging Activities to the EQUITY project. Discussion focused on lessons learned during the life of the Bridging Activities and activities and issues related to the transition to the next phase of training.

### *Transition of Bridging Activities to the EQUITY Project*

The Bridging Activities/PHC TOT comprehensive and PHC management programs were able to complete planning, curriculum development, preparation of training modules and implementation of training. Activities that were not completed due to the increase in time that had to be devoted to the training implementation were discussed. These activities were recommended for transition to the EQUITY team as an integral part of their early implementation of PHC training.

### *PHC Training Activities That Need Immediate Action by EQUITY*

The PHC Bridging Activities were to include three major activities prior to the transition to the EQUITY project: on-site evaluation of the TOTs; revision of the PHC TOT curriculum and reorientation to the provider perspective; and support to the TOTs as they assume their new roles as trainers. The following were presented to the EQUITY team as activities that need immediate action during phase two of PHC training in Eastern Cape:

#### 1) TOT Evaluation

The TOTs have not had an evaluation of their competency to provide and manage PHC training in clinical settings. Their ability to apply PHC concepts and skills in their clinical settings can be easily evaluated by a team of co-facilitators who can use prescribed evaluation tools consisting of check lists, observations and interviews. A BASICS technical consultant who is familiar with the expectations of the TOT training should be a member of the team as well as an EQUITY training team member. The evaluation should be completed as soon as possible prior to initiation of regional provider training by the TOTs.

#### 2) Revision of the PHC Comprehensive Curriculum

Revisions to the PHC curriculum have been made following completion of each of the six modules. A master of the revisions has been prepared and will be transferred to the PDOH and to the EQUITY team. These revisions need to be circulated and utilized by the TOTs in their regional training.

#### 3) PHC Provider Curriculum

The PHC comprehensive curriculum needs to be revised and reoriented to the target audience of providers and their level of competency. In order to develop a PHC provider curriculum, an assessment of the knowledge and skills of the regional providers needs to be completed. Since the TOTs do not have adequate capacity to implement an assessment of needs, they will need support to complete this task. The preparation of

DBL materials is based on the curriculum and will need reorientation to the provider perspective.

#### 4) TOTs' Role as Trainers

The TOTs had opportunities to teach their colleagues through group discussions during the intensive sessions. Bridging Activities' original proposal included support for the TOTs in their roles as trainers of providers in their regions. This support was to be given as observation and feedback to the TOT during actual training sessions to assist in improvement of training methodologies, especially adult learner techniques, to review technical content and to build confidence. The Bridging co-facilitators and EQUITY staff can provide future monitoring and support.

#### 5) PHC Comprehensive Training Methodology

The PHC comprehensive training methodology included adult learner strategies, distance-based learning and hands-on clinical application. The system designed to support this methodology included co-facilitators, module facilitators and mentors who provided guidance during the intensive sessions, prepared distance-based learning materials and monitored the work-site application of skills. These strategies are complex and the TOTs need continued support as they apply this training methodology in regional training programs.

#### 6) PHC Comprehensive TOT Training Accreditation

The issue of accreditation of the PHC curriculum and training was a difficult one that was not resolved by the DOH and PDOH during the life of Bridging Activities. It was emphasized that the national DOH and provincial DOH need to address this issue before the PHC comprehensive training is initiated in the provincial regions and definitely before the PHC training and materials are utilized by other provinces.

#### 7) Integration of PHC Comprehensive and PHC Management

The PHC comprehensive included management principles and concepts applicable to the TOTs as managers in PHC clinical settings; however, there are also concepts in the PHC management course that are applicable to PC TOTs and providers and would be valuable contributions to the comprehensive curriculum. The two courses should be reviewed for key concepts that should be integrated and included in future curricula revisions.

#### 8) PHC Policy Guidelines

The issue of PHC training guidelines and PHC policy implementation remain unsettled in the province. The DOH has PHC training guidelines that need to be adopted by Eastern

Cape Province. This will provide the much needed direction for PHC provider training in the five regions of the province.

#### 9) Use of PHC TOT Comprehensive by Other Provinces

The PHC TOT comprehensive curriculum and DBL materials to each of the six modules have been delivered to the Eastern Cape Province DOH, the national DOH and the HRD directorates of the other eight provinces in South Africa. Northern Province is interested in providing a PHC TOT comprehensive training program and would like assistance in implementation from the PHC TOT in Eastern Cape Province. Assistance needs to be given to provinces who intend to utilize the Bridging training materials in order for them to plan, revise and implement the training curriculum and methodology appropriately to meet the needs of their provinces. The PHC TOT training program utilizes adult learner strategies and distance-based learning materials which are the basis for the curriculum. The process of teaching utilizing these strategies needs specialized training for the trainers and the provinces will have to meet this need or the trainers will revert to traditional methods of teaching.

#### **PHC Tot Graduation**

The BASICS operations officer, the INTRAH program director and the BASICS/SA PHC coordinator planned a graduation for the TOTs in collaboration with the PDOH EQUITY coordinators and representatives from the PHC working group. The ceremonies took place the evening before the lessons learned workshop in East London. It was well attended with a total of 80 representatives including the TOTs, co-facilitators, mentors, and representatives from USAID, the PDOH, EQUITY, BASICS and INTRAH. Expressions of appreciation were made by BASICS, INTRAH and USAID and the PDOH. A total of 21 trainers graduated from the program and will become the trainers in PHC for their regions in Eastern Cape Province.

#### **Dissemination of PHC Comprehensive Curriculum, Distance-based Learning and Training Materials**

A mandate for the Bridging Activities was to disseminate all training materials and lessons learned. A total of six modules including the intensive materials, distance-based learning modules and additional training support materials were collected, printed and disseminated to the PDOH, the national DOH, the HDRs of each of the nine provinces and to EQUITY. Each of the 21 TOTs and the 15 co-facilitators and working group members also received a copy of the training package. USAID was given a package as part of the deliverables for the Bridging Activities.

## **USAID Briefings**

Program Assistant Jose Molina and Operations Officer Carolyn Kruger met with Anita Sampson of USAID on two occasions to brief her on the purpose of the trip and to debrief on the activities and recommendations gathered during the visit. The meetings included discussion in the following areas:

- 1) Review of close-out dates and procedures for the BASICS/SA office and status of the activity;
- 2) Summary of the deliverables for the Bridging Activities project and the requests for outstanding reports sent to INTRAH and CDC;
- 3) Review of the draft data collection report for the PHC comprehensive and PHC management Bridging Activities;
- 4) Meetings with USAID Bridging evaluation team;
- 5) USAID evaluation debriefing to the PDOH in Eastern Cape Province;
- 6) Summary of the Bridging lessons learned workshop;
- 7) Meetings with the EQUITY team;
- 8) Transition of Bridging Activities to the EQUITY project; and
- 9) Training activities that need immediate action by EQUITY.

The contents of the above areas are captured in this report. In addition, discussion included the request by BASICS for a support letter from USAID/South Africa to justify the additional funding needed to complete the Bridging Activities. Alan Foose, Chief, Health Development Division/USAID agreed to write the letter to USAID/Washington.

## **ADMINISTRATIVE CLOSE-OUT**

### **BASICS Field Office Close-out**

The scope of work for Jose Molina, program assistant for BASICS/South Africa, included managing the close-out procedures for the BASICS/South Africa office and operations in Pretoria and East London. The Bridging Activities will be concluded by March 31, 1997. Office close-out procedures will conclude April 30, 1997. A matrix was developed for this purpose and includes the following key activities:

- 1) Close-out notification to:
  - a) USAID/South Africa;
  - b) INTRAH and CDC;
  - c) DOH and PDOH;
  - d) Vendors;
  - e) Price-Waterhouse;
  - f) First National Bank;

- g) Adams & Adams; and
  - h) Coopers and Lybrand.
- 2) De-briefings to USAID, DOH, PDOH on close-out;
  - 3) Employee termination letters to BASICS/South Africa staff;
  - 4) Reconcile all outstanding advances and invoices and implement plan for payment. Clear all outstanding advances and invoices before March 31, 1997;
  - 5) Review Coopers and Lybrand audit and perform internal audit;
  - 6) Reconcile bank statements;
  - 7) Determine and collect all deliverables; notify International Partners of outstanding deliverables to be submitted before April 30, 1997;
  - 8) Arrange for shipping files to BASICS;
  - 9) Conduct final physical office inventory with Eastern Cape PDOH and Pretoria DOH; transfer office computers, printers, scanner and dictaphone TTC to MSH;
  - 10) Close East London office (completed March 14, 1997);
  - 11) Notify concerned parties of forwarding address; and
  - 12) Send letters of appreciation to counterparts.

#### **Administrative Visit: South Africa Office Close-Out**

*March 9 - 26, 1997*

#### **Initial Meeting with Local Staff**

Molina worked with the BASICS/South Africa local staff to accomplish all the tasks listed in his scope of work leading to a final close-out officially scheduled for March 31, 1997. It was determined that four major issues would have to be included in the agendas for the two and half weeks as follows: 1) to make sure that vendors were notified of final close-out; 2) to reconcile all outstanding advances/expenses not yet unaccounted for by staff; 3) to work out final timesheets and to arrange for final payment of salaries and other monies to permanent staff and to determine the need for the temporary employees; 4) to contact key people from companies and the DOH who would be instrumental in the closing of the office. Molina's full scope of work is attached as Appendix A.

Molina, with the help of temporary staff, drafted, mailed, and faxed letters to all the vendors with whom the BASICS office had established accounts. The purpose was to give them as much notice as possible. Molina also instructed the temporary staff to call the vendors to send in their March invoices.

Because Mamogobo was taking part in the lessons learned workshop that first week in East London along with Kruger, very little was done as far as reconciling her outstanding advances/expenses. Mamogobo asked Nxumalo to gather all her documents and agreed to finish any pending expense reports upon her return from the workshop.

#### Vendors

The BASICS/South Africa team vigorously followed up with vendors in their dual task of contacting various providers about the notice of closing and requesting final and current bills. In some cases, vendors were not very responsive; some claimed original bills had already been sent to the office and were thus not very forthcoming. The staff's determination resulted in the inundation of calls from vendors (all wanting to get paid) at the beginning of the second week. In addition, Molina and staff concentrated on the large outstanding bills from major providers.

It was difficult to keep track of all invoices/bills received and to follow up with those still outstanding. The receipts/bills were not always kept in an orderly fashion; records were not always clear. It took several calls and faxes to the vendors in order to get copies of bills at times. Another complication was the fact that in many instances, the vendors records were not always accurate, not always reflecting the amounts originally noted in the office's check requisition forms. In most cases only one person was well informed enough to give out information past or current. At the end of the second week, a "vendor" table was put together in order to get approvals for payments from HQ (for those needing delegation) and from Kruger. This table assisted in the tracking of accounts.

#### *Travkor*

Their Pretoria office handled only current accounts and the Sandton office handled past ones. Instructions were received from BASICS/HQ to confirm that there was no double billing, and so the BASICS/SA team spent time double checking invoices. Travkor responded with copies of original bills. They did not understand why this information was being requested again since they claimed to have sent all originals by certified post. They did understand that Molina was there to close out the office and that they had to respond in order to get paid.

Action Pending: Final invoice to be paid from HQ after a complete and thorough review.

### *Radiospoor*

A representative from Radiospoor presented all her records showing that Mamogobo had indeed signed an application/contract and had entered into a two-year agreement with Radiospoor (without BASICS' approval). According to Mamogobo and Nxumalo, each had gotten a cellular phone in 1996 mainly to allow them to carry out their work activities in Bisho. Radiospoor showed that neither the bills for the phones nor the charges for access time for previous months had been paid. They had only received checks for the first two months of service. Copies were made of all their records and of the last invoice. Service was canceled on March 20, 1997. This new information was communicated to HQ for decision regarding payment.

Action Pending: The South Africa operations team is to work closely with F&A in order to decide what action to take and if something can be worked out for paying the remaining months of the contract.

### *Other Vendors*

#### DHL

DHL was informed of the target date for closing and when service was expected to be canceled. Besides the main account, there was also a separate charge being made for various shippings in East London.

#### Crawford Cintsa Hotel

The Crawford Cintsa Hotel provided a more detailed bill that corresponded to the information HQ needed to arrange for payment.

#### Interplace

This company knew from their two employees that BASICS would request their services on a need basis depending on the workload and other factors. They also acknowledge receipt of the official notice of closing and requested payment for their monthly bills to be up to date. It was also agreed after a meeting with Mrs. Nel that she would stay until April 30. A letter requesting Mrs. Nel's extension time was faxed to Interplace.

Action Pending: Pay vendors once all appropriate invoices are received and delegations approved. All amounts are expected to go above the US\$2,500 limit.

Along with the notice of closing was attached a letter addressed to the vendors with instructions to return after signing to BASICS once all their monies were received. This would serve as final acknowledgment of closed and paid accounts. These letters became very useful in finally resolving payment issues with vendors.

## South Africa Department of Health

### *Meeting with Dr. Stephen Hendriks*

Kruger, Mamogobo and Molina met with Dr. Stephen Hendriks, Director of the Human Resource Development Department within the DOH and the BASICS counterpart. Kruger provided a short briefing on the final activities (undertaken in Bisho, East London) earlier in the week. The briefing included the graduation of the workshop participants and the enthusiasm of the trainers of trainers; the participation of representatives of the Provincial Department of Health (PDOH); and that Management Sciences for Health (MSH) would be picking up the remainder of all materials distributed to the participants.

Molina explained to Dr. Hendriks that BASICS had not been able to find a contact at the DOH regarding the walk-through of the office scheduled for the end of the month and the review of the phone/fax bills. Dr. Hendriks said Mr. Edo Combrink (ext. 0983) should be contacted for the walk-through and Mr. Angelo (ext. 0936) for the review of the phone/fax bills and the return of the keys.

Kruger thanked Dr. Hendriks for all his help throughout the duration of the BASICS South Africa program, for providing office facilities and for assisting in the final close-out. A letter advising him of the final close-out date had been sent to him prior to the team's arrival in South Africa.

### *Meeting with Mr. J.G. Angelo*

Molina made arrangements to meet with Mr. J.G. Angelo, acting director for personnel, administration and administrative services, to discuss the issues of the final close-out, including: 1) walk-through; 2) office inventory; 3) phone/fax bills; 4) copying/ mailing facilities; and 5) return of office keys. Mr. Angelo was most gracious and accommodating towards our staff's upcoming needs before the final day in the office. For example, since BASICS was returning office equipment to the vendors, staff was welcomed to use the copying facilities on the 22nd floor; once the phone/fax bill for April was ready, he would forward it to Nxumalo. He also offered to gather our mail after the closing and mail it to BASICS/HQ. Molina reviewed the phone bill for March and delivered a check the next day. As for the initial walk-through, scheduled before Molina's departure, he said he would make Mr. Bennemeer available to check the office and borrowed furnishings. Final copies of the checked inventory would be delivered to him for his records. Before Molina's departure, a check was written and delivered to Mr. Angelo's assistant. Finally, he offered to help Molina in any way during the remainder his stay and the rest of the staff until the end of April. He also volunteered to provide BASICS with assistance even past the April 30 final close-out date.

Actions Pending: 1) Molina is to Inform BASICS/HQ SA team of arrangements made with Mr. Angelo. 2) Deliver/fax copy of final walk-through inventory sheet to Mr. Angelo when the project closes at the end of April. 3) Inform BASICS/SA staff of meeting with Mr. Angelo and of the issues they will need to follow up.

#### Office Inventory and Walk Through

There were three different inventory checks to be carried out: 1) BASICS' property/equipment inventory; 2) Initial walk through and DOH office furnishings; and 3) Bisho office inventory in the Eastern Cape.

#### *BASICS Property Inventory*

Molina started the office inventory, comparing copies given to him in HQ against the actual equipment in place. This was completed and revised to be ready for transfer. There were some initial discrepancies, but after checking with HQ, it was cleared for the most part. Besides the rented equipment, an out of order fax/printer was noticed in the office and HQ was informed. Nxumalo maintained that they had to rent a similar printer as the one out of order had been inoperable due to incompatible voltage that had caused it to short circuit.

#### *DOH Walk Through*

Office staff contacted Mr. Bennemeer, chief clerk, to carry out a walk through and inventory checks. On March 25, 1997, Mr. Bennemeer and Molina carried out the check of the office furniture borrowed from the DOH. He also took a cursory look at the office and found it in satisfactory order. The team then asked him to sign a letter attesting to the condition of the office furniture and facilities. Finally, he offered to make arrangements with Mr. J.G. Kotze, store keeper for the provisioning office, to carry out the second and final check at the end of April 1997.

Action Pending: BASICS/SA staff to follow up regarding final walk through and return of office keys a week prior to closing to make sure someone is available from the DOH. Copies of all inventories were left in the SA office.

#### *Bisho (Eastern Cape) Office Inventory and Walk Through*

Kruger, who was in Bisho for the USAID/Bridging and evaluation and lessons learned workshop, carried out the office inventory and walk through. On March 13, 1997, Kruger met with the assistant director for provisioning and turned over the premises to the PDOH. This person signed and accepted a letter acknowledging this meeting and the satisfactory order of the premises and office facilities. A letter addressed to Deputy Permanent Secretary of Health Dr. S. Stamper had been sent by Kruger prior to the team's arrival to arrange a meeting with the Facilities Manager for the PDOH.

## Lease/Rental Agreements

### *Compusys*

One computer and one printer were rented from this company in Easter Cape for use during Modules 4, 5 and 6. Arrangements were made to pick up the equipment by the middle of March.

### *AMK Technologies*

An office copier was rented from AMK and only a quote/agreement was received for monthly billing. This copier was used at the BASICS/Pretoria office.

### *Acetron*

One desktop and one laser jet printer were rented. As with the others, billing was supposed to be on a monthly basis. This equipment was used in the BASICS/Pretoria office.

Actions Pending: Follow up from BASICS/HQ to make sure AMK has picked up copier and that Acetron has picked up the other equipment, and to request final receipt of payment from all three companies.

### Adams & Adams: Legal

Kruger and Molina met with Mr. Ike Papageorge of the law firm Adams & Adams and discussed two main issues: 1) Pleinpark Hotel pending legal claim and 2) BASICS/SA employees Mamogobo and Nxumalo. In response, Mr. Papageorge made it clear that the Pleinpark Hotel issue could be considered closed. They have "no basis for a claim in law," he said and BASICS could "draw a line through that." Kruger asked that he put this conclusion in writing for the record. He promised to fax a letter to the BASICS/SA office.

Regarding the BASICS/SA employees, the team discussed the implications of the problems due to unreconciled accounts, unexcused absences, an extension for Prudence Nxumalo, salaries, the terms of ending their employment, etc. Mr. Papageorge said the following:

- 1) Extension for Nxumalo: acceptable if she's still willing to stay through April.
- 2) Severance Pay: no package is due according to SA laws, only in case of closure of a company; thus, no liability because BASICS had a "fixed-price contract;" pay employees only their salary and leave accrued, but no sick days and no severance pay; copies of their contract letters were given to Mr. Papageorge.

- 3) Outstanding Advances: if by the time team was scheduled to leave the accounts were still not reconciled satisfactorily in coordination with Price Waterhouse, Kruger could make the decision not to pay them; PWH should fax Papageorge an update letter a week from this meeting to see how far the staff has come; he will give BASICS additional advice at that time.
- 4) Payment to Vendors: Papageorge suggested that even if final bills are not received, and the office knows how much is owed, BASICS should pay anyway.

Actions Completed: A fax from Adams & Adams regarding Pleinpark was received as promised. Mr. Papageorge read over the contract letters and noticed that severance is on the agreement and so BASICS would have to pay. Kruger asked that he send in writing explaining his change of mind. He again suggested that accrued leave be released at a later date.

Actions Pending: BASICS team is to determine leave accruals in coordination with PWH's Ms. Marion Poole, update Papageorge and seek further advice if necessary.

#### First National Bank

Kruger and Molina met with Mrs. Felicity Abrahams, branch administrator for the First National Bank of Southern Africa Limited. She was aware of the closing date for the project and was very willing to work with the BASICS team in finishing up any final issues related to the BASICS bank account. To close the account, only a fax needed to be sent. She would then follow our instructions as far where to send the remaining balance. If the amount is sent back by wire, she would require additional documents to be filled out by BASICS. In addition, she said that the minimum needed to keep the interest free bank account open is R 200. Finally, she printed an updated bank statement and gave it to Molina. Mrs. Abrahams offered to be available to assist Molina with any banking issues during the rest of his stay.

Actions Pending: Once a decision is made at HQ on when to close the bank account, advise Mrs. Abrahams accordingly and make arrangements for remaining funds to be wired back to BASICS/Washington.

#### Field Accounts: BASICS/SA Office

Nxumalo prepared expense reports, advance cards, and back-up documentation for all of Mamogobo's trips. Molina met with Mamogobo and Nxumalo to explain the urgency of submitting expense reports with proper documentation (HQ had indicated copies would be fine), and emphasized the importance to reconcile all outstanding accounts by the time of his departure. Unfortunately, meetings with the staff were sporadic and never as scheduled due to unexcused absences, unkept appointments, no proper file/document organization and disregard for team meetings and agendas.

Price Waterhouse was instrumental in helping to put pressure on the staff to produce proper documentation. Molina met with PWH representatives Darmalingam and Smith, who together with the SA staff understood that a global reconciliation would be necessary. Molina explained the concept of M&IE that would account for some of the money for past travel, and how to properly fill out expense reports. They had difficulty understanding those procedures.

In order to avoid further confusion between old invoices and new ones, Molina placed financial documents in separate folders so that they would be available for Nxumalo to keep in an orderly fashion. The office itself was not conducive towards good organization, but somehow Nxumalo was able to retrieve some information when present.

The tables and comments from HQ's Shenk and Johnson proved very useful in trying to track down outstanding advances/expenses. The time factor due to holidays during Molina's TDY in South Africa and the staff's unexcused absences complicated matters.

During Molina's third and last week, Nxumalo made a special effort to be present to try to reconcile the accounts. HQ sent comments on the accounts and provided more tracking tables which were useful; PWH continued to check the current accounts for March for accuracy, and Molina and Nxumalo proceeded with as much reconciliation as possible.

Molina received some copies of Mamogobo's expense reports, revised advance cards and back-up documentation. Other receipts were shown to him and promised as a package at a later date. From the calculations presented to Molina, the advance card record and other documents, it was determined, jointly with Nxumalo, that Mamogobo owed R 386. She was informed of this money due to BASICS in order to reconcile her outstanding advances. She agreed to the amount and she issued a check before the end of March. It was then decided that her March salary could be released, and that the severance pay would follow once the rest of her back-up documentation was verified at HQ.

It was noted that most expense reports had little back up documentation, probably due to the fact (as in the case of hotel bills) that some had already been submitted to HQ in the previous months' field accounts. The greater part of the reconciliations (not yet counting the M&IE portions) and most of Nxumalo's expense reports and advance cards were pending. Both Mamogobo and Nxumalo signed the memo drafted by Kruger in which they verified that neither of them had been reimbursed for M&IE for various workshops/trips from February 1996 through March 1997. Nxumalo promised to follow up quickly in submitting the needed documents upon Molina's return to HQ, including her own expense reports and additional back-up documentation.

During that last week, Kruger, Shenk and F&A indicated which items needed to be reconciled before Molina's departure. Molina and SA staff worked hard trying to gather all the documents required by HQ. Kruger then phoned Molina to try to assess the need for his TDY to be extended. Molina explained that to spend more days trying to discover past receipts/invoices and

trying to explain M&IE to the staff would be pointless and redundant, especially since the permanent staff was not present a good deal of the time. Molina was approved for his return on schedule midweek.

Actions Pending: 1) Debrief with HQ/SA team on the status of accounts. 2) Molina to follow up with PWH regarding March accounts and additional receipts received from Nxumalo. 3) Update F&A. 4) Consider the alternative plans if further reconciliations are not forthcoming.

Price Waterhouse: Accounting and Payroll

Kruger and Molina met with Mr. Hannes Grobler, PWH's head accountant and Mr. Aneel Darmalingam, accounting manager, at the PWH offices to discuss field accounts, signatory services, vendors and other questions. Following that meeting was a shorter meeting with Ms. Marion Poole who is in charge of the payroll services for the BASICS staff.

Darmalingam quickly went over the status of the bank account, the latest checks he had written and those he expected to write in the days to follow. Kruger reviewed the close-out procedures and schedule. Kruger explained that Mamogobo would be leaving at the end of March and that she was unsure about Nxumalo's commitment to remain until April 30. Mr. Grobler proposed the following:

- 1) Vendors: Collect and pay all original tax invoices. Darmalingam and Nxumalo could arrange to meet once or twice a week to go over accounts. He suggested that checks be deposited directly to the vendors' accounts to make sure payment is received. Darmalingam should also ask Nxumalo to attach copies of checks issued to the vouchers. He would also sign checks < US\$2,500 after the team left and after meeting with Nxumalo.
- 2) For those vendors not responding in a timely fashion, put the request for final invoices in writing.
- 3) February Field Accounts: Darmalingam was asked to work with Liezl Smith in order to process the February accounts as soon as possible.
- 4) Unreconciled Accounts: Mr. Grobler offered to make his team available to help the field office staff reconcile all outstanding accounts.
- 5) Mailing Services: He also offered to collect BASICS' mail at the DOH building once the office is closed and to forward it on a monthly or bi-monthly basis to HQ.

Kruger requested that One-write accounting services be continued until the middle of May, thereby giving enough time for the April field accounts to be processed and completed by PWH.

A meeting was held with Marion Poole regarding BASICS staff salaries and severance pay. Kruger and Molina explained the difficulty the local SA team was having reconciling past accounts and how HQ was reluctant to provide final salary payments without resolving this matter. Ms. Poole suggested that BASICS pay the staff's actual salary up to March 31. Their accrued leave and severance could be withheld until further notice and after a decision is made with Adams & Adams. She also reminded the team that the extension of the payroll contract should be back-dated to February 1997. The meeting included discussions/decisions about:

- 1) March Payroll: Ms. Poole would prepare the March payroll as usual, but would only release it upon approval by Kruger.
- 2) Accrued Leave: Molina would gather all timesheets and work with HQ to determine accrued time and submit to PWH by Monday.
- 3) Severance Issue: Kruger was to discuss the severance issue with Adams & Adams as to whether it is due or not according to their contract letter and then the team would inform Ms. Poole.
- 4) Separate Checks: It was also agreed that separate checks would be prepared, one for leave and one for severance to avoid confusion, but still withheld until further notice.
- 5) Life of Project Statement: The team requested that Ms. Poole provide BASICS/HQ with a statement listing all payroll payments, withholdings, etc. for the duration of the project. Ms. Poole said this could only be done at the very end of the project.
- 6) Health Insurance: Ms. Poole had been under the impression that BASICS had set aside a separate allowance for health insurance for the permanent employees. It was later communicated to her that BASICS did not make a separate payment and that instead, part of the money included in their monthly salary was supposed to go towards their insurance, Fed Health. In addition, it was up to the individual employee to make arrangements for regular payments directly to the insurance company; this was not BASICS' responsibility as stated in their contract letter.

Actions Completed: 1) Molina collected all the timesheets up to March for both Nxumalo and Mamogobo. Pending will be a timesheet for Nxumalo for April. 2) He also put a table together calculating their leave record and passed it on to Ms. Poole. 3) Molina met with the staff, at Mamogobo's request, to go over some salary and health insurance questions. 4) A few days after this meeting Nxumalo informed Kruger and Molina that she would stay until April 30. Ms. Poole was informed about it.

Actions Pending: 1) Molina and HQ/F&A staff to follow up with Ms. Poole on request for life-of-project statement. 2) Once final severance payments are determined, HQ to inform Ms. Poole to proceed accordingly.

#### USAID/South Africa

Kruger and Molina met with Anita Sampson of USAID/South Africa on March 19, 1997. Kruger debriefed with Ms. Sampson on the lessons learned workshop and discussed the evaluation in Bisho. Molina then gave a brief summary of the tasks accomplished thus far and the major ones left to be resolved before the final closing date on April 30. Ms. Sampson verified the MSH contacts for the eventual transfer of BASICS property. She said to contact Ileana Fajardo in Bisho or David Collins in Pretoria. She also offered to provide the team with storage space until MSH had someone in place ready to receive the equipment from BASICS. Finally, she said that HPN Officer Alan Foose would also be available to address any issues left to be resolved.

#### BASICS Property Transfer

BASICS/HQ's decision was to transfer property to the EQUITY project. Since all the equipment to be given was under \$2,500, USAID did not have to be involved. MSH would be responsible for making arrangements for delivery, packaging and any other costs incurred in the process.

While in country, Kruger made the first contacts with MSH. After these preliminary discussions with MSH, Kruger and Molina determined what basic minimum equipment was needed to continue operating until April 30. The SA team decided that a partial transfer would be more advisable. MSH representatives agreed to the partial transfer that would include: answering machine (1), overhead projector (1), scanner (1), desktop computer (1), and radio/recorder (1). A letter was drafted by Kruger and she made arrangements with MSH to contact the BASICS/SA office on Friday, March 21 to choose the equipment. MSH arrived on March 22, picked up whatever they could, and signed for equipment accepted. Molina documented and informed HQ of the partial transfer and made plans to provide MSH with information only on shippers willing to pack and deliver to Bisho.

Actions: 1) Make sure arrangements have been made with MSH for final transfer a week before the end of April. 2) Draft a second letter for the remaining equipment to be transferred and fax to MSH, as well as a copy of the revised inventory. 3) Work with Nxumalo to obtain signed letter of receipt from MSH directly and confirmation that equipment has been received in Bisho.

#### Deliverables

A list of deliverables had been put together prior to Molina's departure for South Africa. Kruger spent a good portion of the trip going through the office putting aside those materials needed, those to be transferred to MSH and those to be discarded. It was decided that further organizing of deliverables would take place at HQ.

Action Pending: Kruger to work with another staff member to complete organizing deliverables and to make sure all required documents are available before the April 30 closing date.

## **APPENDIXES**

**APPENDIX A**  
**Summary of Lessons Learned**

## APPENDIX A

### USAID/BASICS/INTRAH/CDC BRIDGING ACTIVITIES

#### PRIMARY HEALTH CARE TRAINING OF TRAINERS PHC COMPREHENSIVE PHC MANAGEMENT

#### SUMMARY OF LESSONS LEARNED

##### I. PHC COMPREHENSIVE TRAINING OF TRAINERS EASTERN CAPE BRIDGING ACTIVITY

###### A. Department of Health

1. The Department of Health was supportive during the initial planning of the Bridging Activities and maintained the philosophy of decentralization to the Provinces in the implementation of the PHC Training plans. This was essential to empowering the Provinces to build their capacity to plan and implement PHC training programs that considered their individual resources, constraints and regional differences.

2. Efforts were made during the first year of the Bridging Activities to identify a key counterpart in the DOH that could act as a liaison to the Provincial Departments of Health. A counterpart was not provided during the life of the project. However, the HRD provided backup to project activities.

**Recommendation:** A consistent counterpart at the DOH would have been helpful in establishing guidelines with the Provinces regarding Provincial support to project activities particularly in the areas incentives and other logistical considerations. In addition, a DOH counterpart could have supported the need for stronger involvement of the NGOs not only in the planning stages but sustained throughout the implementation of project activities.

###### B. Provincial Departments of Health

1. During the planning phase, the PDOH was in transition and in the process of filling positions, and restructuring the PHC system at all levels of management and service delivery, especially at the regional level. It was difficult for the PDOH to build capacity for training when PHC policy and systems development were in the early stages. Despite this constraint, senior management in the PDOH maintained the vision of the importance of implementing the PHC training programs as scheduled.

2. The Department of Health and Provincial Governments have made great strides in the development of PHC policy during the two years of the Bridging Activities. The lack of clear policy development at the PDOH level and consensus in some areas of Maternal and Child Health made it difficult to prepare trainers to practice PHC within their clinical context.

3. The PHC system remains in transition and the lack of adoption of the DOH P.C. policies and development of referral systems at the Provincial have been constraints to implementation of change at the clinical sites. There is a wide disparity between referral conditions throughout the region which has implications for ultimate treatment recommended in clinics. More information regarding the realities of referral should be collected and used to address policy and treatment guidelines.

4. Bridging Activities included channels of information exchange and inputs from both district and provincial levels. However, regional exchanges at the formal channels were less developed due to the more immediate need to implement changes in human resources.

5. Counterparts at the Provincial level have been primarily the two Equity Coordinators, placed in position by USAID to assist with Bridging Activities and EQUITY planning. These Coordinators have made consistent attempts to maintain the integrity of regional protocols and consensus building. The lack of clarity between Bridging and Equity mandates led to confusion regarding their roles. Despite periodic communication breakdowns, they have remained committed to the training programs.

**Recommendations:** Regional Directors are now in position and supportive of the training activities. Given the importance of decentralized regional and district management, and the significant variation between regions, more attention should be given to them in the future. These directors should continue to be actively involved in ongoing planning to build training capacity and to implement provider training. Interactive communication between the DOH, PDOH and the regions should be encouraged during ongoing PHC policy development so that treatment guidelines can be adopted, clarified and applied appropriately. Specific policy, treatment and referral issues need to be addressed so that integrated case management of the ill child can be followed consistently at the clinic level.

### **C. Bridging Working Group**

This group was gathered at the beginning of the Bridging Activities to act as an advisory group for the planning and implementation of the training. It was composed of individuals from diverse parts of the public health sector, including teaching institutions and provincial/district government, as well as private sector agencies. It formed a special body of interdisciplinary expertise from multiple institutions and from all parts of the Province. Such a forum of policy makers, managers, teacher/trainers and clinicians seldom works together. The Working Group was thus a strong alliance which successfully forged a partnership to address the development of the curriculum and its trial implementation.

**Recommendation:** Promote a wider representation from NGOs, educational institutions and health related directorates from the Provincial and regional/district levels. Support a stronger role for the Working Group in planning, implementation and evaluation of provincial PHC training activities.

#### **D. Provincial Training Infrastructure**

Bridging Activities in Eastern Cape Province developed a province-wide infrastructure of district-specific trainers, local mentors/preceptors and regional co-facilitators. This infrastructure was essential for the effective implementation of the distance-based learning approach especially in light of the differences in capacity between regions and districts. The Bridging Activities also cultivated a cadre of local interdisciplinary experts and resource people, many of whom contributed to specific module development. The National DOH has P.C. Training Policies; however, Eastern Cape Province has not adopted the policies and this need follow-up. The issue of accreditation for the P.C. TOT Comprehensive training program has not been resolved.

**Recommendation:** Make use of the existing training infrastructure and further its development. Assist the PDOH to address the issues of formalizing P.C. training in the Province with guidelines, policies and accreditation.

## **II. PHC TOT Comprehensive Curriculum**

A. Bridging Activities successfully produced a foundational PHC TOT Comprehensive curriculum using adult participatory learning principles and incorporating a distance-based learning approach including work-site application of principles and skills. The process of developing the curriculum and materials involved a wide variety of professionals throughout the Eastern Cape. Through this process, an infrastructure was developed and individual capacities strengthened. The participant trainers were significantly empowered to actively promote and provide community-based PHC services.

B. A Needs Assessment for PHC TOT training was completed by Provincial experts and members of the Working Group. The PHC curriculum utilized the results of the needs assessment for planning the curriculum. The results of the needs assessment were too general and not adequate to fully provide the foundation for P.C. curriculum development. The TOTs were assessed prior to each module to assist in appropriate module development and preparation of training materials.

C. The PHC Comprehensive TOT curriculum consisted of six modules, each module including an intensive week of classroom/seminar approaches and three weeks of on-site application at the TOT's clinical worksite. The clinical on-site and Distanced-based Learning methods were supervised by the Co-facilitators and regional mentors who were prepared to provide follow-up support to the TOTs as they applied information gained in the intensives.

D. The PHC curriculum included six modules including lesson plans for the intensives and DBL modules for on-site learning. The DBLs were developed with extreme time limitations, however, they form a solid foundation representing the input from a broad spectrum of South African and international experts in primary health care.

E. The PHC curriculum succeeded in making the PHC approach practical and feasible. Although some of the trainees and trainers had previous experiences in PHC courses, the majority expressed the opinion that these courses went beyond the simple facility based clinical skills, imparting the importance of practicing within homes and in the community. Many of the trainers noted that they did not know how to apply principles of community-based outreach or mobilization until this course. The DBL exercises and the field experiences were particularly useful in this regard.

F. Module 4 - Child Health was divided into two intensive sections followed by an abbreviated DBL on-site experience of two weeks. Functionally, it was two modules for the information in each submodule necessitated more time for on-site application. The submodule on Case Management of Childhood Illnesses was adapted from the WHO Module for Eastern Cape. The TOTs were positive about the content and its direct utility to their practices. The experience should be evaluated especially in light of the DOH's interest in pursuing Integrated Case Management.

G. The original intention was for cross fertilization between the PHC TOT Management and PHC TOT Comprehensive courses. This was attempted in the planning stages; however, due the two courses running concurrently, it was logistically difficult to have greater input. The PHC Management course should be reviewed for applicable content for the PHC Comprehensive course with emphasis given to facilities management, epidemiology, problem solving and decision-making.

H. The PHC Comprehensive TOT course targeted nurses who worked in PHC settings. The issue of accreditation was raised during early planning sessions. The Working Group and key players in the PDOH decided that application to the Nursing Council for accreditation would limit the course to only nurses. The implementation of the training pressed on while this issue was addressed and remained unsolved. The National DOH and the Provincial DOH need to provide guidelines for recognition of previous learning and in-service training.

I. The P.C. TOT Comprehensive curriculum needs to be revised and reoriented to the target audience of providers and their level of competency. In order to develop a P.C. Provider curriculum, an assessment of knowledge and skills in P.C. needs to be completed. Since the TOTs do not have expertise to implement a formal assessment of needs, they will need support to complete this task. The P.C. TOT curriculum will provide the foundation of technical content for the P.C. Provider curriculum. However, it will need orientation and adaptation to the provider role in P.C. clinical service. Bridging Activities were to include the development of a PHC Provider curriculum based on the TOT curriculum. Due to time constraints and the intensity needed to be given to the TOT training, the Provider curriculum development was given as a task to the EQUITY project.

**Recommendations:** Evaluation of Bridging Activities should not only take into account the tangible products, but also examine training process development and local capacity building. The PHC Comprehensive curriculum should be evaluated and revised taking into consideration regional and district differences. Additional time should be given to the on-site and DBL learning experiences. Better integration of PHC management skills and modules from the PHC Management course should be given attention for integration into the PHC Comprehensive course. A PHC Provider curriculum should be developed from this foundation by the trainers who have experienced the content, methodologies, DBLs and clinical on-site application. Recognition for the PHC Comprehensive training needs to be addressed by the DOH and PDOH.

### III. The PHC Trainers - TOTs

A. Twenty-one TOTs were selected by the Regional Directors and represented the 21 districts within the five regions of Eastern Cape Province. Participants were nurses who worked in PHC settings or supervised other nurses in these settings. The TOTs were released from their responsibilities during the intensive weeks over a total period of eight months. The success of the training programs was largely due to the TOTs dedication, commitment, professionalism, patience and persistence against many restraints. They are now the positive advocates for the PHC Comprehensive TOT training and are dedicated to their vision of improving PHC and becoming the leaders and master trainers in the province.

B. The TOTs came from various backgrounds, education and experience and possessed variable knowledge and skills. Although each one has made significant improvements, there remains a variation in their abilities. The TOTs need follow-up and evaluation to determine areas of further training and support -- either to complete DBL materials or practice teaching particular submodules.

C. The intensity and depth of the six modules, DBLs and onsite learning experiences did not allow adequate time for the TOTs to develop and practice their skills as teachers/trainers. They actively participated in adult learning methodologies and were given opportunities to teach their colleagues in the intensives, however, the TOTs need further support and supervision as they assume their roles as trainers of others within their regions.

D. The PHC Comprehensive TOTs have been concerned from the initiation of the training about their future as trainers in their regions. Because the PHC training and health care delivery system in Eastern Cape has not been fully implemented, there are fears that the TOTs will not be given the recognition as trainers nor support in developing and implementing future training systems in the regions. The PDOH has given verbal recognition of the TOT training efforts but agree that a training system and guidelines need to be put in place and the role of the TOTs affirmed.

**Recommendations:** Follow-up evaluation and supervision needs to be given to the TOTs as they assume their roles as trainers in their regions. The TOTs need to have a formal evaluation of their P.C. knowledge and skills as applied in their clinical settings. This evaluation will determine their readiness for training others and needs for follow-up training. In addition, a

round of provider training given by the TOTs with supervision and support provided by the Co-facilitators and mentors would build their capacity and confidence as trainers. It would also provide the opportunity to refine the curriculum and adapt it to meet regional needs. The TOTs need to be given the security by the PDOH and Regional Directors that they will be supported in their roles as PHC trainers.

#### **IV. PHC TOT Training Methodology**

A. The PHC TOT Comprehensive training methodology for each of the six modules consisted of a one week of intensive, participative training in a classroom/seminar setting and three weeks of onsite training in the TOT's clinical worksite using distance-based learning materials. The 21 TOTs experienced a variety of teaching/learning approaches utilizing adult learning principles and participatory methods, including presentations, group discussions, case studies, group role play. Clinical field visits assisted in the immediate application of theory to practice

B. The Distance-Based Learning (DBL) component was extremely successful. The DBLs consisted of self-study modules, clinical skills check list, self evaluations and supportive material that reinforced learning. The three-week onsite application following each of the six modules and expansion of information gained during the intensive weeks proved to be a valuable learning experience. The last three modules need to allow increased time for on-site application and DBL study to accommodate the breadth and depth of child health material.

C. PHC training methodology included the preparation of mentors in the regions whose purpose it was to provide supervision and support to the TOTs during the onsite training in the regional clinics. The mentors were chosen for their basic understanding and experience in PHC practice. Separate orientation sessions were provided for the mentors to assume their roles in the training activities. The mentor role proved to be very valuable, however, mentor preparation needs to be strengthened.

D. Co-facilitators were chosen and designated to facilitate the implementation of each module and to provide the continuity between the intensives and the on-site application. The nine Co-facilitators were integral to the Preparation Weeks prior to each module and to facilitating the intensive week sessions. They visited each of the TOTs during each onsite experience, supervised the mentors and supported the change process through application of theory to practice and promotion of self evaluation of PHC knowledge, attitude and skills.

E. Module Facilitators who were knowledgeable in the content areas were recruited from the Province for each of the six modules. They participated in preparation of the modules for presentation, discussions and case studies for the intensive week. They also prepared the Distance-Based learning materials for the onsite experiences. During the intensive weeks they co-facilitated the five day sessions in collaboration with the international consultants. The Module Facilitators became an integral part of the TOT training infrastructure.

F. The intensives were strengthened by “hands on” clinical experiences and field trips. They provided supervised practice and application of skills. A set of communities and clinics which can serve as training sites need to be assessed for future training at the regional level.

**Recommendations:** The PHC Comprehensive TOT methodology using participative adult learning principles, Distance-Based Learning and onsite clinical application was a successful training model that should be utilized for future training of a larger cadre of TOTs and for regional provider training. The TOTs need continued support in applying the training methodologies to the training of providers in their regions.

## **PHC MANAGEMENT TOT PROGRAM**

### **A. National and Provincial**

The DOH was supportive of the PHC Management Training at the national level and encouraged Provincial participation. The Provinces selected TOTs who had appropriate background and experience in PHC management.

### **B. PHC Management TOT Curriculum**

The Working Group had the mandate to develop the PHC Management TOT curriculum. The Group included members from NGOs, Provincial Departments of Health, universities and nursing colleges, the National Department of Health and alumni from the CDC course in Atlanta. Experts from the universities were unavailable to assist in the curriculum development due to either line functions or unresolved honorarium issues. The Working Group was successful in organizing and approving the general concept of the curriculum.

### **C. PHC Management TOT Participants**

1. A total of 34 TOTs completed the PHC Management TOT training and represented all nine Provinces. Although most participants were nurses, they were from different background and professional levels. This gave participants the opportunity to hear different perspectives. They were a dedicated group of participants who were eager to learn and able to overcome obstacles.
2. The TOTs have advocated and coordinated PHC Management training in each of the nine provinces. They have also assumed a major role in teaching the course in their regions.

### **D. PHC Management Training Methodology**

1. The PHC Management training was presented during a six-week period. The training was facilitated by CDC advisors and alumni as well as participants who had experience in selected content areas. The training methodology encouraged active participation and discussion. Resource materials were distributed to participants.

2. The training philosophy was to use South African instructors. Some had more training than others, but their different approaches helped enrich the course and gave participants the opportunity to hear different perspectives and to learn from each other.

### **E. Follow-up Training Implementation in the Provinces**

Proposals were requested from each of the nine Provinces for follow-up technical assistance to support the PHC Management TOT alumni to teach the course in their Provinces. Six proposals were received and four Provinces were able to reach a consensus with their PDOH on offering the course -- these were Northwest Province, Free State, Gauteng, Northern Province and Eastern Cape Province. Mpumalanga and Western Cape are planning to offer the course outside of PDOH assistance in 1997. Eastern Cape and Northwest Provinces completed the training in their regions in February, 1997. Eastern Cape was funded from the Bridging Activities budget. The follow-up training that has occurred thus far reflects the commitment of the Alumni and PDOHs to PHC Management training in their regions.

### **Recommendations:**

1. The design of the curriculum and methodology need to be evaluated to determine the appropriateness of integration of content areas into the PHC Comprehensive training, providing opportunities for applied application of management skills with mentored supervision and the need for field visits and PHC clinical/community learning experiences as an integral component of the course.
2. There continues to be a national need at the governmental level for skills in priority setting, strategic planning, policy development and financial concepts such as cost efficiency and effectiveness.
3. The PHC Management Training needs further marketing with the PDOHs to assure appropriate recognition and intent to implement the training within the Provinces.
4. The PHC Management TOTs need to be evaluated regarding their knowledge attitudes and skills in PHC management following a period of at least six months
5. The remaining Provinces need to implement their PHC Management training courses. These courses in turn need to be evaluated.

### **REMAINING ISSUES**

1. The PHC TOTs need to be assessed as to their capacity to initiate meaningful change within the provision of care services in PHC settings. Initial indications are that they have made changes within their settings and communities. However, a comprehensive evaluation is needed after the TOTs have had more time and opportunity to bring about change and to practice their new skills.

2. The PHC TOTs need the immediate opportunity to apply their skills as trainers in PHC by implementing a round of PHC Provider training in their regions. This initial training by the TOTs should be monitored and supervised in order to build their capacity for training providers. They should be actively involved in curriculum revision to prepare an appropriate provider curriculum and DBL materials and be supported with technical assistance as they assume their roles as trainers
3. The PHC TOTs need to be recognized for the intensive and comprehensive training that they have successfully obtained and be appropriately placed in leadership positions in training in their regions. The issue of accreditation for the P.C. TOT Comprehensive course needs to be addressed by the DOH and Eastern Cape PDOH.
4. The lack of a DOH counterpart was a constraint to effective and efficient communications between the National and Provincial levels in planning, implementation and follow-up of the PHC training. This will continue to be essential to the establishment of appropriate policies and guidelines for PHC training in the country.

## **V. BRIDGING ACTIVITIES - PROJECT MANAGEMENT**

The Bridging Activities were conducted by three international partners- BASICS, INTRAH, and CDC. Cooperative Agreements were established between the three organizations and proposed budgets were developed. BASICS and INTRAH were responsible for the PHC Comprehensive TOT Training in Eastern Cape and CDC was responsible for the PHC Management TOT Training at the National level. These organizations took part in the initial assessments for the Bridging Activities and the national and provincial P.C. planning. BASICS was designated to provide local support by establishing offices in Pretoria and Eastern Cape and hiring local personnel. A PHC Coordinator was hired to assist the DOH and PDOH to coordinate the planning and implementation of the TOT training for both the PHC Comprehensive and Management TOT programs. An Assistant Administrator/accountant was responsible for the accounting and to assist with logistics and office support. A full-time secretary assisted with office support activities in Pretoria and part-time secretarial services were employed during intensive training periods.

The decision was made by AID-Washington that an ex-patriot project administrator was not to be hired for the Bridging Activities due to budget limitations and their philosophy of using South Africans for project coordination and local administration. BASICS was opposed to this decision but was not granted reconsideration. The initial BASICS consultant to the Bridging Activities was asked to remain as an interim advisor for four months in order to search, hire and train the local staff. A search committee was formed with members from the DOH (HRD), Eastern Cape Province, USAID and BASICS. The two local positions were filled in March, 1996 according to established criteria and skills that matched the scope of work. They were contracted for one-year positions. A BASICS team from Washington assisted in establishing the offices in Pretoria and Eastern Cape Province and training the local personnel in field finance and administration.

The decision to not have an ex-patriot advisor for the Bridging Activities was the singular most important factor that impacted project administration. The local personnel had no experience in management of USAID contract programs and limited experience/knowledge of management within international donor organizations. There was a great need to build their capacity in priority setting, problem solving, time management, communication/ planning and financial management skills. A international advisor onsite would have helped to mentor, role model and foster development of management skills.. The lack of management skills led to poor anticipation of needs and advanced planning for technical program input and logistical operations. Lack of appropriate and timely communications to USAID, BASICS headquarters and the Provinces led to inadequate and timely decision making and support when it was needed. Not anticipating the additional support needed when the PHC Management TOT training was delayed and had to occur at the same time as the PHC Comprehensive training led to serious administrative and financial management problems. This necessitated a special visit by a BASICS Finance and Operations team to research the problems and reinforce training, conduct a special audit and to contract an external accounting firm. BASICS US provided additional back-up to manage the problems that occurred during the project.

Additional technical input was needed for the project to plan and implement the PHC Comprehensive and PHC Management TOT Training components. This was due to underestimating the external technical assistance needed prior to implementation of the training. The Provinces lacked certain expertise in PHC areas that needed to be supplemented. The increase in technical assistance created additional administrative local support.

An important influencing factor on project management was the lack of a DOH counterpart and clearly designated counterparts at the PDOH in Eastern Cape and for the PHC Management program. The PHC Coordinator was placed in the position of communicating directly with the Provinces without the assistance of the DOH counterpart as a liaison. This resulted in her being in the middle of central vs. provincial political protocols and struggles.

Despite these constraints the local staff made valiant efforts to keep the project activities on track and to work through the logistical problems. They were persistent in maintaining the priority of implementation of the training according to schedule. They worked up to their capabilities and would have benefitted from more consistent mentoring and management training which in turn would have contributed to the more effective management of the Bridging Activities.

The international partners made great efforts to plan and coordinate a project that was the first USAID health project in the country. Consultants from each of the organizations were extraordinarily committed and made sacrifices to bring forth the additional technical assistance the training required as the implementation progressed. The partners could have benefitted from more regular planning and communication meetings to anticipate implementation and logistical needs.

**APPENDIX B**

**BASICS Scope of Work Description**

## APPENDIX B

### BASICS SCOPE OF WORK DESCRIPTION

- A) Name Carolyn Kruger
- B) Account Code 000-SA-01-016 (Evaluation)  
000-SA-01-023 (Lessons Learned)
- C) Destination Pretoria, South Africa  
Eastern Cape, South Africa
- D) Dates o/a March 6, 1997 to o/a March 21, 1997
- E) Fee days 19  
**A six-day work week is requested for Dr. Kruger.**
- F) Scope of Work:

While in South Africa, Carolyn Kruger will carry out the following scope of work:

1. Be available to the USAID Bridging Evaluation Team regarding all aspects of the PHC Comprehensive Training Project- act as resource, provide information, be available for interviews, attend meetings and de-briefings
2. Review the evaluation data collected by the Consultant for Data Collection for the PHC Comprehensive Project for completeness and make recommendations
3. In collaboration with INTRAH, draft an analysis of the PHC Comprehensive Project evaluation data
4. In Collaboration with BASICS, INTRAH, CDC and the DOH/PDOH extract Lessons Learned from documents, data collection analysis and interviews. Share this information with USAID Bridging Evaluation Team and at the Lessons Learned Workshop
5. Oversee final arrangements for the Lessons Learned Workshop in Eastern Cape, March 11-12 and participate in the conduct of the Workshop
6. Assist in the final arrangements and implementation of close-out procedures for the BASICS SA Office

## BASICS SCOPE OF WORK DESCRIPTION

A) Name	Jose Molina
B) Account Code	000-SA-01-003
C) Destination	Pretoria, South Africa
D) Dates	o/a March 9 to o/a March 26, 1997
E) Fee days	17

F) Scope of Work: In response to requests from the Department of Health, USAID/South Africa designed a long-term bilateral project (EQUITY) to strengthen primary health care in South Africa. In order to provide continuity and to adequately prepare for the new project, USAID requested the assistance of BASICS and other collaborating agencies to plan and implement Bridging activities that could lead into the EQUITY project. Since October 1995, BASICS, in collaboration with CDC and INTRAH/Prime, has been planning and implementing Primary Health Care (PHC) interventions in South Africa.

In support of the activities in South Africa, a two-person office was established to coordinate and carry out the initial interventions. Effective March 31, 1997, BASICS long-term assistance on the ground comes to an end, as the EQUITY project begins its work. The BASICS/South Africa office must therefore be closed. Mr. Jose Molina will travel to Pretoria to work with the field office staff to close the BASICS office in South Africa. Operations Officer Carolyn Kruger will be in South Africa to assist with the USAID Bridging Evaluation and Lessons Learned workshop, and will be available to provide oversight and assistance as needed.

Specifically, Molina will:

1. Ensure that consultant and activity reports have been finalized and submitted to BASICS/W;
2. Arrange for collection and shipping of project documents to HQ;
3. Make arrangements with the bank for final close-out;
4. Ensure that any outstanding balances to vendors have been liquidated;
5. With assistance from Price Waterhouse, review and reconcile field accounts, addressing outstanding issues advances and review findings of the audits;
6. Review the findings of the external audit with Coopers & Lybrand; and communicate issues to BASICS F&A;

7. Clarify and resolve any outstanding legal and administrative issues; and communicate unresolved issues to BASICS F&A;
8. Review the field office's inventory and dispose of non-expendable and expendable equipment;
9. With the Operations Officer, meet with the DOH staff and Mission staff to finalize arrangements for disposal of equipment, to address issues regarding deliverables, and to debrief as needed.