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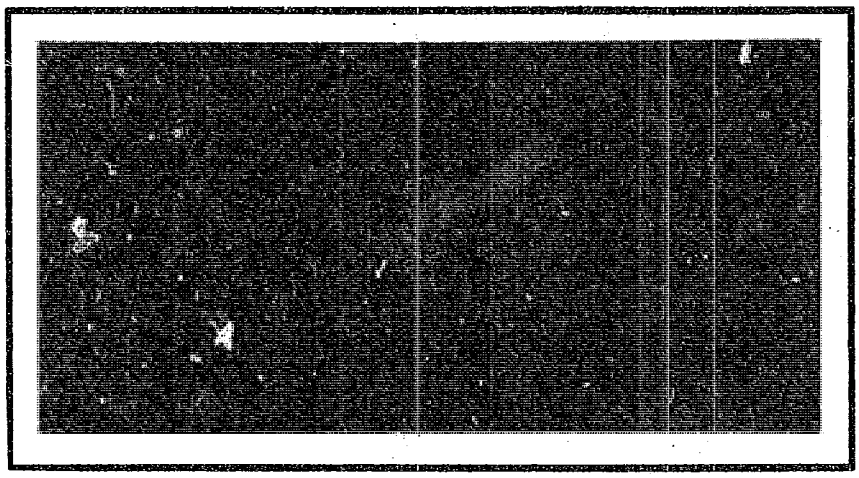
INTERNATIONAL HEALTH PROGRAMS



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REPORT ON A CONSULTANCY TO PREPARE AN AMENDMENT TO THE BASIC HEALTH MANAGEMENT TRAINING PROJECT

A Report Prepared By:
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REPORT ON A CONSULTANCY TO PREPARE AN AMENDMENT TO THE BASIC HEALTH MANAGEMENT TRAINING PROJECT

Scope of Assignment

At the request of AID/RDO/C, the American Health Association (APHA) selected Ms. Mary Worstell and Dr. Hans Blaise as consultants to assist the Health Section of the Caribbean Community (CARICOM) and the Regional Development Office/Caribbean of the Agency for International Development (AID/RDO/C) in preparing a project amendment for the Basic Health Management Training (BHMT) Project (538-0019). The two consultants earlier were members of a team of consultants who made a mid-term evaluation of the project in October-November, 1980.

As stipulated in the Scope of Work (see Appendix A), the consultants reported to the regional health adviser, RDO/C, and worked closely with the chief of the Health Section, the CARICOM Secretariat, the manager of the Basic Health Management Training Project, and project staff in Guyana. RDO/C assigned a financial analyst to assist the regional health adviser and the team of consultants in preparing a budget. In accordance with the Scope of Work, a final project paper amendment was prepared by the consultants in collaboration with mission staff. That amendment was submitted to RDO/C. Although minor subsequent modifications were made, RDO/C approved the project paper amendment before the consultants completed their assignment. The project paper is available upon request from USAID/Barbados.

Schedule of Activities

The team arrived in Bridgetown, Barbados, on January 4, 1981. After a briefing at RDO/C on January 5, they traveled to Georgetown, Guyana. They were accompanied by Mr. Peter Medford, the financial analyst assigned by RDO/C to work with the team. The team remained in Georgetown until January 9 for a series of working sessions with appropriate CARICOM staff (see Appendix B). Mr. Mark Laskin, the regional health adviser, RDO/C, participated in the consultants' discussions with CARICOM.

From January 9, when the team returned to Barbados, until January 20, when the assignment ended, the team prepared the project paper amendment. This was done in continued close cooperation and consultation with RDO/C staff and staff of the CARICOM project. Before the assignment ended, two review meetings were held at RDO/C. The acting director of the mission participated in one of these meetings.

Overview

The substance of the team report is contained in the final project paper amendment. This overview provides some general observations of the consultants and background information on this assignment.

The mid-term evaluation report was accepted by the RDO/C. The recommendations contained in that report were the basis for the project paper amendment. (The recommendations were not implemented fully because it was anticipated that fewer funds than required would be available.) The team found that CARICOM also endorsed the recommendations of the mid-term evaluation team, requesting only minor modifications.

As is stated in the mid-term evaluation report, the remaining funds of the project were insufficient to complete the scope of work specified in the original project paper. In large measure, this was due to shortcomings in the formulation of the original budget and to the fact that Belize was added to the list of participating countries without the allocation of additional funds. Additional funding was needed because it was found that the number of health personnel in the participating countries who needed management training exceeded the number that had originally been anticipated. In addition, experience indicated that in some important cost areas the rate of inflation was considerably higher than the calculation in the original budget. Finally, in some areas of activity the evaluation team found that either the kind or scope of activities scheduled for the project was inadequate to develop the desired institutional capacity in the participating countries.

Understandably, the CARICOM Health Section and project management were anxious to have an opportunity to fulfill the scope of work of the original project, which had been modified after the mid-term evaluation. Not only did CARICOM representatives view this as genuinely necessary to serve the health management needs of the region, but they also noted that it would be difficult for CARICOM not to respond to the expectations of the participating countries. As was revealed in a review of the detailed calculations of the financial implications of complete implementation of the "optimum" project, this would require significant additional funding.

It became necessary for RDO/C to reduce the level of activity for the remainder of the project period to what was considered to be within the limits of the financial constraints. The views of the consultants, who were asked to comment on this action, are reflected in the final project paper amendment. The final project paper amendment is, of course, a proposal. It has been submitted to AID/Washington, which will make the final decision about additional funding for the BHMT project.

APPENDICES

Appendix A

SCOPE OF WORK
FOR AMENDMENT TO PROJECT 538-0019

Appendix A

BASIC HEALTH MANAGEMENT TRAINING PROJECT
PROJECT PAPER AMENDMENT
SCOPE OF WORK
(538-0019)

I. Objectives

The objectives of the consultants is to prepare a project amendment for the BHMT project in collaboration with the implementation agency, CARICOM, and the Regional Development Office/Caribbean (RDO/C).

II. Statement of Work

Based on the recommendations of the BHMT Development Project Evaluation Team and in consultation with the CARICOM Health Section, the consultants will prepare a project paper amendment reflecting a plan of action for the achievement of project objectives using remaining funds in the project and additional funds as required and available. The project paper amendment should be formulated according to the following format:

a. Project Purpose:

If revised, a rationale should be provided.

b. Project Description:

This section should indicate any changes in the design of the program and the effect these changes may have on the achievement of the project purpose. The revised project design should reflect any changes in strategy or project implementation, including an instutional analysis for the implementation agency and the rationale for any changes in implementing agents. The project description also should relate as closely as possible project activities to expected beneficiaries and project outcomes. In

a background statement the project description should describe (a) where the project has been, (b) where the project is at the moment, and (c) future directions for the project and expected outcomes.

Since the project is a continuation of an existing, on-going activity, the results of the recently completed evaluation and any rationale for deviation from the recommendation of that evaluation should be discussed within the context of the project paper amendment.

It is assumed that the project-specific analyses (e.g., economic analysis, social analysis) will remain relatively unchanged. Any changes in project-specific analyses, however, should be reflected in the project paper amendment. Specifically, a technical feasibility analysis and an administrative feasibility analysis should be provided and updated from the original project document.

III. Financial Plan

The financial plan should indicate in detail the total financing from both AID sources and CARICOM (in-kind contributions) required to carry out the project. The financial analysis should indicate the allocation of existing resources under the grant and any additional resources required to complete the project.

IV. Implementation Plan

As a result of the revised project design, a revised implementation plan should be included in the project paper amendment. This should indicate expected project activities and estimated sequencing in time. The implementation plan should identify who is responsible for each separate implementation action.

V. Evaluation

The project paper amendment should include a revised evaluation schedule based on any revisions to the estimated completion date for the project.

VI. Roles and Responsibilities

The consultants will report to the regional health adviser, RDO/C, and work closely with the chief of the Health Section, the CARICOM Secretariat, the BHMT project manager, and BHMT project staff in Guyana.

The project paper amendment will be reviewed at RDO/C, Bridgetown.

VII. Level of Effort

Two individuals will be required for the above statement of work for approximately two (2) weeks. A six-day work week is authorized.

VIII. Logistic and Administrative Support

RDO/C will provide office space, equipment, and secretarial services to the consultants. It will provide the services of a financial analyst, as required for budget preparation. The financial analyst will work under the joint guidance of the RDO/C, regional health adviser, and consultant team leader. All other support will be provided by the consultants.

IX. Reports

Before the assignment is completed, the consultants will submit a final project paper amendment which has been reviewed and approved by RDO/C.

Appendix B

LIST OF CONTACTS

Appendix B

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AID/RDO/C

Mr. Mark Laskin

Mr. Edward Birgells

Mr. Peter Medford

CARICOM

Dr. Philip Boyd

Ms. Margaret P. Price

Mr. Alston Fergusson

Mr. Evan Drayton

Mr. A. C. B. Watty

Mr. E. Sills