

PD-AA6-971-A1

attached 538009005201
538009002101

538-0019-4
538009001501
Report Symbol U-447

DUPLICATE

PROJECT EVALUATION SUMMARY (PES) - PART I

1. PROJECT TITLE Basic Health Management Training			2. PROJECT NUMBER 538-0019	3. MISSION/AID/W OFFICE RDO/C
5. KEY PROJECT IMPLEMENTATION DATES			4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 80-2	
A. First PRO-AG or Equivalent FY 78	B. Final Obligation Expected FY 81	C. Final Input Delivery FY 82	6. ESTIMATED PROJECT FUNDING (000's) A. Total \$ 2,325 B. U.S. \$ 1,800	
			7. PERIOD COVERED BY EVALUATION From (month/yr.) August 30, 1978 To (month/yr.) December 31, 1979 Date of Evaluation Review 1/18/80	

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
Based on a review of activities conducted during the first 16 months of the project, a revised project implementation plan was developed. (See Evaluation). PACD is Sept 30, 1982.		
Based on a review of actual expenditures/commitments made during the first sixteen months and anticipated expenditures for the remainder of the project, a revised financial plan was prepared by CARICOM. An additional estimated US\$328,000 project overrun is anticipated. RDO/C, upon review and analysis the projected overrun, will consider any necessary increases in the FY 82 Annual Budget Submission. One of the causal factors is that an additional country, Belize, was added to the list of participating countries. (See attached Revised Project Budget.)	RDO/C	May, 1980
Annual project evaluations have been scheduled for January 1981 and January 1982.	CARICOM/RDO/C	
An Implementation Letter will be issued reflecting all of the above.	RDO/C	March, 1980
<u>List of attachments</u> A. Revised budget showing estimated short-falls B. Report of the Second Meeting of the Project Advisory Group (Evaluation Meeting) January 18, 1980, Barbados C. First Project Evaluation Report D. Westinghouse - First Progress Report + Appendix (through December 31, 1979). E. Report of the First Training Evaluation, Jan. 7-8, 1980 F. Information Handbook for Basic Health Management Development Project - 1979 - 82	AVAILABLE IN LAC/DP/PPE FILES	

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS			10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT		
<input checked="" type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)	A. <input type="checkbox"/> Continue Project Without Change		
<input checked="" type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T		B. <input type="checkbox"/> Change Project Design and/or		
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Change Implementation Plan		
<input checked="" type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P		C. <input type="checkbox"/> Discontinue Project		

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER BANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)		12. Mission/AID/W Office Director Approval	
Paula Feenev, Project Manager <i>Paula Feenev</i> 3/21/80		Signature <i>William B. Wheeler</i>	
Phillip Boyd, Project Director, CARICOM		Typed Name William B. Wheeler	
Dwight Johnson, Assistant Director, RDO/C		RDO/C Director	
Terry Liercke, Program Officer		Date	
Steve Ryner, Capital Resources Development Officer			
John Tuleja, Controller			

BASIC HEALTH MANAGEMENT TRAINING PROJECT 538-0019

	Grant Agreement	Westinghouse Contract	PIO/C	Estimated Costs for Implementing Agency	Revised Budget (Evaluation)	Estimated Short Fall/Anticipated Net Overexpenditure
<u>Training</u>	518.6	813.2		20	833.2	314.6
<u>Technical Assistance</u>	520.7	158,589		386	544.6	23.9
<u>Commodities</u>	125.8		105.4	45.5	151	25.2
<u>Implementing Agency Support</u> (not including training technical assistance and commodities)	445.4				538.5	93.1
<u>Contingency</u> (11.76% of total project costs)	189.5				61.5*	
Total	1,800				2128.8	456.8 -128 (Inflation) 328.8

* \$128,000 Inflation distributed among 4 funding categories listed above

538-0019
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ATTEN: A

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REPORT
OF THE
SECOND MEETING
OF THE
PROJECT ADVISORY GROUP
CARICOM/AID
BASIC HEALTH MANAGEMENT DEVELOPMENT PROJECT

Bridgetown, Barbados

18 January 1980

CHAIRMAN: Dr. P. I. Boyd
Chief, Health Section
Caribbean Community Secretariat

AGENDA

1. WELCOME TO NEW MEMBER (Dr. C. Mulraine, UWI)
2. CONFIRMATION OF MINUTES (REPORT) OF FIRST MEETING
3. MATTERS ARISING FROM MINUTES OF FIRST MEETING
 - A. Certification of Training Participants paras. 21-24
 - B. Letters to Permanent Secretaries 25-26
 - C. Requests for Technical Assistance 28-53
(St. Vincent, Saint Lucia, Belize,
Antigua, Barbados, St. Kitts-Nevis-
Anguilla)
 - D. Information Handbook 62-64
 - E. Dominica 65-69
 - F. Project Publicity 70-72
 - G. Project Evaluation 54-61
4. ANY OTHER BUSINESS

ANNEXES

- I. REQUEST FOR TECHNICAL ASSISTANCE - ANTIGUA
- II. MEMORANDUM FROM PROJECT MANAGER TO HEALTH MINISTER,
ST. KITTS-NEVIS-ANGUILLA
- III. FIRST PROJECT EVALUATION REPORT

REPORT OF THE MEETING

.....
(Held at Ocean View Hotel, Barbados on Friday, January 18, 1980)

Present were:

Dr. P. I. Boyd	Chief, Health Section CARICOM Secretariat (Convenor)
Ms. Paula Feeney	Regional Health/Nutrition/ Population Advisor, AID- Regional Development Office/ Caribbean
	Area Management Adviser PAHO/WHO
	Permanent Secretary Ministry of <u>Health</u> and <u>Education</u> Saint Lucia Permanent Representative of the Participating Countries
Mr. E. S. Drayton	Administrative Officer Basic Health Management Development Project (Secretary)

Also in attendance:

Ms. Margaret Price	Project Manager Basic Health Management Development Project
Mr. Arthur Watty	Chief, Finance and Administration CARICOM Secretariat

Absent:

Dr. C. Mulraine	Department of Social and Preventive Medicine, University of the West Indies Mona Campus Jamaica
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INTRODUCTORY REMARKS - CHAIRMAN

The Chairman informed the meeting that Dr. C. Mulraine, who had been nominated by the Vice Chancellor, University of the West Indies, as the UWI's representative on the Group, had communicated by telegram his inability to attend the meeting.

2. Dr. Boyd said that Westinghouse had raised with him informally the question of its representation on the Project Advisory Group and proposed to write the Secretary-General on the matter.

2.1. The meeting agreed that such representation by the Prime Contractor would involve a conflict of interest, and that the Secretary-General be advised accordingly.

MATTERS ARISING FROM MINUTES OF FIRST MEETING

(Agenda Item 3)

A. Certification of Training Participants

3. Ms. Price said that after consultation with the Trainers it was agreed that certificates would be awarded to participants who had successfully completed the course in Basic Management and attended at least 80% of the training sessions.

3.1. Copies of a draft certificate were then circulated and Mr. Drayton advised that the estimated cost in Guyana was G\$500 per 1000 copies. However, in view of the high cost and uncertain delivery date estimates were being canvassed in Barbados. (Later in the meeting a quotation was received from Letchworth Press of BDS\$180 with a two-week delivery date.)

3.2. After further discussion, it was agreed that:

- (a) the words "Caribbean Community Secretariat" be inscribed in bold lettering at the top of the Certificate;
- (b) arrangements be made for presentation of Certificates by the Secretary-General, Project Director or Project Manager timed to serve as an incentive to participants in submitting their "Action Plans" as a follow-up to Training Package 'A'.

B. Letters to Permanent Secretaries

4. Dr. Boyd undertook to write Permanent Secretaries of Health Ministries informing them that they were free to communicate with him at any time concerning any element of Project implementation. Generally, however, regular visits by the Project Manager and himself around the Region provided frequent opportunities for dialogue with Health Ministries about all aspects of the Project.

C. Requests for Technical Assistance

Model District Health Team

5. St. Vincent and Belize: Ms. Price said she would prefer not to commit further Technical Assistance under the Westinghouse Contract until certain difficulties had been resolved. However, in view of the need to settle certain arrangements for forthcoming T.A. under Model District Health

Team, she would advocate the employment of Dr. Dyer of UWI under separate contract for MDHT in St. Vincent and Belize. (Ms. Price would know the final position in Belize after her forthcoming visit.)

5.1. In response to a point raised by Ms. Feeney that such an arrangement outside the Contract with Westinghouse might involve certain risks arising from fragmentation, Dr. Boyd said that some diversity and experimentation might have advantages in certain areas; particularly in the case of Model District Health Team.

5.2. It was agreed that the prospects of securing the services of Dr. Dyer for Model District Health Team, St. Vincent and Belize should be pursued; however, in this and other similar circumstances that might arise, the Project should advise Westinghouse of its intentions as early as possible and take steps to coordinate such services with those being provided by the Contractor.

Health Planning

5.3. Saint Lucia: Ms. Price mentioned that quotations had been requested from the Afro-American Purchasing Center, New York, for the equipment requested. The cost would hopefully be met within the provision made in the Project budget for Commodities.

5.4. Antigua: A letter dated 15 January from the Health Ministry was circulated (see Annex I). Ms. Feeney said she would pursue the prospects of financing the cost of the Portable Laboratory Kits under the AID contribution to PAHO/CAREC, as it was not an appropriate charge to the Management Project. Ms. Price also undertook to discuss the matter with Dr. Hamilton of CAREC.

5.5. Responding to Ms. Price's request for approval to purchase vehicles required for both Antigua and Saint Lucia, Ms. Feeney observed that while she appreciated the need of such vehicles to provide essential support for technical assistance, especially in Model District Health Team, AID would have to consider the proposals critically in view of the wider implications (i.e. prospective requests for vehicles to meet other Project requirements), since it was not AID's normal policy to provide vehicles under such programmes.

5.6. The meeting agreed that in the event of a decision by AID to provide vehicles under the Project countries concerned should be required to give a commitment to replace such vehicles from their normal budgets.

5.7. St. Kitts-Nevis-Anguilla: Copies of a memorandum of December, 1979 submitted by Ms. Price to the Health Minister (Annex II) were circulated to members. Ms. Price referred to the main features of her memorandum, based on discussions in Basseterre, and study of Dr. B. E. C. Hopwood's report and the Barbados National Health Plan. The objective was:

"to identify steps and procedures necessary to enable the Government of St. Kitts-Nevis-Anguilla to move towards the realization of its stated intent to implement a National Health Service in the State".

5.8. Additionally, Ms. Price stated that:

- (a) she had suggested that Dr. Boyd might assist by advising on a national health policy and meanwhile the Trainers might be able to help;

- (b) she had assisted the Health Ministry in identifying resources;
- (c) the memorandum was an update of developments pending a feasibility study on a National Health Service;
- (d) any management issues arising from the feasibility study might qualify for Technical Assistance under the Project.

5.9. Mr. Robles said that PAHO was assisting St. Kitts-Nevis-Anguilla with regard to the manpower development aspects.

5.10. Ms. Feeney observed that the development of a National Health Service was essentially a Government responsibility and would fall outside the scope of the Project.

5.11. Dr. Boyd conceded AID's constraints. However, it was clearly part of CARICOM's mandate (not necessarily within the Project) to provide all possible advice and help throughout the health sectors of Member Countries.

(The Chairman extended a welcome to Mr. Arthur Watty, Chief, Finance and Administration, CARICOM Secretariat, who joined the meeting at this stage to participate in discussions on the financial aspects of the Project Manager's Evaluation Report.)

Barbados Prescription Drug Plan

5.12. Ms. Price reported as follows:

- (a) The Contract with SYSTEMS had been executed and work started on December 1, 1979.

- (b) The Contractor's monthly Report had been submitted two days before, reviewed with Mr. Basil Springer, the Contractor, and Mr. Cortez Nurse of the Barbados Health Ministry who had been appointed CARICOM's representative to monitor the Contract; and the progress of work to date was found satisfactory.
- (c) A procedure had been agreed for the submission and certification of monthly reports and invoices.
- (d) If indications were confirmed that the computer time allowed was inadequate the Contractor would make recommendations for possible adjustments when submitting his second Report.

Supply Systems

5.13. Mr. Robles reported having written to PAHO seeking assistance to those Participating Countries which were experiencing supply systems problems, with a view to arriving at a coordinated approach; but PAHO had replied that the proposal could not be accommodated in this year's programme.

D. Information Handbook

6. Ms. Price reported that in view of high cost and continuing delay in the production of the Handbook in Georgetown, negotiations on the printing had been successfully completed with the Letchworth Press, Barbados to print the covers at a far cheaper cost and shorter delivery date. Mr. Drayton had brought to Barbados 500 copies of the text which Letchworth would cover, bind and airfreight without handling charges.

6.1. Note was taken of a suggestion by Mr. Louisy that in future the prospects of printing Project documents in other islands with the resources should be considered.

E. Dominica

7. Dr. Boyd mentioned that PAHO was assigning a Health Planner to Dominica for a 3-week period to prepare health project profiles arising out of the Caribbean Development Bank's reconstruction report.

7.1. Mr. Louisy urged that although Dominica was late in starting Project activities (due to the effects of hurricane "David") provision should nevertheless be reserved for that country, and steps taken to ensure that it received its fair share of the Project's resources.

7.2. Ms. Price said she proposed to visit Dominica for a week from February 7 and it might be necessary for the country's needs to be redefined in the light of assistance from other sources. Meanwhile, Dominica was preparing for Elections and there was no Health Minister at that time.

F. Project Publicity

8. Dr. Boyd and Ms. Price reported that media coverage had so far been satisfactory, through press releases, the Caribbean News Agency (CANA), Radio Antilles, and CARICOM radio programmes, as well as Radio/TV interviews.

8.1. The Minutes of the First Meeting of 24 September, 1979 were then confirmed on a motion by Mr. Louisy.

G. Project Evaluation

9. Introducing the subject, Dr. Boyd said he had been very impressed by the Training Evaluation Meeting held in Antigua on January 7 and 8. He was also encouraged by the enthusiasm of the participants as reported by the Coordinators and the impact the Project was having.

9.1. In addition to the editorial changes made to the Project Manager's draft Evaluation Report which had been circulated (amended version at Annex III) a number of specific matters were raised and discussed as indicated below:

(Para: 2.3) Major Problems Encountered to Date

9.2. It was reported that on the previous day Ms. Price, Mr. Watty and Mr. Drayton had discussed and settled payment procedures with AID under the Westinghouse Contract with a view to reducing the time lag in effecting payment and avoiding interest charges as a result of delay in the mail service from Georgetown to the USA.

(Para: 5.1.1) Examination of Project Inputs

9.3. The meeting supported CARICOM'S proposal to appoint Mrs. Cheryl France, Project Clerk, under contract, by special assignment from the Secretariat without any loss of earned benefits, and on a salary scale immediately above her existing one, which would reflect her increased scope of work to include responsibility for coordinating a uniform classification Library System to be used by the Management Resource Centres.

(Para: 5.1.2) Contractor Personnel

9.4. The breakdown of Technical Assistance by person-months under Contract and subcontracts was given as follows:

TA (Primary Areas)	Westinghouse	Lurijos	A.G.I.	+U.W.I.	Total
MDHT	6 p.m.	-	-	3 p.m.	9 p.m.
MIS	-	-	8 p.m.	-	8 p.m.
Org. Analysis	1 p.m.	-	-	4 p.m.	5 p.m.
Health Planning	5 p.m.	5 p.m.	-	-	10 p.m.
Sub-Total	12 p.m.	5 p.m.	8 p.m.	7 p.m.	32 p.m.

+ Subcontract not yet executed

(Para: 5.3.3) Special Attention

9.5. With regard to the request by two countries for assistance in Personnel Management, the meeting agreed that an approach be made to the Regional Training Project to undertake this activity, failing which an effort should be made to embrace it under the Health Management Project.

(Para: 7.1) Financial Plan

consultation with finance officers of the AID Regional Development Office to draft a proforma statement which would serve the purpose of putting AID/Washington on notice that further provision appeared likely. The statement would be sent to CARICOM and be available for inclusion in the next Project Evaluation Report.

(Para: 9.3.1.) Project Administration, Coordination
and Communication

Communication with the Participating Countries

9.7. As an alternative to reducing the normal workload of Project Coordinators (Recommendation No. II) the meeting discussed the possibility of Coordinators being assigned full-time to the Project and receiving payment for their services.

9.8 Ms. Feeney observed that as a pre-condition for participation, countries had undertaken to provide Coordinators for 50% of their time and it was AID's policy to encourage Governments to accept responsibility for Project coordination and its implications.

Relocation of the Project

9.9. Views were mixed on Recommendation No. IV that the Project, together with the Health Section, might be relocated more centrally in the Region to better serve the objectives of the Project.

9.10. Mr. Louisy recommended that the Project (separately from the Health Section) should be moved from its present location. Mr. Robles agreed. The Chairman was opposed to the motion in that particular form, and Ms. Feeney concurred in this view and pointed out that AID would not be able to bear the cost of such relocation. The Chairman declined to use his casting vote.

9.11. Thus the discussion was inconclusive.

Communication with Westinghouse

9.12. Ms. Price summarised difficulties being encountered with the Contractor despite sustained efforts to resolve them. The problem over the UWI Subcontract had so far proved intractable. As a result, UWI had not:

- (a) participated in the curriculum design of Training Package 'A';
- (b) delivered Technical Assistance in Organizational Analysis in Montserrat and Dominica in 1979;

and there was still no positive indication whether - and to what extent - the Institution would be involved in the Project. As a result planning of Project activities continued to present serious problems.

9.13. The Chairman explained that he had discussed with Westinghouse the delay in concluding the subcontract with UWI and they had explained that repeated communications with UWI had failed to produce a reply, but that they were continuing to exert themselves to the utmost to elicit a response.

9.14. Ms. Feeney said AID also viewed this as a major problem as UWI's participation had been an important criterion in the award of the contract to Westinghouse. It was open to CARICOM to request an examination of the correspondence files on the subject, of both Westinghouse and UWI, to determine responsibility for the undue delay. Meanwhile, CARICOM might also consider reserving that part of TA allocated to UWI for Organizational Analysis in Montserrat and Dominica for the award of separate contracts in order to ensure no further delay

in those countries. In the last resort, CARICOM might have to delete from the Westinghouse Contract all activities and costs provided for UWI and make alternative arrangements.

9.15. Mr. Watty pointed out that in addition to the subcontract cost of US\$55,000 the relevant proportion of the Contractor's Fixed Fee (and any other built-in charges) would also be affected if UWI pulled out of the Project.

9.16. Dr. Boyd said that CARICOM had a vitally interest in UWI's participation in regional health work in general and in this Project in particular and he undertook to call the Vice Chancellor without delay to ascertain the real cause of the problem. Meanwhile, CARICOM would welcome AID's urgent advice in writing on the legal implications of a full or partial deletion of UWI's proposed services.

Travel

9.17. With regard to Recommendation No. VI regarding a waiver of the requirement that American Air Carriers be used whenever possible, Ms. Feeney undertook to raise the matter with AID. However, she was not hopeful that the proposal would be successful. (Ms. Price subsequently amended her recommendation requesting a modification "to include the use of regional carriers".)

ANY OTHER BUSINESS (Agenda Item 4)

10. Mr. Robles requested that Project correspondence intended for him should be addressed to Faho Caribbean Project Coordinator marked "Attention Mr. Robles" as far in advance as possible of any attention or action required on his part.

Payments Under Westinghouse Contract

11. Ms. Feeney advised that:

- (a) CARICOM should follow the procedure adopted by AID of having both Technical and Financial Officers certifying respectively that the work had been satisfactorily done and that claims made, fully supported by vouchers, were in order; before payment was made.
- (b) The Chief, Finance and Administration advise the Contractor in writing, with a copy to AID, of the proper procedure.
- (c) AID was concerned about financial control of the Project, which needed close and constant "watch-dogging". CARICOM should make payment only for acceptable charges, withholding payment on any questionable charges until satisfied with the Contractor's submission.
- (d) Inspection of the Contractor's financial records at Home Office would be appropriate only if CARICOM remained dissatisfied with specific Contractor's claims.

Future Meetings

12. It was agreed that:

- (a) The next (annual) Project Evaluation meeting be scheduled for January, 1981.

- (b) An approach be made to AID for assistance in funding an independent Evaluation, possibly by a Caribbean Management Company in association with U.S. Consultants; and that the Project Manager should first prepare a scope of work for submission to AID.
- (c) The next Training Evaluation meeting be held provisionally on June 30, in Grenada, shortly before the sixth meeting of Regional Health Ministers.
- (d) The Project Director consider whether to convene a special meeting of the Project Advisory Group and at what time.

CLOSE OF MEETING

13. Dr. Boyd, on behalf of the Group, congratulated Ms. Price on her hard work and attention to detail and the progress so far accomplished, as reflected in her excellent Evaluation Report.

Communications on this subject
should be addressed to:-

Ministry of Health
New Administration Building
St. John's
Antigua.

and the following
Number quoted. H 51/44

January 15, 1980

Ms. Margaret Price
Project Manager
CARICOM Basic Health Management Project
CARICOM Secretariat
Georgetown, Guyana.

Dear Ms. Price,

Model District Health Team

Further to discussion re equipment required for Model District Health Team, I would like to request the following:-

- (a) Transport facilities for six persons. A station wagon.
- (b) Portable Laboratory Kits. (Specifications will follow)

In relation to item (a) the Ministry of Health has very serious transportation problems and resolution does not seem imminent.

One of the services we hope to introduce in the Model District is a small laboratory where basic laboratory tests e.g. Urine, Blood etc. may be performed. UNICEF has listed in its catalogues these kits costing in the region of \$1000.00 each.

We hope these requests can be met from the Project.

Yours truly,

(sgd.) H.A. Barbés
Permanent Secretary.

Basic Health Management Development
Caricom Secretariat, /Project,
Georgetown,
Guyana.

TO: Hon. Minister of Health, Education and Social Affairs

FROM: M. P. Price - Project Manager, Basic Health Management
Development Project - CARICOM Secretariat

SUBJECT: Proposed National Health Service
St. Kitts-Nevis-Anguilla

Introduction

The views expressed herein derived from

- (a) a study of a report done by Dr. B.E.C. Hopwood from the Commonwealth Secretariat - March 1979;
- (b) a study of the proposed Barbados National Health Plan; and
- (c) discussions with the Permanent Secretary, Ministry of Health, Mr. O. Hector and the Hon. Minister of Health, Mr. F. Bryant.

Objective

To identify steps and procedures necessary to enable the Government of St. Kitts, Nevis and Anguilla to move towards the realization of its stated intent to implement a National Health Service in the State.

Background

The Government has publicly stated its policy to implement a National Health Service. In moving towards this a study was done in March of 1979 by Dr. B. E. C. Hopwood from the Commonwealth Secretariat. In the report of this study it is documented that more than 60% of the population now qualify for and receive free health service. Included in this group are:

1. All children under the age of 16 - Approx. 42% of the population.
2. All male labourers over the age of 60 and female over the age of 55 - Approximately 4.77% of the population.
3. Non-established members of the civil service - approximately 1.5% of the population.
4. Members of the Police and Fire Brigade - Approximately 0.5%.
5. Labourers employed in the sugar industry for whom the latter pays fees - Approximately 0.5% of the population.

A total of approximately 60%

The question that the Government now wishes to address itself to is how to provide free at source service to the remaining 40% of the population which includes the unemployed, the poor and others on fixed income who are hard pressed to pay their medical bills.

Although at first sight it appears that the government will have to raise a significant amount of additional revenue to cover these added costs closer examination of the local situation will reveal that the additional revenue required may not be astronomical. One of the key discoveries made by Dr. Hopwood is that it is possible with the present arrangements for utilization of doctors for a single district medical officer to have an annual income upwards of 396,000 per annum as payment received through the sugar estates now owned by a Government corporation. The thesis is that these monies can be better utilized to support the provision of health care to a wider base of the population and that other sources of possible funding can be explored and utilized.

The Hopwood study although intimating ways of dealing with the existing funds, has not gone far enough in terms of thorough economic analysis that will lay before the Government the full economic implications of their proposed plan, so that the Government can make a more informed decision in relation to this step; and be able to answer the questions of the doctors and opponents.

Recommendation #1

IADB or CFTC be approached to provide the services of a health economist and planner for a period of approximately two person months to assist the Ministry of Health in outlining its economic plan, and doing a feasibility study.

Whether or not the Government initiates a National Health Service, there is still the need for the State to articulate a National Health Policy in line with the Regional Health Policy which it supports. Indeed if a National Health Service is to be implemented it should fit within a National Health Policy.

Recommendation #2

That CARICOM's Dr. P. Boyd be approached for assistance in this area.

Again it is felt that even if a National Health Service were not financially practicable there is a need to move towards the implementation of a more comprehensive health care delivery system with more emphasis on Primary Health Care and care to the poor and underserved. This comprehensive system should be such that there would be no conflict if and when a National Health Service comes into being. Based on the Hopwood report and the discussions mentioned above it appears timely for the Government to:

1. Approach O.D.M. or I.A.D.B. for assistance to remodel and update existing health centres;
2. Use the Technical Assistance available to it under the CARICOM/AID Basic Health Management Development project to analyse its district health service and develop plans for improving this;
3. Approach PAHO for assistance with doing a health manpower study to determine projected manpower needs; and to assist with the training of personnel;
4. Apply through the Regional Training Project - CARICOM to have a local person trained as a health planner. This person will then assume responsibility for the implementation of a National Health Service or comprehensive health care plan.
5. Request additional technical assistance from the B.H.M.D.P. after feasibility to help in developing the plan for the National Health Service.

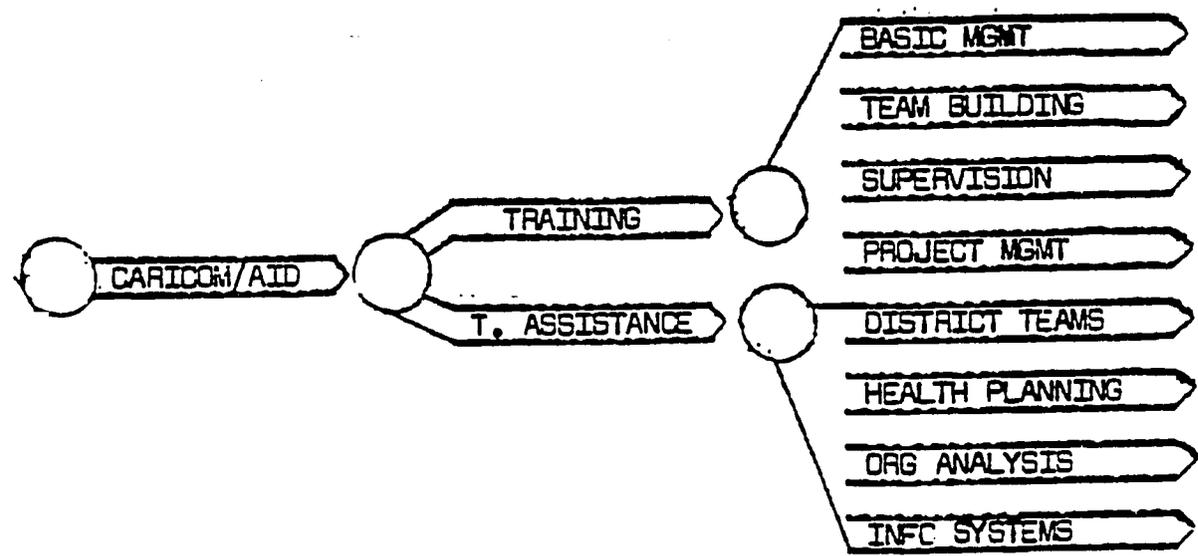
Hurdles to be overcome.

1. The first hurdle seems to be for the Ministry of Health to get the agreement of NACO to channel funds based on its 1979 expenditure on health through the Ministry of Health;
2. The second is to arrive at an acceptable, a formula for reimbursement of doctors in return for specified hours or work;
3. Thirdly to obtain what additional funding is necessary without adding too much strain on the tax payer;
4. To get the public to accept the new organization of health care delivery so that this can be effectively and efficiently used;
5. To so organize the health care delivery system that it does not fall prey to escalating cost.

(sgd.) M. P. Price
Project Manager
CARICOM/AID Basic Health Management
Development Project

5380019005201

BASIC HEALTH MANAGEMENT
 TRAINING PROJECT
 1979 - 1982
 FIRST PROJECT EVALUATION
 REPORT
 BY
 MARGARET P. PRICE
 PROJECT MANAGER



COMMONWEALTH CARIBBEAN
 Leeward and Windward Islands
 Barbados and Belize

CARICOM/AID

PROJECT NO: 538-0019
 PES 8-0-2

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BACKGROUND DOCUMENTS

Project Document

Declaration on Health for the Caribbean Community

Project Grant Agreement

Contracts - CARICOM/Westinghouse

- Subcontracts of Westinghouse
- CARICOM/Systems
- Letter of Credit - Chase Manhattan
- PIQ/C - Afro American Purchasing Center

Project Information System

3. Improved use of operational tools of management by mid level personnel in the Ministries of Health;
4. Enhanced ability of top and mid level managers to plan, design, implement and evaluate health sector programmes;
5. Implementation of a sector-wide planning process in at least six countries;
6. Operation of effective information systems in all of the Participating Countries, and reinstitutionalization of annual reporting;
7. Improved coordination of internal and external resources within the countries; and
8. The establishment of an ongoing operational programme within CARICOM to coordinate and support health management activities and resources of the Region.

In order to fulfill these expectations:

a. The Project provides:

- Training
- Technical Assistance
- Material Resources
- Special Activities

b. The Participating Countries provide:

- Participants
- Coordinators who will give 50% time to the project
- Facilities/office space, classroom
- Some supplies
- Secretarial support
- Customs clearance and tax exemptions of contractor personnel

The Caribbean Community Secretariat in accepting responsibility for the implementation of this Project, undertook to:

- a) Identify and define problems in the area of health management;

- b) Ensure the timely implementation of the Project's work plan;
- c) Design curricula for the various training modules;
- d) Determine the appropriate mode of response to specialized technical assistance requests from the Participating Countries and provide positive reinforcements to the Participating Countries by ensuring the rapid deployment of technical assistance;
- e) Integrate project activities with other health activities, in the Participating Countries;
- f) Assemble basic materials for the "Management Development Resource Centres", and collect and disseminate supplementary materials to establish a centre in each country;
- g) Develop and maintain a system to identify the personnel who will receive training under the Project;
- h) Conduct periodic evaluation of project activities;
- i) Maintain an active system of communication with the Participating Countries;
- j) Ensure that timing, roles and duties of technical assistance are clearly understood by all parties.

2. SUMMARY OF CURRENT PROJECT STATUS

2.1. GENERAL PROGRESS

During the first 16 months of the grant, the planned activities were satisfactorily carried out although slightly behind schedule. In summary implementation was as follows:-

- August, 78 - Execution of Project Grant Agreement between CARICOM and USAID.
- April, 79 - Selection of Project Manager and Management Trainer.
- May, 79 - Selection of Westinghouse Electric Corporation (Health Systems) as one of five potential companies out of a field of 14 to provide Training and Technical Assistance to Participating Countries.
- June, 79 - Appointment of Project Manager.
- July, 79 - Appointment of Management Trainer.
- July, 79 - Conclusion of contract negotiations with Westinghouse Health Systems.
- July-August, 79 - Orientation and update visit of Project Manager and/or Management Trainer to Participating Countries.
- August, 79 - Execution of contract with Westinghouse (Health Systems).
- August, 79 - Purchase orders initiated for commodities needed for training.
- September, 79 - Arrival of Westinghouse (Contractor) curriculum and Training Team.
- September, 79 - Curriculum Development for training arm of the Project 'Package A'.
- September, 79 - Orientation of Co-ordinators, and involvement in curriculum development.

- September, 79 - First Meeting of Project Advisory Group.
- October, 79 - Commencement of Training Package 'A' in Barbados and Antigua.
- October, 79 - Collection of baseline data for evaluation in Barbados and Antigua.
- November, 79 - Commencement of Training Package 'A' in St. Lucia and Montserrat.
- November, 79 - Collection of baseline data for evaluation in St. Lucia and Montserrat.
- December, 79 - Collection of baseline data for evaluation in St. Kitts and St. Vincent.

2.2. PROSPECT OF ACHIEVING PROJECT PURPOSE AND GOAL

Based on the activities carried out over the past 16 months, the feedback from participants who have received training and the general response and support received from the participating countries and RDO/C, Barbados, there is every reason to believe that the project will achieve its goal - "To strengthen the managerial skills of Health Personnel at all levels in the participating countries, particularly those involved in Primary Health Care"¹ and stimulate the "Dynamic and creative management of the Health Services"².

2.2.1 Training

To date 270 top, middle and line managers have been trained in Basic Management skills in four of the 9 participating countries. In addition to the original 3 cycles planned per country, requests have been received from 7 countries for an additional 10 cycles; 9 of these are scheduled to be completed by July '80.

¹Project Document

²Declaration on Health

The effects of hurricane David have caused temporary postponement of training in Dominica. This will, however, be done as soon as possible after the Dominican Government has signalled its willingness to begin, hopefully before the end of 1980. It is also possible that Dominica will be requesting additional cycles in Package 'A'.

Delivery of the other training packages are scheduled to take place in 1980 and 1981; and barring unforeseen circumstances these should be completed on schedule.

2.2.2. Technical Assistance

To date technical assistance in the areas of Health Planning, District Health Teams, Organizational Analysis and Information Systems has been scheduled to take place in each of the 9 participating countries during 1980. Thirty-two (32) person months of consultants time have been assigned to these areas. See Appendix A.

Technical Assistance for four person months of consultants time has commenced in Barbados as of December 1, 1979. This assistance is designed to help the Barbados government to design and implement a drug plan as part of their soon to be implemented National Health Service.

Additional requests for technical assistance have been received from Antigua, Belize, Grenada, St. Kitts-Nevis-Anguilla. These are presently being processed. See Appendix B.

At this stage it appears that the requests for additional technical assistance will far exceed the 24 person months available for this. It is hoped, however, that by working closely with PAHO and other international organizations presently operating in the Region requests can be directed to them in areas where they have already been involved, e.g. manpower planning, supply systems etc. and thereby meet as many needs as possible. The Project Advisory Group is expected to make recommendations in this area as necessary. Appendix C gives a summary of distribution of technical assistance by country.

2.2.3. Material Resources (Commodities)

Orders have been placed for all the commodities identified as necessary for training. A list is attached as Appendix D.

An initial order of books for the learning resource centres has been placed. These will be catalogued through a central system organized by CARICOM.

St. Lucia and Antigua have requested equipment to assist with the development of a model district health team in those countries. (See Appendix E and F respectively). A final decision on these will be made after the final cost on initial material resources that have been ordered are received. It is hoped that those requests will be accommodated within the original commodities budget.

Special Activities

Exploration into the possibility of having workshops in the areas of "Primary Health Care", "Information Systems", "Health Legislation" and "Personnel Management" have been carried out. To date workshops in the areas of "Primary Health Care" and "Information Systems" have been scheduled for 1980. Other special activities will be scheduled as necessary in 1980 and 1981. Here also it appears that the need will far exceed the funds available. CARICOM is dealing with this reality by involving PAHO and other Regional organizations in joint sponsorship of workshops, seminars etc.

2.2.5. Development of Resource Centres

Each country has identified a location of this. Control factors have been taken into consideration. Although books and other supplies have not yet begun to arrive, it is clear that the countries are supportive of the need for these centres; and that the centres will be utilized.

2.2.6. Budget

It is anticipated that the present budget will be overexpended. This is discussed in more detail in Section 9.1.

2.2.7. Time

To fulfill its purpose it is now clear that the Project must run for 4 rather than 3 years as originally conceived - See Section 9.2.

2.3. MAJOR PROBLEMS ENCOUNTERED TO DATE

- (a) Difficulties in establishing a "Letter of Credit" with the Chase Manhattan Bank, New York. This caused some delay in the start-up time for some of the training personnel.
- (b) Delays in arrival of supplies and equipment ordered through Afro American Purchasing Center. This resulted in some basic supplies having to be borrowed or purchased locally at additional cost.
- (c) Problems with the U.S. Federal travel regulations requiring the use of US carriers. For example, this creates problems for personnel related to the Project with their having to travel through Trinidad at anticipated delays of 3-4 hours, but actual delays of 10-24 hours in getting to their destination. It also increases the risk of loss of luggage and supplies.
- (d) Shortage of paper in Guyana. This has resulted in delays in getting the projects 'Information Handbook' and other related important information to the country co-ordinators.
- (e) The location of this project's headquarters in Guyana results among other things in the project manager being away from headquarters for considerable lengths of time. This is both costly and makes communication very difficult.
- (f) Communication in relation to staffing and payment procedures with Westinghouse: this has cost implications for the Project.

3. EVALUATION METHODOLOGY

The first annual project evaluation has in reality been conducted 16 months after the signing of the Project Grant Agreement. This is

explained by the fact that the Project Manager commenced duties 9 months after the signing of the agreement. Getting the Project 'on the road' then became the number one priority. An evaluation at 12 months was therefore not feasible.

Evaluations are, however, now being scheduled annually from the date of the first project evaluation.

The first project evaluation is an assessment of the implementation of the Project. The second and third evaluations will assess 'implementation' as well as 'process' and 'impact' as described in the Project Information Handbook.

The purpose of this evaluation is:-

- (a) To examine the implementation and logistical arrangements with respect to hiring of personnel, selection of contractor/s and co-ordinators, purchase of commodities; planning and scheduling of training and technical assistance, and special activities; the development of Resource Centres; budgetary and time factors.
- (b) Explore the implementation and examine process of training in the four participating countries receiving same to date.
- (c) Examine the implementation and process of Technical assistance delivered to date.

The Project evaluation was reviewed by:

1. Dr. Philip Boyd - Chief, Health Desk, CARICOM
2. Mr. Omer Pobles - PAHO/WHO Management Consultant
3. Mr. Fitz Louisy - Permanent Secretary, Ministry of Health and Housing, St. Lucia.
4. Ms. Paula Feeney - Regional Public Health Adviser RDO/C
5. Mr. Evan Drayton - Administrative Officer, Basic Health Management Development Project (Secretary)

4. CHANGES

There has been no change in the priorities of the member countries in respect of the programme of activities under the project. Changes in the

work plan and budget must however be considered.

5. EXAMINATION OF PROJECT INPUTS

5.1 Personnel

5.1.1. Core Staff

Miss Margaret P. Price and Mr. Alston A. Fergusson were recruited to fill the role of Project Manager and Management Trainer in June and July 1979, respectively.

Mr. Evan Drayton who functioned as the pre project consultant from October 1978, became a regular member of the Project's core staff in July 1979. He is the Project's Administrative Officer.

Two stenographers and a messenger complete the Project's core staff. The full time core staff, Mrs. Griffith and Mrs. Marshall joined the staff in 1979. The messenger, Mr. Ramphal, joined the staff in September 1979. All core staff are under the contract for 3 years.

Mrs. Cheryl Frances is presently on secondment from the Secretariat and assisting with the establishment of the project's filing record system and the development of the resources centres at the Project's Headquarters and the participating countries. It is hoped that Mrs. Frances will become a member of the Project's core staff.

5.1.2. Contractor Personnel

Negotiations were successfully completed in July '79 with the awarding of a contract to Westinghouse Health Systems of Columbia, Maryland, USA.

Selection

Westinghouse was selected from a field of 14 competitors, 5 of whom were considered qualified to fill the role. Under this contract Westinghouse is to provide training for Packages 'A', 'B' and 'C' as identified in the project document; and 32 person months of technical assistance in the areas of "Model District Health Teams", "Information Systems", "Organizational Analysis" and "Health Planning".

Westinghouse's selection was largely determined by its proposal to utilise a number of highly experienced "Key Personnel" from its staff, and private consultants; subcontracts with Lurijos, a management firm from Antigua, West Indies, the University of the West Indies, and Analysis Group Incorporated from Westinghouse. This combination seemed ideally suited to meet the needs of the Project.

5.1.3. Country Co-ordinators

Each participating country has assigned a co-ordinator to this project. This co-ordinator is expected to devote 50% of his time to project related activities - to assist both trainers and technical experts during their time in the country and to become prepared to continue some form of training on completion of the project. The group of coordinators include 1 permanent secretary, 3 hospital administrators, 2 assistant secretaries, 1 administrative adviser, 1 senior public health inspector.

5.2. COMMODITIES

Appendix D gives the commodity inputs for training, technical assistance and the development of Resource Centres by type and country.

Additional commodity inputs have been requested by St. Lucia and Antigua for the implementation of Model District Health Teams.

Commodities purchased for project headquarters in Guyana are listed separately as Appendix G.

It was necessary to purchase some commodities locally since the original orders placed in the US did not arrive on time.

Two vehicles requested by Dominica to assist with their implementation of Model District Health Teams have been purchased, and are en route to Dominica. Although Dominica is not ready to receive Technical Assistance at this time the vehicles are seen as essential for assisting their Health Reconstruction effort. The vehicles will be clearly labelled as belonging to this project; and be made available when the project comes on stream.

5.3. PLAN AND SCHEDULING OF TRAINING AND TECHNICAL ASSISTANCE

The scheduling of training and technical assistance has been carefully planned so that:-

- (a) each element complements the other and participants get the maximum effect;
- (b) the coordinators are able to give due attention to each component in the 50% work time at their disposal;
- (c) there are not too many activities ongoing in any country at any time and there is a time lapse of at least one month between activities scheduled for any country.

Additionally it was felt that technical assistance with Model District Health Teams should not be delivered to a country before Package A was received; that Technical Assistance for organizational analysis should precede Health Planning and Model District Health Team where possible; and that consideration of technical assistance requests made after September 1979 should be delayed until all countries have had the opportunity to receive Package A.

Appendix H outlines the schedule of training and Technical assistance to the end of 1981.

5.3.1. Training

Training for the four packages envisioned in this project, has been scheduled over a three year period. Input from the main contractor is expected to terminate after 26 months. CARICOM's core staff and country coordinators are expected to complete the final training package.

The training in Package A is provided on site in each of the nine participating countries by two teams comprised of three trainers each. One team covers Barbados, St. Lucia, St. Vincent and Grenada; the second team covers Antigua, Montserrat, St. Kitts-Nevis-Anguilla and Belize. Training in Dominica is only tentatively scheduled. A third team composed of members of the above mentioned teams, will provide the additional cycles and most likely the training to Dominica.

Each participating country is scheduled to receive at least three cycles of training in Package 'A' one to each level of management. Additionally 7 of the 9 participating countries have requested a total of 11 additional cycles, 9 of which have been scheduled and can be covered under the terms of the existing contract with Westinghouse. Montserrat has no need for an additional cycle, and Dominica has not yet completed its request.

The training cycles run consequentially with trainers spending at least one person month in each country. Each training cycle is of 5 working days duration. Additional cycles are scheduled after all of the participating countries have received their first three cycles. All training in Package A is expected to be completed by August 1980.

Training in Package 'B' is scheduled to take place from October 1980 to January 1981. Again this training will take place in each of the participating countries. Two teams with two members each will provide this training. Curriculum development will include all team members as well as the country coordinators. Each country will receive 5 days of training under this and no provision has been made for additional cycles.

Package 'C', the third package contracted to Westinghouse is scheduled from June to October 1981. This will follow the same format as the preceding 2 packages, with the coordinators and trainers involved in curriculum development, and two teams training simultaneously in participating countries. The teams will have 2 members each and will train in each country for 10 days. Again, no provisions have been made here for additional cycles.

Package 'D' the package that will be implemented by the Project's core staff and country coordinators is scheduled for the first half of 1982. Exact details on dates, team composition or duration have not yet been finalized.

5.3.2. Technical Assistance

Technical assistance has been scheduled in the 4 major areas of 'Model District Health Team', 'Health Planning', 'Organizational Analysis' and 'Information Systems' to all nine participating countries, as outlined in

Appendix A. Thirty-two (32) person months have been accorded to these areas.

Technical assistance of 4 person months has been provided to the Barbados Government to assist with the development and implementation of its 'Drug Plan' which will be part of its National Insurance Scheme. This is scheduled to run from December 1, 1979 and cover a period of not more than 9 calendar months.

To date CARICOM has allocated 12 of the 24 person months of technical assistance at its disposal. A further 7 person months has been tentatively committed.

5.3.3. Special Activities

Meetings have been held with personnel from PAHO/WHO Barbados. Objectives have been developed and tentative dates set for conducting jointly sponsored workshops in 'Primary Health Care' and 'Information Systems' during 1980. Both of these workshops are designed to further the objectives of the Project. 'Health Legislation in the Region is notably outdated in most countries. Exploration of how to meet the need for more up-to-date and relevant health legislation that will facilitate changes in the health care delivery system is underway.

Two of the four countries receiving training thus far, have asked for assistance with Personnel Management. Particularly those countries are interested in clarification of the organization charts and job description of personnel. The most effective way of meeting these needs is presently being explored.

Budgetary allowances have been made to deal with other areas of special activities such as inter-country exchanges etc. It is, however, not anticipated that these will commence before 1981.

5.3.4. Resource Centres

Items for these centres are presently on order. The development of these centres is viewed as a continuous activity.

5.7. FINANCING OF PROJECT

The estimated cost of the Project is US\$2,325,000 over 3 years. USAID is committed to providing US\$1,800,000 and counterpart contributions, mostly in kind, by the participating countries and the CARICOM Secretariat, are assessed at US\$458,200 and US\$56,800 respectively. Inflation and contingency factors have been allowed for in the total estimated cost.

Under the Project Agreement between CARICOM and USAID, the Agency's grant will be made available on an incremental basis, and an initial allocation of US\$1 million was committed when the Agreement was executed on August 30, 1978. Additional amounts of US\$200,000 and US\$366,000 have since been allocated; thus, US\$1,566,000 of the total AID contribution of US\$1,800,000 has already been provided for the Project.

The Grant Agreement sets out the basic procedures for disbursement of AID funds for services and goods and these procedures may be modified or amplified by Implementation Letters issued by the Agency from time to time.

AID makes advances to CARICOM in US dollars to meet local currency costs at approximately quarterly intervals, on the basis of estimated needs.

In the first instance, such advances were provided under Technical Assistance for largely Pre-Project activities, pending compliance with certain obligations set out in the Project Agreement.

These called for the submission of a plan for the hiring and placement of Project staff and a provisional Work Plan, by CARICOM, and a written undertaking by each participating country to appoint a Project Coordinator, release staff for training, payment of trainees during courses, provision of training facilities, basic materials and a Management Resource Centre (Library Room).

Of the U.S. \$1.0 million, US\$971,789 has been committed in a letter of credit for the cost reimbursable contract executed with Westinghouse Electric Corporation (Health Systems).

Approximately US\$300,000 of the AID grant is therefore available for CARICOM to finance such Project elements as additional technical assistance, Package D training, special activities, conferences, workshops, commodities etc.

The sum of US\$14,992 has been spent on pre-project activities. A further US\$48,390 has been spent on implementation activities to October 31, 1979.

US\$105,000 has been committed in a PID/C with the Afro American Purchasing Center (AAPC) for the purchase of commodities. See Appendix I for budget expenditure to October 31, 1979.

6. PROJECT OUTPUTS - ASSESSMENT OF PROGRESS

6.1. Training

Introductory training in basic management skills has been delivered by two training teams to four of the nine participating countries from October to December 1979. This training cycle referred to as Package 'A' consisted of three modules one each for top, middle and line managers.

To date two hundred and seventy managers in the Ministries of Health in the region have been introduced to basic management concepts and skills. Table 1 gives a breakdown of this training by country and level participants

Table 1
Participants receiving Basic Management training October to
December 1979 by country and level

Team	Country	Top	Level Middle	Line	Total
1	Barbados	24	23	24	71
	St. Lucia	21	26	25	72
2	Antigua	24	24	25	73
	Montserrat	14	16	24	54
		83	89	98	270

in this training have included permanent secretaries, chief medical officers, principal nursing officers, matrons, hospital administrators, district medical officers, public health engineers, drugs and supplies control officers, departmental and ward sisters, dieticians, medical statisticians, housekeepers, assistant training officers, dispensers, medical records personnel, health educators, laboratory technicians, maintenance supervisors, radiographers, assistant secretaries, superintendents of various small hospitals and homes, stewards, district nurse/midwives, project managers, medical social workers, accountants, senior clerks, research officers, nutrition officers, family planning and other health related personnel including agricultural officers, personnel officers, fire service (ambulance) and water authority workers.

Thus the programme is reaching a broad spectrum of health managers at all levels in the ministries of health in the region. Particularly noteworthy is the emphasis placed on health workers at the community and district level and the inclusion of workers in health related fields. Table 2 gives a breakdown of the distribution of participants by location of work, in each of the four countries covered.

Table 2
Location of work:place of participants in
four participating countries

Country	Min.	Location of Work					Total
		Hospital		Com. & Dist.	Other		
		Cent.	Dist.		Hlth. rel.	Other	
Barbados	15	7	17	27	4	1	71
St. Lucia	7	17	3	37	3	5	72
Antigua	9	37	9	17	-	1	72
Montserrat	1	30	-	20	2	1	54
	32	91	29	101	9	8	270

Barbados will be receiving additional cycles for top, middle and line managers.

St. Lucia will be receiving an additional line management module.

Antigua will be receiving an additional line module. A significant factor resulting in the low ratio of community and district workers to hospital workers in this country, is the fact that Public Health Inspectors are not under the jurisdiction of the Ministry of Health, but are in the Ministry of Barbuda Affairs. This has resulted in a very low attendance of this category of community health worker at the workshops. The implications of this are evident to the senior personnel in the Ministry of Health who are taking steps to ensure the involvement of more community workers in the additional cycle to be received.

Montserrat has a unique arrangement whereby both hospital and community services are administered from within the hospital. Senior staff who are recorded as functioning within the central hospital system therefore, also function on the community and district level.

At this point in time it seems evident that this project is well underway to meeting its primary purpose of enhancing the "managerial capacity of personnel at all levels of the Health Ministries in participating countries, especially those involved in primary health care of the most vulnerable or underserved:..."

6.1.1. Evaluation of training inputs and process

This evaluation looks at 3 main areas:

- a. Evaluation of individual class sessions in terms of enjoyment of the session, new knowledge gained and potential usefulness to the participants;
- b. Evaluation of the trainers in terms of their teaching and motivational ability, preparedness for sessions etc.
- c. Evaluation of the course as a whole.

The overall evaluation of training in all areas has been very positive with all participants expressing the feeling that they have gained additional knowledge from the sessions.

Participants were also asked to list areas where they would like additional sessions or courses. A summary of these evaluations and suggested additional courses or sessions is included in Appendix J.

6.1.2. Evaluation of Impact of training

Although an evaluation of impact is not possible at this time certain baseline data related to this has been collected:

- a. Baseline data for impact on the Organization;
- b. Baseline data on individuals in terms of knowledge, attitude and practices;
- c. Intervening variables which may affect the outcome of the project either positively or negatively.

For baseline data of the impact on the organization, a questionnaire (see project information system) was distributed to several senior department and section heads in each country. This questionnaire is aimed at getting information on the present status of the organization in relation to six major objectives of the project. This data has been collated and coded on master coding sheets, by country and will form the basis for evaluation of impact on the organization of both Training and Technical Assistance. For impact on the individual, a Knowledge, Attitude and Practice (KAP) questionnaire was distributed to each participant at the commencement of training and repeated at the end of the week's session. It was intended that this questionnaire be administered six months and one year after training to ascertain whether there was any change in attitude and practice which may be attributed to the training. Unfortunately, however, this questionnaire proved to be invalid. It has therefore been dropped in December and a new questionnaire developed for administration in the other participating countries. For impact on the individual therefore data will only be available for countries not yet covered.

Data on intervening variables has and is being collected from each country on a continuous basis. Such data as the inclusion or absence of senior personnel in the training; absence of certain categories of health personnel from training, operation of other training and technical assistance programmes such as the PAHO/WHO nurse practitioner in primary care project have been recorded and coordinators are making continuous notations in this area.

6.2. Technical Assistance

No technical assistance in the four primary areas has been delivered to date.

On December 1, 1979, technical assistance to the Barbados Government to assist with its National Drug Plan has been initiated through a contract with "Systems" a management firm located in Barbados. This firm had previously been involved with the Government in various phases of development of its National Health Service. Under the terms of the contract Systems will provide 4 person months of technical assistance to the Barbados Government over a nine month period to assist the Government with strengthening of the existing public sector drug management system including the establishment of information systems to coordinate and monitor drug procurement, inventory control and distribution activities.

6.3. Material Resources

6.3.1. Equipment and Supplies

Invoices related to the procurement of the majority of the commodities ordered, as noted in Appendix D, have now been received at Project Headquarters and in the Participating Countries. The orders related to the videotape recorders with camera, playback machines and TV monitors have not yet been completed.

6.3.2. Management Development Resource Centres

Each participating country has located a suitable site for housing a learning resource centre. In most countries this is located in the Ministry of Health. In Belize, however, the decision has been made to partially integrate this centre within the Technical Library. This library serves the entire country, has mobile units and interregional borrowing; and is the only positive means whereby health workers in the rural areas can be assured of access to resource materials.

CARICOM will develop its own resource centre; however, cataloguing of books etc. will be done in accordance with CARICOM's central library system.

6.3.3. Implementation Logistics

Table 3 indicates the status of the undertaking by CARICOM for implementation of the project. It is noted that action has been initiated in all areas. The two areas which are behind schedule are the implementation of the project's work plan and the assembling of materials for the Management Development Resource Centres.

In the case of the "Workplan" the problem centres around the time lapse between the signing of the Grant Agreement and the assumption of duty of the

Project's permanent core staff. This resulted in a delay in execution of the contract for the provision of training and technical assistance. As a result of this the present work plan projects work beyond the three years originally anticipated when the grant agreement was signed. It is therefore recommended that steps be taken to extend the period of the grant agreement from 3 to 4 years.

I In the case of assembling of materials for the Management Development Resource Centres the situation as noted in the comments on Table 3, initial orders were placed in September 79, but materials have not yet been received. It is, however, expected that this situation will be resolved in 1980.

7. BENEFICIARIES

The direct beneficiaries of the training component of this project are the managers at all levels in the Ministries of Health and other related areas of the public service, in the Commonwealth Caribbean Leeward and Windward Islands, Barbados and Belize. The categories of personnel included in this group have already been listed in section 6.1; the range extended from Permanent Secretaries and Chief Medical Officers to senior housekeepers, maintenance supervisors, community health supervisors, agricultural, ambulance and family planning officers.

The senior level personnel benefitted from having the opportunity to develop skills in decision making, problem solving, leadership, planning communication and change strategies and techniques.

The mid level personnel benefitted from having the opportunity to develop skills in planning, creative problem solving, communication resource identification, allocation and utilization, group dynamics, conflict resolution, team building, supervision, motivation and time management.

In the smaller countries where it was not possible to free all senior managers or middle managers at one time to participate in the training, a compromise was made by mixing the top and middle managers over the two week training period, and introducing briefer sessions in all areas except for planning, communication and problem solving.

TABLE 3

Status of undertakings by CARICOM for Project Implementation

UNDERTAKING	STATUS					COMMENTS
	Ini- tiated	On Target	Com- pleted on time	Is behind Schedule	Continuous	
1. To identify and define problems in the area of health	x	x			x	This is dealt with in each country as the needs emerge.
2. Ensure the timely implementation of the project's work plan.	x	x		x	x	Training schedule on target except for Dominica which has to be postponed following hurricane. Technical assistance slightly behind schedule but should catch up in 1980.
3. Schedule and coordinate logistic activities.	x				x	No problems so far in this area.
4. Design curricula for the various trading modules.	x		x		x	Curricula for each package is designed immediately prior to implementation of that package. Package "A" was completed on time.

TABLE 3.

Status of undertakings by CARICOM for Project Implementation

UNDERTAKING	STATUS				COMMENTS
	Ini- tiated	On Target	Com- pleted on time	Is behind Schedule Continuous	
5. Determine the appropriate mode of response to specialized technical assistance requested from the participating countries, and provide positive reinforcement to the Participating countries by ensuring the rapid deployment of technical assistance.	x				x A procedure has been established for handling technical assistance requests, with the aid of the Advisory group. Countries are usually given assistance by the project manager specifying their request. Feedback is given rapidly. Where contract negotiations are necessary these are expedited as in the case of the request by the Barbados Government - request received August '79 technical assistance deployed Dec. '79.
6. Integrate project activities with other health activities in the participating countries.	x				x Governments are always consulted re the practicability of project activities. No activity is initiated without the concurrence of the Gov't that there is no other conflicting activity taking place. Country coordinators very effective in this area.

TABLE 3.

Status of undertakings by CARICOM for Project Implementation

UNDERTAKING	STATUS					COMMENTS
	Ini- tiated	On Target	Com- pleted on time	Is behind Schedule	Continuous	
25 7. Assemble basic materials for the Management Development Resource Centres" and disseminate supplementary materials to establish a centre in each country.	x			x		Orders have been placed for books and other resource materials in September '79. To date none have been received. CARICOM is developing a cataloguing system to be used by all participating countries except Belize where the "Management Development Resource Centre" will become part of their technical library.
8. Develop and maintain a system to identify the personnel who will receive training under the project.	x		x			System developed as part of the "Project Information System". This has been interpreted to and understood by all coordinators.
9. Conduct periodic evaluation of project activities.	x	x			x	Evaluation dates are set both for evaluation of training and for the total project. Meetings with the Westinghouse project manager has been set at 3 monthly periods to assess progress. Meetings with team leaders give ongoing feedback in relation to training.

TABLE 3

Status of undertakings by CARICOM for Project Implementation

UNDERTAKING	STATUS					COMMENT
	Ini- tiated	On Target	Com- pleted on time	Is behind Schedule	Continuous	
10. Maintain an active system of communication with the Participating countries.	x	x			x	All coordinators aware of role and whereabouts of projects core administrative and management staff. Communication effectively established and functioning adequately.
11. Ensure that timing, roles and duties of technical assistants are clearly understood by parties.	x				x	

The line managers benefitted from having an opportunity to develop further skills in interpersonal relationships, change agency, motivation team building and problem solving.

The impact of the training is expected to be seen on an organizational and individual level. If the beneficiaries of training transfer the knowledge gained back to their work setting, impact should be visible in this area. Follow up on the baseline data collected before the implementation of the programme in each country will yield information on impact of the Project on the organization.

The ultimate beneficiaries of the project should be those presently underserved; the poor rural communities, young children and mothers. To the extent that Participating Countries develop more comprehensive health care programmes particularly in the area of Primary Health Care, to this extent will this objective be fulfilled. At present steps are taken at all levels in this project to make this a reality. Technical Assistance and Workshops are planned to assist in this area.

8. UNPLANNED EFFECTS/UNANTICIPATED RESULTS

The only unplanned for effects noted to date is the number of request for additional training and technical assistance coming from the countries. Implications for this will be discussed under 9.1, and 9.2.

9. RECOMMENDED CHANGES

Appendix K and L contain a revised, financial plan and a revised implementation plan respectively. The implementation plan is the one under which the project is presently operating and which necessitates extension of the grant agreement.

9.1. Financial Plan

As shown in Appendix K, it is estimated that an additional US\$328,800 will be required to complete the activities deemed necessary to achieve the Project's purpose and goal.

Several factors account for this increase. Among these are:

1. Belize was not included in the original cost estimate of \$1.8 million. It is estimated that the cost of Belize's inclusion exceeds the anticipated cost overrun.
2. The Project is now anticipated to cover a period of four years as opposed to the three years previously planned.
3. The monies allocated for training was over committed by over \$300,000 by the time the contract negotiations were completed.

It is not clear whether the original estimate of training included all the cost factors that were taken into consideration at the time of negotiation. CARICOM's negotiating team did all within its power to keep this cost down, but the contract's cost was irreducibly higher than indicated in the original budget.

9.2. Implementation Plan

As indicated in the revised implementation plan at Appendix L the activities of the Project as envisaged in the original design now span a 4-year rather than a 3-year period. This extension is necessitated by the fact that implementation of the Project's activities did not commence until one year after the execution of the Grant Agreement.

9.3. Other Revisions/Recommendations

9.3.1. Project Administration, Coordination and Communication

Coordination of the Project's activities is very challenging. At times there seem to be nine projects requiring coordination instead of one. Not only must the overall aspects of the Project be coordinated from the Project's headquarters at the Secretariat with other regional initiatives in health; but the Project's activities must be closely coordinated with health and other related activities often aimed at the same personnel in each of the participating countries.

Four major and unique foci of communication have emerged in the Project:

- a. Communication among the Project's core staff;
- b. Communication with major support areas and other programmes within the Secretariat;
- c. Communication with the Participating countries;
- d. Communication with Westinghouse.

Communication among the Project's core staff

The Project's Administrative Officer has been the mainstay of the coordination of communication and planning efforts particularly since the training has commenced. His responsibilities have been heightened due to the fact that the Project Manager is 'out of office' for considerable lengths of time. As a result of her absence the majority of the communication is done through him. Close contact is however maintained between the Project Manager, the Administrative Officer and the Project Director. This communication is usually facilitated by weekly phone calls and other written communication. The mail is, however, slow to Guyana, and in most cases mail is hand carried through the courtesy of regional travellers. Because of the length of time the mail may take, matters of an urgent nature usually have to be dealt with on the phone. It is therefore anticipated that CARICOM's phone bills will far exceed the amount originally considered. Additional factors contributing to high telephone cost include (a) the need to constantly seek clarification of AID's policies and procedures from PDO/C in Bridgetown, Barbados; (b) staffing and other contract issues which are not yet satisfactorily settled with Westinghouse; and which occasion sometimes lengthy phone calls. It is anticipated, however, that as the Project moves into 1980 these two factors listed above may not be as prominent.

Recommendation No. I:

That a reasonable reimbursement of CARICOM be made towards coverage of telephone bills.

Communication with major support areas and other programmes within CARICOM

In Guyana, the Project and the Health Section is physically separated from the main body of the Secretariat in which is located both the Financial and Legal Sections both of which are very important to the effective functioning of the Project. In addition officers in these areas are also required to travel and may not be easily available when important/urgent decisions requiring their inputs have to be made. Of special importance is the Chief of Finance and Administration who also functions as the contract's executing officer. The physical separation, poor telephone communication, absence of staff from the country, and shortage of suitably qualified staff in the Finance and Administration Section have resulted in problems in communication in this area often resulting in delays in dealing with some contract issues and with the submission of vouchers etc. to AID for payment.

Steps are being taken to develop a system of monthly, rather than 3 monthly submission of vouchers to AID and to ensure that as much work as possible in this area is done within the Project.

Additionally, steps have been taken under the contract so that the Project Director and Project Manager assume the responsibility of giving 'Technical Director' to the Contractor.

A programme for interpreting the Project to the other Programmes/Sections of the Secretariat is planned for 1980.

Communication with the Participating Countries

The Country Coordinators have been very actively involved in ensuring in-country coordination. They have been responsible for ensuring that proposed Project activities are coordinated with other events that could result in diminished impact of the Project in their country.

All coordinators were actively involved in a two week orientation and curriculum development exercise in Guyana during September - October 1979. They are all quite clear on the objectives and nature of the Project and their role within it.

Each coordinator has a copy of the Project Manager's Itinerary and makes contact either with the Administrative Officer or the Project Manager as necessary.

To date the contribution of the coordinators has been very rewarding. In several cases, however, the role of coordinator is added to an already over-taxed schedule, and the coordinator is performing his/her coordinating function over and above his/her regular schedule and in most cases on his/her own time.

Recommendation No. II

That the participating countries be more strongly urged to reduce the workload of the coordinators;

An additional problem which further complicates the coordinator issue is the great possibility that the majority of these coordinators with their already busy schedule will not be able to find the time to function as future trainers.

Recommendation No. III

That Governments be advised to review the appointment of coordinators if they seriously plan to utilise them as future trainers.

In the initial stages of the Project it is possible and necessary for the Project Manager to be readily available to the coordinators, particularly in areas where the coordinators workload is such that he/she cannot devote the required time totally to the Project while the trainers are in-country. Because the sites for training are so far removed from the Project's headquarters this has generally resulted in the Project Manager being out of her headquarters for considerable lengths of time. This adds to communication difficulties and is also very costly. It is the opinion of the Project Manager that she will be better able to effectively perform her functions if her headquarters was more centrally located in relation to the area served by the Project, so that return visits to headquarters will be more feasible while at the same time she will be more accessible to the coordinators. It is therefore recommended that:

Recommendation No. IV

That the Secretary General consider the advisability of relocating the Basic Health Management Development Project together with the total Health Section of which it is a part, to a more centrally located country in relation to the objectives of this project.

Communication with Westinghouse

To date this area of communication remains the most problematic. Expectations that the composition of training teams would have been settled at an early date have not materialized. This has necessitated an excessive number of very long telephone conversations. Additionally the role and responsibility of Westinghouse's Project Manager is presently ill defined and it is quite possible that the expectations held by CARICOM of her are quite different from that held by Westinghouse. A meeting has therefore been planned in early January 1980 with the objective of clarifying channels and methods of communication as well as the role of Westinghouse's Project Director and Manager.

A very important complicating factor in relation to communication with Westinghouse is the length of time it takes for mail to arrive in Guyana. Whereas most matters can be dealt with by telephone or telex, the payment procedures necessitate the use of the mail. Monthly invoices take at least 2 weeks to arrive in Guyana, and up to 3-4 days to process. The original procedure of affixing the "Certificate of performance for interim payment" required under the contract, handing this over to Chase Manhattan Bank Georgetown who telexed the secretariat's approval to Chase Manhattan New York authorizing payment, is proving non-effective, since AID Washington apparently insists on seeing the certificate. This results in delays in effecting payment and can be costly to the Project. RDO/C AID Barbados has therefore been asked to intervene in an effort to overcome this difficulty.

9.3.2. Training and Technical Assistance

The demand for training and Technical assistance seems to be far outstripping the plans made for these, it is recommended that:

Recommendation No. V

That the needs be again reviewed and a further proposal made to AID to respond to these more clearly identified needs.

An integral part of the training involves the development of an "Action Plan". All participants are asked to develop a plan for an activity which they will try to implement over a three monthly period. An essential feature of this exercise is a "follow-up" of participants to ascertain progress with their plan; help them identify reasons for success or failure of same; and to identify further strategies that may be used as necessary. Successful implementation of these "Action Plans" would intensify the prospects of success of the project. At present there is no available staff member to do this follow-up, and the project manager has volunteered to start this effort. It is not yet clear how demanding this might become and what if any conflicts will be produced. The Project Manager will therefore assess the implications of this additional responsibility and report at a later stage.

9.3.3 Travel

Trinidad is not included in the Project. The only American Carrier to service Guyana flies to Trinidad from whence connections must be made to other regional carriers. The result of this is often missed connections, persons being "bumped" and having to stay overnight in Trinidad and/or luggage and other valuable materials being lost or going astray. There is now the possibility of direct connections between Guyana and Barbados from which it is easier and more convenient to connect with the other countries in the Project.

Recommendation No. VI

That the clause in the Grant Agreement requiring the use of American carriers be modified to include the use of Regional carriers.

Distribution of Original 32 person-months of Technical
Assistance

COUNTRY

Type of Tech. Ass.	Antigua	Barbados	Belize	Dominica	Grenada	Montserrat	St. Kitts/N/A	St. Lucia	St. Vincent	Total P-Mont
Model District Health Team (3 person- months)	x			x				x		9
Health Planning (2 person month)	x			x	x	x			x	10
Org Analysis (1 person- month)				x		x	x	x	x	5
Information Systems (1 approx. month)	x	x	x	x	x	x	x	x	x	8
										32

Commitment from 24 person-months of
Technical Assistance to date

	<u>Duration in person-months</u>
<u>Model District Health Team</u>	
Belize and St. Vincent	6
<u>Health Planning</u>	
St. Lucia	2
<u>Drug Plan</u>	
Barbados	4
	<u>12</u>
Requested but not yet clearly specified:	
(a) St. Kitts-Nevis-Anguilla - Assistance with N.H.S.	4
(b) Montserrat MDHT	<u>3</u>
	19
Technical Assistance available for distribution	<u>5</u>
	24
	<u>1</u>

Distribution of Technical Assistance by Country

APPENDIX 'C'

Type of Technical Assistance	Antigua	Barbados	Belize	Dominica	Grenada	Montserrat	St. Kitts	St. Lucia	St. Vincent	Total in Months
Model District Health Team 3 p.m. each	3	-	3	3	-	-	-	3	3	15
Health Planning 2 p.m. each	2	-	-	2	2	2	-	2	2	12
Organizational Analysis 1 p.m. each	-	-	-	1	-	1	1	1	1	5
Information Systems .09 p.m. each	.1	.1	.1	.1	.1	.1	.1	1	1	8
Drug Plan	-	4	-	-	-	-	-	-	-	4
	6	5	4	7	3	4	2	7	7	44

SUMMARY DISTRIBUTION LIST	Antigua	Barbados	Belize	CARICOM	Dominica	Grenada	Montserrat	St. Kitts	St. Lucia	St. Vincent	Total
CARICOM/AID Health Management Project Training Equipment/Supplies											
All Purpose Magnetic Portable Easel with extension legs (70x28)	1	1	1	1	1	1	1	1	1	1	10
Carrying Cases for all purpose Easels	1	1	1	1	1	1	1	1	1	1	10
Boxes of Easel Pads	2	2	2	2	2	2	2	2	2	2	20
Ditto Duplicators	1	1	1	1	1	1	1	1	1	1	9
Cartons - Ditto Stencils	2	3	3	-	2	2	2	2	2	2	20
Cartons - 3 note ditto paper	1	1	2	-	1	1	1	1	1	1	10
Gallons - Ditto fluid	2	3	3	-	2	2	2	2	2	2	20
Repair lists for ditto	1	1	1	-	1	1	1	1	1	1	9
Heavy duty staplers	-	-	-	3	-	-	-	-	-	-	3
Heavy duty staplers (boxes)	-	-	-	6	-	-	-	-	-	-	6
Gestetner 460s (manual)	-	-	-	1	-	-	-	-	-	-	1
Gestetner bottles of Ink	-	-	-	24	-	-	-	-	-	-	24
4 wheel drive heavy duty vehicles Right hand drive	-	-	-	-	2	-	-	-	-	-	2

<p>SUMMARY DISTRIBUTION LIST</p> <p>CARICOM/AID Health Management Project Training Equipment/Supplies</p>	Antigua	Barbados	Belize	CARICOM	Dominica	Grenada	Montserrat	St. Kitts	St. Lucia	St. Vincent	Total
1/2" Videotape recorders with cameras	1	1	1	-	1	1	1	1	1	1	9
Playback machines TV monitors	-	-	-	-	-	-	-	-	-	-	-
1/2" Videotape recorder tapes	8	-	10	2	8	-	8	8	8	8	60
Photocopier	-	-	-	1	-	-	-	-	-	-	1
4 drawer filing cabinets	1	1	1	1	1	1	1	1	1	1	10
Boxes - hanging file folders by Oxford Pendaflex - legal size	1	1	1	3	1	1	1	1	1	1	12
Boxes - Interior folders 9 1/2 point manilla	1	1	1	3	1	1	1	1	1	1	12
Packs - Pendaflex snap on tabs	1	1	1	3	1	1	1	1	1	1	12
7 Cartons - Pendaflex drawer frames ctn - 6	-	-	-	7	-	-	-	-	-	-	7
Desk top printing calculator with display and memory	-	-	-	1	-	-	-	-	-	-	1
Package of rolls of paper for calculator	-	-	-	1	-	-	-	-	-	-	1
Pocket Portable Electronics Calculator	-	-	-	4	-	-	-	-	-	-	4
Carrying Cases for Supplies	-	-	-	6	-	-	-	-	-	-	6
(Cartons) Ring binders with label holders	-	-	-	3	-	-	-	-	-	-	3
Green all purpose report covers (boxes)	-	-	-	2	-	-	-	-	-	-	2

APPENDIX E

EQUIPMENT REQUESTED BY ST. LUCIA
TO ASSIST WITH IMPLEMENTATION OF
MODEL DISTRICT HEALTH TEAM

1. Five Mopeds/Powered Cycles for Ladies

Either:

(a) Honda C90Z

Single Cylinder 89CC 7.2 Brake Horse Power
6000 R P M

Climbing Ability 14⁰

Weight 194 lbs.

Or:

(b) Honda NF 75

Single Cylinder 71cc 5 Brake Horse Power
6000 R P M

Climbing Ability 14⁰

Weight 156 lbs.

2. Radio Units

One (1) Base VHF 30 watts AM 3 channels complete with antenna 100 ft.
cable to be located at the Soufriere Hospital.

One (1) set VHF 30 watts AM 3 channels for Land Rover Vehicle.

Five (5) Hand Sets VHF 5 watts 3 channels.

APPENDIX F

Communication on this subject
should be addressed to:-

January 15, 1980

Ministry of Health
New Administration Building
St. John's
Antigua.

and the following
Number quoted. H 51/44

Ms. Margaret Price
Project Manager
CARICOM Basic Health Management Project
CARICOM Secretariat
Georgetown, Guyana.

Dear Ms. Price,

Model District Health Team

Further to discussion re equipment required for Model District Health Team,
I would like to request the following:-

- (a) Transport facilities for six persons. A station wagon.
- (b) Portable Laboratory Kits. (Specifications will follow)

In relation to item (a) the Ministry of Health has very serious transportation
problems and resolution does not seem imminent.

One of the services we hope to introduce in the Model District is a small
laboratory where basic laboratory tests e.g. Urine, Blood etc. may be performed.
UNICEF has listed in its catalogues these kits costing in the region of \$1000.00
each.

We hope these requests can be met from the Project.

Yours truly,

H.A. Barnes
Permanent Secretary.

APPENDIX G

COMMODITIES PURCHASED FOR PROJECT
HEADQUARTERS IN GUYANA

From BARBADOS:

Four drawer filing cabinets and file packets	(4)
Upright stationery cupboards	(2)
Stencil filing cabinet	(1)
Olympia typewriters	(2)
Electric fans	(3)
Duplicating paper and stencils	

From GUYANA:

Executive Desk	(1)
Executive Chair	(1)
Typists desks	(2)
Conference table -- small	(1)
Steel chairs	(8)
File dips	(2)
Wire desk trays	(4)
Fan wall brackets	(3)
Miscellaneous items	

BASIC HEALTH MANAGEMENT DEVELOPMENT PROGRAMME

CARICOM/AID

SCHEDULE OF TRAINING & TECHNICAL ASSISTANCE

COUNTRY	TRAINING				TECHNICAL ASSISTANCE			
	PACKAGE A	PACKAGE B	PACKAGE C	PACKAGE D	MODEL D.H.T.	ORG ANALYSIS	HEALTH PLANNING	INFORMATION SYSTEMS
ANTIGUA	Oct 29 - Nov 16/79	Nov 17 - 21/80	Aug 17 - 28/81		April 1980	-	Feb 1 - Feb 29/80	Feb 2 - 13/81
MONTESENIAT	Nov 26 - Dec 14/79	Nov 24 - 28/80	Aug 3 - 14/81		April 1981			
ST. KITTS/N/V	Jan 21 - Feb 5/80	Nov 17 - 21/80	Aug 3 - 14/81		-	May 1980	Mar 1 - 31/80	May 4 - 15/81
DOMINICA	Hold	Jan 28 - 30/81	Aug 17 - 28/81		-	June /80	-	May 18 - 29/81
BELIZE	Feb 25 - Mar 18/80	Dec 4 - 10/80	Oct 7 - 21/81		Hold	Hold	Hold	Feb 16 - 27/81
BARBADOS (A)	Oct 22 - Nov 9/79	Oct 13 - 17/80	June 15 - 19/81		-	-	-	June 3 - 17/81
ST. LUCIA	Nov 19 - Dec 12/79	Jan 12 - 16/81	Sept 7 - 18/81		-	-	-	Nov 10 - 21/81
ST. VINCENT	Jan 21 - Feb 5/80	Dec 1 - 5/80	Sept 7 - 18/81		June 1980	Feb 1980	-	Dec 8 - 19/81
GRENADA	Feb 28 - Mar 18/80	Jan 12 - 16/81	Sept 21 - Oct 3/81		June 1981	July /80	April 1 - 30/80	Mar 2 - 13/81
TRINIDAD (B)	Apr 14 - May 2/80	Jan 19 - 23/81	Sept 21 - Oct 2/81		-	-	May 1 - 31/80	Nov 24 - Dec 5/81
					-	-	-	-

APPENDIX I

SUMMARY OF EXPENDITURE TO END OF OCTOBER, 1979

(Based on main Accounting Classifications Established for Project)

		<u>US\$</u>	
	<u>Budget</u>	<u>Total to October, 1979</u>	<u>Balance</u>
Training	518.6	*82,014.00	436.6
Technical Assistance	520.7	14,922.57	505.7
Commodities	125.8	4,592.45	121.2
Implementing Agency Support	<u>445.4</u>	<u>43,797.91</u>	<u>401.6</u>
Sub-Total	1,610.5	145,326.93	1,465.1
Contingency	<u>189.5</u>	<u>-</u>	<u>189.5</u>
Total	<u>\$1,800.0</u>	<u>\$145,326.93</u>	<u>\$1,654.6</u>

* Payment made to Westinghouse Electric Corporation under Contract from August 4 to October 23, 1979

(Breakdown of CARICOM expenditure under Project budget at Appendix IA)

US\$IMPLEMENTING AGENCY SUPPORT

1. First Appointment - Project Manager and Management Trainer
2. Salaries and House Allowances of Project Manager, Management Trainer and Administrative Officer
3. Salaries of Clerical Staff (2 Stenographers and 1 Messenger)Ø
4. Group Health Medical Insurance and Accident Insurance
5. Travel and Per Diem for visits to Participating Countries by Project Manager and Management * Trainer (July and August)
6. //Per Diem for Project Coordinators: Orientation Workshop in Guyana (September/October)
7. Per Diem for Overseas Members of Project Advisory Group
8. Temporary Clerical Assistance
9. Miscellaneous US\$43,797.90

Ø Payment of Clerk still under negotiation

* Also visited Washington D.C. and New York to arrange purchase of commodities

// Cost of Airline fares not yet brought to account except in case of Belize Project Coordinator's initial travel plan to Guyana which was aborted in Curacao.

- The course was too compact for the time allotted, however much learning was assimilated.
- The course is well structured with a lot of student participation. Giving us practical exercises enabled us to see how some of the knowledge may be applied in our work situation. A most useful way of learning.

Line

- The course provided me with greater knowledge of leadership techniques. It is highly recommended for supervisors/leaders.
- The course was very informative, quite interesting and it has made me aware of a number of things I never associated with management.
- This course was very informative and it helped to create a new interest in helping to solve outstanding problems which are present at my place of work.
- Very applicable, but too brief and compact.
- The course has been very helpful. After more detailed reading of the Booklet and studying the hand-outs, I would grasp more from the course.
- I think that the course is a very useful one which should produce some positive results.

WORK SHEET

CARICOM/AID BASIC HEALTH MANAGEMENT DEVELOPMENT PROJECT

REVISED FINANCIAL PLAN (Budget) (Estimates at December 31, 1979)

TRAINING	(US\$)													
	1979			1980			1981			1982			TOTAL	
Contractors	15.5			30.25			12.75			2.0			60.5	
Direct Post	m/m	84	224	m/m	104	370	m/m	69	200	m/m	10	868	m/m	328,742
	1.5			3.5									5.0	
Consultants	m/m	6	375	m/m	14	875							m/m	21,250
	1.5			8.0			5.25						17.5	
Subcontractors	m/m	26	235	m/m	46	640	m/m	30	600				m/m	103,483
Travel														
and Per Diem		30	910		60	325		25	425		4	118		120,770
Allowances		5	788		11	575								17,350
Miscellaneous			440		1	320		1	320			420		3,500
General and Administrative		18	400		55	200		55	200		9	186		137,930
Fee		18	768		39	656		19	092		2	582		80,090
Package 'D' CARICOM								20	000					20,000
TOTAL		191	140		393	961		220	925		27	174		833,200

WORK SHEET

TECHNICAL ASSISTANCE

	1979			1980			1981			1982			TOTAL
	3		13			4						20	
Subcontractors	m/m	17	490	m/m	75	790	m/m	23	320			m/m	116,600
Fee (Contract)		1	836		7	958		2	450				13,244
													29,745
Consultants	1.5	6	375	5.5	23	470						7	
Pre Project Cost		20	000										20,000
Advertising					2	000		1	000				3,000
	4		12			8						24	
CARICOM Pool	m/m	21	000	m/m	128	000	m/m	85	000			m/m	234,000
Special Activities													
Seminars and Workshops					30	000		20	000		10	000	60,000
Inter Territory Exchanges					5	000		10	000		15	000	30,000
Attachments					5	000		5	000		10	000	20,000
Project													
Advisory Group		3	000		6	500		6	500		3	000	19,000
TOTAL		69	701		283	718		153	270		38	000	544,689

WORK SHEET

COMMODITIES

	1979		1980		1981		1982		TOTAL	
Equipment and Supplies for Training										
(U.S. Purchases)	105	423		20 000		-		-	125	423
Equipment and Supplies for Training										
(Local Purchases)	2	000		2 000		2 000		1 000	7	000
Office Equipment and Supplies (<i>Local purchase</i>)	7	015		1 000		1 000		500	9	515
Books and Publications for Resource Centres	4	000		3 000		1 500		500	9	000
TOTAL	118	438		26 000		4 500		2 000	150	738 000

WORK SHEET

IMPLEMENTING AGENCY	SUMMARY IN US\$											
	1979		1980		1981		1982		TOTAL			
Salaries	34	630	73	120	73	570	34	950	216	270		
Inflation Provision		-	10	000	10	400	6	000	26	400		
Other Staff Costs	33	900	60	880	80	880	44	600	220	260		
Inflation Provision			8	525	11	325	6	245	26	095		
Gratulties							(31 920)	31 920		
Other Costs	3	000	6	000	6	000	2	000	17	000		
TOTAL	71	530	158	525	182	175	125	715	538	545		

WORK SHEET

		SUMMARY			
		ORIGINAL COST		REVISED COST	SHORT FALL
1. Training		518.6		833.2	(314.6)
2. Technical Assistance		520.7		344.6 544.6	(23.9)
3. Commodities		125.8		151.0	(25.2)
4. Implementing Agency Support		445.4		538.5	(93.1)
5. Inflation Factor		128.0		-	(128.0)*
6. Contingencies		61.5		61.5	
		<u>1,800.0</u>		<u>2,218.8</u>	<u>(328.8)</u>

* Inflation factor redistributed in revised cost

REVISED IMPLEMENTATION PLAN

PACKAGE A 1979-1980

- Approximately 700 Top, Middle and Line Personnel in Basic Management
- 15 Working Days, 5 to each level

Country	DATES	
	In Country	Training
<u>TEAM 1</u>		
Antigua	Oct 21 - Nov 20 1979	Oct 29 - Nov 16 1979
Montserrat	Nov 20 - Dec 18 1979	Nov 26 - Dec 14 1979
St. Kitts/N/A	Jan 9 - Feb 12 1980	Jan 14 - Feb 5 1980
Belize	Feb 12 - Mar 20 1980	Feb 25 - Mar 18 1980
Dominica	Hold	Hold
<u>TEAM 2</u>		
Barbados	Oct 14 - Nov 13 1979	Oct 22 - Nov 9 1979
St. Lucia	Nov 13 - Dec 14 1979	Nov 19 - Dec 12 1979
Grenada	Jan 9 - Feb 12 1980	Jan 14 - Feb 5 1980
St. Vincent	Feb 12 - Mar 20 1980	Feb 25 - Mar 18 1980
Barbados	Apr 9 - May 8 1980	Apr 14 - May 2 1980

REVISED IMPLEMENTATION PLAN

PACKAGE B - Teamwork and Team Building (5 Working Days)

135 - All Levels - particularly district personnel

Country	DATES	
	In Country	Training
<u>Testing</u>		
Barbados	Oct 10 - Oct 19 1980	Oct 13 - Oct 17 1980
<u>TEAM 1</u>		
Antigua	Nov 14 - Nov 22 1980	Nov 17 - Nov 21 1980
Montserrat	Nov 22 - Nov 30 1980	Nov 24 - Nov 28 1980
Belize	Dec 1 - Dec 12 1980	Dec 4, 5, 8, 9, 10, 1980
<u>TEAM 2</u>		
St. Kitts	Nov 14 - Nov 22 1980	Nov 17 - Nov 21 1980
Grenada	Nov 22 - Nov 29 1980	Nov 24 - Nov 28 1980
St. Vincent	Nov 29 - Dec 7 1980	Dec 1 - Dec 5 1980
<u>TEAM 3</u>		
St. Lucia	Jan 9 - Jan 17 1981	Jan 12 - Jan 16 1981
Barbados	Jan 17 - Jan 24 1981	Jan 19 - Jan 23 1981
Dominica	Jan 24 - Feb 1 1981	Jan 26 - Jan 30 1981

REVISED IMPLEMENTATION PLAN

PACKAGE C - People Management (10 working days)

225 Mid-level Health Personnel

Country	DATES	
	In Country	Training
<u>TEAM 1</u>		
St. Kitts	July 31 - Aug 15 1981	Aug 3 - Aug 14 1981
Dominica	Aug 15 - Aug 30 1981	Aug 17- Aug 28 1981
EVALUATION	-----	Aug 31- Sept 4 1981
St. Vincent	Sept 4 - Sep 19 1981	Sep 7- Sep 18 1981
Barbados	Sept 19 - Oct 3 1981	Sep 21- Oct 2 1981
Belize	Oct 4 - Oct 22 1981	Oct 7- Oct 21 1981
<u>TEAM 2</u>		
Montserrat	July 31 - Aug 15 1981	Aug 3 - Aug 14 1981
Antigua	Aug 15 - Aug 30 1981	Aug 17- Aug 28 1981
EVALUATION	-----	Aug 31- Sep 4 1981
St. Lucia	Sept 4 - Sep 19 1981	Sep 7- Sep 18 1981
Grenada	Sept 19 - Oct 4 1981	Sep 21- Oct 3 1981

REVISED IMPLEMENTATION PLANTECHNICAL ASSISTANCE

MODEL DISTRICT HEALTH TEAM

3 - person-months per country to:

Country	Dates
Antigua	April 1 - April 30, 1980 and April 1 - April 30, 1981
Dominica	HOLD
St. Lucia	June 1 - June 30, 1980 and June 1 - June 30, 1981

ORGANIZATIONAL ANALYSIS

1 - person-month per country to:

Country	Dates
Montserrat	May 1 - May 31, 1980
Dominica	HOLD
St. Vincent	July 1 - July 31, 1980
St. Kitts/N/A	June 1 - June 30, 1980
St. Lucia	February 1 - February 29, 1980

REVISED IMPLEMENTATION PLAN

HEALTH PLANNING

2 - person-months per country

Country	Dates
Grenada	May 1 - May 31, 1980
St. Vincent	April 1 - April 30, 1980
Dominica	HOLD
Antigua	February 1 - February 29, 1980
Montserrat	March 1 - March 31, 1980

MANAGEMENT INFORMATION SYSTEMS

Approximately .75 - person-months per country

Country	Dates
Barbados	November 10 - November 21, 1980
Grenada	November 24 - December 5, 1980
St. Lucia	December 8 - December 19, 1980
Antigua	February 2 - February 13, 1981
Dominica	February 16 - February 27, 1981
St. Vincent	March 2 - March 13, 1981
Montserrat	May 4 - May 15, 1981
St. Kitts/N/A	May 18 - May 29, 1981
Belize	June 3 - June 17, 1981

YEAR 3

Based on evaluation with the coordinators and feedback from contractor and participants the following activities will take place in Year 3.

1. Additional technical assistance, conferences or workshops.
 2. Project evaluation.
 3. Identification of objectives for Package D.
 4. Development of content, materials etc. for Package D.
 5. Implementation of Package D.
 6. Evaluation of Package D.
 7. Development of indigenous Audio Visual material for Resources library.
 8. Final evaluation and report submission.
 9. Development of an outline program for continuation of Health Management training in the Region.
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