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TO- AID/W to AID A- 15

FROM . KINGSTON

SUBJECT . Health Improvement for Young Children (532-0040)
Evaluation

REFERENCE . Kingston 2663

DATE SENT

5/7/79

Attached is the first annual evaluation for the Health Improvement for Young Children Project (532-0040).

LAWRENCE

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PAGE 1 OF 1 PAGES

DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY:
PROG:SMerrill:gg	PROGRAM	92-94850	5/7/79	Director, Donor Lion

AID AND OTHER CLEARANCES

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PROG:HJohnson

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PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE HEALTH IMPROVEMENT FOR YOUNG CHILDREN		2. PROJECT NUMBER 532-0040	3. MISSION/AID/W OFFICE USAID/JAMAICA
5. KEY PROJECT IMPLEMENTATION DATES A. First PRO-AG or Equivalent FY <u>76</u> B. Final Obligation Expected FY <u>79</u> C. Final Input Delivery FY <u>80</u>		6. ESTIMATED PROJECT FUNDING ('000) A. Total \$ <u>2,975</u> B. U.S. \$ <u>375</u>	7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>November 1977</u> To (month/yr.) <u>April 1979</u> Date of Evaluation Review <u>April 1979</u>
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) <u>532-79-6</u> <input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION			
8. 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., a/gram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Department of Social & Preventive Medicine (DSPM)/UWI will be assuming the major role in providing technical assistance to MOHEC under the project. Approval for geographic source and predominant capability waiver is being sought from AID/W.	AID/W	May, 1979
2. DSPM/UWI will submit a project proposal to MOHEC and USAID.	DSPM/UWI; MOHEC	May, 1979
3. MOHEC with USAID concurrence decided to extend the <u>LT advisor in Cornwall</u> to Dec. 1980 (PCD) and not to extend the <u>LT advisor in Kingston</u> beyond his contract expiration date of Oct. 1979. MOHEC requested continued assistance of the <u>curriculum design consultant</u> under the project. These two individuals will constitute JHU assistance under the project for the remainder of the project and the JHU contract will be amended accordingly. (USAID/J to issue PIO/T amendment; LAC/contracts, AID/W to effect contract amendment).	USAID/J AID/W	May, 1979 May, 1979
4. During the second and third years of the project, work in the areas of training and curriculum development will continue and emphasis will be placed on those areas which have not been focused on to date, namely, management, supply systems, information system (continued on next page)		

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

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles) Linda Haverberg:Chief, H/N/P Gary Cook:PH Advisor, H/N/P Hank Johnson:Chief, PROG. Philip Schwab:ADIR	12. Mission/AID/W Office Director Approval Signature <u>[Signature]</u> Typed Name <u>Donor M. Lion</u> Mission Director Date <u>April 1979</u>
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Block 8 cont'd.

development, establishment of health committees, participant training, and production of policy and procedure manuals for Type II and III clinics.

5. USAID will recommend to MOHEC that the Primary Health Care (PHC) Unit should coordinate national level activities under this project and that the Principal Medical Officer (PMO)/PHC should be the Project Director.
USAID/J May, 1979
6. Signing of FY 79 Project Agreement
USAID/J May/June 1979
7. Issuance of PIO/T under FY 79 ProAg
USAID/J May/June 1979
8. Signing of contract with DSPM/UWI
MOHEC;
USAID/J June 1979
9. Revision of implementation and financial plan
USAID/J;
MOHEC June 1979

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PROJECT EVALUATION SUMMARY (PES) - PART II

1. SUMMARY

In the one year of project operation since the arrival of the long-term (LT) advisors in February and March 1978,^a significant progress has been made in the in-service training and curriculum development component of the project, especially in Cornwall County. Almost 700 health team staff in Cornwall County attended 2-day management/supervision seminars for Type I health centers. MOHEC's Training Branch is completing Training of Trainers Workshops to develop parish training coordinators islandwide and week-long Midwifery In-Service Training Workshops for the 300 midwives who will manage the Type I clinics in the primary health care (PHC) system. The presence of one LT advisor in Kingston working with the Training Branch and the other in Montego Bay working with the Cornwall County Health Administration (CCHA) has served to link the national program with the pioneering efforts of the CCHA in implementing the PHC system. These activities have all been accomplished despite severe MOHEC budget cuts with resultant shortages of personnel, supplies, equipment, vehicles, and local travel funds.

Little progress has been made on the planning, management, information system, functional analysis, and participant training components of this project during the first year. This is due to a number of factors related to the time that elapsed between project design and approval and the beginning of implementation 20 months later with the arrival of the LT advisors.

During the second phase of this project, while JHU input will continue in the areas of training and curriculum development, a decision has been taken to enlist the services of the Department of Social and Preventive Medicine (DSPM)/UWI to provide technical assistance to the Ministry under this project. DSPM/UWI involvement in the project is highly desired by MOHEC and is viewed as a critical and essential means to achieving the project goal and purpose in a timely, efficient, and effective manner, and the resultant DSPM/UWI - MOHEC/GOJ institutional linkage would be a highly significant, desirable, lasting, and heretofore unanticipated output of the project.

a Approval of PP: June 1976
Signing of Technical Assistance Contract with JHU: November 1977
Arrival of LT advisors: February/March 1978

2. Evaluation Methodology

In the project implementation plan, joint evaluations are scheduled annually. This evaluation represents the first annual project evaluation and was intended to provide AID and GOJ project managers with an indication as to the direction and progress of the project and recommendations for revised project inputs, outputs and other remedial action, if necessary, to be undertaken during the second and third year of the project.

The evaluation was undertaken by the HNP Division, USAID/Jamaica and was based primarily on interviews and meetings between USAID, GOJ, and JHU project personnel, a site visit to Cornwall County, and a thorough review of all project documents, monthly reports submitted by the two JHU long-term advisors, and trip reports and the annual evaluation report submitted by JHU. The following individuals were consulted:

GOJ/MOHEC:

- a. Dr. Wynante Patterson, CMO(Actg.) and Project Director
- b. Mr. T.O.B. Goldson, Permanent Secretary (Actg.)
- c. Dr. Anthony D'Souza, Senior Medical Officer/Cornwall County/MOHEC and Project Director, Cornwall County
- d. Mrs. Hyacinth Stewart-Bulgin, Chief, Training Branch/MOHEC.

JHU Jamaica Project Personnel:

- a. Mrs. Willie Mae Clay, Long-term Advisor/Cornwall
- b. Mr. Mark Gross, Long-term Advisor/Kingston
- c. Mrs. Dory Storms, Campus Coordinator
- d. Dr. Carl Taylor, Principal Investigator
- e. Dr. Matthew Taybeck, Evaluation Specialist.

UWI/DSPM:

- a. Prof. Kenneth Standard, Chairman
- b. Dr. Anand
- c. Dr. Carlos Mulrain
- d. Ms. Pauline Mouchette
- e. Mrs. Pat DeSai

USAID/JAMAICA:

- a. Dr. Linda Haverberg, Chief, HNP
- b. Mr. Gary Cook, Public Health Advisor, HNP
- c. Mr. Hank Johnson, Chief, PROG
- d. Mr. Philip Schwab, ADIR
- e. Dr. Donor Lion, DIR

3. Background - External Factors

In 1974, the GOJ made a policy decision to integrate health, nutrition and family planning services within a comprehensive health care delivery system. The Ministry of Health and Environmental Control (MOHEC) approached the IBRD and AID to assist with the development and implementation of the system and with the testing of a decentralized administration of health care delivery in Cornwall County. In November 1975, an informal agreement was reached between the GOJ and the IBRD that the latter would finance the refurbishing of existing health centers and construction of 57 new health centers in Cornwall County and furnish medical equipment and supplies and limited technical assistance. A similar agreement was reached with AID that AID would provide technical assistance for the development of a decentralized management system to implement the program in Cornwall County and for the reorienting of training programs of health care staff (excluding M.D.'s) towards extending curative and preventive health services to the rural communities through expanded outreach services.

The basic objectives of the Cornwall County project and of AID's proposed participation in it were agreed upon by MOHEC and USAID/Jamaica on March 9, 1976 at a meeting called by AID to discuss the Taylor/Armstrong evaluation of the Cornell University Hanover Nutrition Project, and the terms of this new grant project. In the late 1960's, at the invitation of MOHEC, Cornell University introduced into Elderslie, the location of the first graduates of the Community Health Aide (CHA) basic health training program at UWI, a project intended to reduce malnutrition in young children through outreach services. The program was subsequently expanded to Hanover and then St. James parishes. The present project was intended to build on the successful Cornell program with CHA's in further developing and expanding overall community health services and basic health care at the CHA level, backed by supervision by other members of the Community Health Team.

This project, which was approved in June, 1976, was originally designed as a pilot or demonstration project for a new Jamaican health delivery system. The project goal was "to develop a national health care delivery system integrating curative and preventive, personal and environmental health services designed to reach the rural population of Jamaica" with a sub-goal of "improved health care in Cornwall County". The project purpose was "to improve the Cornwall County primary health care system by assisting in decentralizing the primary health care delivery system, revising the curriculum and training of health care providers, improving management and data collection systems, and improving and increasing the efficiency of support services." The intention was to expand the system islandwide once it had become operational in Cornwall.

The contract with Johns Hopkins University was not signed until November 1977, a total of 17 months after the project was designed and approved. The two long-term advisors arrived in Jamaica in February and March 1978. In the intervening time between project design and project implementation, MOHEC decided not to wait for the results of a pilot project but to move ahead in implementing a three-tiered primary health care system islandwide. Thus, at the very outset, exactly one month (January 1978) before the project was scheduled to be fielded, the project was modified as follows:

a. While the project goal, sub-goal, and purpose remained essentially the same, the locale and scope of the project were expanded to take into account the national health program including the Cornwall County program.

b. Rather than decentralize training at the regional level, MOHEC decided that training functions should be centralized and coordinated in MOHEC's Training Branch in Kingston. This resulted in a decision to separate the two long-term advisors. (see (c) below).

c. Whereas the original intent was to have the two long-term advisors, one a primary health care curriculum design specialist and the other a clinical training specialist, work together as a team, complementing each other, in curriculum design and training in Cornwall, the former long-term advisor was assigned to MOHEC's Training Branch in the Central Ministry.

d. A decision was also taken to postpone the functional analysis until 1979 when Professor Standard's (UWI) study, funded by IDRC,^a on the functional analysis of CHA's in Type I centers would have been completed and the nurse practitioners would have been in the field for at least one year (the latter went out into the field in 1978). The original design called for a functional analysis during the first three or four months of implementation and a second such analysis during the first six months of the third year of the project.

e. Under the original design of the project, the primary health care curriculum design long-term advisor was intended to spend the first 18 months in Jamaica with a follow-up visit for three months during the last three months of the project. The clinical training long-term advisor was scheduled to arrive six months after the beginning of project implementation, for an 18-month work assignment, the first 12 months of which would overlap with the other long-term advisor. Instead, a decision was taken for both advisors to arrive in country at the beginning of project implementation (February 1978) and to serve out their respective tours of 21 and 18 months.

f. MOHEC also decided to await a decision on scheduling the input of the short-term consultants in information system development, management, and curriculum design until after the long-term advisors had arrived. This, together with the delay in the functional analysis and hence the involvement of the functional analysis specialists, meant that no implementation plan existed for use of short-term consultants under the project when the project was actually fielded in February 1978.

At least two other major external factors have occurred between project design and actual project implementation which have had an impact on the project. The sudden death of the Permanent Secretary (MOHEC), Mr. Glen Vincent, during the intervening period, meant that the chief designer, promoter, and supporter of this project on the GOJ side was replaced by a

^a IDRC = International Development Research Corporation (Canada)

new person, the Chief Medical Officer (CMO). The deteriorating economic situation in Jamaica since the start of the project with the accompanying cutbacks in Ministry budgets and shortages of foreign exchange to purchase medical equipment/supplies has hampered the ability of the Ministry in implementing its PHC delivery program. Shortages of staff, supplies, travel funds, and medical supplies/equipment have had a noticeable impact on the implementation schedule of activities under the project.

In addition to the above factors, the project is being implemented by a Ministry with management, planning, and coordination problems. Project personnel are oftentimes charged with implementing plans in the absence of sufficient staff, budget and suitable guidance and direction.

Whereas the majority of assumptions for achieving goal targets and project purpose remains valid, the assumption that MOHEC would continue to budget/allocate funds at planned levels to Cornwall County has not. This has had a noticeable effect on project implementation and will be discussed below in Section 4.

4. Examination of Project Inputs

a. Technical Assistance:

Technical assistance, in the form of two LT advisors in training and curriculum development and short-term consultants in information systems, management, evaluation, functional analysis, and curriculum design, is the major form of assistance under the project.

(i) Long-term (LT) advisors

The Primary Health Care (PHC) Training and Curriculum Design LT advisor, arrived in Jamaica February 15, 1978 for 21 months. His contract expires October, 1979. As a result of project modifications just prior to his arrival, he was assigned to work in Kingston, rather than Cornwall, with the Chief of the Training Branch, MOHEC to identify training needs, develop and implement in-service PHC training programs, and identify and develop parish training officers and parish training teams to implement the programs.

One of the major difficulties encountered by the PHC training consultant was that his role within the Ministry of Health was never clearly defined and hence never understood by anyone. Thus, a considerable amount of his time, during the first six months of the project, was spent in identifying a role for himself and establishing a relationship with the Training Branch, other divisions within the Ministry, and Cornwall County training personnel, including the other JHU LT advisor. Perhaps of major significance was that a clearly defined relationship with the PHC Unit of MOHEC was never really established because the Principal Medical Officer (PMO)/PHC was not formally involved in the project. While the Senior Medical Officer (SMO)/Cornwall, the assistant project director, reports to the PMO/PHC, in fact the CMO was the project director at the central ministry.

The LT advisor in Kingston was also faced with serious constraints within the central Ministry. The Training Branch of MOHEC itself consists of only two individuals (Hyacinth Stewart and Nellie Allison), who organize and conduct training, and four administrative aides whose job is only to process MOHEC personnel for training. There is inadequate and untrained manpower in the Branch to develop and implement training programs for the entire Ministry. The JHU advisor became another pair of hands for daily operations in the Training Branch, an important contribution but not an efficient use of an advisor. One of the major constraints to moving PHC training at the national level is the absence of a specific individual in addition to Hyacinth Stewart, who works in this area full-time in the PHC Unit of MOHEC.

Another problem which limited the productivity of the Branch and hence the JHU LT advisor was the absence of a consensus within the Ministry on the role of the Training Branch. Whereas there is a lot of discussion on its role as a coordinator or focal point for all MOHEC training, this in fact is not the case. Rather, the Training Branch is presented with training plans in an atmosphere of changing directions/priorities and is charged with implementing these plans in the absence of sufficient staff, a budget, and suitable guidance and direction. A complicating factor is that various program areas within MOHEC such as the Bureau of Health Education, the Primary Health Care Unit, and the Nutrition Division plan and implement their own training programs without any coordination or collaboration with each other or the Branch. An added problem is that since February 1978, MOHEC has gone through three different Directors of Personnel. The Training Branch falls within the Personnel Division. And it seems a key problem with respect to implementation of the PHC system island-wide is staffing shortages in the field.

The JHU advisor also found himself in a Ministry with a crisis approach to planning resulting in programs which are planned or cancelled the last minute, and often duplicative. This lack of planning also resulted in constant confusion and uncertainty regarding funding for various training programs and shortages of training materials, eg. paper, pencils, stencils, etc. Upon completion of the training programs, the outcomes are often not properly assessed to provide information for further planning and program management.

This LT advisor became a victim of circumstances which surrounded the environment in which he worked and affected the work of his counterparts. Coupled with the facts that this assignment represented the first overseas experience for the advisor, that his strengths were in areas which were best utilized as a member of a team (for which he was hired), and not as a leader, innovator, working without guidance and direction (a position in which he was placed), his productivity under the project was severely hampered.

The JHU long-term advisor in clinical training arrived in Jamaica March 1, 1978 for 18 months and was assigned to work under the direction of Dr. Anthony D'Souza, Senior Medical Officer of Health in Cornwall County, located in Montego Bay, as originally planned, to assist regional and parish MOHEC personnel in developing field training programs, to help health committees develop methods for identification of health needs, and to assist in the development of field methods for supervision of members of the health team, especially community health aides (CHAs) and midwives. The major problem encountered by this advisor was the difficulty in obtaining funds to cover the costs of travel/per diem and supplies to conduct local training activities and to cover the costs of local travel. The latter prevented optimum coordination between the two LT advisors. The work of this advisor was also affected by the various industrial strikes of medical personnel (which has become endemic in almost all sectors in Jamaica) as well as the reluctance of certain categories of health care providers to assume new roles in the new PHC system. Despite these problems, the LT advisor in Cornwall was able to make a good deal of progress as described in Section 5.

(ii) Short-term Consultants

Four visits by JHU personnel were made during 1978. Three were of an administrative nature and one was a technical consultation. In January 1978, Dr. Carl Taylor, Principal Investigator, and Mrs. Dory Storms, Campus Coordinator, travelled to Jamaica for one week to initiate the contract and plan for the year's activities. Following that week's visit, Dr. Robert Parker and Mr. Ahmed Moen, functional analysis specialists, travelled to Jamaica for one week to design the functional analysis in conjunction with MOHEC and DSPM/UWI staff. Discussions during these visits pointed to the need for revisions in the original JHU contract. Mrs. Storms returned to Jamaica in February to work out the changes noted in Section 3.

The other visit by JHU staff to Jamaica in 1978 was made by Dr. Dennis Carlson, curriculum design specialist, in September, to work with both JHU LT advisors and their counterparts on training plans. Since this was Dr. Carlson's first visit, most of his time was spent in orientation/familiarization with project personnel and activities.

Only two visits have been made by JHU personnel thus far in 1979. In January 1979, Mrs. Dory Storms, Campus Coordinator, and Mr. Matthew Taybeck, evaluation specialist spent one week in Jamaica to examine progress to date under the project (for the JHU annual evaluation report) and to work with MOHEC staff in identifying operational research studies to be undertaken in 1979. Dr. Carlson returned for one week in March 1979 to review training activities with the JHU LT advisors and their counterparts.

Whereas the original contract with JHU called for ST-TA in management and data information system development, MOHEC never called on JHU for these services. Because of the decision to delay the functional analysis, the functional analysis specialists, after their initial visit in 1978, were never asked to return. The project also called for substantial input by evaluation specialists, but the one-week visit by Taybeck was the only one to date and was initiated by the contractor. Thus there has been minimal input by JHU home office professionals in the project.

While there were difficulties in scheduling visits (because of teaching schedule conflicts) and at times in arranging for visits because of communication problems between all parties, the main reason for the limited use of ST-TA was that the central Ministry never acknowledged the need for assistance. Some Jamaican project personnel felt that ST-TA in this type of long-term developmental project was not terribly useful. MOHEC never developed a schedule for input of JHU personnel, never really took the initiative in requesting the assistance, and therefore JHU involvement in the project was really limited to the two LT advisors. When JHU personnel visited Jamaica, it was often at their own initiative and the visit was little more than a series of "progress report" sessions.

b. Participant Training:

Whereas the project called for long-term participant training in management systems (1 yr.) and information systems (1 yr.), no participant training has occurred to date. This is an area which will be focused on during the second and third years of the project.

An individual assigned to MOHEC's Planning and Evaluation Unit was admitted to JHU in September 1978 for an MPH degree in health planning; however, she is being funded under a different USAID project and it seems that the request for this training by MOHEC was "outside of" this project. This individual will only receive a certificate in health planning and returns in June 1979, since she did not qualify academically for the MPH program. The only expenditure for overseas training under this project was \$500 to partially cover the subsistence costs of a Senior Public Health Nurse from St. James in Cornwall when she attended a 9 week course in primary health care at Emory University in Atlanta in 1977.

c. Staffing:

Under the project, a Public Health Nursing Tutor in Curriculum Development and a Public Health Nurse Training Coordinator were to have been hired for the Cornwall County Health Office to work as counterparts to the two LT JHU advisors who were originally scheduled to work in Cornwall. Neither individual was hired, because of severe GOJ budget constraints. While desirable, these positions are not indispensable. The JHU LT advisors have been working with key individuals as counterparts.

The salary of the project director in Cornwall was supposed to be supplemented under the AID project, but at the eleventh hour, the British Medical Council renewed his contract in Jamaica and covered his salary in full.

Three medical students were supposed to be hired for 9 months each to serve as interim supervisors for the CHAs in the PHC system in Cornwall. Instead, it was decided that thirty Peace Corps Volunteers would be assigned this role under the project, and MOHEC requested the PCVs. In the interim between project design, approval, and start-up, there was a new Minister, new Permanent Secretary, new Parliamentary Secretary, and new CMO, and the decision to assign PCVs was reversed. So no interim supervisors have been assigned to Cornwall. While desirable, the need for these personnel is not essential now that the midwives and public health nurses are in place.

d. Other Costs:

\$5,000 was set aside for other costs under the project and will be used for local training and travel during the second and third years of the project. Materials and supplies for training activities, which should have been provided by the GOJ/MOHEC, were scarce if not totally unavailable due to budget constraints and management and administrative problems. JHU ended up providing \$600 to the LT advisor in Cornwall for supplies for the training programs.

e. Financing:

(i) AID

Until March 1979, AID/W was the disbursing office for the project. AID/W is also the authorized contracting office. Until recently, the Mission did not seek additional management responsibility and AID/W never asked us to verify reimbursement vouchers nor were we sent copies of contract amendments nor financial correspondence between the contractor and AID/W. As a consequence, we sent PIO/Ts and PIO/T amendments to AID/W, but never knew the disbursement status of the project. We have requested and received copies of all documents and, as of March 1979, have been delegated financial management responsibility for the project.

(ii) GOJ

Although sufficient local ("counterpart") funds were budgeted for this project for training, manuals production, and local travel according to MinFin, MOHEC told the project personnel that no funds were available for these purposes and as a result, only J\$9,000 was drawn down during the GOJ fiscal year 1978-1979 for direct local project costs. In addition, because the GOJ contribution for salaries and operating expenses in Cornwall was cut, there were severe shortages of staff and supplies in the Region. The assumption that MOHEC would continue to budget/allocate funds at planned levels to Cornwall County has not been borne out because MOHEC's decision to implement the PHC system islandwide meant that already scarce GOJ resources were deployed throughout the country.

f. IBRD Project:

The inputs planned for under the IBRD JPP II project which impact directly on the AID project, namely, facilities construction and equipment/supplies in Cornwall, have been provided in a reasonably timely manner. Some of the same implementation problems associated with the AID project plague the IBRD project, such as insufficient staff, supplies, equipment, travel funds locally, the seemingly passive attitude of the MOHEC in enlisting the services of technical advisors, the deployment of project resources island-wide under a project which was designed as a pilot in one Region, planning, management, and coordination problems.

5. Progress to Date - Examination of Project Outputs

Of the seven outputs in the log frame (see Annex I), progress toward achievement of only those two related to training and curriculum development (#4 and 5) has been made during the first year of the project.

a. National Level Training

At the national level, the training activities under this project for the first six months have been sporadic and without clear direction, reflecting the planning, coordination, and management problems which exist at the Central Ministry. This is borne out by the activities described below in which the Primary Health Care Training and Curriculum Design LT advisor stationed in Kingston was involved for the first six months:

i. Participated in planning and implementing the following workshops/seminars:

- Public Health Inspectors Workshop in Primary Health Care
- Health Educators Annual Conference
- Curriculum Development for Senior Nursing Tutors
- Role of the Training Branch, MOHEC
- Training of Trainers for Senior Ministry Field Staff
- Parish Level Management/Supervision Seminar

ii. Developed skeletal outline for management and supervision in the Type I health Center.

iii. Provided consultation to the Chief of the Training Branch, MOHEC and also periodically to various agencies involved in primary health care training.

iv. Participated in MOHEC's IBRD (JPP II) project review meetings and primary health care meetings.

A considerable amount of his time and effort was devoted to several tasks which have either not been completed or are waiting to be implemented. These include:

- i. Maternal and Child Health Reference Manual and Community Health Worker Manual
- ii. Skeletal outline for management of the Type I health center
- iii. Development of a proposal for the role and function of the Training Branch within MOHEC
- iv. Outline of Type I center services.

The last two months of 1978 were spent designing and developing the two major training activities which are now being implemented, the Training of Trainers Workshops and Midwifery In-Service Training Seminars. The Training of Trainers Workshops began January 22 and will be conducted three times, each in groups of 25-30 for two weeks, to cover the intended audience of approximately 4-5 health team members per parish, several MO'sH from the parishes, and resource personnel. Two sessions have already been completed. Additional training/continuing education/reinforcement of these parish training coordinators will be required during the year. The other major training program involves one week of training in management and supervisory skills related to the Type I centers as well as selected clinical skills for the 300 midwives involved in the PHC system. The training, which began March 12, is being conducted in five sessions of 60 participants each, by the midwifery consultant from UWI who was hired under the IBRD (JPP II) project, the newly trained Parish Training Coordinators, and members of MOHEC's Training Branch and the Cornwall County Health Administration.

These two activities are considered critical to the development and maintenance of the national PHC program. Unlike Cornwall, the rest of the country has not yet identified training officers. The Training of Trainers workshop is an attempt to address the problem of conducting training programs with the limited resources that exist on the rest of the island. The idea is to develop training coordinators at the parish level since it is viewed as impossible to develop health area infrastructures like Cornwall in the next few years in the rest of the country. Since the "trainers" will be given additional tasks and will not be freed up from their responsibilities, the big question is will they be motivated, stimulated enough to take the time to devote to PHC training activities. The success of these workshops depends on the MO'sH.^a It was decided that efforts would be concentrated in parishes with an MOH in place and one who is already highly motivated.

The midwifery training is viewed as critical to the development of the PHC system since the midwives, along with the CHAs, both of whom comprise the staff of the Type I centers, are viewed as the cornerstone of the PHC system. The midwife, in particular, is the category of worker whose role in the PHC system is perhaps the most dramatically changed. In the system, she is required to be a supervisor which is a new role for which the midwife has had no previous training.

^a MO'sH = Medical Officers of Health

The future direction of PHC training at the national level rests with the Principal Medical Officer/Primary Health Care (PMO/PHC), who was on leave of absence from December 1978 - April 1979. In her absence, little if any activity occurred in the PHC unit which she heads. The Ministry was unsuccessful in establishing a post for a full-time person to handle PHC training in the PHC unit. The PMO/PHC, upon her departure, left a detailed PHC training plan and program to be used as a model for training activities through 1980, and it still exists only on paper. Whereas it is ambitious and unrealistic in terms of available financial and human resources, it will serve as a good start for program formulation.

b. Cornwall County Training

The LT advisor in Cornwall, upon her arrival, visited existing Type I health centers and reviewed the PHC training needs assessment which had already been developed at a seminar in January 1978 for the County health staff with the Senior Medical Officer, the Regional Nursing Supervisor, the County health staff, and the County Health Educator. It was decided that in-service training in communication and management skills would lay the foundation for all members of the PHC team to work together as a team. The need for training was evident since Type I centers were to begin operation approximately six months after her arrival. Health staff had to be prepared to deliver expanded services from Type I centers, interact appropriately as a team, and assume management and leadership functions. The following plan of action was developed:

- i. Each training group would consist of 15-22 participants.
- ii. Each training session (intensive workshop) would be two days, covering communication skills on day 1 and management skills on day 2.
- iii. The training sessions would be conducted in the most centrally located area for each parish to minimize travel costs.
- iv. The training groups would include representatives from all disciplines of the PHC staff.
- v. Two senior public health nurses were identified to assist as resource personnel with training.
- vi. A public health inspector was selected from each parish to assist with coordination of the training sessions.

The two-day workshops began in St. James on April 21, 1978 and were completed on October 4, 1978. A total of 687 health staff members completed the Type I in-service training program. Each training session was evaluated using a standard evaluation form developed for this purpose. Because the training was so successful, the MOHEC Training Branch held a one-day workshop in Montego Bay for Regional Health Supervisors outside of the Cornwall Region to familiarize them with the methodology employed in Cornwall.

The JHU long-term advisor in Cornwall also conducted several seminars and practical training sessions during the year as follows:

- (i) Seminar: Cornwall Regional Hospital
 Participants: Post Partum Staff Nurses
 Topic: "Rationale for Inservice Education"

- (ii) Seminar: Cornwall Regional Hospital
 Participants: Public Health Inspectors/County Cornwall
 Topic: Management of (1) Poisons; (2) Accidents;
 (3) Burns

- (iii) Practical Training Sessions: Cornwall Regional Hospital
 Participants: Public Health Inspectors/County Cornwall
 Procedures: Bandaging
 Applying Splints
 Blood Pressure Techniques

Over the next year, the focus in Cornwall County will be on evaluation of training and services delivery in Type I centers and development of the Pilot Areas. (a) The following major activities are planned for 1979:

- (i) Evaluation of services delivery and staff performance in Type I health centers in Cornwall

- (ii) Assessment of field experiences in a pilot area in order to provide input for the development of Type II and Type III center manuals

- (iii) Coordination of in-service training in Cornwall in:
 - a. First aid
 - b. Family planning
 - c. Nutrition/dental
 - d. Early stimulation for children with behavior problems
 - e. Methods of reporting/recording
 - f. Methods of data collection

The Cornwall LT advisor will be involved over the next year specifically with the training of personnel in Type II and Type III centers in the Pilot Areas in each parish, and with the preparation of Type II and Type III manuals in cooperation with the Ministry of Health and Cornwall County PHC teams.

a Pilot Areas or Districts include Type I, II and III centers and a hospital. One Pilot Area per parish or five Pilot Areas in Cornwall County are planned.

Training activities have really moved in Cornwall County during the past year. This is primarily due to the presence of a Senior Medical Officer of Health, Medical Officers of Health in three out of the five parishes in the County, and the catalytic role of the project's LT advisor.

Cornwall has its training people in place and has the strong and able leadership necessary to allow planned, coordinated, efficient and effective implementation and evaluation of programs, independently of the central Ministry.

c. Development of Policy and Procedure Manuals

The project called for the design, development, and production of policy and procedure manuals for Type I, II and III centers as well as a general reference manual. By the time the LT advisors arrived in Jamaica (and therefore the project began), MOHEC had already produced the Type I manuals. These manuals served as the basis for activities undertaken during the first year of the project which focused exclusively on Type I centers.

Since Cornwall County is ready for Type II and III center development, the need to begin working on the development of Type II and III center policy and procedure manuals has become critical. This need is made even more apparent by the fact that the Type I centers are already in place. The CHA's in the Type I centers are trained to "case find" and not to provide services other than the most basic; in the absence of Type II and III centers, the hospitals are getting even more overloaded!

Whereas the Type I policy and procedure manuals flowed from residential seminars, it was decided that the development of the Type II and III manuals should begin with ideas flowing from actually working in the Pilot Areas. Perhaps residential seminars would follow after. At any rate, the manuals would be written at the national level once ideas are generated from actual experience in the Pilot Areas. A major problem, however, is that the establishment of Type III centers requires that physicians be in place, and this is a major personnel shortage category.

The discussion of developing Type II and III centers in Cornwall emphasizes how much ahead Cornwall is as compared with the remaining 8 parishes where in most cases Type I centers have not yet even been established. The success of the recently conducted Training of Trainers Workshops and the follow-on activities are viewed as critical to getting the other parishes off the ground. What this means is that Cornwall staff are ahead of the thinking at the Central Ministry which is focusing on the national program.

d. Functional Analysis

When the LT advisors arrived in Jamaica and the project began, a decision was taken by MOHEC to postpone the functional analysis planned for under the project until 1979 when the islandwide study on the functional analysis of CHA's in Type I centers being conducted by the Department of Social and Preventive Medicine (DSPM)/UWI, with IDRC funding, would have been completed and the nurse practitioners would have been in the field for at least one year (the latter went out into the field in July 1978).

A three-day seminar to disseminate the results of the study was held the last week in March at UWI. Four categories of individuals were interviewed in the study: (i) approximately 200 aides; (ii) other health team members such as PHI's, midwives, etc.; (iii) supervisors of the aides; and (iv) community members. The sample was stratified with the largest sample size being drawn from Hanover and St. James (Cornwall County) which have the most aides in the field for the longest time.

Whereas the study provides useful information on attitudes of health team members and community members toward one another and individual assessments of health needs, Cornwall health staff still need to examine two major aspects of the PHC system: i) what are the Type I health staff actually doing (evaluation of service delivery and staff performance); and ii) what have they learned from the training that has been conducted (evaluation of training effectiveness). MOHEC staff seem to be bothered by the sophisticated "vagueness" of the term "functional analysis" and prefer to call what they need simply evaluative studies. Central MOHEC staff seem to be interested only in a services effectiveness study of the Pilot Areas (which are just being developed).

It was not until the contractor raised the question of studies that Central MOHEC staff began to think about its needs. Cornwall staff had already planned to evaluate the training programs to date. Whereas at first the contractor was to perform these studies, it has now been decided that DSPM/UWI would be contracted to assist the MOHEC in undertaking these studies and to provide technical assistance in other areas under the project (see Section 8).

e. Planning, Management, Information System Development

No work was undertaken in any of these areas under the project during the first year. As stated earlier, the basic reason is that central MOHEC staff never asked for assistance in these areas. Cornwall staff recognized the need for assistance in Cornwall County, but, in fact, with the change in MOHEC policy to implement the PHC system islandwide, all efforts in these areas were being done at the central level. The central Ministry is not acting as if it plans to decentralize the management, supervisory and support services of the PHC system, the concept upon this project was developed.

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Furthermore, the general feeling at MOHEC is that short-term consultants are often not very useful given the time it takes for them to become familiar with the country, project, etc. MOHEC feels that programs or projects, such as the one at hand, which involve designing a plan, implementing it, and evaluating/redesigning it, do not lend themselves to a short-term consultant approach. For certain aspects of the project, short-term consultation may be desirable, but it should be the same person over an extended period of time.

MOHEC does not foresee needing the planning, information systems, and management short-term consultants provided for under the project. MOHEC has a full-time resident management advisor provided by PAHO/WHO (Peter Carr). They also hired an information systems specialist, seconded from NPA, under the World Bank (JPP II) project in November, 1978. In addition, MOHEC has arranged for assistance from a PAHO/WHO statistician, stationed in the Bahamas, who will work in both countries part-time on a continuing basis. BUCEN involvement in the development of MOHEC's health information system has been funded under a RSSA with DS/POP since 1976 and more recently under a RSSA with PPC/AID/W, and their planned continuous input in 1979 is considerable. It is likely that their input will be required and desired beyond 1979 and it is contemplated that this assistance would be built into USAID's proposed FY 80 health sector loan with the GOJ. In planning, MOHEC has been assisted by the same PAHO/WHO short-term consultant over the past two years. It is recognized that MOHEC must get on with implementation. Five new people were hired in January to staff MOHEC's planning and evaluation unit. The Ministry has enough "advice" to absorb at this point in time in these areas.

f. Summary

It is difficult to conceive that the project as designed could have achieved the outputs in training and curriculum development, management, supervision, information system development, and evaluation which are necessary to implement the PHC system in Cornwall County even if the project had remained a pilot program in one County. Certainly the management and information system development needs could not have been fulfilled by only one one-year fellowship and a short-term (one-two week) consultant approach in each area. This has been borne out by our efforts with BUCEN in developing an information system at the Central Ministry. Also a short-term consultant approach in the area of evaluation could not allow for both on-the-job training of Jamaican counterparts and continuous evaluation of all aspects of development of the PHC system.

The decision by MOHEC to change the scope of the project to a national program meant that the resources for a pilot level program were spread island-wide. This included both AID resources and GOJ resources such as staff,

vehicles, equipment, supplies and local travel funds. The only significant input Cornwall received under the project was the one LT advisor. Requests for additional assistance under the project from Cornwall had to go through the Central Ministry. The latter, determined to develop a national program islandwide, chose to centralize all functions and ended up (consciously or not) trying to keep Cornwall at a pace with the rest of the country.

6. Achievement of Project Goal, Subgoal, Purpose

The goal of this project is "to develop a national health care delivery system . . . designed to reach the rural population of Jamaica." The PP states that this longer-term goal will not be achieved during the life of the project. The sub-goal and purpose of this project are "to improve the primary health care delivery system within the County of Cornwall as a prototype for replication in Jamaica's other two counties."

As a result of the training that has occurred under the project, both the sessions conducted and the institutional framework that has been established, considerable progress has been made in achieving the project purpose. This is partly because the two LT advisors served not only as technicians but also as both an extra pair of hands in Kingston and Montego Bay and as catalysts in their respective assignments. Whereas physical separation of the two prevented optimum coordination of the county and national programs, their presence was instrumental in linking the two programs. And Cornwall certainly has paved the way for the national program.

There is still a critical need for development of the management, supply, and information system components of the PHC delivery system, both in Cornwall and nationally. And the development of all three is absolutely essential for assessing the objectively verifiable indicators of goal and purpose achievement. Steps have been taken to concentrate on these areas during the second and third years of the project and these are outlined in Section 8.

7. Beneficiaries

The direct beneficiaries of this project are all members of the PHC teams who provide health services to the Jamaican population. These individuals will be trained to work together as team members in providing health care more efficiently and effectively to the Jamaican population. They will also acquire skills in management, supervision, evaluation, and information systems. The indirect beneficiaries of this project are the population members served by the PHC system in Jamaica with particular emphasis on the most vulnerable groups of children under six and women of child-bearing age. As a result of the implementation of the PHC system with its focus on community outreach services and maximum community participation, Jamaicans will play a more active role in health care delivery and

will benefit from an organized system of health services with expanded coverage which responds to their needs. This includes adequate antenatal care for pregnant women, nutritional surveillance services for children under two years of age, adequate preventive health services for children 0-5 years of age, adequate immunization of children, reduction in maternal and infant mortality, and reduction in maternal and child morbidity, especially maternal complications associated with pregnancy.

8. Conclusions/Recommended Actions

a. Technical Assistance

i. Johns Hopkins University (JHU)

MOHEC has requested an extension of the Cornwall LT advisor to the end of the project, i.e., December 1980. The advisor's current contract expires in August 1979. She would remain in her present position. MOHEC feels that this advisor was instrumental in moving activities in Cornwall and further feels that the advisor's catalytic role and expertise are needed for at least another year and a half. As indicated previously, this advisor would play a major role in the development of the Pilot Areas in Cornwall including the production of policy and procedure manuals for Type II and III health centers and the design and implementation of in-service training programs for Type II and III health team staff.

The Mission has been informally advised not to extend the JHU LT advisor in Kingston beyond his contract expiration date of October 1979 because it was recognized that this advisor was unable to perform a developmental function in the absence of sufficient staff in the Training Branch and in the absence of a full-time person in the PHC Unit to direct PHC training. It is highly unlikely that the Ministry would be granted additional posts for these two units within the next year. Between now and October 1979, the advisor will assist the Training Branch in conducting the remaining Training of Trainers Workshops and the Midwifery In-Service Workshops described previously and will participate in the follow-up activities, including evaluation and continuing education in the parishes, with special attention given to requests for assistance from KSAC parish.

It was mutually agreed (by MOHEC, JHU, USAID) that there would be no technical assistance provided by short-term consultants in management, planning or information system development by JHU since the needs in these areas were being met by other and more long-term sources of assistance. However, short-term input by the JHU curriculum design specialist, Dennis Carlson, was considered valuable and four more visits by him (one in 1979 and three in 1980) were deemed necessary. The possible role of JHU in operational research/evaluation studies was examined during the visit of Storms and Taybeck in January and subsequently. For the reasons cited in the next section, it was decided that the project would be better served if DSPM/UWI provided technical assistance in this area to MOHEC.

Thus, as of May 1979, JHU involvement in the project would consist of the extension of the Cornwall LT advisor to December 1980, four more visits by the curriculum design specialist (1 in 1979; 3 in 1980), and the assistance of the Kingston LT advisor till the expiration of his contract in October 1979.

ii. Department of Social and Preventive Medicine (DSPM)/UWI

As a result of the evaluation, it was clear that during the first year of the project, a good deal of progress was made in achieving some of the objectives of the project. The project is now entering a new phase with clearly defined tasks that must be accomplished. These tasks include: a) evaluation of training programs completed to date, assessment of future training needs, and implementation of training programs; b) development of management structure at the local level; c) development of procedure manuals and training manuals for Types II and III health centers; d) development of the pilot area health districts in each parish in Cornwall, each having types I, II and III health centers feeding into each other; e) continuous assessment of efficiency of health services being provided; f) development of a warehousing/supply system for health centers; g) development of local community health committees to maximize community participation.

After carefully examining the nature of these tasks, the type of assistance needed to carry them out, the time frame involved, and the implementation problems identified during the first year, we have come to the conclusion that the only way to ensure that the objectives of the project will be achieved within the LOP and the needs of the Ministry met is for the Ministry to draw upon the local expertise in Jamaica to assist in the implementation of this service delivery project. This approach is not only desired by MOHEC but will also increase the likelihood that at the end of the project, in-country expertise will exist to carry on with the development of the PHC system islandwide.

The DSPM/UWI was identified as being the predominant source of assistance needed to achieve the objectives of the project for the following reasons:

- a) The subject project actually had its foundations in the Community Health Aides (CHAs) Training Program developed by DSPM/UWI. In fact, DSPM/UWI just completed an evaluation of the CPA program as described previously and presented the results at a 3-day seminar involving MOH central government and local staff.
- b) Various staff members of DSPM/UWI have been called upon from time to time to assist MOH in an advisory capacity and thus have a considerable amount of experience and familiarity with the Ministry's policies and programs and with the Jamaican environment and are held in high esteem by MOH.
- c) DSPM/UWI is an institution which specializes in operational research and training in the health sector with exceptionally talented staff who together have the skills and expertise needed to assist MOH in implementing a PHC system. Prof. Kenneth Standard, Chairman of the

Department, is an internationally recognized expert in the field.

- d) The sensitive cultural nature of some of the services to be performed such as development of local community health committees and some of the evaluative work emphasize the critical importance of involving local expertise in this project.
- e) The proximity of the proposed contractor to the project site would enable the contractor to relate to Ministry project staff and decision-makers on a day-to-day basis which is critical to a project such as this which involves development of a system and thus requires changes in design based on evaluation findings.
- f) MOH/GOJ would greatly benefit by having DSPM/UWI teaching staff more fully and actively involved in the operational aspects of the health care delivery system in Jamaica since on-going DSPM/UWI training programs and courses are attended by MOH staff.

After considering other possible alternatives, Mission concluded that no other institution in Jamaica has both a strong and well-established operational research and training capability in health sector activities, has the depth of experience and history of prior involvement in PHC activities with the MOHEC/GOJ, or the high professional regard of GOJ health sector officials and familiarity with MOHEC/GOJ policies and programs, all of which DSPM/UWI has and all of which are critical to achieving the project objectives in a timely and effective manner. DSPM/UWI involvement in the project is a critical and essential means to achieving the project goal and purpose and the resultant DSPM/UWI - MOHEC/GOJ institutional linkage would be a highly significant, desirable, lasting and heretofore unanticipated output of the project.

Provision of technical services by UWI staffed by Jamaicans working with MOH counterpart Jamaicans would best promote the objectives of this particular aspect of the foreign assistance program and would develop the institutional linkage desired by USAID, MOH, and UWI. This approach would not only make possible a much more effective project but would also generate savings which would allow U.S. resources to provide a wider range of critical services. Furthermore, such collaboration under this project is in keeping with the resolutions from the Commonwealth Ministerial Conference in New Zealand in 1977 that there should be a stronger link between MOHs and Universities and arrangements made to facilitate not just an advisory but an active role for University professionals in Ministries. Such links are wholly consistent with basic AID principles which stress greater participation by universities in development activities. An institutionalized working relationship between MOH and DSPM/UWI will substantially strengthen the planning, design, implementation and evaluation aspects of future programs/projects in the health sector.

Approval of geographic source and predominant capability waivers must be obtained from AID/W before we can entertain a technical assistance proposal from DSPM/UWI under this project.

iii. Summary

During the second and third years of the project, JHU project personnel, namely, Clay (LT advisor) and Carlson (ST consultant) will continue to concentrate on PHC training and curriculum development. DSPM/UWI personnel will complement the work of the JHU advisors by focusing on evaluative work (training effectiveness, staff performance, services effectiveness), training (in Cornwall and nationally), and assistance in developing local health committees, and a supply management system.

Since the national health information system is being developed centrally with the assistance of BUCEN and the IBRD consultant seconded from NPA, neither JHU nor DSPM/UWI will provide direct input in this area. However, by virtue of the fact that Cornwall staff will be participating in the development of the system as an integral part of the PHC system, Clay and DSPM/UWI staff will be involved. In May, one clinic in each of the five parishes of Cornwall will be the site of the field test (which will last two months) of the new Clinic Summary Record System for MCH/N/FP.

b. Participant Training

Arrangements are being made to send two participants (one from Cornwall and one from KSAC) to an intensive workshop on PHC Management at University of North Carolina at Chapel Hill for three weeks beginning June 10. If the feedback is positive, we would plan to send at least two others next year. Arrangements are also being made to send two Central Ministry "apprentice" data processors to BUCEN in July for 2-3 months as part of our efforts in assisting the Central Ministry develop a health information system in which Cornwall is involved.

In June, when we develop a revised implementation plan, we will examine additional needs for participant training. Depending on the availability of funds under this project and the scheduling of the training, we may support the training under this project, the new health/nutrition sector loan, or the LAC or RDO/C regional training projects. Also with DSPM/UWI providing technical assistance under this project, we plan to examine the feasibility and desirability of meeting MOHEC's training needs locally and of institutionalizing some of the continuing education, in-service training programs at DSPM/UWI under the PHC system.

c. Financial Management

As of March 1979, USAID/J was given financial management responsibility for the project. Whereas AID/W will retain contracting authority for the JHU contract, the DSPM/UWI contract will be administered locally. These arrangements should eliminate some of the management problems encountered during the first year of the project.

To facilitate the coordination between the two JHU LT advisors between now and October and the community outreach work of the Cornwall LT advisor for the rest of the project, funds for local travel will be provided under the project.

d. Project Management

In order to ensure more timely and efficient project implementation and to establish channels of communication, monthly project review meetings involving MOHEC, USAID, the JHU LT advisors, and DSPM/UWI staff will be held. In addition, the Mission has concluded that it makes sense to have the PHC Unit in the central Ministry as the coordinator of national level activities under the project and will recommend to MOHEC that the PMO/PHC be designated the project director.

9. Unplanned Effects

As a result of the MOHEC's decision to expand the focus of the project to the national level and to centralize PHC training functions in the Training Branch of MOHEC, the role of the Branch as a technical unit in MOHEC and not just an administrative arm is gradually being recognized and attempts to clarify its role have begun. Whereas there is room for improvement, over the last year, there has been more coordination between the Branch and the other central Ministry Units involved in in-service training than ever before.

Also the project has heightened MOHEC's awareness of the need for operational research and training capabilities for developing and implementing the PHC system and has increased their desire to establish a strong institutional linkage with DSPM/UWI.

10. Remarks

In many ways, this project represents a pilot or first step in developing Jamaica's PHC system. The FY 80 health/nutrition loan will build on this project by addressing MOHEC's long-term needs for implementing and maintaining an effective national PHC system. The constraints identified under this project have laid the groundwork for the new project.

DETAILED DESCRIPTION (LOGICAL FRAMEWORK)GOAL:

The goal of the GOJ is to develop a national health care delivery system integrating curative and preventative, personal and environmental health services designed to reach the rural population of Jamaica. Special target groups of this population are the most vulnerable groups of children under six and women of childbearing age (14-45). This longer term goal will not be achieved during life of project.

SUB-GOAL:

One way to reach the prime goal is to improve the health care delivery system in Cornwall County as a prototype for replication in Jamaica's other two counties. The indicators at this level will be reached by 1980.

PURPOSE:

In order to reach the sub and prime goals the objective of this grant project is to improve the primary health care delivery system within the county of Cornwall with emphasis on the most vulnerable groups of children under six and women of childbearing age.

OUTPUTS:

1. Implementation of outreach services with capacity to contact 90% of households quarterly.
2. Implementation of the decentralized management, supervisory and support services of the Cornwall County health care system.
3. A functional analysis of the roles of the community health team members and further elaboration of the responsibilities of paramedical and administrative personnel responsible for community health care services.
4. A training unit established and functioning in the Cornwall County Health Office, developing and coordinating initial and in-service training of the community health team members, i.e. Medical Officers, Public Health Nurses, District Midwives, Community Health Aides, Auxiliary Nurses, Public Health Inspectors and Nurse Practitioners.
5. Trained personnel for key administrative and support staff posts in county and parishes in position and functioning (990 individuals).

6. Initial design for an improved information system encompassing client, personnel, service and cost records intended to facilitate use of program information in decision-making at each level of supervision and health care.
7. CHA census completed annually in project area and results tabulated and available within three months of completion of the annual census data collection.

INPUTS:

1. AID financing for technical assistance, long-term participant training and commodities.
2. GOJ financing of staff salaries, logistical support and drugs and medical supplies.