

BASICS/SOUTH AFRICA
USAID BRIDGING ACTIVITIES

BASICS/INTRAH/CDC

**COMPREHENSIVE PHC CLINICAL SKILLS
TOT PROGRAM
PHC MANAGEMENT TOT PROGRAM**

Pretoria, Gauterg and East London, Eastern Cape

November 11-22, 1996

Carolyn Hairston
Carolyn Kruger

BASICS Technical Directive: 000 SA 01 013
USAID Contract Number HRN-6006-C-00-00031-00

A

TABLE OF CONTENTS

ACRONYMS

EXECUTIVE SUMMARY 1

PART I BRIDGING ACTIVITIES: REVIEW & PLANNING 1
A. Bridging Planning Activities 1
B. PHC Comprehensive TOT Program: Site Visit to East London TOT Training .. 3

PART II ADMINISTRATIVE/FINANCIAL REVIEW 4
A. BASICS/SA Operations Team Building/Problem Solving Sessions:
BASICS/SA Office Staff and Headquarters 4
B. Administrative Management Activity Summaries 7
C. USAID Debriefing 13

APPENDIXES

APPENDIX A. PLANNING MEETING: BRIDGING ACTIVITIES
APPENDIX B. SCOPE OF WORK

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BASICS	Basic Support for Institutionalizing Child Survival
BASICS/HQ	BASICS Headquarters
BASICS/SA	BASICS South Africa
CDC	Centers for Disease Control and Prevention
DBL	Distance-Based Learning
DOH	Department of Health
EQUITY	EQUITY in Integrated Primary Health Care (USAID/South Africa Project)
HRD	Human Resources Development
INTRAH/PRIME	Program for International Training in Health
MEC	Member of Executive Council
NGO	Nongovernmental Organization
ODA	Overseas Development Agency
PHC	Primary Health Care
PDOH	Provincial Health Director
SA	South Africa
STD	Sexually Transmitted Disease
TA	Technical Assistance
TOT	Training of Trainers
UNISA	University of South Africa
USAID	United States Agency for International Development
USAID/SA	United States Agency for International Development/South Africa
WHO	World Health Organization

EXECUTIVE SUMMARY

BASICS Operations Officer Carolyn Kruger and Finance and Administration Contracts Manager Carolyn Hairston traveled to South Africa for the primary purpose of assessing the status of finance and administrative operations in the BASICS/South Africa (SA) offices in Pretoria and East London, Eastern Cape Province. The BASICS/SA personnel in Pretoria is comprised of three staff members: Primary Health Care (PHC) Coordinator and Country Representative Pamela Mamogobo, Assistant Administrator/Accountant Prudence Nxumalo, and Secretary Susan Nels. It became apparent to BASICS/Headquarters that the BASICS/Pretoria staff needed additional oversight and training to handle the demands for logistical support for the BASICS/INTRAH/CDC technical assistance in country, and the financial and administrative management needed to provide adequate support for the Bridging Activities. As a team, Hairston and Kruger facilitated discussions with the BASICS/SA personnel to assess the factors and circumstances that led to problems in the financial and administrative management of the program activities and office systems to date. Problems were identified and approaches were developed to address the problems. Policies and procedures were reviewed and reinforced with additional training.

PART I BRIDGING ACTIVITIES: REVIEW & PLANNING

A. Bridging Planning Activities

Kruger and INTRAH consultants Jedida Wachira and Pauline Mahuhu assisted the BASICS/PHC coordinator to conduct a two day planning meeting on Bridging Activities. The purpose of this meeting was to plan the remaining activities for the PHC comprehensive training and the end-of-project evaluation for the Bridging Activities. The group participants included PHC comprehensive co-facilitators, PHC management trainers, and DOH/HRD Directorate, PDOH Eastern Cape Province, INTRAH, USAID, and BASICS staff members. The PHC management trainers represented Mpumalanga and Eastern Cape Province. This group developed a detailed plan for the remaining PHC training-of trainers (TOT) program activities, a plan and scope of work for the PHC TOT Program evaluation, and a schedule for the lessons learned workshop.

1. Bridging TOT Programs: Plans for Remaining Activities

The group reviewed the status of program implementation for both the PHC Comprehensive and the PHC Management programs. The PHC Comprehensive Program had completed development of the PHC curriculum and implemented, to date, four modules, including distance-based learning (DBL) materials. Twenty-one TOTs were being trained from all 21 districts of the 5 regions in Eastern Cape Province. Mentors (21) were trained to provide follow-up support for the TOTs during their three week on-the-job training. Ten co-facilitators had participated in the facilitation of the *Intensive* sessions and provided regional support to the mentors and TOTs. Reference material had been distributed to all participants in the program and distance-based

learning materials were prepared for modules I-IV. Detailed plans were developed for implementation of modules V and VI.

The PHC management training occurred September 17-October 31 in Western Cape Province. Thirty-three trainers participated in the six-week course developed by CDC. Participants included representatives from the nine provinces in South Africa. Five modules on applied epidemiology, health economics, communication systems, management concepts and training, and facilitation skills were implemented and evaluated. The group developed a detailed plan to coordinate and support training by the TOTs in their provinces.

The group also addressed issues and constraints that impeded program progress. The lack of a DOH counterpart continued to be a constraint to effective communications and planning between the DOH, PDOH, and implementing partners. The time allocated for implementation of the programs was too limited and did not allow time for adequate planning and preparation of training materials and preparation of mentors. Human resources in Eastern Cape and elsewhere in SA could not be accessed in time to provide the needed support for the training activities. In addition, development of the project was happening simultaneously with the transition in SA and building the health and PHC infrastructure. Despite these constraints, the quality of this innovative training project was remarkable due to the commitment of the TOTs, co-facilitators, and the INTRAH/CDC/BASICS consultants and staff.

2. *Bridging Activities Evaluation Plan*

The Bridging Activities in PHC training were to provide the foundation for the EQUITY project by preparing a cadre of trainers to train PHC workers in the five regions in Eastern Cape Province, and a cadre of trainers to train managers in PHC in the nine provinces. The group devoted considerable time to the process of determining expectations for the evaluation and evaluation indicators—qualitative and quantitative for both programs. The following indicators were developed for the programs:

- PHC Comprehensive
 - Number of TOTs trained and ready to provide improved services and to train others
 - Number of PHC facilitators and mentors with improved PHC knowledge and training skills
 - Number of front-line providers trained and providing improved quality services
 - Type of training methodologies ready for adaptation and replication
 - Number and type of training materials and distance-based modules tested, revised, printed, and distributed
 - Documented lessons learned on the approaches, processes, and products
- PHC Management
 - Number of PHC management trainers trained from the nine provinces
 - Existence of draft provincial training management plans and budgets

- Number of district management teams trained by the trainers
- Number of trainers mentored
- Number and types of training materials developed and field tested
- Documented of processes and products
- Number and type of training proposals and plans from each province

The group also identified sources for the evaluation indicators, such as clinical performance checklists, self assessments, co-facilitator and mentor observations, module evaluations, and supervisory assessments. A schedule for the evaluation and proposed team member configuration was also developed.

3. *Lessons Learned Workshop*

The group discussed the purpose of the lessons learned activity: to bring together all those who participated in the planning and implementation to share lessons learned based on evaluation findings. The lessons learned would provide the basis for the planning and implementation of start-up activities for the EQUITY project. This forum would also be a method to share with other provinces the successes and limitations of the training models: approaches, processes, products, results for adaptation, and replication. A schedule of workshop activities was developed and proposed dates and venue.

The detailed activities and results of the planning meeting are described in Appendix A.

B. PHC Comprehensive TOT Program: Site Visit to East London TOT Training

Kruger visited the training site for the PHC Comprehensive TOT Program in East London for module IV and observed the training methodology during the *Intensive Week*. The training methodology is comprised of a *Preparation Week* for preparation of training materials and distance-based learning modules, an *Intensive Week* for face-to-face participatory learning methods, and a *Clinical On-site* period of application of skills and concepts, distance-based learning, and mentor supervision. The training sessions used participatory learning methods, including role play and clinical demonstrations to apply concepts and skills. The TOTs were very engaged in the process and enthusiastic about participating in innovative learning methods. The level of content was geared to the TOTs' level of knowledge and practice. The co-facilitators and mentors participated in the teaching process through the sessions. It was obvious that the adult learning methods used were contributing to the TOTs' active learning process and their experience with implementing those methodologies as future trainers.

PART II ADMINISTRATIVE/FINANCIAL REVIEW

A. BASICS/SA Operations Team Building/Problem Solving Sessions: BASICS/SA Office Staff and Headquarters

Kruger and Hairston worked as a team with the BASICS/SA PHC coordinator and assistant/administrator/accountant, Pamela Mamogobo and Prudence Nxumalo, to assist the BASICS/SA staff to improve operations in support of the Bridging Activities. Two days of process sessions were conducted to determine operations activities that were going smoothly and activities that needed improvement. Specific administrative and financial management problems were identified and addressed.

Results of the session were as follows:

1. Summary of Process Results

- Realistic understanding sequence of events/activities in the program specific to Bridging Activities, “ways things are unfolding,” in the past.
- Better understanding of each other’s strengths and weaknesses and sensitivity to needs—professional/personal needs.
- Identification and resolution of some sources of frustration with current roles.
- Work better as a team with trust, shared vision/goals, and shared responsibilities and results.
- Devise a communication line both technically and administratively in relation to our roles.
- Better problem-solving skills to solve problems rather than “crisis” management, including anticipation of problems—better understanding of problems.
- Better decision making skills regarding roles (who makes decisions).
- Ways to develop our potential within our roles/scope of work.
- Clearer understanding of BASICS/HQ role in support of BASICS/SA activities.
- Evaluation of our “list of results.”
- Clear guidelines and policies to run the office: logistics, finance, and management.

2. Operational Areas That Were Working Well

- Willingness to share responsibilities
- Ability to deliver the work that was stated in the proposal to date despite problems and with the ability to facilitate, be flexible, and be sensitive to problems in the manner that the program has been sensitive to needs in Eastern Cape, i.e., changed methods.
- Both BASICS/SA and the HQ office have supported one another and have been responsive in meeting needs with programs.
- BASICS/SA has been able to establish good working relationships with the DOH/PDOH, including networking with key leaders in Eastern Cape—more trust with counterparts.

- Developed a better understanding of the complexities of changes within South Africa, e.g., the health system, political system, and sensitivity to protocols (incentives, money, etc.).
- Maintained principles in managing the program, as well as imposed USA's guidelines.
- The training PHC TOT comprehensive model is viewed by the DOH (PDOH/regions and beneficiaries) and BASICS as very successful, especially the teaching methods, i.e., DBL on site.
- Ability to identify needs and appropriate resources.
- TOT materials are and can be utilized by other provinces. Materials have been developed, printed, and distributed.
- Fostered transparency to the recipients: trainers DOH/PDOH.
- Administrative and financial systems have been developed, including a new functioning office fax, E-mail, sea transport, and travel.
- Employed two South Africans to co-ordinate an international program, from three organizations.
- Fostered a sense of continuity and teamwork.

3. Problem Areas and Recommendations for Project Operations

a. Office management

- Improve image of BASICS: the BASICS office is in a small room in the DOH and does not provide adequate space, nor is it conducive to efficient organization and presentation to outsiders. Recommendations were made to improve the situation
 - functioning answering machine
 - BASICS logo on door of office
 - office hours posted; office coverage
 - organization and presentation of office
 - need for storage room
- Organize a calendar of future events: consultant visits, telecons etc.
- Improve the filing system
 - planning sessions
 - training materials: master file and discs
 - correspondence: BASICS/HQ, USAID, partners, DOH, PDOH, etc.
- Establish a chronological file
 - BASICS/SA fax and e-mail
 - BASICS/HQ fax and e-mail
 - USAID correspondence
 - partner correspondence
 - DOH/PDOH correspondence

b. Communication

- Establish a schedule for weekly telecons between BASICS/HQ and SA
 - agenda to BASICS/HQ at least one day prior
 - minutes taken by HQ; send e-mail to BASICS/SA
- Establish schedule for progress reports
 - monthly program reports
 - annual report
 - weekly status reports
- Establish methods for urgent correspondence
 - copies of all correspondence are to be sent to BASICS/HQ
 - important information should be sent by fax and listed URGENT
 - all other information should be sent by weekly DHL
 - minutes of meetings with USAID are to be faxed to BASICS/HQ
 - minutes of meetings with DOH and PDOH are to be faxed to BASICS/HQ
- Process for urgent phone communication to BASICS
 - during working hours EST: page C. Kruger or R. Anthony
 - during non-working hours: leave urgent phone message, followed by a fax
 - when leaving phone messages : indicate phone number and place calling from
 - emergency information: call home of C. Kruger or R. Anthony

c. Management systems: management systems were reviewed, including policies and procedures

Carolyn Hairston provided refresher training in contracts and procurement, and for monitoring accounts. Sessions with Price-Waterhouse (PW) focused on procedures for managing accounts between PW and BASICS/SA.

- Personnel policies were reviewed including—
 - time sheets: monitoring
 - evaluations
 - compensation time for working holidays and Saturdays
 - personnel contracts
 - contract and responsibilities for office secretary
- Planning and coordination of activities
 - establish planning sessions prior to each training and project activity
 - inform BASICS/HQ of required logistics prior to each activity; include cost estimates

- Management of consultants
 - receive scope of work and send to BASICS/HQ
 - verify concurrence cable with USAID; BASICS will send copy of cable directly to USAID and to BASICS/SA office
 - develop schedule and agenda for consultant; send to BASICS/HQ and USAID
 - organize consultant orientation packets: critical phone/fax numbers—BASICS and USAID, transport services, office location and numbers, maps, etc.

B. Administrative Management Activity Summaries

Price Waterhouse

An initial meeting between all staff and PW was held (during staff meeting session) to review the circumstances and PW's perspective on their involvement in the incident of the payment of a non-authorized check to the Deus Donum, logistics facilitator for CDC training in the Western Cape in October 1996. Price Waterhouse supported their decision to pay out the check based on the urgency of the matter—the hotel was threatening to dismiss all workshop attendees from the hotel for non-payment as promised (by M. Brown, a CDC staff person unauthorized to make such commitment on behalf of BASICS; see Kruger's notes on this for details). PW believes that in the absence of written guidelines (which BASICS was under the impression they had on file), they acted responsively to the request from BASICS/SA to make payment.

Among telephone conversations on various issues, a second major meeting with PW, Nxumalo, and Hairston was held to review in detail the unpaid Esplanade Hotel invoices and to discuss a process for PW's assumption of accounting services effective as of October 1, 1996. An agreement for accounting services would subsume the current counter-signatory process and eliminate the need for further activity under a counter-signatory agreement. A draft process and scope of work was agreed upon and will be finalized from BASICS/HQ. We anticipate completing the process (and PW is in accordance) promptly upon Hairston's return to HQ.

Action: Hairston finalize accounting services agreement immediately upon return to HQ.

Legal: Adams & Adams

Kruger and Hairston met with A. Papageorge, SA legal advisor with the firm Adams & Adams, regarding the issues of 1) a threatened suit for loss of revenue because of canceled "confirmed" reservations with the Pleinpark Hotel, Cape Town, in September 1996, and 2) review of employment letters (see Personnel section below for detail). Regarding item 1): Copies of available written correspondence between the hotel, BASICS/SA, and the hotel's legal advisor were provided to Papageorge with a request for written determination on both issues. A preliminary written determination that BASICS did perhaps cancel a contractual arrangement was provided January 21 (1/21), with a telephone request for additional information substantiating exactly what facilities and accommodations were requested by BASICS and what

the hotel represented was available. This information was provided in writing by Hairston based on further discussion with Nxumalo. On November 22, BASICS received a second written advice that BASICS “. . . decline all liability for payments claimed by Messrs Pleinpark Hotel,” and would accordingly advise the hotel and request that the hotel/hotel legal advisor liaise directly with Adams & Adams. He will be in further contact with BASICS.

Action: Kruger’s team, with support from Hairston, follow-up with Papageorge to ensure that the matter is completely resolved and keep HQ/F&A informed on an ongoing basis.

Audit

Based on recent financial problem with regard to certain payments for workshop expenses which exceeded the authorized payments ceiling without written BASICS/HQ approval, HQ has determined that a financial/management audit of the SA accounts is needed to ensure that all financial records are in order. Such an audit will involve the SA office records, as well as a review of the financial work of Price Waterhouse as signatory agent for BASICS. It is anticipated that the audit be conducted in December 1996. Hairston issued written requests to four major SA accounting firms—Coopers & Lybrand, Deloitte & Touche, Arthur Anderson, Ernst & Young—for average rates and capability information, particularly with regard to audits of USAID-funded activities. As of November 22 (11/22), three firms had responded. Arthur Anderson did not provide the requested information as our request was forwarded to their Johannesburg offices from which we received no reply. A scope of work and determination of the firm to conduct the audit will be finalized from BASICS/HQ.

Action: 1) Hairston to follow up to complete the scope of work and issue the request for a bid from the selected firm; 2) F&A to issue a purchase order for audit services.

Personnel

Kruger has requested a copy of the complete USAID FSN handbook, but as of November 22 (11/22) had still not received a copy; a third request will be made during her departure debriefing meeting with Anita Sampson, USAID, on November 22. The handbook is needed for BASICS’ files and as a guideline for determining the appropriateness of any possible expanded benefits for current SA staff, as well as the FSN salary scale and any other benefits to be considered if an office assistant is hired, as anticipated.

A temporary staffer from a temporary services company, Susan Nels, has been working with BASICS/SA since July 1997 (7/96). Hairston obtained from Nels a copy of her agency’s contract in order to determine the guidelines if Nels was to be hired by BASICS. There would be a fee involved; Hairston recommended to Kruger that appropriateness of fee payment be discussed with HQ. A draft job description was developed in conjunction with SA staff and Nels.

Kruger contacted the BASICS/SA legal advisor, A. Papageorge of Adams & Adams, to request a review of the BASICS/SA staff employee agreements and to provide a written determination prior to Hairston and Kruger's November departure on the following matters: 1) if, under SA law, any additional incentive type benefits could be provided, and if so, on what basis; 2) if the severance clause as currently written is appropriate, and if a change in Mrs. Nxumalo's job description would require any special consideration under SA law other than issuing in writing a revised description, etc. Hairston sent faxed follow ups on November 20 and 21 and telephoned his office on the morning of November 22, but was still awaiting a response.

Hairston reviewed with Nxumalo the procedures for utilizing "outside services" (consultant-type assistance) in order to determine if appropriate time sheet and payment records were on file. However, to date no such services have been utilized per Kruger and staff, and this type of activity is not planned.

Action: 1) Kruger to finalize job description and obtain HQ/F&A approval to pay agency fee; 2) Kruger to determine salary based on FSN scale and write a hire letter; 3) Kruger notify Price Waterhouse, after hiring finalized, to add Nels to the payroll and obtain a price quotation for added service; maintain quotation in the HQ files.

Inventory

Hairston completed a physical inventory of BASICS expendable and non-expendable equipment, as well as an inventory of Department of Health/Pretoria furniture supplied to BASICS. Inventory items without clear inventory number or descriptors were discussed with Nxumalo and descriptors were added according to the best available information. Inventory schedules will be completed by BASICS/HQ with copy to BASICS/SA. It is noted that DOH equipment is generally identified only by description and not by an inventory number. Because of some discrepancies, an inventory log for the DOH was completed as a cover to the DOH log. In anticipation of closeout, a draft closeout process was discussed and will be procedurized from BASICS/HQ.

Action: 1) finalize inventory schedules; 2) develop inventory procedure.

Cash disbursements/advance system

Office processes for cash disbursements and advances were reviewed by Hairston with Nxumalo. Operational procedures for personal advances and the administering of petty cash account were specifically discussed and it was determined that, with some exception regarding appropriate use of personal advance records and maintenance of the petty cash account "float" level, disbursements and advances were being administered in accordance with the guidelines of the BASICS One-write Accounting System. Detailed review of the appropriate process for handling advances for staff and training participants was undertaken (although advances for participants is

not anticipated). Use of personal advance cards, appropriate One-write entries and reconciliation by expense report were discussed.

Hairston completed with Nxumalo a desk audit of the petty cash account and found all funds accounted for and appropriately receipted. Instruction was provided to Nxumalo that the petty cash journal be maintained on a current basis and how to bring the account to a correct current balance. Nxumalo was further instructed that she is the only person authorized to handle petty cash disbursements when it was determined that the office assistant, Sannie Nels, had access to the petty cash box in the absence of Nxumalo. Nxumalo questioned if there is an maximum petty cash disbursement level. This question was forwarded to BASICS/HQ for written guidance.

Action: 1) determination by BASICS/HQ of maximum petty cash disbursement limitation, if any; 2) Hairston to draft written operational procedure for Nxumalo, working in conjunction with PW as accounting managers; 3) Nxumalo will turn over the October accounts to PW for audit and effective November 1, 1996, will handle only the coordination and preparation of accounts documentation for submission to the accountant (Price Waterhouse) for payment.

Procurement

Hairston, with Kruger in attendance, conducted procurement re-orientation for all BASICS/SA staff. BASICS' procurement guidelines were reviewed in detail, with example situations used in relating procedures and why they are used. Relevant questions were raised by the staff and the training was concluded with an exercise in which all staff participated. It was noted by Kruger that no additional major procurements are anticipated.

Action: follow up in weekly BASICS/SA and BASICS/HQ telecons regarding any procurement issues.

Honoraria

While Hairston was tasked with development of an honoraria schedule, when discussed with Kruger, Kruger confirmed that a honoraria policy based on USAID guidelines had been developed and accepted by USAID. In a meeting with Sampson of USAID, Sampson, acting on behalf of Foose, reconfirmed that the BASICS' policy as written was approved and provided an initialed copy of the policy. Any honoraria payments will be based on written guidelines and will be paid out under the "outside services" payment procedures as discussed between Hairston and Nxumalo.

Action: Hairston to determine with BASICS/HQ if any further action is required in terms of developing any other or an expanded policy, 2) BASICS/SA to request BASICS/HQ authorization to pay two (2) outstanding honoraria payments (CDC training workshop presenters) according to approved procedure.

Banking

Kruger and Hairston met with Felicity Abrahams, First National Bank (FNB) branch manager, to reintroduce themselves as visiting BASICS/HQ representatives, to discuss the issues of account signatories, and to verify checking account status. A record of pay outs and deposits for August through the current date was requested and received. Kruger will review this in specific regard to wire transfer deposit which took two (2) months to clear. FNB provided a copy of the current signatory record and blank signatory cards with a request that new (clean copy) cards be completed by BASICS, given the recent authorized signatory changes.

Action: 1) Kruger will review pay out/deposit record and discuss it with BASICS/SA and BASICS/HQ; 2) Hairston to pass bank forms to BASICS/HQ (Barrow-Klein) for completion; 3) Barrow-Klein/Hairston to complete process of ensuring that appropriate PW signatories are on file with FNB once the PW accounting services agreement is finalized.

Travel and per diem/advance system

Hairston and Nxumalo discussed the travel per diem/advances process (see also Cash Disbursement/Advance System above). The discussion concentrated on the process of recording personal advances for Nxumalo and Mamogobo, on advance card records, and reconciliation of advances by timely expense report submission. Specific discussion was held on the use of the field account advance request form and on personal per diem advances (limited to 80 percent), as well as the limitation on additional advances when any unreconciled advances outstanding. Kruger confirmed to the BASICS/SA staff and Hairston that the current practice of per diem based on USAID South Africa rates is appropriate according to specific approval by USAID/Pretoria (A. Foose). Kruger will reconfirm this procedure during her departure debriefing with Sampson and request written verification. Hairston recommended that BASICS/SA review the outstanding advance records on monthly basis and aim to clear advances immediately after the completion of travel.

Action: 1) Kruger to obtain USAID verification of BASICS/SA's use of the USAID per diem rate schedule; 2) Hairston to draft and finalize brief procedure to supplement field manual procedures; 3) BASICS/SA to complete all outstanding expense reports to clear issued advances (Mamogobo) and submit them with the field accounts to BASICS/HQ.

Basics/Headquarters backstopping

Hairston and Nxumalo discussed the BASICS/SA process for developing monthly cash flow projections (in the future this will be done in conjunction with PW as accountants) and drafted a brief procedure to be finalized from BASICS/HQ. Generally, projections are based on a monthly review of work plan and working group activities (if approved in advance by BASICS/HQ). Also discussed was the need for active, written follow up with BASICS/HQ regarding wire transfers, protection approvals, fielding of questions regarding projections, etc.

During the initial staff meeting held at beginning of current field visit, extensive focus was placed on the necessity of BASICS/SA's understanding of priority issues and channels for expeditious resolution when problems arise (i.e., contact, follow up, coordinated resolution with BASICS/HQ when appropriate). A procedure for "communications" between SA and HQ will be written.

Hairston and Nxumalo reviewed lists of field accounts issues sent by HQ (Molina and Johnson) and submitted faxed responses regarding outstanding One-write issues.

Action: 1) Hairston to finalize procedure drafted regarding the cash flow protection process in conjunction with Nxumalo; 2) Nxumalo to follow up with HQ to ensure that July and August One-write issues are finalized and that requested guidelines for submitting field accounts (forwarded by Johnson) be followed in coordination and preparation of invoices, etc. for PW pay out; 3) Hairston to work with Kruger to finalize the communications procedure which Hairston started based on information discussed at the initial staff meetings.

Subcontracts administration

Major discussion on appropriate channels for subcontracting for any costs greater than \$2,500/US was discussed among all staff extensively during the initial staff meeting and reiterated during the procurement re-orientation training. Discussion reiterated that a "delegation of authority" was required from BASICS/HQ. Hairston drafted an addendum to the procurement procedures which addressed how to request price quotations and arrange workshop accommodations on a "contingency" basis.

Accounting files and administration

Hairston randomly reviewed program, administration, and accounting office files and worked with the staff in developing a file index list and some consolidation of files. Files are maintained in clearly marked ring binders with paperwork filed chronologically. The office maintains a duplicate copy, page numbered "order book" for procurements rather than a purchase order "log" and orders listed, and each order page is dated and signed or initialed by requestor. Critical file items, such as copies of bank account paper, personnel papers, project budget, etc., are maintained in the office safe. Nxumalo is responsible for the safe's security.

Hairston discussed with Nxumalo the previous process used for check stock control. Each checkbook has 40 checks with end stub; checks started at 0001 and currently are issued through 0200; the checkbook was maintained by BASICS/SA in the security safe. Canceled checks are marked with two parallel lines with "canceled" marked between lines. Any checks for deposit only are stamped "not transferrable" per South Africa banking custom. Process checkbook maintenance is no longer applicable since PW now maintains the BASICS/SA checkbook and is responsible for checkbook security.

Action: Hairston suggested to Nxumalo that she might want to develop and maintain a spreadsheet showing her total line item budget and monthly expenditures against each line-item as a budget tracking/budget management tool. This is an optional action.

VAT

Based on written USAID determination that BASICS is exempt from all South Africa taxation with the exception of VAT, BASICS/SA has one outstanding vendor VAT invoice which must be paid. BASICS/SA has a copy of the USAID written determination on file.

Action: BASICS/SA to request and BASICS/HQ to provide authorization to pay the outstanding vendor invoice VAT tax.

C. USAID Debriefing

Kruger and Hairston met with Sampson to review program status and site visit activities and to discuss administrative and program issues. The debriefing with USAID included the following points of discussion:

Site visit to PHC comprehensive training in Eastern Cape

Observations:

- great commitment in time and effort by participants and consultants
- excellent materials being developed for the *Intensive* and DBL
- adult learning strategies: alternative teaching strategies implemented
- co-facilitators: strong, involved, leading groups and planning sessions

Management of the project

Two and one-half days of processing with BASICS/SA staff in the following areas:

- What went well in the project administratively and logistically?
 - tremendous logistics for the workshops
 - training process/approaches
 - increase interest and awareness of problems by the PDOH
 - quality of consultant and co-facilitator training
 - use of South Africans: capacity building in planning, training

- What could be strengthened?
 - communications: HQ and SA; partners, USAID, PDOH
 - problem-solving
 - role clarification, and policies and procedures
 - teamwork: HQ and SA

- Problem solving approaches
 - weekly communications: HQ and SA
 - communications with USAID, partners
 - review of roles, policies and procedures
 - procurement re-orientation
 - review of office management issues

Issues

-
- Partner cooperation and coordination
- Management issues: for the rest of the project, monitoring needed
- Financial management

APPENDIXES

APPENDIX A

PLANNING MEETING: BRIDGING ACTIVITIES

APPENDIX A. PLANNING MEETING: BRIDGING ACTIVITIES

- A. Bridging Activities: Planning Meeting
- Planning of PHC End of Project Activities
- Planning PHC Evaluation
- B. PHC Comprehensive TOT: Observations and Training

November 20-21, 1996
Boulevard Hotel - Pretoria

ATTENDANCE:

Anita Sampson	USAID Mission SA
Carolyn Kruger	BASICS-USA
Pauline Muhuhu	INTRAH/PRIME - Nairobi
Jedida Wachira	INTRAH/PRIME
Nosisa Tsangaan	PDOH Eastern Cape
Tshika Depoelo	Eastern Cape Management
Judy Vaalentyn	PHC Comprehensive Co-Facilitator
Aurelia Mbalu	PHC Comprehensive Co-Facilitator
Rose Nchabeleng	PHC Management-Mpumalanga Province
Pamela Mamogobo	BASICS/SA
Mrs. Nevhuthalu	DOH - HRD Directorate
Caroline Connolly	USAID

PURPOSE: Develop Detailed Plans For Remaining PHC TOT Program Activities and Develop a Scope of Work for the PHC Training Program Evaluation

DAY 1: BRIDGING TOT PROGRAMS; PLANNING REMAINING ACTIVITIES

1. Status and Review of Bridging TOT Programs

a. PHC Comprehensive

Givens:

- Trained professionals should not be removed from their situation for long; reality-based skills, knowledge and attitudes which will enable the trainees to initiate meaningful change within the provision of health care services
- Pay special attention to skills and attitudes - update and upgrade existing skills

- Address adult learning principles; PHC to be the context
- Build on existing knowledge and skills rather than duplicating
- Community needs should be addressed
- The success and sustainability of the projects depend on those being trained - TOTs and Facilitators
- Local expertise should be utilized to conceptualize the project

b. Who are the Trainees?

- 21 TOTs who are professional nurses - updating and upgrading their skills
- Co-facilitators, Module Facilitators and Mentors benefit from the training

c. Approach to Training

The training methodology is comprised of the following:

- Preparation Week: Preparation of lessons and materials, DBL
- Intensive Week: Face-to-face participatory learning methods
- On-site clinical application: 3-5 weeks; distanced-based learning and mentor supervision
- Participatory learning methods used, use of DBL packages that call for learners initiatives and self learning; involvement of learners in reviewing and evaluating the trainers activities; trainees are motivated to reflect and recognize where they are in their learning and skill development and what they need to learn
- Re-enforcement of the learning through the support of Mentor and Co-Facilitation
 - The Working Group took part in the curriculum development, planning, facilitation during training intensive and on-site activities of the DBL and popularizing the project with regions

d. What was planned in terms of Activities?

- Curriculum developed, tested and in process of refinement
- DBL developed for each Module, tested with comments
- 21 TOTs being trained for all 21 districts of five Regions in Eastern Cape
- 21 persons who have served as mentors
- 10 Co-Facilitators/Modular for regional support and facilitation of Intensive sessions
- Reference materials distributed for TOTs, PHC regional Co-Facilitators, mentors, modular facilitators, EQUITY Coordinators
- Module V and VI to be completed

e. What were the constraints?

- Poor access to DOH - no counterpart

- The pace of planning Bridging and Implementation Activities was too fast to popularize and plan appropriately, including preparation of training materials and preparation of mentors
- Time allocated to finish the activities was changing - thus complicating planning
- All human resources within Eastern Cape and elsewhere in SA could not be accessed in time
- Development of the project is happening simultaneously with the transition in SA and building the health and PHC infrastructure, i.e., policies, standards, human resources
- The TOTs were not fully informed about the demands of the project might make on their personal life
- Demands of resources for implementation did not match the demands of the program approach
- Selection criteria - the workload needs to be clearly stated and defined

f. Strengths:

- Participants are service providers and are being trained as trainers - need to maintain the trainers in the clinical setting
- Preparation of the learners to accept that the integration of the line functions and the training
- Policies/guidelines need to be in line with the training
- PHC policies/guidelines need to be implemented at the same time as training

2. PHC TOT Management

- PHC TOT Management Training occurred September 17- October 31
- The six-week training covered epidemiology, health economics, communications, management, training and facilitation skills and evaluation
- Curriculum included five modules:
 - I. Applied Epidemiology
 - II. Health Economics
 - III. Communication Systems
 - IV. Management Concepts and Skills
 - V. Training and Facilitation Skills
- Evaluation - the time was too short
- All modules were implemented
- Way Forward -- A Steering Committee -- representatives from the nine Provinces was formed for coordination and liaison with the provinces and for initiating training
- Proposals were requested from the nine Provinces - three will be chosen for follow-up technical assistance

3. Summary of the Day

a. Challenges:

- Interfacing the PHC management with PHC comprehensive skills training to maximize training resources and reduce duplication. The challenge is in joint planning for and sharing skills and materials sharing among the management and comprehensive PHC trainers
- Establishing the skills needed to identify gaps that need to be addressed during the service provider training; TOTs have the opportunity to do so
- Accessing Eastern Cape services data prior to commencement of service provider training for application in planning, conducting and evaluation of training program
- Psychological preparation of trainees for the demands of the training approach applied. The trainees are not supernumerary in the service area.

b. Limitations:

- Needs assessment during Bridging activities presented a threat to those anticipating opportunity for upward mobility during the transition period.
- How should this threat be managed?

c. Issues and Concerns:

- Most of the TOT are also enrolled at the AGNIZE. How should this situation be managed to reduce duplication and demand on the trainees? Could selection of trainees minimize the situation where trainee is in two programs?
- It was not possible to access resource institutions for help in development of DBL materials for clinical training at the pace they were required. Should these be developed in the future? If by the resource persons participating in the PHC training, then need was expressed to develop DBL writing skills among this group.
- Should TOT be removed from their current workplace to assume a training role in a training institution? Maintenance of service delivery skills would not be achieved if they are removed.
- TOTs experience difficulties in applying learned skills for prescribing STD drugs without physician cover. Issue has also been raised about who should train in STD syndromic management. There is a need to put policies in place during the early stages of EQUITY that enhance

accelerated training and application of skills. This creates heavy demands on the trainees at work and socially.

4. PHC Comprehensive: Planning for Module VI - Consolidation

a. Review of Training Modules

- Module I: PHC Orientation for Service Delivery and Management
- Module II: PHC Training Facilitation - Evaluation of Service Training - Research -Applied Epidemiology
- Module III: Reproductive Health/ Women's Health
- Module IV: Child Health/ Child Survival
- Module V: Acute and Chronic Conditions
- Module VI: Consolidation Module

b. Areas to be covered in Module VI

- Management, epidemiology, use of data, task analysis and needs assessment
- STD syndrome, HIV/AIDS counseling and prevention, care of newborn, abortion care, pap smear skills
- Clinical skills application
- Participation from Module IV

DAY 2: EVALUATION PLAN - PHC

1. QUESTION: What Do We Need To Know?

a. USAID

- Process of training
- How curriculum was developed
- How curriculum was modified
- Procedures to develop the curriculum
- Selection of Participants
- Working Groups - was it successful
- Logistics of Training
 - Where, venue
- Training Process
 - Facilitators
 - How selected
 - Mentors - any specific training, i.e., writing skills
- DBL - how useful, format
- Training Process
 - Participants viewpoint
 - Logistics
 - Facilitator
 - Co-facilitators
 - Administrators point of view
- Participants - how will they be utilized
 - What policies are in place?
- Mentors - How to improve, strengthen
- How to improve, strengthen for the EQUITY Project
- What are the issues -, i.e., NO Role

IMPORTANT: The Evaluation Process should provide the foundation for the EQUITY Project

b. DOH Expectations for Evaluation

- Model for utilization of NO institutions
- Accreditation - ideas on how to move on this
- To what extent training met specified content standards
- The training model - sources of funding
 - level of participation
 - efforts made to bring them on board

c. PDOH Expectations/ Region A

- How and where will training take place?
- Are there structures for training?
- Will TOTs continue with Line functions?

- Time allocation between training and service for TOTs
- Accreditation - what director
- Will other training go on or will EQUITY take it over?
- How will other staff needs be met?
- Will other programs be integrated into EQUITY?
- Funding levels and mechanisms

d. BASICS/INTRAH/CDC Expectations

- Include all of the above
- Training management
- What it takes for International Agencies to manage programs - financial, procurement, logistics, communication, legal aspects
- Influence of USAID regulations
- How replicable is the training and materials?
- TOT competencies
- Co-Facilitators - did we develop their capacity?
- Were the training methods useful?
- What needs to be improved?

2. QUESTION: What are the Evaluation Indicators? - PHC Camp Skills Program

- Number of PHC Facilitators with improved PHC knowledge and training skills
- Number of Regional trainers trained and providing quality training to frontline health workers
- Number of frontline providers trained and providing improved quality services
- Number and types of PHC training materials and distance learning modules tested, revised, printed and distributed
- Type of PHC training technologies developed ready for adaptation and replication
- Documented lessons learned on the approaches, processes and the products
- The processes are important - provided ownership to the training process
- The management issues need to be documented - logistics

3. QUESTION: What are some of the indicators for the Management TOT Training?

- Number of PHC Management trainers trained from the nine Provinces
- Existence of draft Provincial Training Management plans and budgets -
- Number of Provincial training plans implemented
- Number of district management teams trained by the trainers
- Number of trainers mentored
- Number and types of training materials developed and field tested -
- Document approves, processes and products
- What are the training proposals and plans in each Province?

Issue: Evaluate the TOTs in the Provinces that were awarded the proposals indicator - integration of skills and application into their work - the extent to which the three Provinces are integrating the training they received

Suggestion: The three Provinces awarded would invite the other close Provinces to participate in the Mentor Follow-up - this would be a way to include all the Provinces

4. QUESTION: What Are The Key Sources And Types Of Quantitative And Qualitative Data Available Now?

a. Category: Quantitative - Data source and type

PHC Comprehensive:

- Pre and Post Tests - scores by trainee and/or mean for groups by module
- Score for written assignment, self test activities for a selected sample
- *Need: Checklists of skills performance and expectations - Module IV

PHC Management:

- PHC Course Test and Post-Test scores
- *Need: Trainee test scores/grades/marks by module

b. Category: Qualitative: Source and Types

- PHC Comprehensive:
 - Self-evaluation of knowledge
- Daily process evaluation-intensive weeks
- End of training (Intensive) Participants
- Exit form for the mother - community assessment-Module IV - client 'satisfaction
- Co-facilitator and Module facilitators - group reactions
- DBL and On-site training
- Self assessment at end of DBL - progress and process
 - reactions
 - changes made
 - constraints
 - recommendations
 - suitability/appropriateness
- On-site mentors and co-facilitators assessment of learning progress, role performance, on-site changes, if any, and changes/problems
- Group evaluation/assessment - Mentors/facilitators
- Comparison of assigned with actual roles of
- Module facilitators/Working Group
- Co-Facilitators
- Mentors
- Other - Training Materials quality against a set of criteria/features

24

- Participant reaction forms for Mentors
- PHC Qualitative Data: Need This

5. QUESTION: Additional Data Is Required - What, Where, How?

PHC Comprehensive

- Clinical: Performance at worksite
- Changes for improved practice
- Observable clinical practice against some standards
- Changes at worksite - observed
- Self-assessment of knowledge increase for facilitators/TOTs
- Co-facilitators evaluated by TOTs
- Records - of intensive week facilitation
- Data on daily evaluation
- Supervisory management reactions - assessment
- Community: Focus groups for community input - where TOTs are working

Where: TOT Worksite

How:

- Observations
- Checkless, Interview with colleagues and supervisors
- Interviews of supervisors (schedule)
- Self-assessment - by module and material - Facilitators
- Review of records
- Management - local authorities - reactions of management of the process
- Demands made on them

SCHEDULE: EVALUATION

Module V: December 2- January 15

Module VI: January 27- February 7- two weeks

Evaluation: February 3-28(Feb. 21-28-write report)
 Compilation of Data - Immediately - December and January
 Visit will be three weeks:

Idea: Bring in someone to gather data and do interviews - ahead
 1. Person to collect data - BASICS/INTRAH
 2. USAID - Team Leader - Objective person

Note: PHC Management: the three Provinces - other Provinces invited

25

Team Members:

PDOH, Province/District, Partners would be Observers/participants

Three person team: USAID, PDOH , District
Participants: Data Collection - Partners
Partners Participants - BASICS/INTRAH/CDC
-make site visits, interviews
-one week review data prior to field site visits

Lessons Learned: March - Week of March 3

LESSONS LEARNED WORKSHOP: PLANNING

Project Expectation

a. Purpose:

- Bring together all those who participated in planning and implementation to share lessons learned based on evaluation findings.

b. Uses:

- Application for planning and implementation start-up activities for EQUITY Training
- Informing the Provinces of successes and limitations of training models used - approaches, processes, products, results for adaptation and replication

c. Users:

- Provinces
 - HRD Directors in the Provinces
 - PHC Director - PDOH of all Provinces
- Universities - Fort Hare, University of Transkai, Rhodes, UPE
University of Pretoria, WITS, Cecilia Maca Wane, UWC
Goldfields - Chief of Nursing
AGNIZE
- NGOs - National Progressive Primary Health Care Network
Environment - representatives - EDA
Red Cross - National
Valley Trust - National
Community Partnership Program
National Health Systems Directorate
- Co-Facilitators
- Working Group - 14- PHC Camp; MGT - 10
- Module Facilitators

26

- Mentors
- Management: Capetown Department of Health
- EQUITY - Chief of Party and Training PHC Coordinator
- USAID - 2
- SAHSSO

d. Recipients: Supervisors, clients - distribution only

e. Donor support groups:

Goldfields, ODA - (four Provinces), Society for Family Health

f. Partners: CDC, BASICS/SA and USA, INTRAH

Note -- Recommendation:

Day 1: Project Participants

Day 2: Policy makers and EQUITY?

Determine who should be present and who should be recipients of package for distribution

g. Department of Health:

DOH HRD - Director

DOH -PHC Standards/Policies, Training

MCH Director

h. Guests: N. Mandela - SA President?

Dr. Stampa - EC DOH

i. Materials for Dissemination: BASICS/INTRAH to do

- Use a Committee for Planning the Lessons Learned Workshop: Small Group
- Nosisa, Pam and Members to get agreement of MEC to invite President

j. Jobs to be Done in Preparation for Workshop:

- Lessons Learned compiled and categorized in like groups
- Preparation of Brief Background
- Background to participants prior to workshop
- Preparation of Materials package for dissemination

k. Agenda -- What to Share? Make it Alive!

- Presentation of Approaches
- Evaluation outcomes, recommendations
- Process
- Products - curricula, materials

l. Presentation:

Posters, visuals
Small Group Presentations - break-out groups

k. Demonstrations:

Role Plays of Methodologies, Praise Singers, PHC Approach
Results - What has happened
Community involvement - community member

l. Logistics: Invitations - Participants - pay their own way

Recommendation: Two days - March 3-4
Venue: Eastern Cape - Port Elizabeth - good conference facilities

m. Evaluation Scope of Work / Proposed Content Areas:

Background Information
Purpose
Timelines
Objectives
Expected Products
Questions to be Answered
Activities
Sources of Information
Budget

n. Team Members / Core Team:

- Team Leader - Provide direction
Lead evaluation team
Write report
- Two Members
District Reps
EC Reps
- Role: Contribute Regional and District perspectives
Contribute to report writing

o. Resource to Evaluation Teams:

- BASIC - INTRAH - CDC
- PDOH
- Coordinators-camp and management

p. Persons To Be Interviewed:

- Representatives from Co-Facilitators, Working Groups, Debbie
- PHC management Work Group-rep from outside EC
- Clinic Supervisors

- Trainees
- Community Leaders
- Representatives from NGOs
- Institutions - Education, UNISA, etc.
- USAID and PHC Director from PDOH
- DOH - Dr. Hendricks
- Dr. David Allen
- BASICS Office Team/Coordinator
- Coordinators form EQUITY Project

Note: Team Members need a comprehensive briefing

q. Purpose and Objectives:

- Establish whether project objectives have been met
- Assess KAP changes
- Assess appropriateness of approaches and processes applied
- Documentation of strengths, limitations of the project as a reference for EQUITY and implementation of other provinces

r. Products:

- Report that includes lessons learned and recommendations for the future
- Written comments from Project participants
 - Draft five days prior
 - Review during presentation
 - Feedback within three days
 - Incorporation of feedback
 - Final Draft Review
- Preparation is very important - all documents ready by January
- One-month prior to visit - all reports sent to leader
- Three days on briefing and agreement on how to move - USAID and DOH

QUESTION: Refer to Expectations from USAID, partners and DOH/PDOH

Activities:

- Briefings
- Documents Review
- Interviews
- Present Findings
- Verify Findings with relevant groups
- Write Reports
- Coordinator for Evaluation Preparation
- Listing and compiling relevant reports, documents to be used as references

- Access, collect those needed
- Coordinate with relevant partners

Note: Same person as Individual to collect data and compile information

Budget: USAID - Team Leader, two PDOH members - Core Group
BASICS - One
INTRAH - One
CDC - One
PDOH - two EQUITY Coordinators

USAID will pay for the Core Team - travel and accommodations

Partners - pay for own expenses

PDOH will pay for own expenses - two coordinators from EQUITY

DAY THREE:

Reports from PHC Management Group

- Reported on each module - content and learning experiences
- Evaluation outcomes
 - Qualitative:
 - Quantitative:
- Issues: Proposal for TA follow-up
 - Eastern Cape - not in the contest - they have money for the Province already and can proceed with management training
 - Three Provinces will contest for the best training proposal
- Time-table: TA will be needed in January
 - Need to do a preliminary budget - PHC Health Care Management Committee
 - Pamela and Nosisa to meet with the Committee and discuss planning and needed logistics for the remaining activities - a meeting is scheduled
 - A budget and plan will be sent to CDC and BASICS/SA
- Strengths: the course followed the National guidelines and policies
- Limitations:
 - Needs are identified before with prior planning - needs interfered with training
 - Clarified and write what is do to the students - do better pre-planning

REPORT: PHC Comprehensive - Module VI

QUESTION: What are We Learning from the Gap Between the Intent in the Curriculum and the DBL?

The feedback through TOTs, mentors co-facilitators and the evaluation process: There are areas needing strengthening especially the experimental three modules. The areas include:

Module One:

- Management - both content for Intensive and the DBL
- organizational management
- change management
- human and time resources - and facility-clinic management
- stock control and management of funds
- conflict management and negotiations

Module Two:

This a very broad content module. The Polio campaign took up time and energy and TOTs found it difficult to complete the study and application

- Training needs assessment and task analysis - with formal sessions, exercises and field activity for application
- data use and evaluation of services
- applied epidemiology and DBL

Module Three: Broad Content Module

STD syndromic management and need more information on “how” activities and DBL

Management of:

- post abortion complications/abortion services
- Issues on new law-how new law will impact PHC and policies on management
- interpretation of pap smear - reports and action to take
- Review of Family Planning methods and commodities
- DBL lessons on MCH and women’s health

Module Four and Five:

- Module Four complete
- Module Five - TBA
- Plans/preparation for supervised training at work-site - supervised by co-facilitators and mentors
 - on-the-job-training
 - preparation informal sessions on ongoing sessions/training activities

Proposal for Module Six:

Dates:

- Planning and Intensive Sessions - Jan 27-Feb 7, 1997
- DBL/On-site and Practice - Feb. 10-28- three weeks
- Wrap-up with TOTs and Issue Certificates - Week of March 3 to precede

Items Needing Closure:

- What logos will be used on curriculum and DBL materials?
- Partners, USAID, DOH/PDOH
- Who will issue the PHC Camp Certificate?
- What will Partners pay for Lessons Learned Workshop?

- How will the selection of individual to collect additional data and compile information for evaluation team be selected
 - Develop a scope of work - focusing on products
 - Between BASICS and INTRAH - submit three CVs

APPENDIX B
SCOPE OF WORK

APPENDIX B. SCOPE OF WORK

REPUBLIC OF SOUTH AFRICA: BRIDGING ACTIVITIES

PHC Nurse Training Needs Verification and Strategy Development

Purpose:

Design a two-year TOT PHC In-Service Nurse Training Program to improve the equity of Primary Health Care in nine Provinces of South Africa at the request of the DOH and USAID

Objectives:

1. Identify training needs included in existing documents and via interviews and discussions with relevant organizations/agencies/individuals
2. Assess National and Provincial PHC training capability and capacity (public and private), including clinical training sites, trained trainers, training and service policies, standards, curricula, etc. through rapid survey and field visit activities
3. Collect appropriate data to fill in gaps in training needs not yet identified
4. Obtain agreements/consensus on findings/conclusions and recommendations through a Forum activity that would include all key stake holders in the project (Team Partners, DOH, USAID, Counterpart training institutions, NGOS, other donors).
5. Formulate a TOT Training Strategy and Training Plan. The Training Plan should address the following:
 - post-training functions
 - content areas
 - target TOT training groups; numbers and types
 - types and duration of training
 - training constraints
6. Clarify/confirm INTRAH/BASICS/ DOH/USAID/Counterpart/ Institution roles and responsibilities in implementation of the strategies
7. Prepare an INTRAH/BASICS Final Report based on the DOH/USAID consensus, expectations and agreements

8. Coordinate/share information received from the combined Teams - CDC and FPMD

Activities:

1. Preparation Phase: April 12- May 10, 1995

- Final selection of INTRAH/BASICS Team members
- Identify Team Coordinator and DOH Coordinator and/or Advisor
- Identify documents for Team review
 - what documents
 - what to look for and for what purpose
 - by whom on the team
 - period of time dedicated for review
- Determine key counterparts to be interviewed
 - policy
 - management and supervisory
 - clinicians
 - significant others
 - systems mapping:
 - who influences the performance with whom the clinicians work for whom the clinicians work
 - whom do clinicians serve who trains the clinicians
- Schedule of in-country Team activities
- Develop guidelines for data collection

2. Preparation: Team Building

- One day facilitated event for Team Members/ Team Coordinator
- Establish team work, communications and understandings
 - the Team make-up
 - what Team members bring to the activity (knowledge and experience in relation to task ahead)
 - what is the job to be done
 - how to recognize and manage problems and conflicts if and when they occur on the Team
 - how to maximize the strengths of the Team members
- Final preparation for In-country activities
- Tentative Agenda for Team Preparation
 - ETA for Team Members
 - Team Building
 - Final Planning and Development of Guidelines
 - Understanding of Scope of Work
 - Documents review and outlining of new areas to seek information
 - In-country task assignments and schedule of activities

- Guidelines for data collection and formulation of strategies
- Guidelines for Team coordination

3. In-Country Tentative Team Activity Plan

Week One:

- Briefings with USAID and DOH
- Link-up with Combined Teams and De-briefings
- Data collection to bridge gaps including site visits

Week Two:

- Continue with data collection including site visits and interviews; analysis of data
- Begin formulation of findings, conclusions and recommendations for strategy development
- Consensus - seeking Forum with USAID and DOH and other key stake holders

Week Three:

- Development of training strategies and training plans
- Write Draft TOT Training Plan and Strategies
- Final De-briefing with USAID and DOH