



Government of the Republic of Trinidad and Tobago

and

United Nations Development Programme

Project Title: Institutional Strengthening and Support to the Ministry of Health

Starting Date:	1 June 2003
Expected Ending Date:	31 May 2006
Total Budget:	US\$12,313,236
Executing Agent:	Ministry of Health

Brief Description: The objective of this technical assistance project is to assist the Government of the Republic of Trinidad and Tobago to further enhance the delivery of health care services. This is necessary due to the current deficit of health professionals in this sector resulting from heavy migration and a drift away from the public sector. UNDP will provide support through capacity building and the provision of one hundred requisite medical doctors to facilitate the delivery of health services to the public. One of the key objectives is to provide UNV medical professionals to the Government of the Republic of Trinidad and Tobago while the country devises and implements a plan to train and retain such professionals on a long-term basis. The proposed assistance will build capacity in young Health Care professionals through a mentorship programme, projects to strengthen areas where treatment is currently unavailable, and address management of Health Care institutions through placement of Health Care managers. This project is fully consistent with Government's priority of addressing the issues of poverty through the provision of and ensuring access to essential social services.



Part I a. Situation Analysis

The health sector in Trinidad and Tobago can best be described as a system in transition since it is in the process of moving from a highly centralized model to a decentralized model of health service delivery and management. In 1996 the Government of Trinidad and Tobago initiated a Health Sector Reform Programme. The new model for health care delivery - the Purchaser-Provider model - decentralized health care delivery to new provider organizations, the Regional Health Authorities, while assigning responsibility for policy setting, quality control and regulatory aspects of the National Health Service to the Ministry of Health. In the case of Tobago the decentralized functions reside in the Tobago House of Assembly.

Under the new system the Ministry of Health purchases services from the Regional Health Authorities (RHAs). The RHAs have the legal status of statutory bodies. They have been given powers under the law to provide efficient systems for the delivery of health care, facilitate new systems of care and collaborate with recognized training institutions in the education and training of health personnel.

The primary objective of the health reform was to strengthen policy planning and implementation capacity within the health sector and promote primary health care in order to reduce the demand for secondary and tertiary health care services and maximize equity in delivery. The decentralization process has been plagued by a number of issues including the perennial problem of attracting and retaining staff in the RHA's.

The health sector in Trinidad and Tobago, while probably the best-equipped service in the English speaking Caribbean, suffers from a chronic shortage of health professionals. Currently, in excess of 200 vacancies exist mainly for specialist medical professionals, general practitioners, health service managers and technical personnel. This is a situation that exists throughout the English speaking Caribbean and can be attributed in part to the pull factors present in larger health care markets in the United States, Britain and Saudi Arabia which attract significant numbers of local health professionals. In addition, there is a continuous outflow of young professionals who migrate to pursue post-graduate training abroad. Traditionally, medical professionals have used the public health sector to gain experience in their related fields before moving to more lucrative career options at home and abroad. Experienced medical professionals quickly opt for more lucrative service in private practise, as compared to the needs of the national public health system.

The system is also characterized by other sector wide problems such as unnecessary hospital admissions, excessive self referrals to larger hospitals, scarcity of doctors in the public health centres, weaknesses in curative primary care services, excessive lengths of stay, administrative inefficiency, ineffective quality control mechanisms, and weak health service management. The Health Sector Reform programme is aimed at addressing most of these problems. The reform effort is being funded from national resources and through an Inter-American Development Bank (IDB) loan along with technical assistance provided by PAHO/WHO.

Health Status: The public health system has a number of strengths and has achieved a good measure of success in controlling communicable diseases. There is still room to strengthen services including improvements in rates of maternal and perinatal morbidity and mortality. At the same time, new communicable disease problems have emerged with the growth of HIV/AIDs. In addition, the country's epidemiological profile has shifted significantly and is now dominated by chronic degenerative conditions and the predominance of 'lifestyle' diseases. The leading causes of death are heart disease, cancer, diabetes, cerebrovascular disease and injuries.

Size of the sector: Both public and private institutions deliver Health care. Public institutions offer primary, secondary and tertiary level services through a network of thirteen (13) hospitals and one hundred and eight (108) primary health care facilities plus a variety of special programmes and support services. Services are provided free at the point of consumption although drugs must often be purchased from private pharmacies. User charges are in operation at Mount Hope.

The primary health care facilities provide the major population coverage for preventative programmes and are scattered throughout the country. Programmes include maternal and child health services, chronic disease clinics and health education. They provide 10% of curative primary care whilst a further 36% is provided through hospital accident and emergency departments and 54% by private doctors.

The public hospitals have approximately 3,500 acute and long-stay hospital beds. They provide the vast majority of the country's emergency and elective inpatient and outpatient care. The major acute hospitals of Port of Spain and San Fernando are very busy, as are Sangre Grande and Tobago. The smaller hospitals have low occupancy but provide accident and emergency care for minor ailments with more serious cases transferred onwards to major hospitals.

Part I c. Strategy:

The UNDP Country Office in Trinidad and Tobago is proposing to assist the Government in addressing the current shortage of specialized medical professionals through the provision of specialized human resources within the spirit of community service and solidarity that characterizes UNV assignments.

In the short term, UNDP will, through this proposal, address the immediate shortage of doctors as identified by the Ministry of Health. These professionals, who will be contracted for periods of up to three years, will be deployed to complement the existing core of health professionals throughout the country. All levels of health institutions will be catered to but particular emphasis will be put on satisfying the needs of the primary health care services.

As part of the strategy to build local capacity and ensure sustainability once the UNDP/UNV programme terminates, the Government proposes to utilize the services of the UNVs in a capacity building programme that would involve a formal mentoring component to be supervised by the Ministry of Health. This mentorship programme will

involve UNV doctors who are recruited to function at both the community health centres, delivering primary health care services and those to be employed in hospitals delivering secondary and tertiary level health care coaching junior doctors. The mentorship programme will be finalized during the month following signing of the agreement between the Government of Trinidad and Tobago and UNDP. The short term strategy also involves the creation of a partnership with the University of the West Indies that would allow UNV doctors with the relevant skills to function as visiting lecturers to the School of Medicine.

As part of the short-term strategy, the Ministry of Health will involve UNV doctors working in Health Centres in delivering its Community Outreach Programme. This programme which is developed and managed by the Health Education Unit within the Ministry of Health provides continuing preventative health education and is currently putting increased emphasis on health education for young people.

In the medium to long term, the Government proposes to build local level capacity for the longer-term benefit of the Sector. To address longer-term issues the Government is proposing to accelerate the training of health professionals and is also currently revising the compensatory package for health personnel. The presence of UNV doctors will therefore offer a period of respite that would allow this accelerated training programme to become operational. This programme will include the granting of scholarships and bonding to persons already in medical schools and to new students wishing to pursue careers in the areas where skills are in short supply. These professionals upon graduation, will be initial candidates for the mentorship programme using the skills of the UNVs.

The medium term strategy will also involve UNDP working with the partners currently assisting the Government with the Health Sector Reform programme – Inter-American Development Bank and PAHO/WHO. The six-monthly meetings of the Project Steering Committee will allow an opportunity for UNDP to garner information on the issues related to the operationalization of the health sector reform programme. This information can be used by UNDP to assist the partners to develop strategies and solutions to advance the reform programme.

Within six months of the placing of UNV personnel, and as a condition for ensuring that the shortage of health professionals is systematically addressed, UNDP will collaborate with the Government to craft an iterative Exit Strategy for the UNV assistance after a period of three years. Future six-monthly meetings of the Project Steering Committee will monitor the progress of this Exit Strategy.

Target beneficiaries from this assistance to the Government of Trinidad and Tobago will be civil society in general but more particularly the middle-low income bracket and poor who are the main clients of the public health system. Other beneficiaries will be the junior medical professionals who will form part of the teams of professionals serving as under-studies to the UNV personnel.

To ensure quality of personnel, all UNV health personnel assigned to Trinidad and Tobago will be trained at schools acceptably accredited by the Government of Trinidad and Tobago.

United Nations Volunteers (UNV)

The UNV Programme operates under the guiding principles of the UN System. In Trinidad & Tobago UNVs are an integral component of the UNDP programme. As the Volunteer arm of the United Nations System, UNV has a mandate to provide qualified human resources to its clients. The UNV programme functions out of the United Nations Development Programme (UNDP) Country Office in each country of operation. UNV's role as a development institution is to analyze the sector-specific situation and respond to the country's human resource needs in the context of sustainable development. In its work, UNV is guided by the UNDP's Millennium Project and Millennium Development Goals (MDGs) for 2015. MDG 1 aims to halve the portion of people who live on less than \$1 a day or suffer from hunger. Other MDGs guiding UNVs work in the Health Care Sector include: MDG 4, reducing child mortality by two thirds for the under-five mortality rate; MDG 5, improving maternal health and reducing the maternal mortality rate by three-quarters; and MDG 6, combating HIV/AIDS, malaria and other diseases.

UNV's proactive approach to programming efforts demands a clear determination of its comparative advantages when identifying the type of contributions it is best suited to provide in social projects. The UNV Annual Report 2001 shows that some 5,432 volunteers from 160 different countries served in 140 countries. These UNVs on average have 10 years working experience. Moreover, there are 70 UNV Programme Officers in 62 countries dedicated to managing and coordinating the work of the volunteers in each of the countries. UNDP/UNV's attributes of neutrality and impartiality make it a trusted partner for governments and civil society organisations worldwide. UNV works with a wide spectrum of partner governments, bilateral volunteer organisations, the UN system, Non Government and Civil Society Organisations.

UNV has almost thirty years of experience in managing volunteers. It can pass along valuable information to other organisations regarding the complex process of volunteer identification, placement, contracts, conditions of services and monitoring of volunteers anywhere in the world. In the Caribbean, UNV provided the Government of Guyana with personnel to address acute shortages of medical doctors. UNV has also supplied Physiotherapists, Occupational Therapists, Psychologists, Nurses, Dentists and other medical professionals to other Caribbean countries.

Benefits of the UNV Approach

Assignments are characterized by the spirit of solidarity, cultural sensitivity, and capacity building embodied in a volunteer ethic. Volunteers are driven by their desire to serve a global society. They bring their expertise to teach others but also to learn from their experiences. In situations such as that of Trinidad and Tobago where the gulf between rich and poor is wide and access to adequate health care is inequitable, UNV assignments strategically aim to foster programmes of community outreach, promote the Volunteer ethic as well as upskill counterparts to ensure UNV inputs are sustainable in the long term.

UNVs receive modest monthly living-allowances, called a Volunteer Living Allowance, to cover living expenses. They do not receive a wage. The Volunteer Living

Allowance is established through structured cost of living surveys as well as sampling salary rates of the Government, NGO and private sector. The Volunteer Living Allowance is a set rate remaining constant for all UNV posts. For example, an engineer, a teacher, a doctor and a physiotherapist will all receive the same Volunteer Living Allowance under the UNV programme. A UNVs 'Conditions of Service' include health and life insurance, vacation entitlements, travel to and from their country of origin, support for spouse and beneficiaries as well as other benefits.

UNV has sought to define the role of its volunteers in programmes such as this where the objectives are to build the capacity of the health sector, as:

"Volunteering takes many shapes and forms. From one-on-one support at a personal level to community service, from mutual support in self-help groups to participation in broad-based movements and campaigns, voluntary action is as varied as the creativity of the volunteers, the nature of national settings and the breadth of problems. The common thread in this diversity is the fact that, in a world threatened by uncertainty and risk, volunteering provides a strong platform for reconnecting people who have become increasingly divided by gulfs of wealth, culture, religion, ethnicity, age and gender. In an age of instantaneous communication and global awareness, society's reliance on the healing power of inspiring, committed action for the public good is undiminished".

With the widening gulf between rich and poor in Trinidad and Tobago, the need for improved health service management, and innovative approaches to health care education, it is intended that the spirit of community service and solidarity brought by UNV health professionals will serve to create 'ripple' effects by promoting a similar ethic within younger medical professionals, other medical colleagues, patients and the families who provide informal health care services.

Throughout its implementation, this project will be carefully monitored and evaluated for its effectiveness in promoting community service and its other intended outcome.

UNDP and its UNV Programme have been selected as the preferred UN agency for assisting in strengthening the health sector in the Republic of Trinidad and Tobago as their programme promotes global volunteer contributions and mobilises volunteers in support of activities of UN agencies, governments, NGOs and other partners in development. Typically, UN Volunteers bring dedication, commitment and engagement combined with skills and experience.

Part II. Project Results and Resources Framework.

<p>Intended outcome as stated in Country Results Framework:</p> <ul style="list-style-type: none"> ▪ Improved efficiency and equity in the delivery of public services. ▪ Promotion of the UN Volunteer ethic to encourage community service, outreach and committed actions for the public good. 		
<p>Outcome Indicators:</p> <ul style="list-style-type: none"> ▪ Adequate supply of health services to the public. ▪ Increase in number of health care professionals. ▪ Improved community outreach at health clinics and other primary health care facilities. 		
<p>Baseline: Estimated shortage of health care professionals in the public sector, 200+ positions. Weak community outreach, health service management and health care education programmes.</p>		
<p>Target: Ensure adequate health care professionals and services to address public health issues together with addressing the issues causing a deficit in health care professionals in order to ensure the long term sustainability of the sector.</p>		
Intended Outputs	Indicative Activities (3 year period)	Inputs (TT\$ for a 3 year period)
1.0 100 Specialized UNV Doctors	1.0.1 Finalise TOR, placements and selection of UNV candidates with Government (UNDP).	1.0.1 \$68,359,308
2.0 Capacity Building	2.0.1 Develop capacity building and monitoring programme for local professionals (UNDP/consultant) 2.0.2 Three x one-week orientation briefing Workshops for each of the three tranches of UNVs (UNDP/Ministry of Health). 2.0.3 Establish and Support Mentorship Programme (UNDP/Ministry of Health).	2.0.1 \$25,000 2.0.2 \$18,000 2.0.3 None
3.0 Monitoring and Evaluation (UNDP/Ministry of Health/PAHO/IDB)	3.0.1 Establishment of Project Steering Committee (PSC): Six-monthly meetings and Terminal Project Review meeting. 3.0.2 Development of an Exit Strategy (UNDP/Ministry of Health)	3.0.1 \$150,000
4.0 Reporting 4.1 Miscellaneous	4.0.1 Terminal Project Report	4.0.1 \$6,000 4.0.2 \$60,000
5.0 UNDP Country Office Administration		5.0.1 \$6,861.830
TOTAL		\$75,480,138.80 (at exchange rate of 6.13 = US\$12,313,236)

Part III. Management Arrangements.

Management of the UNV Programme

UNDP Trinidad & Tobago is proposing to supply one hundred Volunteer health professionals to be fielded over a 4-month period in three tranches. The first tranche will be fielded within a six-week period after the project document has been signed. The Programme of Assistance for the Ministry of Health would be administered out of the UNDP Country Office. Please see attached Annex 1. The Ministry of Health would be required to provide technical oversight of the doctors.

A Project Steering Committee will be created to monitor and guide the project. Membership on this Committee would include representatives of the Ministry of Health and UNDP. The Inter-American Development Bank and PAHO will also be invited to be part of the Steering Committee, as they are critical parties to the success of its medium and long-term strategy.

UNV assignments are administered as per the 'Conditions of Service' for International UN Volunteer Specialists. In brief, the 'Conditions of Service' outlines process such as:

Recruitment phase:

- Drafting Post descriptions for UNV assignments in consultation with the Government.
- Lead recruitment processes; such as: advertisement of UNV assignments; identification of candidates; interviews; medical examinations; offer to candidates and arrange travel to duty stations.

In-Service phase:

- Organize induction programme.
- Administer UN Volunteers' entitlements/obligations: such as Volunteer Living Allowance (VLA), Settling-in-Grant (SIG), security allowance and personal effects insurance payments; dependents' travel to duty stations; medical and life insurance coverage; attendance and annual leave records and contract extensions.
- Monitor UN Volunteer performance.

The Executing Agency for the project shall be the Ministry of Health. Full UNDP Country Office support will be provided to the Ministry of Health for the recruitment and management of the UNV health professionals. This will include the maintenance of leave, medical and performance records, support during the settling-in period and arrangements for contract termination and repatriation among other things. The Ministry of Health will be responsible for the technical supervision and oversight of the UNV medical professionals and shall provide six monthly reports on the performance of each UNVs.

The UNDP Country Office shall be responsible jointly with the Ministry of Health for the financial management of this project and will in this regard provide six-monthly financial reports to the Ministry of Health and shall host six-monthly meetings of the Project Steering Committee with the Ministry to discuss the performance of the UNVs and assess progress in the actualization of the Exit Strategy for phasing out UNV doctors and other health professionals. For the provision of the services to the Government of Trinidad and Tobago, UNDP will levy a ten percent (10%) administrative fee that will, among other things, facilitate the recruitment of an Administrative Assistant who will complement the services of the Client Services Unit in the UNDP Country Office for the management of this project. The financing of this programme will be met by the Government of the Republic of Trinidad and Tobago through cost sharing funds payable to the UNDP Country office in accordance with the payment schedule attached to the project document.

The outcomes and outputs of this project will form part of UNDP's corporate programme monitoring, reporting and oversight mechanisms. These will therefore be incorporated into UNDP's Strategic Results Framework (SRF) and its Results Oriented Annual Report (ROAR). Project performance will be assessed through the convening of meetings for the Project Steering Committee which will forward recommendations to the UNDP Resident Representative, the Permanent Secretary and Chief Medical Officer, Ministry of Health, for decision in effecting changes or modifications to the Project. The Project Steering Committee will be convened by UNDP, in consultation with the Ministry of Health, on a six-monthly basis. Minutes of these meetings will be prepared by UNDP for approval of all members. A Terminal Project Review meeting will be held prior to closure of the project.

The project will be audited in accordance with the provisions of UNDP internal audit.

Part IV. Legal Context.

This Project Document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the participating Government and the United Nations Development Programme, signed on 20 May 1976.

The following type of revisions may be made to this project document with the signature of the UNDP Resident Representative only, provided he or she is assured that the other signatories of the Project Document have no objections to the proposed changes:

- a) Revisions in, or addition of any of the Annexes of the Project Document.
- b) Revisions that do not involve significant changes in the immediate objectives, outputs or activities of the project, but are caused by the re-arrangement of inputs already agreed to or by cost increases due to inflation.
- c) Mandatory annual revisions, which re-phase the delivery of agreed project inputs, or increased expert, or other costs due to inflation, or take into account agency expenditure flexibility.

