PRIMARY HEALTHCARE INITIATIVE PROJECT (PHASE II – MANAGEMENT INTERVENTION AT THE RHAS TO IMPROVE THE DELIVERY OF HEALTHCARE SERVICES)

Intended Outcome as stated in the MSDF: Access to equitable social protection systems, quality services and sustainable economic opportunities improved. Sustainable Development Goals: 1, 5, 10, 17

National Priority or goal: People-centred governance institutions bolstered by transparency, accountability and the rule of law.

Applicable Output(s) from the UNDP CPD: 1.2 Mechanisms and systems to move people out of poverty and make them less vulnerable to transitional poverty improved.

Project title and Atlas Project Number: Primary Healthcare Initiative Project (#00090710), (Phase II)

OUTPUTS	OUTPUT INDICATORS[1]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)										ASSUMPTIONS & RISKS
			Value/ Unit of Measure	Actual	2018		2019				2020		Yr 1	FINAL	
					Prior to Q4	Q4	Q1	Q2	Q3	Q4	Q1	Q2			
Output 1 ***Provide workshops/training on SUPREM***	***1.1*** # of procurement personnel sensitized to SUPREM	1.1. Training Records	# of persons trained	0	Conducted in Q1, 2018 TBC									TBC	1. Availability of suitable candidates to attend sensitization sessions.

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[1]It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

Output 2 ***Provisions of the Public Procurement and Disposal of Public Property Act to key procurement persons in MOH and RHAs; and to RHA Board members, Corporate Secretaries, CEOs and Executive Managers***	**2.2** # of Board members, CEOs, Corporate Secretaries & Executive Managers attending workshops on the provisions of the Public Procurement and Disposal of Public Property Act.	2.2 Workshop Records (e.g. attendance of workshop records)	# of Board members, CEOs, Corporate Secretaries & Executive Managers attending workshops	0	**Conducted in Q2, 2018**									TBC	1. Procurement persons in MOH and RHAs, RHA Board members, Corporate Secretaries, CEOs & Executive Managers are receptive to workshops on the provisions of the Public Procurement and Disposal of Public Property Act. 2. Suitable consultant knowledgeable in public procurement is available to implement the training/workshops.
Output 3 ***Provide workshops, coaching and training on healthcare governance and leadership to RHA Board members, CEOs and Executive Managers.***	***3.1*** # of CEOs undertaking executive psychometric assessments. (to inform the coaching content for each individual)	3.1 Executive Psychometric assessment reports	# of persons assessed	0			5						5	5	1. Board members, CEOs, COOs & Executive Managers are receptive to capacity building initiatives. 2. That the CEO will remain in that position for at least two years, post capacity building training. 3. Continuous development annually for CEO, COO and executive team is to be standard, and adhered to, with monitoring by the MoH 4. Succession plan in place for the CEO, COO and executive managers.
	3.2 # of Board Chairs and CEOs attending Corporate Governance in Health workshop	Training Records (e.g. attendance records & completion of modules)	# of Board Chairs and CEOs completing Corporate Governance in Health workshop				10						10		
	# of CEOs COOs and Executive Managers attending Executive Leadership and Health Management workshops,		# of CEOs COOs and Executive Managers completing Executive Leadership and Health Management workshops					50					50		
	# of supervisors and Dept Heads attending Supervisory management workshops,		# of supervisors and Dept Heads completing												

	# of CEOs receiving executive coaching.		Supervisory management workshops, # of CEOs completing executive coaching						30 5				30 5		5. Suitable consultants, coaches and firms knowledgeable in healthcare governance are available to implement the capacity building initiatives. 6. Timely mobilization, full-support and involvement of the RHAs and Boards in the capacity building initiatives
Output 4 ***Assess Emergency Depts (EDs) across the 5 RHAS to identify and rectify barriers to successful implementation of efficiency improvements in Infrastructure, Equipment, Human Resources, Procedures and Protocols***	***4.1*** # of EDs assessed to identifybarriers to successful implementation of efficiency improvements in Infrastructure, Equipment, Human Resources, Procedures and Protocols ***4.2*** # of immediate/ short-term efficiency barriers rectified at each ED	4.1 RHA records & reports	# of EDs assessed # of immediate/ short-term efficiency barriers rectified per ED	0			*5*	*3*					5 3	5 3	RHA CEO assumes full responsibility for actioning areas identified for efficiency improvements in each ED
Output 5 ***Develop Standard Operating Procedures***	***5.1*** # of new standardized SOPs developed across 5 RHAs.	5.1 RHA records & reports	# of standardized procedures completed	0				At leas t *3*					3	3	1. That the ED staff is receptive to change (different ways of doing

(SOPs) in Emergency Departments (ED) across the 5 RHAs to improve effectiveness, patient-centeredness and timeliness in the delivery of health care services	5.2 # of SoPs implemented to improve eff in EDs across the 5 RHAs		# of SoPs implemented in each of the 5 EDs						At least 2				2	2	things) as per SOPs developed. 2. Continuous monitoring of process by the MoH and RHAs.
Output 6 ***Clinical care*** ***Develop and implement SOPs for Clinical care for ED staff on guidelines for effective care of patients presenting with chest pain and trauma.***	6.1 # of clinical staff that have practical training in line with best practice/protocols for major trauma care and chest pain.	1.Training records	# of clinical staff trained	0				50	50	50	150		150		1. Commitment to training by ED staff. 2. Performance monitoring processdeveloped by CEOs/ RHAs. 3. The directorate of quality management would be re-established in the MOH and strengthened in the RHAs. 4. That the directorate of quality management is repositioned under the Permanent Secretary, MoH.
	6.2 X% adherence to standard protocols for emergencies in use.	6.2 Quarterly random spot checks in EDs across all RHAs	% adherence to emergency protocols	0					20%	40%	40%	60%	Monitoring of adherence continues into 2020	100 %	
Output 7 ***Improved Interpersonal, leadership and communication skills among Staff in 5 EDs across the RHAs***	7.1 # of guidelines for improved interpersonal,leadership and communication skills developed.	7.1 RHA records	# of guidelines developed	0							*At least 3*	*At least 3*	*To be undertaken in 2020*	3	1.That there will be a performance monitoring process developed by the MOH and adhered to by RHAs. 2.That the directorate of quality management would be re-established in the MOH and strengthened in the RHAs.
	7.2 # of ED staff trained in interpersonal, leadership and communications skills training	7.2 Attendance Records for Training: interpersonal skills and communication	# of ED staff trained	0							*50*[2]	*50*	*To be undertaken in 2020*		

[2] It is estimated that 20 persons per ED will attend the training workshops.

	7.3 % increase in patient satisfaction score	7.3 Patient satisfaction survey report	% increase in patient satisfaction score	0			*8 %*					*A further 5 %*			3. That the directorate of quality management is repositioned under the Permanent Secretary.
Output 8 ***Operational efficiency*** ***Staff trained to use guidelines and policies & processes for improved patient-centeredness***	**8.1** # of guidelines for efficient flow of patients utilised.	8.1 ED process map RHA records	# of guidelines utilized	0					*At least 3*	*At least 3*			6	6	1.That there will be a performance monitoring process developed by the MOH and adhered to by RHAs.
	8.2. Average waiting times in EDs. (Specific waiting times to be measured, TBD)	8.2 Primary data collection reports	% decrease in waiting time	0									3%	3%	2.That the directorate of quality management would be re-established in the MOH and strengthened in the RHAs. 3. That the directorate of quality management is repositioned under the Permanent Secretary.
Output 9 ***Developing recommendations in inventory management of pharmaceutical and non-pharmaceutical items in EDs.***	9.1 # of recommendations made to improve inventory management across all EDs	9.1 Report: Assessment of Inventory Mgmt in ED	# of recommendations made per ED							3			To be undertaken in 2020	3	Continuous monitoring by the MoH That CEOs will assume the responsibility for managing and monitoring the effectiveness of the ED inventory of the individual RHAs In the future, there will be close collaboration between the Ministry and C40

															to ensure that the required improvements occur and are sustainable.
Output 10 ***Development of systems for supporting Emergency Dept staff across the 5 RHAs***	**10.1** # of orientation modules for EDs available in each Emergency Dept.	10.1 RHA and ED records	# of modules developed	0								3		3	1. That HR ED issues will be prioritized by the CEO and ED managers. 2. Commitment to timely resolution of specified ED HR issues by CEO and HR Department
	10.2 # of ED HR issues addressed for a more enabling and supportive environment in each RHA.	10.2 Reports from HR department	# of ED HR issues addressed	0								1		1	
	10.3 # of HR mechanisms to combat the high levels of stress found in the EDs.	10.3.RHA records # of staff accessing EAP programs										2		2	
	10.4. # of ED staff sensitized on stress management.	10.4 Attendance records from sensitization sessions at RHAs.										100		100	
Output 11 ***Evaluation of Project***															
Output 12 ***Project Audit***															