



Empowered lives.
Resilient nations.

Government of the Republic of Trinidad and Tobago
and
United Nations Development Programme

Project Title **Primary Health Care Initiative (suggested title)**

Executing Partner: **Ministry of Health**

Responsible Parties: Ministry of Health, United Nations Development Programme, United Nations Volunteers

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 healthcare services in primary healthcare facilities through the provision of United Nations Volunteers (UNV) medical professionals throughout Trinidad and Tobago. This is necessary due to the current dearth of healthcare professionals in those facilities as a result of migration to foreign healthcare markets and a drift away from the public sector healthcare system to more profitable private practices. United Nations Development Programme (UNDP) will provide support through the provision of medical doctors to facilitate an improvement in the delivery of health services to the public in particular those residing in rural communities where extended hours of access are not currently available, thereby assisting the Government in the attainment of several medium-term health care goals as laid out in its Medium-Term Policy Framework (MTPF) and is fully consistent with the Government's priority of addressing the issues of poverty through the provision of and access to essential social services.

Programme Period: 2013 - 2015
Programme Component: Achieving the MDGs and reducing Human Poverty
Project Title: Primary Health Care Initiative (suggested title)
Project ID: _____
Project Duration: 36 months
Management Arrangement: Country Office Support to NEX

Required Resources (Sub-Total)	US\$4,018,590
UNDP GMS Fees (6%)	US\$241,116
Total Budget	<u>US\$4,259,706</u>

Allocated resources:

- Government Contribution US\$4,259,706

Agreed by: _____

Christine Sookram
Ms. Christine Sookram, Permanent Secretary, Ministry of Health

Agreed by: _____

Richard Blewitt
Mr. Richard Blewitt, UNDP Resident Representative, Trinidad and Tobago

Table of Content

	Page
1. Situation Analysis/Background	4.
2. Strategy	5.
3. Results and Resources Framework	8.
4. Annual Work Plans	9.
5. Management Arrangements	13.
6. Monitoring Framework and Evaluation	17.
7. Quality Management for Project Activity Results	19.
8. Legal Context	21.
Annexes:	
Annex 1: ToR for UN Volunteer (UNV) Medical Doctors	23.
Annex 2: Project Risk Log	26.
Annex 3: Cost Sharing Agreement between Ministry of Health and UNDP	27.

SECTION 1. SITUATION ANALYSIS/BACKGROUND:

The health of a nation's population has been globally accepted as a crucial component in the measure of a country's human development. United Nations Development Programme's (UNDP) Human Development Index recognizes health as one of the three determinants in a country's progress towards sustained human development and the provision of primary health care for all by 2015 is one of the key Millennium Development Goals agreed by Governments. Access to quality health care services, coupled with lifestyle choices, impact on the quality of life and life expectancy of individuals. In order to create and maintain healthy populations, governments must develop programmes to address these elements.

The health sector in Trinidad and Tobago, while probably the best-equipped in the English-speaking Caribbean, suffers from limited opening hours in primary healthcare facilities, particularly in rural health centres. Currently, in excess of 200 vacancies exist for specialist medical professionals, general practitioners, health service managers and technical personnel. This situation exists throughout the English-speaking Caribbean and can be attributed in part to the pull factors of larger healthcare markets (e.g. the United States, Great Britain and Saudi Arabia) which attract a significant number of local healthcare professionals abroad. Additionally 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 on to more lucrative career options at home and abroad, with more opting for private practice rather than meeting the needs of the national public health system.

Health Sector Status: The public healthcare system has a number of strengths and has achieved a measure of success in controlling communicable diseases. There still remains, however, room to strengthen the quality of healthcare services, including improvements in the rates of maternal and perinatal morbidity and mortality. At the same time, the spread of communicable diseases, such as HIV/AIDs, have created a new range of challenges. In addition, the epidemiological profile of the nation 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: Healthcare in Trinidad and Tobago is delivered by both public and private institutions. Public institutions offer primary, secondary and tertiary level services through a network of nine (9) hospitals and ninety-six (96) primary healthcare facilities plus a variety of special programmes and support services. Primary healthcare facilities are located throughout the two islands and provide the majority of the population coverage for preventative programmes. These programmes include maternal and child health services, chronic disease clinics and health education. Health centres provide the population with 10% of curative primary care whilst a further 36% is provided through hospital accident and emergency departments. Private doctors account for 54% of curative primary care provided to the population.

The Ministry of Health recognizes the role of health in development and fully embraces the broad national development goals embodied in the Medium Term Policy Framework's (MTPF) plan for health. It has consequently oriented its programs in keeping with the MTPF and has identified the following key priorities for incrementally moving towards the achievement of those goals:

- a) Delivery of efficient and effective healthcare
- b) Increased access to healthcare services for citizens
- c) Development of internationally recognized centres of specialized medicine
- d) The reduction/containment of the spread of HIV/AIDS and other Non-Communicable Diseases (NCDs)
- e) Reduction of labour shortages within the Health Sector

Accordingly, to attain these key results, the Ministry of Health proposes to adopt a comprehensive approach which would encompass the following strategies¹:

- a) Improving the management of the Health Sector and Strengthening of the Policy and Legislative Framework.
- b) Provision of Safe, Quality Health Services that are Patient Centered
- c) Development of an Integrated Primary, Secondary and Tertiary Healthcare System
- d) Inculcating a Lifelong Commitment to Health
- e) Development of an Effective Response to Current and Emerging Health Issues
- f) Development of a Strengthened Response to Mental Health Issues
- g) Modernizing of Physical Infrastructure for Public Healthcare Facilities
- h) Development of Professional and Quality Human Resources
- i) Development of an Information and Communication Technology Driven Health Service Delivery and Management.
- j) Strengthening of Health Emergency Preparedness
- k) Improving the Sourcing of Healthcare Financing

¹ Medium Term Policy Framework 2011 - 2015 (pgs. 47-54)

- 1) Development of Niche Areas of Healthcare that can Strengthen Trinidad and Tobago's International Reputation as a Healthcare Service Provider

SECTION 2. STRATEGY:

The UNDP Trinidad and Tobago Country Office is proposing to assist the Government in improving the standard of health care delivery at primary health care centres by addressing the current shortage of doctors posted to primary health care centres. Through the provision of trained medical staff recruited through the United Nations Volunteer Programme will assist the Ministry of Health in achieving its objective to increase the opening hours of health centres throughout the country thereby improving the level of service delivery being meted out to the population. The targeted beneficiaries of this assistance to the Government will be the general population, in particular, the middle to low income bracket who are the main clients of the public health care system.

These medical professionals will be contracted for periods of up to three (3) years and will be deployed to the various primary health care centres throughout the country thereby complementing local health care professionals already operating at these centres. To ensure the quality of the medical personnel recruited, all United Nations Volunteers (UNV) health personnel assigned to Trinidad and Tobago must be trained at schools acceptably accredited by the Government of Trinidad and Tobago and must be fluent in English. Additionally, each must receive a certification of full registration by the Medical Board of Trinidad and Tobago. This process will be facilitated by the UNV field unit.

By extension, the proposal would address the problem of unnecessary hospital admissions due to excessive self-referrals to larger hospitals which is as a result of persons unable to access health care services at their local primary health care centres after the hour of 4:00pm. This would in turn free hospital resources for those critical cases that cannot be dealt with at the level of the health centres. It is important that the Ministry of Health establish a process to conduct periodic exit surveys of factors such as patient satisfaction and ascertain the impact that this initiative would have on reducing the number of referrals to hospitals.

In the medium to long term, the Government of the Republic of Trinidad and Tobago proposes to increase the health sector's human resource capacity through improving benefits and training available to health care workers, the development of a 10-year Human Resource Manpower Plan, and the promotion of medical careers through school outreach programmes. The utilization of UNV doctors will meet the short-term demands of the health sector while allowing the necessary time for Government's initiatives to become operational.

United Nations Volunteers

The United Nations Volunteer (UNV) Programme operates under the guiding principles of the United Nations (UN) System. In Trinidad and Tobago UNVs are integral components 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. 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;
- 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 2010 shows that 7,765 UN Volunteers from 158 countries served in 132 countries across the globe. These UNVs on average have 10 years working experience.

UNV has more than thirty years experience in managing volunteers. UNV's attributes of neutrality and impartiality make it a trusted partner for governments and civil society organizations worldwide. As UNV works with a wide spectrum of partner governments, bilateral volunteer organizations, non-government/civil society organizations and the UN system, it can pass along valuable information to other organizations regarding the complex process of volunteer identification, placement, contracts, conditions of service, 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. In fact, Trinidad and Tobago has also been a recipient of approximately one hundred UNV doctors who were posted at various health care facilities throughout the twin-island republic.

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 not only bring their expertise to teach others but also learn from their experiences. In situations such as that of Trinidad and Tobago where the gulf between rich and poor is expanding at the detriment of an increasingly shrinking middle-class and access to adequate health care is inequitable, UNV assignments strategically aim to foster programmes of community outreach, promote the Volunteer ethic and train counterparts to ensure UNV inputs are sustainable in the long-term.

UN Volunteers receive modest monthly living allowances called a Volunteer Living Allowance (VLA), to cover living expenses. They do not receive a wage. The VLA is established through structured cost of living surveys as well as sampling salary rates of the Government, NGOs, and the private sector. The VLA 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 VLA under the UNV programme. A UNV's "Conditions of Services" 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.

Throughout its implementation, the project will be carefully monitored and evaluated for its effectiveness in increasing the human resource capacity of the health sector in the areas specified by the Ministry of Health and the promotion of community service.

UNDP and its UNV Programme are ideally positioned to assist in the strengthening of the health sector in Trinidad and Tobago as their programmes promote global volunteer contributions and mobilizes volunteers in support activities of UN agencies, governments, Non-Governmental Organisations (NGOs) and other partners in development. Typically UN Volunteers bring dedication, commitment and engagement combined with skills and experience.

SECTION 3. RESULTS AND RESOURCES FRAMEWORK:

Project title and ID (Proposed): – Primary Healthcare Initiative Project (suggested title)				
INTENDED OUTPUTS	OUTPUT TARGETS FOR (3 months)	INDICATIVE ACTIVITIES	RESPONSIBLE PARTIES	INPUTS (USD)
<p>Intended Outcome as stated in the Country Programme Document for Trinidad and Tobago (2012-2015): <i>Country Programme Outcome #1:</i> By 2015, the country will have made progress in the formulation and application of targeted public policies to reduce poverty.</p> <p>Outcome indicators as stated in the Country Programme Document for Trinidad and Tobago, including baseline and targets: National poverty level reduced to 13% or less by 2015 from baseline of 16.7%</p> <p>Applicable Key Result Area (from 2011-2014 Medium-Term Policy Framework): Quality Health Care Services and Hospitals- 1) Efficient and effective health care delivery provided; 2) Access to health care services by citizens increased; 3) Labour shortages within the health sector reduced</p> <p>Partnership Strategy: Direct Implementation. The project would be financed by the Ministry of Health of Trinidad and Tobago. UNDP/UNV will provide administrative support in the recruitment, selection and subsequent management of the UN Volunteers for the duration of the project. The Government of Trinidad and Tobago (GORTT), through the Ministry of Health (MOH) will provide the necessary approvals and licences to facilitate the operation of the project (e.g. through the securing of work permits; special temporary medical licenses; etc.).</p>	<p>Output 1: Recruitment and placement of thirty (30) UNV doctors.</p> <p>Baseline: Pre-selected primary health care facilities identified for weak health care delivery due to shortage of health care professionals.</p> <p>Indicator: 1) Fifteen percent (15%) increase in the utilization of primary healthcare facilities with extended opening hours.</p>	<ul style="list-style-type: none"> - Drafting of TORs for UNV assignments - Recruitment and selection of suitable UNV candidates - Establishment of Project Board comprising of members from UNDP, UNV and the Ministry of Health - Identification health centres (selected on degree of need) - Full Registration with Medical Board - Placement of medical UNVs at pre-selected primary health centres - Administration of UNV emoluments and entitlements/obligations - Monitoring of UN Volunteer Performance 	<ul style="list-style-type: none"> - UNDP/UNV -UNDP/Ministry of Health -UNDP/Ministry of Health -Ministry of Health -Ministry of Health/ UNV -UNDP/Ministry of Health -UNDP/UNV -UNDP/UNV 	<p>1. Thirty (30) UNVs for Three (3) years –3,988,590.00</p> <p>2. Monitoring and Evaluation (mid-term/final)– 30,000.00</p> <p>Sub-Total: 4,018,590.00</p> <p>3. General Management Services (@ 6% of project cost)- 241,115.40</p> <p>TOTAL – 4,259,705.40</p>

SECTION 4. ANNUAL WORK PLANS:

YEAR 1

EXPECTED OUTPUTS And baseline, indicators including annual targets	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
Output 1 Recruitment and placement of thirty (30) UNV doctors.	Identification Phase: 1. Draft description of post		X			UNDP/JUNV/MOH			
	2. Advertisement of UN Volunteers assignments		X			UNV Hqs			
	3. Pre-selection of candidates and submission of candidates to UNDP T& T/ Government		X			UNV Hqs			
	4. Selection of acceptance of candidates		X			UNDP/JUNV/MOH			
	Recruitment Phase: 1. Offer to candidates			X		UNV Hqs			
	2. Interviews, medical examinations, visas, security clearances and travel arrangements			X		UNDP offices in home country in coordination with UNV Hqs. /UNDP			

Output 1 Recruitment and placement of thirty (30) UNV doctors. (continued)	In-service Phase: 1. Arrival formalities: temporary accommodation, country briefing, training signature of contracts/code of rules, bank arrangements, initial payments, legal status arrangements, issuance of ID Cards and sundry	X	X	X	X	UNDP/UNV/ Ministry of Foreign Affairs	Government Cost Sharing	51,960
	2. Administration of UN Volunteers' entitlements/ obligations such as Settling in Grant (SIG), security allowance and annual leave records		X			UNDP/UNV	Government Cost Sharing	572,370
	3. Administration of UN Volunteers' entitlements/ obligations such as Volunteer Living Allowance (VLA), medical and life insurance coverage, attendance and annual leave records		X			UNDP/UNV	Government Cost Sharing	1,004,300
	4. Travel, visas and security clearances for dependants		X		X	UNDP/UNV/MOH/IM OFA		
	5. Monitor UN Volunteers' performance		X		X	UNDP/UNV/MOH		
Total-Outputs								1,628,630
General Management Support Fee (6%)								97,718
Total for Year 1								1,726,348

Year 2

EXPECTED OUTPUTS And baseline, indicators including annual targets	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	TIMEFRAME				RESPONSIBLE PARTY	Funding Source	PLANNED BUDGET	
		Q1	Q2	Q3	Q4			Budget Description	Amount
Output 1 Recruitment and placement of thirty (30) UNV doctors. (continued)	1. Monitor UN Volunteers' performance		X	X	X	UNDP/UNV Hqs.			
	2. Administration of UN Volunteers' entitlements/ obligations such as Volunteer Living Allowance (VLA), medical and life insurance coverage, attendance and annual leave records		X			UNDP/UNV	Government Cost Sharing		1,004,300
Total Outputs									1,004,300
General Management Support Fee (6%)									60,258
Total for Year 2									1,064,558

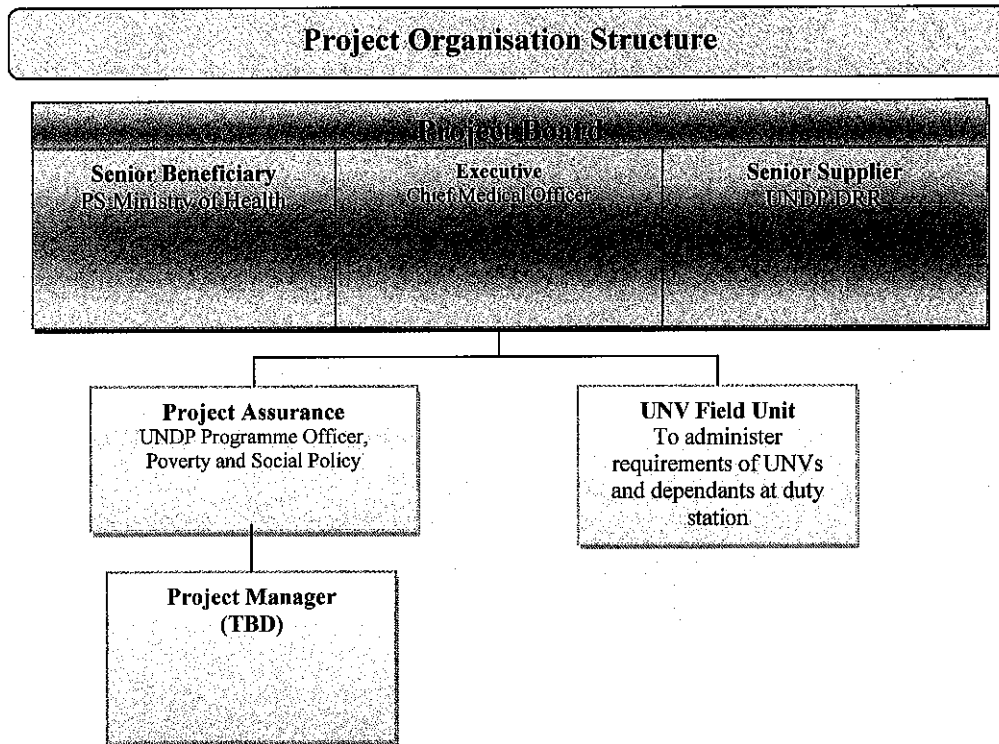
Year 3

EXPECTED OUTPUTS And baseline, indicators including annual targets	PLANNED ACTIVITIES List activity results and associated actions	TIMEFRAME				RESPONSIBLE PARTY	PLANNED BUDGET	
		Q1	Q2	Q3	Q4		Funding Source	Amount
Output 1 Recruitment and placement of thirty (30) UNV doctors. (continued)	1. Administration of UN Volunteers' entitlements/ obligations such as Volunteer Living Allowance (VLA), medical and life insurance coverage, attendance and annual leave records		X			UNDP/UNV	Government Cost Sharing	1,004,300
	End-of assignment Phase: 1. Submission of end- of-assignment report and final checklist		X	X	X	UN Volunteers		
	2. Travel arrangements to home countries and payment of Resettlement Allowance (RSA)			X	X	UNDP/UNV	Government Cost Sharing	354,360
	3. Monitoring and Evaluation				X			30,000
Total Outputs								1,385,660
General Management Support Fee (6%)								83,140
Total for Year 3								1,468,800
OVERALL TOTAL								4,259,796

SECTION 5. MANAGEMENT ARRANGEMENTS:

Management of the UNV Programme

UNDP Trinidad and Tobago is proposing to supply thirty (30) volunteer health professionals to be fielded over a 6-month period. The first of these volunteers will be fielded within three (3) months of the project document being signed. The Ministry of Health would be required to provide technical oversight of the doctors. A Project Board will be created to monitor and guide the project. The Board would be comprised of representatives of the Ministry of Health and UNDP.



The roles and responsibilities of the parties are listed below:

Project Board:

1. Make decisions on major project changes
2. Provide approval to move to different phases of the project
3. Recommends to Minister and Cabinet cessation of activities or injection of additional resources
4. Oversee project implementation on a quarterly basis via reports/updates from project manager
5. Scheduling and convening of Project Board meeting on a quarterly basis

Executing Agency – Ministry of Health

1. Obtain and allocate resources for the project in a timely manner
2. Certification of annual expenditure reports prepared by UNDP
3. Participation in Project Board meetings
4. Participation in monitoring and evaluation of project
5. Collaborate with UNDP in drafting Terms of Reference when necessary
6. Take responsibility for administrative arrangements within Government departments to facilitate working arrangement for project personnel

UNDP- Principal Supplier

To facilitate implementation of the project UNDP Trinidad and Tobago Country office will provide the following services in accordance with UNDP procedures:

1. Identification and recruitment of both national and international experts with prior agreement of the Executing Agency, MOH. The MOH will liaise with UNDP on any matters of concern.
2. Participate in meetings of the Project Board
4. Provide thematic and technical backstopping
5. Participate with the MOH in joint supervision of the experts
6. Payment of experts upon certification by the MOH
7. Regularly review the status of project objectives, activities, outputs, risks and emerging issues and when necessary convey concerns to relevant parties
8. Financial management of the project and preparation of financial reports
9. Facilitate application of doctors for full medical registration.

Project Manager:

1. Manage the activities which are required to obtain project outputs
2. Provide direction and guidance to project team /responsible parties
3. Liaise with the Project Board to ensure overall direction and integrity of the project
4. Responsible for project administration
5. Liaise with UNDP, Project Supplier
6. Prepare Annual Reports
7. Management of project consultants
8. Liaise with Government on financial matters

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

Recruitment Phase -

- Drafting post descriptions for UNV assignments in consultation with the Government.
- Lead recruitment processes such as- advertising of UNV assignments; identification of candidates; conducting interviews; making offer to candidates; arranging travel to duty stations.

In-Service Phase -

- Organization of induction programme.
- Administration of 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; Contract extensions.
- Monitoring of UN Volunteer performance.

The Executing Agency for the project would 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 UNV field unit in collaboration with the Ministry of Health will be responsible for the facilitating the full registration of the UNV medical professionals by the Medical Board of Trinidad and Tobago and the technical supervision and oversight of the UNV medical professionals. Each UNV medical professional will be responsible for submitting monthly reports counter-signed by their respective supervisors to the UNV field unit.

Financing of this project is to be sourced from funds allocated to the Ministry of Health by the Republic of Trinidad and Tobago. Project Expenditure Reports will be generated and submitted by UNDP to the Ministry of Health on a quarterly basis or upon request. Annual Expenditure Reports, also known as Combined Delivery Reports (CDRs), will be submitted by UNDP to the Ministry of Health for review and signature in the first quarter of the following year. As mandated by the UNDP Executive Board's cost recovery guidelines for the provision of services, UNDP will charge a six percent (6%) general management support fee on the actual cost of services delivered. This fee would contribute to the costs incurred by UNDP in the provision of technical advice, procurement and financial management services to the project.

The outcomes and outputs of this project will form part of UNDP's corporate programme monitoring, reporting and oversight mechanisms. Project performance will be assessed through the convening of meetings of the Project Board which will forward recommendations to the UNDP Resident Representative, the Permanent Secretary of the Ministry of Health and the Chief Medical Officer for decisions 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 bi-annual 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 the closure of the project. The project will be audited in accordance with the provisions of UNDP's internal audit.

SECTION 6. MONITORING FRAMEWORK AND EVALUATION

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

Within the Annual Cycle

- On a quarterly basis, a quality assessment shall record progress towards the completion of key results, based on quality criteria and methods captured in the Quality Management table below.
- An Issue Log shall be activated in ATLAS, the UNDP Project Management System, and updated by the UNDP programme officer to facilitate the tracking and resolution of potential problems or requests for change.
- Based on the initial risk analysis submitted, a Risk Log shall be activated in ATLAS and regularly updated by reviewing the external environment that may affect the project implementation.
- Based on the information above recorded in ATLAS, a Project Progress Report (PPR) shall be submitted by the Project Manager to the Project Board through Project Assurance, using the standard report format available in the Executive Snapshot.
- A project Lessons Learned Log shall be activated in ATLAS and regularly updated to ensure ongoing learning and adaptation within the organization, and to facilitate the preparation of the Lessons Learned Report at the end of the project.
- A Monitoring Schedule Plan shall be activated in ATLAS and updated to track key management actions/events.

Annually

- **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the Project Board and the Outcome Board. As a minimum requirement, the Annual Review Report shall consist of the ATLAS standard format for the Quarterly Progress Report (QPR) covering the whole year with updated information for each element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.
- **Annual Project Review.** Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and to devise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made toward outputs, and that these remain aligned to appropriate outcomes.

A project evaluation is required upon completion of the project. This evaluation should detail the achievements of the project, lessons learnt over the duration of the project and make suggestions as to possible projects for implementation in the future.

SECTION 7. QUALITY MANAGEMENT FOR PROJECT ACTIVITY RESULTS

OUTPUT 1: Recruitment and placement of thirty (30) UNV doctors at pre-selected primary health care facilities throughout Trinidad		
Activity Result 1	<i>Drafting of TORs for UNV assignments</i>	Start Date: February 2013 End Date: February 2013
Purpose	<i>To prepare terms of reference (TOR) for UNV Medical Doctors</i>	
Description	<i>To prepare terms of reference (TOR) for UNV Medical Doctors</i>	
Quality Criteria	Quality Method <i>Means of verification.</i>	Date of Assessment
Consensus reached between UNDP and Ministry of Health regarding the details of the TOR	TOR should be reflective of needs of Government (i.e. Ministry of Health); Approval of TOR attained from Ministry of Health	February 2013

OUTPUT 1: Recruitment and placement of thirty (30) UNV doctors at pre-selected primary health care facilities throughout Trinidad		
Activity Result 2	<i>Recruitment and selection of suitable UNV candidates</i>	Start Date: TBD End Date: TBD
Purpose	<i>Recruitment and selection of suitable UNV candidates</i>	
Description	<i>Upon signing of project document suitable UNV candidates would be selected from UNV database. These selected candidates are then interviewed by both UNDP CO and MOH and a final selection is made</i>	
Quality Criteria	Quality Method <i>Means of verification.</i>	Date of Assessment
Selections of medical professionals made. Consensus reached by UNDP and MOH on selections	Selections approved by both MOH and UNDP	TBD

OUTPUT 1: Recruitment and placement of thirty (30) UNV doctors at pre-selected primary health care facilities throughout Trinidad		
Activity Result 3	<i>Establishment of Project Board</i>	Start Date: TBD End Date: TBD
Purpose	<i>Establishment of Project Board</i>	
Description	<i>Establishment of Project Board comprising of members from UNDP, UNV and the Ministry of Health (MOH)</i>	
Quality Criteria	Quality Method <i>Means of verification.</i>	Date of Assessment
Establishment of functioning Project Board comprising essential stakeholders	Number of Project Board meetings held and submission of bi-annual project board minutes	TBD

OUTPUT 1: Recruitment and placement of thirty (30) UNV doctors at pre-selected primary health care facilities throughout Trinidad		
Activity Result 4	<i>Registration of UNV medical professionals with Trinidad and Tobago Medical Board</i>	Start Date: TBD End Date: TBD
Purpose	<i>To ensure ability to practice medicine in Trinidad and Tobago</i>	
Description	<i>Registration of UNV medical professionals with Trinidad and Tobago Medical Board</i>	
Quality Criteria	Quality Method <i>Means of verification.</i>	Date of Assessment
Registration of all UNV medical professionals with Parallel Medical Board of Trinidad and Tobago for the duration of the project	Issuance of temporary special licences from Parallel Medical Board of Trinidad and Tobago	TBD

OUTPUT 1: Recruitment and placement of thirty (30) UNV doctors at pre-selected primary health care facilities throughout Trinidad		
Activity Result 5	<i>Landing, orientation and placement of UNV medical professionals</i>	Start/End Date: Throughout the life of the project
Purpose	<i>To orient and place UNV medical professionals appropriately</i>	
Description	<i>Landing, orientation and placement of UNV medical professionals</i>	
Quality Criteria	Quality Method <i>Means of verification.</i>	Date of Assessment
Successful landing and placement of UNV medical professionals at pre-selected primary healthcare centres	Field visits to verify successfully placement of UNV medical professionals at primary health care facilities	TBD

OUTPUT 1: Recruitment and placement of thirty (30) UNV doctors at pre-selected primary health care facilities throughout Trinidad		
Activity Result 6	<i>Monitoring, audit and evaluation of project</i>	Start/End Date: Throughout the life of the project
Purpose	<i>To ensure efficient implementation and record lessons learnt</i>	
Description	<i>Monitoring and evaluation of project through project audit, mid-term and final project evaluation</i>	
Quality Criteria	Quality Method <i>Means of verification.</i>	Date of Assessment
Project audit using UNDP auditing criteria	Audit of all aspects of the project	TBD
Evaluation conducted using UNDP evaluation guidelines	Future utility of the evaluation report to inform future related projects	TBD

SECTION 8. LEGAL CONTEXT

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

The following type of revisions may be made to the 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.

Consistent with Article III of the SBAA, the responsibility for the safety and security of the executing agency, its personnel and property, and of UNDP's property in the executing agency's custody, rests with the executing agency.

The executing agency shall:

- a) Put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) Assume all risks and liabilities related to the executing agency's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan where necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The executing agency agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by the UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

SECTION 9. ANNEXES

Annex I- ToR for UN Volunteer (UNV) Medical Doctors

Annex II- Project Risk Log

Annex III- Cost Sharing Agreement between Ministry of Health and UNDP

Annex I

Terms of Reference for UN Volunteer (UNV) Medical Doctors



TERMS OF REFERENCE

Title of post: **UNV Medical Doctor**

Duty station: **Trinidad and Tobago**

Project: **Primary Health Care Initiative to the Ministry of Health**

Duration of assignment: **One (1) year, with the possibility of an extension for a further year with the total tenure not to exceed three (3) years**

This post is a United Nations Volunteers Programme Assignment and based on the values of free will, commitment, engagement and solidarity, which are the foundations of volunteerism. Volunteering brings benefit to the individual volunteer. It makes important contributions, economically, as well as socially. It contributes to creating social cohesion and capital, through helping to build trust and reciprocity among citizens.

The United Nations Volunteers is the United Nations Organization that supports sustainable human development globally through the promotion of volunteerism and mobilization of volunteers. It serves the causes of peace and development through enhancing opportunities for participation by all peoples. It is universal, inclusive and embraces volunteer actions in all its diversity.

Volunteerism is diverse and is embedded in all cultures and traditions. In this context, as a United Nations Volunteer you are encouraged and expected to relate to local volunteerism and to be identified with the concept. You are expected to regard your national colleagues as peers and together uphold trust as volunteers among yourselves and within the communities and the organization you are assigned to.

BACKGROUND: Health care delivery in Trinidad and Tobago is patterned after the British Firm system where health care is provided through major hospitals, smaller regional hospitals as well as health clinics, which service the out-lying areas. In the hospitals there are three levels of doctors: the Consultant, the Registrar and the House Officer. Additionally, there are medical interns assigned to the various hospitals. The Consultant doctor has overall responsibility for the firm of health care professionals and is responsible for diagnosing and prescribing.

Health care delivery is administered at three levels. Primary health care is delivered in the communities utilizing a network of health care facilities equipped to make initial diagnoses and provide treatment and/or transfer to major hospitals if necessary.

The objective of this technical assistance project is to assist the Government of the Republic of Trinidad and Tobago in improving the standard of health care delivery at primary health care centres by addressing the current shortage of doctors posted to primary health care centres. The provision of thirty (30) trained medical staff recruited through the United Nations Volunteer Programme will assist the Ministry of Health in achieving its objective to increase the opening hours of health centres throughout the country, thereby improving the level of service delivery being meted out to the population. The targeted beneficiaries of this assistance to the Government will be the general population, in particular, the middle to low income bracket who are the main clients of the public health care system. 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.

DESCRIPTION OF DUTIES: A doctor recruited under the UNV programme may be assigned to work at any of the health centres throughout the country. In the health centres he/she will be required to work under the supervision of a Country Medical Health Officer. The UNV will be required to perform any combination of the duties listed below:

- Perform medical examinations of in and out patients, diagnose and make prognoses.
- Examine government employees and other categories of persons as dictates by Government policy.
- Organize, plan and direct all activities at the assigned primary health care centre
- Establish work schedules, ensure efficient and adequate medical coverage, and participate in hospital training programmes.

- Direct and supervise the work of lower medical officers.
- Write and maintain up-to-date case records and make necessary medical reports.
- Carry out medical examinations and prescribe a more detailed examination as may appear to be necessary.
- Participate in immunization procedures against infectious or communicable diseases as directed and implement other preventive procedures outlined for the protection of public health and promotion of public health e.g. School Health Programme.
- Provide medical attention in an assigned area
- Plan and conduct technical training workshops.
- Promote and raise awareness of the spirit of volunteerism in the community.
- Undertake mid-year reviews of assignment
- Facilitate programme evaluation

As a member of the medical firm, the UNV doctor will be required to respond to emergency calls even after normal working hours when his junior professional is unable to adequately deal with medical emergencies. These on-call assignments may be for sessions of eight working hours.

QUALIFICATIONS:

- Evidence of practical experience gained by working in the medical field for at least 6-10 years
- Evidence of certification in the specialized field of medicine from an institution recognized by the Government of Trinidad and Tobago.
- Familiarity with public sector health systems.
- Facilitation and strategic planning skills.
- Volunteer management, training and support.
- Some experience in mentoring younger professionals.
- Excellent oral and written communication skills in English.
- Commitment to community development and volunteerism.
- Flexibility and perseverance.
- Team leader.
- Self-starter who works independently as part of a larger management unit.
- Ability to work with people from all backgrounds, ethnic and religious persuasions.
- Comfortable with traveling and spending time with local communities in the interior of Caribbean countries.

Annex II

Project Risk Log

Project Title: Primary Health Care Initiative		Award ID:			Date: 14 February 2013		
#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mgmt response	Owner	Submitted, updated by
1	Funding not received in a timely manner	February 2013	Financial	P = 2 I = 5	Ensure funds are available prior to project signing.	UNDP/MOH	UNDP
2	Delay in selection of UNVs	February 2013	Operational	P = 3 I = 5	Establish sufficient turnaround time with Ministry of Health (MOH)	MOH	UNDP
3	Delay in UNVs attaining full registration with the Medical Board of Trinidad and Tobago	February 2013	Operational	P = 3 I = 5	Ensure that UNV Hq submits required certification of selected candidates to UNDP CO for further submission to MOH. Ensure that MOH has agreement in place with the Medical Board of Trinidad and Tobago so as to facilitate timely registration of UNVs	UNDP/MOH	UNDP
4	Delay in issue and extension of visa and work permits for UNVs	February 2013	Operational	P = 3 I = 5	MOH and UNDP should ensure with other partners (such as the Ministries of National Security and Foreign Affairs) that issue and extension of visa and work permits for the UNV volunteers are processed in a well planned manner and in the shortest time possible	UNDP/MOH	UNDP

Annex III

**COST SHARING AGREEMENT BETWEEN THE
UNITED NATIONS DEVELOPMENT PROGRAMME
AND
THE REPUBLIC OF TRINIDAD AND TOBAGO**

This AGREEMENT is made this day of 2014 between the United Nations Development Programme (hereinafter referred to as "UNDP") and the Republic of Trinidad and Tobago (thereinafter referred to as the "Donor").

WHEREAS the United Nations Development Programme and the Republic of Trinidad and Tobago have agreed to co-operate in the implementation of the project "*Primary Health Care Initiative*" (00090710) in Trinidad (hereinafter referred to as "the Project").

WHEREAS the Donor has informed UNDP of its willingness to contribute funds (hereinafter referred to as "the contribution") to the UNDP on a cost-sharing basis to increase the resources available for the Project;

WHEREAS the UNDP is prepared to receive and administer the contribution for the implementation of the project,

NOW THEREFORE, UNDP and the Donor hereby agree as follows:

Article I

1. The Donor shall, in the manner referred to in paragraph 2 of this Article, place at the disposal of UNDP the contribution of US\$4,259,705.40
2. The Donor shall, in accordance with the schedule of payments set out below, deposit the contribution in UNDP's contribution account:

Chase Bank
International Agencies Banking
1166 Avenue of the Americas, 17th Floor
New York, NY 10036-2708
UNDP Contributions Account
No. 015-002284
SWIFT Address: CHASUS33

(In making the deposit please identify the project number: 00090710).

<u>Date payment due</u>	<u>Amount(US\$)</u>
a) 31 st July 2013	1,419,901.80
b) 31 st May 2014	1,419,901.80
c) 31 st March 2015	1,419,901.80

The above schedule of payments takes into account the requirement that contributions shall be paid in advance of the implementation of planned activities. It may be amended to be consistent with the progress of project delivery.

3. The UNDP shall receive and administer the payment in accordance with the regulations, rules and directives of UNDP.
4. All financial accounts and statements shall be expressed in United States dollars.
5. The value of a contribution-payment, if made in a currency other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment. Should there be a change in the United Nations operational rate of exchange prior to the full utilization by UNDP of the contribution-payment, the value of the balance of funds still held at that time will be adjusted accordingly. If, in such a case, a loss in the value of the balance of funds is recorded, UNDP shall inform the Donor with a view to determining whether any further financing could be provided by the Donor. Should such further financing not be available, the assistance to be provided to the Project under this Agreement may be reduced, suspended or terminated by UNDP.
6. Any interest income attributable to the contribution shall be credited to the UNDP Account and shall be utilized in accordance with established UNDP procedures.
7. The Ministry of Health is the executing agency for the project.

Article II

1. In accordance with the decisions and directives of UNDP's Executive Board reflected in its Policy on Cost Recovery from Other Resources, the contribution shall be subject to cost recovery by UNDP related to the provision of support services, namely:

Indirect costs incurred by UNDP headquarters and country office structures in providing General Management Support (GMS) services. To cover these GMS costs, the contribution shall be charged a fee equal to six percent (6%)

2. The aggregate of the amounts budgeted for the project, together with the estimated costs of reimbursement of related support services, shall not exceed the total resources available to the project under this Agreement as well as funds which may be available to the project for project costs and for support costs under other sources of financing.

Article III

1. The contribution shall be administered by the UNDP in accordance with UNDP regulations, rules and directives, applying its normal procedures for the execution of its projects.
2. Project management and expenditures shall be governed by the regulations, rules and directives of UNDP and, where applicable, the regulations, rules and directives of the Executing Entity/Implementing Partner.

Article IV

1. The implementation of the responsibilities of the UNDP and of the Donor pursuant to this Agreement and the relevant project document shall be dependent on receipt by the UNDP of the contribution in accordance with the schedule of payments set out in Article I, paragraph 2, above and to be in line with the attached Project Document.
2. If unforeseen increases in expenditures or commitments are expected or realized (whether due to inflationary factors, fluctuation in exchange rates or unforeseen contingencies), UNDP shall submit to the Donor on a timely basis through the Ministry of Health a supplementary estimate showing the further financing that will be necessary. The Donor shall use its best endeavors to obtain the additional funds required.
3. If the contribution-payments referred to in Article I, paragraph 2, above, are not received in accordance with the payment schedule, or if the additional financing required in accordance with paragraph 2, above, is not forthcoming from the Donor or other sources, the assistance to be provided to the Project under this Agreement may be reduced, suspended or terminated by UNDP.

Article V

Ownership of equipment, supplies and other property financed from the contribution shall vest in UNDP. Matters relating to the transfer of ownership by UNDP shall be determined in accordance with the relevant policies and procedures of UNDP.

Article VI

The contribution shall be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, rules and directives of UNDP.

Article VII

UNDP shall provide the Donor, on a request made through the Ministry of Health, with financial and other reports prepared in accordance with UNDP reporting procedures.

Article VIII

1. UNDP shall notify the Donor, through the Ministry of Health, when all activities relating to the contribution have been completed.
2. Notwithstanding the completion of all activities relating to the contribution, UNDP shall continue to hold unutilized contribution-payments until all commitments and liabilities incurred in implementation of the activities financed by the contribution have been satisfied and these activities brought to an orderly conclusion.
3. If the unutilized contribution-payments prove insufficient to meet such commitments and liabilities, UNDP shall notify the Donor, through the Ministry of Health, and consult with the Donor on the manner in which such commitments and liabilities may be satisfied.
4. Any contribution-payments that remain unexpended after such commitments and liabilities have been satisfied shall be disposed of by UNDP in consultation with the Donor.

Article IX

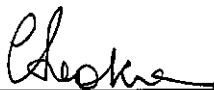
1. After consultations have taken place between the two Parties to this Agreement and provided that the contribution-payments already received are, together with other funds available to the Project, sufficient to meet all commitments and liabilities incurred in the implementation of the Project, this Agreement may be terminated by UNDP or by the Donor. The Agreement shall cease to be in force thirty (30) days after either of the Parties may have given notice in writing to the other Party of its decision to terminate the Agreement.
2. If the unutilized contribution-payments, together with other funds available to the Project, are insufficient to meet such commitments and liabilities, UNDP shall notify the Donor and consult with the Donor, through the Ministry of Health, on the manner in which such commitments and liabilities may be satisfied.
3. Notwithstanding termination of this Agreement, UNDP shall continue to hold unutilized contribution-payments until all commitments and liabilities incurred in implementation of the activities financed by the contribution have been satisfied and these activities brought to an orderly conclusion.
4. Any contribution-payments that remain unexpended after such commitments and liabilities have been satisfied shall be disposed of by UNDP in consultation with the Donor.

Article X

This Agreement shall enter into force upon signature and deposit by the Donor of the first contribution-payment to be made in accordance with the schedule of payments set out in Article I, paragraph 2 of this Agreement.

This Agreement shall be valid from the date it enters into force for a period of thirty-six (36) months thereafter.

IN WITNESS WHEREOF, the undersigned, being duly authorized thereto, have signed the present Agreement in the English language in two copies.



**For the Ministry of Health:
Ms. Christine Sookram
Permanent Secretary
Ministry of Health**

June 6, 2014

Date



**For the United Nations Development Programme
Mr. Richard Blewitt
Resident Representative, Trinidad and Tobago**

6/6/2014

Date

