

	Intervention Logic	OVI's	MOV	Assumptions
Overall Objective	Improved OCT medical lab information leads to improved patient management, disease prevention and control			
Project Purpose	Improved management of and coordination between, public and private labs in the CARIFORUM region leads to increased availability of high quality laboratory information.	<p>At least 75% of labs demonstrating at least 60% reduction in error in lab data by the end of project.</p> <p>At least 75% of labs meeting agreed turnaround target times for producing lab data by end of project.</p> <p>A 50% increase in client satisfaction over project based on client surveys.</p>	<p>Country specific annual QA (1) reports from all Countries.</p> <p>Annual consolidated QA report by CAREC.</p>	Health services are able to act on improved information. Health sector reform efforts are effective in increasing availability of human resources and budgets and in improving efficiency of health systems.
Results Output 1	<p>Legislation & Accreditation</p> <p>1.1 OCT medical laboratory standards and accreditation mechanism, and OCT legislation and registration schemes in operation.</p>	<p>OCT registration and accreditation model developed within 12 months.</p> <p>OCT accreditation and monitoring body operational by end of project</p> <p>All OCT participate in regional accreditation schemes by end of project</p> <p>At least 60% of the OCT have established OCT legislation for control of lab practice by end of project</p>	<p>OCT legislation documents.</p> <p>Annual consolidated QA report by CAREC.</p> <p>Regional legislation documents.</p> <p>Country specific annual QA reports from all countries.</p>	OCT authorities are willing to enforce legislation and correct poor quality services.

<p>Output 2</p>	<p>Human Resource Development 2.1 Training capacity at the OCT and regional levels in the field of medical laboratory QA enhanced.</p> <p>2.2 Public and private sector staff trained in medical lab QA in all OCT.</p> <p>2.3 Implementation of a structured management skills build program for senior staff.</p>	<p>30 Lab technologists trained to conduct QA training by end of project</p> <p>Regional distance learning programmed developed and operational in three languages by end of project</p> <p>QA modules incorporated into the curricula at of at least 70% of medical technology training institutions by end of project.</p> <p>100% of laboratory managers trained in QA by end of project</p> <p>80% of lab technologists trained in QA by the end of the project.</p>	<p>Annual training reports consolidated by CAREC.</p> <p>Country specific annual QA reports from all countries.</p> <p>Annual consolidated QA report by CAREC.</p>	<p>A demand from public and private labs for high quality training be generated and maintained.</p> <p>Public and private labs participate through cost-sharing.</p> <p>Staff is retained at work-station after training.</p>
	<p>Intervention Logic</p>	<p>OVI's</p>	<p>MOV</p>	<p>Assumptions</p>
<p>Output 3</p>	<p><u>Laboratory Management</u> 3. Public and private laboratory management improved through implementation of the Quality Assurance Programme</p>	<p>All heads of national laboratories and selected professionals from other public and private labs be trained in a structured management training programme by end of the project.</p> <p>QA Coordinators and committees functional in all 7 OCTs by the end of the project.</p> <p>At least 50% of OCT labs achieve quality targets as defined by regional standards by the end of the project.</p> <p>Over 50% of private labs have a satisfactory QA system in place suitable for accreditation according to regional standards.</p> <p>At least 75% national labs meet annual work plan targets for QA programme implementation by end of project.</p> <p>At least 4/7 OCTI labs have improved procurement and preventive maintenance programmes in place by end of project.</p> <p>All OCTI labs and 50% of public and private labs experience reduced stock-outs by the end of the project.</p>	<p>QA Coordinator appointments. Annual Training reports consolidated by CAREC.</p> <p>Minutes of QA Committee meetings.</p> <p>Country specific annual QA reports from all 7 OCTs.</p> <p>Regional surveys of private labs.</p> <p>Annual consolidated QA report by CAREC</p> <p>Annual consolidated QA report by CAREC</p> <p>Regional surveys.</p> <p>Regional surveys.</p>	<p>Laboratory budgets are adequate</p>

		30% increase in staff and client satisfactions index by end of the project.		
Output 4	<u>Regional Coordination</u> 4. Greater regional coordination and integration through the establishment of lab networks to facilitate sharing of expertise, services and information.	75% of OCT labs providing timely and reliable lab information to OCT epidemiologists and OCT epidemiologists to CAREC/PAHO by end of the project. Regional databases (lab human resources and facilities, research data, best practice report, etc) initiated by end of project. At least 80% of selected reference testing nodes meet established operating standards by end of the project. At least 30% of OCT labs involved in twinning and/or exchange programmes between themselves by end of the project.	Country specific annual QA reports from all 7 OCTs. Annual consolidated QA report by CAREC.	OCT authorities will contribute data and be willing to release staff for exchange s. OCT authorities are willing to share services for reasons of efficiency.
Output 5	<u>Operational Research</u> 5. Operations research findings utilised and influencing laboratory management and public health policy, decision-making and action	At least one study conducted by 5 of the 7 OCT labs by end of the project. Data from applied research studies – lab systems, economic, error or disease – used to influence at least one major policy change by end of the project.	OCT specific annual QA reports from all 7 OCTs. Annual consolidated QA report by CAREC.	OCT labs committed to apply results of operations research to problems they face. Governments committed to the reform of lab services.