

**AIRGRAM**

522013000/502

522013000-6/30

**DEPARTMENT OF STATE**

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PD-AAB-710-A1 5p.

AGENCY FOR INT'L DEV.  
CRM-TEL BRANCH

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TO - AID/! TO AID - ~~XXXXXX~~ A-36 X

FROM - USAID/HONDURAS

SUBJECT - PROJECT EVALUATION SUMMARY - INTEGRATED  
RURAL HEALTH SERVICES (0130)

REFERENCE - PLS No. 522-79-4

FOR: LA/DP/EVALUATION STAFF

- 1. Attached is copy of subject evaluation.

JARANILLO

Attachment - 1

RUN ATTACHMENT AS PART  
OF THIS AIRGRAM, (7/18)

PAGE 1 OF 1 PAGES

DRIFTED BY CROSSMAN	OFFICE OPCR	PHONE NO. 294	DATE 6/28/79	APPROVED BY: AD: JLo+aaa
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ADD: M. Thijslop  
ADD: L. Jansen

ADD: J. Stone

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PROJECT EVALUATION SUMMARY (PES) - PART I

1. PROJECT TITLE  Integrated Rural Health Services	2. PROJECT NUMBER 522-0130	3. MISSION/AID/W OFFICE USAID/Honduras
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>522-79-4</u>	
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION	
A. List PRO-AG or Equivalent FY 1976	B. Final Obligation Expected FY 1980	C. Final Input Delivery FY 1981		A. Total \$ 2,153,000	From (month/yr.) <u>March 1978</u>
			B. U.S. \$ 1,296,000	Date of Evaluation Review	

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
d. In negotiating further funding, support should be provided for strengthening and expanding supervision of rural health workers. (The 1979 PRO AG negotiated since the end of the evaluation period includes support for supervision).	HRD/H	5/79
Increased attention should be given to carrying out evaluations of the effectiveness of the extension of coverage program and the training carried out through this project.	HRD/H	11/79
Increased attention should be given to providing effective training to rural health workers in the development of community participation.	HRD/H	3/80
Continue efforts with purchasing office to obtain midwife equipment purchased through GSA.	HRD and Purchasing Office	

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A.  Continue Project Without Change

B.  Change Project Design and/or  Change Implementation Plan

C.  Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS (APPROPRIATE (Names and Titles))

*J. M. Stone*, Assistant Director for HRD

*J. L. Lovaas*, Project Evaluation Officer

12. Mission/AID/W Office Director Approval

Signature: *J. L. Lovaas*

Typed Name: J. L. Lovaas

Date: 6/29/79

13. Summary. This project was designed to assist the Ministry of Health to improve and expand the training and practice of primary health workers in the delivery of basic health services in rural areas. The primary health workers being trained are auxiliary nurses (training in areas of community participation, maternal child health and family planning, nutrition, basic health care, epidemiology, vaccination, epidemiological surveillance, tuberculosis, referral of patients and health information and statistics), community health workers (receiving training in basic health care, referral of patients, maternal child care and family planning, data collection and participation in programs related to vaccination, environmental sanitation and nutrition) and empirical midwives (who are being trained in maternal care, pre-natal care, birth and puerperium and the referral of high risk patients, provision of family planning services and infant care).

Of the planned training under the project, 35% of the auxiliary nurses, 57% of the midwives, and 43% of the community health workers have been trained.

In addition 3 training centers are being built or renovated for the training of auxiliary nurses. There have been many delays in the construction of the training centers but completion of construction is expected by September 1979.

Attention has been given to evaluating course graduates in the field for purposes of improving course design and improving supervision methods. Further attention needs to be given to supervision, evaluation and certain aspects of curriculum (i.e. how to encourage community participation).

14. Evaluation Methodology. The purpose of this evaluation was to measure progress against project goals, improve implementation and develop the information needed to plan the next year of the project.

The evaluation was based on AID/MOH consideration of information provided by the GOH sanitary health regions regarding training needs and placement and function of trained personnel. The MOH designed and carried out an observational evaluation of field workers by training instructors but the information from the study with the exception of some general observations was not ready for use in this evaluation. This evaluation was carried out by A.I.D. and MOH; no additional evaluation costs were incurred over those planned in the previous PRO AG.

15. External Factors. To date there have not been any major changes in the project setting. There was a change of government August 1978 however the new Ministry of Health has continued the primary health care program essentially unchanged.

16. Inputs. Training aids purchased for the three training centers have been delivered on a timely basis in order that they could be utilized early in the project for training. Midwife kits purchased for the trained midwives have been slower in their delivery. Part of the equipment purchased for midwives kits was ordered through a GSA contract in November of 1978 and still has not been delivered.

7. Outputs. It was expected that the three training centers would be operational by 1978 but only the one that was remodeled and expanded is operational at this time. The other two training centers are expected to be operational by late 1979. Contracting difficulties, which were the basis for most of the delay, have been overcome.

Training completion is as follows:

	<u>Project Goals</u>	<u>Trained</u>	<u>79 Goals</u>
Auxiliary nurses	1120	390	290
Midwives	4000	2284	600
Community Health Workers	5000	2162	500

Hospital construction has gone slower than planned so fewer auxiliary nurses are required; rural health post construction is about on schedule.

The project also provides training aids, teaching and service equipment, continuing education, educational opportunities for upgrading instructors, opportunities for improving curriculum and the means for carrying out special evaluations.

18. Purpose. The Project purpose is to increase the capacity of the Ministry of Health (MOH) to train paramedical personnel necessary to effectively deliver integrated basic health services.

By 1981, the end of this project, the MOH should have the institutional capacity to continue to train primary health workers to deliver basic health services. The attainment of outputs as noted provide both necessary materials and equipment as well as experience in evaluating, re-designing curriculums and supervising necessary to institutionalize the training capacity. We expect that these vital functions will continue after the project.

19. Goal/Subgoal. The goal of this project is improve the health of mothers and children in rural Honduras.

The subgoal is to extend basic health services including maternal child health services to the rural population by use of primary health workers. The information and statistics system of the MOH clearly indicates that the number of attentions being provided at rural health establishments has increased in the past two years.

Other donors contributing to this project: (1) the IDB which has loaned the GOH \$14,000,000 to build 243 rural health centers, 8 emergency hospitals and 2 regional hospitals. The construction of the rural health centers has proceeded at a pace to keep up with the number of auxiliary nurses being trained to staff them, however hospital construction has been delayed resulting in the present need for fewer trained personnel, (2) UNICEF provides assistance for health, education and sanitation programs for rural areas, (3) UNFPA is generally supporting the Maternal Child health program of the MOH, (4) several foreign groups are assisting in

rural sanitation and nutrition. All are important in attaining the sector goal.

Beneficiaries. The beneficiaries are the population who have access to the services of those trained under this project.

About 60% of Honduras' 3.3 million people live in rural areas. Presently approximately 45% of the total population has access to the services of trained health personnel. The completion of training under this project and posting of the trained workers in rural sites will significantly increase the size of the population who have access to such services (project beneficiaries). Construction and staffing of the approximately 450 health posts planned by 1981 will provide service access to an additional 20-25 % of the population.

21. Unplanned Effects. Not pertinent at this time.

22. Lesson Learned. The principal lesson learned in this project deals with construction. The Ministry of Health capability to carry out construction was less than originally thought. The construction phase of the project has been delayed for two years. While one of the three centers is operational the other two are not. It is now apparent that greater attention should have been given to determining MOH capabilities in this area, improving the abilities in construction or considering alternatives to construction.