

INTEGRATED RURAL HEALTH PROJECTS

522 0130  
 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) 522-81-3  
 REGULAR EVALUATION     SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING A. Total \$ <u>2,153,000</u> B. U.S. \$ <u>1,296,000</u>	7. PERIOD COVERED BY EVALUATION	
A. First PRO-AG or Equivalent FY <u>76</u>	B. Final Obligation Expected FY <u>80</u>	C. Final Input Delivery FY <u>81</u>		From (month/yr.) <u>3/79</u>	To (month/yr.) <u>7/80</u>
				Date of Evaluation Review <u>11/80</u>	

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
<u>Decisions Pending/Unresolved Issues</u>		
A. Review project funding to determine if funds can be transferred from other sub-activities/line items to the educational materials preparation budgeting line item.	John Massey, HRD/H	7/81
B. Discussions will be initiated with the MOH regarding training of village volunteers. The objective of these discussions will be to free training personnel from other duties so more training can be accomplished.	John Massey, HRD/H	7/81
C. Instructional time schedules need to be altered to enable an increase of instructor time for volunteer training.	John Massey, HRD/H	7/81
D. Completion of the midwife training evaluation.	John Massey HRD/H	7/81
<u>Lessons Learned</u>		
Given the cultural sensitivity of a program such as this, a social scientist should have assisted in the design of the training programs.		

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS	10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT
<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      _____ N/A <input type="checkbox"/> Logical Framework <input type="checkbox"/> PIO/C <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Project Agreement <input type="checkbox"/> PIO/P      _____ N/A	A. <input checked="" type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input type="checkbox"/> Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)	12. Mission/AID/W Office Director Approval
Thomas Hyslop, Chief, Health and Nutrition Division Anita L. Siegel, Project Monitor Danilo Velásquez, MD, Director Ministry Maternal Child Division Cynthia Giusti, PCR Dean Bernius, PCR John Massey, Health and Nutrition Div.	Signature: <u>[Signature]</u> Type Name: <u>Leo L. Ruelas, Acting Mission Director</u> Date: <u>6/22/81</u>

### 13. Summary

This project was designed to assist the Ministry to expand and improve the training of primary health workers in the delivery of basic health services in rural areas. The workers being trained are auxiliary nurses, community health workers (guardians, community representatives) and traditional midwives.

The following represents the number and type of staff members who have completed training:

Type	Total Trained	Original Project Target	Revised Project Target	% Orig. Trained/Target	% Orig. Trained/Target
Auxiliary Nurses	622	1120	1120	56%	56%
Community Health Workers	1861	2144	5000	87%	37%
Empirical Midwives	2159	2144	4000	101%	54%

The original project target numbers for the community health workers and empirical midwives were based on a proposed two week course. After the project started the training time was reduced to one week. Thus the revised project target numbers were doubled approximately. Over 250 additional student auxiliary nurses are currently in training so that by early in CY 1981 about 200 more auxiliary nurses will have been trained to perform MCH services in health centers (approximately 73% of project target.) During CY 1981 the full target will be reached. A United Nations Fund for Population Activities grant is providing additional resources for the training of community health workers and empirical midwives.

Construction and equipping of the three training centers are complete except for minor modification at one center and arrival of some furniture and teaching aids at another.

Most of the classes are taught by the professional and auxiliary nurses. The Department of Nursing held a seminar in August, 1980 of Community Health Workers at which time the program was reviewed. They are now in the process of revising the curriculum which will be completed in the 2nd quarter of 1981.

The major problem encountered during the evaluation period was the uncertainty of MOH priorities for implementation, all due to the change in government leadership. This led to training personnel being assigned other duties which reduced time available for training, particularly of village volunteers. With GOH personnel changes now completed, discussions will be initiated with MOH representatives regarding these ancillary duties and the need for more training time. Related was the fact that Mission health staff also changed completely during the period. Lastly, some budget shifts will be considered to insure that essential functions are adequately financed through internal shifts, additional funding should, thus, be available to cover educational material preparation.

### 14. Evaluation Methodology

The purpose of this evaluation is to measure progress against the project design. The Chief of the Maternal Child Health Division of the MOH and AID personnel participated in this evaluation summary using information generated in the project, data obtained from a village volunteer census and data from the MOH statistics department.

An AID contract was made with Susan Hearn, and subcontracted with Asesores para el Desarrollo (ASEPADE), to do an evaluation on the empirical midwife training. ASEPADE has done the field survey and is in the process of analyzing the data. The evaluation and data analysis work will be finished late February or early March and the results available in late April.

#### 15. External Factors

The project was designed and began implementation under an Administration which was firmly committed on an "extension of coverage" philosophy. This philosophy, though consistently espoused by PAHO Minister's resolutions, has occupied a lower priority in the subsequent two Administrations. The result has been that since 1978, commitment at the political level to the intent of this project has slackened; concomitant reductions in the ability of MOH technicians to implement have been observed.

#### 16. Inputs

Nearly all project inputs have been supplied. With a small amount of funds still available in the project budget, some equipment and training materials will be purchased for the unit which prepares educational materials for this project.

#### 17. Outputs

1. Training is behind schedule. The personnel responsible for training village volunteers have been assigned tasks in addition to the training activities of this project. This has slowed progress toward the revised project targets.

2. Three training centers are operational. One, however, still has some modification work to be done, and another is awaiting arrival of furniture and equipment. These centers should be completely operational shortly.

3. Curriculum has been developed and improved. Teaching materials including training aids and training manuals have been designed. The unit preparing educational materials for this project is financially limited. Additional support is needed to continue the preparation of such materials.

4. The methodology for the field evaluation of traditional midwives has been developed and pre-tested. Though observation indicated that many village volunteers are providing basic health services for which they were trained, it was decided to determine how well the trained midwife remembered what she learned and, to a lesser extent, determine how well she is applying it. The results generated in March, 1981, are now being analyzed.

#### 18. Purpose

The project purpose is to increase the capacity of the Ministry of Health (MOH) to effectively deliver integrated basic health services to all areas of Honduras. By 1981, the end of this project, the MOH will

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be able to continue training primary health workers to deliver basic health services. The outputs achieved will have included facilities, necessary materials and equipment, and the experience in evaluation, curriculum design and supervision required to institutionalize the training capability.

#### 19. Goal/Subgoal

The global goal to which this project contributes is the improved health of the Honduran population, especially mothers and children. The goal of this project is to increase and improve the basic health services, especially maternal/child health services, provided to Honduran families.

The information and statistics divisions of the Ministry of Health clearly indicate that the number of services and patient attentions being provided at rural health establishments has increased over the past two years. In addition, the number of more complicated cases being referred to appropriate facilities by volunteer health workers and midwives is increasing. Almost all auxiliary nurses trained under the project are providing services in rural health facilities. Indications are that persons trained in this project continue to extend services to increasing numbers of beneficiaries through the well-baby clinics, prenatal clinics, morbidity clinics, birth control referral services, and nutrition programs that they establish.

#### 20. Beneficiaries

The beneficiary group is the population which has access to the services of those trained under this project. About 60% of Honduras' 3.5 million people live in rural areas. Historically, about 45% of the total population has had access to the services of trained health personnel. The completion of training under this project and the placement of the trained workers in rural areas will significantly increase the size of the population with access to services.

The direct, quantifiable impact of this project on the beneficiary group will be more easily assessed with the completion of the midwife evaluation, currently underway, and the final project evaluation scheduled for CY 1981.

#### 21. Unplanned Effects and Lessons Learned

Subjective reports indicate that in a few cases some practices taught to the midwives may have been rejected by the communities in which they work. Indications are that modern, hygienic methods of child delivery have been perceived as culturally unacceptable by some communities. The results of the field survey of trained midwives, untrained midwives, and recipients of midwife services presently under review should clarify this situation. While people working on this project were good clinicians, sufficient knowledge of social standards and practices may have been lacking. A social scientist should assist in curriculum design and probably should have been included in the design of the training program.

The survey to evaluate midwife training was planned and designed by the MOH, the A.I.D. project monitor and project supported consultants. The process has been incredibly slow mainly due to changes in MOH counterparts. While some delays were expected, the resultant series of delays serve to indicate that considerable patience is required in such a process.

Follow-on in-service training efforts under the Health Sector I program will concentrate on reinforcing and increasing the skills and support of the workers trained here. Social factors will be taken into account and mass media efforts will be made to increase the level of acceptance of the workers.

The final evaluation should focus on the performance of the primary health care workers, especially the problems they face and their perceived needs for training. A survey of health workers and their clientele would be the most appropriate vehicle and future training should take survey results into account.