

CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE NUTRITION: Improvement of Maternal and Infant Diet (PROALMA)		2. PROJECT NUMBER 931-1010.01	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)	
		<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. First PRO-AG or Equivalent FY 82	B. Final Obligation Expected FY 82	C. Final Input Delivery FY 85		A. Total \$ 533,800	B. U.S. \$ 399,700
				From (month/yr.) 10/82 To (month/yr.) 12/83 Date of Evaluation Review 2/84	

B. 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
1. The Board of Directors should function as initially expected. Alternative representatives should be appointed for each institution, and representatives who do not or cannot attend sessions should be replaced. In addition, the Board must elect a President and a Secretary to coordinate activities, and the Board should be responsible for final decisions on staffing.	Project Director	Done 3/84
2. The linkage with the MOH should be strengthened. This could be done by designating a member of the PROALMA staff to work with the MOH, by pursuing the appointment of a counterpart in the MOH, and by clarifying PROALMA's relationship with the Nutrition Division.	Project Director	Done 3/84
3. Further efforts should be undertaken to educate and motivate doctors. For this purpose, a second national medical seminar for physicians should be held in San Pedro Sula, efforts should be made to reach obstetricians, current studies of infant feeding or birthing practices could be reviewed and compiled to circulate among doctors, and the Mission should be more active in coordinating its contraceptive and breastfeeding promotional activities.	Project Director and HRD/H	11/84
4. Stronger institutional linkages need to be established with the San Pedro Office so that adequate technical and administrative support can be provided:	Project Director Coordinator PROALMA, San Pedro Sula	Done 3/84

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

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

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 AS APPROPRIATE (Names and Titles)

Chloe O'Hara, Evaluator
Tom Park, Health Development Officer, USAID/Honduras

Argentina de Chavez - PROALMA, Project Director

12. Mission/AID/W Office Director Approval

Signature: *[Signature]*

Typed Name: Anthony J. Cauterucci

Date: *[Date]*

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	<u>Name of Officer for Action</u>	<u>Date Action to be Completed</u>
5. The technical advisor should be more involved in project activities, including participating in the development of educational and promotional materials, in detecting TA needs and in serving as liaison officer between AID, INCS and INCAP to get PROALMA the TA that it can absorb.	Project Director HRD/H Tech. Assistant	Done 2/84
6. Workload and responsibilities at the PROALMA's Central Office needs to be clearly defined and divided.	Project Director	Done 4/84
7. PROALMA should designate one person to handle all administrative business with AID, and AID should explain to PROALMA its administrative procedures related to vouchers and purchasing.	Project Director	7/84
8. Consideration should be given to extending the Project from nine to twelve months to complete institutionalization in four urban facilities and to develop a breastfeeding program with the MOH.	Project Director HRD/H, and S&T/W	9/84
9. Institutionalization of breastfeeding activities in hospitals and with the MOH normative divisions would be the focus of 1984 implementation.		12/84

13. Summary

The purposes of this midterm evaluation were: (1) to measure progress towards achievement of Project objectives; (2) to identify problem areas, and (3) to offer recommendations as needed. The PROALMA Project was developed to promote breastfeeding through the training of the staff of the Metropolitan Region public health clinics in Tegucigalpa and three hospitals. These hospitals were the Ministry of Health's Maternal and Child Hospital in Tegucigalpa-HMI, the IHSS hospital in Tegucigalpa, and the IHSS hospital in San Pedro Sula.

Overall, progress towards achievement of objectives has been good. One year ago interest in the medical community in breastfeeding was minimal; today, awareness and acceptance of its importance is widespread. The training of nurses and auxiliaries and for education of mothers is ahead of schedule. Approximately 90% of the hospital and clinic nursing staff of the participating institutions have received courses in breastfeeding, and breastfeeding instruction is now part of the pre-service training curriculum for health personnel. Institutionalization of breastfeeding activities and the development of norms for hospital practices are in process, although the going has been slow. Postpartum routines have improved in the hospitals to facilitate earlier mother/child contact and initiation of lactation. The Ministry of Health (MOH) has committed itself to a national breastfeeding program and has set up and staffed a division to collaborate with PROALMA staff to develop such a program. Orientation of physicians to breastfeeding has taken place with a successful national medical seminar on human lactation. More breastfeeding promotion among physicians, especially obstetricians, needs to be done in 1984.

One of the major implementation problems cited is related to the project's administrative structure. Project design called for the Board of Directors to make all major project decisions. However, the Board, which is made of representatives from the five participating institutions, was inactive during the first year of implementation. Board members usually did not attend meetings scheduled, and as a consequence the Project Director made staffing and programmatic decisions on her own. These were decisions that should have been at least reviewed by the Board. By proceeding in this way, PROALMA developed an image of being an independent entity. Related to this, the linkage between the Project and the MOH was weak; lapses in logistic support, supervision, and communication between the San Pedro Sula component and the central office have occurred; A.I.D. procurement and contracting procedures have caused delays and misunderstandings; birthing routines remain unchanged in all three hospitals; the Project has not made optimal use of the skills of its technical advisor, and more technical assistance could have been used. According to the evaluation, a renewed interest on the part of several board members in controlling the project suggests that the board could, as it should, assume a more active leadership role in PROALMA's continuing implementation. The evaluator has suggested that to facilitate a more active role for the board several changes could be effected: replacement of representatives who do not attend meetings; replacement of representatives who are not principal counterparts in their respective institutions, election of officers for the board, a fixed schedule of board meetings, and alternate representatives for each institution to assure adequate attendance. The board

should be responsible for selecting new personnel. In the future, new personnel or movement of personnel among the components should be cleared with the affected component(s). As much as possible, each component should actively participate in PROALMA's staffing decisions for its institutions.

Some confusion exists both among the Project personnel and in the MOH about what PROALMA's goals and role should be. According to the project agreement, the Project is called on to develop a national breastfeeding program. This mandate is contradicted in another section of the agreement which identifies the urban population as the target group and structures Project activities through three hospitals and the Metropolitan Region only. Pressure on the Project to expand and to provide training, materials, and supervision in areas beyond Tegucigalpa and San Pedro Sula has increased in recent months, placing the Project leadership in a dilemma. The Project staff and organizational structure are operating close to their maximum level. If a national program were to be developed, it would have to focus on setting up breastfeeding activities in the other 12 MOH hospitals and on breastfeeding promotion in rural areas, a task for which the PROALMA Project, as presently structured and staffed, is not suited. The evaluation recommends that in 1984 the Project should focus on the completion of the institutionalization objectives in the current sites and should assist the MOH develop a national breastfeeding program, but PROALMA should not be the Project to implement such a program. Pressures to expand should be resisted unless changes are made in Project design, and the required additional resources are provided.

14. Evaluation Methodology

The objectives of this midterm project evaluation were to measure progress towards achievement of Project objectives, to assess the adequacy of Project staffing and administrative structure, to assess Project linkages with other institutions, to ascertain whether the data necessary for a summative evaluation are being assembled, and to present solutions to problems and recommendations for reprogramming. The focus of the evaluation was on implementation and process rather than on impact and outcome. The methodology was based on: (1) a review of Project records, hospital records, reports, staff evaluations; (2) interviews with the relevant actors within the Mission, the MOH, the JNBS, the IHSS, and the staff of the participating institutions; and (3) field visits to the Project sites in San Pedro Sula and Tegucigalpa. The evaluation was carried out in January-February 1984 by a public health specialist who conducted a previous study on infant feeding practices in Tegucigalpa which provided the justification for the Project, and who wrote the Project's evaluation plan.

15. External Factors

No significant external factors affecting the Project were identified.

16. Inputs

A. Staffing. Several staff related problems occurred during the first year of implementation, resulting primarily from lack of consultation on the

part of the Project Director with the relevant institutions and with the Board of Directors. Procedures for dealing with those problems need to be discussed and instituted. Problem areas are related to: (1) hiring new personnel or movement of personnel among components; (2) the use of personnel evaluations to improve performance; and (3) the planning of activities by staff on a realistic basis. The evaluator has recommended that final decisions on all new staff hired by the Project should be made by the Board of Directors, based on the recommendations of the relevant institution and the Project Director. In addition, staff in all institutions need to reexamine their job descriptions, in consultation with their PROALMA counterparts. This would allow in each case to draw a detailed calendar of activities, including daily schedules. After a period of trial, these schedules should be reproduced and distributed. Counterparts and ward supervisors should be notified of any variations from schedules or calendars.

The exclusive afternoon schedule of the Project Director, who works part time and has other commitments in the morning, makes her unavailable during the morning hours, when most of PROALMA's work is done. She has been flexible with her time, but a regular morning schedule to monitor PROALMA activities, even if only one day a week, would make her more available to staff and to important visitors. The job requirements of the assistant director include too many administrative tasks, in her opinion. Her resignation in June 1984 provides the opportunity to revise the job description of this position and to replace her with a less technically oriented person.

B. Technical Assistance. The technical advisor is an excellent resource who could be more useful to the Project. Previous conflicts over her supervisory role in San Pedro Sula have been resolved. She is scheduled to spend one week per month in Tegucigalpa in order to provide closer technical guidance to the staff in the participating institutions, particularly in the area of development of educational materials. She will be given responsibility to identify needs for additional technical assistance, acting as a technical liaison with INCAP, the Mission, and with the appropriate technical resources available from AID/W.

C. Administrative Linkages with the Mission. A.I.D./PROALMA linkages are good considering: (1) the slowness of the A.I.D. bureaucracy, (2) the feeling of urgency sensed by project staff to accelerate the institutionalization of changes in the health care system which is generally a slow process, and (3) their inexperience with Mission procedures. PROALMA staff expresses frustration over their inability to make reasonable travel, procurement and personnel hiring requests, and to get a timely response. Fortunately, delays in procurement and contracting have not significantly affected progress to date. Project staff and counterparts, however, have learned not to trust the arrival dates for any materials. Administrative linkages would be improved if one member of the PROALMA staff were assigned to liaise with the Mission in this area, and if someone from AID explains regulations and processes to pay vouchers and make purchases..

D. Technical Linkages with the Mission. An awareness of the impact of the use of oral contraceptives on breastfeeding and a commitment to breastfeeding in the family planning programs supported by the Mission are weak. PROALMA and Mission family planning staff should discuss the relationships of contraceptive use and breastfeeding.

17. Outputs

(See tables in Annex)

18. Purpose

The purpose of the Project is to develop, implement, and evaluate a self-sustaining national maternal breastfeeding program with the goal of promoting the health and welfare of infants in Honduras.

A. EOP: A national policy to promote breastfeeding adopted.

ACHIEVEMENT: The MOH, through the Director General of Health, publicly supports breastfeeding and has taken the steps to set up and staff a breastfeeding section within the family planning unit of the Mother and Child Health Division. The director of the unit was appointed as a member of the PROALMA Board of Directors in April 1984, and the unit has been charged with developing a national breastfeeding policy, with PROALMA assistance. If such a policy comes from the MOH, it will by definition be institutionalized and norms will be revised to conform to it.

B. EOP: Definition of norms and routines which promote mother/child bonding and breastfeeding in the target institutions.

ACHIEVEMENT: Revision of norms has been difficult because they exist only in some wards of the target institutions. Most were written by nursing staff and simply reflect routine practice. Revision and rewriting is underway in the two Tegucigalpa hospitals, and should be completed in all three hospitals by the end of 1984. Routines in postpartum and newborn wards have improved significantly. All now encourage mothers to keep their infants in bed with them. None routinely distribute bottles of infant formula. All encourage mothers to come to newborn wards to nurse their infants and provide a room for them to do so. Changes in birthing routines have not been achieved for lack of support from the obstetricians, a group which PROALMA has not managed to reach in any institution. Breastmilk banks are supposed to be functioning by August 1984. A locale is reserved in the IHSS hospitals and one is functioning in Tegucigalpa. The locale assigned in Tegucigalpa's HMI is under dispute. PROALMA staff and their counterparts received training in breastmilk bank operations in Costa Rica. Upon their return, they will train other staff and develop norms. Electric breastmilk pumps are on order through A.I.D., but delays have resulted because of the ordering problems described in the INPUT section.

C. EOP: Preparation and distribution of educational materials.

ACHIEVEMENT: PROALMA has been very successful in distributing print materials in Tegucigalpa, but not in San Pedro Sula because materials to be sent there sat in the central office for months. The quality of these materials has improved and the staff has been resourceful in obtaining free materials from other sources. The planned resource center does not yet exist, but will be located in HMI. INCAP has provided technical assistance in how to set up such a center.

D. EOP: Health personnel trained in the theory and practice of breastfeeding.

ACHIEVEMENT: Approximately 90% of the participating hospital and clinical nursing staffs have received courses on breastfeeding. Breastfeeding instruction is now part of the pre-service curriculum for health professionals, but more complete curriculum revision is needed. Knowledge of the benefits and management of breastfeeding is now widespread among MOH and IHSS health care providers. The risks for infants of non-human milks are also more generally recognized. The national medical seminar was successful in projecting an image of scientific rigor which infant feeding had previously lacked in the eyes of the medical community. Attendance from the north was minimal and from obstetricians not at all. A second national medical seminar will be held in the north.

E. EOP: Seminars and workshops held for health personnel in other institutions.

ACHIEVEMENT: See the chart in the Annex. Progress has been satisfactory. Open commitment to run workshops and short courses on request exposes the Project to two risks. One is that staff time will be drawn away from needed work at the participating institutions. The second is that it will reinforce the notion that PROALMA can and should operate nationally. A careful review of staff time, responsibilities, and capabilities should be done on a case by case basis before agreeing to the increasing number of requests for PROALMA to conduct workshops on breastfeeding.

F. EOP: Education and counseling of mothers institutionalized.

ACHIEVEMENT: The Project is reaching over 75% of the mothers who give birth in the three participating hospitals. Mothers are given group talks or group counseling on breastfeeding promotion. In addition to oral instruction, posters are prominently displayed. Thousands of "Ama...Mas" booklets are being given to mothers.

- G. REPROGRAMMING. The major reprogramming issue is an expansion or extension of the Project. The Agreement calls for a national breastfeeding program following an initial focus on urban centers in Tegucigalpa and San Pedro Sula. PROALMA's role in assisting the MOH develop such a program must be clearly defined as soon as possible. This will clarify PROALMA's purpose with the participating institutions and will provide a framework for decisions about allocation of Project resources. The Project is currently operating under budget. Given cost projections through the life of the Project, PROALMA has sufficient funds to extend activities for nine to twelve months, depending on the level of effort. Because progress thus far has been good and accomplishments need to be consolidated, the evaluation recommends that reprogramming should focus on institutionalization and on the development of a national breastfeeding program with the MOH. The accomplishment of these two major purposes will require a no or modest cost extension of selected staff time of from nine to twelve months. The extension of the project as recommended would imply to continue with education activities up to 12/85 rather than 12/84, and to initiate essentially project monitoring activities in 1/86 rather than 1/85.

19. Goal/Subgoal

The goal of this Project is to promote the health and welfare of infants in Honduras through the development of a national breastfeeding program. As mentioned earlier, this was not an impact evaluation. Assessing the Project's impact after only 15 months of operations would be premature. Nonetheless, the chart below indicates the percent of mothers who receive some form of breastfeeding information by participating institution. An impact evaluation at the end of the Project will measure changes in infant feeding practices in several urban areas of Tegucigalpa.

Approximate % of Mothers Counseled or Instructed

Component	<u>Prenatal Clinic</u>	<u>Normal Postpartum</u>	<u>Other Postpartum</u>	<u>Growth and Development</u>
Hospital Materno Infantil	0	60% (Proalma)	80% (Proalma)	60% (Hospital)
IHSS Tegucigalpa	90% (Hospital)	90% (Proalma)	90% (Proalma/Hosp.)	0
IHSS San Pedro Sula	0	100%	90%	100%
Region Metropolitana Alonso Suazo	60%	N/A	N/A	20%

20. Beneficiaries

The direct beneficiaries of this Project are the health personnel of the participating institutions. Their capacity to plan, implement, and evaluate breastfeeding programs will be improved as a result of Project activities. The indirect beneficiaries are the women and their infants who visit the participating institutions and and who properly breastfeed. (See the charts in the previous section and in the annex for summarized data.)

21. Unplanned Effects

No significant unplanned effects have been noted.

22. Lessons Learned

- A. The purpose of PROALMA, to develop a national breastfeeding program, and its organization structure, to work through four fixed urban health facilities, are not consistent with each other. Purposes and means should have been more closely linked conceptually at the design stage.
- B. PROALMA staff unfamiliarity with A.I.D. bureaucracy was not unexpected. A formal orientation session on Mission administrative procedures at the beginning of the Project would have reduced problems and frustrations.

23. Special Comments or Remarks

None.

OUTPUT: NORMS AND ROUTINES TO PROMOTE BREASTFEEDING & BONDING

<u>INDICATOR</u>	<u>ACHIEVEMENT</u>			
	<u>HOSPITAL MAT-INF.</u>	<u>REGION METROP.</u>	<u>IHSS/T</u>	<u>IHSS/SPS</u>
1. Functioning Committee on Norms Revision	Yes	Norms must come from MOH	Yes	
2. Analysis Document	Analysis, no documents	Norms are idiosyncratic to each center and will be systematized by MOH	No norms to review	No norm to review
3. New Norms Written	For 50% of wards	Underway at MOH	Under review	No
4. Revised & Accepted	No	N/A	No	No
5. Implemented	No	N/A	No	N/A
a. Prenatal education	No*	Yes - 100% in Alonso Suazo	Yes - 100% in hospital	No
b. No drugs for normal birth	No Metergin following birth	N/A	No Metergin following birth	Hometergin following birth
c. Minimize birth interventions	No	N/A	Yes-5% of births	No

*No prenatal education in HMI as too few patients.

OUTPUT: BREASTMILK BANKS

<u>INDICATOR</u>	<u>STATUS</u>
Promote milk banks among concerned Hospital Divisions	Done
Training of staff within these Divisions	Done
Preparation of locale	In process
Functioning milk banks	Commodities needed being purchased

INDICATORS

	<u>HOSPITAL MAT-IMF.</u>	<u>ACHIEVEMENT REGION METROP.</u>	<u>IHSS/T</u>	<u>IHSS/SPS</u>
d. Lactation w/in 15 minutes of birth	No	N/A	No	No
e. Infant w/mother in hospital	12-24 hours after birth	N/A N/A	2-3 hours after births	1/2-1 hours after birth
f. No bottles for normal babies	Yes - except for glucose solution in newborn nursery	N/A	Yes	Yes
g. Mothers counselled to breastfeed on post- partum ward	60%, except on weekends	N/A N/A	Yes - 100% except weekends	Yes - 100%
h. Referral growth and development clinic	No	N/A	Yes	Yes

OUTPUT: PREPARATION & DISTRIBUTION OF EDUCATIONAL MATERIALS

<u>INDICATOR FOR HEALTH SERVICE PROVIDERS</u>	<u>HMI</u>	<u>ACHIEVEMENT REGION H</u>	<u>IHSS/T</u>	<u>IHSS/SPS</u>	<u>OFFICE</u>
Course I: Mimeo handouts on breastfeeding	8 handouts; 179 sets distributed	Same as HMI. 294 sets distributed	Same as HMI; 154 sets distributed	4 handouts 93 sets distributed	Preparation of materials (except SPS)
Course II: Mimeo handouts 5 on nutrition 9 pages average	226 sets distributed	None - No 2nd course given	233 sets distributed	56 sets distributed	Preparation of all materials
Slides & transparencies 30 transparencies: Course I 40 slides: Course II	Used for train. Used for train.	Used for train. Used for train.	Used for train. Used for train.	Used for train. Used for train.	Preparation of slides & trans- parencies; used in 15 presentations
Audiovisual sets: slides & tapes A: 70 slides & tapes B: 80 slides & tapes C: 73 slides & tapes	Used for train. Used for train. Not Used.	Used in 12 training sessions	Used for train. Used for train. Not used	Not used Not used Not used	Maintain equip. & materials; used in 25 presentations
Alimentación al Pecho (UNICEF Book) LA LECHE LEAGUE Pamphlet	5 distributed 20 distributed	10 distributed 10 distributed		12 distributed	Seminar
Handouts for medical seminar 4 pamphlets (1 from UNICEF)	380 dist'd.	300 dist'd.	380 dist'd.	200 dist'd.	520 dist'd.
Various other pamphlets	None	None	None	None	None

OUTPUT: TRAIN HEALTH PERSONNEL

INDICATORS

	<u>HMI</u>	<u>ACHIEVEMENT REGION H</u>	<u>IHSS/T</u>	<u>IHSS/SPS</u>	<u>OFFICE</u>
<u>NON PHYSICIANS</u>					
CALMA Lactation Course for PROALMA, MOH, IHSS, JNBS and SAPLAN staffs	All staff attended	All staff attended	All staff attended	All staff attended	32 hours; 35 attended all sessions
Course I: Lactation	8 groups; 10 hrs./group; 235 attended 95% professional and auxiliary nurs.	8 groups; 6 hrs./group; 253 attended 90% nurses 100% auxiliaries	8 groups; 10 hrs./group; 207 attended 80% staff	9 groups; 10 hrs./group; 87 attended 50% nurses 77% Auxiliaries	Technical and logistic support
Course II: Maternal-Infant Nutrition	7 groups; 9 hrs./group 198 people 91% professional and auxiliary nurs.		8 groups; 10 hrs./group 233 attended 90% staff (except newborn wards)	5 groups; 8 hrs./group 57 attended 40% nurses 54% auxiliaries	Technical and logistic support
National Medical Seminar on Lactation 5 days	Attendance 64% of peds. 12.5% of 16 OBs 88% nursing counterparts	Attendance 1 peds staff 0 OB 14 residents	Attendance 9 peds staff 0 OB 2 residents	Attendance 3% peds staff 0% OB 0% residents	Organization and management of seminar

INDICATORS

ACHIEVEMENT

	<u>HMI</u>	<u>REGION M</u>	<u>IMSS/T</u>	<u>IMSS/SPS</u>	<u>CENTRAL OFFICE</u>
Other Workshops and Seminars for Health Professionals	Colloquium: 10 professional Nurses	Colloquium: 20 Doctors. Mini courses to: -169 midwives and guardianes -12 Ministry of Labor staff -26 family planners -43 nursing students -100% San Felipe nursing staff -90 members of the Junior Chamber of Commerce	2 Coloquia (w/OPS): 80 health professionals	Additional Discussions: -Lectures to: 40 JNBS workers 17 midwives, 86 industrial workers, 72 mothers -2 Round Table Discussions with doctors -1 television presentation	3 mini courses 3 radio talks 1 television show

DIS
S. J. Die