

EVALUATION REPORT

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REPORT OF USAID EXTERNAL REVIEW TEAM  
ON THE LAMPANG (DEIDS) PROGRAM

Review Team:

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## Introduction

This report was prepared for the Asia Bureau's, Office of Health/Population/Nutrition in AID in response to a request from the Director of the USAID Mission in Thailand for assistance in assessing the progress to date of the Lampang Health Development Project and determining the technical and funding requirements for completion of the project evaluation and documentation.

The Lampang Project was designed as a demonstration/prototype health care delivery system. From inception the project design included an extensive evaluation component to provide inter-regional guidelines for AID's expanding programs in integrated primary health care services extension. It was realistically understood that the most important indices to be included in the phased evaluation plan could not be expected to show measurable change until the end of 1979 when all the innovative project services were in place, had achieved functional integration within the Thai health care system, and had begun to impact on the health status of the target population. The original plan provided for a seven-year project duration (FY 1975-81). Only the first-five years, which focused on implementation, were provided for in the project agreement. An extensive evaluation was indicated in the logical framework, but was not budgeted for in the original project. As the implementation phase approached completion, AID representatives advised the Lampang staff to develop a proposal to complete the evaluation called for in the original DEIDS concept. Accordingly, in September 1978, a combined MOPH/UHSPH plan and budget proposal outlining requirements for the completion of the project evaluation and documentation was submitted to AID and the American Public Health Association (APHA).

In December 1978, the Lampang Project Director was informed by AID that an external review of the project would be required to guide AID in determining the future level of support. The Project Director was also apparently informed that a decision would be reached by March 1979. (See letter - February 20, 1979, Dr. Somboon Vachrotai - Project Director, to Mr. Donald Cohen - AID Mission Director, Thailand, Ref. No. DEIDS/16/79).

Various factors delayed the formation and deployment of the external review team until mid-May 1979. In the meantime, having received in their view inadequate response from AID on their proposal and given the approaching funding cutoff date of September 1979, the Project Director expressed his desire to terminate AID involvement in the Lampang Project effective October 1, 1979. He also indicated his consequent view that the external review would therefore be unnecessary. (Letter, February 20, 1979, Ref. No. DEIDS/16/79). Termination would have precluded the completion of anything except the most rudimentary evaluation and documentation for the project, and would have rendered useless the extensive and costly preparations already completed by the project staff for an in-depth evaluation. In recognition of these facts and, as various documents clearly indicate, concerned that the original intent of the Lampang Project - to serve as a guide to future AID efforts to develop integrated low cost primary health care delivery systems and to assess their effectiveness - would be completely undermined, AID elected to continue efforts to implement an external review of the Lampang project.

A three-member team was selected with appropriate professional qualifications but without prior involvement with or extensive knowledge of the Lampang Project. Without briefing in Washington, D.C. the team commenced work in Thailand on May 14, 1979. Although minimal knowledge of the history, structure, achievements and personalities involved in the project ensured that the team arrived in Thailand free from prejudgement, several days had to be spent on background research which might have been better utilized in direct observation of the project.

#### Modification in Scope of Work

Considerable care was taken by the staff of the Mission Health, Population and Nutrition Office and other knowledgeable health care officials in Bangkok to avoid prejudicing the team before it had direct contact with the project. The team was gradually given some of the background of the Lampang Health Development Project and the request for an additional two years of support to complete evaluation and documentation. The team was also given background information to relate the project to the Ministry of Public Health structure and to the delivery of health care services

in Thailand. A brief introduction to the nature and current status of the proposal submitted by the Lampang Project made it evident that the team was actually being asked to review the current status of the project, and to help decide whether it should be supported for another two years in order to evaluate its effectiveness and efficiency. In addition, the team was being asked to express judgement on the specific evaluation and documentation activities proposed, the optimum staffing profile required to implement such activities and the level of funding required.

These questions were considerably different from those outlined in the scope of work which had been originally provided to the team. The scope of work essentially requested the team to conduct in four weeks, extensive research on the effectiveness and efficiency of the Lampang Project. This, however, was precisely what the project was realistically proposing to do during the next two years of continued observation, data collection, analysis and documentation.

It was, therefore, unrealistic to expect that a three-member team staying for only two weeks in Lampang and two weeks in Bangkok could obtain enough data and information to assess the efficiency of the project, or to identify the changes which might possibly be attributed to the introduction of this new system of health care services. Given the structure and logistical realities of the project it would not have been practical, as an example, for the team to have reviewed enough records kept by wechakorns and by health post volunteers to estimate the extent of change in the referral of patients to health centers and hospitals over a period of time.

In addition, because the project has been in full operation in one district only (Hang Chat) for two-and-one half years at the longest, and for much shorter periods in the remaining districts of the Province, measurable changes could hardly have been observed and their causes clearly identified for such gross measures of effectiveness as the crude death rate, crude birth rate and infant mortality rate.

Concerned at the apparent disparity between what the team had originally been instructed to do, the immediate needs of both the project and the Mission, and the lack of practicality reflected in the original scope of work, the

team met with the Mission Director, Mr. Donald D. Cohen and with the Chief of the O/HPN Office, Mr. Vernon R. Scott to re-examine the purposes of the external review and the way in which the team should proceed. It was agreed between the representatives of the Mission and the team members that an assessment of the proposed project evaluation plan and of the capabilities and needs of the Lampang Project staff for the proposed two year evaluation and documentation cycle was what would be of most use to AID and to the project. All parties at the meeting agreed that this approach was much more appropriate than a hasty attempt to gauge prematurely the effectiveness and efficiency of the project. They agreed that the team should proceed with the kind of investigation which would enable them to assist AID in expeditiously deciding the future of the project.

#### Activities of the Team

During the first portion of the site visit to Lampang the team was given an overview of the history and activities of the project. Extensive discussions were held with the senior members of the staff, Dr. Wilson, Mr. Rogosch, Dr. Pien, Dr. Chumnoon, and Dr. Jumroon. In addition the team was given an enormous quantity of documents relating to the past activities of the project - including quarterly and annual reports, data collection forms and procedures, reports of consultants to the project, an evaluation progress report and the proposal for the completion of the project.

While assimilating this information, the team visited a number of different types of facilities in several districts in Lampang Province. The team interviewed all levels of health workers and observed many of them carrying out their duties. Special care was taken to examine the kinds of records which are routinely kept by the various health workers. (See the attached itinerary).

The team visited Hang Chat District while the community survey team was collecting follow-up information, and later spent a day in neighboring Lamphun Province reviewing the organization and operation of the Rural Primary Health Care Expansion Project.

The remaining time in Lampang was devoted to careful examination of the documents provided the team and to

intensive discussions with project staff members on specific aspects of their work and the proposal under consideration. The team spent an afternoon with the project's Director of Evaluation, Dr. Pien, reviewing the evaluation work done so far and plans for continuing data collection, processing and analysis. The health manpower training program was thoroughly reviewed with Dr. Chumnoon in a session the following day.

A full day was spent in conference with Dr. Wilson, Dr. Pien and Mr. Rogosch to review in detail the plans for the two-year continuation of the project, including issues relating to staffing and budget.

After returning to Bangkok on May 30, the team met with the four consultants employed at the National Institute for Development Administration (NIDA) who will be collaborating with the Lampang group on data collection, processing and analysis. Team members also met with Dr. Amorn, Deputy Under-Secretary of State for Public Health to obtain his views on the potential applicability of the proposed Lampang Project evaluation and documentation to future Ministry efforts. Finally, on June 7th. the team met with Mr. Cohen of AID for debriefing, and on June 10th with Dr. Somboon and members of the Lampang Project staff.

#### Evaluation Plan Assessment

Evaluation, although a major component of the DEIDS project, was not discussed in the original project paper primarily because the evaluation methodologies for such projects were so poorly developed that specificity would necessarily have involved considerable conjecture. In consequence, one of the originally intended purposes of the project was to develop appropriate evaluation methodologies. A rough evaluation plan was prepared at the onset of the project to serve as a framework for developing survey instruments for baseline data collection. Subsequent refinements were made to improve the scope and sensitivity of the survey instruments and to evolve a more specific evaluation plan.

The current Revised Evaluation Plan of February 1979 outlines the objectives and key features of the proposed two year evaluation. In this document the evaluation objectives are broadly stated as:

"1. To measure accessibility to and acceptance of services in experimental and control areas over time.

2. To assess the performance of health personnel and the costs of the health delivery system within the existing operations and management practices.

3. To measure the impact of services on the target population's health in terms of changes occurring in baseline health status indicators over time.

4. To assess the financial, social and administrative feasibility of replicating the key features of the health delivery system of the project."

Although the specific processes needed to complete the evaluation have not been itemized in this document, the Evaluation Plan provides a conceptual framework for the formulation and development of detailed methodologies for specific evaluation activities. If completed, the multi-faceted evaluation will provide an overview of the effectiveness and impact of the DEIDS project on Lampang Province and, perhaps more importantly, will yield information on the benefits to be derived from continuing operation or replication of this health care delivery system and evaluation approach.

The team's assessment of the proposed two-year evaluation focused on examination of: (1) the intervention and control areas; (2) the quality, quantity and potential utility of the data; (3) the methods of analyses to be applied; (4) staffing; and (5) the proposed evaluation.

For evaluation purposes the project staff has divided the province into five discrete areas:

(1) E<sub>1</sub>, Hang Chat District; (2) E<sub>2</sub>, seven districts in Central and Southern Lampang Province; (3) E<sub>3</sub>, the

three remaining districts in Northern Lampang Province;  
(4) C<sub>1</sub>, Mae Tah District, reserved as a control area and,  
(5) C<sub>2</sub>, Mae Tha District, Lamphun Province, a second  
control area. (See map).

Baseline surveys done in E<sub>1</sub> in 1975 provided a useful testing ground for the survey instruments. Health care services were first available in E<sub>1</sub> and have been in full operation in this district for two and one-half years. Baseline surveys were done in E<sub>2</sub> in 1977 immediately preceding project implementation. The program has only recently become fully operational in northern districts, E<sub>3</sub>. This area is not slated to become part of the evaluation and will have no baseline or follow-up data.

C<sub>1</sub> represents a homogeneous control area for which both baseline and follow-up surveys have already been completed. Services were introduced into C<sub>1</sub> in early 1979 and, as intended, it will not serve as a control area for future evaluation efforts. Baseline data were collected in C<sub>2</sub>, located in Lamphun Province but this district has been at least partially contaminated as a control area through the introduction of health services by the Rural Primary Health Care Expansion (RPHCE) Project. This circumstance, however, may provide an opportunity for cooperative studies of the two primary health care projects perhaps using the baseline data already collected by the Lampang Project. Although no follow-up studies are presently envisioned for C<sub>2</sub> since the RPHCE project has been implemented there, such cooperative studies are suggested as one possible way to obtain maximum benefit from the Lampang project's experience with evaluation, for the further development and refinement of corresponding RPHCE efforts. Such studies should, of course, be designed and undertaken jointly by RPHCE and Lampang staffs.

The proposed Lampang Project evaluation will, therefore, include E<sub>1</sub> and E<sub>2</sub> as intervention areas and C<sub>1</sub> as a control area. As mentioned earlier, data collection has been completed in C<sub>1</sub> and will be completed shortly in E<sub>1</sub>. Follow-up surveys remain to be done in E<sub>2</sub> which should significantly improve the quality of the data by enlarging the sample area and providing a more heterogeneous

population than available in E<sub>1</sub>-the relatively small, homogeneous Hang Chat District.

The Lampang Project staff believes, and the team agrees, that it is most important to include both E<sub>1</sub> and E<sub>2</sub> in the evaluation. The data thus obtained should serve to validate findings in E<sub>1</sub>, and will produce a better sample base for possible future comparative studies with the RPHCE.

The team believes the combination of existing data and data to be collected in 1980 should provide a useful record of change in service availability, accessibility and utilization in the costs of consumption and production of health services, and in the efficiency and effectiveness of the new categories of health workers created by the project. These data are to be developed from a variety of existing and proposed surveys and studies:

(1) Community Health and Nutrition Survey - This survey was the central feature of the multi-faceted original baseline survey conducted in E<sub>1</sub> and slightly modified for later baseline surveys in E<sub>2</sub>, C<sub>1</sub> and C<sub>2</sub> and subsequent follow-up surveys. (See attached schedule of follow-up surveys). A separate child nutrition assessment conducted in 1976 was later incorporated into the Community Health Survey. The resulting Community Health and Nutrition Survey includes a broad range of information on socio-economic characteristics, health behavior habits and individual/community health status.

(2) Cost and Task Analysis These two studies are closely linked since costs are obtained for materials as well as provider time. Specific tasks performed by the various types of health care personnel can, therefore, be costed out. The cost data includes fixed as well as recurrent costs and should thus yield information on cost effectiveness and potential replicability of the project. Because the task analysis study involves observation and data collection on provider time spent in various functions, it should offer important information concerning the quality and cost-effectiveness of the various training programs carried out by the project. These studies are

particularly important because the replicability of the project will depend to a great extent on documenting the effectiveness of the training program and the subsequent performance of health workers in relation to the costs associated with manpower, their development and supervision.

(3) Administrative Analysis - Understanding the structure and process of administering and supervising the health care program devised under the Lampang project is necessary to assess its cost-effectiveness and potential replicability. This study has been designed to examine the performance of the new cadres of health workers, the adequacy of their supervision and their acceptability and responsiveness to the consumer's needs. Analysis and documentation of the administrative structure has the potential for streamlining the administrative and information gathering activities of the project. This should provide particularly useful information to both the RPHCE as well as to other countries planning or operating similar rural primary health care delivery systems.

(4) Provincial Management and Health Information System - This study segment has three parts:

a) Vital Events Monitoring, originally intended to supplement the existing civil registration system for recording births and deaths by eliciting more accurate information through the health volunteers. This study applies a simple and not particularly effective formula as a cross-check on two sets of inaccurate data. This appears to be the weakest activity in the Lampang evaluation effort, and the team sees no justification for continuing this activity in its present form. A modified approach which tests various incentives to encourage more accurate reporting might be worth exploring.

b) Clinical and Health Service Records Abstracts - This is a review of the presenting complaints of patients coming to the Provincial and District hospitals from Hang Chat. It is a simple record abstract which gives

some indication of the health problems of patients coming to the hospital. If the patient referral system of the Lampang project works, a change over time is expected in the proportional rates of complaints by severity. Simple complaints should be handled by the volunteers and wechakorns with the sicker patients being referred to the hospital. This study is economical and useful.

c) Provincial Health Service Statistics - This currently absorbs much of the attention of the Evaluation and Research Office at the Lampang Project, and allows close monitoring of the quantity and quality of health care services delivered by the project. This activity could evolve into a far more useful tool if the data were to be compiled and reviewed as part of the proposed data analysis activities. Furthermore, reports of data interpretation made in the Research and Evaluation Office should be shared with the data suppliers - the health workers - as an indication of their relative performance and for their future planning. The absence of such a return flow of information and the resultant lack of incentives for accurate reporting, continues to plague the project in common with other health reporting systems within and outside Thailand. Increased effort should be made to correct this situation.

A number of special studies have been proposed to supplement the baseline and follow-up surveys described. These consist largely of evaluations based on observation and review of health personnel records. The team agrees with the project staff that these studies are essential to a comprehensive assessment of project effectiveness and to maximize its potential for replication. The following special studies have been proposed:

1. Background Attitude and Feedback. The selection process, training approaches and training materials evolved by the project are innovative and have not yet been systematically evaluated. This proposed study focuses on assessing these aspects of the project. Specific recommendations are expected which will be applied to improving Lampang's training and to guiding similar efforts in Thailand and elsewhere.

2. Assessment of the Performance of Health Workers.

The performance of the new cadres of health workers introduced by the Lampang Project will be thoroughly evaluated in this study - the emphasis being on the quality and efficiency of the care they deliver. The wechakorn, health post volunteers, traditional birth attendants and health communicators will be interviewed and observed and, to the extent possible given existing methodological limitations, evaluated on appropriateness of diagnosis, treatment and referral. In addition a sample of health care consumers will be interviewed to help clarify the impact and acceptance of the health service providers. The specific methodologies to be used in this study are currently being developed by the project staff in conjunction with the Medical Education Unit at Chulalongkorn University.

3. Study of Roles and Relationships of Health Workers.

In 1975 twelve rural villages were selected for in-depth anthropological studies on the dynamic relationship between existing government health workers and these communities. The studies were completed soon thereafter. The proposed resurvey will reexamine the same 12 villages to compare the relationship with government health services and the project's broader and presumably more accessible services.

These special studies will complement the surveys described earlier and should provide depth to the evaluation. Given the modest cost and potential benefits the team believes these special studies should be funded.

The Lampang evaluation effort has already generated considerable data on a wide range of topics and provides a strong base on which to develop a comprehensive and high quality evaluation. The proposed evaluation methodologies appear to be well developed and in accordance with existing standards for such studies.

The major constraints involve the reliability of the data. Considerable efforts appear to have been made by the project staff to maximize the accuracy of the data through random resurveys and careful data cleaning procedures. Although

helpful, these procedures cannot guarantee any specific degree of accuracy. The data have further limitations with regard to the level of change that can be measured with the tools available. For instance, definitive changes in morbidity and mortality cannot be expected after only two and one-half years. Furthermore, these measures indicate little with regard to the quality of services provided. The focus of the Lampang evaluation is, therefore, on measuring change in those variables that will change in a relatively short period of time. Given these caveats, the evaluation methodologies and collection techniques appear to be adequately designed, pre-tested and executed and the data should be of acceptable and useful quality.

The data sets represent a wealth of information on individual components of the project and analysis of these segments is appropriate. In particular, additional benefits can be expected from analyses across data sets since much of the data are complementary. The team believes that this opportunity to expand the usefulness of the data should not be overlooked, and plans to cross-analyze the data within a single framework should be incorporated into the evaluation process.

As mentioned earlier, the existing Evaluation Plan provides a conceptual approach for the proposed studies. What is noticeably lacking at this stage, is a detailed evaluation plan which spells out the procedures and analysis expected, including rationale and priority. This is essential if an in-depth evaluation is to be accomplished in two years.

A number of consultants have participated with the Lampang staff in developing the evaluation plan and specific methodologies. Of particular note is Dr. William Reinke of the Johns Hopkins University who has played a major role. Experience with some other consultants has been less than satisfactory. Some consultant expertise will be required in the upcoming phase as the Lampang staff develops a detailed evaluation plan and later interprets the data. The team believes that outside expertise is essential.

The role of foreign technical advisors in the Lampang Project is a sensitive issue. Opinions vary widely as to their usefulness for the final phase of the project. Given these circumstances, the team has made every effort to assess both the contribution of the two American advisors and their future roles. It should be remembered that as a demonstration project Lampang was intended not only to serve Thai needs but regional and international ends as well. The team believes there is some corresponding justification for foreign technical advisors in the project and believes that one individual would be inadequate to continue the administrative management, consulting and documentation roles now handled by two. The next two years will require considerable skills in these areas as well as in project coordination, English/Thai language documentation and audio-visual script preparation. The technical advisors at Lampang complement the highly competent Thai staff. The collective knowledge and cooperative working relationships that have evolved over time could not be easily duplicated; nor could a quality product be expected should current staffing patterns be altered. For the proposed two-year evaluation competence must be complemented by previous in-depth involvement in the implementation process. This is particularly important as data analysis and interpretation commence. The team believes that replacing either of the two consultants or dropping one advisor in the second year, when the projected workload is at its peak, would seriously jeopardize the timely conclusion of the evaluation and would have a seriously detrimental effect on the quality of the output.

The two years proposed for completing the evaluation appear reasonable since past performance indicates that the project staff is responsive to the need to accomplish specific tasks by specified deadlines. The most likely bottleneck which conceivably could force an extension request would occur in the data processing phase. Whether or not this may occur is speculative and is not endorsed by Lampang staff. In the past, NIDA has experienced difficulty in meeting deadlines but the problems existing at that time appear to have been resolved. The evaluation should be achievable in two years.

The team believes the evaluation effort will be instrumental in indicating "what works" under the Lampang approach to primary health care and how such a system can be administered and supervised effectively. In addition, the system adopted and the evaluation methodology should be applicable to other primary health care endeavors. Of perhaps greatest benefit is the already noticeable enhancement of Thai skills in the areas of primary health care delivery and evaluation. The expertise now available in Thailand is impressive but would be developed further through the completion of the evaluation proposed by the Lampang Project.

In summary, The Lampang Project cannot be considered the definitive model for manpower training, organization and evaluation of integrated rural primary health care in developing countries. The team was, however, favorably impressed by the achievements of the project, and with its efforts to develop training materials and documentation to guide local, regional and international integrated primary health care expansion efforts. The team was also impressed with the project's potential as a source of "hard" evaluation data and for significant contribution to the state-of-the-art in health care manpower training and performance evaluation, delivery system organization and administration and impact evaluation.

As noted earlier, the project has, according to schedule, only recently achieved full operational coverage in Lampang province. Continued observation of the work of the new categories of health workers, of the project's organizational efficiency and durability, and the collection and analysis of performance cost and impact data should reveal some of the problems as well as benefits of such a health care delivery system. Even if the data prove to be equivocal, as they well may, given the methodological limitations and the relatively short time between surveys, innovative organizational concepts and evaluation methodologies developed by the project deserve documentation and should provide valuable guidance for future similar efforts.

AID has invested roughly nine million dollars in this primary health care project and is now on the verge of being able to assess the benefits of that investment. The evaluation proposed is crucial if AID is to grasp the significance and importance of the Lampang approach to making primary health care services available to rural people. The DEIDS project was established to guide AID's development of an acceptable and effective approach to providing basic health services on a rural level. Research and evaluation was necessary to identify the workable components of the project to be applied elsewhere. From a brief association with Lampang Project, the team believes that the project is working well; how well will only become apparent once the evaluation is completed. It would be a considerable waste of resources to drop this endeavor at this stage.

### Expected Output/Budget Recommendation

Given the remaining minor degree of uncertainty regarding the transferrable value of the project's experience to current efforts in Thailand, and the rapid proliferation of alternative primary health care delivery systems and evaluation methodologies since the project began in 1975, the team believes that the added evaluation and documentation that might be realized were the project to be funded at the initially requested high budget level would not be worth the investment. Neither is it believed the the suggested minimum budget offers adequate support for the successful conclusion of the activities discussed in the evaluation/documentation proposal. The low budget is particularly deficient in that it offers no support for the documentation essential to the successful transfer of the project's experience. It is, however, believed that with modifications the intermediate budget proposed by the project will adequately allow not only the successful completion of the ongoing evaluative work and the few additional studies which have been proposed, but permit production of a carefully selected mixture of printed and audio-visual materials. These will record the most important experiences of the project and translate and preserve for future programs the best of the project's training and evaluation materials.

The audio-visual materials viewed by the team were of good quality. With the funds available under the intermediate budget and making shared-use of audio-visual reproduction services, the Lampang Project should produce more excellent films and tapes. The team has reviewed lists of existing and tentatively proposed articles, monographs and audio-visual materials and believes that adequate documentation can be achieved under the intermediate budget.

The team recognizes that it is difficult for outside reviewers to recommend precise budget revisions in the middle of an ongoing project. It is, on the other hand, not always easy for those intimately concerned with a project to know where changes should be made when necessary for project continuation. An itemization of some elements where the team believes the expenditure could be reduced without affecting the desired output follows:

I. Consultants Honoraria, Travel and Per Diem

1. MOPH Consultants - Although recognizing that a close liaison must be maintained between the Lampang Project and the Ministry of Public Health, the team remains unconvinced that consultants from the Ministry are as necessary during the evaluation phase of the project as they may have been during its implementation. The team recommends only 3 MOPH consultant visits during the first year and 2 during the second which would save \$9,840.

2. Project Staff - Domestic Travel - in view of the relative frequency of proposed consultant trips to Lampang it is felt that 20 trips a month by project staff (10 staff x 2 trips/month) are unnecessary. It is recommended that this be halved resulting in a savings of \$25,200, including both travel and per diem.

3. International Consultants - during the team's visit in Lampang and discussions with the project staff it was recognized that Dr. William Reinke of Johns Hopkins University, has been very influential in the development of the evaluation plan. A continuing relationship with Dr. Reinke or a similarly qualified consultant is recommended to assist in the analysis and interpretation of the evaluation data. It is suggested that there be one international consultant limited to 2 visits per year. This would save about half of the budgeted amount, or \$13,080.

II. Other Direct Costs

1. Printing, reproducing, xerox and other graphic service - It is difficult to estimate such needs accurately, especially at a time when a considerable output of written material is expected. However, as the printing of the training materials and monographs are separately budgeted, these costs are believed to be excessive and a reduction by at least \$10,000 is recommended.

2. Annual Project Review - Although an annual review may have been useful during the training and implementation phase of the project it is highly doubtful that this will be helpful in the evaluation/documentation period. It is suggested that this review be limited to a single meeting at the end of the two years when the final report may be presented and

discussed - a savings of \$20,000. Time and attention should not be taken from the analysis, interpretation of data and writing of reports during the middle of the two year period.

If the above suggestions were adopted there would be a total savings of about \$90,000 (\$82,000 plus 10%). The team does not believe that these suggestions are necessarily the only places in which savings could be made, and recommends that the project staff consider carefully the possibility of other modifications.

On the other hand, the team members agree that the project staff could benefit from the addition of a person skilled in data processing, data analysis and evaluation techniques. It is recommended that serious consideration be given to locating a well-qualified Thai who could be hired half-time for the project. It is further suggested that attempts be made to convince the directors of the Ministry's Rural Primary Health Care Expansion Project to employ this person, also on a half time basis - to assist in planning and implementing the evaluation of this project. It is recognized that given the sensitive relationship that exists between these two projects this may not be acceptable to either or both parties. Nevertheless, we strongly believe it would serve a most useful liaison function if the agreement of the directors of both projects could be secured to establish this position.

Although not charged with considering possible management mechanisms for the continuation of the project, the team would like to suggest that it should be managed by a contracted agency, which would be less costly and hopefully more efficient than past management arrangements or direct management by the Mission.

### Summary and Recommendations

A research project in health care is usually designed to answer questions concerning effectiveness. A demonstration project is primarily concerned with questions of efficiency. Studies of efficiency are composed of two parts, the first dealing with the difficulties of setting a project into motion, and the second with its continuing operation. The Lampang Project should be considered a demonstration with added research

orientation. Much information has already been accumulated and presented on how to put such a health care system into operation - selection of personnel, training, record keeping and logistics. That considerable attention has already been paid to the Lampang experience is evidenced by the adaptation of elements of this health care system to other provinces in Thailand.

Among the most important lessons yet to be learned from the Lampang Project are those concerning how to keep such a system running. Continued organized observation of this health care delivery system should identify problems both in personnel and logistics that arise during the first few years of operation. It should point to ways in which they may be corrected or avoided in other projects. It should also identify elements in the program which work particularly well. To curtail this continued evaluation would lose half the value of the project. In addition, without continued observation the modest research elements in the design would come to naught. Little can now be said concerning the effectiveness of this health care training approach and delivery system. Only through collection of additional data and comparison with control districts will any notions emerge as to the impact the system has had on the health and attitudes of the rural people during its first few years.

In the opinion of the review team, it would be unwise to refuse further financial support and not attempt to reap the important benefits which can yet be obtained from the project. The team, therefore, makes the following recommendations:

1. The proposed two-year evaluation should be supported by AID at a financial level corresponding roughly to the intermediate budget submitted by Lampang. The evaluation approach is sound and the activities should be completed within two years.
2. The two full-time foreign technical advisors should be retained, but only one international consultant for two visits annually.
3. The surveys and studies suggested should be conducted as planned, except for the Vital Events Monitoring. This should be dropped unless greatly modified.

4. The project has been managed through a contract with the American Public Health Association (APHA) and a subcontract with the University of Hawaii (UH). APHA's involvement in the Lampang Project is a legacy of its original task of management and coordination of all five DEIDS projects. The role of both institutions in the Lampang project is now obsolete and alternative management mechanisms should be considered.

5. The Rural Primary Health Care Expansion project has drawn on the Lampang experience but has introduced some major modifications. Cooperative studies of these two Thai projects could highlight the relative benefits and identify effective components of each. To facilitate such studies and to assist Lampang in its evaluation, particularly the data analysis, a liaison position between the two projects should be considered. Ideally each project would finance half of the salary for the person selected for this position.

6. The Lampang project has been visited by many persons interested in primary health care. The senior staff members have devoted considerable time as hosts. During the evaluation they should be free to focus their attention on data analysis, receiving few visitors.

7. During the two-year evaluation period the senior staff should curtail outside activities to concentrate on data collection, analysis, interpretation and documentation.

8. The team was provided with copies of all papers prepared and/or presented at conferences since the project's inception. Future written materials should concentrate on documentation and analysis of the Lampang experience and be organized to minimize overlap and duplication. Much of the completed work is descriptively repetitive and contains little data analysis; as the data become available during the next two years, they should provide the focus of the documentation. The team also recommends preparation of a single document that summarizes the Lampang approach to primary health care, analyzes its strengths and weakness and evaluates its potential replicability.

Finally the team would like to urge AID to make an expeditious decision concerning the future of the project. All members of the project staff deserve this as they have been kept dangling much too long. In addition, if AID wishes the project to continue the staff should be informed before they feel compelled to accept other opportunities. If key staff members should leave, the evaluation program may have to be discontinued.

USAID EXTERNAL REVIEW TEAM FIELD ORIENTATION  
TO HEALTH DELIVERY SYSTEMS IN LAMPANG AND LAMPHUN PROVINCES

Monday, May 21, 1979

0830-1000	Lampang Provincial Health Office
1000-1130	Lampang Provincial Hospital
1130-1200	Lampang Regional Midwifery School
1330-1530	Jae Hom District Hospital and District Health Office
1530-1630	Baan Sa Subdistrict Health Center and Village Health Volunteers

Tuesday, May 22

0830-0900	Hang Chat District Hospital and District Health Office
0900-1030	Peng Yang Kok Subdistrict Health Center and Village Health Volunteers
1030-1200	Mae San Sub-district Health Center and Village Health Volunteers
1330-1430	Mae Moh District Health Office
1430-1630	Na Sak Sub-district Health Center and Village Health Volunteers and Health Committee

Wednesday, May 23

0830-1200	Hang Chat to observe survey team conducting follow-up research
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Monday, May 28

0830-1630	Lamphun Provinces-Rural Primary Health Care Expansion Project
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STATUS AND SCHEDULE OF DATA COLLECTION SURVEYS

	<u>Baseline Survey</u>				<u>Follow Up Survey</u>			
	<u>E<sub>1</sub></u>	<u>E<sub>2</sub></u>	<u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>E<sub>1</sub></u>	<u>E<sub>2</sub></u>	<u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>
1. Community Health & Nutrition Survey (CHNS)	1975	1977	1975	1975	1979	(1980)	1979	(1980)
2. Cost and Task Analysis <sup>1/</sup>	1975	1977	1975	1975	1980	(1980)	1979	(1980)
3. Administrative Analysis	1975	1977	1975	1975	(1980)	(1980)	(1979)	-
4. Provincial Management & Health Information System								
a) Vital Events Monitoring System	1975-78	*	*	*	(Annual)	*	*	*
b) Clinical & Health Services Records Abstract	Annual	Annual	Annual	*	(1979)	(1979)	(1979)	*

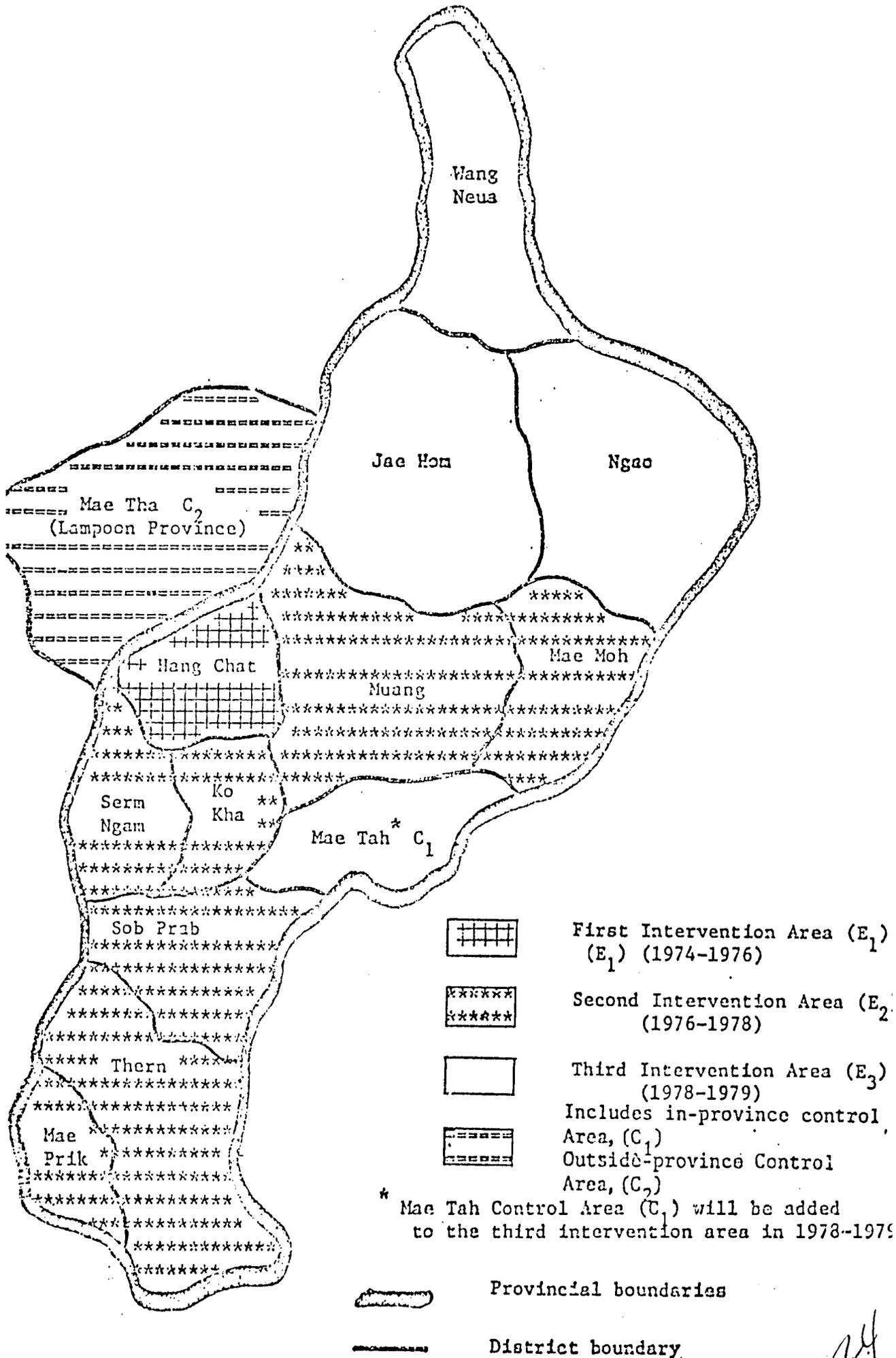
<sup>1/</sup> LHDP conducted an additional interim survey in E<sub>2</sub> during 1977.

NOTE: Dates correspond to year completed or year planned for follow up survey; circled dates indicate that activity is contingent on additional funding,

\* Indicates no surveys were intended or conducted.

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**FIGURE 2: GEOGRAPHICAL PHASING OF PROJECT IMPLEMENTATION**



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