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BASICS

Trip Report

ANALYSIS OF AIN COMMUNITY SUSTAINABILITY STUDY DATA

BASICS is an USAID-funded project administered by the Partnership for Child Health Care, Inc.

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ANALYSIS OF AIN COMMUNITY SUSTAINABILITY STUDY DATA

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Tegucigalpa, Honduras

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ACRONYMS

AIN	Atención Integral del Niño
BASICS	Basic Support for the Institutionalization of Child Survival
CLAP	Latin American Center for Perinatology
IRA	Acute Respiratory Infections
MOH	Ministry of Health
MSH	Management Sciences for Health
PINNCA	Protocolo de Investigación del Niño no Creciendo Adecuadamente
POSAIN	Proceso de Organización y Sistematización de la Atención Integral del Niño
USAID	United States Agency for International Development

I. PURPOSE

The purpose of this trip was to participate with colleagues of the Ministry of Health from central, area, and health center levels; USAID/Honduras representative Dr. Alvaro Gonzalez; BASICS Nutrition Program Consultant Marcia Griffiths; and with BASICS Honduras Technical Backstop Dr. Elizabeth Fox to review the data and information from the community-level sustainability study carried out by the MOH with BASICS' funding and technical support from Drs. Fabricio and Yolanda Balcazar.

A secondary purpose was to facilitate the process of familiarization with AIN for Dr. Marcia Griffiths in order to maximize her input into the evaluation process.

II. BACKGROUND

In 1991, the Ministry of Health, with the technical assistance of Management Sciences for Health and the Latin American Center for Perinatology (CLAP), began developing and implementing a growth promotion program originally called "Proceso de Organización y Sistematización de la Atención Integral del Niño (POSAIN)," now referred to as Atención Integral del Niño (AIN).

The activity began as a facility-based growth monitoring and growth faltering decision-making model, but quickly extended into the community level. Currently the model is being implemented in about half the health centers in the country, one to several communities per health center.

The community-level AIN model depends on one or several community volunteers who are trained to weigh all children under the age of one year in their communities on a monthly basis. The weights are then graphed onto a child health monitoring card which the mother carries with her. The child's weight is compared against its expected growth curve based on its first post-birth weight, and if it shows inadequate growth, the mother is counseled by the monitor. If, on a second visit it, is demonstrated that growth is inadequate, the child is referred to the health center by the monitor. There the auxiliary nurse applies a diagnostic tool known as the PINNCA (Protocolo de Investigacion del Niño no Creciendo Adecuadamente) to discover the cause of the growth faltering and to guide her in the development of recommendations.

CLAP and the MOH have carried out an extensive evaluation of the institutional level AIN process, but the community component had not been evaluated. BASICS hired Drs. Yolanda and Francisco Balcazar from the University of Chicago and Dr. Patricio Barriga from the Academy for Educational Development to assist in the development, field testing, implementation and analysis of research instruments to evaluate the effectiveness and sustainability of the community component of the AIN process.

The actual field work took place in December and involved interviewing mothers in AIN communities and in non-AIN communities, monitors, and MOH supervisory personnel. In addition, focus group discussions with mothers were conducted. A planned focus group discussion with health personnel was carried out as part of this consultancy and coordinated by Dr. Marcia Griffiths.

III. ACTIVITIES

Monday, February 26:

An initial introductory meeting was held with Dr. Carlos Villalobos, National Director of the AIN program, and Drs. Marcia Griffiths and Barry Smith. At this meeting, the nature and purpose of the focus group to be held the next morning with MOH staff was discussed. Subsequently Dr. Gustavo Corrales, the MSH Advisor involved in the initial conceptualization of AIN, hosted an informal discussion on the history, concept and direction of AIN with Dr. Villalobos, Dr. Alvaro Gonzalez Marmol, USAID Technical Assistance Coordinator and ex-Chief of the MOH Maternal and Child Health Division and one of the progenitors of the AIN process with Dr. Griffiths and the author of this report.

Tuesday, February 27:

The entire second day of the visit was dedicated to the focus group discussion and then to the group and plenary sessions designed to analyze the data regarding training. At the end of the day the BASICS team, Dr. Villalobos and Dr. Marmol met to review the progress made during the day and to make adjustments for the following day.

Wednesday, February 28:

The third day involved a field visit to the Flores Health Center and two surrounding communities where the AIN model is being implemented. This visit was made by Dr. Griffiths, Dr. Corrales and the author of this report. The afternoon of the third day was spent in data analysis where the rest of the group had been looking at the question of supervision. A review session was held at the end of the day with core BASICS, MOH and USAID participants.

Thursday, February 29:

The entire fourth day was dedicated to the review of the data regarding impact, satisfaction and sustainability, and the mothers focus groups. At the conclusion of data analysis the core MOH, USAID and BASICS personnel met in order to review the progress made during the day and to plan for the meeting at USAID the following day.

Friday, March 1:

The morning of the fifth day was spent at USAID with all the central-level staff of the AIN project from the Ministry of Health; Dr. Fanny Mejia, MOH Health Education Division Director; Drs. MaryAnn Anderson, Gonzalez Marmol and Antonio Pinto from USAID; Drs. Marcia Griffiths, Elizabeth Fox, and Gustavo Corrales; and the author of this report to analyze the results of the evaluation in terms of specific actions and specific additional technical assistance needs.

An agenda of the meetings is attached as an appendix.

IV. CONCLUSIONS

Field Visit

The field visit was very instructive. It demonstrated that the AIN model was working at both the community and the health-center levels within the constraints of the Ministry of Health. At the same time it suggested two serious problems: lack of early recognition of growth faltering and inadequate nutritional counseling at the community level.

During the field trip the team reviewed several growth cards. In every one of the cards it was clear that growth faltering had occurred for two to three months before there was either no weight gain one month or actual weight loss. Both the supervisory nurse that accompanied the team and the community monitors failed to recognize more subtle growth faltering that occurred prior to the more obvious weight stabilization or actual loss. Both Drs. Griffiths and Corrales believe the problem is the lack of curves to track growth progress between the 97th and 3rd percentile curves which determine the limits of the current chart. This will be discussed with the MOH.

The second problem refers to the ability of the monitors to address problems which arise. Interestingly, several of the children that suffered growth faltering were children of monitors. Although the monitors have general nutritional knowledge, they are not able to apply it in specific situations. This gets to the heart of the effectiveness of the program. Mothers and health workers must be trained to provide specific nutritional education.

Interview Data Review

(A complete analysis of the information in the study will be prepared by Dr. Fabricio Balcazar. The following are a few impressions from the review with the groups in the workshop.)

At the mother and community levels, one of the clear findings of the study is that the acquisition of knowledge about child care is one of the strongest motivators for participation in AIN for both caretakers of children and monitors. In addition, the monitors have increased social status and

contact with other mothers. They are also motivated by the satisfaction that comes from serving others and are viewed by mothers and themselves as being in leadership positions.

Health workers view AIN as serving to increase the quality of care and strengthening relationships with the community level. The initiation of AIN is very time consuming because training requires numerous visits over many weeks and months. Once implemented, however, AIN serves to decrease the workload at the health-center level because many problems are caught early and resolved at the community level.

There is also a clear difference in the quality of the community AIN process between the health centers which have been working with the AIN process for three or four years and those which have just begun. The difference is notable in the description of AIN training given by monitors which have been working in AIN areas for many years and the newer ones. Whereas all monitors identify weighing and graphing to be subjects of AIN, the monitors in the older communities also identify feeding counseling as being a central part of training, while those in the more recently introduced communities do not.

Focus Group

AIN is labor intensive to establish. The two older and more successful health areas which were represented in the workshop began with the establishment and consolidation of AIN at the health center level prior to introducing it into the community. The advantage of this is that the auxiliary nurses that are responsible for training and supervising the monitors have mastered the AIN process before they try to teach it. It appears that in some of the newer areas the AIN community and health center implementation has gone on simultaneously and has not been effective.

Everyone agrees that training of monitors should be done in the community and not at the health center. The personnel also understand that their task does not stop when training is completed, but rather that supervision and follow-up are an indispensable continuation of the training.

The two most experienced regions go about the introduction of AIN in two completely different ways. Region 2 begins by introducing classical child survival themes and skills to the monitors. They begin with immunizations and keeping the list of children which is central to both the vaccination and the growth promotion program. They then introduce IRAs, diarrheas, reproductive risk and finally, when those elements are in place, begin teaching growth monitoring and feeding. Region 5 begins by introducing weighing, charting and interpreting and moves into the other principal child health themes.

V. RECOMMENDATIONS

Training

A written curriculum for training the community monitors should be developed. This curriculum should be modular with each module lasting, ideally, a few hours. The initial training, which may take longer, should focus on weighing, graphing and interpreting. The second emphasis should be on counseling based on interpretation of the growth progress. Training and supervision should be intimately linked and, ideally, the training should be based on actual cases and not just theory. Training should be completed within six months.

BASICS should provide approximately four months of in-country technical assistance for the purpose of developing and testing the training materials.

Supervision

Supervision is key to the success of the project. Supervisory visits should be at least monthly in the first six months to one year of program implementation. The supervisory visits should coincide with weighing sessions and should be used for training and supervision simultaneously. After initial training, on-going training and supervision should be one and the same.

A monitoring and evaluation system should be established to help identify problems and orient supervision.

Sustainability

A base document which establishes the concept and vision of AIN, the role of the different levels, the tasks expected of the monitors, and the implementation, training, monitoring and evaluation process should be produced as the first step towards consolidating the AIN process.

APPENDICES

APPENDIX A

Persons Contacted

Appendix A
Persons Contacted

USAID/Honduras

Dr. MaryAnn Anderson, Chief of Human Resources Division
Dr. David Losk, Health Officer
Dr. Antonio Pinto, Project Liaison
Dr. Alvaro Gonzalez Mármol, Technical Assistance Coordinator

MOH

Dr. Carlos Villalobos, National AIN Program Director
Emelda Flores, Enf. Auxiliar
Cartaniano Rodriguez, Enf. Auxiliar
Mercedes Semund, Enf. Auxiliar
Guadalupe Contreras, Enf. Auxiliar
Mercedes Castro, Enfermera
Lidia Guadalupe Zelaya, Enfermera
Hector Miguel Rivera, Auxiliar de Nutricion
David Ramon Diaz, Medico
Elvin Edmundo Benitez, Coordinador
Concepcion Aguilar
Elizabeth Fox, BASICS
Carlos Villalobos, Jefe Proyecto AIN
Norma de Banegas, Asist. Proyecto AIN
Fany Mejía, Jefa Division Educacional
Audy Padilla Lobo, Coord. Tecnico
Noe Aruz, Jefe area #1

Wellstart

Lic. Judy Canahuati

APPENDIX B

Agenda for AIN Evaluation Workshop

TALLER DE EVALUACION CUALITATIVA DEL PROCESO DE MONITOREO COMUNITARIO DE CRECIMIENTO.

LUGAR: CADERH, TEGUCIGALPA

FECHA: DEL 27 AL 29 FEBRERO, 1996.

TEGUCIGALPA, D.C. HONDURAS, C.A.

OBJETIVO DEL TALLER.

Evaluar cualitativamente el Proceso Comunitario de monitoreo de crecimiento en las áreas de capacitación, supervisión, sostenibilidad y satisfacción con el fin de fortalecer el mismo para orientar el accionar futuro del proceso.

DESARROLLO DEL TALLER

Fecha\hr.	Actividad	Metodologia	Responsable
27/2/97 8 - 9a.m.	Inauguración del evento.	Exposición	Dra.Mirtha Ponce.
	Lectura de Objetivos. Detalles Administrativos.	Exposición.	Dr.Carlos Villalobos.
9-10a.m.	Desarrollo de grupo focal.	Plenaria	Personal Básico
10-15a.m.	Refrigerio.		
10:15-12	Revisión y análisis de información grupo focal y entrevistas en área de sostenibilidad y satisfacción.	Trabajo de grupo por región.	Personal participante y personal acompañante.
12-1 p.m	Almuerzo.		
1 - 2:30	Plenaria para exposición de conclusiones y recomendaciones para información de sostenibilidad.	Exposición por grupos	Personal evento relator.
2:30-5:00	Revisión y análisis de información grupo focal y entrevistas en el área de capacitación.	Trabajo de grupo.	Personal evento.

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DESARROLLO DEL TALLER

Fecha\hr.	Actividad	Metodologia	Responsable
28/2/97			
8-12 a.m.	Plenaria para exposición de conclusiones y recomendaciones información de Capacitación.	Exposición de relatorias.	Personal programa.
10:-10:15	Refrigerio.		
10:15-12:00	Revisión y análisis de información de grupo focal y entrevistas en área de supervisión.	Trabajo de grupo.	Personal Básico Programa.
12:00 - 1:00	Almuerzo.		
1:00 - 5:00 p.m.	Continuar revisión y análisis de información plenaria para exposición de conclusiones y recomendaciones en el área de supervisión.	Exposición relatorias.	Programa.

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DESARROLLO DEL TALLER

Fecha\hr.	Actividad	Metodologia	Responsable
29/2/97			
8:00-10:00	Análisis de conclusiones y recomendaciones generales por todas las áreas.		Plenaria.
10:00-12:00	Resumen final del taller.		Exposición.
12:00 - 1:00	Almuerzo.		
1:00 - 5:00 p.m.	Lineamientos generales de desarrollo taller comunitario.		Exposición por áreas.

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