

Reporting Office - Project Category: **DSB/HEA** *REGULAR EVAL* 2. Project Number: **931-0055**

Project Title: **Colombia Health Delivery Systems** 3. Project Number: **9310055** (4)

Key Project Implementation Dates: 5. Estimated Project Funds: **PD-AAC-509-G1**

First Contract	b. Final	c. Final input delivery	a. Total	b. To date
other implement-	obligation	(research, technical,	<b>\$1,116,000</b>	<b>\$832,00</b>
agreement	expected	training info services		
Dec. 13, 1976	FY 10/12/78	FY		

6. Evaluation Number (each reporting unit) 7. Period Covered by This Evaluation **8p**

8. Evaluation Number (each reporting unit) 9. Period Covered by This Evaluation

From	To
Month/Year <b>7/77</b>	Month/Year <b>4/78</b>

Action Decisions Approved by Office Director  
 a. Results of the evaluation, including those  
 items requiring further study. Note: indicate  
 recommended date of next evaluation; issues/  
 factors that should be examined; and whether  
 a re-evaluation is desired.

b. Officer responsible for follow-up

c. Date action to be completed

This project was evaluated in April 1978. There are no problems or issues which will delay the accomplishments of the purpose for which this project was approved. The project is on schedule and I recommend its continuation without any change in the design.

Evaluation Methodology - This evaluation is based in the analyses of the approved Project Paper, the contractor's reports (progress and annual), correspondence related to the project and reports of site visits by the project manager.

Documents to be revised to reflect decisions listed above:

Project Paper	( ) Logical Framework	10. Project Future
Financial Plan	( ) Implementation Plan	(x) Continue as programmed
Evaluation Plan	( ) P/O/T	( ) Redesign as noted above
Other (specify)		( ) Modify implementation as noted above
		( ) Terminate ahead of schedule

Signature of Project Officer: *Donald E. Ferguson*  
 Typed name: **Dr. Donald E. E. Ferguson**  
 Date: **7/17/78**

Signature of Officer Director: *Lee M. Howard*  
 Typed name: **Lee M. Howard, M.D.**  
 Date: \_\_\_\_\_

FILE

Evaluation Report

Tulane University  
New Orleans, LA

APRIL 20-27, 1978

Project Sponsor: USAID/DBS/Health

Project Title: Colombia Health Delivery Systems (PRIMOPS) - Tulane  
University - Contract #AID/ta-C-1125

Evaluation Consultant/Contractor: Irving A. Taylor *Irving A. Taylor*

Primary Purpose of Trip: The purpose of this trip was to do a field evaluation on-site both in New Orleans and Cali, Colombia of the Tulane University "Colombia Health Delivery System (PRIMOPS) Project" contract No. AID/ta-C-1125.

Background: This project had a project evaluation summary (PES) completed in July 1977, which was done in response to a request from Tulane University for an extension of ten months for the project and an additional input of \$97,000. This request, following the PES evaluation, was approved and the dollars and the extended time frame was allowed. However, one of the conditions was an on-site evaluation be done in the spring of 1978 to ascertain the progress that has been made and the future of this project.

The evaluator met with key members of the project staff at Tulane University in New Orleans on April 20 and 21st. Included were James Banta, M.D. and Thomas Akers, M.D., Dean and Associate Dean respectively of the School of Public Health and Tropical Medicine, Tulane University; Cesar Corzantes, M.D., William Bertrand, Ph.D., Carl Harter, Ph.D., and Edward Morse, Ph.D.

Earlier evaluations have described the project and its beginnings since 1972, which marks the preparation for developing the PRIMOPS program. Tulane University became involved in this project in 1974. All prior evaluations have generally received good marks, and the delays that occurred in the project were conceded to be no fault of Tulane University.

The objective of the contract is to provide coordinated technical advisory assistance to PRIMOPS to enable the analyses, simplification, evaluation and replication of maternal and childhealth and family planning delivery system being implemented in the union de vivienda popular area in Cali, Colombia.

The project goal is to improve the health status and thus the quality of life of a population of Colombia. The project sub-goal was to make primary care health services, particularly those related to MCH/Nutrition and Family Planning, available and accessible to the Colombian population at affordable cost.

The purpose and goals were to be accomplished through a series of studies which have been designed by Tulane University to evaluate the health care services. These are described briefly as follows, and in more detail later in the paper.

1a - SOCIOLOGIC/ANTHROPOLOGIC STUDY

Measurement of the Degree of Community Acceptance or Refusal of the PRIMOPS Program.

Measurement of KAP Changes over Time

Purpose: This study will validate the choices of the control areas, major community acceptance or refusal of the services offered and measure KAP changes over time.

1b - SOCIOLOGIC/ANTHROPOLOGIC STUDY

Measurement of the degree of health personnel acceptance of the PRIMOPS Program and the creation of interpersonal relationships.

Purpose: This study is intended to measure or define the roles and role structure established within PRIMOPS; acceptance of their roles and of PRIMOPS by the personnel of the project; and interpersonal relationships within the project.

2c - EPIDEMIOLOGIC STUDY

Measurement of Effectiveness achieved by PRIMOPS in patterns of morbidity, mortality and fertility indicators, by type of activity and site of delivery.

Purpose: This study will measure changes in mortality, morbidity and fertility over time in the community and control areas.

2d - EPIDEMIOLOGIC STUDY

Assessment of the effectiveness of health activities assigned to the auxiliary nurse and urban/health "promotora," compared with similar activities achieved in the traditional health programs by the physician or nurse.

Purpose: This study is expected to assess adherence of personnel to PRIMOPS norms and to assess the quality of services usually performed by physicians and nurses but delegated to others under PRIMOPS.

2e1 - EPIDEMIOLOGIC STUDY

Community Profiles of the Community and the Control Areas

Purpose: These studies are intended to provide detailed descriptions of the community and the control areas.

2e2 - COST ANALYSIS/EPIDEMIOLOGIC STUDY

Purpose: This study will determine the service costs by sub-programs. Also, by combining cost analysis data with data obtained from other PRIMOPS sources, it will be possible to calculate cost-efficiency and cost-effectiveness. It was also planned that under this project, there would be three PRIMOPS counterparts trained in health services evaluation methodology, with the training to take place both at the Tulane University and in the field.

The briefing for this evaluator, which was primarily conducted by Dr. Corzantes, was excellent and gave both a visualization of the physical arrangements in Cali as well as the pertinent information regarding the evaluation studies that are currently being finalized.

In a generally traditional manner, the Ministry of Health at the country level has full responsibility for delivering all health services in the country of Colombia. However, it is somewhat decentralized in that there are regional health services at the "state" level as well as the city health department, which controls health centers and health posts within the city of Cali. At the regional level, there are regional hospitals of 35-50 beds each and in the case of Valle, the state in which Cali is, there is the university hospital which is at the top level.

PRIMOPS, which stands for Research Program in Health Delivery Prototype Services, was begun in the city of Cali. The primary difference between this and other more traditional programs throughout Colombia is that this calls for the development of health posts which have at the supervisory level the part-time services of a nurse-supervisor from the health center; two nurse auxiliaries who are equivalent to an LPN; and three promotoros, who are primarily field oriented in that they visit the homes of the identified population and refer them if necessary to the health post or the health center. Another key to the working of the system is the independent traditional midwives of whom there are a number in the prescribed area.

The PRIMOPS effort was started with the following objectives:

1. To create a capacity to enroll 80% of the eligible population (eligible population are children under 5 years of age and women age 15-49)
2. Capacity to maintain 60% of continuous users
3. Produce knowledge, attitude, and practice (KAP) changes in health fertility reduction
4. Improve service utilization patterns
5. Reduce prevalent morbidity
6. Increase contraceptive use
7. Reduce mortality and fertility rates

The Tulane University effort is addressed at conducting a series of evaluative studies to determine if these objectives can be realized. These studies were described earlier, but the following provides more details.

1. a) Community Satisfaction - Identification of an Experimental Area and a Controlled Area. These are further identified as the experimental areas - narino ward; marino ramus ward and; union de vivienda popular. The control areas are San Judas Tadeo ward; Lleros restrefo; and ulpiano Lloredo. The controlled areas lack the health posts. Dr. Robert Weller, a sociologist from Florida University, is the primary consultant on that study.

1. b) Addresses Organization - Satisfaction of Personnel

This involved an initial interview with all personnel and a second interview at the end of the program or if the individual leaves the program. There were some problems with auxiliary nurses leaving at the beginning of the program in that they were budgeted at a lower rate than the auxiliary nurse at the health center. This was finally reconciled. Also, early on, the flow of money to the PRIMOPS project was slow in coming in from the government of Colombia, so some of the personnel were laid off. Dr. William Bertrand, a sociologist, was the principal coordinator of this study, along with Dr. Edward Morse, also a sociologist.

2. c) Mortality, Fertility, Morbidity

This was a study of a cross section of PRIMOPS users and a follow-up of felt morbidity; utilization of health care centers, regional hospitals, University hospital; frequency of prenatal service, frequency of morbidity; coverage of initial 30% of the target populations, felt fertility and follow-up; mortality (general rates); follow up of MCH deaths. Dr. Corzantes, an Ob-Gyn specialist, was the primary staff person involved with that study.

2. d) Personnel Adherence to Norms

Personnel Performance linked with Supervision; Working Capacity; Compliance with techniques and procedures; Effectiveness.

This involves a review of the tasks and training, job descriptions and performance. Another way of checking effectiveness was to review the referral sheet which is to be completed by all promotores and the backside is filled in by the auxiliary nurse at the health post. The principal staff persons or consultants were Drs. Lee Haugen and Frank Moore, Manpower Development Specialists. Thus far this study have received the least attention. Data is being routinely collected, but analysis is not being done. The study seeks to document the expected good results from services provided by auxiliary personnel.

2. e 1) The methodology for establishment of a control group.

Within the control group there is a cluster of households within selected blocks which are drawn for before and after studies. This was developed with Dr. Robert Serfling, statistician, Dr. Frances Mather, statistician, and Dr. Arnold Levin, mathematician.

2. e 2) Cost analysis at the PRIMOPS level, the health center level, and the regional hospital level and the University hospital level. (The PRIMOPS level is the health post.) This is a concern with the average cost of the family planning activity; the average cost of personnel (promotora and auxiliary nurse), per capita cost of services to eligible individuals (children under 5 and women, age 15-49), and average cost per service per residence by promotoros or per each health post visit.

It is the judgement of this evaluator that this is a well conceived project which is being conducted by experienced and competent staff persons and consultants. A considerable amount of time was spent in discussing with each

principal the potential for utilization of these studies and the evaluative techniques for ongoing AID projects or in continuing this effort in another format.

It is obvious from discussions with some of the personnel, they would like to see the team maintained intact. This would necessitate either a continuation of this current project as it is presently developed, in another country or possibly in a lesser time frame, developing a model for evaluation through the three other geographical regions of AID. A subsequent activity could then be distribution of the results of each of these to the various AID missions and health project managers to consider the possibility of utilizing these evaluation techniques and approaches where AID health delivery services projects have been undertaken. Should any require additional assistance, consultants from Tulane University could be called upon for short term consultation.

Progress to date: The project is on schedule, given the extension of ten months, and a final report should be in the hands of AID sometime in October of 1973. Studies 2a, recommendation of evaluation strategy, and 2b, which was the establishment of the methodology for the control group were the first completed, and data for the other studies have been all retrieved and are now being tabulated and processed. Some of this is being done at the Tulane University Computer Center and some at Cali.

The Format for the final report has been developed and will be as follows:

1. Preface
2. Acknowledgement
3. Introduction
4. Part I - Historical Development of PRIMOPS
5. Chapter 1 - Historical Development of PRIMOPS
6. Chapter 2 - Description of PRIMOPS
7. Chapter 3 - Global Approach to External Evaluation Studies
8. Part II - External Evaluation Studies
9. Introduction
10. Study 1a  
Study 1b  
Study 2c  
Study 2d  
Study 2e1  
Study 2e2
11. Each study will have 4 chapters as follows:
  1. Methodology
  2. Results
  3. Discussion
  4. Conclusions
12. Recommendations
13. Summary
14. Appendices
  1. Full detail on protocol for each study
15. Study results per se

3. Another concern registered by the Dean of the Tulane School of Public Health and Tropical Medicine was over the fact that some of the core staff on this project were individuals without tenure at the University who have to be dropped from the University roles if other means were not found for their services. I explained that while we are sympathetic to the potential loss of good people by the University, it was not within the purview of AID to be involved with their future careers.

#### Recommendations:

All of the prior discussion is indicative of a project that is on course and is highly favorable to the efficiency and good management of this project. The final report is in preparation and will be received by the target date. From a review of the proposed material in that final report, there is every indication that it will be valuable to USAID in its future efforts, and that this will have been a worthwhile project. The recommendation is to support it through its terminated date and build upon the evaluation methodologies and techniques that have been developed through this contract.

The Tulane University group, through its School of Public Health and Tropical Medicine, has demonstrated a capacity which it is desirous of keeping, and AID should carefully assess the potential for utilization of this capacity. As stated earlier, one suggestion might be to apply the evaluation methodology which has been developed in this contract to individual IDCs within each region for their health projects. There would undoubtedly be assistance required at missions where the evaluation methodology is being applied and the consultative capacity of the Tulane University group could be utilized for short terms, such as one to three weeks, to assist mission personnel in implementing the evaluation methodology for their individual projects.

The meetings in Cali were in the company of Dr. Banta, Dr. John Walsh, Chancellor of Tulane University Medical Center and Dr. Sheldon Hackney, President of Tulane University. Also present for all meetings in Colombia was Dr. Ramiro Delgado, Director of the project. A list is attached of all individuals who were contacted and spoken to. A series of meetings was held with principal staff of the Universidad del Valle, the Ministry of Health of Cali, and others in the Cali area. Additional meetings were held in Bogota with the Minister of Health, the Vice Minister of Health, the Minister of Education, and the Vice-Minister of Education. Much information was gained during the course of these meetings and this is documented in the attached material. The project in the eyes of most individuals is progressing well and is being replicated in a number of other areas in Colombia as well as in other Latin American countries, notably Peru, Venezuela and Honduras.

Meetings were also held with AID personnel in Bogota.

Dr. Jaime Rodriguez, Project Director for the Universidad del Valle was most impressive in his dedication and knowledge of the project and the primary health care system PRIMOPS represents. He spoke of a continuation of this model to include the adult population as well, in a setting close to Cali, which will be funded by the Kellogg Foundation. He was hopeful the particular evaluation studies which have been developed in this project could be continued for another two to three year period for PRIMOPS in order to verify the validity of the evaluation techniques and of the data. This theme was echoed by most of the other University and government officials with whom we met but on behalf of A.I.D., my response was consistently as follows:

"If this project and the evaluation methodology developed through it is valid, then it is in the interest of the Government of Colombia, through its research and evaluation division within the Ministry of Health, to pursue the utilization of the methodology on its own. The largest costs have been assumed by the project during the course of development of the methodology and now in the implementation phase, the costs should be minimal and could be budgeted within the Ministry of Health to be carried on."

This suggestion that the government of Cali could independently continue to do this at first seemed to bring forth a questioning, sort of un-believing response, but this evaluator definitely had the feeling, toward the conclusion of the meetings, that serious consideration will be given to this and that it is well within the capability of the government of Colombia to assume this independent activity on a continuing basis.

Visits were made to the PRIMOPS facilities, as well as touring the general area. While it is premature to speculate on the results of the evaluation studies, an impression is that the PRIMOPS approach is a valid one; that the government of Colombia is extremely interested in expanding it throughout the rest of the country; that the use of allied health personnel such as promotoras and auxiliary health nurses is acceptable to the government of Colombia.

The knowledge, capability, dedication, and effectiveness of all the persons connected with this project is readily apparent and it is to the credit of the Tulane University and the Universidad del Valle and the officials of the government of Colombia for their selectivity in the designation of the individuals who are implementing the project.

Visits were also made to the Tulane University International Center for Medical Research and the Foundation for Higher Education. These are not relevant to the subject evaluation, but do represent resources in Cali for future consideration.