

IDENTIFICATION DATA

A. REPORTING A.I.D. UNIT:

AID/Burma

(Mission or AID/W Office)

(ES#)

B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?

yes skipped ad hoc

Eval. Plan Submission Date: FY 87 0 3rd

C. EVALUATION TIMING

Interim final ex post other

D. ACTIVITY OR ACTIVITIES EVALUATED (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report)

Project #	Project/Program Title (for title & date of evaluation report)	First PROAG or equivalent (FY)	Most recent PACD (mo/yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
482-0004	Primary Health Care II	Final Evaluation 1983	6/89	9320	9320

ACTIONS

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

Training

Action(s) Required

1. Assess the appropriateness of competency-based training methodology for training of peripheral health workers. If evaluation recommendations seem justified, prepare a TA and training plan for presentation to DOH.

2. Encourage the DOH to develop limited scope nationally standardized (locally articulated) job descriptions for CHW's.

3. If appropriate based on findings in paragraph 1 above, develop with the DOH a new competency-based modular format training curriculum for use in training VHW and BHS workers including training in health education skills.

Health Education:

4. Assess evaluation recommendations and, if appropriate, encourage a decision by the DOH to develop simple, inexpensive and easily reproducible health education materials for use by VHW's and

(Continued on following pages)

Name of officer responsible for Action

Date Action to be Completed

Carlaw

6/88

Cowper

10/88

Carlaw

3/89

(Attach extra sheet if necessary)

APPROVALS

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION: mo 9 day 20 yr 87

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

Signature Typed Name	Project/Program Officer	Representative of Borrower/Grantor	Evaluation Officer	Mission or AID/W Office Director
	Larry Cowper	Dr. U Ba Tun	Terry Barker	Earl J. Young
	Date: <u>6/87</u>	Date: <u>26/11/87</u>	Date: <u>10/6/87</u>	Date: _____

<u>Action(s) Required</u>	<u>Name of Officer Responsible for Action</u>	<u>Date Action to be Completed</u>
BHW's and reduce the production of limited numbers of expensive multi-colored materials in the QCCS project. If appropriate, seek DOH agreement for revision of these project components.	Carlaw	10/88
5. Encourage reorganization of the Central Health Education Bureau (CHEB) to provide greater support to frontline VHW and BHS workers.	Carlaw	10/88
6. In coordination with the DOH, develop and promote more efficient procedures for selection and approval by the GSRUB of participant training candidates. Initiate action to assure early identification and nomination of QCCS participants.	Cowper	10/88
<u>Supervision and Management:</u>		
7. Develop with counterparts a management plan for a revised BHS supervisory system including a number of VHW supervisors (and township staffs) adequate to permit adequate supervision and on-the-job training of the expanding number of VHW's.	Carlaw	6/88
8. a. Initiate with counterparts through research on existing successful supervisory and managerial practices in the BHS system specific operating policies, procedures and formats;	Carlaw	2/89
- b. Develop in the form of reference manuals guidelines for management and supervision at township, RHC, Sub-RHC and village levels; and	Carlaw	2/89
-- c. Encourage use of these manuals for on-the-job reference and as curriculum content materials in a competency-based training program.	Carlaw	2/89
9. Encourage the DOH to revise job descriptions of managers and supervisors to give greater emphasis to management and supervisory functions.	Cowper	10/88
10. Encourage regular periodic refresher training of managers and supervisors at peripheral levels of the health system.	Cowper	10/88

<u>Action(s) Required</u>	<u>Name of Officer Responsible for Action</u>	<u>Date Action to be Completed</u>
<u>Information System</u>		
11. Though AID/Burma (and Westinghouse demographers) believe the evaluation team's criticisms of the new HIS activity are unfounded, the specific points of criticism deserve serious investigation. Carry out a review with HIS counterparts not only of the health information system data elements and their utility, but the time and costs involved in the collection, processing and analysis of the data.	Carlaw	10/88
12. Evaluators say the information needs of the States/Divisions and central office can be met through quarterly and annual forwarding of selected data on a limited number of indicators (e.g., 10-12). Additional data that is needed periodically or infrequently could be obtained through special surveys (including rapid surveys). The DOH should support the development of standardized rapid surveys in priority PHP areas, for example, EPI/UCI, ORT/diarrhea, growth monitoring/nutrition, environmental health/latrline construction, malaria, and performance of CHWs and AMWs.		
Consider with the DOH this alternative approach before investing more resources in the development of the HIS being tested in Pegu.	Cowper	10/88
<u>Research and Evaluation</u>		
13. Assure that the Monitoring and Evaluation System described in the QCCS Project is updated as necessary and implemented.	Cowper	10/88
14. Encourage the DOH to build institutional arrangements permitting: (a) commissioning of research studies into VHW performance, (b) the execution of regular surveys to measure the impact of the PHP on health, and/or (c) initiation of studies on operational problems in training, the use of volunteers, and community financing of PHC.	Cowper	10/88

H. EVALUATION ABSTRACT (do not exceed the space provided)

The overall conclusion of the Evaluation Team was that PHC II was effective in training, equipping and deploying additional VHVs. As with PHC I, the project met its principal quantitative goals but the quality of CHW performance, training, supervision, health education, information system and research and evaluation was not adequate, particularly given the specific emphasis this project was to give to improving quality.

The overall recommendation of the Team is that AID continue it's assistance to the PHP, and that it continue to help the DOH find ways to improve the quality of services, training, and supervision. Support should continue also for development of an effective information system and the development of a viable research and evaluation capability.

ABSTRACT

I. EVALUATION COSTS

1. Evaluation Team Name	Affiliation	Contract Number <input type="checkbox"/> TDY Person Days	Contract Cost <input type="checkbox"/> TDY Cost (US\$)	Source of Funds
Jack Reynolds	PRICOR/FPOR-Asia	26		PRITECH
Ernest Petrich	Sevin Group, Inc.	18,		PRITECH

COSTS

2. Mission/Office Professional Staff Person-Days (estimate) 20

3. Borrower/Grantee Professional Staff Person-Days (estimate) 28

A.I.D. EVALUATION SUMMARY PART II

J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided)

Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office AID/Burma Date this summary prepared 9/15/87

Title and Date of Full Evaluation Report. End of Project Evaluation Primary Health Care II (482-0004

This summary focuses on qualitative issues of priority interest: Village Health Worker (VHW) performance, training, health education, supervision and management, information systems, research and evaluation, participant training, technical assistance and the new Quality Care for Child Survival (QCCS) Project.

Quantitative achievements and details on qualitative performance are discussed in the report (see chapter 3).

Overall evaluation: The project met it's quantitative goals in terms of coverage and pre-service training of VHWs; but the quality of Community Health Worker (CHW) performance, training, health education, supervision, information system, research and evaluation were not adequate and remain problems. Commodities were adequate but a significant amount had still not been procured by the end of the project in June, 1987. Technical assistance and participant training were delayed and constrained, and were not as effective as they could have been. AID support should continue, but the emphasis should be on improving the quality of VHW training, supervision, support and performance; and AID should continue to help the Department of Health (DOH) develop effective information and evaluation systems.

Village Health Worker (VHW) Performance: Coverage appears good quantitatively but varies significantly from area to area. Auxilliary Midwife (AMW) performance appears very good, Community Health Worker (CHW) performance may be declining, but it is hard to judge because of the lack of reliable data and also, performance varies depending on incentives, VHW characteristics, local economies, health needs, etc. VHWs appear to continue to emphasize curative over preventive care.

Recommendations: Concentrate on CHWs, redesign job descriptions to be based on: 1) a core set of tasks for all CHWs; and 2) optional tasks depending on local needs. Acknowledge that the CHW concept will work well in some areas but not in others (because of incentives, the economy, health needs, etc.). Identify and study options for those areas where the basic model is not viable.

Training has been quantitatively impressive, but uneven qualitatively. AMW training appears much stronger than CHW training for a variety of reasons: AMW selection is better, their training is task and skill-oriented, it is longer, they receive better supervision and in-service training.

Recommendations: CHW training is based on an inappropriate strategy of academic, top-down, train-the-trainers approach which dilutes curricula and methods. What is needed is a more structured, skills-oriented curriculum which is developed first and then trainers are taught to use it in training VHWs. Technical assistance will be required to design and implement this approach, and the Burmese will need to receive extensive training in this more appropriate training technology, referred to as "competency-based".

SUMMARY

Health Education materials have been unavailable to VHWS, and there has been no skills training of VHWS in effectively communicating health education messages.

Recommendations: Give high priority to producing simple, reproducible, inexpensive materials for VHWS - rather than multi-color or TV materials, e.g., Provide competency-based training in health education materials development and in communications skills so that VHWS learn how to communicate health education messages.

Supervision and Management remain the weakest program components. TMOs have little time for supervision and there are not enough PHS-II to supervise the CHWs. No guidelines or curricula have been developed, and no training has been conducted.

Recommendations: provide more PHS-II's to supervise CHW's and appoint Senior Health Assistants (HAs) to supervise at the township level; conduct operations research on alternative supervision schemes, produce guidelines for township, Rural Health Clinic (RHC) and village levels, rewrite job descriptions on supervision, design training curricula, conduct training in supervision for township, RHC and Village People's Council (VPC) officials, and evaluate results.

Information System development under PHC II has been inappropriate and should be discontinued. The approach is conceptually, methodologically, and technically flawed. It is also economically unfeasible.

Recommendations: Redesign the current Health Information System (HIS) to be a decentralized (township, RHC), flexible, manual system. Provide basic training and instructions for local analysis and utilization of collected data.

Research and Evaluation appear to have been undertaken by a number of individuals under PHC II. Approximately 10-12 studies on relevant topics were conducted. However, only one of these could be located by the Evaluation Team, thus no assessment of their quality and utility was possible. Unfortunately, an evaluation system has still not been designed, and it is still not possible to assess the impact of the project on health, to assess VHW performance, to identify and analyze project problems or to develop and test practical solutions to operational problems. The Rapid Survey and Operations Research workshops are steps in the right direction, however.

Recommendations: Develop an evaluation system, set priorities among research and evaluation topics, provide training and technical assistance in applied research and program evaluation.

Participant Training: Quantitative targets were not met due to delays in processing applicants. The project was extended to permit completion of scheduled overseas training. In-country training was an acceptable alternative for courses in entomology and MCH.

Recommendations: There is a great need for advanced training in public health and support areas (supervision, training methods, research and evaluation). Unless Burma can develop an internal capability for this type of training, it will have to rely on training abroad. In-country, short courses in specific topics should be developed, but should not be considered a substitute for long-term educational development.

SUMMARY (continued)

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XXXXXX
XXXXXX

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)

ATTACHMENTS

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

This report provides an objective, critical assessment of the achievements of the Primary Health Care II Project. The evaluation report prepared over the period of April-August 1987 on the Primary Health Care II project has been carefully reviewed in AID/Burma and discussed in depth with the concurrence officer of the Department of Health, Government of Burma. The strength of the evaluation is that it provides both specific criticism and specific suggestions for remedial action. We have begun to address some of the issues raised in the report.

In planning this evaluation it was unfortunate that none of the U.S. principals (Health Development Officer, Contractor Chief of Party) were present in Rangoon. By attempting to be sensitive to Ministry of Health schedules and by trying to coordinate this evaluation with the TA contractor's own end-of-project assessment, we failed to link the knowledgeable in-country USDH and contract health specialists into the actual field evaluation process. The result was that the evaluation team was not provided with some basic information and feedback necessary to the evaluation.

Some of the reports findings, particularly the criticism of the proposed new health information system, indicate what we believe to be basic misunderstandings or simply a fundamental disagreement with the project TA contractor's rationale and approach. Though we remain open-minded about the issue and will carefully review the recommendations with Burmese counterparts both in Rangoon and in the field; we support the approach taken in the project by the TA contractor. We believe that the evaluators overstated their case. In doing so, they attributed little credence to the work of experienced, intelligent, serious, and knowledgeable experts. We attribute this to a different philosophical view of how a proposed health information system should be initiated and a lack of opportunity to interact with the people involved in the design of the system.

We, the DOH, and a Westinghouse demographer we asked to review the issue, believe that the evaluators did not balance this evaluation through scientific comparisons of their approach with the approach used in the proposed new health information and failed to indicate that much of their criticism of the new system derives from personal professional perspectives on major debates in the health community about data collection, i.e., vertical or integrated, and relative need for

MISSION COMMENTS ON FULL REPORT

information at various levels. These important factors were not discussed:

(a) The new data collection system is basically a sampling system. Only a random sample of communities and auxiliary midwives will be asked to provide data. The old system is comprehensive as every health worker reports on a large number of items which takes massive amounts of time from the service functions.

(b) Under the old system, independent, vertical health programs (malaria, leprosy, etc.) levy independent reports on rural health workers, so almost all the health workers turn in several different reports each month. The sum of these reports is far greater than the single new report proposed, but obviously will not be as useful epidemiologically. However, the new system will indicate trends of disease patterns upon which decisions can be made.

(c) Everyone recognizes that the current pilot project questionnaires require too much time. The evaluators discount the possibility that the questionnaires will be reduced, but the DOH recognizes the problem and is planned to cut the questionnaires down. We are engaged in dynamic process and the DOH is carefully reviewing each step in order to produce a useful field tool.

We specifically focussed the evaluators on the information systems because: (1) there is so much information gathering and analysis work going on in Burma that we wanted to assure that our work was coordinated with other departments and agencies; and (2) we believed that we needed an outside expert view of what was becoming, in our view, one of the most important successes in the project. Though we now have been given the contrary view of the effort, we do not feel enlightened. We are not more comfortable or confident of the project's approach, but we are not at all convinced that evaluation criticisms of this important component are correct. The issue will be the subject of further review.