

PERO

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EVALUATION OF THE PROGRAMME OF INTEGRATED SERVICES

FOR CHILDREN IN THE REGION OF PUNO

(UNICEF - ORDEPUNO)

PRELIMINARY REPORT

- I - SUMMARY OF THE EVALUATION OBJECTIVES AND METHODOLOGY
- II - PROGRESS IN THE EVALUATION OF THE THREE AREAS OF STUDY:
 - 1.- Experimental Pilot Project on Non-Formal Initial Education (PROPEDEINE)
 - 2.- Extension of the Coverage of Health Services
 - 3.- Project on Agro-Food and Nutrition Extension (PEAN)
Project of Applied Nutrition (PNA)

Lima, July 1981

PRELIMINARY NOTE

The PROGRAMME of integrated Services for Children in the Puno Region has been under evaluation since March of this year and it is expected that study will be completed by mid-September. As a result, this document furnishes preliminary information which may be reformulated when the job is finished.

As will be stated in taking up the work methods, those results that may be obtained will be based on the processing and analysis of field information. The field work, which has taken two months, only came to an end on June 15th and most of the data collected have not yet been processed.

I. SYNTHESIS OF THE DESIGN OF THE EVALUATION OF THE PROGRAMME OF INTEGRATED SERVICES OF THE PUNO REGION (PROSIRP)

I. 1 Presentation

- Since 1973 UNICEF has been assisting in the execution of various projects in the Puno region, which are directed toward bettering the standard of living of the family, children and young people in the department of Puno.
- As of August of 1976 the Committee for the Development of Puno (COMDEP) has been operating as the coordinating unit for these actions.
- Currently the actions are being performed in accordance with the general agreement signed by the Peruvian government and UNICEF for the execution of the National Programme

of Basic Services for Children (PRONASEBI) and the specific technical cooperation agreement between the regional agency for the development of Puno (ORDEPUNO) and UNICEF.

This latter agreement, which will be in effect until June of 1982, provides for the execution of the Programme of Basic Services for the Children of the Puno Region (PROSIPI) and sets forth the following as the general objective:

"improvement in the levels of attention of the social services and those of environmental sanitation, with the family and the community taking part in the extension of those services and in the training activities."

This joint UNICEF-ORDEPUNO-COMUNITY undertaking will be performed as follows:

- as an action to complement the projects to enlarge the production base and the social projects, primarily in the microregions which have been given priority by ORDEPUNO.
- to strengthen the integrated nature of the programme and of the training actions aimed at bettering qualification for production activities.

The general framework of the programmes includes:

- a.- advisory and support activities
- b.- basic projects

The former are concerned with training, planning and statistical tasks, and the basic projects (those which make it possible to enlarge the coverage of the services at the community level) cover actions in the following areas:

- Health, water provision, environmental sanitation
- Attention to mother and child
- Education
- Nutrition

This series of actions is performed within the general strategy indicated in the agreement between the government of Peru and the United Nations Children's Fund (UNICEF) for the execution of the PRONASEBI; it is based primarily on community participation and the integration of services aimed at initiating active processes in the communities whereby a development dynamic is created and maintained.

I. 2 General Objectives of the Evaluation*

- The evaluation of the Programme of integrated services for children in Puno and of the results of the programme's action up to March 1981; it is directed toward verifying the following:
 - The effectiveness of the chosen strategy and, as a result, the possibility of extending and/or reproducing this kind of programme.
 - The improvements in the living conditions of the people, brought about by the actions of the programme.

I. 3 Specific Objectives of the Evaluation

The determination of these specific objectives is linked to the type of results that UNICEF expected to obtain from the evaluation of the programme.

* For further information on the objectives of the evaluation (general and specific) refer to the "Design of the Evaluation of the Programme of Integrated Services in the Puno Region".

As was noted in the description of the programme, it has been operating in the zone, with organisational differences, for 7 (seven) years; during this period a series of components or sub-programmes have followed one another, with the below cited remaining constant:

- 1.- Initial Education (PROPEDEINE) Wawa Wasi/uta
- 2.- Extension of the coverage of the Health Services
- 3.- Programme of Applied Nutrition and of Agro-food and Nutritional Extension
- 4.- Actions to support Planning and Statistics

In the case of the first two components, reports on goals and the extension of coverage, as well as their continuation over time, make it possible to deduce that they have been well received by both the government and the community; this would lead one to consider that they are likely in the process of being firmly established. A familiarisation with the experiences in regard to the two would also provide the basis for a possible reproduction of this type of activity in other areas.

As regards the nutritional programmes (N°3), although the preliminary reports on goals and organisational problems show that there have been difficulties in their execution, the region's indicators demonstrated the pressing need to find solutions to the food problems.

Accordingly, it was decided to establish as the pivotal points for the evaluation, the activities of the three sub-programmes cited and then to assess the way in which the advisory and planning actions influence these basic actions.

General evaluation objectives are assigned for each of the sub-programmes in accordance with their characteristics and degree of development, to with:

SUB-PROGRAMMEOBJECTIVES OF THE EVALUATION

PROPEDEINE

(Wawa Wasi/Uta)

To assess the progress made by the project, its effects on attaining the behavioural objectives in the child and in his bio-psychic social development and the impact of the project as a whole on teachers and promoters, parents and the community.

Extension of
the coverage
of the health
services

To identify the changes brought about by the action of the project in the people's state of health. To measure the quality and coverage of the health services obtained through the project's execution.

PEAN-PNA

(Nutrition)

To analyse the changes created in the appropriate technology and eating habits by the project. To study the harmonisation of resources, activities and strategy needed to obtain the expected results.

I.4 Organisation of the Evaluation

The evaluating team is made up of four people: A psychologist, who programmed and is performing the evaluation of the PROPEDEINE; a doctor, who designed and is evaluating the health programme; an agricultural specialist engaged in analysing the nutritional programmes, and a general coordinator.

In February of 1981 these specialists visited the programme area and later submitted an outline of the evaluation of their respective fields of study. These three designs indicate the need to make a field investigation in order to attain the proposed objectives.

This field work was planned on the basis of the preparation of a sampling of communities in keeping with the following elements:

- a. - That it was necessary to know the real coverage of services; to this end a sample would have to be prepared which would include communities throughout the entire department of Puno.
- b.- That it was advisable to find out what impact the programme had and was having, basically in those communities where the three sub-programmes were being carried out together.

As a result the preparation of the sample took into consideration the criteria of regionalisation drawn up by the experts responsible for the planning actions of the programme and it was sought to include in the sample communities from the three geographic areas of the department:

- the area around the lake
 - the hillside and high plateau area and
 - the jungle fringe area
-
- Elements of a cultural-linguistic nature were included in an attempt to have the representation of the Quechua and Aymara communities.
 - Communities were selected which corresponded to the spaces marked out as microregions; the 14 microregions of the department were covered, with greater representativity being given to those in which the programme operates as a pilot project.
 - Those communities in which - according to prior information from the sectors and the coordinating office - educational, health and nutritional actions had been implemented, were given priority.

In this way the field work was concentrated on the analysis of the programme's impact on 35 communities of the department which correspond to the two cultural linguistic areas, the three geographic zones and the 14 microregions marked out.

The field work was performed by the three UNICEF specialists with the assistance of technicians from the educational, health and agricultural sectors. It was completed on June 15th and at this time the samples obtained are being processed.

I. 5 Instruments for the Evaluation of the Programme

Instruments were prepared for the collection of information from which to obtain the necessary data; these make it possible to:

- 1.- Clasify the communities and areas in which the programme operates, according to their production activities, access to services and economic and social demands.
- 2.- Be informed of the kind and quality of the training of the promoters of the community and of the adjustment of this training to the strategy taken on by the programme.
- 3.- Verify the organisational harmonisation of the programme and of the sectors involved in the execution.
- 4.- Interpret the impact of the programme on the community on the basis of its participation in, and acceptance of, the activities performed.
- 5.- Check the results obtained through the programme's action (basically in regard to the PROPEDEINE).
- 6.- Determine the usefulness and operational quality of the resources and of the equipment for the performance of the activities.

II PROGRESS IN THE EVALUATION OF THE THREE AREAS OF STUDY

II. 1 Presentation

The following reports should be considered a first approach to each of the three projects covered in this evaluation.

These first reports are the result of a preliminary analysis of the information obtained in the field and are part of an ongoing study.

The final product to be obtained includes an integrated analysis of the evaluations of the three areas under study.

The following pages contain a summary of the information thus far collected and refers basically to data on coverage, characteristics of the training of promoters, and an attempt to get a notion of the results of the programme.

II. 2 PRELIMINARY REPORT ON THE EVALUATION OF THE EXPERIMENTAL
PILOT PROJECT ON NON-FORMAL INITIAL EDUCATION IN THE
DEPARTMENT OF PUNO

A. Coverage of the Programme and Phases of Expansion

In December of 1980 a total of 974 programmes were on record, located throughout the entire department of Puno. Field checks made in February and from April to June of 1981 in communities chosen at random verified the operation of those programmes.

The programme has achieved a truly spectacular growth, three clearly defined periods being recognisable in that regard:

- 1.- Up to 1974, with a total of 63 programmes underway, which is equivalent to 6.47% of the total for 1980.
- 2.- From 1975 through 1977, a period representing an increase of 162 programmes, which accounts for 16.63% of the total for 1980. This is a take-off period.
- 3.- From 1978 to 1980, in which the growth achieves the surprising figure of 749 programmes, representing 76.90% of the total programmes in operation. This is a period of accelerated expansion which should become the necessary precondition to the future total generalisation of the programme.

B. ROLE OF THE PROMOTER AND HIS PROSPECTS

General Characteristics of the Promoter

Schooling: In regard to the level of education attained by the volunteer PROPEDEINE promoter, it has been noted that of the 974 promoters currently working in the programme, 46.50% have completed their secondary schooling. They are followed: percentagewise, by those having completed their elementary education, who account for 23.20%, as may be seen in the following table:

Percentage Figures on the Degree of Schooling of the
Volunteers Promoters of the PROPEDEINE

Promoters School Grades	Number	Percentage
<u>Elementary</u>		
1° a 4°	10	1.03
5°	226	23.20
<u>Secondary</u>		
1° a 2°	125	12.83
3° a 4°	160	16.43
5°	453	46.51
TOTAL	974	100.00

Note that the highest percentages are grouped at the secondary school level.

Sex: A unique fact that attracts our attention in regard to the children's programmes in Puno is that most of the promoters are men. This is clearly demonstrated in the table below:

Absolute Figures and Percentages in Regard to the Sex
of the Promoters by Educational Zones

Educational Zones Sex	Zone #1 PUNO		Zona #02 AZANGARO		Zona #03 JULIACA		TOTAL GENERAL	
	Absolute Figures	%	Abs. Fig.	%	Abs. Fig.	%	Abs. Fig.	%
Male	399	40.97	167	17.15	189	19.40	755	77.52
Female	80	8.21	79	8.11	60	6.16	219	22.48
PARCIAL TOTALS	479	49.18	246	25.25	249	25.56	974	100.00

It is in Zone 01, Puno, where the Aymara language predominates, that the largest number of male promoters work.

Year in which the Promoter Started his Work: Most of the current promoters (76.89%) started their work between 1978 and 1980, which coincides with the period of notable expansion of the programme. The table below gives the pertinent data:

Absolute and Percentage Figures Regarding the Years

In Which the Promoters Started their Work

<u>Years Promoters</u>	From 1972-1974	From 1975-1977	From 1978-1980	TOTAL
N°	63	162	749	974
%	6.47	16.63	76.90	100.00

Economic Remuneration: The PROPEDEINE promoter receives a monthly "tip" of S/. 5,000 (twelve U.S. dollars at the current rate of exchange) from the ministry of education. In 1980 34 promoters, of the total of 974, did not receive this tip, representing 3.49% of all of the promoters.

Appointment of the Promoter: An important aspect of this programme is that the promoter must be chosen by the community. In 30 of the communities in which field work was performed, it was verified that most of the promoters had been elected by the community assemblies, as may be seen in the following table:

Procedure Used to Appoint the Promoter, from a Sample of 31 Communities of the Dept. of Puno

<u>Appointment Procedure used</u>	<u>Number of Communities</u>	<u>%</u>
Elected by the community assembly	21	67.74
Chosen by the parents' Associat.	3	9.68
Appointed by the Coordinating teacher and/or by the NEC	7	22.58
T O T A L	31	100.00

How the Promoter Perceives the Influence of the Programme of the Children: The promoters have indicated that the programme has a whole range of effects on the child; it has a significant influence on factors such as intelligence, integrated development, socialisation, preparedness for school, as may be noted in the table below:

The Promoter's Perception of the Effects
of the Programme on the Children

Classification of answers	N° of Promoters	%
1. Develops the child's intelligence, makes him more alert and has an influence on his integrated development.	14	29.79
2. Makes him lose his fear of going to school and enables him to express himself better at school.	12	25.53
3. Helps him to take greater part in the songs, dances and games and prepares him better for school.	13	27.66
4. Makes him more sociable.	8	17.02
TOTAL	47	100.00

Training and Supervision Received: Of the 31 promoters interviewed in their respective communities, 29, or 93.54%, had received one or more training courses, as is shown in the table below.

A fairly large number of the promoters were trained in the area of curriculum and programming (83.87%), followed by other areas, such as evaluation (74.19%), preparedness (70.97%) and teaching materials (67.74%)

Number of Courses Attended by the Promoters

Number of Courses	N° of Promoters	%
None	2	6.45
1 - 3	14	45.16
4 - 6	7	22.58
10 - 12	3	9.68
13 - 15	3	9.68
16 - 14	1	3.22
22 - 24	1	3.22
TOTAL	31	99.99

Percentage of Promoters by Area of Training

	Curric. & Progr.	Eval.	Preparedness	Teach Mat.	Integ. Devl.	Activities	Organ. and Funct.	Work with Fam.	Earl. stimult.	Music Ed.	Comm. Prom.
%	83.87	74.19	70.97	67.74	61.29	54.84	51.61	48.39	45.16	38.71	29.03
N°	26	23	22	21	19	17	16	15	14	12	9

In regard to the follow-up and supervision of the promoter by the ministry of education, information is given on who performs the supervision, how often it is carried out and the tasks that are normally involved. In 80.64% of the cases the coordinating teacher is the one who conducts the supervision. He is followed in importance by the director of the NEC *, who is responsible for the task in 25.80% of the cases.

The frequency with which the supervision is conducted may be seen from the following table:

Frequency	Number	Percentage
1 to 3 times a year	9	29.03
4 to 6 times a year	12	38.71
7 or more times a year	3	9.68
No Supervision	2	6.45
No information because a new information is involved	5	16.13
TOTAL	31	100.00

The usual tasks performed during a supervisory or follow-up visit cover actions with the child, the promoters and the community. With the children the following is done: evaluation and observation (30.55%) modelling, in the handling of educational materials, teaching of songs, dances, neatness, hygiene (19.44%). With the promoters there are evaluation and document review (25%), practical demonstrations with

* NEC: Community Educational Nucleus

materials, orientation (13.88%). Dissemination and motivational activities are carried out with the parents and the community, as are demonstrations in the preparation of foods, etc. (16.66%).

Typical Tasks of the Promoter:

- In 95% of the communities visited the promoter works with the children an average of four hours a day (9 a.m. to 1 p.m.) four days a week (from Monday through Thursday).
- In 90% of the cases it was noted that the promoter plans his activities every day, determining objectives and preparing the necessary material.
- In 80% of the cases the promoter performs the activities in the various spots or "corners" organised in the room: "house", "workshop", "quiet corner", "art area", where he encourages the use of a variety of materials and observes the children.
- At noon the children are given the food prepared by the mothers from the products contributed by Caritas plus some furnished by the community.

Difficulties, Suggestions and Expectations of the Promoter

- A first item among the problems indicated by the promoter is that the children do not attend regularly, that many of them live far away and arrive late. A second item concerns the lack of teaching material and furnishings (generally there are not enough chairs and tables are in short supply).
- On the other hand he complains of not having enough time to work on his farm inasmuch as he receives no help from the community in this matter. It should be noted that in none of the communities visited

during the field work was the promoter compensated for his activities with produce or labour, as is called for in the model of service to the community through volunteer promoters.

- Insofar as the per diem and "tips" are concerned, it is pointed out that they are extremely small.
- They ask for bicycles to be able to reach the microconcentrations.
- Eight percent of the promoters place a high value on formal schooling and ask that the communities have schools served by professionals.
- Fifty percent ask for their own premises for the programme and of this group twenty percent requests materials to complete the premises of the Wawa-wasi (Uta).
- One expectation that is repeatedly stressed by the promoters is that they be able to become specialised or professional so as to achieve a certain status.
- They also touched upon the need for a "Promoter's Manual" which would contain the theory and practical elements essential to their performance.
- Finally, it was suggested that UNICEF take part directly in the distribution of equipment and supplies and that it perform a continuous supervision.

C. THE COMMUNITY'S ANSWER

Degree of Acceptance: The degree of acceptance of the programme by the community was explored through the use of an ad-hoc instrument applied to both community leaders, as well as the grass-roots inhabitants. In this

preliminary report the answers to only some of the items will be given.

- Out of 106 community dwellers in the Quechua speaking area, 41.50% have their children in the Wawa-wasis (Uta), while in the Aymara region that figure is 59%.

Participation in the Programme:

- In the Quechua area, out of a total of 146 community dwellers, 41% attend the meetings that deal with some of the aspects of the programme; in the Aymara area, that figure stands at 44% of a total of 94. Furthermore, 38% and 35% of the Quechua and Aymara areas, respectively, participated in the construction of the premises.

How the Community Perceives the Influence of the Programme on the Children

In answer to the question "What are the Wawa-wasis (Uta) good for?", the following answers were received: so that the children may learn and to awaken their intelligence, so that they may learn to read and write, so that they may lose their fear and learn to go to school. Similar answers were given in regard to the questions "In what way do the Wawa-Wasis (Uta) benefit the child?" "When they start to school are the children who attended the Wawa-wasis (Uta) the same as those who didn't?". In response to the latter question 80% of those interviewed reported that the children were not the same.

D. PRELIMINARY INDICATORS OF THE IMPACT OF THE PROGRAMME ON THE CHILDREN

To measure the impact of the programme on the children a design was prepared which hypothesized two levels of effects on the children benefitted by the programme:

- 1.- A first level of short-term effects, the central hypothesis of which was that the children in the experimental group (users child population) would demonstrate significantly better behavioural attainments than those of children from the control group (non-users of the programme); and
- 2.- A second level of long-term effects, the central hypotheses of which stated that there would be notably different levels between the children having used the programme and those of the control group, in the areas of behaviour, such as verbal skills, motivational perception, quantitativity, mnemonics and delicate and heavy motor skills, as well as in the realm of general cognitive development.

For purposes of this preliminary report the data are limited to the two sub-samples taken at random from all of the children with which the field work was performed in 35 communities of the department of Puno.

Comparison of Arithmetical Averages and Standard Deviations
in the Scores Obtained by the Children of the Experimental
Group (With Programme) and those of the Control Group (Without
Programme) using the McCarthy Scale of Children's Skills

Experimental Group (Programme Users) Indices of the Scale						Control Group (Non Users of the Programme) Indices of the Scale					
Verbal	Motiva tional Percep.	Quanti tative	Gral. Cogni tive	Memo ry	Motor	Verbal	Motiva tional Percep.	Quan tita tive	Gral. Cogni tive	Memo ry	Motor
32.41	34.72	32.87	67.08	30.26	30.26	24.87	26.51	27.64	54.00	23.46	31.67
9.92	10.63	10.13	15.67	11.57	13.00	6.75	6.83	5.88	7.94	3.05	10.18

A preliminary examination of these data shows that the arithmetical averages of the experimental group are superior to those of the control group in all of the scales employed for the comparison. This reveals that the children who benefitted from the programme of Wawa-wasis (Uta) have the advantage over the non-users in a series of verbal, perceptive motivational, quantitative and motor skills, as well as in memory and general cognitive development.

Notwithstanding, it should be asked whether such differences between the two groups are statistically significant. To answer this question proof of the statistical difference between the averages is given below:

Proof of the Statistical Significance of the Differences

In Average Scores on the McCarthy Scale obtained by

The Experimental Group and the Control Group

Indices of Development of the Scale	Verbal	Motiv. Percep	Quantitative	Gral. Cognit.	Memory	Motor
Values R.C.	4.77	4.97	1.63	5.89	4.75	4.26
Level of significance	0.01%	0.01%	No Signif.	0.01%	0.01%	

In studying the data given, it may be noted that the differences between the experimental group and the control group are highly significant, at least for the sub-sample analysed, which fact is encouraging. The most relevant factor of this preliminary finding is that the child population that has been benefitted from the programme shows a clear superiority over those children not benefitted by the programme, in the important areas of intellectual and psychomotive functioning. The variables and the elements which explain these differences shall be taken up in later analyses.

II. 3. PRELIMINARY REPORT ON THE EVALUATION OF THE PROJECT ON
THE EXTENSION OF THE COVERAGE OF THE HEALTH SERVICES

A. Introduction

This preliminary report covers the evaluation of two components of the project on the extension of the coverage of health services to wit:

a) Health services for people, which includes:

- Mother-child health
- Control of communicable diseases
- Control of tuberculosis
- Medical attention and simplified medicine

b) Development of the infrastructure, which includes:

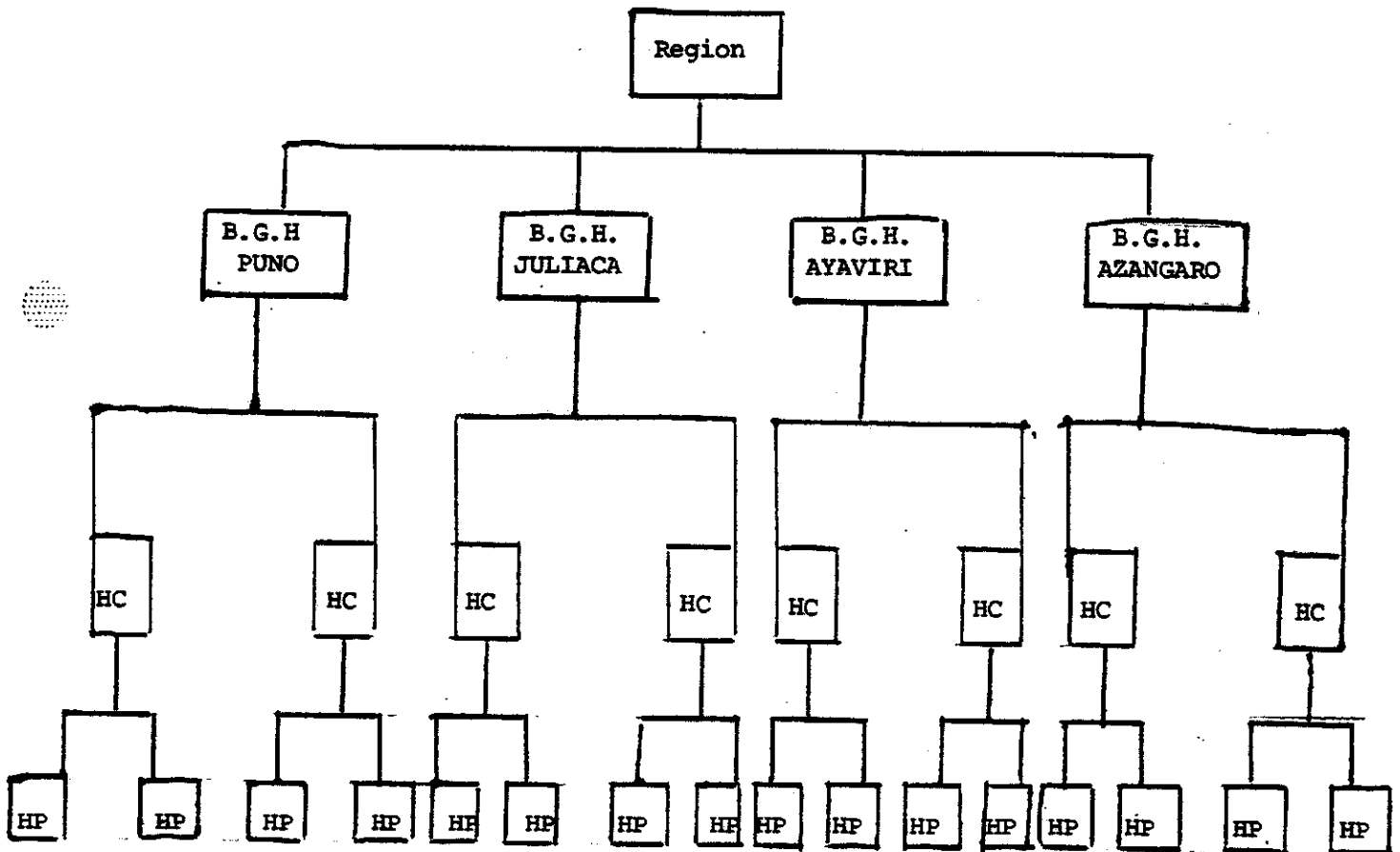
- Education and training of human resources
- Reinforcement of the infrastructure
- Statistical improvement

B. Summary of the Operation of the Health Services

In the department of Puno the southern high plateau region of the ministry of health is responsible for attending to the health of the inhabitants.

As a result of the geography, the highway and communications situation and the location of the urban centres of the greatest influence, the health sector at the

departmental level is divided into four geographic regions known as hospital areas. Each area has a more complex hospital called the basic general hospital which plans and supervises the health actions within its zone of influence; it also operates as the administrator of that same zone. Each area supervises less complex health establishments known as health centres, and these in turn are in charge of other less sophisticated establishments called health posts.



C. Some of the Accomplishments Evaluated

C. 1 Training of Promoters and Midwives

- To extend the health coverage in the isolated communities of the department of Puno 591 health promoters and 345 empirical midwives were trained, under this project, over the period from 1975 through December of 1980. The distribution of these persons is proportional to the number of inhabitants in the four hospital areas.
- A basic objective of the primary health care programme being the participation of the community, the latter was entrusted with choosing those of its members who were to be trained for promotional duties. In this evaluation it was noted that most of the promoters were so selected. This, however, has not been the case with the empirical midwives, who were appointed both by the communities and the ministry of health, on the basis of their operation as a traditional midwife, with no conflict of any kind being currently involved.
- Insofar as the training courses given to promoters and midwives are concerned, it was inferred that they were more theoretical than practical in content, a fact which, according to the promoters and the community, is not in keeping with the needs of the job.
- Ever since the beginning of the programme the training courses have been unequally distributed. The table below demonstrates this.

Years	Area N° 1 N° Particip. %	Area N° 2 N° Particip. %	Area N° 3 N° Particip. %	Area N° 4 N° Particip. %
1976	26 21			
1977	48 38	41 56		45 43
1978		32 44		
1979	15 11		29 70	75 14
1980	45 26		12 30	45 43
	126 100	73 100	41 100	105 100

Although the training courses impart a knowledge of preventive, promotional and curative medicine, the daily tasks of the trainees are mainly of a curative-medical treatment nature. The figures show this in the following way: 75% of the time the promoters treat patients, while the other 25% of their work is preventive. As regards the midwives, 82% of their work involves treating patients and 18% is preventive.

- The records of activities which the health centre obtains from the promoter through his monthly reports does not show the types of diseases which appeared in the community; rather, they describe the number of treatments, but not the pathologies involved.
- The supervisory visits, which are to be made by the specialists of the health establishments, are less frequent than the four annual ones scheduled. It is noted that the methods used are not adequate, for only the promoter's and midwife's activities are checked, to the detriment of providing guidance in regard to the overall problems (treatment prevention promotion) faced daily by the trained staff.

C. 2 The work carried out by Promoters and Midwives

- As regards the degree of acceptance by the community of the activities proposed by the promoter, only small numbers take part in the few actions (educational talks) which the latter performs. In the case of the midwives, 66% of them give talks, averaging 2.4 a year; an average of 16 persons attend, out of an adult population of 500. In measuring the people's knowledge of the promoter, 86% mentioned the functions which he performs. One hundred percent of the inhabitants accept the vaccinations, which is something that did not happen before the promoter came on the scene. Among his promotional tasks, that is the one carried out most periodically. Another element contributing to this situation is the more continuous support of the ministry of health.
- Treatment of pregnancy by the empirical midwives stands at 14.6% check-ups of expectant mothers a year. Attention at childbirth is given as follows: 20% by the trained midwives, 60% by husband or family members, 10% by traditional midwives and health promoters and 10% by health establishments. From this it can be seen that the supervision of the expectant mother is not being adequately promoted. The newly born baby is given a check-up only at the moment of birth by the midwife. The average number of house visits is only one during the post-partum period.

Post-partum supervision does not comply with any given order or method.

Healthy children are given check-ups only when there are food incentives involved.

- In 35% of the cases the mothers take their sick children to the promoter; they prefer to go to the health post.

When the promoters are unable to determine the cause of their patients' illness the latter are transferred to the health centre in 84% of the cases and to the health post 16% of the time. The transfer by the promoter does not guarantee of itself that the patient will be taken care of at the establishment, because not all of the communities are within easy distance of such. Of the communities visited, twelve of them are an average of one hour away from the health centre, another twelve are two hours and forty minutes away and three of them are nine hours away (the distances mentioned are calculated as being covered by foot to the health centre). Motorized transportation media are not in regular service in the communities.

When a gravely or seriously ill patient is sent to a health establishment he is immediately treated. When a patient is transferred he returns to his community with the instructions for treatment in writing and the promoter takes on the task of making the house visits.

C. 3 Transmissible Diseases

- In the case of transmissible diseases (especially TB) the promoter gathers up the sick by seeking them out one by one.

In the health centres twelve out of every one hundred bacilloscope tests performed are found to have positive results. There has been no lack of tuberculosis fighting medicines in the last two years. Vaccinations of BCG have surpassed the annual targets set. The figure for tuberculosis patients who abandon their treatment stands at about 25%; this is a high figure if one considers that with suitable promotional work it can easily be lowered.

As regards sick people who are resistant to traditional treatments, there are no alternative free medicines; as a result, in most cases the resistant sick persons cannot be treated because they do not have the means for purchasing medicines.

The laboratories set up by UNICEF are in operation and yielding good returns; however, they are having problems with re-agents because the ministry does not supply them continuously.

The community does not participate together with the promoter in the task of detecting people who are ill with respiratory diseases. The main responsibility for this lies with the supervisory sessions, which neither insist on nor show how this is to be done.

C. 4 Vaccinations

- On an average 2 to 3 vaccination campaigns are carried out in each community every year. In each campaign between 30 and 40 children are vaccinated per community. No vaccinations are performed on adults and no anti-tetanus vaccines are available for pregnant women. The establishments advise the communities by official notification of the day of the vaccination, giving the promoter a chance to hold prior educational talks.

Almost 100% of the parents accept the vaccination of their children, something that did not happen before the promoter started his work. The talks on vaccinations did a good deal to bring about this situation.

No real figures can be established in regard to the community children covered in the vaccination campaigns inasmuch as no records are available to the promoter.

No special campaigns are carried out for controlling infectious-contagious diseases. The promoter is consulted most in the case of diarrheic diseases.

C. 5 Simplified Medical Care

- As has already been mentioned, the treatment of patients takes up most of the promoter's and midwife's time. In the case of the promoter, his main activities are the following: treatment of patients, house visits, curing, giving injections, transferring patients. The midwife's work is to: assist in the delivery, take care of the newborn, house visits. In both cases there is a curative trend among the principal activities performed.

The promoters average between 40 and 80 patient treatments a month. The amount of medicines given through injections reflect the promoter's greater or lesser tendency toward institutionalising his actions.

Most of the promoters express the wish to be given training covering a broader knowledge of diseases and a better and fuller use of commercial medicines. The midwives basically want to know about and be able to use commercial medicines in the deliveries. In both cases it may be noted that there is a desire to know more concerning the treatment of diseases, either through diagnosis diagnosis or medical procedures.

The factors which play a part in this attitude are fundamentally the community's requirements; the promoters are asked to give a scientifically based treatment and to increase their knowledge of diseases. The communities believe that their state of health has improved as a result of the promoter's presence, because rapid and frequently effective treatment may be obtained.

C. 6 Infrastructure and Peripheral Resources

- Ninety-four percent of the promoters and 100% of the midwives visited possess medical bags; on a whole, they are in good condition, although it may be noted that some of the elements have not ever been used. Others have deteriorated because of the quality of the material furnished (flashlight, tweezers, lanterns).

• In the community health posts, 16 of the 26 visited have fixed equipment. The little use given to certain elements (scales) is due to the minimum promotional work done. The means of mobilization (bicycles) in 10 of the 22 communities observed are in poor repair due to the bad roads and the high costs of spare parts.

The health centres are generally well set up, although they are not in full operation. The main difficulty in carrying out the supervisory work is that the centres have little means of transportation (motorcycles), insufficient gasoline quotas, few drivers, problems in obtaining spare parts and the units are not well maintained.

The transfers of patients by promoters and midwives are not carried out very often primarily because of the very poor conditions of the roads which means that they must be made on foot. Most of the health centres have neither the budget nor the staff to guarantee the feeding of hospitalised patients. Furthermore, the cost of any transfer from the health centre to the general hospitals must be covered by the patient; he must pay for his transportation by ambulance.

The professionals responsible for the health centres and hospitals do not have the same attitude toward the importance of the promoters

and midwives; their working methods and guidelines in the communities are different and as a result there are misunderstandings because of the differing tactics used.

The hospitals have very few medical personnel. There are two general hospitals that have only two doctors. One of the general hospitals (Azángaro) has been practically dismantled and has almost no operating capacity.

D • A Few Preliminary Conclusions

- On the basis of the data furnished in this evaluation, the following preliminary conclusions may be reached:
 - 1.- There are no standardised criteria on the system of primary care at the various levels of the health establishments.
 - 2.- The strategies are not attuned to the real situation and to the community's attitude toward the promoters and midwives.
 - 3.- The systems of supervision do not answer to the needs of promoters, midwives and the community.
 - 4.- There is little or no intersectorial coordination at the programme level, except in some communities that have been given priority (pilot communities).
 - 5.- The equipment donated by UNICEF is useful and necessary in the places to which it was sent, but it is not being fully utilised.

II. 4 PRELIMINARY REPORT ON THE EVALUATION OF THE PROJECT OF
APPLIED NUTRITION (PNA) AND THE PROJECT ON AGRO-FOOD
AND NUTRITIONAL EXTENSION (PEAN)

A. Introduction

The two nutritional projects which make up the programme of integrated services are the following:

- The project of applied nutrition carried out by the ministry of health and
- The project of agro-food and nutritional extension executed by the ministry of agriculture

These two initiated their activities at different times, with different work methods on a different scale, using different channels to reach the same people.

The identification of the same population-objective as the field of work, the use of the same methodology and the actual work performed have made it possible to bring together the results of the two projects for the purposes of this evaluation.

The structuring of the real field of action of the nutritional project, as well as the consideration of its regional frame of reference and of the conditioning it has undergone, has led to the centering of the evaluation on the following:

- The results obtained thus far through the key elements of the strategy devised to "improve the technological level of food production" :
 - demonstrational work
 - food education
 - presence of the promoter
- The conditions that have been created in the community by the project.
- The trend being assumed by the results, conditions and local efforts.

To be able to judge these elements several observations are made on the basis of a first analysis of the data.

B. Several Accomplishments in the Evaluation

B. 1 In organisational aspects

- The execution of the programme has mobilised the personnel of three different sectors - health, education and agriculture - in differing degrees and at various levels (regional, zonal and local).

Human Resources Committed. Zonal Level

	1976	1977	1978	1979	1980
Health	10	10	9	9	9
Education	-	48	48	154	155
Agriculture				10	10
T O T A L	10	58	57	173	173

Resources at the Regional Level

HEALTH	8 persons since 1976
AGRICULTURE	3 persons since 1977

- Thus far this network of persons located at the three organisational levels represents, for the programme, the most far-reaching channel of direct information; this is because of its radius of action and its continuous accessibility to those benefitting from the project.
- At the basic structural level the promoters state that they receive information on the programme from the organised levels of the sectors; 17% is obtained from the experts and 4% from radio broadcasts.
- The programme's evolution and the nature of its execution have placed the teams responsible for it in a transitory position, which urgently needs to be defined. The bodies and levels which play a part in the programme have multiplied, making the planning of actions very thorny:
 - The PNA team is organically subordinate to the ministry of education, administratively, to that of health, and functionally works together with the PROSIRP.
 - The PEAN team is subordinate to the ministry of agriculture and functionally works with the PROSIRP.

B In Aspects of Training and the Extension of the Programme

- The actions carried out under the programme have achieved different results as to coverage and depth, according to the importance attributed to the promoter under the strategy:

- 1976 and 1977: the channel of action and of communication with the people is the peripheral personnel of the sectors.
- 1978 and 1979: the work begins to be centered more around the promoter. This coincides with an extension in the coverage of the programme.
- 1980: the figure of the promoter is firmly established in pilot microregions where an effort is made to obtain in-depth results.
- The figure of the promoter is accepted by the community, as demonstrated by:
 - The number of promoters chosen:
 - 65 agricultural promoters
 - 64 social promoters and
 - 22 stockraising promoters
 - The demand for equipment by the communities so their stockraising and social promoters might operate effectively.
 - The characteristics that are brought out as being most relevant to the figure of the promoter, to wit:
 - active
 - dedicated to his job
 - likes his work
 - knows his job
- Nevertheless, further study must be given to the image of the promoter that should be built up, the means of attracting him, his training, duration and follow-up so that he will not lose his identification with the community, nor it with him.
- the average duration in the job is:
 - 14 months for the agricultural promoters,
 - 10 months for the social promoters, and
 - 6 months for the stockraising promoters

- The average time devoted to the job is:
 - 5.8 days a month by the agricultural promoter
 - 3 days a month by the social promoters

- The training of the promoters would call for a special plan inasmuch as their work elicits an immediate response from the community:
 - In the face of a request, they are immediately chosen
 - The community, in general, supports the promoter's action:
 - Thus far there are 120 school vegetable gardens
 - 372 family vegetable gardens
 - 5 community vegetable gardens
 - The community demands from the promoter more knowledge than he has.

- The training of the grass roots population in the techniques for growing vegetables, and in the improvement of the traditionally used methods has been furthered most through demonstration, with the promoters as the best agents. This is shown by the following:
 - The work done with 335 kilograms of vegetable seeds over the past two years
 - The work done with 60,000 kilograms of improved potato seeds, yielding returns greater than those obtained in the rest of the area over a like period
 - 24% of the owners of family vegetable gardens report that they had been given demonstrations in their own gardens by the promoters

- Food education is provided basically through the family clubs and are directed more toward creating the need to consume vegetables than toward explaining their desirability. A complete food education plan must be drawn up.

- 100% of the social promoters mention that teaching cooking is one of their duties.
- Only 15% of them mention that food education is their task.

B. 3 In Production Aspects

- The rural dwellers' judgment as to which crops are best for a good diet appears to indicate that the programme's proposal is accepted. In effect, the results of the sample are as follows:

QUECHUA ZONE			AYMARA ZONE		
	Most useful crops	Most important crops		Most useful crops	Most important crops
Vegetables	21%	21%		19%	18%
Potatoes	20%	12%		21%	
Quinoa	14%	12%		19%	
Cañihua	7%	5%		3%	
Broad beans	7%	3%		8%	
Oca	4%	0.7%		7.1%	
Corn	4%	2%		0.3%	
Barley	8%	3%		15%	

- The farmers in the programme have improved their cultivation methods:
 - They have used fertilizers. They know how to.
 - They have used improved seeds.
 - They have learned how to use them.
 - They have adopted methods for ensuring plant health, often employing homemade insecticides.

- They have learned how to grow vegetables.
- The evaluation of the tools for vegetable growing by the farmers, after having used them for awhile, has given rise to suggestions for bettering a native tool.

B. 4 In Aspects of Participation

- The people identify the programme.
- They respond to, and even further, exert pressure to be directly included in it.
- In the areas of pilot microregions an organisational process is evolving as a result of the programme.
- There are communities in which the programme's action in past years was only temporary in nature and where the farmers have continued with the family and school vegetable gardens at their own expense.
- In 24% of the communities visited.
- There are farmers (two who have been identified and checked) who maintain family covered plant growing areas at their own expense and who plan to enlarge them because they recognize their benefits and the profits which they produce.

C. Preliminary Results

From this first approximation some preliminary observations may be made:

- The programme is accepted by the rural population which mobilizes its resources.

- There are preconditions for the programme to be able to intensify its results:
 - Acceptance of the programme
 - Acceptance of the promotor
 - Knowledge of improved crop cultivation techniques
 - Valuing of the crops promoted and their consumption.

- In assuming the management of the programme, the community's governing bodies have differentiated and enhanced their roles.

- Results have been obtained from the demonstration. Examples are the community's own efforts to continue with the programme by taking over its cost. The inhabitants ask for a supply of seeds so that they may purchase them.

- There are highly appropriate conditions for setting up an information system.



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Notes

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The three-pronged programme, targeting the local population of Quecha and Aymara ethnic groups, included non-formal initial education; extension of health coverage; and an agro-food/nutrition component.

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