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Provisional Agenda item 15

EVALUATION OF INTERNATIONALLY-ASSISTED PROJECTS

Resolution SEA/RCL3/R9 of the thirteenth session of the Regional Committee for South-East Asia requested the Regional Director to recommend to national governments that they carry out evaluation studies of selected internationally assisted projects, with special reference to local conditions and resources. Governments were accordingly requested (by Circular Letter No. SEA-CL-60-7, sent out on 23 November 1960) to take appropriate action.

Detailed replies have been received only from Ceylon and Thailand and are summarized in the pages which follow. Afghanistan and Indonesia have sent brief statements; the other governments have not yet responded.

The Government of Afghanistan has given information on the Rural Health and Training Unit, Gulzar (Afghanistan 26). For this project, the Government has obtained WHO technical assistance and UNICEF supplies. UNICEF and WHO assistance to the project has been carefully considered in discussions between appropriate authorities of the Government and representatives of the agencies. The pattern of assistance to be followed has been worked out as the result of such discussions.

The Government of Indonesia stated that it had re-evaluated two important internationally-assisted projects: (a) the Malaria Eradication Project (Indonesia 32), with respect to which, resulting from this recent re-evaluation, the conclusion was reached that the plan of operations should be revised, and (b) the Maternal and Child Health Project (Indonesia 2), arising out of which plans are now being developed for increased milk production, and will be implemented in co-operation with the Ministry of Agriculture.

The Government of Ceylon included in its comprehensive statement a review of internationally assisted projects in tuberculosis, epidemiology, leprosy, rural health development, cancer, medical stores management, nursing, physiotherapy, environmental sanitation, training of laboratory technicians, vital and health statistics and health education. The Government of Thailand reviewed projects in tuberculosis, leprosy, rural health, yaws and vital and health statistics. A synopsis of the statements from Ceylon and Thailand is given below.

CEYLON

1. Tuberculosis Control and Training Centre (Ceylon 25)

International assistance to tuberculosis control has consisted of (1) expert advice, (2) financial assistance, (3) training of national staff.

WHO assigned specialists at various periods from 1948 to 1960 and also assisted in a sample survey in 1956 and a BCG assessment in 1959. The Organization has also provided a number of fellowships for national staff.

UNICEF has provided equipment, including transport, and supplies, and met the cost of tuberculin and BCG vaccine up to 1958.

The International Tuberculosis Campaign (ITC) trained national BCG teams at the start of the BCG programme.

The Colombo Plan has given financial assistance to establish and equip chest clinics and has provided tuberculosis specialists.

2. Assistance in Epidemiology to Health Directorate (Ceylon 38)

WHO assistance was provided to set up an epidemiological unit with the following objectives:

- (1) To determine the incidence and distribution of endemo-epidemic diseases,
- (2) To plan control measures.
- (3) To advise all branches of the Health Services (Public Health, Medical, Laboratory) on the use of epidemiological methods.

The following has been achieved:

- (1) An epidemiological unit has been established in the Sub-Division of Communicable Diseases within the Division of Public Health Services. A trained national epidemiologist is in charge.
- (2) The Epidemiological Unit has established close collaboration with the Medical Statistics Division, the Medical Research Institute, hospitals and public health services, as envisaged.
- (3) The Unit has carried out epidemiological investigations into outbreaks of smallpox, typhoid fever, influenza and pyrexias of unknown origin.
- (4) Improvement in the diagnosis, isolation and management of cases of communicable diseases in the Angoda Fever Hospital has been effected.

3. Leprosy Control (Ceylon 26)

WHO has assisted this project by assigning specialists since 1954 and has given fellowships for the training of national staff. In 1960 WHO provided a consultant to assist with a technical assessment of the control campaign.

Although it is not yet possible to appoint the full staff recommended, a gradual programme of utilization of public health inspectors has been adopted. A welfare officer has been trained on a Colombo Plan fellowship and appointed. Non-infective patients are being discharged and are paid a living allowance. Construction of a children's home has been included in the Five-Year Plan. In-service training has been instituted for public health inspectors in much of the country and for medical officers and medical officers of health where possible. Occupational therapy for leprosy patients has been started.

4. Rural Health Development (Ceylon 4)

This project was started with WHO assistance in 1955, with the aim of developing the Children's Department, Kalutara Health Unit Hospital, of integrating preventive and curative child care in this hospital and in the field, and of training all types of health workers at Kalutara Health Centre.

Since 1959 the activities of the project have been spread to a number of provincial hospitals, with the introduction of practices and policies developed at Kalutara. Paediatric departments in seven provincial hospitals are now being upgraded, and a link between these departments and peripheral rural child health units is being created, as envisaged.

It is considered that the objectives of the programme are gradually being attained.

5. Cancer Institute, Maharagama (Ceylon 49)

The objective was to develop the Institute as the main centre for control, treatment and research in cancer and to enable it to become the directing centre for cancer services.

WHO provided a consultant in 1956 and 1958. The main recommendations in the two reports of the consultant have been implemented. WHO has awarded fellowships for training a tumour pathologist and a surgeon.

The Institute is becoming well established as a centre for cancer control and treatment. Plans are being made for the organization of co-ordinated cancer services throughout the Island, with the Institute as the main directing centre.

A physicist has been trained abroad for work in radio-active isotopes and radiation protection. Plans are being made for further training abroad for an anaesthetist and nurses.

6. Medical Stores Management (Ceylon 23)

A WHO stores specialist was assigned for two years in 1953 and returned on a short consultancy in 1958.

It has been possible to implement many of the recommendations of the WHO specialist for the improvement and reorganization of the Civil Medical Stores. The provision of new suitable accommodation is under immediate consideration. The Superintendent, Civil Medical Stores, is about to go on a WHO study fellowship.

It has not yet been possible to establish a quality control laboratory, as recommended. The government ordinance relating to poisons, opium and dangerous drugs has been revised and awaits final approval. A Ceylon Hospital Formulary has been introduced, as envisaged.

7. Assistance to Health Directorate (Nurse Adviser) (Ceylon 39)

The main objectives of rendering advisory services in connection with the improvement of nursing organization, education, administration and legislation have been achieved, except with respect to nursing legislation. It is considered that existing legislation is adequate, though its implementation is not complete. It has been agreed to form a post-basic nursing school as a separate institution. Plans are in train for extension of basic nursing education.

8. School of Physiotherapy (Ceylon 55)

Standards of training have been improved, and a modified syllabus has been introduced and is under study. The project has not yet contributed towards the long-term objective of developing physical medicine and rehabilitation services throughout the Island, since the trained physiotherapists so far produced have been absorbed in the replacement of untrained "physiotherapists" withdrawn for further training.

WHO has contributed staff, equipment and teaching material and has provided two fellowships for the training of counterparts.

9. Environmental Sanitation, Kurunegala (Ceylon 35)

The purpose was to set up a demonstration project, with aid from WHO and UNICEF, to introduce and evaluate safe, sanitary and cheap latrines and sources of protected water supplies in rural areas, and to secure acceptance of these amenities by the community.

It is felt that sufficient progress has been achieved in the demonstration areas, and it is hoped to extend the activities of the project, as funds permit, to other areas. In the year 1961/62, it is proposed to allocate funds to an area in each Regional Public Health Engineer's Division for the extension of rural sanitation.

10. Training of Laboratory Technicians (Ceylon 54)

A WHO laboratory technician was assigned in 1959 for two years. He also trained medical laboratory technicians for work as tutors.

The School was started in October 1959.

It was agreed that the course of training should be for one year, followed by one year of compulsory internship. A proficiency certificate would only be awarded after satisfactory completion of intern training.

It is considered that a course has now been developed in which laboratory technicians of adequate standard can be trained, although it has not yet been possible to appoint four permanent tutors, as envisaged.

11. Vital and Health Statistics (Ceylon 45)

A WHO statistician was assigned in 1957. The objectives of the project were as follows:

- (1) To revise the system of records and reports in the Department of Health Services, utilizing mechanized and other labour-saving devices where possible and suitable.
- (2) To train national personnel in the design of documents, processing of statistical data and other advanced statistical techniques.
- (3) To carry out an investigation into mortality and morbidity of pre-school children, and any other ad hoc investigations required.
- (4) To set up training programmes for medical and statistical personnel.
- (5) To render such other statistical advice and assistance as time and resources permit.

It was not possible to adhere strictly to these objectives. Work undertaken could be broadly divided into: (a) health statistics in connection with medical care programmes, and (b) health statistics in connection with public health programmes. As most of the records pertained to public health care, this was given priority. Achievements include the following:

- (1) All records in connection with the Anti-Filariasis Campaign have been revised, as a model record-keeping system to serve as a guide for developing other record-keeping systems.
- (2) The monthly Sanitary Report has been revised.

- (3) Records maintained by field midwives have been revised and new forms prepared.
- (4) New forms and records for communicable-disease control have been introduced.
- (5) Preliminary steps have been taken to revise the records kept by public health nurses, public health inspectors and workers in school health.

A committee has been appointed to study the present system of records in regard to medical care, with a view to discarding unnecessary forms and to revising others.

Further special activities undertaken by the project have included the following:

- (1) A committee has been set up to study maternal mortality (180 maternal deaths have been investigated).
- (2) Investigations into the manner of completing death certificates have been carried out. As a result, the Registrar-General's Department has agreed to introduce the international form of death certificate for all deaths in government hospitals.
- (3) A special committee was appointed to investigate maternal and child health problems.
- (4) A study of health problems of pre-school children has been planned.
- (5) The project assisted two dental surveys; a report on the incidence of periodontal disease was published, and a second report is in preparation.
- (6) The project assisted training programmes for staff of the Health Department, including medical officers, public health nurses, public health inspectors and public health midwives.
- (7) The project has collaborated with the newly-established Epidemiological Unit in investigations of outbreaks of some of the infectious diseases.
- (8) Reorganization of the Division of Medical Statistics has been planned; this reorganization is aimed at securing better collaboration with the Epidemiological Unit, the Registrar-General and the Medical Research Institute.

12. Health Education (Ceylon 2)

A WHO health educator was assigned from 1954 to 1956, and a Sub-Division of Health Education was organized in 1955. A health educator has been appointed in the Directorate to undertake certain of the responsibilities for supervision of health educators in the field. A separate Health Education Material Production Unit has been created.

A cinema projector and health education vans have been provided for each Division of Superintendents of Health Services and to Superintendents of Special Campaigns. Officers in charge of the field work of the Health Education Sub-Division have received training at Kalutara. A few health educators have also been trained abroad.

Health education has been undertaken in medical institutions, in estates, in communities, in related government departments and through voluntary agencies. Assistance has been given to health education activities of the municipalities of Colombo and Kandy; organization of health education units in five other municipalities is being undertaken.

A National Joint School Health Committee has facilitated close co-operation between the Departments of Health and Education, and a peripheral network of joint school health committees has been organized.

In-service training in health education for all public health field personnel has been completed.

THAILAND

1. National Tuberculosis Programme (Pilot Project) (Thailand 42)

A mass case-finding survey, treatment and prevention trial was started in April 1960, in an area of Bangkok with an estimated population of 60 000-100 000. UNICEF provided supplies and equipment, and WHO assigned a team of experts.

During the first year the survey covered 28 000 people, and 9 685 persons were x-rayed, 642 of whom (6.62%) showed abnormal shadows suggestive of tuberculosis. Of these, 85 were found to be infective.

The BCG Unit of the project tested 20 000-30 000 persons and vaccinated 10 000-15 000.

The first year of operations of the pilot project has provided useful guidance for the future planning and organization of a comprehensive national tuberculosis control programme. The information gained will enable simple and economical means of case-finding, treatment and prevention to be employed on a mass scale.

## 2. Leprosy Control (Thailand 30)

WHO has supplied experts, and UNICEF has provided supplies. It is estimated that there are about 200 000 cases of leprosy in Thailand. More than 40 000 patients have already been treated, and the steady extension of the project now offers prospects of bringing all patients under treatment within the measurable future.

North-East Mass Campaign: Up to the end of 1960 a total of 2 049 686 persons had been examined and 39 256 cases of leprosy registered, of which 1 465 were non-infective and 37 791 retained under treatment. 90 static and 102 mobile treatment centres have been established. It is planned to complete coverage of all the north-east provinces by the end of 1961.

Cholburi: The project started in this area in March 1960, with the aim of starting a field demonstration centre for leprosy workers and co-ordinating leprosy control with the work of the Health Department. 802 cases were found by survey up to the end of 1960. It is estimated that there is a total of 3 000 cases in Cholburi.

Bangkok: Three skin clinics were established in 1960, to treat both general dermatological and leprosy patients. 1 141 cases were treated, of which 209 were suffering from leprosy; 764 new cases of leprosy were registered and put on treatment in Phra Pra Daeng Hospital, giving a total of 973 cases of leprosy in Bangkok.

## 3. Rural Health Programme (Thailand 13)

This programme is planned to provide an integrated preventive and curative service in rural areas. Administration of the programme, which has been in operation since 1953, has been concentrated on rural health centres, under the supervision of provincial health officers. The programme has achieved a gradual qualitative and quantitative improvement in rural health services. Assistance to various aspects of the programme has been given by UNICEF, WHO and ICA.

There has been a steady growth in the number of rural health centres. From 7 to 15 second-class health centres are upgraded to first-class each year. UNICEF has supplied 97 first-class centres and 617 second-class centres, in addition to providing sets of equipment for all newly established midwifery centres.

To carry on the maternal and child health services, graduate nurses have been assigned to first and second-class health centres. UNICEF has provided cars and bicycles for domiciliary work. A refresher course for midwives was set up in 1952, and three new midwifery schools were established between 1953 and 1960. Training courses for moh-tam-yaes were started in 1956, and about 2 000 have been trained each year.



The programme has had to face the problems of a scattered rural population and under-developed health, economic, educational and social conditions. It represents an advance from the tendency to over-concentrate health services in and around Bangkok. However, supervision has suffered from shortage of suitable personnel at the provincial level and from difficulties of transport and communication.

The "Village Health and Sanitation Project" assisted by ICA since 1960 has provided a stimulus to health-centre personnel in promoting health and sanitation work in rural areas.

To sum up, it is realized that although a great deal has been achieved, the numbers of personnel, coverage by health centres and extent of the services are still far short of the needs of the population. The problem of getting the best health workers to serve in rural areas is not peculiar to Thailand; it is experienced in many countries in South-East Asia. It is now the accepted policy to provide adequate amenities and incentives to medical staff in rural stations to alleviate this difficulty. However, health services have been improved, and maternal and child health services strengthened. Mortality rates in mothers and children have fallen. Continuance and expansion of this programme will demand fuller financial provision.

4. Yaws Control (Thailand 2)

WHO and UNICEF have assisted in this project since 1950. Systematic surveys and re-surveys have covered over 20 million inhabitants in 46 out of 71 provinces. The prevalence of the disease has been reduced from 10% to 1%. The programme has been combined with the treatment of other diseases, including eye diseases, detection of leprosy, and immunization against smallpox, cholera and typhoid.

Although the influence of yaws on the development of the individual child is difficult to measure, it is apparent that the reduced incidence has contributed towards the better development of the rural population, with resulting economic gain.

5. Vital and Health Statistics (Thailand 37)

From 1957 to 1959 WHO assisted this project by the assignment of a statistician and provision of equipment and supplies. The work done has effectively assisted the development of the Vital Statistics Division of the Ministry of Health and has led to an improvement in methods and procedures. Final re-organization of the Division on the lines advocated by the project is under consideration.

A study-tour fellowship for the Director of the Division provided him with invaluable experience.