SUPERVISION AND EVALUATION IN THE IMPLEMENTATION OF ORT PROGRAMS: CONSTRAINTS AND SOLUTIONS*

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The principal objectives of the supervision and the evaluation of oral rehydration program implementation efforts are to improve the coverage and quality of oral rehydration therapy services and to control the costs of production, quality testing, promotion, and distribution of the salts. These activities should be a routine part of ORT programs at all levels of care, from the household and community level to regional and national programs.

Nevertheless, the experiences of the past few years have highlighted a number of constraints to the successful achievement of these operational objectives. The principal constraints which have been identified are the following.

Political support for systematic supervision and evaluation is lacking, particularly in areas where such support would require additional expenditures, reduce the time of physicians and nursing personnel in the clinic, or expose experimental programs to criticism. In this sense, supervision and evaluation remain activities which, although considered important in theory, are threatening in practice.

Although the literature on management provides considerable information about the practice of supervision, *the public health literature, particularly that in developing countries, provides few models or guidelines for effective supervision and evaluation.* It is commonly assumed that they are skills that all professionals possess, yet they are rarely considered an integral part of training either in professional schools or on the job.

Another major constraint is that *information collected either through formal health information systems or occasional visits to project sites rarely is utilized systematically* to identify problems and formulate alternative strategies for service delivery. Moreover, the observation of the behavior of indicators across time is rarely considered an essential element of supervision or evaluation, particularly at the regional or local events. The current status of indicators is more frequently compared with local programming or national norms without reference to the trends in performance.

The in-service training and motivation of personnel to adopt and promote new health practices is often deficient at all levels of the public health systems in developing countries. Even when the importance of an issue is recognized, for example, as in the case of ORT or breastfeeding, generally the frequency and content of the communication required between health workers and supervisors are not well defined or clearly understood. This comprehension is more critical in those tasks which require coordination and actions between service levels, such as in the case of referrals or the movement of supplies.

Finally, *the constraint of restricted human and financial resources is increasingly common in most rural health systems in developing countries.* Adequate supervision and evaluation require the time of qualified personnel, transportation to the sites of service delivery, and access to the supplies and materials necessary for effective performance. Programs which cannot make these commitments of resources are unlikely to provide the supervision required to maintain the quality of services.

Despite the somewhat disheartening description I have just presented, there are a number of low-cost, feasible strategies which can be adopted to resolve some of these constraints.

First, I believe that essential political support can be obtained if the direct benefits of the use of ORT can be documented in each country and the flow of information to the political decisions is clear, consistent, and unfaltering. The benefits of supervision in the implementation process of ORT programs are not difficult to document, but they must reach those persons who can provide the support required. To reduce the perceived threat, the program evaluation must be cast in the larger perspective of program development and feasible methods provided for improving program performance (e.g., improving procedures for identifying families or children in need of service).

Second, personnel at all levels require simple and concrete tasks to complete during supervisory visits. Training manuals should be prepared in each setting which include the steps necessary for adequate supervision and the action-oriented decisions to be made on the basis of the information available. These supervisory guidelines should be designed on the basis of program priorities, be integrated into the service structure, and include a minimum set of indicators to be used for the supervision and evaluation of comprehensive services at each level. For example, at the primary level, it may contain information on and action alternatives for vaccination, oral rehydration, nutrition (breastfeeding, growth charts, and food supplementation), and family planning. Supervision should be an inte-

gral part of routine service delivery and not a function of vertical program demands.

Third, continuing education on the job should be an essential part of the service plans and budgets of national agencies. Personnel should expect periodic renewal to be a part of their job and perhaps even a requirement for continuing to be qualified for the posts they occupy. Managers of health programs should be expected to use supervision and evaluation information as the basis for the selection of themes and the identification of resource personnel. When the objectives on the training are clear relative to the goals of the organization, its operation is often easier to maintain.

Finally, the status of financing for all health activities must be reviewed, not only that of supervision and evaluation. With the gradual erosion of national budgets, essential services must be redesigned to be financially self-sufficient. Ministries will eventually have to charge for services for which beneficiaries are able and willing to pay to permit flexibility in accounting, to apply savings in one area to services in another, and to depend to a larger extent on the participation of the community in the delivery of services.

REFERENCES

1. Lechtig, A.; Townsend, J. W.; Pineda, E.; Arroyo, J.J.; Deman de Andrade, H.; Baldizon, S.; Gutierrez, R.; Duarte, R.; de Leon, R. *Bases Tecnicas Sistema Integrado de Nutricion y Atencion Primaria de Salud. SINAPS.* Vol. 1. Instituto de Nutricion de Centro America y Panama (INCAP)/Ministerio de Salud Publica y Asistencia Social de Guatemala, 1982.

2. Aldana, D.; de Leon, R.; Lopez, M. A. "Informe final del programa PRINAPS a USAID, Oficina de Poblacion." Ministerio de Salud Publica y Asistencia Social de Guatemala, Junio 1982.

3. Bermudez, E., Garcia, M. R. "Comparacion de la eficacia de Sales de Rehidratacion Oral utilizadas por SINAPS versas las Sales recomendadas por la OMS." Guatemala: Trabajo Monografico, Magister Scientificae Centro de Estudios Superiores en Nutricion y Ciencias de Alimentos CESNA, Universidad de San Carlos de Guatemala, Facultad de Medicina/INCAP, Noviembre, 1982.

4. Reyna Barrios, J. M. "Rehidratacion Oral en el Hospital San Juan de Dios de Huehuetenengo, Guatemala." En: *Resumenes XIV Congreso Nacional de Pediatria.* Ciudad de Guatemala, Guatemala: Asociacion Pediatrica de Guatemala, 1981.

5. OMS. "Preparacion de indicadores para vigilar los progresos realizados con el logro de la Salud para Todos en el Ano 2000." Ginebra: Serie Salud para Todos, No. 4, 1981.

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