

# Instrument N° 2

## HRH Program Evaluation Questionnaire: Expanded Version

### INTRODUCTION:

This instrument serves as the core document for evaluation and description of the HRH program selected. In order to complete the information requested, use the documents, reports, evaluations, budgets and HRH data available for program evaluation. Attached is a sample (fictional) of a rural health physician program from Canada.

This document should be completed by the Director of HRH or the equivalent person in the Health Authority who has access to national information and is in consultation with the national institutions.

### COMPLETE THE FOLLOWING INFORMATION

1. Organization: Ministry of Health Belize
  
2. Program title: Belize Community Health Worker's Program
  
3. Program mission, goals and objectives: BRIDGING THE GAP IN THE DISTRIBUTION OF HEALTHCARE PERSONNEL THROUGH THE PROVISION BASIC PRIMARY HEALTHCARE TO RURAL COMMUNITIES IN BELIZE.
  
4. Program expectations with respect to the production, outcome and general impact on the health system:
  - First level of contact to healthcare in rural areas
  - Increase access to care among rural dwellers
  - Ensures community network and linkages
  - Improved referral to primary level of care
  - Better cultural sensitivity in delivery of healthcare
  
5. Describe the concrete actions taken to achieve each of the objectives:
  - Increased recruitment
  - Recruitments of CHW done by community members
  - Increase in Stipends
  - Recognition ceremonies and award of certificates

DESCRIPCIÓN DEL PROGRAMA – versión 10 mayo 2013

- Re-training of care givers
- Partnership with US Peace Corps

6. Short, medium and long-term goals and indicators for each of the objectives:

- Increase in referral of cases
- Decrease maternal mortality and infant mortality
- Decrease in morbidity of chronic illness

7. Describe the context in which the program was developed:

This program was developed in response to the shortage of health workers within the rural Belize especially the hard to reach areas.

8. Describe the magnitude of the HRH problems that the program covers:

The CHW program covers a wide range of HRH related problems. They are the base of the primary healthcare, filling the gaps created by health workforce shortages. They are members of the communities where they work, recruited by their own people such that retention is assured. They are also culturally competent and as such can deliver culturally sensitive care within their community. They are familiar with their terrain so that they provide the guide to mobile clinic teams and in time of immunization campaign.

9. Identify which of the 20 HRH Goals are linked to the program:

Challenges		Goals	
1. Policies & Plans		1. Density / geographic distribution	
		2. Proportion of doctors in PHC	
		3. Existence of PHC teams	
		4. Ratio nurse / doctor	
		5. National HRH unit with national steering role capacity	
2. Sufficient personnel in the right places		6. Rural / urban gap of doctors and nurses	
		7. Proportion of workers in PHC with public health competencies	
		8. Proportion of technical and auxiliary personnel with continuing education options	

DESCRIPCIÓN DEL PROGRAMA – versión 10 mayo 2013

		9. PHC personnel recruited from their own communities	
3. Migration		10. Adoption of the Code of Practice on the International Recruitment of Health Personnel	
		11. Policy on self-sufficiency of HRH	
		12. Mutual agreements for recognizing professional practice	
4. Work conditions		13. Proportion of precarious work conditions	
		14. Worker health and security policies	
		15. Managers with public health and management competencies	
		16. Conflict negotiation	
5. Education-service links		17. Reorientation of training health personnel towards PHC	
		18. Training programs in health for under-served populations	
		19. Level of attrition in medical schools	
		20. Accreditation of medical and public health schools	

10. Identify the health services program that is affiliated or supports the goal or goals:

- The Primary Health Care
- Mobile Clinic services

11. Detail the PROGRAM budget by component: The program is under HECOPAB with below budget from 2005/2006 to 2012/13 fiscal year. HECOPAB pilots the affairs of CHWs among other things, from this lean budget.

Financial Year	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
GoB's Budget (BZ \$ M)	493.7	561.7	585.2	649.6	768.5	825.0	867.4	862.2
MoH Budget (BZ \$ M)	61.5	72.8	86.4	72.8	83.4	95.5	97.8	93.7
MoH Budget (%) of GoB	12.5	13.0	14.8	11.2	10.9	11.6	11.3	10.9

DESCRIPCIÓN DEL PROGRAMA – versión 10 mayo 2013

HECOPAB	NA	NA	NA	\$127,151	\$122,659	\$179,464	\$171,752	\$153,944
HECOPAB as % of MoH	NA	NA	NA	0.17	0.15	0.19	0.18	0.17

12. Indicate if the program is under development, has already begun, is now operational, or has already ended:

The CHWs program has been operational since 1982. It was however restructured in 1995 after the creation of HECOPAB Unit. In 2012/2013 the HECOPAB initiated a partnership with US Peace Corp that would see the Corp member work with CHW at community level.

13. How long has the program been operational: Since 1982

14. Provide the program calendar: All year round calendar

15. List the partners participating in the program and its implementation:

- MOH,
- US Peace Corps

16. Identify the partners and interested parties who have been affected by the program, including all of the beneficiaries:

- The rural communities
- The vulnerable group within the community
- Underserved population
- Indigenous people

17. Describe the follow-up or evaluation process in relation to the program: The HECOPAB Unit is under the headship of a competent Technical Adviser who is making concerted efforts to develop relevant indicators, set goals and commence Monitoring and Evaluation on regular basis.

## 18. EXAMPLE OF RURAL HEALTH PHYSICIAN PROGRAM (RHPP), CANADA

<p><b>Objectives</b></p> <p>The program mission is to expand medical clinical rotations in rural zones, connecting medical students with doctors who work in small towns and remote areas. The principal objectives of the program are to:</p> <ul style="list-style-type: none"> <li>i) Support and promote students' interest in careers in rural areas;</li> <li>ii) Provide opportunities for students to experience the challenges and rewards of working in rural practice;</li> <li>iii) Develop a mentor relationship between students and professionals in rural areas;</li> <li>iv) Encourage students to enter careers in primary health care; and</li> <li>v) Establish work-learning partnerships between rural physicians, medical schools and students.</li> </ul>	
<p><b>Population of Interest</b></p> <p>The population of principal interest is medical students in years 1-4 of medical school.</p> <p>Program partners include the medical schools, rural health clinics, rural hospitals, rural medical preceptors, other members of the local health professional team and patients.</p>	
<p><b>Long-term Objectives and Outcomes</b></p> <p>Improve the health of the rural populations through better access to medical services.</p>	<p><b>Indicators</b></p> <p>Annual variation % in the waiting-time for patients in rural areas.</p> <p>Annual variation % in the amount of time that newly-licensed physicians continue working in rural practice</p>
<p><b>Mid-term Objectives and Outcomes</b></p> <p>Attract more graduating physicians to begin their practice in rural areas</p>	<p><b>Indicators</b></p> <p>Annual variation % in the number of new medical school graduates (graduates of the RHPP vs. total number of medical graduates) contracted to work in rural areas</p>
<p><b>Short-term Objectives and Outcomes</b></p> <p>Attract more medical students to participate in the Rural Health Physician Program</p>	<p><b>Indicators</b></p> <p>Annual variation % in the number of students participating in the Rural Health Physician Program</p>
<p><b>Products</b></p> <p>Plan community meetings, organize sessions with medical preceptors, develop communications strategies, student seminars, revise curricular plans</p>	<p><b>Indicators</b></p> <p>Annual total number of meetings organized with the community, medical preceptors, and student seminars and planned community programs</p>
<p><b>Activities</b></p> <p>Implement communication strategies, participate in student, medical preceptor and community meetings, prepare revised study plan and content for seminars.</p>	<p><b>Indicators</b></p> <p>Annual total number of written communication strategies, meetings with the students, preceptors and communities, changes in the curricula and seminar content</p>