

AGENDA

BACKGROUND (5 min)

CASE PRESENTATION (20 min)

- Project Implementation & Evaluation Methods
- Evaluation Results & Challenges

DISCUSSION (20 min)

- •Discussion of Challenges & Feedback on Methodology
- Summary & Plans for Sharing Tools

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Abstract

Contaminated water and lack of sanitation lead to disease and malnutrition with poor health outcomes in developing countries. Rural communities around the world struggle with development and implementation of water purification and sanitation systems due to lack of funds, expertise and education about their importance. Addressing these issues through household water filtration and composting toilets should decrease the burden of disease and improve nutrition.

Effective evaluation is imperative to assure outcomes and maintain funding. Our project in rural Mayan villages of Guatemala started with Ecofiltros (locally developed) and owner constructed composting toilets. We will present our implementation, collaboration with communities, evaluation data methodology (including community meetings, project tracking, pre/post surveys, education and focus group feedback), data gathering by in-country staff and results. After reporting lessons learned, we will lead a discussion about how to improve project implementation with integrated evaluation systems that effectively document impact and identify challenges.

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Guatemala — Departmento de Izabal Parcore Reserva de Biosfera Maya Belice Belice Guatemala San Pec Cuezalterango Cludad de Guatemala El Salvado

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Learning Objectives

As a result of this session the learner will...

- Understand a collaborative model for implementation and evaluation of health projects in remote villages of developing countries working with local staff
- Assess 2 methods used for evaluating water filter and composting toilet interventions with their respective strengths and limitations
- Describe the challenges of evaluation of interventions in remote settings in developing countries and some possible ways of addressing them

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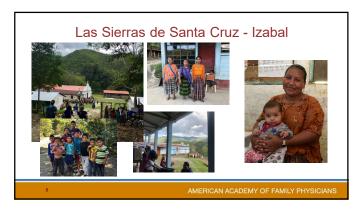


Malnutrition in Guatemala

- Largest country in Central America with one of the highest levels of disparity between rich and poor as well as one of the highest poverty levels worldwide
 - 54% of the population living below the poverty line in 2011
 - Two-thirds of the population live on less than \$2 USD a day (World Bank 2017)
 - Indigenous populations (>40% of the total population) have much worse rates of poverty, malnutrition, mortality and reduced access to education and health services (MSPAS et al. 2017)



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Malnutrition in Guatemala

Guatemala has the third-highest rate of chronic malnutrition in the world and the highest in Latin America and the Caribbean.

- 50% of Guatemalan <5yo of age are stunted due to chronic food insecurity
- Indigenous areas, nearly 70% of the population is chronically malnourished



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Diarrhea

- Second leading cause of death, leading cause of malnutrition in children < 5 yrs old
- Contaminated water can transmit diseases including diarrhea (rotavirus, crytposporidium, EColi, Shigella), cholera, dysentery, typhoid, and polio.
- •Estimated to cause 829,000 deaths each year (unsafe water & poor hand hygiene)
- •UN General Assembly recognized the human right to water and sanitation (2010) and WHO incorporates this into Sustainable Development Goal 6.1

WHO Fact Sheets - Water June 2019, Diarrhoeal Disease May 2017

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Baseline Situation

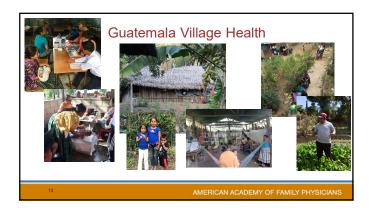
SETTING

- Remote rural Mayan villages in Guatemala
- International NGO working with local staff for over 10 years to improve health through clinical care, health education & public health improvement projects
- Villages visits every 6 weeks local team
- Clinical Jornadas 6months local with US team

PROBLEM

- Contaminated water
- High Burden of GI illness
- High levels of Chronic Malnutrition

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Public Health Intervention Project

SOLUTION

- Water Filters
- Composting Toilets
- Handwashing

PLANNED INTERVENTION

- •200 Ecofiltros villagers pay 20% of cost
- •200 Composting Toilets villagers transport materials & build them
- •Education on use & maintenance of filters and composting toliets
- •Hygiene education

Project Implementation

Resources We Had

- Organization
 - -Small US based NGO (\$150K budget annually)
 -In-Country operation with 10+ years experience
- Finances
- Staff
- -Trained health workers health promotors, local nurse & lead promoter, in-country nurse
 -In-Country Director with 20+ yrs experience in villages in the area
 -Construction Project Manager construction project management experience
 -Researcher (DNP candidate) US based
 -Public Health & Project Management expertise US based

- *Funding: Rotary International Mill Creek & Guatemala Estes Clubs



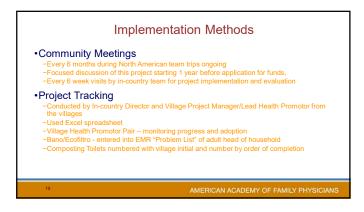
Project Implementation

Timeline from Start Up to Finish

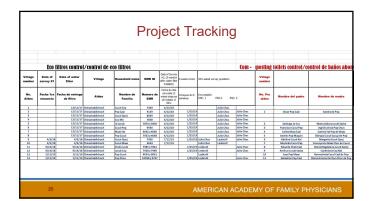
- Grant Writing 1/2017-9/2017 submission; Funding 2/2018
- Project
 - -Ecofiltros (2/2018-1/2019)
 - Collection of funds from villagers (20% of cost)
 - · Training & Distribution
 - · 6 week check-in
 - Home Visits & Evaluation every 3 months

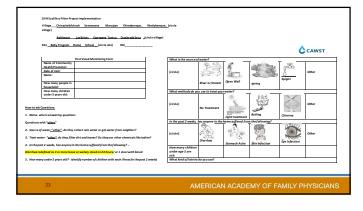
-Banos (7/2018-now)

- Purchasing & Transport of materials
 Construction of Banos
- · Compost processing

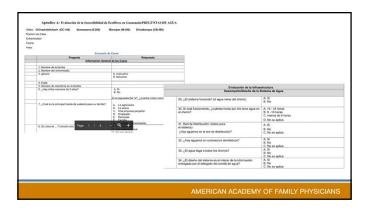


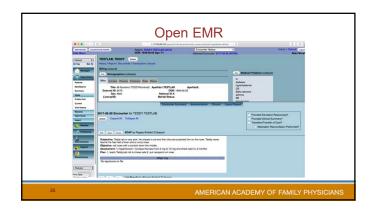


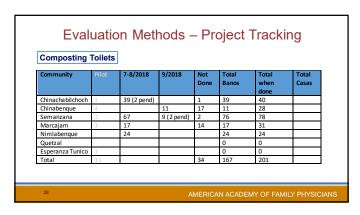


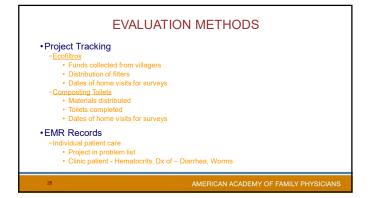


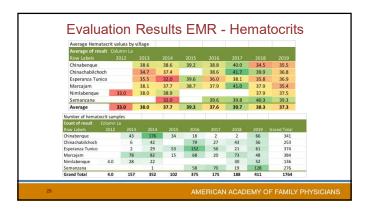


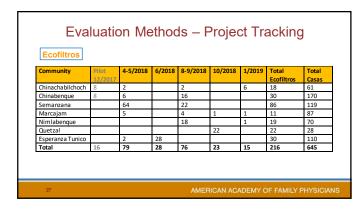


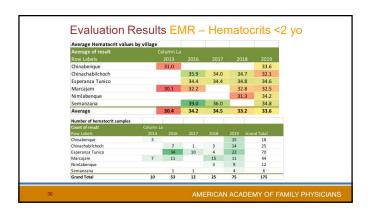


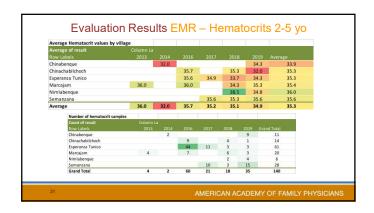


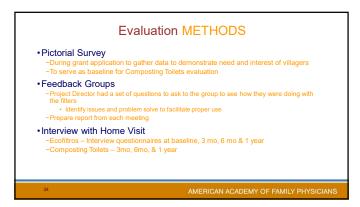


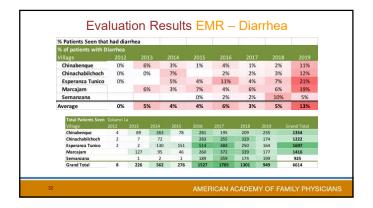


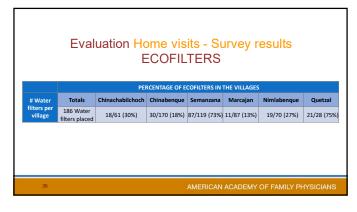


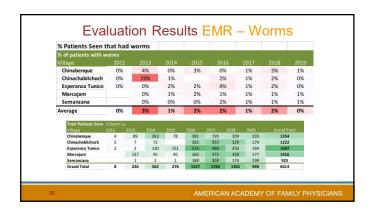


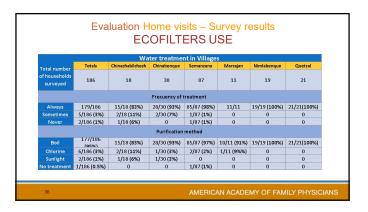


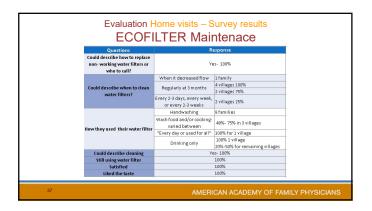


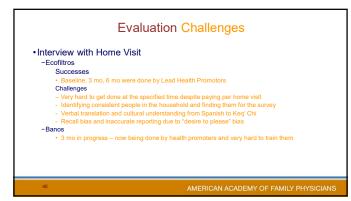












Pictorial Survey

-Needs Assessment

Very few completed

investigator didn't speak Spanish so hard to translate instructions

Pictures were not as universal as expected so answers did not correlate with known information

Administration required some communication which both researcher and health promoters did poorly for different reasons

-Baseline for Composting Toilets

Completed by health promoter in 2 villages after construction but before use of composting toilets, instructions not clear to health promoter thus all completed that they had a composting toilet, not what they used previously

In the process of redoing baseline given the recall is likely to be accurate.

DISCUSSION of EVALUATION CHALLENGES

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•Feedback Group at 6 weeks for Ecofiltros
Successes
Group meetings did occur
Anecdotal reporting that all were happy with filters and not having any problems
Challenges
Although we had a written list of questions, the in-country staff didn't really understand how to to collect feedback
Despite instructions, not notes were kept by in-country staff
Team norm not to say if there is a problem and this is true in the villages as well
Issues of language since health promotors are not fluent in Spanish and have only 3-5th grade education

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SHARING of TOOLS

Tools Identified

- Surveys
- •Data Systems
- •Analysis Support
- •Evaluation Systems
- •SHARING WHAT WE LEARNED

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