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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
Washington, D. C. 20523

PERU

**PROJECT PAPER**

EXTENSION OF INTEGRATED PRIMARY HEALTH  
(Amendment)

AID/LAC/P-030/1

Project Number: 527-0219  
Loan Number: 527-U-072

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PD-ARR-152

<b>AGENCY FOR INTERNATIONAL DEVELOPMENT</b> <b>PROJECT DATA SHEET</b>		<b>1. TRANSACTION CODE</b> <input type="checkbox"/> A = Add <input checked="" type="checkbox"/> C = Change <input type="checkbox"/> D = Delete	Amendment Number One	<b>DOCUMENT CODE</b> 3
<b>2. COUNTRY/ENTITY</b> Peru		<b>3. PROJECT NUMBER</b> 527-0219		
<b>4. BUREAU/OFFICE</b> LA		<b>5. PROJECT TITLE (maximum 40 characters)</b> Extension of Integrated Primary Health		
<b>6. PROJECT ASSISTANCE COMPLETION DATE (PACD)</b> MM DD YY 06 30 86		<b>7. ESTIMATED DATE OF OBLIGATION</b> (Under "B" below, enter 1, 2, 3, or 4) A. Initial FY 79 B. Quarter 4 C. Final FY 85		

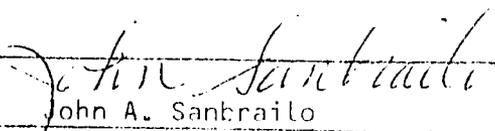
8. COSTS (\$000 OR EQUIVALENT \$1 = )						
A. FUNDING SOURCE	FIRST FY 79			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total				4,225	4,025	8,250
(Grant)	( 682 )	( 668 )	( 1,350 )	( 1,084 )	( 1,366 )	( 2,450 )
(Loan)	( 2,646 )	( 3,154 )	( 5,800 )	( 3,141 )	( 2,659 )	( 5,800 )
Other U.S.						
1. Host Country		480	480	-	2,742	2,742
2. Other Donor(s)						
<b>TOTALS</b>	3,328	4,302	7,630	4,225	6,767	10,992

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) HE	530	510	510	800	5,800	-	-	800	5,800
(2) PN	440	440	-	550	-	-	-	550	-
(9) ARDN	330	350	-	-	-	1,100	-	1,100	-
(4)									
<b>TOTALS</b>				1,350	5,800	1,100	-	2,450	5,800

<b>10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)</b> 530 340						<b>11. SECONDARY PURPOSE CODE</b> 580			
<b>12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)</b> A. Code BR R/H DEL NUTR TNG B. Amount									
<b>13. PROJECT PURPOSE (maximum 480 characters)</b> <div style="border: 1px solid black; padding: 10px; min-height: 80px;">           To strengthen and extend Primary Health Care (PHC) services, which include nutrition and family planning, to rural and marginal urban populations.         </div>									

<b>14. SCHEDULED EVALUATIONS</b> Interim MM YY MM YY Final MM YY 1 2 84 0 3 86						<b>15. SOURCE/ORIGIN OF GOODS AND SERVICES</b> <input checked="" type="checkbox"/> 000 <input checked="" type="checkbox"/> 941 <input checked="" type="checkbox"/> Local <input type="checkbox"/> Other (Specify)			
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**16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment.)**  
 Increased support for nutrition education, growth monitoring for children, and nutrition research activities to improve the health and nutrition status of the target population of the PHC system.

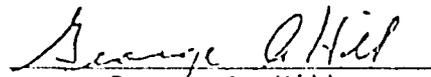
<b>17. APPROVED BY</b>	Signature 	<b>18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION</b> MM DD YY
	Title Director	

Authorization Amendment No. 1

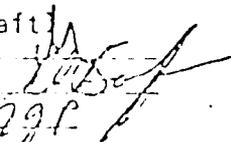
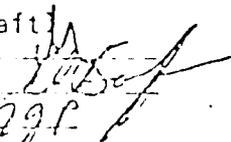
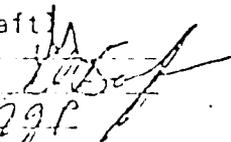
DEC 21 1984

Name of Country: Peru  
Name of Project: Extension of Integrated  
Primary Health  
Number of Project: 527-0219  
Number of Loan: 527-U-072

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Extension of Integrated Primary Health Project for Peru was authorized on September 12, 1979. That authorization is hereby amended by deleting the phrase "\$1.35 million in Grant funds over a four", in the first sentence of the first paragraph and substituting the phrase, "\$2.45 million in Grant funds over a six", in lieu thereof.
2. The authorization cited above remains in force except as hereby amended.

  
George A. Hill  
Acting Director

CLEARANCES:

CD:JFWall: (in draft)  
DR:GWachtenheim:   
CONT:RBonnaiffon:   
HNE:MFarker: 

EXTENSION OF INTEGRATED HEALTH

PROJECT NUMBER: 527-0219

AMENDMENT NUMBER

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1. BACKGROUND

A. Project Progress to Date

The extension of Integrated Primary Health Project (No. 527-0219) was authorized on September 12, 1979. The project was obligated for the full LOP funding of \$7.15 million (\$5.8 million, loan, and \$1.35 million, grant) on September 19, 1979. The complete set of initial operating plans from the health regions, required to meet the last outstanding CP, was submitted and approved on January 30, 1981. Because of a series of management and administrative delays within the MOH, full project implementation did not actually begin until late 1982. (See Mission's quarterly/semiannual reports for details.)

The purpose of the original project is to strengthen and extend primary health care (PHC) services, which include nutrition and family planning, to rural and marginal urban populations. A TA contract with Westinghouse Health Systems was signed in April 1983 in order to provide institution building support to the MOH. The original team has been in Peru since May 1983. In May 1984 the team was expanded to include six regional advisors. In addition, to furnishing direct assistance to their MOH counterparts, the technical assistance team has conducted analyses of training, supervision, and financial management systems within the MOH.

The project has provided a series of training sessions on community health and nutrition for health promoters and traditional birth attendants (TBA) from all of the participating regions. In addition, approximately 350 health posts, 2,000 promoters, and 1,000 TBA's have received equipment and basic medicines in order to extend the coverage of the PHC system. A National Nutrition and Health Survey (NNHS) has been designed, and field work will be completed in November 1984. Preliminary data analysis will be completed o/a May 1985. A mass media campaign to promote family planning, oral rehydration therapy (ORT) and the National Immunization Program began September 21, 1984.

Increased momentum in project implementation began in mid-1983 after a series of regional seminars which transmitted technical and administrative information to approximately 250 regional and subregional MOH staff charged with carrying out project activities. Since that time continuous progress has been documented through the project manager's review of disbursement vouchers. The principal delay still encountered is the slow and tedious process within the MOH of rendering and analyzing regional level financial documents. Recommendations made by the project's financial management advisor in October 1984 have been well received and are being examined at this time by the MOH's Office of Administration. Project regional advisors, working over the past four months, have facilitated more rapid financial reporting. Their follow-up of requests for advance of funds is also contributing to increased momentum in disbursements. Evaluation of the project, which began on October 22, 1984, will examine project performance, using the Westinghouse and other

consultant reports as informational sources. The conclusions and recommendations due in January, will identify additional mechanisms for strengthening the administrative and financial management capability of the MOH and USAID to accelerate project implementation.

#### B. The Nutrition Problem in Peru

Peru has experienced a chronic nutrition problem of major proportions for at least forty years. The problem of nutritional inadequacy has become more acute during recent years because of severely depressed economic activity combined with high inflation, the cumulative effects of long-term decapitalization of the agricultural sector, and a series of natural disasters, most recently in 1983-84, which dramatically reduced domestic food production. Approximately half of the population in both urban and rural areas suffer from chronic undernourishment as a consequence of inadequate diets. A recent USAID-funded study of nutrition in Peru (Sigma One Corp. Nutrition Assessment: 1983) found that diets of the poor are inadequate in calories and certain nutrients; even the diets of the middle income population are marginal and, occasionally, inadequate. The result is higher child and infant morbidity and mortality than otherwise would be the case and decreased productivity within the general population. Nutritionally vulnerable children suffer 8-10 episodes of acute diarrhea per year which precipitate acute malnutrition and death. The principal causes of the nutrition problem in Peru, as identified by the Nutrition Assessment, are widespread poverty and a dysfunctional public health system which fails to provide the package of basic health and family planning services to its mandated target population on a cost effective basis. For example, immunization coverage has hovered at the 30 per cent rate for the past 5 years. The assessment concludes that part of the nutrition problem can be addressed through selected interventions in the PHC system.

The long term solutions to the underlying, systemic problems depend on incorporating nutrition into the development policy dialogue and planning process of the Peruvian government. For example, GOP food and nutrition policy has focused on food production and import substitution; however, other elements of the policy, such as subsidies, price controls, and state marketing interventions, have undermined technical efforts to increase food production. Total production of many basic foods has fallen over the past decade. Given Peru's rapid population growth, per capita food availability has declined despite increasing food imports.

The USAID financed nutrition assessment of 1983 also heightened the GOP's concern for nutrition issues. The assessment's identification of the widespread existence of chronic malnutrition in Peru - perhaps affecting as much as 50 percent of the population - has shocked politicians, commentators, and public sector managers in the agriculture and health fields. The assessment, however, stopped short of prescriptions for action or the identification of key policy variables which should be altered to have a

salutary effect on the problem. Rather, it identified a series of data collection efforts that would be necessary to provide the basis for policy recommendations. Substantial data collection efforts are now underway in the agriculture and health sectors. In agriculture, the Agricultural Planning and Institutional Development (APID) project is conducting a national rural household survey, developing the area sample frame for continuous monitoring of agricultural production, and has established an Agricultural Policy Analysis Group which is conducting a series of studies on agricultural credit, production, prices, trade, irrigation, public investment, and marketing. These studies are complemented by the centrally-funded, short-term Impact Study of Consumption Effects of Agricultural Policies. In health, a stratified National Nutrition and Health survey covering 18,000 households will provide data on: (a) the magnitude of the nutrition problem at the national and regional level, (b) access to and utilization of health services, (c) disease patterns, (d) geographic distribution of households with malnourished children, and (e) socio-economic characteristics of households with malnourished children. The MOH has established an Analysis Group to take a lead role in the analysis and diffusion of the survey results. The preliminary results of both the health and rural household surveys will be available in April/May 1985. The Mission and GOP will begin to formulate medium term (1986-1990) policy recommendations for appropriate broad scale interventions based on this data during mid to late 1985.

The objectives of the policy recommendations will be to substantially reduce the present 50 percent malnutrition rate - a reasonable target would be to reduce the rate to no more than 35-40 percent by the mid 1990's. Such improvement should be possible within current resource levels by better targeting and administration of current food subsidies, improved agriculture incentives and productivity, improved market information, and better consumer education and nutrient utilization. It is clear however, given Peru's difficult geography, isolated and dispersed population centers, plethora of micro-climates, limited agricultural potential in major areas of the Sierra and jungle, rapid urban migration, and the existence of severe poverty pockets in growing cities, that broad gauged policy interventions to reduce the incidence of malnutrition will leave a residual problem of significant proportions which must be addressed by the health system. The most cost effective response to this residual problem will be through the National Primary Health Care System.

Peru's primary health care system is still in a nascent state. Before the Alma-Ata primary health conference in 1978, the concept of primary health care was foreign to the Peruvian national public health system. In a few short years, the Ministry of Health has revolutionized its concepts, organization, training and administration. Primary health care is embraced as MOH policy for health delivery to the majority of Peru's citizens. Physicians and health workers are being retrained, job descriptions are being rewritten, the unions are being educated, and resources are being deployed to convert a staid, old line, hospital-based health care system into a more agile service

provider to an increasing proportion of Peru's population. These changes are occurring without major additional public sector resources devoted to health. It can now be said that an incipient primary health care system exists in Peru. Community-based, volunteer health care workers are providing services in remote areas, and increased emphasis has been placed on low cost outreach facilities. The Ministry has adopted cost-effective techniques of service delivery i.e. immunization campaigns, health education, family planning, oral rehydration therapy, etc. Increased priority has been given to small scale, potable water and sanitation (latrine) systems.

It also is clear, as the current mid-course evaluation of projects 219/230 will show, that the PHC system is not yet well integrated, and frequently lacks support from key MOH staff offices which also backstop hospital-based curative delivery installations. The administrative and financial systems, developed to support hospitals, are not yet sufficiently agile to support adequately the more widespread PHC network of decentralized facilities and workers.

The integration of the PHC system is the major agenda for future interventions in the health sector. But in the short term, the PHC system must defend and conclusively demonstrate its legitimacy in Peru, within the public health care bureaucracy, and to the clients of the system. To be effective, the PHC system must be interactive with its clients. Immunization campaigns, family planning services and information and health education messages all involve PHC clients with the system of service delivery. Oral rehydration therapy is another cost effective intervention. All these services share a common characteristic - they are temporary or one time interventions which put a premium on follow-up by the PHC worker with the client family. There is no incentive for the client to make an equal effort to stay in regular touch with the PHC service provider. An additional PHC service adds an incentive for clients to use the system - especially the high priority target group of children 0-5 and their mothers. That PHC service is the extension of nutrition information and counselling organized around regular weighing and growth monitoring of infant/child development. Such a service provides a means for regular contact and communication between the client and the PHC system.

#### 11. AMENDMENT RATIONALE

USAID believes that a substantial portion of the nutrition problems of Peru's citizens can be addressed only through the health sector, that the primary health care system is the appropriate means to address these problems, and that the PHC system should be modified to include provision of adequate nutrition services. The addition of a growth chart monitoring approach to services being provided is appropriate because:

- a) it provides a context within which to explain oral rehydration therapy, vitamin therapy and a number of other health education messages;
- b) it offers the PHC system an additional means by which to affirm its

legitimacy as the appropriate strategy to extend health care in Peru to an increasing portion of the population;

c) it makes possible the identification of growth failure months before this results in severe malnutrition requiring expensive hospital treatment; and

d) it promotes direct interaction with the most important element of the PHC target group - women of child bearing age, mothers, and children 0-5.

Furthermore, USAID believes that now is the appropriate time to introduce nutrition services to the PHC system in Peru. The Nutrition Assessment has heightened concern over nutrition issues. The PHC system is in place, and services are being provided to an increasing clientele. The rationalization and qualitative upgrading of the PHC system which is occurring should take account of the continuing demand that the ministry will confront for nutrition related services. It will be harder to graft those services onto the PHC system after consolidation than at present. The improvements which are being and must be made in PHC administration, finance, supervision, etc., should be planned to accommodate the demand for nutrition services.

The Project Amendment proposed herein is an initial effort to support the MOH's desire to complement the current limited array of PHC services to address widespread incidence of malnutrition in Peru. The Amendment supports the introduction of nutrition services and techniques to the Ministry staff and to the PHC workers. It supports the organization of those services around a growth chart monitoring technology and deepens the Ministry's commitment to oral rehydration therapy in that context. The Amendment also proposes to take advantage of the substantial programs of directed feeding being carried out in Peru by the GOP and private agencies to improve the impact of such feeding programs.

The Project Admendment does not pretend to be the complete, or even the most important, response to Peru's nutrition problem. The Mission believes, however, that it is important for Peru to begin to expand the base within the PHC system which can deal with widespread malnutrition. Even with much improved agriculture, food, and subsidy policies, there will remain a substantial residual problem which can be addressed most effectively through the PHC system.

### III. AMENDMENT STRATEGY

Common preventable diseases cause considerable wastage of nutrients through diarrhea, fever, loss of appetite, etc. These factors, because they affect nutrient utilization, contribute to chronic malnutrition and often precipitate acute malnutrition. This is a vicious circle as the malnourished are, in turn, more susceptible to disease. Recognizing these linkages, and the worsening of nutritional problems, the MOH has assigned a higher priority to nutrition and requested AID assistance to provide resources to carry out selected nutrition activities within the primary health care program. The Nutrition Amendment responds to this request by providing resources to fund

technical assistance and training in growth monitoring and nutrition education activities already incorporated in the MOH's primary care system and to support PL 480 Title II feeding programs managed by the PVOs which are confronting directly the problems of malnutrition in selected vulnerable groups.

The original design of Project 0219 contemplated nutrition activities as a component of basic health services but the project's financial plan did not provide adequate financing for it. For example, the technical assistance plan included a nutrition planner for 12 months. However, under the original project only \$210,000 was budgeted for the entire TA package which currently totals \$659,000. Under the proposed amendment, a nutrition planner for 12 months is fully budgeted, along with more specialized short-term TA. In accordance with the original project design, project specific nutrition activities have been implemented where funding permitted: health centers and posts have received approximately 420 baby scales to support growth monitoring activities; multivitamins, costing \$230,000, for pregnant women and malnourished children have been distributed; more than 1 million oral rehydration salt packets have been distributed; TBA training programs include lessons in nutrition education for pregnant women and infants; and a comprehensive National Nutrition and Health Survey (NNHS) is being carried out. Limited project resources have required a prioritization of the wide range of health related concerns encompassing a PHC system. To date, nutrition education and growth monitoring activities have not been accorded a high priority. The growing nutrition problem, as identified in the nutrition assessment, and renewed MOH interest in nutrition indicate that the preconditions exist for expanded nutrition activities to maximize AID's investment in a health sector program. USAID/Peru, therefore, proposes to amend the project Authorization to include funds for financing a limited but cost-effective nutrition component of the MOH's PHC system. In this manner, the original project objective of extending basic health services to rural and peri-urban areas will be fully achieved.

Because the Health Regions are already performing PHC activities, and operational plans already drawn up for 1985-1986 can be quickly amended to insert the additional support for nutrition, no problems are foreseen in utilizing the new funding on a priority basis. The Mission will procure all equipment and ORS on behalf of the MOH. In this way the \$700,000 in additional funding will be rapidly committed and easily disbursed by the revised PACD of June 30, 1986. The additional \$342,000 in counterpart funding is already budgeted in the GOP's 1985 Budget Submission to the Congress. PL-480 Title I generations fully fund the counterpart requirements. The PVO community has already had experience in collaborating with MOH workers on nutrition education programs. With the 1983 El Niño disaster, the PVO community has a heightened awareness of nutrition problems in Peru and is strongly motivated to include growth monitoring activities in its supplementary feeding programs. The Nutrition Research Institute has already trained health workers in growth monitoring as part of its role in carrying

out the National Nutrition and Health Survey. IIN is ready to expand its community research activities and role to training trainers in the MOH PHC system. In summary, the Mission considers the project amendment critical to achieving the original project objective of institutionalizing the concept of extension of integrated primary health, including nutrition, within the MOH and believes the requisite technical, institutional, financial, and social conditions exist for expeditiously implementing amendment activities.

#### IV. PROJECT AMENDMENT DESCRIPTION

##### A. Goal and Purpose

The original project's goal and purpose remain unchanged. The increased support for nutrition education, growth monitoring and nutrition research activities will improve the health and nutrition status of the target population of the PHC system and thereby assist in achieving the purpose of the original project.

##### B. Elements of the Project

The Project Amendment adds financing for specific nutrition activities within the existing project elements and supports MOH initiatives to promote nutrition in PHC. Specifics of the nutrition related support for each element are described below.

##### 1. Rural Health and Nutrition Service Delivery

This project element provides basic medicines and equipment to support the extension of primary health out services including nutrition to an estimated 4,284,000 persons currently either unserved or underserved. Community level health workers (promoters) and traditional birth attendants (TBAs) use these resources to provide a package of immunizations, prenatal and postpartum services, family planning information and simple curative services, e.g., oral rehydration, parasite control, and TB treatment. The amendment will provide additional supplies of oral rehydration salts (ORS) and scales to support growth monitoring activities at the community level.

##### a. Medicines

Medicines have been provided to the health posts for distribution to and use by community health workers and health post auxiliaries. The amendment includes additional \$350,000 under reprogrammed loan funds for the purchase of approximately 2.5 million packets of oral rehydration salts to assure an adequate supply for the MOH during CY1985 and CY1986. In addition, the GOP will procure vitamins and parasite medicines using up to \$100,000 in counterpart funds.

b. Equipment

The amendment includes \$65,000 under reprogrammed loan funds for the procurement of portable weighing scales for community level workers to carry out growth monitoring activities (for promoters: 1,000 25-kg. dial spring scales and for TBA's: 500 10-kg. dial spring scales for newborns).

2. Community Education and Sanitation Activities

Community Education will be enhanced by three activities which focus on nutrition interventions.

a. Community Level Growth Monitoring

Community level growth monitoring of children under 5 years will identify malnourished children who should receive supplemental food or other nutritional or medical treatment before the child becomes severely malnourished. The growth charts, which will be given to the mothers, include nutrition messages regarding feeding and weaning practices. Other nutrition education materials will be developed to increase awareness and reinforce appropriate feeding and weaning practices. The community level workers will carry out growth monitoring activities, channeling supplemental food to malnourished children through mothers' clubs or other community organizations.

USAID will finance the printing of growth charts (already designed by the MOH) and other community level nutrition education materials at an estimated cost of \$90,000, and \$10,000 in GOP counterpart funds will be used to finance the transportation costs for delivery of the printed materials.

b. Mass Media for Nutrition

Nutrition messages regarding breastfeeding, infant weaning and child growth and development will be included in the MOH's on-going mass media campaign titled "Alfabetización Sanitaria". The current mass media campaign, funded under the Integrated Health and Family Planning Project No. 527-0230, includes promotion of family planning, oral rehydration therapy and immunization. Additional funds under this amendment will allow for the development of additional nutrition themes in the campaign. Weaning information and promotion of breastfeeding, particularly targeting mothers in pueblos jóvenes, are considered critical themes to be included in the campaign. The operations research studies funded under the amended project, as well as the further analysis of nutrition data from the National Nutrition and Health Survey (NNHS), will provide information regarding media messages and target audiences.

Peruvian marketing and advertising expertise will be utilized to develop the nutrition messages, as has been the case of the

current mass media campaign. A specialist in communications, with a public health nutrition background, will be contracted to assure coordination of the nutrition messages content with the media plan. Funds will be provided for the local costs associated with radio spots and the development and distribution of related print materials. Budgeted for this activity are \$100,000.

c. Community-based Applied Nutrition Projects

Several small, applied nutrition "pilot" projects, developed by communities to promote income generation, food production and prevent food losses, will be funded and implemented under the amendment. Selected projects may include fish ponds, animal husbandry of minor animal (rabbits, chickens), and school and community gardens. Of special interest will be small-scale commercial ventures for the production and processing of traditional vegetable mixtures as weaning foods. Lessons learned from the UNICEF/PAHO nutrition project in Puno will be taken into account during the design and implementation of these pilot projects.

The Ministry of Health is particularly interested in increasing community participation in the PHC Program and has specifically requested that USAID funds be made available to support such interventions. Proposals for funding small-scale, applied projects will be submitted to the Directorate of Applied Nutrition and Feeding (DANA) of the MOH for approval. Adequate MOH supervision and strong community support will be important criteria used in judging feasibility and acceptability of proposals. DANA will submit to USAID full reports on a quarterly basis of the community based nutrition activities funded under this supplement. Total USAID contribution is estimated at \$48,000.

3. Training and Supervision

a. Training

The Amendment will provide training in nutrition and growth monitoring to MOH officials from all levels of service (central, regional, area hospitalaria, health center, health post). It will also provide funds for retraining TBA's and promoters in nutrition. Included in the amendment are short-term courses in the U.S. and at INCAP in Guatemala, as well as in-country training for PHC workers. A national conference on nutrition in PHC is scheduled for late 1985. A nutrition resource center will be established in the MOH Nutrition Institute.

Specific training activities include: (a) U.S. training for six months in nutrition planning for two persons; (b) third-country training for one month in growth monitoring and training methods for up to ten MOH participants; (c) three in-country workshops for three weeks each in growth monitoring and training methods for 50 MOH officials from regional and area

hospital (AH) training units; (d) five in-country workshops for ten days each in growth monitoring and training methods for 100 nurses, doctors, midwives, and nutritionists from health centers; (e) 100 in-service refresher courses of one week each for 100 health post auxiliaries, 500 TBA's and 1000 promoters; (f) a national conference on nutrition in PHC to serve as a forum for the exchange of ideas and experiences on problems of implementation of nutrition components in on ongoing PHC efforts and to serve as a means of communication among the different multilateral and bilateral donor agencies active in nutrition interventions in Peru; and (g) funds will be provided for the organization of a data bank to centralize all the studies and research carried out in nutrition by different public or private entities, which would be available for use at the national level. The center will be established under the direction of the Ministry of Health's Centro de Investigación en Nutrición (CIN).

Funds will also be used to develop a reference center for Peruvian and international literature on nutrition. Limited funds will be made available for office supplies including a card catalog, bookcases, study tables and chairs, subscriptions to a number of professional journals in nutrition, and reference books. For all training activities described above, \$145,000 are budgeted.

b. Supervision

GOP counterpart funds in the amount of \$232,000 will be provided by the MOH to finance supervision visits of PHC workers at all levels. The supervision visits will focus on all aspects of project implementation, both technical and administrative. These visits will include follow-up of nutrition activities funded under the Amendment. Funds available under the complementary health project (No. 527-0230) are already budgeted for supervision visits during CY1985-1986.

4. Information System and Studies

a. Information System

The Amendment includes additional funding to carry-out further analysis of nutrition data from the National Nutrition and Health Survey (NNHS), which covered 18,000 households. An Analysis Group composed of representatives from several MOH offices has been established to provide guidance to the survey analysis activities. Once the basic tabulations of the survey results are complete, the amended project will fund further analysis to be identified by the Analysis Group and will provide limited additional technical assistance and local cost resources, including computer time associated with training local staff in data analysis procedures. This analysis should help to identify the full extent of the nutrition problem in Peru. There are \$62,000 budgeted for the analysis group workshops, technical assistance computer time, and data analysis.

b. Studies

i. Goiter Survey

The project will fund a survey and follow-up intervention which will provide data on prevalence and incidence of iodine deficiency. The Andes are one of several areas in the world where iodine deficiency is severe enough to produce not only goiter but endemic cretinism. Iodized salt is the cheapest and most effective intervention; however, where the problem is severe and it is difficult to get iodized salt to the population, injection of iodized oil intramuscularly is cost effective, with one injection lasting from two to four years.

A six month survey will be conducted in four Health Regions with a sample size of approximately 20,000. Physical data will be recorded, including urine sample results, as well as an analysis of existing salt supplies for iodine availability. In addition, a small scale follow-up to the survey will provide iodized oil treatment in areas identified as severely affected by iodine deficiency and where iodized salt is not available. The analysis of the data will provide a measure of the problem in Peru and a basis for designing subsequent educational interventions to reduce the incidence of goiter. This activity will complete PAHO work with iodized salt intervention. The total estimated cost for this survey is \$40,000.

ii. Operations Research in Nutrition

Various nutrition interventions exist which could have a dramatic impact on the problems of infant, child and maternal morbidity and mortality if ways could be found to get them to the target populations. Among the most efficacious of these interventions are: growth monitoring, oral rehydration therapy, weaning foods and breastfeeding.

The project will fund at least two operations research studies in the above areas. Operations research in nutrition will identify alternative approaches, analyze the advantages and disadvantages of these alternatives, and help decision makers select and implement the most cost-effective approaches. The results of the research will help decision makers find better ways to provide essential nutrition services to high-risk populations in rural and marginal urban communities. A total of \$40,000 is included to finance these studies.

5. Technical Assistance

Long and short-term Technical Assistance (TA) in nutrition will be financed at an estimated total of \$240,000. One long-term nutrition planner will provide TA for 12 p/m to coordinate implementation of the nutrition activities with the participating MOH offices --DSMIP, DANA, CIN,

and Health Regions. The nutrition advisor will work with the Westinghouse central and regional level advisors.

The following 10 person/months of short-term consultancies will be financed under the amendment: (a) nutrition materials development specialist for 3 p/m; (b) growth monitoring, training, and supervision specialist for 3 p/m; and (c) nutritional epidemiologist to assist with NNHS data analysis for 4 p/m.

6. Maternal and Child Health Feeding Program Nutrition Training Activities with PVOs.

In order to increase the nutritional impact of maternal and child health (MCH) feeding programs, the Amendment will finance a cooperative grant agreement with the Nutrition Research Institute (IIN) to provide training in growth monitoring and nutrition education for PVOs and MOH organizations involved in supplementary food distribution programs to mothers and children. The grant will finance curriculum and materials development, procurement of weighing equipment, training of trainers courses, and two related research studies.

The IIN is a private sector institution with 24 years of experience in nutrition research in Peru. IIN staff who are carrying out studies in pueblos jóvenes of Lima and in rural areas are familiar with the feeding programs of PVO's and have training expertise in growth monitoring and nutrition education. In addition, IIN has the administrative capability necessary to support the activity, as demonstrated by their management of various USAID Peru and AID/W grant projects.

IIN staff will develop training materials and three week curriculum to train the nutritionists from the following organizations:

ONAA	27
CRS/CARITAS	23
SAWS/OFASA	4
CARE	1
CWS/SEPAS	8
DANA	<u>11</u>
TOTAL	74

Upon completion of the training of trainers course, these nutritionists will conduct courses in growth monitoring and nutrition education for the promoters and volunteers who implement each organization's

MCH feeding program. Over 100 promoters and up to 9,000 volunteers will receive training financed under USAID OPGs.

In addition, IIN will purchase approximately 2000 portable spring scales, which will be distributed among the organizations to support growth monitoring activities. Approximately 10,000 copies of printed materials on nutrition education and growth monitoring will be distributed to the nutritionists and promoters in conjunction with the training courses.

Funds will also support two related research projects which will provide recommendations concerning feeding of children during the weaning period and during episodes of diarrhea. These recommendations will be used to develop additional educational materials for nutrition personnel working in urban areas. Total cost of the grant to IIN for the above activities is \$400,000.

#### C. End of Project Status

At the end of the project, the following outputs in addition to those described in the original PP will be achieved:

- (1) Job profiles of MOH PHC personnel will include nutrition services;
- (2) 1,500 community level health workers and 250 MOH PHC workers will be trained in nutrition and growth monitoring;
- (3) PHC personnel at community, health post and health center levels will be equipped with growth monitoring tools and oral rehydration salts;
- (4) Approximately 1.5 million children under five will be enrolled in MOH growth monitoring activities;
- (5) Two studies/surveys on specific Peruvian nutritional problems, two operations research activities to test different nutrition in PHC delivery schemes, and nutrition specific data analysis of the NNHS will be carried out;
- (6) The nutrition mass media campaign will reach approximately 5,000,000 persons;
- (7) National nutrition resource center will be established at the MOH;
- (8) Several applied nutrition projects will be developed and implemented; and
- (9) Seventy-five MCH feeding program nutritionists and approximately 2,000 promoters and volunteers will be trained in nutrition education and growth monitoring.

#### D) Beneficiaries

The project beneficiaries remain the same. Project 219 identified the primary beneficiaries to be approximately 4,000,000 urban and rural inhabitants, who would receive the benefits of increased access to medically

trained personnel, information on ways and means to protect their health, and improved nutritional status.

Women (pregnant, lactating, or of child-bearing age) and children under five are receiving the most direct benefits of the project through immunization, family planning information, and maternal-child health care including nutrition. Benefits to the rural poor at large are also occurring through access to referral and treatment services and instruction in health and environmental sanitation. Activities funded under the amended project will increase their knowledge of and services available for nutrition and growth monitoring.

Secondary beneficiaries are the PHC workers and other personnel delivering health services. The health workers are receiving training in MCH care, family planning, environmental sanitation, diagnosis, primary health care and community development. Under the Amendment they will receive increased training in nutrition and growth monitoring.

#### E. Financial Plan

##### 1 Ministry of Health

The \$700,000 of additional grant funds will be added by amendment to the project agreement with the MOH. The additional grant funds, together with \$500,000 in loan funds which will be reprogrammed at MOH request, will be used to finance nutrition activities, according to the budget shown in Table II.

Table I:

**Original Project Budget**  
(As Revised in PIL No. 29)  
(US \$000)

Line items	Loan	Grant	AID Total	GOP Counterpart
A. Rural Health	3212	---	3213	1060
1. Medicines	1500	---	1500	200
2. Equipment	1413	---	1413	760
3. Transportation	300	---	300	100
B. Com. Ed. & San.	200	120	320	300
1. Com. Ed	100	50	150	170
2. San. Activit.	100	0	170	130
C. Trng. & Sup.	1840	150	1990	800
1. Training	900	150	1050	400
2. Supervision	940	---	940	400
D. Techn. Asst. <sup>1/</sup>	---	659	659	---
E. Info./Ev./Rs.	547	421	968	240
1. Info. System	140	---	140	140
2. Eval. & Res.	407	421	828	100
<b>Total</b>	<b>5800</b>	<b>1350</b>	<b>7150</b>	<b>2400</b>
	<del>5800</del>	<del>1350</del>	<del>7150</del>	<del>2400</del>

<sup>1/</sup> Prior to PIL 29, \$210,000 were budgeted for this line item.

Table II:

Line Items	<u>Project Amendment Budget</u>			
	(US\$000)			
	Reprogrammed Loan	New Grant	AID Total	GOP Counterpart
A. Rural Health				
1. Medicines (ORS)	350	---	350	100
2. Equipment	65	---	65	---
3. Transportation	---	---	---	---
B. Com. Ed. & San.				
1. Growth Monit.	40	50	90	10
2. Mass Media	---	100	100	---
3. Applied Nut.	---	48	48	---
C. Trng. & Sup.				
1. Training:				
Conference	---	15	15	---
U.S.	25	---	25	---
3rd country	20	---	20	---
In-country	---	85	85	---
2. Supervision	---	---	---	232
D. Techn. Asst.				
1. TA: Lg term	---	140	140	---
2. St term	---	100	100	---
E. Info./Ev./Rs.				
1. Info. sytem	---	62	62	---
2. Resource Cntr.	---	20	20	---
3. Goiter	---	40	40	---
4. OP Research Studies	---	40	40	---
MOH Total	500	700	1200	342
Cooperative Agreement				
IIN Total		400	400	---
GRAND TOTAL	500 <sup>1/</sup>	1100	1600	342
	===	====	====	===

<sup>1/</sup> The \$500,000 reprogrammed for support of nutrition activities were obtained by reducing the following line items: Medical Equipment and Supplies, by \$33,000, and Training and Supervision, by \$467,000.

Table III:

<u>Revised IOP Project Budget</u> (US\$000)				
Line Items	Loan	Grant	AID Total	GOP Counterpart
A. Rural Health	3595	---	3595	1160
1. Medicines	1850	---	1850	300
2. Equipment	1445	---	1445	760
3. Transportation	300	---	300	100
B. Com. Ed. & San.	240	318	558	310
1. Com. Ed.	140	248	388	180
2. San. Activit.	100	70	170	130
C. Trng. & Sup.	1418	250	1668	1032
1. Training	911	145	861	400
2. Supervision	907	---	807	632
D. Techn. Asst.	---	899	899	---
E. Info./Ev./Rs.	547	583	1130	240
1. Info. System	140	62	202	140
2. Eval. & Res.	407	521	928	100
<u>MOH Total</u>	5800	2050	7850	2742
<u>IIN Cooperative Agreement Total</u>		400	400	---
<u>GRAND TOTAL</u>	5800	2450	8250	2742
	=====	=====	=====	=====

2. Nutrition Research Institute

A cooperative agreement for \$400,000 will be signed with the Nutrition Research Institute (IIN) to support the training of MOH and PVO nutrition personnel. In addition, the IIN will procure and supervise the distribution of the nutrition equipment and supplies (weighing scales and growth charts) for the PVOs.

Table IV:

Illustrative IIN Budget  
US\$000)

Line Item	Amount
Educational Materials & Training	140
Equipment	100
Research	160
Total	400
	===

F. Implementation Plan

All nutrition activities included in the amended project will be completed by June 30, 1986.

1. Project Management

a. Ministry of Health

Administrative management of the project will continue to be the responsibility of the Directorate for Mother/Child Health and Population (DSMIP) with the assistance of various technical offices within the MOH. Implementation of the proposed nutrition activities will be carried out by the regional offices of the MOH through its regional and local area hospital system.

The Directorate for Nutrition Assistance and Feeding (DANA) of the MOH will be incorporated into the project. The office has a full-time professional staff of 12 in the headquarters office in Lima and 165 nutritionists and nutrition auxiliaries in the Regions. The IIN will train the DANA nutrition personnel, who will assist with the refresher courses for the health promoter/TBA's. DANA also will be directly responsible for carrying out several applied nutrition studies.

b. Nutrition Research Institute

The Nutrition Research Institute (IIN) is a private,

non-profit organization originally founded in 1961 as part of the Department of Research of the British American Hospital, and subsequently established as an independent entity in 1971, to carry out research and studies in malnutrition. The staff consists of 44 professionals, including physician and nurse specialists in nutrition. John Hopkins University provides technical assistance and backstopping to the institute. AID has financed the IIN during the past 13 years to conduct research on consumption of basic grains and their effect on human growth, as well as other malnutrition treatment methodologies. IIN is currently working under three AID contracts, including one to train the National Nutrition and Health Survey interviewers. The IIN's 1984 operating budget is approximately \$500,000, financed mostly by international donor organizations.

Grant funds for the IIN activities will be obligated under a cooperative agreement which will provide USAID/Peru with effective supervision and project monitoring to assure coordination between the participating entities. IIN will begin developing the training module for the MOH and PVO nutrition personnel immediately following the obligation of funds. A DANA nutritionist trained in Guatemala will work with IIN to finalize the training plan and will act as MOH coordinator with IIN. The nutritionist will call upon IIN to provide technical assistance to plan and implement the regional refresher promoter and TBA training courses for the MOH. IIN will follow up the PVO nutritionist training by leading the development of a training curriculum and plan for the community volunteers. IIN will procure and distribute the nutrition equipment and materials to the course participants.

c. Private Voluntary Organizations

Four private sector PVOs working in the MOH's program of supplementary feeding and the GOP's office of food support will send their nutritionists to the nutrition education/growth monitoring training courses managed by IIN. The IIN will consult with representatives of these organizations to determine the scope of the courses and to ensure that the needs of each are incorporated. The trained nutritionists from each organization will then work with IIN to develop curriculum for the training and coordinate the supply and distribution of scales and printed material. All of these agencies work with the project's target group, i.e., mothers and children less than 5 years of age, in MCH programs throughout Peru. The programs being carried out by the five organizations participating in the amended project are described below.

i. National Food Support Office

The National Food Support Office (ONNA) has been responsible for food storage, transport and distribution of a large part of the Title II commodities and those provided by the World Food Program, as well as carrying out nutrition education and promotion. ONAA has a team of 27

nutritionists and 9 promoters nationwide. The nutritionists have university degrees in nutrition and the promoters are university graduates who have received varying degrees of nutrition training. To date ONAA has been largely successful in its nutrition education coverage of food for work projects. There is a need, however, for refresher training for ONAA's nutritionists and nutrition promoters, as well as technical assistance for better operational management and development of a more effective outreach program, including the implementation of a growth-monitoring system for all ONAA supported projects.

ii. Catholic Services/CARITAS

Catholic Relief Services/CARITAS, with the largest Title II Program, currently serves 407,000 recipients each year through maternal and child health, food for work and other child programs. CARITAS supports community kitchens, mothers clubs, and food for work groups, which could gain significantly from nutrition education efforts. At present there is an ad hoc system of nutrition promotion and health/nutrition status monitoring. The success of such efforts depends primarily on the capabilities and dedication of regional volunteer staff, who are generally untrained or with minimal formal nutrition/health promotion education.

There are an estimated 98,000 beneficiaries (70 percent children and 30 percent mothers) in CARITAS' MCH program. Two thousand CARITAS volunteers staff the 700 MCH centers nationwide, some of which are equipped with scales and UNICEF growth charts. CARITAS employs 23 nutritionists who have completed six-months of training in nutrition from technical schools. In addition, 30 promoters are employed who have not received formal nutrition training. CARITAS' Other Child Feeding (OCF) Program has 47,000 beneficiaries who receive food from feeding centers. Six hundred and fifty (650) nurseries provide food to children 0-4 years old and 600 additional centers feed pre-schoolers 4-7 years old. The exact number of beneficiaries in each type of center is not available. Approximately 7,000 volunteer promoters, who have not received formal nutrition training through CARITAS, serve these 1,250 centers.

iii. SAWS/OFASA

The Seventh Day Adventist World Service (SAWS/OFASA), now Adventist Relief and Development Agency (ARDA) with 112,000 recipients is the most dynamic of the PVOs in nutrition promotion. It emphasizes local training of MCH and FFW program participants to teach their fellow participants at the community level. OFASA established a nutrition institute which employs four full time teachers with university degrees in nutrition. The institute has a six week course to train local health promoters to teach basic nutrition and health at the MCH centers in the communities they serve. There are 40 female health promoters who work in the MCH centers, make home visits, and occasionally assist at the local MOH health facilities. OFASA's MCH beneficiaries are estimated at 15,100 who receive food and nutrition

education at OFASA's 75 MCH centers. There are 12,500 beneficiaries (83.4%) who are served by 42 MCH centers in Lima; 1,020 beneficiaries who are served by 9 MCH centers in Arequipa and 1,610 beneficiaries who attend 24 MCH centers in Puno. Beneficiaries are mothers, pregnant and lactating women, and children 0-5 years old.

iv. CARE/Peru

CARE/Peru, with 32,900 recipients, has concentrated its activities in providing essential infrastructure requirements in the numerous pueblos jóvenes areas surrounding Lima and, starting in 1984, Trujillo. The CARE food for work program brings together an array of GOP agencies, such as the Ministries of Health, Education, Agriculture, Cooperación Popular (COOPOP) and ONAA, for constructing health posts, school classrooms, and sanitation facilities, as well as for primary health care and small-scale income generating activities, such as bread making, carpentry, community gardens and cooperative stores.

CARE has recently entered into a PHC program in eight pilot health centers in the Callao Health Region. Each center serves approximately 500 families. CARE employs one nutritionist at the central level. CARE selected and specially trained 19 MOH-trained auxiliary nurses as health promoters who form the basis for a community primary health outreach service which CARE hopes to replicate and expand over the next two years. After employment by CARE, they receive a two-month training course in ORT, pre/post natal care, and nutrition and then work in mothers' clubs, MOH health posts and private homes, primarily teaching. In addition, CARE has produced a series of video cassettes on health and nutrition, one each for ORT, pre/post natal care, nutrition, and community organization topics.

v. Church World Service/SEPAS

Church World Service (CWS/SEPAS), with 26,900 program recipients, collaborates with ONAA to carry out nutrition and health promotion in its Rural Sierra Food for Work Reforestation Program (PRAA). The program is active in the remote rural areas of eight departments.

SEPAS has eight nutritionists (one per department) with university degrees in nutrition and 19 promoters (two per department) with general university degrees. The promoters are trained by the nutritionists. Each nutritionist services an average of 26 communities. These field workers need education in the nutritional aspects of food assistance programs and in how best to target and evaluate the nutritional impact of their programs. The nutritionists and the promoters use scales and growth charts, if they are available. UNICEF charts have been utilized.

d. USAID/Peru

The HNE Office will continue to manage the project, in close collaboration with the project committee and with its existing staff.

2. Procurement Plan

a. Responsible Agency

AID will be the responsible agent for all foreign exchange financed procurement of supplies and equipment for the MOH. Local procurement will be the responsibility of the MOH. The IIN will be responsible for all procurement under the cooperative agreement.

b. Commodity and TA List

The principal MOH commodities to be procured are listed below.

<u>ITEM</u>	<u>SOURCED/ORIGIN</u>	<u>EST. COST</u>
Dial spring scales	000	65,000
Printed materials	Local	90,000
OR salts	000	350,000

c. Source/Origin

The authorized source/origin will be in accordance with AOD Hdk. 15 and Hdk. 13, i.e., U. S. and local.

d. Method of Procurement

The oral rehydration salts will be procured in two tranches by the mission from GSA. Since the dial spring scales are estimated to cost less than \$100,000, procurement will be made directly from ITAC, the only U.S. manufacturer of such scales, using non-competitive negotiated procedures, in accordance with AIDPR 7-3.101.50c. The printed materials will be procured locally at reasonable prices consistent with local law and practice. The long-term and short-term TA will be procured directly by AID.



ANNEX A

*from HCH*

MINISTERIO DE SALUD

DGSS/DSMIP-N°4843 -84

Lima, 11 de Diciembre de 1984

Señor

JOHN SANBRAILO

Director Ejecutivo de la  
Agencia para el Desarrollo  
Internacional (AID)

Ciudad.

Estimado Sr. Sanbrailo:

Es grato dirigirme a Ud., en esta oportunidad para oficializar nuestra solicitud expresada verbalmente a funcionarios de la Agencia, en relación a la inclusión de actividades de Nutrición y Control de Crecimiento dentro de los alcances del Proyecto Extensión de Cobertura de Salud Primaria Integral AID-N° 527-0219/U-072.

Como es de su conocimiento, en nuestro país existe imperiosa necesidad de desarrollar un programa efectivo que contribuya a mejorar el estado nutricional de nuestros niños, el mismo que en los últimos años se ha deteriorado en forma paralela a la situación económica que vivimos. Los esfuerzos que realiza el Ministerio de Salud al respecto se ven frenados por los escasos recursos con que cuenta, motivo por el cual la Dirección a mi cargo se propone reorientar las actividades del Proyecto AID-527-0219 hacia aspectos de Nutrición y Control del Crecimiento y Desarrollo de los Niños siempre dentro de la estrategia de la Atención Primaria de Salud.

Las principales actividades de Nutrición a realizar dentro de cada uno de los componentes son:

*due date 12/24*

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MINISTERIO DE SALUD

- a) Servicios de Salud Rural.- El préstamo financiará la adquisición de 2'500,000 Sobres de Rehidratación Oral para los años 85-86 así como la adquisición y distribución de balanzas de resorte al personal capacitado de la comunidad (parteras tradicionales y promotores).  
La contrapartida financiará la adquisición adicional de Sales de Rehidratación y otros medicamentos necesarios en los Servicios de Salud.
- b) Educación Comunitaria .- El préstamo financiará las actividades educativas a la comunidad en relación a aspectos de Nutrición, se incluye la elaboración y difusión de material didáctico, impresión de las fichas de Control de Crecimiento y las cintas o brazaletes. La difusión de mensajes educativos a través de los medios de comunicación masiva y las actividades educativas en nutrición aplicada, serán financiadas por la Donación.
- c) Capacitación y Supervisión.- Las actividades de capacitación, incluyen cursos de actualización en nutrición, lactancia materna, crecimiento y desarrollo y metodología educativa al personal de salud y recursos capacitados de la comunidad. Así como la organización de reuniones técnicas, seminarios-talleres y otros eventos intra é intersectoriales necesarios para la implementación del Programa de Nutrición(Donación).  
Fondos del Préstamo financiarán la capacitación en nutrición y/o visitas de observación de programas de nutrición en los Estados Unidos de Norteamérica o en otros países de Latino América.  
Las actividades de Supervisión continúa al personal de salud, por niveles de atención, serán a cargo de los fondos de la Contrapartida Nacional.
- d) Asistencia Técnica.- Con fondos de la Donación, se contratarán expertos Nacionales ó Internacionales que brinden asesoría en la implementación del Programa de Nutrición y en el establecimiento de indicadores de evaluación así como en el diseño y ejecución de investigaciones Operacionales. Se incluye la asistencia técnica en el estudio de factibilidad para la producción nacional de Sales de Rehidratación Oral.



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MINISTERIO DE SALUD

e) Sistema de Información, Evaluación é Investigación.-

Componente financiado por la Donación, incluye las siguientes actividades:

- Apoyo al Sistema de Información en Nutrición y Control del Crecimiento y Desarrollo.
- Procesamiento y Análisis de Datos obtenidos en la Encuesta Nacional de Salud y Nutrición.
- Encuesta de Bocio Endémico é Intervención con Yodo intramuscular.
- Investigaciones Operacionales.
- Apoyo al Instituto de Investigación Nutricional.-

Bajo este nuevo componente, se considera el apoyo al Instituto de Investigación Nutricional para la ejecución de un Plan de Capacitación dirigido al personal que labora en Programas de Donación de alimentos (ejemplo: DANA, SEPAS, CARITAS, OFASA, etc.) a fin de lograr un trabajo mas efectivo, coordinado é integrado al Programa de Nutrición.

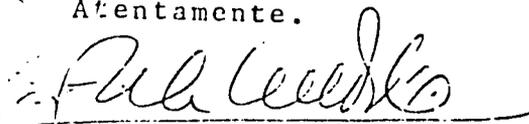
El Plan financiero 85-86 necesario para las actividades descritas, ha sido estimado en \$1'942,000 dólares USA, el mismo que tendría tres Fuentes de Financiamiento:

- Préstamo AID 527-U-072, a través de una reprogramación de fondos no utilizados.- \$ 500,000 US.
- Donación AID 527-0219, con la ubicación de fondos adicionales.- \$ 1'100,000. US
- Contrapartida Nacional, con la ubicación de fondos adicionales (su equivalente en soles) 342,000.

El Presupuesto por Componentes, según fuentes, se presenta en el Cuadro N° 1.

Mucho agradeceré a Ud. dar trámite a nuestra solicitud, a fin de que en más breve plazo se nos autorice a ejecutar tan importantes actividades bajo el Proyecto AID N° 527-0219/Préstamo U-072.

Atentamente.



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MINISTERIO DE SALUD

PROYECTO EXTENSION DE COBERTURA DE SALUD PRIMARIA  
INTEGRAL N° 527-0219/U-072

PLAN FINANCIERO ENMIENDA DE NUTRICION (En Miles de Dólares USA).

Actividades por Componente	PRESTAMO AID.	DONACION AID.	TOTAL AID.	G.O.P.
<b>A. Salud Rural</b>	<u>415,</u>	<u>-</u>	<u>415,</u>	<u>100,</u>
Medicinas (Sales de R.O.)	350,		350,	100,
Equipo	65,		65,	-
<b>B. Educación Comunitaria</b>	<u>40,</u>	<u>198,</u>	<u>238,</u>	<u>10,</u>
Monto de Crecimiento Educación	40,	50,	90,	10,
Nutrición aplicada	-	100,	100,	-
		48,	48,	-
<b>C. Capacitación y Supervisión</b>	<u>45,</u>	<u>100,</u>	<u>145,</u>	<u>107,</u>
Capacitación:				
- Reunión Técnica		15,	15,	-
- Capac.en EE.UU.	25,	-	25,	-
- Tercer País	20,		20,	-
- Capac.en Perú	-	85,	85,	-
Supervisión.	-	-	-	107,
<b>D. Asistencia Técnica</b>	<u>-</u>	<u>240,</u>	<u>240,</u>	<u>-</u>
- Largo Plazo		140,	140,	-
- Corto Plazo		100,	100,	-
<b>E. Sistema de Información, Evaluación é Investigación</b>	<u>-</u>	<u>562,</u>	<u>202,</u>	<u>125,</u>
- Sistema de Información		62,	62,	-
- Procesamiento de Datos ENSN.		20,	20,	-
- Encuesta de Bocio Endémico.		40,	40,	-
- Investig. Operacional.		40,	40,	-
- Apoyo al Instit. de Investigación Nutricional.		400,	400,	125,
<b>GRAN TOTAL :</b>	<u>500,</u>	<u>1'100,</u>	<u>1'600,</u>	<u>342,</u>

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7 December, 1984

Ms. Norma Jean Parker  
HEN - AID  
Av. Espana s/n  
Lima

Dear Ms. Parker:

As per our recent conversations with Ms. Joan La Rosa, we would like to request formally the support of AID Lima for our efforts to reduce malnutrition and infant mortality in Peru. Specifically, we hope to initiate a training program in growth monitoring and nutrition education for Peruvian nutritionists working in community-based programs, and to complete two research projects that will provide information on (1) weaning practices and nutrient consumption of weanlings and (2) the effect of incorporating culturally relevant concepts into programs of diarrheal disease control.

As part of the proposed training program, we will plan to prepare a teaching curriculum and training manuals for growth monitoring appropriate for use by nutritionists employed by PVO's in Peru. We will also plan to buy balances that will be distributed to these same organizations for use in their growth monitoring programs. We will plan to contract an education specialist to work in this program along with technical experts from among our staff.

The data collection phase of the research project on weaning practices and dietary intake of weanlings has been completed. Financial support is required for continued analysis of data relevant to nutrition education program. Based on the results of these analyses, a manual on appropriate weaning techniques and locally acceptable weaning foods will be prepared. Support is required for our nutritionist and a nutritionist consultant who will be completing the data analysis and for our data processing personnel and statistician.

The second research project will study the cultural beliefs related to causation and treatment of diarrhea in selected Peruvian populations. Data obtained during initial interviews will be used to design a culturally relevant intervention for diarrhea treatment. The efficacy of this intervention in the promotion and acceptability of oral rehydration therapy will then be compared with current practices. This project will require the participation of an anthropologist, a public health specialist, trained field workers, and data analysts.

CC: [unclear]

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INVESTIGACION NUTRICIONAL  
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Miraflores - (Lima) - PERU

Ms. Norma Jean Parker  
7 December, 1984  
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We estimate that the total cost of these projects will be approximately US\$401,000.00 over a two-year period. Detailed plans and budgets will be submitted upon request.

We hope you will agree that these projects will be of great utility for Peru, and look forward to your collaboration in their development and implementation.

Yours truly,

P. Arturo S. Gostaindy M.D.  
Kenneth H. Brown, M.D.

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