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Evaluation Report

1981 — 1984

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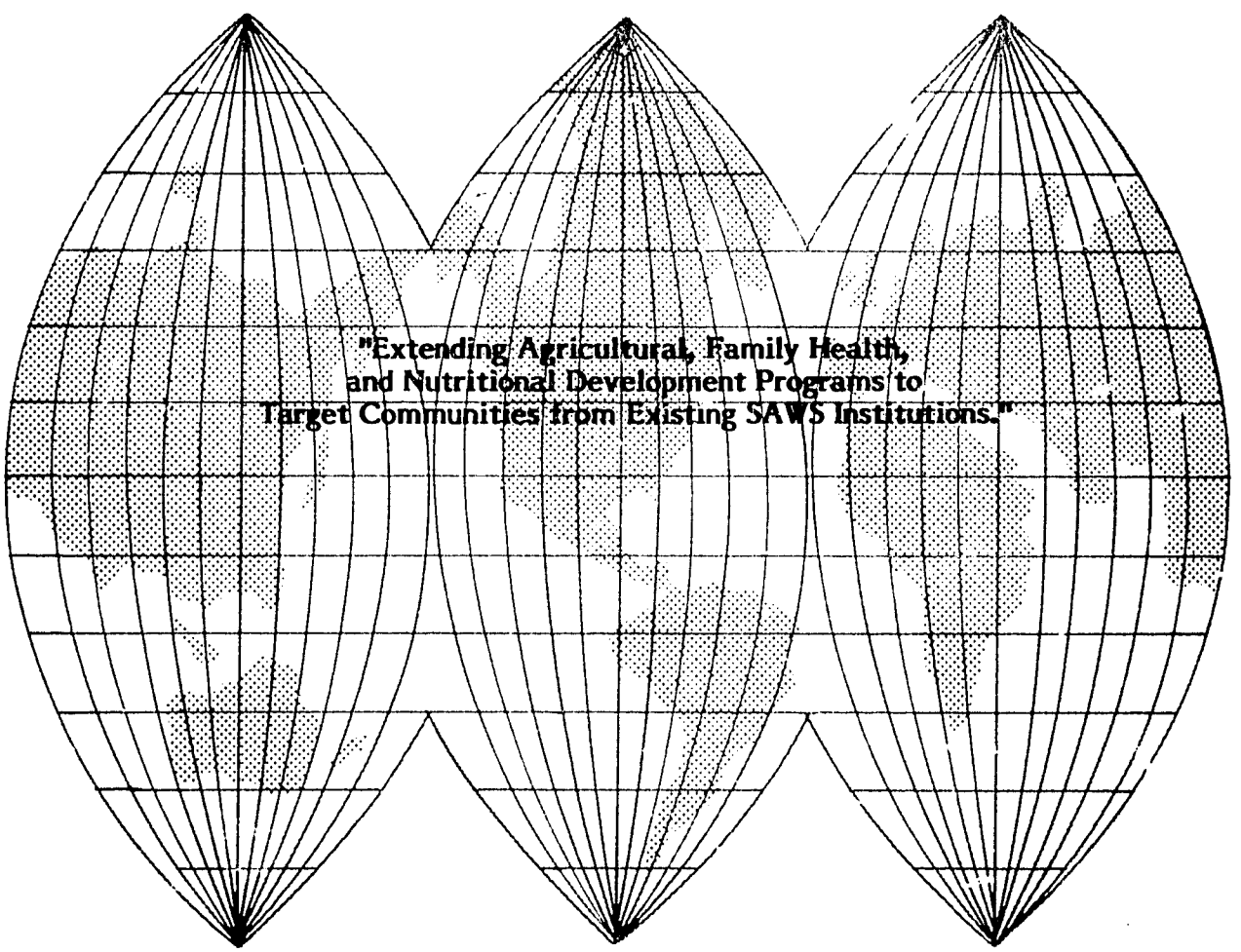

Seventh-day Adventist World Service/International
Washington, D.C.

PDAAU-295

Frontispiece

"Extending Agricultural, Family Health, and Nutritional Development Programs to Target Communities from Existing SAWS Institutions."

SAWS/USAID Funded Matching Grant Project

October 1, 1982 -- October 1, 1985

Submitted to:
PVC Office

Agency of International Development
United States Government
Washington, D.C.

Report by:

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Program Planning and Evaluation Officer

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MGP #PDC-0228-G-SS-1160-00

GLOSSARY

AEO	Agricultural Extension Officer
AID	Agency for International Development
CFNI	Caribbean Food and Nutrition Institute
CHA	Community Health Aide
CHE	Community Health Educator
CHP	Community Health Promoters
CHW	Community Health Workers
CNP	Community Nutrition Promotor
DU	Demonstration Unit
EOPS	End of Project Status
FPIA	Family Planning International Association
GDP	Gross Domestic Product
GNP	Gross National Product
IG	Intensive Gardening
IMR	Infant Mortality Rate
IR	Incidence Rate
KAP	Knowledge Attitude Practices
MCH	Maternal Child Health
MGP	Matching Grant Program
OVI	Objectively Verifiable Indicators
PHC	Primary Health Care
PID	Project Identification Document
PVC	Private Voluntary Coordination
PVO	Private Voluntary Organization
PR	Prevalence Rate
RDA	Recommended Daily Allowance
SAA	Student Agricultural Adviser
SAWS/I	Seventh-day Adventist World Service/International
TMR	Toddler Mortality Rate
UEA	University of Eastern Africa
VOLAGS	Voluntary Agency
WHO	World Health Organization

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Section 1.

Summary

The Matching Grant Program described has been in operation for one year and is reasonably consistent in its stated intent and objectives. Problems have occurred in trying to establish an evaluation methodology but this has been overcome and the system being used is in line with recent AID recommendations regarding evaluation of MGP's. The method encompasses both formative and summative evaluation with emphasis on the former. Evaluation is seen as a managerial and programming tool rather than a research one. Post-facto evaluation of the approved proposal necessitated more country and project specific inputs and redesign before an evaluation system could be made operational and this has been accomplished.

Some minor alterations to the projected management module have been made which have strengthened SAWS/I managerial capacity and allowed for more cost-effective programming. SAWS Project Planning and Evaluation Officer is in place and functioning as projected. Field support and monitoring has been maintained at an acceptable level and all but one of the seventeen approved countries have been visited by SAWS/I staff. Some personnel changes at the regional and country levels have caused some delays but currently all staffing needs are filled.

Considerable emphasis has been placed on personnel training and the staff of all but three of the approved countries have been exposed to Development Planning Workshops. The utilization of professional outside trainers for this program has been most successful and the resulting increased capacity for development work programming is now becoming evident.

Implementation has been slow for several reasons some of which were beyond SAWS/I control. These are documented in the main body of the report. Eight countries have implemented programs at the time of writing and a further five will have begun implementation by the end of the first financial year (November 31, 1982). Less centers are involved but more communities are being served, than was originally projected.

Of the four major areas of emphasis in the grant, namely:

Mother/Child Health and Nutrition

Environmental Health and Sanitation

Agricultural Development

Agro-Business

The heaviest emphasis, by far, is the Maternal Child Health and Nurition with Agriculture, Environmental Health and Agro-Business in that order.

Financial planning has taken considerable time and effort in establishing the most appropriate system for disbursement and control of funds and has been hampered somewhat by the delay in project designs. The system and methodology is now established and disbursements are flowing through the system.

SAWS/I and her counterpart organizations have learned several valuable lessons as a result of the year's activities and consequently face the second year with strengthened capacity, undiminished resolve and substantial hope for the coming year.

Section 2.

Overview

2.1 Introduction

SAWS/International interest in a Matching Grant Program began in 1980 when it came to the realization that, because of its ready access to a formidable array of health care and educational institutions in more than 192 countries worldwide, it was in a unique position to make a significant contribution to the W.H.O. Target of "Health Care for All by the year 2000," in an effective and timely manner.

Organized as an official VOLAG, in 1956, SAWS had expanded its relief and development program to a wide variety of developing countries. Recognizing the need for strengthening its developmental programming ability to meet the growing demands and necessities of the underdeveloped nations in the remaining two decades of this century, SAWS/I sought from the Agency for International Development, assistance to this end. Approval was granted by AID, October 1, 1981, for SAWS to implement a MGP in seventeen approved countries.

2.2 Background

Seventh-day Adventist World Service (SAWS) was organized by the General Conference of Seventh-day Adventists, as a voluntary agency in 1956. As both a humanitarian relief and development agency SAWS endeavors to direct its multisectoral, non-sectarian assistance to the neediest communities in developing countries. The scope of its activities include the areas of agriculture, community development, literacy, nutrition, mother-child health, and low cost housing, working through its own registered agencies and local representatives in each project country.

2.3 Matching Grant Program

The overall intent of this program is to conduct appropriate community-based health and agriculturally related interventions in each of the targeted countries within the broad parameters of the proposal outline, while recognizing the necessity for alignment with local needs and already established local health care priorities.

Problems facing the seventeen target countries are varied and complex and it is not within the capability of this program to address every area of intervention, as outlined in the logframe purpose statement, for each and every country.

Local country projects, therefore, concentrate on their most pressing health needs as established by the community itself, local and national government in consultation with SAWS staff.

The following statement from the approved proposal makes this point clear:

> "It must be made abundantly clear, however, that it is not intended that the services and programs offered in this Matching Grant Proposal be implemented in each of the sixteen countries listed, nor in every community in the environs of the institutions operated by SAWS in these countries."
>
> (Proposal--Page 28, March 1981)

2.3.1 Program Goals

Through the application and adaption of its community-based integrated human development approach the broad objectives for each target country are:

> "To improve the health, nutrition and socio-economic conditions of the population within a defined radius of the health care and educational institutions operated by SAWS in targeted countries."
>
> "To expand community health and agricultural education outreach programs from SAWS health care and educational institutions."

2.3.2 Purpose

Over the three-year period SAWS will support a community development process that will emphasize new programs in designated communities of six countries, and expand ongoing programs in designated communities of ten countries within the overall context of SAWS integrated community development framework in the following areas:

1. Community Nutrition Awareness
2. Health and Sanitation Reforms
3. Improved Gardening Practies
4. Improved Production of Protein-rich Legumes
5. Small Community-operated Agro-businesses
6. Community Planning, Data Collection, and Evaluation

3.1 Introduction

Since the inception of this program SAWS/I has become increasingly aware of the usefulness of evaluation in upgrading its own programming and decision making capacity, increasing the effectiveness of its projects and ultimately being able to show demonstrable impact achievement. Accepting the necessity of developing a viable and yet practical evaluation capacity as an essential adjunct to implementation of the MGP Program, SAWS/I has obtained the services of a qualified full-time Program Planning and Evaluation Officer. Owing to the varied nature of the MGP and its wide ethnic and geographical spread SAWS/I felt that their officer should not only have the required formal training but in addition should have had substantial experience in health-related development in third world countries. Locating and hiring a person, who met the required criteria as called for in the MGP (P. 123, Appendix F), was time consuming but has been successfully undertaken. The aforementioned officer is a fully-qualified health professional, with fourteen years experience in developing countries , (See appendix I). Inasmuch as it was necessary for him to obtain immigration clearance from the US Government he was not formally able to take up his duties until January 1, 1982. Although this has contributed to a slower implementation than projected SAWS/I feels that overall it will help contribute to a more effective longterm program.

3.2 Description

It has already been stated that SAWS/I perceives this current MGP to be not only an unprecedented opportunity to implement a wide spectrum of health and agriculture related interventions, but more importantly perhaps a means by which it can substantially develop and strengthen its own organizational capacity for decision making, planning and implementating programs. Evaluation is seen as a significant tool by which those hopes can be realized.

The evaluation of such a large and complex project immediately brings several major questions to bare as to which methodology is most appropriate. How much emphasis should be placed on formative rather than summative evaluation? Are the project indicators, as approved, specific enough for evaluative purposes? Should the evaluation system be superimposed on the existing design or should it flow out of the design? Can one make a common evaluation format for a

multiplicity of projects, without collecting a vast array of non-essential data? How important is impact attribution to project management? Does the evaluation aim to answer correlational and/or research questions? In studying these questions SAWS has learned several lessons of importance upon which it has made managerial decisions of consequence to the whole program.

3.3 Methodology

Inasmuch as SAWS/I Planning and Evaluation Officer joined the staff after the program proposal was approved initial evaluatory activities consisted of a post-facto analysis of the project design. Two basic facts emerged from this study:

1. The proposal OVI's as submitted and revised for AID are rather too general in nature to lend themselves to good evaluation.
2. More local inputs in the design, and community participation in the whole management process would enhance the overall success of the program.

It should be noted that the logframe, submitted to AID (March 1981, Proposal Page 48), recognizes this when it states:

> "The following logical framework is a program outline which illustrates SAWS ojectives for the MGP in broad terms. More specific indicators may be established by community members and staff at a later period when beneficiaries are actively participating in the planning process."

It appeared to the SAWS management team in addressing this issue that one single logframe endeavoring to cover all facets of the planned program would tend towards non-specificity, a plurality of goals, as well as limiting the ability of local participants to design, adapt and implement according to their own priorities and existing conditions. The alternative approach, designing a specific project for each country with its own clearly-specified and measurable indicators, although meaning considerably more groundwork and consequently a slower implementation, was chosen and adopted for the following reasons.

1. The ability to specify single, measurable country specific goal and purpose statement
2. Greater objectivity and specificity for intermediate indicators

3. A more feasible design encouraging local participation
4. Refined evaluation possibilities including cost benefit analysis each country or area level
5. The evaluation system could then flow out of each design makin summative as well as formative evaluation feasible

Pyle in his recent excellent "Framework for Evaluation of Health Secto Activities by Private Voluntary Organizations Receiving Matching Grants, supports this concept wholeheartedly. He states:

> "To arrive at a single logframe which applies to all program locations is impossible. What is important is that each program under the PVO grant have a well-mapped out plan which includes specific measurable objectives. This is what any evaluation must address, especially in cases where great variety exists in the PVO's activities." (P. 52, Para 2)

Initial planning activities have, therefore, consisted of endeavoring to obtain from each target country, or in some cases an area, specific proposals which more satisfactorily reflect the felt and perceived needs of the beneficiaries and local government involved. In order to facilitate this process and utilize it as a training exercise for country level SAWS staff, two major exercises were undertaken:

1. Production of a simplified, dejargonised Matching Grant Proposal Workbook. (Copies of this have been sub d to the PVC Office.) Workbooks were sent to all countries which submitted PID's and these were then returned to Washington for review by the SAWS Project Committee and ultimate approval. Most had to be sent back to the local areas for modification and greater detail. This process, while time consuming, has resulted in a greatly improved understanding of critical management and development issues by local staff.

2. Planning Evaluation Workshops
   SAWS project staff and country administrators from all but four target countries have been exposed to training sessions in Developmental Planning, Project Design, Monitoring and Evaluation (See Section 5).

Workshops have been conducted in:

Port-au-Prince, Haiti	April, 1982
Nairobi, Kenya	September, 1982
Harare, Zimbabwe	September, 1982

Country and project specific training sessions were held by the SAWS/I Planning Officer in:

Antigua
St. Lucia
Barbados
Guyana
Jamaica
Honduras

For the area workshops in Haiti, Kenya and Zimbabwe two professional trainers from New TransCentury Foundation Training Center were contracted.

Lessons learned from the above activities:

1. Staff find it difficult to identify a single viable operational goal. Intermediate/Output objectives are too often confused with Impact/Purpose statements.
2. Multiplicity of non-specific objectives is a common error found in most proposals.
3. In some cases, the primary premise of the MGP, namely that of extension from existing institutions as opposed to interinstitutional development, was intially misunderstood but once the concept was grasped institutional managment have been very supportive.
4. The importance of recognizing community felt needs and community participation at all levels of project design and implementation were new concepts to some staff.

For the purpose of setting up an evaluation methodology it cannot be stressed too strongly that an evaluation can only be as good as the project design allows it to be. Initial steps taken, therefore, in establishing a monitoring/evaluation system have been to assemble proposal data into an organized coherent format

for each target country with a single operational goal and clearly specified, quantifiable indicators at the Input, Intermediate and Impact levels. The format used is the logical framework matrix (See Appendix II for Samples). For each project implemented, a monitoring and evaluation report format tailored to its own particular design and needs has been developed. It has been kept as simple as possible and clearly specifies the data that must be collected (See Appendix III). Monitoring of progress toward achievment of Input and Output indicators will take place over the life of the project. Prior to implementation of each project "benchmark" data will be collected against the Impact (purpose) Indicators. At EOPS, endline data will be collected and a summative analysis made. While SAWS/I does not expect, in such a short project period, highly significant impact changes in all of its projects it is felt that the exercise of summative evaluation is foundational to overall project design and can, at least, provide the basis for future impact measurement. SAWS/I recognizes the importance of program attribution and will endeavor, whenever cost and ethical considerations allow, to verify program-related impact. Where this cannot be done by subsampling it will be done by an analysis of program generated data with national statistical data. The research model of evaluation, which seeks to identify attribution at every level of activity, is not at this juncture perceived to be feasible or necessary.

The advantages of the above methodology are:

1. Management By Objective

   Clearly defined Input and Output objectives enables each project manager to see a clear picture of their manageable interest. They can monitor their own progress toward them, make alterations where indicated and know exactly what evaluation will require of them. It encourages local learning and community participation.

2. Facilitation of Monitoring, Evaluation, and Review by AID and Other Independent Evaluators.

   AID staff at both the local mission and central office, have access to specific country logframes which should enhance their ability to review and critique each project on its own merit and appropriateness independent of the whole.

3. Increased Specificity

Collection of evaluation data using a common format for the whole program, rather than country specific, would have resulted in the local collection of much data that would have been non-essential and irrelevant to individual programs. The system as planned maximises the efficiency of data collection and diminishes costs at the project level.

4. Tighter Controls

More specific designs and clarity of understanding by project personnel enables a much greater degree of control and monitoring than would otherwise be possible.

5. Refined Evaluation

Overall the evaluation system is tightened allowing eventual impact measurement, program attribution and some measure of cost/benefit analysis. Major assumptions vital to eventual success are better defined and reflect accurately those external factors which might impinge negatively on achievement of results.

Finally, it should be noted, that while the above mentioned methodology appears to be, given the contraints and realities of the total program, the modus operandi of choice, there must be a serious attempt by SAWS/I to eventually forge links between these specific program parts and the overall programming objectives and goals of the organization at large. To this end it is proposed that during the second year an attempt will be made to unify those common program elements into sectoral units, so that intersectoral and intercountry comparisons and assessments can be made.

3.4 Purpose

The original project logframe, as approved, undertakes to realize the followin program achievements at the purpose level:

1. A) A minimum of 47 health care institutions operating some kind o community health outreach program.
   B) A minimum of 40 communities receiving some form of communit health outreach program.
   C) A minimum of 13 countries receiving some kind of communit health outreach program.

2. A) A minimum of 38 educational institutions operating some form o community health or agricultural extension program.
   B) A minimum of 30 communities receiving some form of community health or agricultural extension program.

3. A) A minimum of 10 communities having small community projects utilizing approprite technology for food preservation or production.

4. A) A minimum of 80 community health committees established.

Even though, as has been explained in detail in an earlier section, evaluation of the proposal logframe is not explicitly verifiable, for the sake of comparison we would contrast the above with a brief summary of those projected and actual components in the specific country proposals which match them even though this was not possible in several instances.

The Purpose Statement calls for a total of 81 institutions operating programs for 80 communities in at least 16 countries including 10 appropriate technology programs.

The following chart will contrast the actual and projected status of country specific factors in regard to these factors:

Country	# of Institutions	# of Communities	# of A.T. Programs	# of Community Committees
Burundi	4	8		8
Ghana	2	2	2	2
Kenya	1	10	2	6
Rwanda	7	7		7
Tanzania	8	17	1	16
Zimbabwe	10	12*	1	6
Antigua	n/a	26		n/a
Barbados	n/a	13		n/a
Dominica	1	1**		4
Guyana	1	10		10
Haiti	1	10		10
Honduras	1	8		8
Jamaica	1	1***		1
St. Lucia	11	11		11
Bolivia	1	1		1
Sri Lanka	2	2		2
Philippines	4	16	1	16
	55	155	7	108

*This figure does not include the more than 200 agricultural trainees who will return to their own villages and hopefully implement their new skills even though this project cannot monitor them all.

**This community is one large town of more than 12,000 people.

***This community is one large urban community in excess of 5,000 people.

Conclusions: While no firm conclusions can be made, because of the impracticability of comparing non-parrallel data, certain generalizations may be made.

Although the number of institutions through which a SAWS program is operating is only 68% of the figure originally projected, the numbers of communities being served has risen dramatically by 94%. The reasons for this reflect growing organizational thinking that fewer project centers with a more intense thrust into the community will, in the end, lead to greater impact with more potential for future replication.

Those projects with appropriate technology components are 60% of that projected but it is felt that as projects get under way considerably more emphasis on this necessary aspect of development will be forthcoming.

3.5 Outputs

A general summary of the major components of the OVI's at the output level are as follows:

		Logframe Projection	Projected/ Curent Status
1.	Feasibility studies for 6 new countries 29 new impact areas	6	9
2.	Systematic planning processes implemented in 100% of all projects by the end of 3 years	100%	61%
3/4.	324-486 CHE's operating	324-486	350
5.	Agro-business (# not specified)		4
6.	CHE data colletion/reporting each country	17	6
7.	Training program for each country implemented by end of year 1. (ie. 17)	17	13
8.	Field staff training (ie. 17 countries)	17	13
9.	Reporting system operational	17	6
10.	Evaluation of all projects (17 countries) by end of third year	17	In process

As stated in the narrative of the Purpose Statement (3.4), it is not possible to place too much importance on these comparisons for the OVI's are too general to be of value for evaluative purposes. The rationale for attempting to compare them here is purely to show that the modified program, as defined under section 3.2, is certainly no less in its magnitude and scope than the generalized proposal under which the MGP was approved.

3.6 External Factors

There have been several factors beyond the manageable control of SAWS/I which have had direct repercussions on the design and implementation of the Matching Grant Program. This is particularly true at the country levels. An important assumption made in the proposal logframe at the "Input Level" was that "Qualified Personnel" would be "available as programmed." Staffing problems have slowed considerably the implementation in several countries listed below:

Kenya: The calling of the Kenyan Director to SAWS/I as Program Planning and Evaluation Officer created a gap which has only just been filled. A physician with considerable international experience has just arrived and taken up duties on October 1, 1982.

Tanzania:

July, 1982, the key physician/health educator acting as SAWS Country Director returned home and has only just been replaced by two personnel; a country national physician who will direct the health program and an expatriate administrator who will direct the agricultural program. Both were in place as of October 15, 1982.

In four other countries political and donor agency programming has affected implementation as follows:

Guyana: SAWS/I was requested by the USAID office in Georgetown to await reconfirmation of their original assent for the MGP owing to the freeze on development aid to that country. It took two months before clearance was given on August 1, 1982.

Burundi: This MGP was designed as an adjunct to another proposal submitted to USAID/Bureau of refugee programs for the building of a health

service system. This contract has now been granted and will be implemented shortly. The MGP is expected to follow once this project is underway.

Antigua/Barbados:

Both these countries have requested SAWS/I to conduct health education programs in an area of public health that is deemed by them to be priority public health need, but which is not normally classed in the category of traditional health development programs by donor agencies (for a full discussion see 6.3.1 and 6.3.2). Discussion concerning this with our Project Officer began in May, 1982. He has been most helpful and supportive in trying to obtain for us the necessary approval. Despite his efforts and our own at the time of writing (October 6, 1982) no answer or directive has been given.

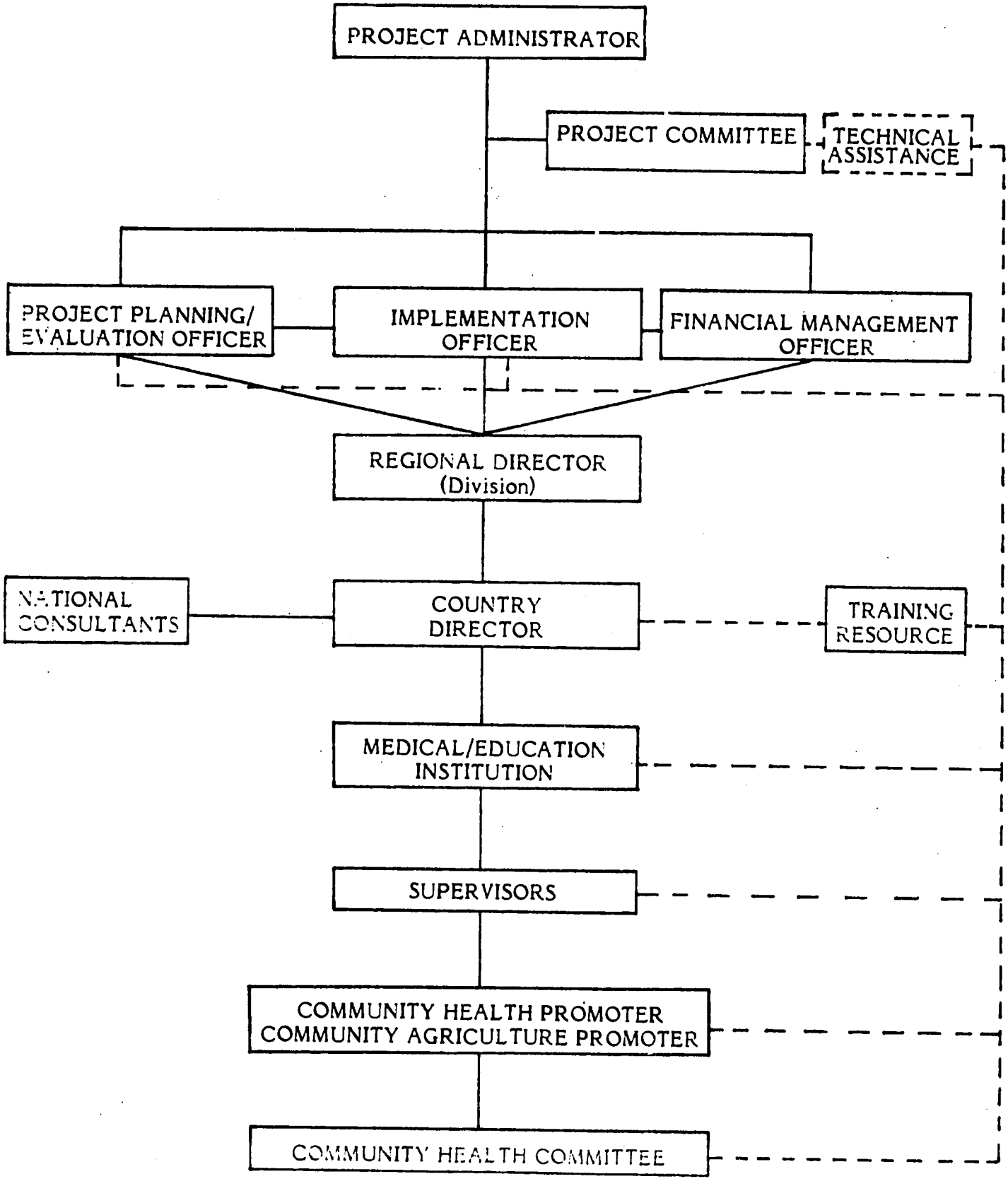
4.1 Introduction

Unlike many other PVO's, Seventh-day Adventist World Service is unique in many aspects of its management style. Where many agencies spend considerable time and commit heavily of their resources, in establishing logistical and managerial support infrastructure prior to project implementation, SAWS is able to utilize and build upon its well-developed international infrastructure in 192 countries. This ability to maximize use of existing systems is reflected in this MGP's projected overhead rate of slightly less than 11%.

A major premise of this project is for the institutions and management of this worldwide infrastructure to realize their potential capacity for development programming and interventions over and above their traditional involvement in relief and other associated activities. This transition to a wider program perspective is an important step for any agency and of necessity involves a considerable amount of fresh conceptualization and involvement by the managerial hierarchy at every level if it is to be successful.

Recognizing both the benefits and constraints that surround this method of operation, SAWS/I has chosen to adopt the management module that follows as that which best supports the overall success and efficiency of the current program.

4.2 Management Module



4.3 Project Committee

Inasmuch as the program goal of this Matching Grant Program pertains to a potentially vast spectrum of development activities it was felt that a "Project Committee" was essential at the outset to provide overall guidance and assistance to the development of specific country projects. By bringing a multidiciplinary array of specialists together to screen and monitor all activities related to the process of project planning, design, approval, implementation and final evaluation, we have been able to reconsider our original Management Module which called for the hiring of agriculture and health directors. It is our considered opinion that in such situations where the Project Committee does not have the required expertise these needs can be met more cost effectively by contracting technical assistance, whenever necessary, and preferably at the country level.

The "Project Committee" consists of:

- The Program Administrator (Chairman)
- Implementation Officer (Secretary)
- Financial Management Officer
- Planning and Evaluation Officer
- Physicians (2)
- Nurse/Health Educator (1)
- Ph.d. Nutritionist/Health Educator (1)
- Educator (1)
- Agriculturist (1)

All members of the committee have had extensive experience in the developing world.

As concept papers and proposals arrive at SAWS/I headquarters they are photocopied and distributed to Project Committee members. The Committee then reviews them, suggests modifications and approves or rejects the proposal as the case may be. The Committee, through its wealth of experience in the developing world and its intimate knowledge of those institutions involved in the MGP, has brought a depth of expertise to the planning of the MGP that would not have been possible in any other way. In addition, members of the Project Committee frequently visit involved institutions and countries thereby increasing the overall monitoring capacity of the organization.

4.4 Project Administrator

Definition:

Responsible for overall Direction, Coordination and Administration of the Program

Organizational Relationships:

Reports to SAWS/I Board

Time: 35%

Specific Responsibilities:

1. Chairman -- Project Committee
2. Co-ordinates Annual Reports
3. Administrates Staffing/Personnel Matters
4. Liason with USAID
5. Field Visitation

4.5 Project Planning/Evaluation Officer

Definition:

Responsible for Project Planning and Implementation

Organizational Relationships:

Reports to Program Administrator

Time: 100%

Specific Responsibilities:

1. Supervise Project Design and Formulation
2. Design and Conduct Evaluation of Central Office and Projects
3. Participate in the Formulation of Work Plans and Strategies to ensure attainment of Organizational Objectives
4. Monitor and Assist Field Projects in Developing Evaluation Capacity
5. Monitor and Assist Field Projects in Developing a Management Information System

6. Conduct Field Visits for Operational Problem Solving and Onsit Evaluations
7. Member of Project Committee
8. Assist in Participant Training Programs
9. Collect and Collate Monthly and Quarterly Information Report from Project Countries
10. Writes Annual Evaluation Reports as Assigned by Progran Administrator for Submission to USAID
11. Direct staff and field training activities

4.6 Implementation Officer

Definition:

Responsible for project implementation

Organizational Relationships:

Reports to Project Administrator

Time: 70%

Specific Responsibilities:

1. Secretary of Project Committee
2. Promotion and Strengthening of SAWS Infrastructure at Regional and Country Levels
3. SAWS Operational Network for the efficient handling of Projects including the Obtaining of Country Agreements
4. Liason with Country Project Directors to expedite Implementation of Approved Projects
5. Assist in Participant Training Programs
6. Monitor and Assist Implementation Schedules in consultation with Evaluation Officer
7. Conduct Field Visits for the Monitoring and Evaluation of Projects Operations
8. Participate in the Formulation of Work Plans and Strategies to Ensure Attainment of Organizational Objectives
9. Liason with USAID Officers in the Field
10. Monitor for Grant Contract Compliance

4.7 Financial Management Officer

Definition:

Responsible for Project Financial Management and Implementation

Organizational Relationships:

Reports to Program Administrator

Time: 60%

Specific Responsibilities:

1. Member of Project Committee
2. Monitor and Assist Financial Management of the Program
3. Reviewing and Implementing Project Budget
4. Drawdowns Authorization
5. Monitor for Financial Information from/to the Field and from/to AID
6. Liaison with USAID Finance Officers
7. Conduct Field Visits for the Monitoring and Assistance Related to Financial Matters

4.8 Field Monitoring

Country	Program Administrator	Project Planning/ Evaluation Officer	Implementation Officer	Financial Management Officer	Project Committee	Remarks
Africa						
A. Burundi	1	1	1			
B. Ghana		1				
C. Kenya	1	2	1		1	DeShay
D. Rwanda	1	1	1			
E. Tanzania		2	1			
F. Zimbabwe	1	2	1		1	Hayden
Asia						
A. Philippines	1		1		1	Hayden
B. Sri Lanka						
Caribbean						
A. Antigua		1	1			
B. Barbados		1	1			
C. Dominica		1	1			
D. Haiti	1	1	2			
E. Jamaica		1	1			
F. St. Lucia		1	1			
Mid-America						
A. Guyana		1	1		1	Vyhmeister
B. Honduras		1	1			
South America						
A. Bolivia						

5.1 Introduction

One major assumption, originally projected by SAWS/I, was that SAWS country staff and personnel at participating institutions were well-oriented in those factors particularly necessary for and conducive to successful development work. Based on their experience, thus far, SAWS/I has learned that in many cases such personnel, while highly motivated and committed to realizing the program objectives in their own communities, had rather inadequate perceptions of those key issues so vital to eventual success.

Critical components such as: community participation, shared control, felt needs and self-sufficieney--needed more emphasis if the MGP was to succeed in a significant way.

To this end, at the risk of slowing implementation, it was decided that strong emphasis should be given to training and orientation of all those likely to be involved in the Matching Grant Program. Along with country staff and institutional personnel, were included key administrative staff from regional and area offices. The purpose for including such staff was two-fold:

1. To orientate such leaders to the "development process"
2. To ensure a smoother and more effective chain of operation by increasing administrative capacity for the planning and decision making processes.

5.2 Training Workshops

The pilot training session was undertaken in Haiti by SAWS/I staff and three independent trainers contracted from New TransCentury Foundation:

1. Ms Jane Watkins, Director of Training
2. Mr. Ralph Bates, Vice-President
3. Mr. Robert Caarder, Consultant

Delegates to the session held Wednesday, April 28, to Friday, April 30, either came from, or were closely involved with, the Matching Grant Program for the following approved countries:

A. Antigua/Barbuda
B. Barbados
C. Dominica
D. Haiti
E. Jamaica
F. St. Lucia
G. Guyana

Workshop Objectives:

1. To create an understanding of development vis a vis relief program
2. To develop skills for problem analysis, decision making and project design
3. To clarify and strengthen SAWS organizational policies and procedures
4. To orientate personnel to the basic needs for, and methods of carrying out, evaluation

The "group learning model" of training was used with strong emphasis for "hands on" learning techniques. Training was linked to the new "proposal workbook" developed by SAWS/I. Post workshop evaluations rated the workshop at a mean of 4.17 on a scale of 0-5 (O=Inappropriate with 5= Excellent). All those in attendance wished considerably more time had been alloted to this course.

Following consultations with New TransCentury Foundation it was decided that the workshop should be extended to a full four day (32 hours) workshop, in Nairobi and Harare.

The Nairobi, Kenya Workshop was held September 5-9, and delegates involved in the MGP from the following approved countries were in attendance:

A. Burundi
B. Kenya
C. Rwanda
D. Tanzania

The keynote address was given by Dr. Z. Onyango, WHO Representative for Kenya.

On an indentical rating scale to the Haiti workshop, delegates rated the workshop at a mean of 4.31.

Following the Nairobi workshop an identical workshop was held in Harare, Zimbabwe from September 12-16 and delegates involved in the MGP from Zimbabwe were in attendance. Evaluation ratings for Harare showed a mean of 4.35. Mr. Roy Stacy, Director of USAID/Zimbabwe gave the keynote address.

The assistance rendered to SAWS/I by the two independent trainers was most valuable and their professionalism and technical competence not only gave objectivity to the program, but excellence as well. It should be noted that during these workshops it was not only their concern to train the delegates attending but also to gradually develop among the staff of SAWS/I a training capacity for future workshop programming (For Sample Agenda See 5.3).

5.3 Independent Assessment

SAWS/I is committed to the principle of independent evaluation of its activities. It believes that it is only in this way that it can truly approach development in all of its facets in an objective fashion. To this end, it is including in this report an independent assessment from the Director of Training New TransCentury Foundation, Ms Jane Watkins. The report follows:

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1789 Columbia Road, N.W.
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WARREN W. WIGGINS, PRESIDENT

TRAINING EVALUATION OF SAWS DEVELOPMENT WORKSHOPS

During the process of assessing the needs of the SAWS organization in order to make the most effective use of the SAWS matching grant; "Extending Family Health and Nutrition Education and Agricultural Development to the communities around existing SAWS Institutions," # PDC-0228-G-SS-1160-00; an almost universal desire for training in how to do effective development programing was expressed by the SAWS field staff. In response to this, SAWS/Washington hired Jane Watkins, Ralph Bates and Robert Gaarder of New TransCentury Foundation, trainers and specialists in development programing technology.

From April 28 to April 30, 1982, the first training workshop was held inPort au Prince, Haiti, for SAWS teams from Jamaica, St Lucia, Dominica, Guyana, and Barbados. During the two day workshop, participants were instructed in the programing cycle, data collection, problem identification, goal setting,action planning for implementation, budgeting, and evaluation planning. The training team used experience-based learning models in which participant teams work on actual projects for their own organizations.

As a follow up to the workshop, the SAWS training Director, David Syme, visited each of the countries to facilitate the completion of the project plans.

The evaluations of this workshop were unanimous on two items:
1. The training was exactly what they wanted and needed, and 2. the workshop was too short.

Using those evaluations as a base, the workshop was redesigned into a four day session with additional time for each team to develop their own country specific projects.

The following two workshops were held in Africa in September:
1. Kenya - September 5-9, 1982 with delegates attending from Kenya. Tanzania, Uganda, Sudan, Ethiopia, Rwanda, Burundi and India.

2. Zimbabwe - September 12-16, 1982 with delegates attending from, Zimbabwe, Botswana, Lesotho, Swaziland, RSA, Zambia, Malawi.

Again the workshops were evaluated as extremly relevant and helpful. The participant in the Kenya workshop who represents SAWS/ASIA invited SAWS/ Washington to bring the workshop to Asia in the Spring to those responsible for the Sri Lanka MGP program as well as others.

The philosophy which underlies these workshops includes: developing self-reliance among the recipients; training indigenous people to manage and continue the work of the project after its completion; working at a village-based level; designing projects that require a minimum of advanced technology and utilize local methods and resources; and developing projects that meet the felt needs of the people.

Because the Adventists already have indigenous leadership in the developing countries, they form an ideal base from which to develop projects. Their non-sectarian committment to enabling local people to manage their own lives and resource is clear in their approach to this training and to these projects. There were very few Westerners in the workshops.

A copy of the training workshop and a summary of the evaluations are attached.

Jane M. Watkins
Director of training
New TransCentury Foundation

SEVENTH-DAY ADVENTIST WORLD SERVICE
TRANS AFRICA REGION
Development Planning Workshop — Harare
September 15 - 19, 1982

SUNDAY, September 15

3:00 - 5:00 PM	Registration	
5:00 - 7:00 PM	Supper	
7:00 PM	Welcome	John Evert
	Introductions	O'Ffill/Syme
	Expectations	Jane Watkins
	Workshop Goals and Agenda	Ralph Bates
8:15 PM	Film "Health Care By The People"	David Syme
8:45 PM	Discussion	Jane Watkins
9:30 PM	Adjourn	

MONDAY, September 16

8:30 AM	Orientation towards Development	Ralph Bates
9:15 AM	SAWS Moving Toward Development (Panel)	O'Ffill/Nebblett/Syme
	Illustrations	
10:15 AM	Break	
10:30 AM	Concept Paper Review	Jane Watkins
12:00 PM	Lunch	
1:00 PM	Data Collection	Jane Watkins
2:00 PM	Problem Analysis	Ralph Bates
3:00 PM	Group Sessions	
5:30 PM	Adjourn	
7:00 PM	Keynote Address	Roy A. Stacy Director, USAID/Zimbabwe
	Feedback	

TUESDAY, September 17

8:30 AM	Overview Objective Setting	Ralph Bates
10:00 AM	Break	
10:15 AM	Action Planning	Jane Watkins
12:00 PM	Lunch	
1:00 PM	Field Visit	
7:00 PM	Evalutaion	Bates/Syme
9:30 PM	Adjourn	

WEDNESDAY, September 18

8:30 AM	Overview	
	Team Project Planning:	Data Collection
		Problem Analysis
		Goal Statement
		Objective Setting
		Action Plan
		Critique

THURSDAY, September 19

8:00 AM	
	Procedures/Policies
	Implementation
12:00 PM	Lunch
	Closing Activities/Certificate Presentation

5.4 Training Projections

During year II of the MGP, training is seen as a vital component of the overall program. It will contain two areas of emphasis:

1. Development Planning Workshops: will be held for the benefit of the staff involved with the Sri Lankan and Philippine projects. These are tentatively planned for March and May respectively. Independent trainers and consultants will be used from the New TransCentury Foundation, Washington, DC.

2. Follow-up country specific training sessions will be held by SAWS trainers during their field visitation trips. These will include Kenya, Tanzania, Ghana, St. Lucia, Haiti, and Honduras.

An additional adjunct to the training initiative will be the production of a bi-monthly development newsletter which will generate inter-communication between various project personnel and orientate them towards, technical resources and information regarding development issues.

6.1 African Region

	Burundi	Ghana	Kenya	Rwanda	Tanzania	Zimbabwe
SAWS Country Organization in Place	X			X	X	X
Concept Paper Received	X	X	X	X	X	X
Proposal Submitted	X	X	X	X	X	X
Proposal Approved	X	X	X	X	X	X
Monitoring/Evaluation System in Place	X	X	X	X	X	X
Projected Start-up Date	1/1/83	12/1/82	11/1/82			
Project Implemented				10/1/82	9/1/82	10/1/81

6.1.1 Burundi

Summary Health Profile:

Population	4,110,00
Population Density per Sq. Km	15
% Children under 15	4
% Children under 5	2
Infant Mortality Rate	14
Life Expectancy at Birth	4
Growth Rate	2.
Population per Physician	45,43
Population per Nurse	6,24
Population per Hospital Bed	76
Per Capita Calorie Supply	99%
Project Budget Allocated	US $110,000

Project Description:

Although blest with a temperate climate and fertile land the country of Burundi is hardpressed by one of the highest population density rates on the African continent, thus restricting the country's ability to provide adequate health care for all. Those most affected by the lack of health services are young children and mothers. Because in the forseeable future it is unlikely that health care delivery to all rural areas will be possible it is axiomatic to state that primary health care has assumed a vital role in the long-range planning of the local government. Inasmuch as SAWS sees the mother as the first and most important provider of health care in the community it intends to make mothers and children the focus of its attention.

On September 7, 1982, SAWS/I entered into a co-operative agreement with the United States Government (Bureau for Refugee Programs). Agreement No. 1037-220065 to build equip and operate four health centers in rural communes of Burundi. Following discussions with the USAID/Burundi office it was decided that the scheduled MGP for that country would provide a useful and necessary adjunct to the provision of health-care facilities. On this basis SAWS/Burundi proposes to conduct a community health worker training program from these centers. Until the signing of the

aforementioned grant it was impractical for SAWS/Burundi to complete their data collection and needs assessment. The model, however, will closely resemble that of the SAWS/Rwanda MGP.

Project Goal (Purpose)	Indicators
"Improved health status of children aged 0-5 in select target communities of rural Burundi by January, 1985."	IMR TMR Local IR Measles Local IR Gastroenteritis

Outputs:

1. Community Health Committees Established	
	Meeting Regularly CHW's Selected
2. Community Health Workers Trained	
	70 hrs Formal Training CHW Baseline Conducted
3. Maternal/Child Health Services Delivered	
	MCH Meeting Attendance Immunizations 20hrs Informal MCH Training Children Dewormed
4. Food for Home Consumption Increased	
	Gardens Established Variety of Food Consumed
5. Sanitary Latrine Construction Implemented	
	# Homes with Latrines # Families Using Latrines

Methods:

Each target community surrounding the health centers will select members of their community for training as community health workers. These will then be given 70 hours formal instruction in health, hygiene and nutrition. Following their training they will return to implement their newly acquired skills. Pre and Post Training KAP measurements will be taken. Emphasis will be placed upon followup training using experienced based learning techniques. Mother groups will be established at which group learning and child growth monitoring will take place. Children will be vaccinated and

dewormed. The community health committee will be mobilized to construct sanitary latrines. Village work will be monitored by staff from the health center and project training officers.

The project will commence from two existing dispensaries and will expand to include some of the new aforementioned centers as they become operational.

6.1.2 Ghana

Summary Agricultural Profile:

Population	11,000,000
Population in Agriculture	53%
GNP Growth Rate	-0.7%
Economic Land in Crops	17%
Irrigated Land	1%
Total Budgetary Allocation	US $149,000

Project Description:

SAWS/Ghana is currently in the process of finalizing details for two small agricultural projects. They have, trained Ghanian professionals for directing both projects. One project will be located some 40 Kilometers southwest of Accra in a small rural village which grows vegetables for both local consumption and meeting the demands of the capital city.

The second will be in the northern most arid section of the country. Both projects will in terms have the same general focus with basic adaptations according the local area.

Currently crops such as tomatoes are only grown during the rainy season when prices are low because of high availability. These projects aim to introduce some simple, water conservation, irrigation and scientific gardening techniques to the villagers to enable them to grow food during the dry season when commodity prices are high as well as improve the quantity and quality of produce.

SAWS officers in Ghana have undertaken preliminary data collection and at the time of writing are currently in Northern Ghana conducting a feasibility need assessment survey prior to site location.

Preliminary discussions at the local and national levels of the government have been extremely supportive thus far.

The reasons behind this projects slow implementation are twofold:

1. SAWS/West African director returned home in May and his new replacement has only just arrived.
2. SAWS/I because of other heavy programming and training commitments has only just been able to visit and assist local staff in fully comprehending the mechanics and objectives of the MGP (October).

Despite the delay SAWS/Ghana is in a good position to conduct a program. The Ghanian director has a public health graduate degree and there is a strong corps of well-trained professionals in agriculture to provide the technical expertise this program requires. Given no further unexpected delays design should be completed by October 30, 1982, and approval procedures will take a further month. SAWS/I projects are expected to begin December 1, 1982.

6.1.3 Kenya

Summary Health Profile:

Population	5, 922,000
Population Density per Sq. Km	25
% Children under 15	50%
% Children under 5	21.4%
Infant Mortality Rate	119/1000
Life Expectancy of Birth	56
Growth Rate	3.8
Population per Physician	8840.0
Population per Nurse	1070.0
Population per Hospital Bed	760
Per Capita Calorie Supply as % RDA	91%

Summary Agricultural Profile:

Percent of GNP	29%
Average Annual Growth Rate	5.4%
Average Index of Food Production per Capita	92
Percent of GDP	34%

Total Budgetary Allocation	US $255,000

Project Titles:

Project #1: Year-round Horticulture/Water Development Project	US $105,000
Project #2: Poultry Husbandry for the Subsistence Farmer Project	US $100,000
Project #3: Community Health Nutrition Project	US $50,000

Project Description:

As has been described, (See Section 3.6), design of projects for this country has been seriously hampered by the move of the current SAWS/I Planning and Evaluation Officer from Kenya to Washington at the beginning of the MGP year. It has taken eleven months to obtain the services of replacement personnel, formalize visa and immigration requirements and get the new staff in place.

The three projects envisaged by SAWS/Kenya will be operated from Kenya's third and newest university at Baraton in the Western Highlands. Unlike its predecessors, the University of Eastern Africa, is in a rural agricultural setting and has a strong commitment to practical as well as academic involvement in the community at large.

Project #1: This project grew out of a community health need assessment conducted by the university in 1980. From the analysis of data one outstanding feature emerged; namely, that as the dry season progressed community health deteriorated. The hypothesis was developed that if table food could be successfully grown in the dry season, then community nutritional health could be substantially improved. A pilot project was devised to develop methods appropriate to the local farming conditions that would provide local subsistence farmers with dry season agricultural capability and secondly a model system that farmers could look at and evaluate for themselves. These objectives were successfully met and this project arises out of requests from community farmers for assistance to implement all weather gardens.

The intensive gardening method developed at UEA has several aspects that help it to have potential for the local farmer.

1. It is labor intensive as opposed to depending on machinery. The implements needed are already owned and used by the local farmers.
2. It has dry season capability. A minimal amount of water is used efficiently.
3. It is flexible. Since each frame is complete in itself, a farmer may easily expand as he can handle more. One frame can be operated effectively.
4. It is efficient in land use. Due to the intensive aspect of the project, land does not have to be taken out of the current financial and productive framework of the society. It is in addition to the land use patterns that are already in existence.
5. It emphasizes agriculture for family health as opposed to strictly cash crop objectives. As the farmer adds frames he may realize more cash crop potential.

Project Goal (Purpose)	Indicators
"Increased Nutirional Intake of 25 Subsistence Farmers Families in the Nandi District by November, 1985."	Incidence of Anemia Vitamin A Intake Vitamin C Intake Caloric Intake Iron Intake Variety of Foods Consumed

Outputs:

1. Trained Student Agricultural Advisors (SAA).
   - Hrs Formal Training
   - Subjects Covered
   - Hours Informal Training
   - KAP Analysis
2. Increased Water Supplies for Irrigation
   - Water Supplies Improved
   - Water Available
3. Farmers Formally Trained in Intensive Gardens
   - # Farmers Trained
   - # Hrs Training
   - # Subjects Covered
4. Farmers Informally Trained
   - # Hrs SAA Spent in Field
   - # IG Frames Operating
   - # Variety Being Grown
5. Farmers Supported by SAA Following Completion of IG Unit.
   - # Hrs SAA Spent in Field Following Completion

Even though this project has chosen a nutritional goal for evaluation purposes it should be noted that there are other benefits which will arise out of the project itself.

1. The benefit of field training and involvement by agriculture students in real life situations which, hopefully, will lead to implementation in their future fields of labor. (Students come to UEA from Ethiopia, Uganda, Kenya, Sudan, and Tanzania.)

2. The "halo effect" of successful farmers operating a high visibility project in their respective communities.
3. The increased potential for income generation after nutritional needs have been met by sale of produce at a time when prices are high.
4. Increased availability of nutritious foods to community when seasonally they are in short supply.

Project # 2: The project consists of three phases. First a simple model poultry house will be built under the auspices of the University Agriculture Department. Students in the department will be closely involved in building the model. The model will be a simple 10' X 10' laying house which will house 25 laying hens. It will include nests, roosts, feeders, and waterers. The purpose of student involvement in the construction is so they may assist the recipient farmers in the later phases of the project.

The second phase involves bringing groups of farmers to see the model project. They will be given a thorough orientation of the model. This will give them an opportunity to see exactly what they can expect to have at their farm. Information will be given to them concerning the advantages of utilizing this particular model.

In the third phase farmers will be directly assisted in the development of their own poultry units and students who have had experience in constructing the demonstration model will be assigned in teams of two to help each farmer in constructing his project.

In addition, this third phase of the project includes assistance in the operation and management of the farmer's completed facility. Weekly, the student team will visit the farmer and discuss with him the practices and procedures of proper poultry husbandry. Not only will this be a verbal lesson, but it will be demonstrated and encouraged on the farmer's own facility and birds. Constant supervision will be given to the farmer by the student team until the farmer is well-oriented in the practices of proper poultry husbandry.

As a spin-off from this project it is expected that the students who have been involved in the project will carry their expertise and experience with them and gain the vision of implementing poultry husbandry projects among the members of their tribes to which they return.

Project Goals (Purpose)	Indicators
"Increased Egg Production by 100% Among 30 Farmers in Chemundu and Baraton Sub-locations."	# Units Produced # Farmers Producing

Outputs:

1.	Demonstration Unit Developed	
		# Demonstrations Given # Layers Producing
2.	Student Advisors Trained	
		# Hrs Trained # Advisors Trained
3.	Education and Promotion Delivered to Farming Community	
		# People Visits to DU # Requests for Poultry Development Assistance
4.	Poultry Units Developed	
		# Poultry Sheds Built # Laying Hens
5.	Farmers Given Follow-up Support	
		#Hrs of Advisors in Field After System Functional # Units Produced

Project #3: This low cost community health and nutirition project will serve as a pilot project in the environs of UEA focusing on the nutritional inadequacies of preschool children. Nutrition especially in the young child is impacted upon by a number of other health-related conditions such as: sanitation, infection, ignorance and high birth rates.

Without food supplementation, nutritional impact is a relatively slow process but is, nonetheless, a reliable indication of improved health status. Utilizing the established pattern of training mothers to be come primary level health care providers to their own families through the services of trained CHP's, this project should reach 140 "at risk" families over a three year period. Eight students from the university will be trained and used as assistant trainers of CHP's. The project director is an American trained Registered Nurse and Community Health educator with several year's experience in community based education and more recently in family planning. MCH classes will be held as a regular part of the program in each target community.

Project Goal (Purpose):	Indicators
"Reduced Incidence of Moderate to severe PEM in Selected At Risk Families within the Baraton Vicinity, Nandi District by November, 1985."	# Cases PEM (Gomez II & III) Before and After TMR Before and After

Outputs:

1. Needs assessment completed
   - # Cases Identified
   - # Dietary Recall
   - # Community Support
2. Assistant Trainers Trained
   - # Trainers Graduated
   - # Subjects Covered
   - # Hrs Instruction
3. CHP's Trained
   - # CHP's Graduated
   - # Curriculum Covered
   - # Hrs Instruction
   - # CHP's Implementing Training
   - # MCH Clinics Held
4. Table Food Production Implemented
   - # Active Gardens
   - # Varieties Grown
   - # Seed Supplied
   - # Families Trained

6.1.4 Rwanda

Summary Health Profile:

Population	5,094,000
Population Density per Sq. Km	167
% Children Under 15	47%
% Children Under 5	18.2%
Infant Mortality Rate (per 1000 live births)	127
Life Expectancy at Birth	46
Growth Rate	2.9
Population per Physician	39,350
Population per Nurse	16,000
Population per Hospital Bed	580
Per Capita Calorie Supply as % of RDA	90%
Total Budget Allocated	US $207,583

Title:

Providing community health and nutrition education services to communities around seven existing SAWS institutions.

Locations:

Mugonero -- Prefecture of Kibuye
Gitwe -- Prefecture of Gitarama
Rwankeri -- Prefecture of Ruhengeri
Kinunu -- Prefecture of Gisenyi
Mudende -- Prefecture of Gisenyi
Nyarwungo -- Prefecture of Gikongoro
Karora -- Prefecture of Kibuye

Project Description:

Rwanda is one of the most densely populated countries in Africa--its populace being largely poor and uneducated subsistence farmers. Malnutrition is widespread especially among young children. Most of this is due to the lack of education about gardening methods, food selection, and food preservation during the dry season. Infectious diseases are frequent and along with the decreased general resistance to disease brought on by malnutrition the results are frequently disastrous.

Many such infections could be circumvented by proper personal hygiene and simple instruction on the prevention of disease. This is also true of the high incidence of intestinal worm infestation with all its resulting maladies. Improvement of personal and community hygiene assumes paramount importance.

Project Goal (Purpose)	Indicators
Improved health status of children aged 0-5 in 7 target communities of rural Rwanda by January, 1985.	Decreased IMR Decreased TMR Decreased Incidence--Measles Decreased--Gastroenteritis

Outputs:

1. Community Health Committees Established	# Meetings Conducted # Trainees Selected
2. Community Health Workers Trained	# CHW's Trained # Hours Formal Training # Hours Informal Training
3. MCH Services Delivered	# Mothers Attending # Children 0-5 Attending # Vaccinations # Hours Health Education # Children Dewormed
4. Food for Home Consumption Increased	# Families with Table Gardens # Vegetables/Legumes Grown # Variety of Food Consumed Amount of Food Consumed
5. Sanitary Latrine Construction Implemented	# Latrines Constructed # Homes with Latrines # Families Utilizing Latrines

The above project is being managed by a physician with a graduate public health degree. It has the support of both provincial and state governments as well as the target beneficiary communities themselves. As there is currently very little being done with this kind of basic village level health care training being undertaken, the Director General of the Department of Public Health for the

Rwandese Government has stated that if this project succeeds they will give serious consideration to encouraging its replication in other parts of the country.

The program itself undertakes to train 28 community health workers selected by their respective communes and utilize them as agents for change by follow-up supervision and experience-based training. The project is approved and initial steps in organizing the community and selecting trainees is underway. Baseline collection is currently being undertaken and the first batch of trainees, twelve in all, will commence training in December, 1982.

6.1.5 Tanzania

Summary Health Profile:

Total Population	18,587,000
Population Density per Sq. Km	17.0
% Children under 15	46%
% Children under 5	18%
Infant Mortality Rate (per thousand live births)	125
Life Expectancy at Birth	50
Growth Rate	3.0
Population per Physician	18,490
Population per Nurse	3,300
Population per Hospital Bed	684
Per Capital Calorie Supply (% of daily requirement)	86.0%

Summary Agricultural Profile:

% Population involved in Agriculture	95%
% GNP	40%
Average Annual Growth Rate in Agricultural Production (70-79)	4.9%
Agriculture as Percentage of GDP	54%

Total Budgetary Allocation US $400,300

Project Titles:

1.	Community Health Project	US $280,000
2.	Parane Agricultural Production Project	US $120,000

Project Description:

Project #1: Owing to the existing political organization at the village level in Tanzania, community work is particularly attractive. Providing community interest, free of political maneouvering, can be generated, all the machinery is already in place for a strong particpatory program to take place. A brief review of the health and agricultural profiles suffices to show that the two sectors are closely interwoven and that village level programming is the only sensible answer to this countrys needs. With such a low population density it is inconceivable that clinical care is going to be available to all within the forseeable future. Adventist Health Systems in Tanzania operates 38 health centers and dispensaries as well as a secondary

care training hospital. This MGP project proposes to operate a community health promoter training program through eight of these dispensaries. Four are situated in the Pare Mountain district of North Eastern Tanzania and the other four in the Ikizu district of Western Tanzania. A Tanzanian physician with previous experience in the government health program is directing this project assisted by two full-time training officers, one for each district. Design and implementation of this program have been seriously hampered by the resignation of the former director, but following the recent visit by the team from SAWS/I including an independent planner from New TransCentury Foundation and the appointment of new staff, the project is now underway. An interesting feature of this project will be an attempt to provide small low-cost potable water systems in the more arid communities of Western Tanzania surrounding the project centers. This, hopefully, will be accomplished by the use of new low-cost drilling methods developed by the American Company, "Deeprock, Inc.," of Alabama.

One project area in the Eastern Pare section, namely Parane, will co-ordinate its community health outreach with the Parane Agricultural Production Project which will lend itself to an interesting evaluation of the impact of blending health with simple agriculture at the village level.

A total of 30 community health promoters (CHP) will be trained under this grant and these will service eight communities. Areas of emphasis will be in child growth monitoring and nutrition, personal and community sanitation as well as promotive health.

Project Goal (Purpose)	Indicators
"Improved Health Status of Children aged 0-5 in the following target communities:	IMR
1. Makanya	TMR
2. Parane	IR Measles
3. Suji	PR Gastroenteritis
4. Mkundi	PR Helminthiasis
5. Ikisu	PR Malnutrition (Gomez II & III)
6. Busegwe	
7. Saragana	
8. Bwassi	

Outputs:

1. Community Health Committees Established
   - # Meetings
   - # CHP Selected
2. Community Health Promoters Trained
   - # CHP Trained
   - # CHP Utilizing Training
   - # Hrs of Formal Training
   - # Hrs of Informal Training
3. MCH Services Delivered
   - # Clinics
   - # Mothers Attending
   - # Children Attending
   - # Vaccinations Given
4. Potable Water Systems Established
   - # Wells dug
   - # Litres Per H20/per person/per day
   - # Standpipes
5. Pit Privy Construction Completed
   - # Pit Privies Constructed
   - # Families Utilizing Pit Privies

This project is now operational and the first group of students will commence training in January, 1983. (For further description see independent report by New TransCentury Foundation at the end of this section.)

Project #2: This project will, if successful, be a high visibility project which will not only substantially improve the quality of life of approximately 800 families in the Parane Valley but will also increase the income earning capacity of some 400 farmers taking part in the project. Its essential elements include revitalizing a ten mile irrigation ditch utilizing community labour and some technical assistance, and training 400 farmers in methods of dry season vegetable production through syphon irrigation and scientific semi-organic cultivating practices. In addition the population will be given formal instruction in water as it relates to sanitation, disease and personal hygiene. In any

irrigation scheme, the question of the promulgation of schistosomiasis must be considered. Fortunately, the river source for this channel contains neither S. Mansoni or S. Haematobium the causeative agents in Schistosomiasis, therefore the question is not relevant.

Community thinking is very supportive of this program and bringing water to the last five miles of the ditch will make approximately 2,000 hectares of abandoned arable land available for cultivation again. If water is sufficient and funds permit some community gravity flow bathing houses will be constructed.

Project Goal (Purpose)	Indicators
"Improved Income Earning Capacity through Agro-Business of 800 Families in the Pare Mountains of Eastern Tanzania by September, 1985."	Per Capita Income Amount of Crop Sales

Outputs:

1. Irrigation Ditch Reconstructed

   - Amount of Water Flowing through Ditch Continuously
   - # Families Irrigating
   - # Trainees Completed Training
   - # Trained AEO's Teaching in Target Community

3. Farmer Training Program Established

   - # Farmers Using New Metho of Production
   - # Farmers using Syphon Irrigation
   - Variety of Food Being Produced
   - Quantity of Food Being Produced

4. Village Health Education Program Established

   - # Hours Education Given
   - # People Instructed
   - # Latrines Constructed
   - # Wash Places Constructed

Initial survey and community planning is underway for this project and construction will take place at the beginning of the rainy season when the irrigation canal is of least importance to the local populace (March, 1983). If community involvement is as high as projected the ditch revitalization should be completed within the first year of the project. (For further discussion of this project please read New TransCentury Foundation's independent assessment.)

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From Friday, Sept. 17 to Wednesday, Sept. 22, 1982, I worked with the SAWS staff in Tanzania to evaluate and help redesign their health outreach project funded under the USAID matching grant; "Extending Family Health and Nutrition Education and Agricultural Development to the Communities around existing SAWS Institutions," # PDC/0228/G/SS 1160/00.

The original concept was to field 55 health and nutrition outreach workers from 11 clinics in two locations in Tanzania-- one in the Pare mountains with 5 clinics; one on the shore of Lake Victoria in the north with 6 clinics. As a result of the work done by the Tanzania team during the training workshop in Kenya (Development Programing - Sept. 5-9) it was dicided that the project could be expanded in focus and narrowed terms of location in order to get the maximum bebefit from the time and resources invested.

We traveled to the Pare mountain location to gather additional data for the project. We visisted the Adventist clinic at Mekanya to interview Sarah Saidi, the rural medical aide (RMA) who was inchange of the clinic that day. We also visited the government clinic 2 kilometers away and interviewed Abel N. Kombe, the Medical Assistant (MA) in charge of the dispensary. From those visits we were able to determine that health outreach workers would indeed be useful in this area.

The need for medicines is acute and the Adventist have a better supply than do many government dispensaries. Further, SAWS health outreach workers could attack the environmental problems that cause Schistosomiasis and Malaria projects that the government has no capability or funds to address -- as well as the traditional problems of diarrhoea, measles and parasites. Water is scarce but available. Food is available in limited varities. Education about health and nutrition would stand a good chance of improving the lives of the people in Mekanya, and the population is concentrated enough that a health outreach worker could reach a large number of people.

Mr. Kombe was pleased with the interview and visit. He liked the idea of

the SAWS workers coordinating with the government dispensary, and the fact that the two could collaborate to address some of the overwhelming health problems of the population. (The Adventist also agree to send him some books on obstetrics and gynecology that he badly needs as well as some on mother and child care.)

I left Mekanya feeling that the clinic was adequate to serve as a base for the outreach workers. The clinic has served over 3,000 patients this year to date. I feel that the SAWS project could benefit from working with the government clinic in terms of information and collaborative strategies to address the most pressing needs of the people; and, that the project has an excellent chance of leaving behind not only indigenous trained community health workers, but also a more self-reliant population in terms of managing their own and their communities health. This seemed a good site for one part of the project.

Our next spot was at the clinic in Suji, high inthe Pare mounatins over roads that require four-wheel drive vehicles even in the dry season. Here it is essential to establish as mush self-reliance as possible for health care among the people because of their isolation.

Mr. John Mangare, the Rural Medical Assistant at the clinic in Suji, is extremely knowledgeable and manages to treat a wide range of illnesses. He is also building, with the help of the village and some funds from the local mission, a clinic with bed space for patients and a birthing room, neither of which are available for miles.

Mr. Mangare is most excited about the outreach health workers who will be able to concentrate on teaching preventive medicine to the people, since he is fairly overwhelmed with the curative needs of the people at this point. The clinic treats 25 to 30 people per day, most of them suffering from preventable diseases.

He is also concerned about the prevelance of malnutrition in the area and is anxious for the outreach workers to address that problem immediately. Since food is somewhat available, he feels that much of the problem lies with the population propensity to eat only one type of food. Therefore, education in nutrition has an excellent chance of making a substantial differ in the health of the people.

From Suji, we continued through the mountains to the village of Parane, the site of both a clinic and an Adventist school. Mr. Gilead Nguve, the Medical Assistant who runs this clinic has the medical knowledge and bearing of a Doctor! He has been involved in the training of community workers under

a grant from F.P.I.A. He is most excited about the use of outreach workers in the Parane area, a village that spreads for miles through tha Pare mountains. Again the problems focus on preventable conditions of malnutrition, malaria, shisto, and related diseases.

There is a special problem with measles here. The government actually has a vaccination program and many of the Tanzanians have their children vaccinated. However, becuase of a poor chain, the vaccine is often ineffective and the children get measles anyway. This undermines the confidence in the government program and the vaccination itself, and leads to many measle deaths among the children. The possibility exists that the SAWS program could include solar powered refrigerators (no kerosene is available for gas refrigerators) for the clinics in which, incases where the clinics are in close proximity as in Mekanya, the Adventist clinic could store and perhaps even administer the vaccine. This possibility is being studied and will be added to the project if it proves feasible.

Because of Mr. Nguve's experience in training village health workers under the F.P.I.A. grant, and the subsequent succes of that program, he will be employed to direct the health component of the project in the Pare mountain region. He had, by the time of our visit, already begun the process of thinking through the criteria for selecting the outreach workers and the content of the training. Training for all the Pare mountain location will be done at the school inParane where students can be housed and fed. Plans have been made for the types of equipment and teaching aids needed for the classroom and for the work of the village health workers in doing their instruction.

During our visit, the decision was made to include only four clinics in this region, Mekanya, Suji, Parane and Mkundi. Fifteen outreach workers will be divided among four clinics.

In order to test a more comprehensive, concentrated program that will achieve maximum impact on a community. we began to look for potential agricultural and clean water components to add to the health outreach project. The ideal situation presented itself at Parane. Two thi ds of the way up the mountain that ring the valley where the school and clinic are located is an irrigation ditch which runs for 10 miles. Because it was dry season, everything above the ditch was brown and arid. The SAWS Director, Norm Bunker knew about the ditch and had written a proposal to find funds to help the villages improve it. We began to explore the possibility of including that in the matching grant project.

Mr. Tabako, the Headmaster at the school, told us that the ditch was

governed by a local village committee. We asked if they would meet with us. Runners went into the mountains and within an hour, twelve members of the ditc committee arrived at the school to meet with us. The headmaster served as translator. We learned that the ditch, which is 10 miles in length, is functional only for the first 5 miles from the river to a place beyond the school. The eldest man on the committee said that his father did not remember when the ditch did not exist. We learned that an extension had been completed in1908. It seems that the dich was dug by early German settlers and has been maintained and managed by the villages for over 100 years! Twice a week they take turns rebuilding the spillway structure where the ditch joins the river. They take responsibility for keeping the ditch clean, for determining where it will cut to provide water, and now, since they connot keep the ditch full to capacily, they regulate when the water will be let out at each location. Given the current conditions, the ditch can provide water only about once every two to three weeks (each location knows which day is theirs) and none at all beyound the five mile mark.

The ditch is their life line. The area is populated by small farmers (less than 1 acre each) who grow sugar cane, sweet potatoes, maize, bananas, coffee and iliki (cardomon, we think is the translation). They grow for income and are able to make meager living because of the ditch. Beneath the five miles to the ditch where there is no water, the people have left, many to go to the cities.

The ditch committee explained to us that they all want to stay in Parane, but are worried that the deterioating condition of the ditch will ultimately make it impossible for them to grow enough to survive. We asked them what they needed. They asked for technical assistance to fix the spillway properly and repair the ditch where it needs concrete. They said that they would do all the work if they had someone to tell them how to do it properly. They also told us that the government would donate the compulsory community work day time to the project. Also, they could provide the fundi's who would handle the stone and concrete work.

We also asked them what other benfits besides cash crops might come from the ditch. The conversation developed many ideas:

-- Syphoning from the ditch rather than cutting it, which would insure water along the whole 10 miles (this would, no doubt, lead to an influx of people onto that land as it become arable.)
-- The construction of showers for bathing
-- Methods of filtering the water to make it safe for drinking

-- Having their wives learn to do home gardening and prepare nutritious meals.

-- Increasing the production of vegetables in the dry season.

The school agreed to donate land for a demonstration garden where villages from the area could be trained. The possibility developed of sending two of the village farmers to the SAWS garden project training at Solusi College in Zimbabwe (see report), who would return to work as trainers at the schools demonstration garden.

This part o. the project would tie into the health outreach by using the outreach workers to train women in home gardens and nutrition as well as hygiene, using the water from the ditch as a resource.

Final plans for the integrated elements of the project have been made and fist steps taken to survey ths ditch and determine the need. The first training session at Parani will take place in January for health workers from the 4 clinic areas in the Pare mountains.

Once this part of the project is underway, (approximately 6 months) the training of health workers will begin in the Ikizu area near Lake Victori in the north. Because water, and the attendant scarcity of food is also a factor in the north, the project will investigate the potential for digging wells as a adjunct to the health outreach work from the four clinics in that area.

Again, the potential here is for trained community health workers, more self-reliant people who can better manage their own health, and, in the case of the agriculture project in Parane, the potential for viable small economic development units, and an agricultural training center. Because the medical personnel at the clinics are all Tanzanians, and because the ditch committee is an existing and viable local governing unit, the project will be totally indigenous.

Jane M. Watkins
Director of Training
New TransCentury Foundation

6.1.6 Zimbabwe

Summary Health Profile:

Population	7,431,000
Population Density per Sq. Km	104
% Children under 15	47%
% Children under 5	19.25%
Infant Mortality Rate	129
Life Expectancy at Birth	54
Growth Rate	2.6
Population per Physician	7,110
Population per Nurse	1,390
Per Capita Caloric Supply	108%

Summary Agricultural Profile:

Percent of GNP	17%
Percentage of Arable Land	17%
Percentage of Population in Agriculture	60%
Percent of Land under Cultivation	8%

Total Budgetary Allocation US $268,670

Project Titles:

1. Solusi Scientific Gardening Project
2. Adventist Health Services PHC Extension Project

Project Description:

Project #1: Solusi, Scientific Gardening Project US $160,475

The beginnings of this SAWS funded project commenced in January, 1981, when Dr. Jake Mittleider established an intensive gardening project at Solusi. Using the "Mittleider Method" which depends heavily on inorganic fertilization and crop feeding a very attractive gardening program was established at Solusi Adventist College. Farmers were encouraged to attend the fourteen week course and then return to their villages to implement their skills. The project attracted considerable attention; was visited by several government minsters including Mr. Joshua Nkomo and was featured on national television. In October, 1981, the project was seconded into the Zimbabwe Matching Grant Program at which time SAWS newly appointed Planning and Evaluation Officer visited the

project as well as various farmers who had gone home and implemented their training. The results both at the school and in the village were impressive, to say the least. Vegetables being grown by trainees were healthy, abundant and far superior to any others being grown in the community at large. Despite this success some serious reservations were expressed to Dr. Mittleider about the heavy reliance on chemical fertilizer and mineral supplements and the fact that the real test of success for the program would be when support (in the form of fertilizer) was withdrawn by the project staff. Even though farmers were earning enough from their sales to purchase their own chemicals the problem of supply could in the long term be critical.

At this time, Mr. Jim Rankin joined the project staff and has assumed the directorship of this project, since Dr. Mittleider's return home to the United States. All credit should be given to Dr. Mittleider for getting this project off the ground and making it a truly "visible" program. From this early start SAWS/Zimbabwe has learned three important lessons:

1. That the application of pure technology, no matter how successful, must be flexible enough to meet the rapidly changing soco-economic picture found in the developing world.
2. That in a culture where women traditionally do gardening and the men farming, it is not ultimately ideal, or cost effective, to train men who then go home and train their wives how to do the gardening.
3. That in this country where the per capita caloric intake is 108% of the recommended daily allowance (RDA), income generation from vegetable production is probably a greater incentive to participation than simply increasing nutritional variety and intake.

On the basis of the above, Mr. Rankin has broadened the training by including much stronger emphasis on organic feeding and composting techniques. Some completely organic beds are producing comparable yields to the totally inorganic beds. Women trainees have been encouraged and the project purpose has shifted primary focus from nutrition to income generation.

Income from the sale of the project produce is turned back into the project allowing a greater number of student trainees and better follow-up of some once they leave the school. The course has also been extended to fourteen weeks.

Interesting statistics generated from this project thus far are:

# Students Trained (12 week course)	
1. Village Farmers	50
2. Government Extension Agents	50
3. Christian Care Students	18
4. School Students	30
	148

Graduate Certificates	142
Certificate of Attendance	6
# Students Mini 3-week Extension Course for Village Women	8
# Students Mini 2-week Extension Course for Wankie	12

Follow up visitation by project staff has indicated that about 58% of all students trained who return to the village are actively implementing their new skills and are earning incomes ranging from US $28 to US $270 per month. Even at the lowest end of the scale this is no mean supplementary income for Zimbabwe. The extreme range is due to fluctuating soil conditions as well as water supply. Those students trained from the Matabele area have not been able to implement anything thus far owing to the serious drought currently in progress there.

The project aims to train 250 participants in all.

Project Goal (Purpose)	Indicators
"Increased Income Generating Capacity Among 250 Zimbabwean Farmers by September, 1984."	Annual Income # Crops Sold for Cash # Monies Spent for Food # Non-essential Items purchased during period

(For further discussion see New TransCentury Foundation's assessment.)

Project #2: Adventist Health Services/P.H.C. Project US $117,000

The project will be administered by the SAWS/Zimbabwe director, who is an American physician with an extensive background and trainning in primary health care for the developing world. He will be assisted by three community outreach supervisors, all of whom are females with basic schooling and "Red Cross Training." All personnel are now hired and community needs assessment is taking place in the areas surrounding three health centers. Another three centers will be added as the project gets underway. Current political instability in certain rural areas is making travel difficult and sometimes impossible but it is planned that training will commence no later than January, 1983. The community trainers under supervision of the director will undertake the training activities of CHA's and these will then operate out of the three existing clinics in conducting public health outreach in each village within a 5 Km radius of the health center. The exact health focus will be established by the needs assessment which is scheduled for completion December, 1982.

Project Goal (Purpose)	Indicators
"Primary Health Care Services Delivered to Rural Communities within a Radius of 5 Km of six Health Centers in Rural Zimbabwe by September, 1985.	# Trained Staff in each Center # Communities being Served # Services being Delivered

Outputs:

1. Trained Staff in Place

Staff hired
Training Sessions Delivered
CHA's Completed Training
Hrs Training Delivered
CHA's Working in Community
People being Serviced
Vital Data being Collected

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SOLUSI COLLEGE

On Thursday, September 16, 1982, I visited the Scientific gardening project operated under the Seventh Day Adventist World Service USAID grant; "Extending Family Health and Nutrition Education and Agricultural Development to the Communities around existing SAWS Institutions," # PDC/0228/G/SS/1160/00 at Solusi College near Bulawayo, Zimbabwe. Solusi College, founded by the Adventists in 1894, began the garden project in August of 1981. After a shaky start, the garden project is now run by Jim Rankin who had been a successful commerical farmer in Zambia before coming to Solusi to run the project.

Located in the middle of Metabelle land and in the thros of a severe drought, the garden is an oasis watered by a well dug specifically to serve the project All cultivation is done with hand tools, and fertilizer used is almost all organic with minimum use of chemicals.

The program teaches 30 students every four months. The students are of all ages and many are recruited from nearby villages, though, because the reputation of the program has spread, many come from some distance away. The current group of students with whom I met is made up of 6 women and 24 men. While the men of Zimbabwe do not traditionally work the soil, the program has has very good success attracting men and teaching them to grow vegetables.

The garden covers 8,000 square meters (2 acres) with each student responsible for 8 beds each. The beds were full of a wide variety of vegetables all cultivated and watered by hand. The students learn how to develop compost heaps, how to plant and tend the vegetables, and how to recognize plant diseases and treat them.

Each day, five days a week, the students have 1-1/2 hours of classroom work, carefully adapted to the low educational level of many of the students, and 5 hours of practical work in the garden. Rankin reports that most spend more time than that working in the garden. At the end of the 16 weeks, each student that passes gets a certificate. It is possible to pass if they do well in either the theory or the practice. Only 4 have totally failed, and that, according to Rankin, is because they did nothing.

Another form of instruction takes place in the project. Every 6 months. the

garden committee helps Rankin select 4 "supervisors," -- former students who stay on to work in the project for 6 months. They are provided room and board and paid $100 U.S. per month, an amount that adds up to a substantial sum for starting their own business when they complete the work.

The project was begun as a effort to train people who would then return to their villages and teach gardening with the hope that improved nutrition would be the result. When I spoke with the students, few were planning to return to the villages, where water is non-existent and the opportunity to earn a living is nil. Upon examining the whereabouts of the former students, it become apparent that what exists at Solusi is the training ground for small enterprise development in food farming, as well as training people who will use the skills to teach others in a work setting.

To date, 168 students have gone through the program. Of those, 50 have become extension officers for the government, 18 sponsored by Christian Care who returned to village coop gardens, 12 have bacome teachers who have school gardens, and 8 are employed by farmers, mission stations, etc. The remainder are growing food and, according to their reports, making from $30-$60 U.S. per month, (a substantial income in Zimbabwe) The program is clearly improving the economic status of the students with a multiplier effect from those who are teaching and working as extension officers.

Because of the success of the garden commercially, the students pay only $10 U.S. tuition. The garden project pays the remainder of the $252. for their room and board at the college and the $20. for their books.

During the past year, the garden grossed $1800. U.S. per month. Food from the garden is sold to the college cafeteria and staff for 1/3 the regular price, and the surplus is sold to the local supermarkets at the regular price. Besides selling the produce that is grown, they also sell seedlings to garden centers in Bulawayo.

Another spin-off from the project is an income producing garden at the Solusi High School where the teacher, Mrs. Ncube (who was trained by Jim Rankin) teaches the students to garden. A second garden was started and is tended by the students at the elementary school and supplements the food served by the school.

The project is a resounding success for the college and for the students. Jim Rankin feels that it is now well enough established for a second stage involving an increased effort to impact on the food production in the villages. We also talked of providing technical assistance to small farmers who are receiving 12 acre plots of land under the government land development scheme.

Plans also include using Rankin as a resource to similar projects in other countries where SAWS is working as well as sending other villagers from other countries to Solusi to be trained (see report on Tanzania.)

The possibilities are endless for positive effects from this very successful project. It is an impressive model that should be studied and replicated many times over.

Jane M. Watkins
Director of Training
New TransCentury Foundation

6.2 Asian Region

	Sri Lanka I	Sri Lanka II	Philippines I	Philippines II	Philippines III	Philippines IV & V
SAWS Country Organization in Place			X	X	X	X
Concept Paper Recieved	X	X	X	X	X	X
Proposal Submitted	X	X	X	X	X	X
Proposal Approved	X	X	X	X	X	X
Monitoring/Evaluation System in Place	X	X	X	X	X	X
Projected Start-up Date			11/1/82	11/1/82	11/1/82	11/1/82
Project Implemented	9/1/82	9/1/82				

6.2.1 Philippines

Summary Health Profile:

Population	47,748,00(
Population Density per Sq. Km	148
% Children under 15	43%
% Children under 5	16%
Infant Mortality Rate	65/1000
Life Expectancy at Birth	61
Growth Rate	2.7
Population per Physician	3,150
Population per Nurse	4,990
Population per Hospital Bed	880
Per Capita Caloric Supply as % of RDA	87%
Total Budgetary Allocation	US $385,000

Project Titles:

1.	Barangay Rural Food Production and Health Project	US $90,000
2.	Community Health Project	US $105,000
3.	Integrated Barrio Development Project	US $65,000
4.	Agricultural Extension Training Program	US $45,000
5.	Integrated Island Community Development Project (Tawi-Tawi)	US $80,000

Project Description:

Project #1: This project situated in the Negros Occidental Province of Central Philippines is in a rural Barangay of Alegria using the Central Philippine Adventist College as a base. SAWS/Philippines proposes to improve the physical quality of life in this community by training 570 participants in the areas of agriculture, horticulture and health education. The problems of this rapidly developing nation are complex and one cannot approach the problems of health and physical well-being without giving considerable thought to food production and economic capacity. The project at present, under development will concentrate on increasing food production and varieties while educating people regarding nutritional and hygienic practices. If successful during the third year of operation the school intends to introduce some vocational training in tailoring, carpentry and handicraft. The project is, at present, under review and

modifications are being made as more data is collected. It will be ready for start up in December, 1982.

Project #2: Community Health Project. Philippine Union College are sponsoring this project in three barrios within a radius of 5-10 kilometers. Operating a school of public health as they do they are in an optimum position to run a first class project. The project will not only benefit the target communities but will also serve as a training ground for graduate public health students. It should be mentioned that their program is run in affiliation with the school of public health, Loma Linda University, CA. Students will be used as the promoters of change of the three target barrios.

Project Goal (Purpose)	Indicators
"Improved Health Status of Mothers and Children in 3 Target Communities, within a Radius of 10 Km of Philippine Union College, Namely: **1. Casile** **2. Carmen** **3. Huyo-Tartaria** By June, 1985.	Decreased IMR Decreased TMR Decreased PR of Gomez II & III Decreased PR of Anaemia Decreased IR of Sponteneous Abortion

Outputs:

1. Community Health Education Established
   - # People Taught
   - # Sessions Delievered
   - # Subjects Covered
   - # Mothers Attending Meetings
2. Nutrition Rehabilitation Program
   - # Undernourished Children Enrolled
   - #Food Supplements Given
   - # Lectures Delivered

3. Sanitary Latrine Construction Program Established

Latrines Constructed

Latrines being Utilized

4. Solid Waste Disposal System Established

Sanitary Disposal Sites

Freelying Solid Waste in Community

5. Table Garden Production Implemented

Gardens under Cultivation

#Variations of Food Being Grown

Lbs of Food Being Grown

The project has already completed its community needs assessment and will be ready to implement community programming in November, 1982.

Project #3: Mountain View College in Southern Philippines has been operating five extension schools for the Monobo tribe a cultural minority in the South. During the last several years the schools have developed considerable stability in the communities they serve and have provided an interesting study of the most effective means of bringing about change in these people. The college was concerned that the barrios have become somewhat dependent on the teacher volunteers from the college rather than developing an internal capacity to become self-supporting change agents themselves. The project proposes to rectify that situation by training selected Manobos to act as agents of change in the area of health and agriculture.

The project is directed by a graduate public health officer who speaks fluent Manobo and has already served in the existing extension school program. His wife, who is a public health nurse, is assisting him. Following completion of the data collection process (October 30, 1982), the project will develop a model barrio. This will consist of:

A. Definite programmed lay out of the barrio

B. Establishment of a potable water supply

C. Establishment of a village bathhouse

D. Development of programs in the barrio which will serve as a "hanc on" laboratory for the trainees. Programs planned for include- child care, home gardens, sanitation, and nutrition education, firs and simple home remedies

E. Establishment of a small model farm where experience base training will be given.

Trainees from surrounding villages will be brought in to the model barrio and wil live and be trained there over a period of three months as they gain requisite skills for returning to their own village.

SAWS/Philippines has sought the participation of three outside agencies in this endeavor:

1. Bureau of Forest Development
2. Ministry of Education and Culture
3. Panamin (Government Entity for Cultural Minorities)

Local support is strong and officials of the selected host barrio at Bulalang have given 10 hectares of land for the training site. It is expected that once the model farm is operational it will generate some income towards maintaining the projects continuity and ongoing personnel costs will be carried on by the Mountain View College Foundation...thus continuity is assured.

Project #4: Because Mountain View College is accredited by the government of the Philippines as a liberal arts college, offering bacclaureate degrees in several areas including Agriculture and Home Economics, it is well-placed to be operating this kind of project.

The focus is on the small rural subsistence farmer who has land but little technical know-how as to achieving suitable production of foods for consumption and sale. Four existing extension centers in the province of Bukidnon will provide trianing to 30 barrios and 450 farmers. The unique aspects of this project is that the farmers' wives are being included in the design. As the farmers receive 4 weeks training in Basic Agriculture the wives will later be given four weeks training in Home Economics. Curriculum descriptions follow:

Agriculture:

Soil and Soil Nutrition
Land Preparation
See Selection and Planting
Fertilizers
Prevention and Control of Weeds
Prevention and Control of Pests
Harvest and Storage
Backyard Garden Production

Home Economics:

Basic Food Elements and Nutrition
Sources of Proper Nutrition
Selection of Foodstuffs
Food Preparation
Food Hygiene
Appropriate Technology for Cooking and Storage
Budgeting

Four extension technicians in each area will provide the follow-up and home visitation support necessary if trainees are to utilize their training.

Local technicians from the Bureau of Plant Industry will be invited to participate in the project. Local people are very supportive of this project.

Project # 5: Cagayan de Tawi-Tawi lies mid-way between Zamboanga and Palawanin. The island some 71 square miles has a predominately Muslim population (22,000). Because of its remotness from the main Philippine group and lace of communication it is very underdeveloped.

n collaboration with an indigenous PVO, Medical Aviation Program, Inc. (MAPI), SAWS/Philippines proposes to conduct an integrated community development program whose main thrust will be income generation through Agro-Fishing ocations but with a strong secondary involvment in environmental health and anitation. The project site has been visited by SAWS/I Implementation Officer nd the prospects for a successful project look excellent

Major Components of this project, the design of which is in the final stages is the establishment of a vocational training program that will focus on small scale fishing methods, boat building and maintenance as well as horticultural gardening for consumption and marketing. Supporting this vocational curriculum will be emphasis on environmental sanitation, basic nutrition, and community health. As the vocational program is established the current inadequate water system will have to be enlarged and made potable.

The project is expected to commence implementation in December, 1982.

6.2.2 Sri Lanka

Summary Health Profile:

Population	14,844,000
Population Density per Sq. Km	215
% Children under 15	36%
% Children under 5	11.64%
Infant Mortality Rate	47.0/1000
Growth Rate	1.7
Population per Physician	6,230.0
Population per Nurse	2,240.0
Population per Hospital Bed	330
Per Capita Calorie Supply at RDA	91%
Total Budgetary Allocation	US $101,210

Project Title:

Project #1:

Environmental Health Education Project Nuwarawella-Periswatte US $33,620

Project #2:

Mailapatiya Community Water and Sanitation Development Project US $66.590

Project Description:

Project #1: This small project will be operated by the Lakeside Medical Center staff in Kandy. The project director is a physician with graduate public health training. Focus of this project will be on sanitary hygiene in a periurban community near to the center. Improper sanitary practices are common to this area where a high population density is found with corresponding inadequate utility services.

Based on discussions with the community concerned and the high prevalence of sanitation related diseases presenting themselves for treatment at the medical center it was decided that this was the major area of intervention needed

Project Goal (Purpose)	Indicators
"Improved Sanitary Hygiene Among the Villagers of Nuwarawella-Periswalte Kandy by January, 1985.	Decreased PR of Sanitary related diseases Decreased TMR Increased Sanitary Latr Usage

Outputs:

1. Health Education/Training Delivered
   - # Hrs Training
   - # Received Training
   - Analysis KAP Survev
2. Latrine Construction Program Established
   - # Pit Privies Built
   - # People Trained
3. Communal Solid Waste System Improved
   - # Solid Waste Disposal Si Constructed
   - Amount of freelying Sc Waste

Project staff are in place, community co-operation is organized and the proj commenced October 1. 1982.

Project #2: Mailapatiya is a small Buddhist village situated on the main rc between Hangurgnketta and Kandy. This community oriented project will conducted by the staff and students of the Lakpahana Adventist College collaboration with the village community itself. The village comprises of mc than 900 families and covers some 500 acres. In co-operation with the Rur Development Board, the Local Village Council has developed a potable wat system for the community. The present capacity of the system is, sadl inadequate to meet the community's demands.

SAWS/Sri Lanka proposes to expand the existing system by piping in water fro a pure water spring and increasing the present pumping and holding capacit

Standpipes will be extended to major locations in the satellite colonies surrounding the village. Total supply will increase from 12,000 to 25,000 gallons per day. In addition, to meet the problem of sanitary related diseases in this area health education and a latrine construction program will be added to complement the project.

The chairman of the Rural Development Committee and the local member for parliament have both shown interest and willingness to support the project.

Villagers have been involved in the project from the beginning and a project committee has been selected to direct the project utilizing college representatives only as consultants.

Baseline data collection is scheduled to be completed on October 15, 1982, and initial construction began on October 10, 1982. The water system is targeted for completion by June, 1983.

Project Goal (Purpose)	Indicators
"Decreased Incidence of Water Related Diseases Among the Population of the Village of Mailapatiya by January, 1985."	Decreased incidence of Gastroenteritis Bacillary Dysentery Amoebiasis Ancylostomiasis Decreased I.M.R.

Outputs:

1. Potable Water System Improved
   - Amount of H20 Per Person/per day
   - # Standpipes Constructed
2. Community Health Education Delivered
   - # Hrs Instruction
   - # People Instructed
   - # Schools Visited

3. Pit Latrine Construction Program Established

Latrines Constructed

Families Using Pit Latrines

People able to Construct Pit Latrines

March, 1983, SAWS/I will be taking an independent evaluator to look at this project.

6.3 Caribbean Region

	Antigua	Barbados	Dominica	Haiti	Jamaica	St. Lucia
SAWS Country Organization in Place	X	X		X	X	X
Concept Paper Received	X	X	X	X	X	X
Proposal Submitted	X	X	X	X	X	X
Proposal Approved			X	X	X	X
Monitoring/Evaluation System in Place	X	X	X	X	X	X
Projected Start-up Date	12/1/82	12/1/82	11/1/82		12/1/82	
Project Implemented				11/1/81		6/1/82

6.3.1 Antigua/Barbuda

Project Title:

School Substance Abuse Education Program US $102,126

Project Description:

This country is one of several in the Caribbean that SAWS has no appropriate institutional infrastructure from which to work, however, this does not in any way depreciate SAWS interest in rendering assistance where possible.

Initial survey teams went to Antigua October, 1981, and in February and May of 1982, to hold discussions with various government leaders about the possibility of SAWS rendering developmental assistance. Some reservation was expressed to SAWS representatives concerning foreign aid assistance particularly in the area of fitting into the countrys own developmental prorities and planning rather than imposing donor and agency needs. This was expressed in a rather firm way particularly by the Honourable Christopher M. O'Mard, Minister of Health for the State of Antigua and Barbuda. After explaining to officials of the Ministry of Health the broad parameters of the Matching Grant, SAWS officials encouraged them to state their priorities and current needs in health education recognizing that the health profile of the country was such that more traditional interventions were adequately covered. The response of government was that inasmuch as the top five leading causes of death were degenerative and that the top four were specifically linked to substance abuse in one form or another they would encourage SAWS to approach this area of health education.

Recognizing that although this as clearly a health intervention albeit somewhat outside the frame of reference for traditional development programming, SAWS Planning and Evaluation Officer took the matter up with officials at USAID in both Washington, DC, and the Caribbean office in Barbados, asking for counsel and permission to procede with the project as planned. In the ensuing five months that it has taken to obtain some form of answer several more discussions and some correspondence has been exchanged.

It is SAWS/I understanding from the PVC Office/Washington that the suggested project was outside of the intent--scope of the original grant contract. This SAWS/I has little argument against, however, in a telegram received via the Washington, PVC Office on October 7, 1982, Ref: (A) Bridgetown 03623, (B)

State 194310, the question appears to have become a "legal and policy matter" (Para 1A) and not one concerning the original intent of the grant. Paragraph 3 makes this quite clear it suggests other interventions such as "Cancer Detection" and "Diabetic Education" which are no more developmental projects in the traditional way of looking than Substance Abuse is.

In discussing the problem with Ms Toni Christiansen-Wagner, PVO Officer in Bridgtown, Cancer Detection was discussed as an alternative but it was stated that SAWS did not feel it had access to staff with sufficient technical competence to handle such a complex intervention at this time.

The current situation is now the same as it was three months ago--a program of which the Ministry approves is designed and ready for implementation, but awaits a definitive answer.

In this regard, SAWS/I desires an explicit response, in writing, to their letter of June 11, 1982, in which they formally request clearance for the program in Antigua and Barbados. Upon receipt of same, the options of an alternative program or fund reallocation are open and SAWS/I is willing to move expeditiously to reassess the program for these two countries in a way that will cause as little ill-will as possible for all parties concerned.

6.3.2 Barbados

Project Title:

St. Michaels Parish School Substance Abuse Education Program US $159,750

Project Description:

The project designed for Barbados was essentially the same as the one for Antigua/Barbuda, except that because of the larger population the scope of the project was kept to one large parish rather than the whole island. For a major discussion of this project please see Section 6.3.1 Antingua-Barbuda.

Project Goal (Purpose)	Indicators
"Improved Knowledge, Attitude, Practices Relating to Habitmaking Substance use and Abuse Among the Youth of St. Michaels Parish Barbados by June, 1985."	Analysis KAP Surveys # Juvenile Arrests

Outputs:

1. School Substance Abuse Education Delivered
   - # Training Sessions
   - # Schools
   - # Students Attending
2. School Health Nurses Trained
   - # Hrs Formal Training
   - # Hrs Informal TRaining
   - # Session Taught by School Health Nurses
3. Professionals Exposed to Substance Abuse Education
   - # Workshops Conducted
   - # Doctors Attending
   - # Nurses Attending
   - # Teachers Attending
   - # Social Workers Attending
4. National Substance Abuse Campaign Delivered
   - # Hrs Television Transmissio
   - # Column Inches Newspaper
   - # Published
   - # Hrs Radio Transmission

5. National Poster Campaign Implemented

Posters Distributed

Schools Competing

Poster Entries

6.3.3 Dominica

Summary Health Profile:

Population	80,000
Population Density per Sq. Km	416
% Children under 15	37
% Children under 5	13.7%
Infant Mortality Rate	20
Life Expectancy at Birth	58
Per Capita Calorie Supply as % of RDA	87%
Total Budgetary Allocation	US $161,170

Project Title:

Community Environmental Health and Sanitation Project.

Project Description:

Dominica is the northernmost and largest of the Windward Islands and the least developed of the chain. SAWS/Dominica has no appropriate institution from which to launch its project and therefore has looked for ways in which it can complement existing programs--planned or operational which are already in place. Following very fruitful discussions with officers of the Ministry of Health in Roseau and also with the Research Promotion and Development Office of PAHO in Washington the groundwork for this project has begun.

As highlighted by the recent report and proposal of Dr. Branco Cjetanovic, WHO Consultant to PAHO, in his document "Control of Typhoid and Diarrhoeal Diseases in Dominica" (Amro-1205). Dominica has the highest incidence of Typhoid in the Americas, if not the world.

The PAHO proposal, projects total eradication of Typhoid over a twenty year period and conceives of it as a cooperative undertaking of the Dominican Government and several international agencies. Both the Ministry of Health and PAHO welcome SAWS taking a part of the overall program as their MGP project. SAWS/Dominica has been most anxious to get this project underway, however, the uncertainity of the MGP projects for Antigua/Barbados (See 3.6; 6.3.1, 6.3.2), with the option of reallocating funds from one or both of them to the Dominica project has delayed the final planning processes.

SAWS/I has located a St. Lucian born public health graduate with specialities and experience in enviornmental sanitation who would serve as project director.

The project envisaged at the present funding base would intervene at the school level amongst whose population 50% of all cases of Typhoid occur. Sanitary facilities as recommended in the PAHO document (See Attachment), would be constructed in twenty-three schools and a curriculum of environmental health education developed and delivered at each of these schools.

Should funds be reallocated then SAWS would shift the program to a total environmental health and sanitation package for the town of Souffriere where the highest incidence of Typhoid occurs. Either way the project will begin January, 1983.

APPENDIX IV (cont.)

2. REQUIREMENTS FOR SCHOOL FACILITIES

Name of Village and School 2)	Number of Pupils	Requirement 1) Latrine	Basin	Cost per * School EC $
Warner	146	x	x	8,524
Bellen	99		x	800
Concord	59		x	800
Salylia	272		x	1,500
Clifton	224		x	800
Dublani	203		x	800
Colihant	284		x	800
Soufriere	268		x	
Giraudel	198		x	
Laudat	94		x	800
Trafalgar	130		x	800
San Sauveur		x	x	8,524
Good Hope	514	x	x	8,524
Pte Soufriere		x	x	8,524
Sinekou	146		x	
Norne Jaune	273		x	800
St. Savanne	251		x	800
Boetica	157		x	800
Paix Bouche	327		x	800
Marigot Jr.	244		x	800
Marigot Snr.	700		x	800
Tete Morne	400		x	800
Morne Prosper	176		x	800
TOTAL	5,165	4	23	47,596

1) No schools are provided with showers

2) Approximately 15 schools were destroyed by hurricane David. It is hoped they will be reconstructed with WC and showers

* This does not include showers

no piped water in the village

Cost Estimate: EC$ 8,524 for construction of pit latrine and 2 wash basins
EC $ 800 for 2 wash basins

6.3.4 Haiti

Summary Health Profile:

Population	5,700,000
Population Density per Sq. Km	204
% Children under 15	44%
% Children under 5	17%
Infant Mortality Rate	150
Life Expectancy at Birth	51
Growth Rate	2.3%
Population per Physician	11,170
Population per Nurse	3,510
Population per Hospital Bed	570
Per Capita Calorie Supply as % of RDA	90%
Total Budgetary Allocation	US $325,480

Project Description:

SAWS/Haiti has been operating a successful nutrition feeding program under a USAID outreach grant for four years. In line with current trends and policies concerning the utilization of material resources as a base for more developmental type activities the local SAWS team is endeavoring to use this opportunity afforded by the MGP to strengthen their developmental programming capacity. The project currently under way focuses on the high prevalence of malnutrition in young children in ten rural centers. There is little doubt that through the process of village level education and community co-operative effort the level of nutritional well-being can be improved but, as Ms Jane Watkins so rightly concludes in her summary appraisal attached, given the reality of chronic food deficits and declining agricultural outputs in Haiti some measure of outside support must continue for some time to come. The major question, as SAWS/I sees it at this juncture, is not so much a question of self-sufficiency in three years, but rather is the program designed and more importantly, conducted in a manner that will minimize the chances of dependency formation among the recipients.

Currently the program is operating in five of the ten projected centers with 1,000 malnourished children enrolled in the program and with 500 mothers having completed training. Twenty-eight community nutritional assistants have been trained and 14 are currently functioning at the nutrition centers. Preliminary data collection in five target communities shows that there are 53% of children suffering from moderate to severe malnutrition based on the Gomez Classification (Categories II & III).

Project Goal (Purpose):	Indicators
"Decreased Prevalence of Malnutrition in Children between Ages of 0-5 in Ten Target Areas of Haiti."	Prevalence Rates of Gomez II & III TMR

Outputs:

1. Ten Nutrition Training Centers Established
   - # Centers Operating
2. Nutrition Assistants Trained for each Training Center
   - # Graduated
   - # Functioning at Centers
3. Mothers Training Program Established
   - # Mothers in Training
   - # Hrs Training Delivered
   - # Subjects Covered
   - # Mothers Graduated
4. Table Garden Production Established
   - # Families Participating
   - # Plots Established
   - # Varieties of Food Grown
5. Environmental Sanitation Program Implemented
   - # Latrines Constructed
   - # Families Using Latrines

Apart from initial delays in establishing the flow of funds to this project and designing a method of evaluating it the project is now moving ahead smoothly and is on schedule.

New TransCentury Foundation
1789 Columbia Road, N.W.
Washington, D.C. 20009-2894

TELEPHONE: 202 328-4400
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WARREN W. WIGGINS, PRESIDENT

HAITI

On Wednesday, April 28, 1982, together with Mr Robert Gaarder, an independent development consultant, I visited the Community Health Training and Nutrition Project at Sainte Roc village in Haiti. The project, directed by Olive Fulfer, wife of the SAWS/Haiti Director, serves the women and children who live in this destitute area.

The village is made up of a small cluster of one room shacks, each of which houses an entire family. Cooking is done outside over open fires. There are no latrines visible. There is one water faucet outside the one room frame building that the project uses as a classroom. The water is not pure. The villagers drink it from the tap. We observed as elderly women from the village bathed small children near the tap. For the most part, however, the children were dirty with distended bellies that so often signals parasites or malnutrition.

The village does not produce adequate food and it is approximately a 10 mile walk down the hills to Port au Prince and a market.

The project, operative since October 1, 1981 under the AID matching grant; "Extending Agricultural, Family Health and Nutritional Development Programs to Target Communities from Existing SAWS Institutions," # PDC/0228/G/SS/1160/00, is designed to reach people on the village level. The Project also makes use of the grain that is distributed in Haiti by SAWS under the USAID Title II Food for Peace Program.

The project is set up so that approximately 80 women, divided into four groups, attend the center classes once a week. They are asked to bring the two of their children who are the most malnourished.

The program at the Center is taught by a Haitian nutritionist, Ms. Jeanette Isaacs, in a one room building that was abandoned in the center of the village area. The project has rehabilitated the building and set it up as a classroom and skill training center. Beginning at 10 am, four days a week, 20 women per day attend instruction in nutrition, hygiene and health care. The teacher uses pictures that are clearly understandable to the largely illiterate students. In addition to the more formal instruction time,

the participants work in the center garden which they have planted and tended themselves. An outreach worker visits their homes regularly to help them with their home gardens as well.

During the morning, the participant mothers perpare a well balanced meal (on the outdoor stove that they have constructed at the center) using the grain and vegetables that come from the center garden.

At the time of our visit, every class was full and well attended. The participants were happy to talk to us about their excitement about the project. Many spoke of the improved health of their children. They sang for us spontaneously, and appeared to be enjoying themselves working together preparing the meal.

While it would be ideal if the village could become self-sufficient by growing its own food, that is not likely given the conditions of the Haitian soil, lack of any kind of technology to cope with the eroded hills, and the lack of information about how to farm. It appears that the project has had success at having the participants learn to grow as much as they are likely to be able to. The grain will probably be needed as a supplement for some time to come, as it is all over Haiti. However, it was exciting to see the Food for Peace used as an incentive to teach the mothers about growing in its conception and does not try to cure all ills. It is well focused and well executed. The lessons of the Center seem to be impacting on the health and well being of the families. And the project appears to be highly replicable. The Project Director has plans to do so. Project staff showed some concern about the best way to measure the success of their project and this is an area that SAWS evaluation officer need address more fully with the local staff.

This is, on an admitedly very short visit, an impressive project, non sectarian, village based, clearly focused to leave behind increased knowledge, improved health and a new feeling of self- reliance among the villagers.

Jane M. Watkins
Director of Training
New TransCentury Foundation

6.3.5 Jamaica

Summary Health Profile:

Population	2,200,000
Population Density per Sq. Km	324
% Children under 15	53%
% Children under 5	16%
Infant Mortality Rate	20
Life Expectancy at Birth	70
Population per Physician	3,510
Population per Nurse	490
Population per Hospital Bed	260
Per Capita Calorie Supply at % RDA	119
Total Budgetary Allocation	US $210,000

Project Title: Urban Community Health Project

Project Description:

The above health profile indicates that in general terms at least basic health services are comparatively good in Jamaica. However, population density is extremely high and that is becoming an increasing burden in the major towns, especially Kingston. Following discussion with national and government officials as well as the community at large SAWS/Jamaica decided that the most appropriate health intervention for its institution, Andrews Memorial Hospital, would be a program for small urban community in a depressed area of Greater Kingston. USAID office in Kingston confirmed this point of view during informal discussions with the health and PVO officers.

The project, as designed, is strongly participatory and integrated in its approach to community health.

A small community owned PHC Center will be established and operated to supply local health care needs which are not accessible to the community because of political factions and segregated areas currently operative in some districts.

The Trenchtown community has a population in excess of 5,000 persons and once had a very acceptable level of development. Now all systems have broken down and the environment is unsanitary and hazardous to health.

Project Goal (Purpose):

"Improved Health Status of the Trenchtown Community, Kingston, Jamaica by November, 1985."

Indicators:

IMR

PR of Specific Diseases:

- Dengue Fever
- Gastroenteritis
- Hookworm/Roundworm
- Scabies
- Measles

Outputs:

1. Community Health Committee Established
   - # Meetings Held
   - # Community Action Teams Active
2. PHC Delivery Established
   - # Sessions Held
   - # Services Delivered
3. Community Health Promoters Trained
   - # CHP's Trained
   - # Hrs Formal Training
   - # Hrs Intermediate Training
   - # CHP Activities in Community
4. Environmental Sanitation Program Established
   - # Water Standpipes
   - # Functioning Seal Latrines
   - # Functioning Showers
   - # Solid Waste
   - # Incinerators Constructed
   - # System Maintenance Engineers Trained
   - # Hrs Community Health Education Delivered

If successful this project will be a high visibility project which will fill a desperate need that is not being met in Jamaica adequately. It will also prove an interesting pilot project for further replication in other depressed areas.

6.3.6 St. Lucia

Summary Health Profile:

Population	124,000
Population Density	610
% Children under 15	50%
% Children under 5	18.5%
Infant Mortality Rate	27
Life Expectancy at Birth	67
Per Capita Calorie Supply as % of RDA	92%
Total Budgetary Allocations	US $169,104

Project Title: Community Health Aide Extension Traning Program

Project Description:

St. Lucia is one of the places where SAWS has no appropriate infrastructure of its own from which it can operate a program. This necessitated seeking an appropriate base through which it could operate its MGP. Following consultations with the local Ministry of Health and an assessment of the most pressing health needs not currently being addressed it was decided that a nutritional intervention in 10 villages where malnutition is still evident would be the most appropriate means of complementing the Ministries 5 year Health Sector Development Plan. The MOH concurred with this and an agreement between SAWS and the government of St. Lucia was signed in June, 1982, whereby SAWS would undertake to give 36 hours of formal nutrition training to all 120 existing CHA's and would then proceed to select 25 that are currently serving the ten problem areas and give them 60 hours each of personal experience based learning in nutrition over the life of the project. It should be stressed that SAWS is not running a portion of the MOH under this grant, but by contractual arrangement is using existing government trained CHA's to address a particularly needy problem on this island. USAID office in Barbados has copies of the project logframe and have approved of its intent.

The project is underway and the first group of 93 CHA's complete their training on October 22, 1982 (See Attachment). Directing the project is a public health graduate (MPH), who is assisted by a training officer with a graduate degree in Nutrition). Thus far the project appears to be accepted very well and the local government have been most supportive.

Project Goal (Purpose)	Indicators
"Decreased Prevalence of Moderate to Severe Malnutrition of Children under Five in Ten Target Communities of St. Lucia by June, 1985."	Decreased PR of Gomez III Decreased PR of Gomez II

Outputs:

1. CHA Formally Trained in Basic Nutrition
   - # Hrs Training Given
   - # CHA Graduates
   - # Scope of Subjects Covered
   - # KAP Analysis
2. CHA's Informal Training Delivered
   - # Hrs Field Training Given
   - #CHA's Reporting Regularly
   - #CHA's Implementing Training
3. Mothers Training Groups Established
   - # Table Gardens Established
   - # Groups Established
   - # Target Areas Participating
   - # Mothers Attending
   - # Malnourished Children Attending
4. Nutrition Education to Schools Delivered
   - # Schools Visited
   - # Lectures Given

No food supplementation for malnourished children is involved in this program as World Food Program are running a supplementary feeding program islandwide, and all malnourished children have access to this.

This project serves as a good model of interagency cooperation.

SAINT LUCIA:

FROM : Assistant Nursing Superintendent

TO : Community Health Aides/District Nursing Service
thur - Public Health Nursing Supervisor
- District Nurses
CC : Permanent Secretary Health
Director Health Services
National Counterpart/Bureau of Health Education

DATE 30th August, 1982

SUBJECT NUTRITION PROGRAMME FOR COMMUNITY HEALTH AIDES

INSTRUCTOR'S NAME: VIVETT PAYNE
SAWS Nutritien Co-ordinator.

The Ministry of Health in collaboration with SAWS, will be conducting and island wide training programme in Nutrition Education for Community Health Aides as follows:-

September 13 - 17, 1982	September 20 - 24
8:00 a.m - 4:00 p.m	8:00 a.m - 4:00 p.m

VENUE: VIEUX FORT HEALTH CENTER:

1. Theresa Burke
2. Cyrina Bellas
3. Flora St. Aimee
4. Sebastien Chicot
5. Christina Carasco
6. Delicia Frances
7. Florita Alfred
8. Diana Dolcis
9. Mary Joseph
10. Colombia Vaval
11. Celina Sanny

1. Mary Joseph
2. Aletha Charles
3. Cynthia Willie
4. Cynthia St Charles
5. Justina St. Catherine
6. Rose mary Clery
7. Susana Vincent
8. Angela Alexander
9. Vivian Harry
10. Justina Stephen
11. Julita Florent
12. Marina Monroque
13. Gertude Wilson
14. Fedelis Greaves
15. Rita Henry

October 5 - 8, 1982

VENUE: MORNE TRAINING COLLEGE:

1. Magdelene Smith
2. Catherine Sexius
3. Barbara Velinor
4. Marcelline Maxwell
5. Mary ann Gaspard
6. Elizabeth Norb^{e} rt
7. Veronica Sylvestre
8. Patricia Girard
9. Murlyn Louvence
10. Cynthia Naitram
11. Josephine Alexander
12. Monica Joseph
13. Madgalene Mathurin
14. Virginia Joseph
15. ✓ Rita Cherubin
16. Luthel Ann Sealy
17. Rebecca Descartes
18. Beulah Jaunaii
19. Muriel Anderson
20. Augusta Regis

October 11 - 15, 1982

1. Theresa Maxwell
2. Bernadette Serieux
3. Sina Charles
4. Chrispina Auguste
5. Mary Stanislaus
6. Jennifer Reddie
7. Alison John
8. Henrietta Joyce Brown
9. Mary Alexander
10. Belinda Prospere
11. Magdalene Albert
12. Priscilla Pascal
13. Matilda Alphonse
14. Lucinda Edward
15. Patricia Florenville
16. Uphina Henry
17. Lucy Reynolds
18. Margaret Cornibert
19. Clarita Bisette
20. ✓ Christina Gaspard
21. Agatha Morris
22. Marlinda Son Son
23. Magdalene Aristide
24. Monique President
25. Phillipsia Joseph
26. Lucy Myers.
27. Calixta James.
28. Mary Augustin.
29. June Lawrence.
30. Glenda Andrew

October 18 - 22, 1982
8:00 - 4:00 p.m.

VENUE: SOUFRIERE CENTRE

1. Simone Mondesir
2. Rhoda Phillip
3. Catherine Paul
4. Imogene Mitchell
5. Patsy Williams
6. Valey Winters
7. Mary Pierre
8. Andrea Juntine
9. Claudette Prospere
10. Magdalene George
11. Auguste Theodore
12. Jennifer Edwards
13. Lucilla Lansiquot
14. Agnes King
15. Irma Pierre
16. Joycelina Antoine
17. Margaret Augustin

Meals and travelling allowance will be provided.

Thank you for your attention.

for Marcella [illegible]
Assistant Nursing Superintendent

6.4 Mid-America Region

	Honduras	Guyana
SAWS Country Organization in Place	X	X
Concept Paper Received	X	X
Proposal Submitted	X	X
Proposal Approved	X	X
Monitoring/Evaluation System in Place	X	X
Projected Start-up Date		
Project Implemented	7/1/82	10/1/82

6.4.1 Honduras

Summary Health Profile:

Population	3,764,000
Population Density per Sq. Km	29
% Children under 15	48%
% Children under 5	18.8%
Infant Mortality Rate	103.0/1000
Life Expectancy at Birth	57
Growth Rate	3.3
Population per Physician	3,300
Population per Nurse	1,420
Population per Hospital Bed	660
Per Capita Calorie Supply % of RDA	90%
Total Budgetary Allocation	US $245,475

Project Title: Proyecto Adventists de Prevencion y Asistencia (PAPA)

Project Description:

The "Hospital Adventista de Valle de Angeles" is situated high up in the mountains some 40 kilometers from Tegucigalpa. The PAPA project currently under way is an extension of an MCH outreach program that the hospital has been running for some time now. It is directed by a qualified health professional with a graduate degree in public health, assisted by a nurse/midwife training officer who has a tremendous rapport with mothers in the local communities. The project, while containing a number of components, is concentrating on a major problem in the area, namely inadequate nutritional intake of young children.

SAWS/Honduras is addressing this problem in 8 target communities surrounding the hospital within the munincipality of Valle de Angeles. The project calls for the training of eight community health workers who will be responsible for training mothers in their own homes and communities as well as establishing regular MCH clinics where hospital and project supervisory staff give special assistance and training to both mothers and CHW's. Currently the project is one month behind schedule owing to the slow arrival of funds in the field. The problem has now been cleared up and no further hold ups are anticipated. Initial formal training of CHW's will be completed October 30, 1982, as will the baseline data collection. The CHW's will then begin field implementation.

The local office of USAID in Tegucigalpa has been appraised of the project format and has a copy of the logframe. The Director General de Salud Publica is also aware of the program and is supportive of it as are the local government in Valle de Angeles.

A total of 266 mothers are already enrolled in the program and 146 (55%) are attending the MCH group on a regular basis. A group of 238 undernourished children have been identified and registered in the program thus far (SEe Report Appendix II).

Even though food supplementation is being given to these malnourished children a full-time Honduran Agronomist has been hired as a Technical Training Officer. He will be responsible for training people to grow more variety and quality of foods so that those participating may move from dependence on supplementation to self-sufficiency.

Project Goal (Purpose)	Indicators
"Improved Nutritional Intake Among Young Children in 8 Target Communities of the Municipality of Valle de Angeles by January, 1985."	# Children Weight Gain towards the Norm # Decreased TMR Increased Variety of Foods Consumed Increased Caloric Intake

Outputs:

1.	CHW's Formally Trained	# CHW Graduates # Hrs Training # CHW Functioning in Community
2.	MCH Groups Established	# MCH Groups Meeting # Average Attendance # Services Delivered

3. Food Supplementation Implemented

- # Malnourished Children Receiving Food
- # Lbs Distributed

4. CHW's Informally Trained

- # Hrs Onsite Training
- # Hrs Onjob Experience
- # Mothers able to Pass Simple Nutritional Test

5. Home Table Garden Production Implemented

- # Families with Table Gardens
- # Varieties Grown (Average)
- # Lbs Grown by Type (Average)

The question that is frequently posed is: "Is a project with food supplementation really development? Is it not relief?"

The fact that such questions are asked, in SAWS/I view, may demonstrate a basic misunderstanding by those who have had little experience at the level of living where such conditions are commonplace. Except in circumstances where there is rampant malnutrition as a result of famine, traditional people rarely associate their childs condition with inadequate or improper intake of food but more often with ilifortune, or congenital dysfunction. It is only as they see their child respond to certain types of food that they learn the importance of various food types which, at first, are often lacking in the community. If development is a dynamic process of change then true programming will meet the reality of people where they are and lead them by that process to self-sufficiency and independence. As long as a program is ultimately committed to all those essential elements or criteria which constitute true development it is probably not appropriate to look at it as relief.

6.4.2 Guyana

Summary Health Profile:

Population	854,000
Population Density per Sq. Km	29
% Children under 15	48%
% Children under 5	18.8%
Infant Mortality Rate	103
Life Expectancy at Birth	57
Growth Rate	3.3
Population per Physician	3,300
Population per Nurse	1,420
Population per Hospital Bed	660
Per Capita Calorie Supply % of RDA	90%

Project Title: Community Nutrition Promotors Training Project US $176,907

Project Description:

Despite its low population density and rich agricultural lands, undernutrition, particularly in children, continues to remain a problem in certain areas. This has been well-documented by the CFNI Nutrition Survey of 1976, and a 1980, follow-up study which has not yet been released.

While the economic situation in the country cannot be excluded from the reasons behind this poor nutritional profile it is generally thought that the major problem is peoples inability to use foods readily available in the country when they have been largely dependent and accustomed to the western style diet and imported food.

In consultation with the Nutrition Department of Guyana Ministry of Health, SAWS/Guyana is training 20 village level CNP's to address the problem of undernutrition in young children in ten rural communities. The project is directed by a female physician with graduate degress in International Public Health Nutrition and Health Education, assisted by a qualified Nurse/Midwife also with Public Health qualifications..

The program is operating as an extension to the services of the Davis Memorial Hospital in Georgetown. Preliminary development of the curriculum has taken place and this has been successfully field tested (See Appendix IV). Target

communities have been selected and training of the CNP's is scheduled to commence in November, 1982. The training component of the project has been delayed due to the late arrival of the training officer from her studies in the United States.

Implementation of this project has been slower than desired owing to the uncertainity of USAID Development Funding to Guyana (See Section 3.6 Guyana).

Project Goal (Purpose)	Indicators
"Decreased Prevalence of Undernutrition in Children aged 0-5 in the Following Target Communities:"	Decreased Gomez III (30%) Decreased Gomez II (15%)

1. **Tain-Corentyne**
2. **Letter Kenny-Correntyne**
3. **Belladrum, Lichfield No 30 Village-West Coast Berbice**
4. **Mahaicony-East Coast Demerara**
5. **Cane Grove-East Coast Demerara**
6. **Beterverwagting/Truimph-East Coast Demerara**
7. **Albouystown/Alescanda Village-Greater Georgetown**
8. **Grove-East Coast Demerara**
9. **Ponderoyen-West Bank Demerara**
10. **Pomona, Huist Dieren-Essaquibo**

By June, 1985

Outputs:

1. CNP's Formally Trained
   - # Hrs Trainning
   - # CNP's Graduated
   - # CNP's Teaching Others
2. Small Mother Groups Established
   - # Meeting Held
   - # Mothers Participating
   - # Malnourished Children Identified
3. Mothers Nutrition Training Program Implemented
   - # Trainning Sessions Delivered
   - # Mothers Passing KAP Test

CNP's Informal Training Program Established

Hrs CNP's Working in Community

Families CNP's Helping

Conditions are not ideal for conducting such a project but the local AID office has approved the design and with the committee and eminently well-qualified staff it stands a good chance of success.

6.5 South American Region

	Bolivia
SAWS Country Organization in Place	
Concept Paper Received	X
Proposal Submitted	X
Proposal Approved	
Monitoring/Evaluation System in Place	
Project Start-up Date	1/1/83
Project implemented	

6.5.1 Bolivia

Summary Health Profile:

Population	5,345,000
Population Density per Sq. Km	5.0
% Children under 15	44%
% Children under 5	17.6%
Infant Mortality Rate	158
Life Expectancy at Birth	47
Growth Rate	2.6
Population per Physician	2,120
Population per Nurse	3,520
Population per Hospital Bed	510
Per Capita Calorie Supply of RDA	77%

Summary of Agricultural Profile:

% of Population in Agriculture	52%
% Economic of Land under Crop Cultivation	4%
Food Production per Capita	111 Kgs

Total Budgetary Allocation: US $123,420

Project Title: Cochibamba Land Reclamation and Conservation Project

Project Description:

The uncertainty of development aid to this country as well as SAWS pending Food for Peace program has made implementation slow in this, the only South American country approved for the MGP. Following consultation with Cochibamba School and the Department of Agriculture at Loma Linda University, CA. SAWS/Bolivia proposes to conduct a pilot soil reclamation and conservation pilot project as a necessary beginning to future agricultural development in that area.

This is a major need for this part of Bolivia, because of the high clay content of the soil. A brief glance at the health agriculture profiles shows that only 4% of available land is under cultivation and the per capita calorie intake as a percent of RDA is a low 77%. There are three major factors in the problem that lead to poor productivity of the affected land:

1. High clay content of the soil which impedes infiltration of water into the soil following application and creates waterlogged soils which restrict plant growth.

2. Land topography with either steep slopes, long continnous slopes, or both. Water which cannot be absorbed by the soil due to soil texture or slope is allowed to run down the surface carrying top soil particles with it. The subsequent erosion is costly to the farmer through loss of topsoil, clogging of drainage ditches and silting-in downstream water ways and lakes.

3. Heavy rainfall during the rainy season. This factor cannot be controlled but the effects but can be reduced significantly by dealing with the first two factors.

The project proposes to construct a model drainage system utilizing locally available resources and simple hand tools. This technology will be transferred to the farmers through training field days and agricultural extension agents.

The project intends to "carry the risk" for those farmers implementing the system by the provision of the necessary materials and technical assistance while the local populace furnish the manpower. Essentially this is a low cost development project which has excellent potential for future replication and larger expansion in terms of focus. A second phase would then need to deal with actual farming methods and other related practices. The project is scheduled for implementation January 1, 1983.

Section 7.

Areas of Emphasis

The following descriptions serve to briefly summarize the major areas of intervention encompassed by the preceding country specific project descriptions in section 6. Each area will be highlighted in terms of SAWS approach to it and any unique or unusual characteristics pointed out.

In order to establish the rate of committment between the major areas the following table may be helpful.

MCH/ Nutrition	Environmental Sanitation	Agriculture	Agro-Business
10 Projects	4 Projects	8 Projects	2 Projects
$1,786,549	$472,380	$852,895	$180,000
10 Countries	3 Countries	6 Countries	2 Countries

7.1 Mother Child Health/Nutrition

The heaviest weight of emphasis lies in the rather broad area of intervention and this justifiably so for the following reasons:

1. Young children comprise nearly 20% of the population in most developing countries and mortality rates are still, in most, cases considerably in excess of a 100 deaths per thousand. While one can postulate that escalating birth rates are a primary factor in producing high IMR's it should be noted that it is unlikely that the picture will change very much despite family planning efforts until infant deaths fall to a level that ensures survival of good proportion of them. Therefore, focus at this level must become a major thrust of all activities.

2. Given the constraints of most health care systems in the developing world that have on average something less than US $3 per capita to spend on health care for the populations they serve it is completely unrealistic to think of institionalized health care as the answer to "health care for all by the year 2000." One must look below the level of professional or semi-professional health care providers. SAWS/I and her country counterparts see mothers as the first level of health care providers in the community. If this viable human resource can be trained in simple but effective preventive and promotive health measures then one major answer to the provision of health care as a basic right of all people will have been found.

3. To the technocrat nutrition is often seen in splendid isolation but its truest impact can only really be seen in its interrelationships with health and well-being. This is never seen more clearly than in the young growing child, where metabolic demands are so much greater and nutrient reserves so marginal, that the delicate balance of homeostasis is often irretrievably impaired by any sustained nutritional imbalances. The cycle of malnutrition disease-malnutrition-disease is well established and therefore SAWS believes that successful intervention will, whenever possible, approach both areas simultaneously.

In designing the ten projects that will operate in this area the aforementioned rationale has to a greater degree been followed.

Project Countries are: Burundi, Kenya, Rwanda, Tanzania, Zimbabwe, Guyana, Haiti, Honduras, St. Lucia, Philippines.

7.2 Environmental Sanitation

Contaminated water supplies and unsanitary practies contribute 40-50% to all common diseases in the developing world. Some have thought that the mere provision of potable water and sanitary human waste disposal systems is all that is required to deal with the problems of sanitary related disease. The fact is that unless the provision of such utilities as a means of controlling disease is accompanied by community education and an understanding of the causal relationships between them little change is likely to take place.

Ignorance, tribal taboos, and taste preferences all play their part in keeping the traditional villages somehat removed from making the human behavior change required. All of SAWS programs in this area encompass both provision of sanitary facilities as well as a strong community education program.

The Jamaican project is unusual in that it seeks to revitalize a once sanitary system that has broken down. Interestingly the impact of a broken down system on society appears far worse than where there is no system at all. It will be of interest to note in this project how difficult re-education of the community will be contrasted with primary education in the other projects such as Dominica.

Project Countries are: Jamaica, Dominica, Sri Lanka.

7.3 Agriculture

40-75% of peoples in the developing world are dependent on Agriculture for a livelihood. SAWS Agricultural Development Projects will address three major facets.

1. Soil Conservation and Usage
2. Dryweather Production through Water Conservation and Irrigation
3. Increased Production of Crop Varieties

In all cases emphasis is placed primarily on food for home consumption with secondary emphasis on cash cropping of surplus. The creation of dependency on cash crops brought about by some development projects has in many instances had far-reaching and disastrous consequences upon the quality of life of those communities involved. It is partially for this reason that GNP and GDP figures are notoriously poor indicators of the situation in most rural communities.

Increased food production for home use must be accompanied by the appropriate training in how to prepare and use food for nutritional purposes. One project is addressing this problem in a unique way by inviting farmers wives for home economic training to complement their husbands agricultural training. Contrasting ultimate results in this project with others should be of interest.

SAWS is anxious that women are given increasingly more attention in agricultural training, especially where the thrust is more horticultural than crop farming for they are often the ones doing the work. The Zimbabwe project is incorporating more women into its program for this reason.

Project Countries are: Bolivia, Philippines, Zimbabwe, Kenya, Ghana, Tanzania.

7.4 Agro-Business

It has been somewhat difficult to classify projects in this category even though the commercial incentive is often a strong motivating factor in peoples participation. The Zimbabwe project is a case in point, where the focus has clearly shifted from the original nutritional one to one of income generation. Even so the focus on home consumption first, prevents such categorization even though a good few of those trained will use their new skills for Agro-business purposes (See Watkins Assessment on Zimbabwe 6.1.6).

The lack of response from the project countries may reflect a tendency on the part of those involved to opt for those interventions which they feel most comfortable with and have the most working knowledge of. If that is so then SAWS/I must surely address this lack in future training programming for economic self-sufficiency and viability directly contribute to increased health and social well-being.

Two projects clearly fall into this category. One, poultry husbandry project for subsistence farmers and the other an Agro-fishing project in Cagayan, Philippines.

8.1 Finance

The system for financial management was set up to enable SAWS/I to have instant control of and wide access to financial information at any stage of a program. On that basis a financial operational system was set up as follows:

1. The local field, organized as a SAWS/Local unit, prepares a budget presenting all the components of a particular project. The budget is prepared in the local currency and must be approved by the SAWS/Local unit. After this approval the budget is sent to the SAWS/Regional office for consideration and approval. When the Regional office approves the budget, it is sent to SAWS/I for consideration and approval.

2. The budget has been divided into five sections:

   Project Support
   Training Materials
   Educational Expenses
   Development Project Support
   Transportation

   PROJECT SUPPORT includes all the administration of the program, such as salaries, office rent, telephone and other related charges, office expenses, etc.

   TRAINING MATERIALS covers expenses related to materials and training activities, for instance: film and/or slide projectors, design and printing of materials, etc.

   EDUCATIONAL EXPENSES are those related to activities authorized under specific projects intended to teach and train the people targeted in the program. This section includes seminars, curriculum development, etc., but only when the activity demands specific disbursement of money.

DEVELOPMENT PROJECT SUPORT covers expense destined for the purchasing of equipment, the construction of minor buildings or facilities, the financial support for special projects under the main one, and the evaluation of the program. This section includes costs for activity supports for the core of the program.

TRANSPORTATION section embraces the cost of transport and mobilization, the maintenance of vehicles used for the program, and for some countries, the purchasing of vehicles to be used in the program.

3. Once the budget is approved, SAWS/I sends forms to the field where the local administrators of the project must schedule all the drawdowns of money for their activities. These forms circulate through SAWS/Regional offices and serve also as a means of keeping records of the financial disbursements.

4. SAWS has its own system of accounting and auditing. This system follows generally accepted auditing practices. All the records, books and documents are kept in the SAWS/Local office, and copies of monthly or quarterly balances are sent to SAWS/Regional offices and SAWS/International.

5. SAWS has presented a report backing a preliminary overhead request. The figure requested is 10.7% as overhead rate. So far we have not received a final answer on this, and for this financial report we have used 10% as the overhead rate.

6. The total AID allocation of funds for FY-82 was $499,256, of which SAWS has requested and received $379,256 through letter of credit 72-00-1189. SAWS will withdraw the rest of the money for FY-82 before the end of the first fiscal year.

8.2 Financial Status Report

Seventh-day Adventist World Service, Inc.
Statement of Support, Revenue and Expenses
Annual Matching Grant Financial Report
Period: October 1, 1981 - September 30, 1982

Public Support and Revenue	
I Public Support	
Contributions:	
Individual	199 637
General Conference of Seventh-day Adventist	300 000
Gift in Kind	499 637
Sub-Total Public Support	999 274
II Revenue	
Investment Income	
Miscellaneous	
Sub-Total Revenue	
Total Public Support and Revenue	999 274
III Government Support	
US Government	
AID Matching Grant	483 607
AID OPG	579 728
AID/ASHA Grants	1 966 241
Total Government Support	3 029 576
TOTAL	4 028 850

Seventh-day Adventist World Service, Inc.

Statement of Support, Revenue and Expenses

Annual Matching Grant Financial Report

Period: October 1, 1981 - September 30, 1982

PROGRAM	PRIVATE CONTRIBUTION	AID MGP	AID OPG's	OTHER GOVT	TOTAL
BARBADOS					
Project Support	18 000	18 000			36 000
Training Materials	5 250	5 250			10 500
Educational Exp	1 000	1 000			2 000
Transportation	1 000	1 000			2 000
Sub-Total Barbados	25 250	25 250			50 500
DOMONICA					
Project Support	12 075	12 075			24 150
Training Materials	2 169	2 170			4 339
Educational Exp	755	755			1 510
Develop Proj Support	7 584	7 584			15 168
Transportation	3 962	3 962			7 924
Sub-Total Dominica	26 545	26 546			53 091
GUYANA					
Project Support	20 488	20 489			40 977
Training Materials	2 838	2 839			5 677
Educational Exp	2 917	2 918			5 835
Transportation	10 000	10 000			20 000
Sub-Total Guyana	36 243	36 246			72 489

Seventh-day Adventist World Service, Inc.

Statement of Support, Revenue and Expenses

Annual Matching Grant Financial Report

Period: October 1, 1981 - September 30, 1982

PROGRAM	PRIVATE CONTRIBUTIONS	AID MGP	AID AID OPG's	OTHER GOVT	TOTAL
HAITI					
Project Support	30 080	30 080			60 160
Training Materials	6 250	6 250			12 500
Transportation	10 000	10 000			20 000
Sub-Total Haiti	46 330	46 330	212 000	185 526*	490 186
HONDURAS					
Project Support	30 600	30 600			61 200
Training Materials	400	400			800
Develop Proj Support	1 450	1450			2 900
Transportation	4 250	4 250			8 500
Sub-Total Honduras	36 700	36 700			73 400
JAMAICA					
Project Support	22 857	22 857			45 714
Training Materials	3 714	3 714			7 428
Develop Proj Support	8 571	8 572			17 143
Transportation	1 143	1 143			2 286
Sub-Total Jamaica	36 285	36 286			72 571

Seventh-day Adventist World Service, Inc.

Statement of Support, Revenue and Expenses

Annual Matching Grant Financial Report

Period: October 1, 1981 - September 30, 1982

PROGRAM	PRIVATE CONTRIBUTIONS	AID MGP	AID OPG's	OTHER GOVT	TOTAL
RWANDA					
Project Support	15 550	15 550			31 000
Training Materials	10 150	10 150			20 300
Educational Exp	1 280	1 280			2 560
Transportation	9 000	9 000			18 000
Sub-Total Rwanda	35 980	35 980	367 728	129 800*	569 488
SRI LANKA-LAKESIDE					
Project Support	1 707	1 707			3 414
Training Materials	743	744			1 487
Develop Proj Support	1 363	1 363			2 726
Transportation	512	512			1 024
Sub-Total Sri Lanka	4 325	4 326			8 651
SRI LANKA-LAPAHANA					
Project Support	2 907	2 907			5 814
Training	976	976			1 952
Develop Proj Support	5 355	5 355			10 710
Transportation	500	500			1 000
Sub-Total Sri Lanka	9 738	9 738			19 476

Seventh-day Adventist World Service, Inc.

Statement of Support, Revenue and Expenses

Annual Matching Grant Financial Report

Period: October 1, 1981 - September 30, 1982

PROGRAM	PRIVATE CONTRIBUTIONS	AID MGP	AID OPG's	OTHER GOVT	TOTAL
ST. LUCIA					
Project Support	17 009	17 010			34 019
Training Materials	3 773	3 773			7 546
Education Exp	1 226	1 227			2 453
Transportation	8 610	8 610			17 220
Sub-Total St. Lucia	30 618	30 620			61 238
TANZANIA					
Project Support	25 250	25 250			50 500
Training Materials	7 650	7 650			15 300
Educational Expenses	5 650	5 650			11 300
Develop Proj Support	5 000	5 000			10 000
Transportation	13 150	13 150			26 300
Sub-Total Tanzania	56 700	56 700		231 099*	344 499
ZIMBABWE					
Project Support	3 037	3 038			6 075
Training Materials	3 982	3 983			7 965
Educational Expenses	9 517	9 518			19 035
Develop Proj Support	2 362	2 363			4 725
Transportation	10 125	10 125			20 250
Sub-Total Zimbabwe	29 023	29 027			58 050

Seventh-day Adventist World Service, Inc.
Statement of Support, Revenue and Expenses
Annual Matching Grant Financial Report
Period: October 1, 1981 - September 30, 1982

PROGRAM	PRIVATE CONTRIBUTIONS	AID MGP	AID OPG's	OTHER GOVT	TOTAL
SUPPORTING SERVICES					
Shared Program Administration					
Salary	37 830	37 830			75 660
Travel	8 991	8 991			17 982
Evaluation and System Management	13 111	13 112			26 223
Overhead (10.% of $499.256.)	49 925	49 925			99 850
Total Supporting Services	109 857	109 858			219 715
Total All MGP Expenses	483 594	483 607	579 728	546 425	2 093 354
II -- Other Activities					
Program Services				1 419 816	1 419 816
Supporting Services					
Management and General	451 680				451 680
Fund Raising	64 000				64 000
Total Supporting Services	515 680				515 680
Total Other Activities	515 680			1 419 816	1 935 496
TOTAL SAWS PROGRAM	**999 274**	**483 607**	**579 728**	**1 966 241**	**4 028 850**

*AID/ASHA Grants

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SEVENTH-DAY ADVENTIST WORLD SERVICE (SAWS)

Implementation Plan

Project No:.....Project title.....

.....

Project Partners:.....

.....

Month/year	Description of planned part steps/interim results/interim events	Anticipated income required	Anticipated request for payment
		Local Currency	Local Currency

To
Seventh-day Adventist World Service (SAWS)
6840 Eastern Avenue, NW
Washington, DC 20012

Request for payment no.....

Re: Project no.....Project title:.....

.....

.....

Project partners.....

.....

.....

.....

Authorized representative(s).....

.....

Current position of the SAWS grant

	US$
Total grant	_____
Less installments already received	_____
Subtotal	_____
Less current request for payment	_____
Balance of grant excluding current request for payment	_____

The current request for payment amounts to.....
in local currency using a rate of exchange of.....

Details of project bank account

Account name:.....

Account number:.....

Name & address of bank:.....

Remittance to be made by bank transfer/.....

Via(route to be used/agency)/.....

The request for payment is based on the following expenditures:

Description of Expenditure	Amount in Local Currency	Allocation in Schedule of Budget Costs

Latest project cash & bank balances (excluding revolving funds), as at _____

Cash at bank	_____
Cash at bank (hard currency/external accounts/) expressed in local currency	_____
Cash	_____
Outstanding loans made by project (specify), if any	_____
	_____
	_____

_____ _____
Place, date Name

_____
Authorized representative

8.3 Projections

The financial projections for FY-82 have been almost integrally fulfilled. The major problem has been coordinating several diversified projects in many different countries under the same pattern of disbursements. This is especially hard to achieve when the starting dates for each project are far removed from each other thus making the "first year" commencement dates diverse for each project. That is to say that for one project the "first year" would have nine months, for others only five months and finally for others has just begun.

Our solution to this problem has been to allocate funds in individual accounts for each program. So far, the solution has been working well and our assumption is that it will enable SAWS to speed the flux of money, otherwise clogged by bureaucratic considerations related to uniformity of reporting and also by datelines set by others than the local administrator of a particular project.

The FY-83 will be, in terms of financial management, no different than FY-82. Implementation should be speeded up since most of the projects are already approved and the initial obstacles have been resolved. This will mean reviewing, at the proper time, the amount of money needed for FY-83.

Section 9.

Conclusions

As a result of its first year's activities in this rather large Matching Grant Program SAWS/I has reached the following conclusions:

1. That the intent of the original MGP premise, namely that of developing an increased developmental capacity at the country and institutional levels is holding firm and shows substantial promise for the second year.

2. That initial levels of preparedness for activity in community development were not as high as the expressed committment to it.

3. That the reality of developmental programming is far slower than the time frame originally projected.

4. That the scope and intensity of the program now planned is in many respects closer to true development ideals than those originally projected.

5. That as a result of this major grant SAWS/I has strengthened its managerial capacity and infrastructural bases for future expansion in the development field.

6. That the successful transition from relief to development modalities is a difficult one and is dependent upon considerable effort towards training personnel.

7. That SAWS still has much to learn in the field of development planning and evaluation but the climate for such learning is favorable and staff are firmly committed to absorbing new ideas and information generated by others and from the projects themselves.

8. That the use of outside consultants lends objectivity and credibility to organizational programming.

9.2 Recommendations Regarding the Program

On the basis of progress thus far SAWS/I makes the following recommendations:

1. That in all countries where projects are implemented SAWS personnel should encourage community participation and involvement in the whole managerial, monitoring and evaluation process to an even greater extent than that currently realized.

2. That staff training be expanded both quantitatively and qualitatively during the second year of operation.

3. That the SAWS/I Financial Officer play a more active role in field training and monitoring than hitherto.

4. That intense effort be made during the first quarter of the second year to achieve total project implementation and have the management information system in place and functioning from all project countries.

5. That during the second year of operation project staff from the experience gained give more thoughtful attention to ways and means of making the projects self-sufficient over time.

6. That the machinery for financial disbursements from headquarters to the fields needs streamlining for more efficient operation.

7. That emphasis be given by SAWS/I Evaluation Office on the importance of learning and making decisions based on data collection and feedback as a means of improving the overall quality of the program.

9.3 Recommendations Regarding Subsequent Evaluations of the Program.

Seventh-day Adventist World Service/International Evaluation Office recommends the following as important components of the second year evaluation.

1. Intersectoral and Intercountry analysis of all projects with special emphasis on simple cost benefit comparisons and program methodologies.

2. Revision of the Management Information System based on data collection and monitoring information flows.

3. Independent assessment of ongoing projects by USAID wherever possible. The following chart will assist in delineating which periods and projects might be the most appropriate for visitation in the second year although SAWS/I welcomes inspection at any time.

First Quarter:

Haiti -- Honduras -- St. Lucia -- Sri Lanka

Second Quarter:

Tanzania -- Zimbabwe -- Kenya -- Rwanda

Third Quarter:

Jamaica -- Guyana -- Bolivia -- Philippines

Fourth Quarter:

Doninica -- Barbados -- Ghana -- Burundi

Appendix I

Director Planning and Evaluation Curriculum Vitae

NAME: David R. Syme AGE: 40

EDUCATION:

Registered Nurse (1964) Licensed in: United Kingdom
Australia (NSW, Victoria)
New Zealand

Bachelor of Arts (1975) Columbia Union College, Washington, DC

Master Public Health, International (1981), Loma Linda University, Loma Linda, CA

ACCREDITATIONS/AWARDS:

Presidents Award, Loma Linda University, Loma Linda, CA	1981
Fellow of the Royal Society of Health (FRSH), United Kingdom	1980
Member of the Royal Society of Health (MRSH), United Kingdom	1975
Delta Omega, Member Honorary Public Health Society	1980
Member, American Public Health Association, USA	1980

EXPERIENCE:

1966-67	Director of Nurse Training, Tafari Makonen Hospital, Dessie, Ethiopia
1967-70	Primary Health Care Director, Green Lake District, Ethiopia
1970-72	Director of Nurses, Gimbie Hospital, Wollega, Ethiopia
1975-76	Primary Health Care Director, MCH Feeding Project Co-ordinator
1976-77	Director Health Services and Development, SDA Church Southern Ethiopia
1977	Program Director, Western Ethiopia
1977-81	Director Health Services for SDA Church in Kenya and Uganda

SPECIAL POSITIONS:

1978-80	Special Consultant to Working Committee of Kenya National Environment Secretariat/Office of President Daniel Arap Moi on Environment and Development Study--UNEP/UNDP/GOK
1978-80	Member of Kenya National Council of Social Services
1977-81	Member Kenya Press Association

LANGUAGES:

English

Amharic -- Conversational Fluency

Orominya -- Semi-Fluent

Swahili -- Working Understanding (Limited Verbal Skills)

PUBLICATIONS:

Co-Author Drug Abuse Among Secondary School Students in Kenya: A Preliminary Survey. East African Medical Journal, February, 1982.

Appendix II

Attached are sample logframes from two projects. Each project has its own specific logframe from which the evaluation system is designed.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
Higher Goal: To which this project may contribute. IMPROVED HEALTH STATUS OF THE POPULATION OF SRI LANKA	1.DECREASED MORTALITY RATES 2.DECREASED MORBIDITY RATES	NATIONAL MORTALITY DATA NATIONAL MORBIDITY DATA	
Project Goal: IMPROVED SANITARY HYGIENE AMONGST THE VILLAGERS OF NUWARAWELLA,PERISWATTE. KANDY BY JANUARY 1985	1.40% DECREASE IN LOCAL PREVALENCE RATE OF THE FOLLOWING SANITARY RELATED DISEASES AMONGST CHILDREN AGED 0-5 YRS IN TARGET COMMUNITY BY JANUARY 1985. A:AMOEBIC DYSENTERY B:CASTRO ENTERITIS C:ASCARIASIS(Roundworm) D:ANCYLOSTOMIASIS 2.20% DECREASE OF LOCAL TODDLER MORTALITY RATE (AGES 1-4) IN TARGET COMMUNITY BY JANUARY 1985. 3.60% INCREASE IN THE NUMBER OF HOMES IN TARGET COMMUNITIES THAT HAVE SANITARY LATRINES BY JANUARY 1985. 4.45% INCREASE IN THE NUMBER OF FAMILIES DAILY USING SANITARY LATRINES BY JANUARY 1985	1.A:POST PROJECT ANALYSIS OF BASELINE WITH ENDLINE DATA BY AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT AND SAWS/I 1.B:POST PROJECT ANALYSIS OF LOCAL HEALTH CENTRE AGE/DISEASE SPECIFIC MORTALITY/MORBIDITY DATA(COLLECTED OVER LIFE OF PROJECT)BY AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGMENT + SAWS/I 1.C:POST PROJECT PUBLIC OPINION SURVEY CONDUCTED RANDOMLY IN TARGET COMMUNITY BY SAWS/I AND AN INDEPENDENT EVALUATOR. 2.A:3.A;4.A: AS IN 1.A: 2.B;3.B;4.B: AS IN 1.B: 2.C;3.C;4.C: AS IN 1.C:	NO MAJOR EPIDEMICS NO MAJOR DISASTERS LOCAL GOVERNMENT SUPPORT MAINTAINED PROJECT IS REPLICATED ON NATIONAL SCALE.
Outputs: 1:FAMILIES TRAINED IN ENVIRONMENTAL HEALTH AND SANITATION.	1:75% OF THE FAMILIES IN TARGET COMMUNITY GIVEN A MINIMUM OF 10HOURS EDUCATION ON ENVIRONMENTAL HEALTH AND SANITATION COVERING THE FOLLOWING SUBJECT AREAS: A.PERSONAL HYGIENE B.FOOD SANITATION C.WATER RELATED DISEASE TRANSMISSION D.EXCRETA RELATED DISEASE TRANSMISSION E.WATER PURIFICATION F.EXCRETA DISPOSAL G.ORAL REHYDRATION THERAPY BY JANUARY 1985		

2:SANITARY LATRINE CONSTRUCTION PROGRAM ESTABLISHED. 3:COMMUNAL SOLID WASTE SYSTEM IMPROVED	1.B:K.A.P. REGARDING ENVIRONMENTAL HEALTH AND SANITATION INCREASED BY 50% AMONGST INHABITANTS OF TARGET COMMUNITIES BY JAN 1985. 2.A: A MINIMUM OF 40 NEW PIT PRIVIES CONSTRUCTED IN TARGET COMMUNITY BY JAN 1985 2.B: A MINIMUM OF TEN INHABITANTS OF TARGET COMMUNITY ABLE TO CONSTRUCT A SIMPLE PIT LATRINE WITHOUT OUTSIDE TECHNICAL ASSISTANCE BY JAN 1985 3.A: A MINIMUM OF TWO SANITARY SOLID WASTE COLLECTION SITES CONSTRUCTED IN TARGET COMMUNITY BY JANUARY 1985 3.B: FREE LYING SOLID WASTE IN TARGET COMMUNITY REDUCED 50% BY JANUARY 1985	QUARTERLY PROJECT CO ORDINATOR REPORTS. MONTHLY HEALTH EDUCATOR REPORTS PREITPOSTEST K.A.P. RECORDS VISUAL RECORDS SIGNED BENEFICIARY STATEMENTS	FAMILIES RETAIN + UTILIZE TRAI COMMUNITY PARTICIPATION MAINTAI NO MAJOR EPIDEMICS NO MAJOR DISASTERS LOCAL GOVERNMENT APPROVAL MAINTAI
Inputs: 1.A. SITE SELECTION B. CURRICULUM DEVELOPMENT C. PRETEST K.A.P.SURVEY D. TRAINING E. POSTEST K.A.P.SURVEY 2.A. BASELINE SURVEY B. SITE SELECTION C. MATERIAL PROCUREMENT D.CONSTRUCTION E. ONSITE TRAINING 3.A. BASELINE SURVEY B. SITE SELECTION C. MATERIAL PROCUREMENT D. CONSTRUCTION 4. END OF PROJECT EVALUATION	Budget: Personnel: 35000 46000 57000 Admin Support 35000 30130 32000 Training 51000 47000 37020 Project Assistance. 55870 160000 E.O.P.S. Evaluation. 102500 TOTAL RUPEES 688520 TOTAL US$ 33586 Tracking: 0 6 12 18 24 30 36 Infrastructure xxx Baseline xx Training xxxxxxxxxxxxxxxxx Latrines xxxxxxxxxxxxx Solid Waste xxxx Monitoring xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx E.O.P.S. EV. xx	QUARTERLY FINANCIAL STATEMENTS PRETEST K.A.P.SURVEY MONTHLY HEALTH EDUCATORS REPORT POSTEST K.A.P.SURVEY BASELINE SURVEY RECEIPTS INVOICES PAYROLL STATEMENTS	COMMUNITY PARTICIPATION MAINTAINE STAFF MAINTAIN CONTRACTUAL OBLIGA ONS. COMMODITY PRICES DO NOT RISE AT M THAN 15% PER ANNUM FUNDS ARRIVE ON A TIMELY BASIS

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
Program Goal: The broader objective to which this project contributes. IMPROVED HEALTH STATUS OF MOTHERS AND CHILDREN IN THE STATE OF ST LUCIA	Measures of Goal Achievement: DECREASE INFANT MORTALITY RATE DECREASED MATERNAL MORALITY RATE HIGHER AVERAGE BIRTH WEIGHTS DECREASED PREVALENCE OF IRON DEFICIENCY ANAEMIA	NATIONAL ANNUAL MORBIDITY + MORTALITY STATISTICS DIRECTOR OF MEDICAL SERVICES ANNUAL REPORT	
Project Purpose: DECREASED PREVALENCE OF MODERATE TO SEVERE MALNUTRITION IN CHILDREN UNDER FIVE IN 10 TARGET COMMUNITIES OF ST LUCIA BY June 1985	Conditions that will indicate purpose has been achieved. End of Project Status: 1. 30% decrease of the prevalence of severe malnutrition (Gomez Cat 3) amongst children aged 0-5 in ten target areas-Vieux Fort, Vanuard, Saltibus, Mongouge, Anse Le Raye, Bexon, La Croix, Dennery, Richfond, La Ressource-by June 1985 2. 25% Decreased of the prevalence of moderate malnutrition (Gomez Cat 2) amongst children aged 0-5 in ten target areas-Vieus Fort, Vanuard, Saltibus, Mongouge, Anse Le Raye, Bexon, La Croix, Dennery, Richfond, La Ressource-by June 1985	1. A. COMPARISON OF BASELINE MALNUTRITION PREVALENCE SURVEY WITH POSTPROJECT SURVEY CONDUCTED BY SAWS/I EVALUATION OFFICER + AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT. B. COMPARISON OF PROJECT MALNUTRITION DATA WITH AVAILABLE NATIONAL DATA. C. POST PROJECT PUBLIC OPINION SURVEY CONDUCTED IN SAMPLE OF TEN TARGET AREAS BY SAWS EVALUATOR AND INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT. 2. A. (As in 1. A. above) B. (As in 1. B. above) C. (As in 1. C. above)	NO MAJOR NATURAL DISASTERS FOOD SUPPLY LEVELS REMAIN AT SAME OR IN EXCESS CURRENT LEVELS. GOVERNMENT SUPPORT MAINTAINED NO MAJOR EPIDEMICS OF CHILD DEBILITATING DISEASES. COMMUNITY CO-OPERATION MAINTAINED INFLATION RATE DOES NOT RISE FASTER THAN AVERAGE TREND OF LAST THREE YEARS (1979-81)
Outputs: 1. PROJECT INFRASTRUCTURE ESTABLISHED.	Magnitude of outputs necessary + sufficient to Purpose: 1. COMMUNITY TRAINING DELIVERED TO FIRST TARGET BENEFICIARY BY Dec. 1982.	1. MONTHLY TRAINING OFFICER REPORTS (T.O.R.) MONTHLY CHA REPORTS.	CONTRACTUAL AGREEMENTS AND PRIVILEGES MAINTAINED.

2. COMMUNITY HEALTH AIDES (CHA'S) FORMALLY TRAINED IN BASIC NUTRITION. 3. SELECTED CHA'S GIVEN INFORMAL COMMUNITY BASED TRAINING IN SELECT TARGET COMMUNITIES. 4. SMALL TRAINING GROUP FOR MOTHERS FUNCTIONING IN COMMUNITIES. 5. NUTRITION EDUCATION DELIVERED TO EVERY SCHOOL IN TARGET COMMUNITIES.	2. 120 CHA'S GIVEN 36HRS OF FORMAL NUTRITION EDUCATION COVERING THE FOLLOWING SUBJECT AREAS BY June 1985: A. NUTRITION FOR PREGNANT AND LACTATING MOTHERS B. FOOD SANITATION AND PREPARATION C. BALANCED NUTRITION FOR THE FAMILY D. BREASTFEEDING AND WEANING E. SELECTION OF LOCAL FOODS F. DISEASES RELATED TO POOR NUTRITION G. ORAL REHYDRATION THERAPY H. VEGETABLE GARDEN PROJECTION 3. A. 25 CHA'S IN THE FOLLOWING TARGET AREAS: VANNARD(2),BEXON(2),ANSE LE RAYE(2),RICHARD(2),LA RESSOURCE(2), DENNERY(2), MONGOUGE(2), SALTIBUS(2), BOGUIS(2),VIEX FORT(5), LA CROIX(2), -EACH GIVEN 60 HOURS EXPERIENCE BASED LEARNING IN THEIR RESPECTIVE COMMUNITIES BY September 1984. B. 75% OF INFORMALLY TRAINED CHA'S UTILISING COMMUNITY TRAINING METHODS IN THEIR COMMUNITIES SIX MONTHS AFTER COMPLETING TRAINING PERIOD. 4. 1 COMMUNITY MOTHERS GROUP MEETING ONCE A MONTH IN 50% OF TARGET COMMUNITIES BY December 1984.	2. CHA'S TRAINING CERTIFICATES CLASS TRAINING RECORDS SUPPLIED BY T.O. PRE AND POSTEST NUTRITIONAL KAB EXAM RECORDS 3. FIELD TRAINING REPORTS SUPPLIED BY T.O. WEEKLY CHA REPORTS TO DISTRICT NURSE SITE VISITATION REPORTS BY PROJECT DIRECTOR 4. QUARTERLY SITE VISITATION REPORTS BY PROJECT DIRECTOR 5. SCHOOL EVALUATION SHEET SIGNED BY PERSON IN CHARGE.	CONTRACTUAL AGREEMENTS AND PRIVILEDGES MAINTAINED CHA'S RETAIN + UTILISE TRAINING MOTHERS RETAIN + UTILISE TRAINING SUPPORT AND CO-OPERATION OF COMMUNITY DEVELOPMENT WORKERS AND FAMILY LIFE EDUCATORS MAINTAINED

5. 5HRS OF NUTRITIONAL EDUCATION DELIVERED TO EVERY SCHOOL IN EACH TARGET COMMUNITY BY JUNE 1985

Inputs: Activities and types of resources

1. A. SAWS/SL PROJECT APPROVAL GRANTED
   B. SELECTION + HIRING PROJECT PERSONNEL
   C. ACCOMMODATION + PROJECT HEADQUARTERS
   D. PURCHASE PROJECT VHEICLE
2. A. CURRICULUM DEVELOPMENT
   B. SELECTION/PURCHASE TRAINING EQUIPMENT
   C. SELECTION TRAINING SITES
   D. PROGRAM SCHEDULING
   E. NUTRITIONAL KAB PRETESTS CHA'S
   F. FORMAL NUTRITION TRAINING
   G. NUTRITIONAL KAB POSTEST

Level of Effort/Expenditure for each activity

1.	30 persondays @ $39	=$ 1 170
	Vehicle Purchase	=$10 800
	Vehicle Support	=$ 7 740
	Accommodation/Rental+Fur	=$10 900
2. A.	132 persondays @ $39	=$ 5 148
B.	Equipment	=$13 000
C.	5 persondays @ $39	=$ 195
D.	10 persondays @ $39	=$ 390
E.	26 persondays @ $39	=$ 1 014
F.	312 persondays @ $39	=$12 168
G.	26 persondays @ $39	=$ 1 014
3. A.	100 persondays @ $39	=$ 3 900
B.	660 persondays @ $39	=$25 740
C.	75 persondays @ $39	=$ 2 925
4. A.	75 persondays @ $39	=$ 2 925
B.	100 persondays @ $39	=$ 3 900
C.	110 persondays	=$ 4 290
5. A.	2 persondays @ $39	=$ 78
B.	2 persondays @ $39	=$ 78
C.	20 persondays @ $39	=$ 780
D.	5 persondays @ $39	=$ 195
E.	50 Persondays @ $39	=$ 1 950
F.	10 persondays @ $39	=$ 390
6. A.	OFFICE EXPENSE/$2000p.a.x3	$ 6 000
B.	TRAVEL/PER DIEM EXPENSE $3000 p.a. x 3	=$ 9 000
C.	E.O.P.S. EVALUATION	=$ 5 000
	MISCELLANEOUS	=$10 877
	ADJUSTMENT 15% FOR INFLATION	=$12 603
	TOTAL BUDGET $US 161 170	
	$US 427 100 50	

ACTIVITY	0	16	12	18	24	30	36
MOH/APPROVAL	--x						
DESIGN	---x						
FORMAL TRAIN		x--------		x			
INFORMAL TRAIN			x--			x	
MONITORING			x				x
FORM EVALUATION							x

MEANS OF VERIFICATION

1. A. MOH/SAWS/SL AGREEMENT
   B. PAYROLL RECEIPTS
   C. RENTAL RECEIPTS
   D. PURCHASE RECEIPT
      ANNUAR INVENTORY
2. A. CURRICULUM
   B. ANNUAL INVENTORY REPORT

QUARTERLY FINANCIAL STATEMENTS
MONTHLY TRAINING OFFICERS REPORTS
CHA WEEKLY REPORTS TO DISTRICT NURSE
QUARTERLY PROJECT DIRECTORS REPORTS
INDEPENDENT AUDIT
INDEPENDENT EVALUATION

MAJOR ASSUMPTIONS

CONTRACTUAL AGREEMENTS WITH MOH MAINTAINED
HIRED PROJECT PERSONNEL MAINTAIN CONTRACTED OBLIGATIONS
FUNDING AVAILABLE ON A TIMELY BASIS
LOCAL CO-OPERATION AND SUPPORT MAINTAINED
SUPPLES REMAINED CONSTANT
INFLATION RATE DOES NOT RISE FASTER THAN THE AVERAGE RATE OF THE RECEDING THREE YEARS.
THERE IS NO MAJOR DEVALUATION OF THE US DOLLAR.

Appendix III

Attached are samples of the preliminary evaluation and monitoring report forms developed for specific projects. They will be adapted as feedback data is gathered if necessary. Reports will be rendered to SAWS/I on a quarterly basis but monthly at the country level.

Report Number # 1 Date

SAWS MATCHING GRANT PROJECT

Title NUWARAWELLA VILLAGE HYGIENE PROJECT

Country SRI LANKA Project Code SAWS FE SLK 003

Reporting Officer _____ Position _____

REPORT COVERING FROM _____ TO _____

INTRODUCTION

Good accurate reporting is essential to project success and must be complied with regularly if you are to continue receiving your financial disbursements. Failure to meet your deadlines will almost certainly result in delayed financial disbursements and may, if not rectified, lead to premature closure of the project.

Whilst we would prefer reports to be typewritten, legible handwritten ones will be accepted. The onus is on you to make sure that they are readable. There are two kinds of reports we will need—periodic and episodic. Periodic reports are those that will be sent in regularly, whilst the others are required at specific moments in the project's history.

One further word of counsel, unlike other kinds of evaluation experiences that you have had, monitoring and evaluation of development projects is much less concerned with tremendous success than it is with establishing "what happened" and "why it happened the way it happened." It is a tool by which we learn out of our experiences and consequently make better decisions and more effective future plans. At the completion of every project an independent evaluator will be asked to do an "onsite" study of the project and compare actual results with those reported over the life of the project. Therefore, it is essential that you make every effort to be objective in your reporting. Good reports always identify weaknesses as well as strengths. Freely recognizing your problems will give strength and plausibility to your reporting. Development is a highly complex activity and there is no such thing as a perfect project. To report your project as such will invite the closest scrutiny!

Report Number 1 Date _____

PERIODIC REPORTING

Quarterly

A. Progress toward achieving Output Indicators.

Data Required

		CURRENT STATUS
1.	Total # Families in Target Community	.....
2.	Average # of People per Family	.....
3.	# HRS Environmental Health Education Delivered	.....
	A. Personal Hygiene	.....
	B. Food Sanitation	.....
	C. Water Related Disease Transmission	.....
	D. Excreta Related Disease Transmission	.....
	E. Water Purification	.....
	F. Excreta Disposal	.....
	G. Oral Rehydration Therapy	.....
4.	# People received training	.....
5.	# Pit privies constructed	.....
6.	# Pit privies repaired	.....
7.	# People trained in pit privy construction	.....
8.	# Solid waste (garbage) collection sites constructed	.....
9.	# lbs solid waste collected in survey area	.....

* N.B. Select a small survey area (eg 1 street, 1 block, piece of waste ground etc) Have a public cleanup drive and measure by weight the amount of rubbish collected in selected survey area. Repeat at quarterly intervals. Hopefully with education we can show a reduction in amount of freelying solid waste. If you have a better method for measuring indicator 3.3 please feel free to suggest it.

Best Available Document

Report Number 1 Date _____

PERIODIC REPORTING

Quarterly

E. Report on Resource Inputs.

1. # hrs spent on project by Project Director .....
2. # hrs spent on project by Health Educator .....
3. (A) # hrs spent on project by paid labourers .....
   (B) # hrs spent on project by voluntary labourers .....
4. Total amount of monies received up to end of this reporting period .....
5. Total amount of monies disbursed up to end of this reporting period .....
6. Expected completion date of infrastructure .....
7. Expected completion date of baseline survey .....
8. Expected completion date of training .....
9. Expected completion date of latrine construction .....
10. Expected completion date of solid waste construction .....
11. When do you expect to be ready for final E.O.P.S. evaluation? .....

Report Number _____ Date _____

PERIODIC REPORTING

Quarterly

C. Report on Major Assumptions.

Specify any problems encountered:

1. Is community participation being maintained?

2. Are project staff maintaining contractual agreements?

3. Are funds arriving on a timely basis?

4. Is local government approval being maintained?

5. Are commodity prices remaining at projected levels?

Report Number _____ Date _____

PERIODIC REPORTING

Quarterly

D. Quarterly Narrative Description of Events.
Give a written summary and activities during quarter including any special happenings of interest. Include photographs where available.

Report Number _____ Date _____

PERIODIC REPORTING

Quarterly

E. Review and Recommendations.

Review your progress to date and information collected. Are you on schedule? If not, tell us why not. Does the information collected and your experience thus far indicate that changes in the programme are necessary? If so, then justify, explain why and tell us what you propose to do about it.

Report Number _____ Date _____

EPISODIC REPORTING

A. Baseline Data Collection. (Before Project Commences)

Final evaluation requires that you collect the following Data from your baseline survey:

LOCAL

1. Prevalence rate of the following Sanitary Diseases amongst children aged 0-5 from target community.

   A. Amoebiasis
   B. Gastro Enteritis
   C. Ascariasis
   D. Ancylostomiasis

NB: Suggest you utilise Lakeside and/or Health Centre records for this purpose.

2. # of children aged 1-5 yrs in target community
3. # of children aged 1-5 in target community who have died from any cause during preceding 12 months.
4. # Sanitary latrines in target communities
5. # solid waste collection bins in target community

Knowledge, Attitudes, Practices survey on environmental health & sanitation. See attached model. You must gather information about the level of knowledge, current attitudes and practices relating to sanitation matters.

6. As many pictures relevant to the project that demonstrate preproject conditions.

NOTE:

A. After you have analysed the baseline results send us a complete report together with a copy of the survey forms and a description of the methodology used, including who collected the data and how random selection was used where appropriate.

Report Number 1 Date 9 Sept. '83

SAWS MATCHING GRANT PROJECT

Title Community Health Worker Training Project

Country Haiti Project Code SAWS/IA/H 003

Reporting Officer Olivier Fulfer Position Director of Program

Report Covering From October 1, 1981 To June 30, 1982

INTRODUCTION

Good accurate reporting is essential to project success and must be complied with regularly if you are to continue receiving your financial disbursements. Failure to meet your deadlines will almost certainly result in delayed financial disbursements and may, if not rectified, lead to premature closure of the project.

Whilst we would prefer reports to be typewritten, legible handwritten ones will be accepted. The onus is on you to make sure that they are readable. There are two kinds of reports we will need - periodic and episodic. Periodic reports are those that will be sent in regularly, whilst the others are required at specific moments in the project's history.

One further word of counsel, unlike other kinds of evaluation experiences that you have had, monitoring and evaluation of development projects is much less concerned with tremendous success than it is with establishing "what happened" and "why it happened the way it happened." It is a tool by which we learn out of our experiences and consequently make better decisions and more effective future plans. At the completion of every project an independent evaluator will be asked to do an "onsite" study of the project and compare actual results with those reported over the life of the project. Therefore, it is essential that you make every effort to be objective in your reporting. Good reports always identify weaknesses as well as strengths. Freely recognizing your problems will give strength and plausibility to your reporting. Development is a highly complex activity and there is no such thing as a perfect project. To report your project as such will invite the closest scrutiny!

Report Number 1 Date 9/9/82

PERIODIC REPORTING

Quarterly

A. Progress toward achieving Output Indicators.

Data Required	Current Status
1. # Training Centers Operating	5
2. # Mothers A. In Training	500
B. Trained in quarter	500
3. # Children in the program	1000
4. # Nutritional assistants	
A. Trained in quarter	28
B. Functioning at Centers	14
C. Given Follow-up Training	13
5. # Lectures given by	
A. Nutritional Assistants	480
B. Training Officer	3
C. Project Director	6
6. # Self-help mothers organizations	
A. Established	3
B. Meeting monthly	3
7. # Mothers able to	
A. Weigh child	N/A
B. Record child's weight on chart	N/a
C. Identify early signs of malnutrition	5%
8. # Mothers able to	
A. Boil water/milk	60%
B. Sanitize hands/utensils	50%
C. Protect food from contamination	60%
9. # Mothers growing at least two vegetables in their garden	10%
10. # Mothers able to	
A. Identify ~~XXX~~ 3 basic food groups	60%
B. Prepare a nutritionally balanced meal	40%
11. # Mothers who have	
A. Built a simple pit latrine at their home	2%
B. Shown evidence of burying foecal wate	10%
12. # Pounds of food supplementation distributed	64812
13. # Children receiving food supplementation	1000

Report Number 1 Date 9/9/82

PERIODIC REPORTING

Quarterly
B. Report on Resource Inputs.

Data	Current Status
1. # Hours spent by Project Director in	
A. Administration	1160
B. Informal Field Training	
2. # Hours spent by Training Officer in	
A. Curriculum Development	160
B. Training (Formal)	200
C. Informal Field Training	160
	40
3. # Hours spent by nutritional assistants on project	1560
4. Expected Completion date of Input (1) 60% completed	Oct. 1982
5. Expected Completion date of Baseline Survey	Nov. 1982
6. Expected Completion date of Input (9)	Nov. 1982
7. When will you be ready for E.O.P.S. Evaluation	Now
8. How much money have you received up to the time of this report	$ 50000
9. How much money have you disbursed up to the time of this report	$ 19132.64

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Report Number 1 Date

PERIODIC REPORTING

Quarterly

D. Quarterly Narrative Description of Events.
Give a written summary and activities during quarter including any special happenings of interest. Include photographs where available.

October 1981

Mrs. Ginette Isaac joined the Matching grant staff as Nutrition Training Officer. She is a nurse with teaching experience; speaks Creole, French and English; and being a Haitian knows the cultural Norms of her country well. Her services of invaluable asset to the success of the Matching Grant Nutrition Program.

Our warehouse and logistic center is not completed as scheduled. Work space is inadequate to say the least.

November 1981

Curriculum development continues.

Jacques St-Hubert Nevelus joined the staff as Agriculture training officer in charge of promoting the kitchen garden component of the nutrition program.

Site selection and evaluation continue.

December 1981

The first training session was held in temporary quarters because of delays in completing the warehouse complex where the classroom is to be located.

Fourteen young ladies choosen by the communities were trained as community health workers.

January 1982

Nutrition Clinics opened in St-Roc, Moustiques and Roulin. Monthly supervisory visits were initiated. On-site informal training continues.

A system for collecting and distributing supplies was organized.

Lack of adequate transportation poses a barrior to supervision and distribution of supplies.

Site selection and community health care worker selection continues:

February 1982

A second group of fourteen Health Care Workers was trained.

The site for the demonstration nutrition clinic was chosen and approved. This clinic, located on the edge of the SAWS compound, will be the laboratory where community health workers get supervised practical experience.

It will not be available until the warehouse is completed.

March 1982

Ranquitte and Belladere started Nutrition Clinics and kitchen garden programs at the same time.

The gardens in St-Roc, Moustiques and Roulin are doing well.

April 1982

Moved into new office space in new warehouse complex.

Urged promotion of kitchen garden at homes of mothers.

June 1982

Training center completed and equipment and supplies obtained.

63 names of people with kitchen gardens reported.

Report Number 1 Date 9/9/82

PERIODIC REPORTING

Quarterly

C. Report on Major Assumptions.
(Specify any problems encountered)

1. Has the staff maintained contractral agreements?

   We have found it necessary to discontinue the services of three staff members because they were not able to do the job. Most are doing really well.

2. Are funds arriving on time?

   No, they were not during the early months of the program, but they have been since May.

3. Are PL480 food supplements available when needed?

   Yes.

4. Is community participation being maintained?

   Yes, the nutrition clinic program is well received. The centers are doing well. In two places goats ate the yam plants and it was necessary to start over. A few families have begun private gardens.

5. Have local food supply levels dropped significantly?

   No. Last year was a good year with plenty of rain and no distructive storms. So far 1982 has been unventful.

6. Have any communities had any significant epidemic of child debilitating diseases?

   Haiti suffers from chronic severe malnutrition of an endemic nature. No epidemics have occurred thus far this year.

SEVENTH-DAY ADVENTIST WORLD SERVICE
SECOURS MONDIAL ADVENTISTE
BUREAU HAITIEN : CAMPUS SEMINAIRE ADVENTISTE/DIQUINI
BOITE POSTALE 1339 PORT-AU-PRINCE, HAITI

MEMORANDUM

TO: David Syme

DATE: 9 Sept. 1982

RE: Baseline data

We have gone into each village before beginning classes and weighed all the children from 0-5 We have various forms which I will bring when I come. Some changes will be necessary in order to collect all the data needed Some minor program changes are also in order.

FROM: Olivier Fulfer

OFFICE: Nutrition

SCB10C-5707-8-79-Theodore b Fis

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Konguitte

Report Number 1 _____ Date _____

EPISODIC REPORTING

A. Baseline Data Collection.
(Before project implementation)

For each target community you must establish the following information.

1. # people in each target community
   - A. Mothers of childbearing age _____
   - B. Children 0-11 months _____
   - C. Children 1-5 years _____
2. # Malnourished children
   - A. Gomez Cat. I 24%
   - B. Gomez Cat. II 51%
   - C. Gomez Cat. III 19%
3. # Children aged less than 1 year in each target community, who died from any cause during preceding 12 months. _____
4. # Children aged 1-5 years in each target community who died from any cause during preceding 12 months. _____

Notes

1. If target community is small enough survey every family. If it is too large, then select randomly a crossection of the populace (not less than 5%) and derive your total figure from that.

2. After you have analyzed the baseline results, send us a comprehensive report together with a copy of the survey forms and a description of the methodology used. Include a list of who collected the data, and how you used random selection (where appropriate).

3. Inasmuch as you have already started, please do the baseline as soon as you can and we will measure from there.

Poulin

Report Number 1 _____ Date _____

EPISODIC REPORTING

A. Baseline Data Collection.
(Before project implementation)

For each target community you must establish the following information.

1. # people in each target community
   - A. Mothers of childbearing age _____
   - B. Children 0-11 months _____
   - C. Children 1-5 years _____
2. # Malnourished children
   - A. Gomez Cat. I 28%
   - B. Gomez Cat. II 29%
   - C. Gomez Cat. III 21%
3. # Children aged less than 1 year in each target community, who died from any cause during preceding 12 months. _____
4. # Children aged 1-5 years in each target community who died from any cause during preceding 12 months. _____

Notes

1. If target community is small enough survey every family. If it is too large, then select randomly a crossection of the populace (not less than 5%) and derive your total figure from that.

2. After you have analyzed the baseline results, send us a comprehensive report together with a copy of the survey forms and a description of the methodology used. Include a list of who collected the data, and how you used random selection (where appropriate).

3. Inasmuch as you have already started, please do the baseline as soon as you can and we will measure from there.

St. Roc

Report Number 1 Date 9 Sept. 1982

EPISODIC REPORTING

A. Baseline Data Collection.
(Before project implementation)

For each target community you must establish the following information.

1. # people in each target community
   - A. Mothers of childbearing age _____
   - B. Children 0-11 months _____
   - C. Children 1-5 years _____
2. # Malnourished children
   - A. Gomez Cat. I 42%
   - B. Gomez Cat. II 26%
   - C. Gomez Cat. III 19% *
3. # Children aged less than 1 year in each target community, who died from any cause during preceding 12 months. _____
4. # Children aged 1-5 years in each target community who died from any cause during preceding 12 months. _____

Notes

1. If target community is small enough survey every family. If it is too large, then select randomly a crossection of the populace (not less than 5%) and derive your total figure from that.
2. After you have analyzed the baseline results, send us a comprehensive report together with a copy of the survey forms and a description of the methodology used. Include a list of who collected the data, and how you used random selection (where appropriate).
3. Inasmuch as you have already started, please do the baseline as soon as you can and we will measure from there.

* In the second evaluation in this village 19% of the children were in 3° Malnutrition. It was only after the mothers came to trust the staff that they would bring their sick ones.

Belladere

Report Number 1 Date _____

EPISODIC REPORTING

A. Baseline Data Collection.
(Before project implementation)

For each target community you must establish the following information.

1. # people in each target community
   - A. Mothers of childbearing age: 540
   - B. Children 0-11 months } 0-6: 540
   - C. Children 1-5 years } 0-6: _____
2. # Malnourished children
   - A. Gomez Cat. I: 24%
   - B. Gomez Cat. II: 47%
   - C. Gomez Cat. III: 17%
3. # Children aged less than 1 year in each target community, who died from any cause during preceding 12 months. _____
4. # Children aged 1-5 years in each target community who died from any cause during preceding 12 months. _____

Notes

1. If target community is small enough survey every family. If it is too large, then select randomly a crossection of the populace (not less than 5%) and derive your total figure from that.
2. After you have analyzed the baseline results, send us a comprehensive report together with a copy of the survey forms and a description of the methodology used. Include a list of who collected the data, and how you used random selection (where appropriate).
3. Inasmuch as you have already started, please do the baseline as soon as you can and we will measure from there.

* 1977 Census-
Actually these figures are not accurate after five years.
Besides the surrounding areas are also thickly populated & no clear boundary lines.

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Moustique

Report Number 1 _____ Date _____

EPISODIC REPORTING

A. Baseline Data Collection.
(Before project implementation)

For each target community you must establish the following information.

1. # people in each target community
   - A. Mothers of childbearing age _____
   - B. Children 0-11 months _____
   - C. Children 1-5 years _____
2. # Malnourished children
   - A. Gomez Cat. I 23%
   - B. Gomez Cat. II 23%
   - C. Gomez Cat. III 13%
3. # Children aged less than 1 year in each target community, who died from any cause during preceding 12 months. _____
4. # Children aged 1-5 years in each target community who died from any cause during preceding 12 months. _____

Notes

1. If target community is small enough survey every family. If it is too large, then select randomly a crossection of the populace (not less than 5%) and derive your total figure from that.

2. After you have analyzed the baseline results, send us a comprehensive report together with a copy of the survey forms and a description of the methodology used. Include a list of who collected the data, and how you used random selection (where appropriate).

3. Inasmuch as you have already started, please do the baseline as soon as you can and we will measure from there.

Appendix IV

The attached curriculum outline is a sample of those developed for the Guyana Nutrition project and is applicable elsewhere. Other outlines are available under the topics:

1. Breastfeeding
2. Energy
3. Growth Foods
4. Food Sanitation
5. The Best Bood Buys
6. Weaning Foods
7. The Protective Foods
8. Sugar Consumption

TOPIC: HOME GARDENING

TITLE: GROW YOUR OWN FOOD

GOAL/GENERAL OBJECTIVE: By the end of the program, the learner will be able to begin and maintain his/her own home garden.

LEARNER OBJECTIVES	CONTENT OUTLINE		METHODOLOGY/RESOURCES			EVALUATION	
e Learner will be able to:	Skills	Knowledge	Activities	Reading Sources	A-V Material	Measure of Outcome (Indicator)	Questions to be Answered?
List several benefits of home gardening.	None	Home gardens can be: a) productive: much food for low cost b) affordable: not much money needed to start c) nutritious: provide wide food variety d) social: can be focus of community involvement e) inspirational: can be a model	Interview (pre-arranged of a happy local home gardener with his/her sharing of benefits	Wide background in three textbooks: Pacey (1978) Smith (1980) Rodale (1960)	Blackboard: Writing down various benefits as mentioned by group, interviewee, facilitator	The learner can: -List three benefits of local home gardening.	-What are three benefits of having a home garden?
Describe the important steps in the planting of vegetables.	Students start own garden demonstrating ability to carry out all necessary steps.	The learner must understand how to: a) collect vital data b) choose and fence the site c) acquire the necessary tools/supplies d) clear the site e) prepare the soil/"double dig" f) plant the seeds g) control harmful insects with natrual controls	Showing of film-strip: Carlos Campesino: "Direct Planting of Vegetables"	Smith (1980) pp. 19-32 Pacey (1978) pp. 42-48	Filmstrip: Carlos Campesino: "Direct Planting of Vegetables"	-List steps a-f (see "Knowledge") in proper sequence, -Explain the "double-digging" method of soil preparation. -List three natural controls for harmful insects.	-List the 6 steps (a-f) of starting a home garden (i.e., up to seed planting). -Explain the method of "double-digging". -List three natural controls for harmful insects.
Describe the important steps in the production of good compost.	Demonstrate how to construct a compost enclosure, etc.	The learner must understand how to: a) construct a compost enclosure b) Build a compost pile in correct layers c) Maintain compost pile dampness d) Apply correct amount of compost to the garden (2 pounds/4.5 square feet)	Showing of film-strip: Carlos Campesino: "How to Make Compost"	Smith (1980 pp. 24-27 Pacey (1978) pp. 49-52	Filmstrip: Carlos Campesino; "How to Make Compost"	-Explain how to properly layer/build-up a compost pile. -Explain how compost should be used in the soil.	-List the ingredients of four of the layers of a typical compost pile. -Tell the proper amount of compost that should be applied to 4.5 square feet of garden soil.

TOPIC: HOME GARDENING (continued)

TITLE: GROW YOUR OWN FOOD (continued)

GOAL/GENERAL OBJECTIVE: By the end of the program, the learner will be able to begin and maintain his/her own home garden.

LEARNER OBJECTIVES	CONTENT OUTLINE		METHODOLOGY/RESOURCES			EVALUATION	
The Learner will be able to:	Skills	Knowledge	Activities	Reading Sources	A-V Material	Measure of Outcome (Indicator)	Questions to be Answered?
D. Demonstrate how and where to buy the supplies necessary for home gardening.	-Locating the right shop -Making the purchase of the correct supplies	The learner must understand: a) the tools and supplies needed to begin a home garden b) where to go to purchase tools and supplies c) how to make good purchases	Group supply-buying simulation: "Shopping to Begin Your Garden" (see attached sheet for outline)	Pacey (1978) p. 45	Picture-symbols of garden tools and supplies Play-money (see attached sheet)	The learner can: -Purchase the necessary tools and supplies before running out of money	-List three tools you will need to begin and maintain your home garden

FIRST DRAFT 5-17-82

HOME GARDENING

Suggested Program Time-Lines:

Climate-setter	15 mins.
Mutual planning	10 mins.
Mini-lecture/interview (benefits of home gardening)	10 mins.
A-V presentation (WN: Direct Planning of Vegetables)	15 mins.
Lecture/A-V discussion	10 mins.
Break	10 mins.
A-V presentation (WN: How to Make and Use Compost)	15 mins.
Group Activity (purchase supplies at mock market with play money)	20 mins.
Summary evaluation/closure	10 mins.
Total Time	2 hrs. 5 mins.
Without Break	1 hr. 45 mins.

HOME GARDENING

Activities:

This activity is to be custom-made and hence will be filled with local and familiar content. Below is a brief outline from which the activity can be composed. Note: After the activity is planned, pre-test it with a small group, then make necessary changes.

Outline: "Home Shopping"

I. Each adult individual will be given attractive, home-made "play-money" with a face-value equivalent of two days of wages, i.e., average wages of your group members.

II. Three volunteers will be designated as "tool merchant", "seed merchange", and "fertilizer merchant" respectively.

A. The tool merchant will be given one symbol for each of the local tools necessary for home gardening times the total number of students. (Example: Five tools times twenty individuals). Each tool symbol will have the normal market price written on it.

B. The seed merchant will only have one multiple-seed type symbol (with a reasonable market price) available for each student. (Example: Tomato-carrot-spinach-etc. symbol worth $3 U.S. for twenty students)

C. The fertilizer merchant will have an unlimited number of 100# sacks of steer manure available for purchase at market prices. Fertilizer purchase is optional.

III. Students are instructed to go and purchase everything they will need for home gardening. They can barter on the items. They do not have to buy all of the tools. They do not have to buy any fertilizer if they are choosing to compost.

IV. When shopping is completed, each student will show what they purchased and how much money they still have.

Note: Merchants make change by writing the necessary bills.

FIRST DRAFT 5.17.82

HOME GARDENING

Reading Sources:

Key Textbooks:

- Pacey, Arnold. Gardening for Better Nutrition. London: Intermediate Technology Publications, 1978.

  Annotation: This 64-page booklet is a concise manual covering the basic technology of horticulture and vegetable growing, as it applies mainly to family gardens.

  Available from: Intermediate Technology Publications, LTD
  9 King Street
  London WC2# 8HN

- Rodale, J. I. (ed.). The Complete Book of Composting, Rodale Books, Inc., Emmaus, PA., 1960.

- Smith, Marny. Growing Your Own Food. Westport, CT: Save the Children, 1980.

  Annotation: This 35-page booklet is a two-part manual on organic intensive gardening. Part I is a case study of an actual garden project that should be of great healp to others starting gardening projects. Part II explains the specifics of starting a garden anywhere.

  Available from: Save the Children
  54 Wilton Road
  Westport, CT 06880 USA

HOME GARDENING (continued)

Reading Sources:

Other Important Readings (Secondary Resources):

GENERAL

Jeavons, John. *How to Grow More Vegetables.* Available through Ecology Action, 2225 El Camino, Palo Alto, CA 94306. 1979.

Seymour, John. *The Self-Sufficient Gardner.* Doubleday & Company Inc., Garden City, New York. 1979.

FERTILIZING

Rodale, J. I. (Ed.) *The Complete Book of Composting,* Rodale Books, Inc., Emmaus, PA. 1960.

Hills, Lawrence D. *Fertility Without Fertilizers.* Universe Books, 381 Park Avenue South, New York, NY 10016. 1977.

COMPANION PLANTING

Philbrick, Helen and Gregg, Richard B. *Companion Plants and How to Use Them,* The Devin-Adair Company, Old Greenwich, CT. 1966.

Riotte, Louise. *Companion Planting for Successful Gardening,* Garden Way Publishing, Charlotte, VT 05445. 1975.

INSECT CONTROL

Hunter. Beatrice Trum. *Gardening Without Poisons,* Berkley Publishing Corporation, 200 Madison Avenue, New York, NY 10016. 1971.

Carr, Anna. *Rodale's Color Handbook of Garden Insects,* Rodale Press, Emmaus, PA. 1979.

Philbrick, John and Helen (Eds.). *The Bug Book,* Wilkinsonville, MA. 1963.

Broad manual on development projects with special section on small-scale agriculture with excellent bibiography:

Oxfam. Oxfam Field Director's Handbook. Oxford, England: Oxfam, 1981.

Available from: Oxfam, 274 Banbury Road, Oxford, OX2 70Z

Appendix V

Attached is a sample Nutrition Health Suvey and 24 Hrs Dietary Recall Questionaire developed by SAWS/St. Lucia staff for their project. Trained Community Health Aides will administer this survey under project staff supervision.

SAWS/SL NUTRITION HEALTH SURVEY

NOTE TO THE INTERVIEWER:

INSTRUCTIONS ARE IN CAPITAL LETTERS AND SHOULD NOT BE READ TO THE RESPONDENT. READ ALL ANSWER CATEGORIES TO THE RESPONDENT EXCEPT YES/NO QUESTIONS OR UNLESS SPECIFICALLY INSTRUCTED TO DO OTHERWISE.

TARGET COMMUNITY _____

INTERVIEWER _____

INTERVIEWER NUMBER _____

NAME OF THE INTERVIEWEE _____

POSITION IN THE FAMILY _____

INTRODUCTION:

Hello! The Ministry of Health Nutrition Department in conducting a survey to determine the nutritional health of your community nutritional needs. The questions that we will be asking are very simple and easy for you to answer. Your response will be kept confindential.

1. What language do you speak the best?
   a. English
   b. Creole
   c. Other (specify) _____

2. How long have you lived in this community?

   a. Less than 2 years
   b. 2 to 5 years
   c. Over 5 years

3. In what country were you born? _____

5. In what year were you born? _____

6. What ethnic group do you belong to?

   a. Negro
   b. Indian
   c. Caucasian
   d. Other _____ INTERVIEWER SPECIFY _____

7. What is your religion ?
   a. Catholic
   b. Baptist
   c. Protestant
   d. Other (specify) _____

8. What is your marital status?

   a. Single
   b. Married
   c. Widowed
   d. Separated or divorced
   e. Other (specify) _____

NOTE: FOR WOMEN ONLY Questions 9-12

9. Have you ever become pregnant?

   a. Yes
   b. No IF NO, GO TO Question 23

10. If "Yes," how many time have you become pregnant? _____

11. Did you ever have any children?

   a. Yes ..... How many births have you had? _____
   b. No IF NO GO TO NUMBER 23

12. How many times did you visit your doctor or Health Clinic during your last pregnancy?

   a. One time
   b. 2 to 3 times
   c. 4 to 5 times
   d. 6 or more times
   e. Never

13. Have any of children died?

   a. Yes ..... How many? _____

   b. No IF NO GO TO 17

14. How many of your children died between 1 and 5 years of age? _____

   What was the cause of the death? _____

15. How many of your children died after the age of 5 years of age? _____

   What was the cause of death? _____

16. How many of your children died before the age of 1 year? _____

   What was the cause of death? _____

17. How many of your children are 5 years of age or younger? _____

18. How many of your children are 6 to 12 years of age? _____

19. How many of your children are more than 12 years of age? _____

20. How old is your youngest child now? _____

21. Are you pregnant now?

    a. Yes
    b. No

22. Have you ever raised or cared for a child during the first two years of life?

    a. Yes
    b. No

23. If you were to feed a baby with a bottle, which of the following formulas would you use?

CIRCLE ONLY ONE ITEM

		24. How much?	25. How often?
a.	Water mixed with sugar		
b.	Milk formula mixed with sugar		
c.	Pablum		
d.	Cornmeal.....		
e.	Arrowroot		
f.	Other (specify) _____		

26. Whcich do you think is the best for your young babies, (0 to 2 years)?

    a. Bottle feeding
    b. Breast feeding
    c. Both
    d. It makes no difference
    e. Other (specify) _____

27. At what age do you think you should stop breast feeding? CHECK BOX

0-3 month,	4-6 month,	7-9 month,	10-12 month,	13-18 month,	19-24 month
1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐

28. At what age did you begin to introduce solid or adult food to your child?

0-3 month,	4-6 month,	7-9 month,	10-12 month,	13-18 month,	19-24 month
1. ☐	2. ☐	3. ☐	4. ☐	5. ☐	6. ☐

DO NOT READ THE CATEGORIES

29. What was the first feed apart from milk that you fed your last baby?

CIRCLE ONLY ONE

    a. Porridge
    b. Mashed fruits
    c. Mashed vegetables
    d. Fruit juice
    f. Eggs
    g. Strained soup
    h. Other (specify) _____

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30. Which of the following vaccinations has your child had?

PLEASE CIRCLE ONE NUMBER FOR EACH TYPE OF VACCINATION. CIRCLE "0" IF THEY HAVE NOT HAD THE VACCINATION.

	How many Vaccinations?			
a. Polio	0	1	2	3
b. DPTP	0	1	2	3
c. BCG	0	1	2	3
d. Measles	0	1	2	3
e. Other (specify) _____	0	1	2	3

31. Does your child have a Child Health Passport?

a. Yes
b. No

32. What is your occupation?

a. Farmer
b. Housewife not working away from home
c. Employed fulltime (30 hours or more per week)
d. Employed parttime (30 hours or less per week)
e. Unemployed
f. Student
g. Other

33. Who is the primary wage earner in in your home?

a. Your-self
b. Husband
c. Parent
d. Other (specify)_____

34. Is the wage earner presently employed -

a. Full time (30 or more hours per week)
b. Part time (30 hours or less per week)
c. Unemployed
d. Other

35. What is your usual occupation? #_____

a. Student (not working full time)
b. Homemaker (not employed outside the home)
c. Labourer or Farm worker
d. Owner or Manager of small business, agency, or farm which sells
e. produce, (insurance agent or the like)
f. Owner or executive of a large business or high level government agency?
g. Operators (truck driver, factory machine operator)
h. Service worker (fireman, waiter, orderly, maid, barber, Police)
i. Skilled craftman ot foreman (carpenter, plumber, mechanic, painter)
j. Clerical and sales (book keeper, secretary, saleclerk, saleman)
k. Professional(requiring advanced degree or University education such as doctor, teacher, nurse, minister)
l. None of these categories fit.

36. What is the usual occupation of the primary wage earner?

_____

37. How many years of schooling have you had? _____

38. Do you grow your food?

a. Yes
b. No ..... IF NOT, GO TO QUESTION 40

39. Approximately how much of your own food do you grow?

PLEASE INDICATE THE NEAREST CATEGORY
CIRCLE ONLY ONE
HOLD UP DISPLAY CARD

a. 10 percent or less
b. 20 percent
c. 30 percent
d. 50 percent
e. 75 percent

40. If you had more money and foods were available to you, what other foods would you add?

_____

_____

41. How often do you eat the following foods?

HOLD UP DISPLAY CARD
CIRCLE NUMBER

		Daily	3-6 times per week	1-2 times per week	1 time per wk	less than	DO NOT EAT
a.	Canned green vegetables	0	2	3	4	5	6
b.	Fresh green vegetables	0	2	3	4	5	6
c.	Canned tomatoes, squash, carrots, pumpkin etc.	0	2	3	4	5	6
d.	Fresh tomatoes or yellow veg...	0	2	3	4	5	6
e.	Refined cereals, white rice or bread.	0	2	3	4	5	6
f.	Unrefined cereals brown rice, whole wheat bread .	0	2	3	4	5	6
g.	Root crops, yams, cassava, tannia, dashine etc	0	2	3	4	5	6
h.	Legumes, beans, peas.....	0	2	3	4	5	6
i.	Eggs	0	2	3	4	5	6
j.	Beef	0	2	3	4	5	6
k.	Fish	0	2	3	4	5	6
l.	Poultry, chicken, turkey.....	0	2	3	4	5	6
m.	Other animal meats	0	2	3	4	5	6
n.	Nuts	0	2	3	4	5	6
o.	Fresh fruits	0	2	3	4	5	6
p.	Dried or canned fruits	0	2	3	4	5	6
q.	Meatlike foods from vegetables.	0	2	3	4	5	6
r.	Spices, chilli, pepper	0	2	3	4	5	6
s.	Sweets, ice cream, sugar	0	2	3	4	5	6

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42. Where do you obtain most of your drinking water?

a. Directly from piped water within the house
b. From public stand pipe
c. From the river
d. From the spring
e. Rain water
f. Other (specify) _____

43. Do you boil your water?

a. Yes
b. No

44. How long do you boil the water? _____

45. Is your water chemically treated?

a. Yes
b. No
c. Don't know

46. What type of bathing facilities do you most often use?

ASK OPEN - ENDED. WRITE IN THE ANSWER AND CIRCLE ONE MOST APPROPRIATE CATEGORY

a. Bath tub/ shower within your own home
b. Bathing in the stream or river
c. Bathing in the sea
d. Bathing near the stand pipe using a bucket
e. In a tub out side the home
f. Other (specify) _____

47. OBSERVATION BY THE INTERVIEWER
WHAT TYPE OF TOILET FACILITIES DO THEY USE

_____

INTERVIEWEE

a. Flush toilet in your home
b. Pit toilet
c. No toilet facilities
d. Other (specify) _____

PLEASE CHECK CAREFULLY TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THEN COMPLETE INFORMATION BELOW.

Thankyou for participating in this important survey.

NAME OF THE TARGET COMMUNITY _____
INTERVIEWER NAME _____
DATE COMPLETED _____

24 HOUR RECALL QUESTIONNAIRE

NOTE TO THE INTERVIEWER:

The objective of the 24 hour recall is to find out the exact food or drink eaten by the child or infant the day before the interview. Do not categorize but rather ask further questions such as, "Did you have anything else to eat?" ..... "Did you drink something?"

At the same time determine approximately how much was eaten, either by using cards or familar utensils that would by used in the home. For example cup measure, or spoon size.

* In most cases the questions would be directed to the mother or the person looking after the child.

AGE OF THE CHILD _____

POSITION IN THE FAMILY _____

1. What did the child/infant have to eat or drink when they first woke up?

_____ _____

_____ _____

2. How much did they eat of each item?

_____ _____

3. Did you breast feed as well? YES NO

4. If YES, From which breast did you feed? _____

How long did you feed the child? _____

5. What did the child/ infant eat for breakfast? How much did they eat?

ITEM	QUANTITY	ITEM	QUANTITY

6. Did the child have any thing to drink? YES NO

What? _____ How much? _____

7. What was eaten during the morning?

_____ _____

8. What did they drink? What? _____ How much? _____

9. What did the child/ infant have to eat for lunch?

ITEM	QUANTITY	ITEM	QUANTITY

10. Did the child /infant have anything to drink?

What? _____ How much? _____

11. What was eaten during the afternoon? How much?

_____ _____

12. What did they drink? _____ How much? _____

13. What did they eat for the evening meal? How much?

ITEM	QUANTITY	ITEM	QUANTITY

14. Did they eat or drink anything before going to sleep?

_____ _____

FOR THOSE BREAST FEEDING

1. How often do you breast feed? During the day? _____

During the night? _____

2. What else do you give them to eat or drink? How much?

_____ _____

_____ _____

3. Does the child have problems breast feeding? YES NO

If YES, What problem? _____

_____

_____

4. Do they cry after feeding? YES NO

If so, Why do they cry? _____

_____