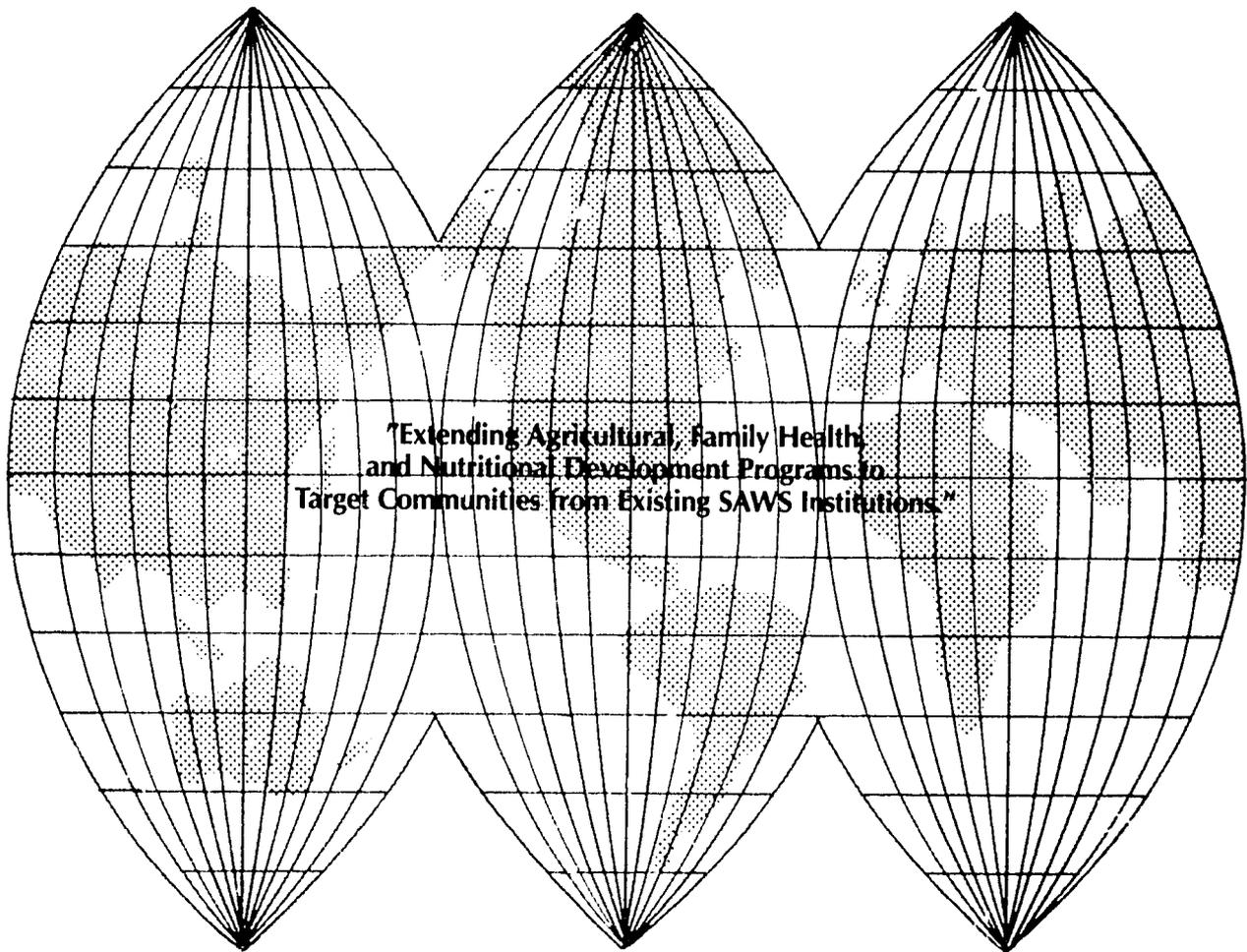


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Evaluation Report

1983-1984



Adventist Development and Relief Agency International
Washington, D.C.

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

SAWS/USAID Matching Grant Program

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October 1, 1982 - May 31, 1985

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THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

By

ADVENTIST DEVELOPMENT AND RELIEF AGENCY INTERNATIONAL

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Prepared by:

ADRA/I Evaluation Office

Glossary

ADRA/I	Adventist Development & Relief Agency International
AID	Agency for International Development
AT	Appropriate Technology
BHT	Barangay Health Technician
CHA	Community Health Aid
CHC	Community Health Committee
CHP	Community Health Promoter
CHW	Community Health Worker
CS/H	Child Survival/Health
EOPS	End of Project Status
EPI	Extended Program of Immunization
FFP	Food for Peace
HNP	Health Nutrition Promoter
G.O.	Government Organization
GOZ	Government of Zimbabwe
IG	Intensive Gardening
IMR	Infant Mortality Rate
KAP	Knowledge Attitudes Practices
KM	Kilometer
MCH	Maternal Child Health
MG	Matching Grant
MGP	Matching Grant Program
MIS	Management Information System
MOH	Ministry of Health
NA	Not Available

NS	Not Stated
OPG	Operation Program Grant
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PID	Project Identification Document
PVC	Private Voluntary Cooperation
PVO	Private Voluntary Organization
RHA	Rural Health Assistant
SAA	Student Agriculture Assistants
SAWS/I	Seventh-day Adventist World Service International
SDA	Seventh-day Adventist
TA	Technical Assistance
TBC	Tuberculosis
TMR	Toddler Mortality Rate
TY121A	Oral Typhoid Vaccine
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
VAW	Village Agriculture Worker
VHW	Village Health Worker

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Section 1. Executive Summary

The Matching Grant Program has completed its third year of operation. It has remained aligned and reasonably consistent in its stated intent: that of utilizing its powerful existing infrastructure in a number of countries to interpose essential, reliable, and practical interventions to its contracted targets.

The Matching Grant design sustained several transformations before finalization. To maximize local participation potential and to avoid non-specificity and a plurality of goals, ADRA/I chose an approach which resulted in specific designs for each project with individualized, clearly-specified, measurable indicators. Although the new process meant considerably more groundwork and consequently slower implementation, its merit appears in evaluable projects with maximized local input.

During the Matching Grant's second year, the ADRA/I constituency revised ADRA's existing management structure to create a flexible and independent system which has dealt effectively with several management constraints and has resulted in a heightened capacity for developmental programming.

A functioning MIS has integrated and solidified planning, technical assistance and evaluation, particularly process evaluation, into a unified management process.

Both the management restructuring and the MIS formation have been organizationally maturing activities.

Intensive development training has resulted in significant improvements in the quality of project proposals submitted and an enhanced capability for managing and conducting Matching Grant activities.

Twenty-one projects in 14 countries have produced measurable results. Although the number of health and educational institutions involved is below projected figures, the number of communities has risen dramatically, reflecting an organizational belief that fewer project centers and a more intense thrust into the community leads to greater impact. Achievements average 138.7% at the purpose level (range: 84.6 to 220.0; high and low percentage extremes seen in the number of institutions and communities involved omitted) and 107.9% at the output level (range: 50.0 to 203.4).

Financial planning to establish the most appropriate system for the control and disbursement of funds demanded considerable time and effort. The cash flow system has now been working satisfactorily for more than two years.

Throughout the Matching Grant ADRA/I, regional, and country staff have themselves experienced the essence of developmental progress. In spite of some failures and acknowledged weaknesses, what they have learned has been and is being applied; improvements have taken place and considerable room for adaptation and refinement exists. The challenges of tomorrow are faced with optimism, flexibility, commitment, and a willingness to learn.

Section 2. Background to Grant and Project Context

2.1 Introduction

"The Global 200 Report to the President" published by AID in September, 1980, states that in twenty years "for hundreds of millions of the desperately poor, the outlook for food and other necessities of life will be no better; for many it will be worse." It continues, "Per capita consumption of food in South Asia, the Middle East, and Africa...will actually decline below present inadequate levels.

At the time of the 1980 Global Report, ADRA/International (formerly SAWS/International) found itself in a tangible position of readiness to address these international concerns. Due to its readily available access to a formidable array of health care and educational institutions in more than 180 countries worldwide, ADRA/I was in a unique position to make a significant contribution to the target of "Health for All by the Year 2000."

Matching Grant funds enabled ADRA/I to evaluate and expand its on-going programs in ten countries and to begin projects in six new countries. As a result, ADRA/I now supports community development processes in hundreds of communities.

2.2 Background

Each of the 16 participating partner-countries has varied and complex socio-economic-political circumstances. However, the classic trend emerges signifying more critical conditions in the rural areas. The origins are

multi-faceted including general domination of urban centers as resource and service provision preferences and urban-focused population migration patterns. To assist in realignment, ADRA/I targeted a preponderance of outlying areas under the Matching Grant.

2.3 Program Purpose

ADRA/I's challenge for the past 45 months has been to support and conduct appropriate community-based health and agriculturally related interventions in each of the many target communities within the 16 countries. These interventions have expressed themselves in a variety of designs according to the most pressing requirements as established by each participating community in consultation with ADRA staff. Using as a framework four major areas of emphasis as qualified by ADRA/I, designs developed and submitted by the participating countries focused decidedly on Maternal Child Health and Nutrition, with Agriculture, Environmental Health and Agro-business following in descending order.

For ADRA/I, the Matching Grant furnished an unprecedented dual opportunity. It provided added support for implementing a wide spectrum of health and agriculture-related interventions. No less important, the Matching Grant provided a means by which ADRA/I could substantially develop and strengthen its own organizational capacity for decision making, planning, and implementing programs.

Section 3. ADRA/I Approaches

3.1 Strategy

A rational approach to community development planning demands a marked degree of local participation, and adequate time. ADRA/I initiated this process by analysing the problems and needs identified through baseline studies and surveys by ADRA health care and educational institutions. The results led ADRA/I planners to extend four strategies designed to be useful as a preliminary planning framework for local Matching Grant programs:

1. social development- health, nutrition, family planning, sanitation, hygiene, child care;
2. agricultural development- extension education, farm planning, credit evaluation, kitchen gardens;
3. economic development- "seed" money, feasibility studies, location of funding, consultancies for establishing agro-businesses; and
4. resource conservation- conventional energy alternatives, appropriate technological methods, water catchment and distribution, erosion reduction.

These strategies later developed into maternal child health and nutrition, agriculture, environmental health, and agro-business.

This framework was constructed strictly to provide a general direction for local planning. Specific problems and needs would arise from discussion with community people, and members of community health committees were targeted to identify priorities and measure pros and cons for suggested solutions

culminating in specific project plans. Country plans, submitted to ADRA/I, became the body of the Matching Grant.

3.2 Inputs

ADRA/I Matching Grant inputs were intended primarily as enhancement for local inputs and were confined to staffing (at headquarters, regional, country, and program levels, consultants and technical assistance); funding; a program planning framework; and an organizational network. Country and project specific inputs depended on each locally chosen design and were ultimately detailed in individual project logframe matrices. (See Attachment 11.2.2)

3.3 Target Groups

The population within a defined radius of the health-care and educational institutions operated by ADRA in each of the 16 chosen countries with an emphasis on rural localities constituted the target project areas. Specific target groups, while primarily mothers, young children, and farmers, varied according to each project design.

3.4 Country Programs Management Model

The management model of choice for the country programs utilized ADRA's already well-functioning infrastructure comprising an administrative system largely independent of ADRA/I headquarters and spearheaded by the country's ADRA Board of Directors and a Country Director. Technical advisors and consultants from ADRA/I and regional offices provided support and coordination.

All major issues such as budgetary considerations, personnel, travel, matched funding considerations, consultancies, etc., were put to the Board of Directors

at either the headquarters, regional, or country level for respective decisions. On the headquarters level, an Administrative Committee composed of ADRA/I administrators and directors of departments reviewed items, made recommendations, and prepared agendas for the Board which meets bi-annually, or for the Executive Committee, the Board's appointed representative, which meets bi-monthly.

The local management model, a proven success, will continue to be utilized for all future country programming wherever possible.

3.5 Anticipated Outcomes

No matter which project design ultimately employed in a particular locale, ADRA/I envisioned three major outcomes. First, each area would develop a functioning, self-reliant, community-based organization--the "community health committee"--which would have the technical, educational and organizational skills necessary to define and solve problems specifically directed at but not necessarily limited to the grant parameters. Secondly, and not less importantly, a reservoir of trained and fully functioning indigenous health workers possessing leadership and organizational skills would be created. They would have the potential to branch out into other developmental areas at the local level. And thirdly, each project could serve as a community model for increasing supplies of locally consumable protein foods and for increasing family income through agricultural activities and/or agro businesses.

3.6 Grant Objectives

The following charts show the original planned indicators of achievement. Project-specific achievements are included in Sections 7-9.

PURPOSE INDICATORS

	Planned	Actual	Percent Achievement
1A #Health Care Institutions Involved	47	23	48.9
B #Communities Involved in Health Care	40	219	547.5
C #Countries with Health Projects	13	11	84.6
D #Community Health Committees Established	80	176	220.0
2A #Educational Institutions Involved	38	9	23.7
#Communities Involved in Agriculture	30	40*	133.3
3A #Communities with Small Community Projects			
Using AT for Food Production	6	7*	116.7

*These figures do not include the 295 agricultural trainees of the Solusi Scientific Gardening Project who are extending skills learned to their home communities.

OUTPUT INDICATORS

	Planned	Actual	Percent Achievement
1A #Feasibility Studies for New Countries	6	10	166.7
B #New Impact Areas	29	59	203.4
2 % Planning Process Implemented by 3/85	100%	81.5	81.5

PURPOSE INDICATORS (continued)

		Planned	Actual	Percent Achievement
3	#CHEs Operating	324	255	78.7
4	#Agro-businesses	N.S.	4	NA
5	#CHE Countries Reporting	17**	14	100.0
6	#Countries Received Training Programs	17**	13	92.9
7	#Country's Field Staff Trained	17**	13	92.9
8	#Projects with MIS Operational	20	21	105.0
9	#Country Programs Evaluated by 6/85	17	7	50.0

** Country total reduced to fourteen. Percentages calculated on basis of fourteen country programs.

Even though the above charts provide a basis for an overview of program achievement, ADRA/I believes that it is in the specific country program details (Sections 7-9) that the real substance and enduring value of grant implementation can more objectively be assessed.

3.7 Summary

To summarize, through the application and adaptation of its community-based development approach, ADRA/I's broad objectives for each target country focused on improving the health, nutrition, and socio-economic conditions of populations within a defined radius of ADRA health care and educational

institutions which served as facilitative bases for health, agricultural, and/or related education outreach programs. Through its community-based format, ADRA/I anticipated and realized appropriate health and agriculturally related interventions attuned to local needs in each of the targeted countries.

Section 4. Management: Review and Analysis of ADRA/I Support Functions

4.1 Introduction

The preceding 45 months have proven to be very much a formative epoch in the history of ADRA's growth toward mature developmental programming. There is no question that the Matching Grant program has played and continues to play a primary catalytic role in the development and enhancement of ADRA's program support capabilities.

Over 90 years of worldwide involvement by Adventist professionals in health and community services in 184 countries has engendered a strong, responsive infrastructure which now administers widely scattered hospitals, schools, and community welfare units; handles fiscal disbursements; and rapidly responds to world needs by moving funds, supplies, equipment and people globally within rigid time frames. This infrastructure enables ADRA/I to respond quickly and effectively to worldwide needs. Utilizing this infrastructure, ADRA/I has conducted programs in 57 countries in the areas of social action and community development.

4.2 Design Issues

The Matching Grant project design sustained several transformations before finalization. One project design point explored and discussed at length within ADRA/I resulted in far-reaching implications for both headquarters management systems and local project involvement. The issue focused on the USAID-approved global logframe design. ADRA/I soon perceived that such a design would tend toward non-specificity and a plurality of goals, and could limit the ability of local participants to design, adapt, and implement according to their own

priorities and existing conditions. Prospectively, the design could prove extremely difficult if not impossible to evaluate. If a credible management information system was to exist, ADRA realized that specific indicators must be developed in the field on a project-by-project basis.

The 1981-1982 Evaluation Report clearly describes the entire review and revision process. The new approach ultimately chosen and adopted resulted in specific designs for each project with individualized, clearly-specified, measurable indicators. Although the new process meant considerably more ground-work and consequently slower implementation, its merit appears in evaluable projects with maximized local input.

4.3 Staff Resources

At the time of pre-grant planning the need for increased staffing was readily discerned, particularly for the areas of planning and evaluation. During the Matching Grant's first year, a Planning/Evaluation Officer assumed his duties. An Agriculture Officer began work during the third year in line with increasing agriculture emphasis in health programming.

There were initial constraints realized in acquiring and maintaining permanent staff at all project levels. Recruitment initiatives together with a growing perception of ADRA's increasing involvement in development activities has largely resolved this issue.

Consultants, anticipated since grant inception, have been particularly expedient for developing training activities and for specific program

backstopping. A complete listing of agencies and consultants who provided services to ADRA/I during the course of the Matching Grant follows:

Bob Gaarda: Independent Consultant, Washington, DC
Logframe Design

Jane Watkins: New Transcentury Foundation

Ralph Bates: New Transcentury Foundation
Development of Field Workshops in Program Design
and Evaluation; training methodologies

National Training

Laboratory: Management Training

Jane Vella: Jubilee Group
Participatory Education Workshop

Alan Magie: Loma Linda University School of Public Health
Environmental Health Consultancy - Dominica

Sharon Tobing: Independent Consultant
Training and design - Tanzania

Sunil Mehra: The MEDEX Group

Frank White: The MEDEX Group
Using Information: From Assessment to
Implementation. Workshops- Kenya, India.

While the consultancies given have been useful to ADRA/I they actually represent only 2.0% of the total grant monies. It is ADRA/I's conviction that the role of consultants is only useful as they are able to use their skills to create a technical capacity within the ADRA system itself. ADRA/I, for both cost effectiveness and efficiency reasons, does not see an extensive long-term role for contracting services to consultants, particularly in view of its expanding technical assistance department.

4.4 Management Module

The Matching Grant figured heavily in the maturation and enhancement process of ADRA/I management - nowhere more clearly demonstrated than in its management reorganization during the second year. At that time it became clear that ADRA/I's (then SAWS/I's) current management structure was insufficient to supply complete solutions in four important managerial problem areas which demanded immediate attention:

1. managerial backstopping (i.e. more specific attention and coverage with technical assistance and follow-up) additional to the amount originally planned had to be provided until such time as country staff capabilities could be raised through training to effective levels;
2. overhead expenses were difficult to proportionately assign to individual projects;
3. accurate allocating of headquarter's management and direct support costs to each project was necessary to determine cost benefits for evaluation and decision-making purposes; and

4. staff in the field had trouble differentiating among the planning, implementing, finance, and evaluation components of their programs, all of which corresponded to separate headquarter departments. This was hindering a smooth and efficient crossflow of information.

The constituency of SAWS/I, cognizant of the need for dealing effectively with these constraints and desirous of creating a management system which would have the flexibility and practical independence necessary to address these problems realistically, believed a new management approach to be necessary. To this end they totally reorganized the SAWS/I management team as part of a total organizational restructuring which has resulted in a heightened capacity for developmental programming and greater effectiveness in management. It was at this time that the new organizational title, Adventist Development and Relief Agency (ADRA) International, was assumed.

The restructuring process was "integrated" in intent. Rather than project headquarter personnel duties encompassing either the management, planning/evaluation, implementation, or financial programming aspects for all projects as previously, personnel were assigned regional bureaus (Africa, Asia-Pacific, and Latin America) from where they could work with projects as a whole within defined geographical areas. Evaluation and training (later evaluation and technical assistance) were grouped as a logical combination. Other management elements contributing to the Matching Grant such as finance, computer support, fund-raising, etc., were then calculated as a percentage of Matching Grant activities/funds to their total volume of operations. The bureau directors and staff, the evaluation and training (technical assistance)

officer; and the executive director, secretaries, and all assistants were assessed in relationship to the overall number of projects for which they were responsible. (Please see chart in Attachment 11.4.1)

The entire restructuring process was both a satisfying solution to the previously unsettled management constraints and an organizationally maturing activity.

4.5 Technical Assistance and Evaluation

4.5.1 Introduction

ADRA/I believes the greatest value of evaluation, and therefore its primary emphasis, should be on its usefulness as an assessment and decision-making tool throughout the whole process of project life--from initiation to impact identification. This is upheld by current trends in evaluation technology and has been successfully implemented by ADRA/I in the Matching Grant program.

It is within this frame of reference that ADRA/I has blended technical assistance and evaluation activities. Process evaluation identifies the problems as they take place and technical assistance facilitates the solutions. A more cohesive approach to project programming is then possible than if the two elements act independently. For the purposes of clarity, however, technical assistance and evaluation activities will be described separately.

4.5.2 Technical Assistance

Technical assistance activities under the Matching Grant fall into four major categories: training, project assistance, material preparation, and consultancies, discussed previously.

4.5.2.1 Development Training

A basic premise of the Matching Grant since its inception has been to institutionalize the development capabilities of local leadership within the extensive worldwide infrastructural base which ADRA/I accesses. Country staff and personnel at participating institutions were believed to be well-oriented in those factors particularly necessary for and conducive to successful development work. ADRA/I learned that in many cases such personnel, while highly motivated and committed to realizing 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-sufficiency needed considerably more clarification.

The need for management staff in the field competent in development issues caused ADRA/I to develop substantial training programs over the life of the Matching Grant. In collaboration with the New Transcentury Foundation a forty-hour workshop in Development Planning was designed, tested, and implemented in ten developing countries with 287 participants from 38 LDC's completing the course. Key administrative staff from regional and area offices were also included in training exercises to both orient them to developmental processes and to ensure a smoother and more effective chain of operation by increasing administrative capacity for planning and decision-making.

Where staff have been exposed to this training, ADRA/I has witnessed significant improvements in the quality of project proposals being submitted as well as an enhanced capability for managing and conducting Matching Grant activities.

One of the stated objectives of the New Transcentury Foundation staff was to institutionalize a training capacity within ADRA/I itself. This has been achieved. During the course of the Matching Grant, ADRA/I's Director of Training participated as an expert trainer for two non-ADRA workshops:

Episcopalian Church Development Workshop- Baguio City, Philippines,
May 6-20, 1983

USDA Management for Government Organization (a training workshop for midlevel managers from G.O. in 11 developing countries), George Mason University, VA, July 5-6, 1983.

Additional workshops held under the Matching Grant have been:

"Training of Trainers Workshop" - Washington, D.C., February 14-17, 1983, Transcentury Foundation, 15 participants, (contributed to the continuing developmental education needs of ADRA upper level management staff);

"Approaches to Community Development" - Haiti, April 1-8, 1983, Caribbean staff, 5 LDC;s, 25 participants;

"Development Planning Workshop" - Lome, Togo, March 28-April 1, 1984, country directors and mid-level project management, 10 LDC's, 31 participants;

"Development Planning Workshop" - Antananarivo, Madagascar, April 9-12, 1984 local country director and mid-level management, 15 participants;

"Using Information - From Assessment to Implementation", Nairobi, Kenya December 10-14, 1984, conducted by the MEDEX Group and ADRA Director of Training, 9 LDC's, 26 participants;

"Using Information - From Assessment to Implementation", Puna, India, February 25-28, 1985, conducted by the MEDEX Group and ADRA Director of Training, Asian staff, 9 LDC's, 30 participants.

All workshops were evaluated and the mean overall score on a rating of 0-5 with 5 as maximum was 4.15 +/- 2%.

4.5.2.2 Project Assistance

On-site technical assistance consisted primarily of role clarification, problem solving, and project refinement with project staff. In all, a total of 347 person days of technical assistance were given over the life of the project representing a mean average of 16.52 person days per project and 24.79 person days per country.* In retrospect, ADRA/I believes that technical assistance rendered was below optimum and should be considerably strengthened under the new Matching Grant. This belief concurs with independent evaluation findings and country staff assessments.

*NOTE: The T.A. figures include a consultancy of eight months in Tanzania in response to the MSH evaluation of 1983.

4.5.2.3 Material Preparation

During the course of the Matching Grant, most visual aids and teaching materials were developed at local project or country sites. This report focuses on technical materials for use in the total project produced at headquarters by the technical assistance staff.

A field manual describing a simplified, dejargonized approach to identifying and designing a community development proposal was developed and successfully used in the initial stages of grant implementation. Copies of these have been widely circulated and some of the ideas utilized by other agencies.

The Development Program Planning Workshop designed by ADRA/I in conjunction with the New Transcendy Foundation has been produced in manual form and will be published by ADRA/I and made available to other agencies. It contains complete "how to" guidelines for conducting the workshop including trainers notes and suggested examples.

Five resource manuals have been developed with more than 5,000 pages of data compiled from current literature and presented as mini-libraries for use by planning staff in the field. These are: Resource Guide to Matching Grant Countries (country specific data and information); Resource Guide to Development Theory (current articles on development policies and initiatives); Resource Guide to Program Design (methods of designing and implementing field programs); Resource Guide to Program Evaluation (methods of designing and implementing MIS and evaluation protocols); and Resource Guide to Appropriate Technology (an introduction to A.T. resources and methodologies).

The Technical Assistance Department has been able to create a growing International Resource Library under the current Matching Grant. More than 40 professional development journals and over four hundred volumes of current books, reports, and evaluations cover most program sectors. The resource room is open to ADRA staff and the many visitors who come to headquarters. Numerous students and several consultants have made use of this facility through direct or written requests for materials.

In an effort to disseminate information widely, ADRA/I has reproduced both of the Management Sciences for Health independent evaluations of its Matching Grant projects in considerable quantities and these have been shared with all field staff. Copies are freely distributed to visiting consultants and researchers many of whom have been sent to ADRA/I on the recommendation of USAID.

The Technical Assistance Department has produced a quarterly technical journal, INTERFACE, which has a distribution in excess of 2,000. It highlights information on projects, current issues in development, and provides a forum for exchange among all ADRA field staff, other PVO's, and government agencies. Ten issues have been produced to date. (Sample edition in Attachment 11.4.2)

The Technical Assistance Department has been responsible for the design and submission of the new PID and final Matching Grant proposal, the CS/H PID and proposal document, and the Enhancement Grant PID, all submitted to USAID, PVC office.

4.5.3 Evaluation

The Matching Grant program has been largely responsible for the development of a sound evaluation system within ADRA/I. The very nature and scope of the grant with its developmentally-oriented thrusts and indicators for behavioral change has demanded a substantial management information system which was non-existent prior to grant funding.

4.5.3.1 MIS

ADRA/I staff recognized early the importance of encouraging project-specific designs. To this end, each project proposed its own specific set of objectives within the parameters of the overall program design. These included project-specific logframes with measurable indicators at the purpose, output, and input levels. Tailor-made quarterly report forms were designed from the logframes and have formed the basis of the functioning MIS. The reports monitor both quantitative and qualitative data on program impact, implementation, and inputs throughout each project's life.

The MIS has worked well with 95% implementation. Operational effectiveness as determined by regularity of reporting and quality of data contained is in the 70-75% range. Some refinements of this approach are being made for the new Matching Grant program. The system is in the process of being computerized utilizing a Lotus 1-2-3 spreadsheet and graphic program. Statistical analysis is made possible through a Northwest Statpak program.

4.5.3.2 Project Evaluations

Since grant implementation, ADRA/I has approached evaluation from a two-fold perspective - namely impact assessment and process analysis with emphasis upon

the latter. ADRA/I has documented substantial impact in certain of its projects which would indicate an established capability for impact measurement (see Sections 7-9). More importantly though, ADRA/I has found process evaluation to be particularly essential as a management tool and has used its findings for refining and enhancement.

Two independent evaluations were performed by Management Sciences for Health during the grant period: the Haiti program and the CHW Training Project in Tanzania. Recommendations made by MSH were taken very seriously and 75% of the recommendations made have already been adopted and implemented in the field with significant improvement in project performance. A continued commitment to independent evaluations for impact assessment is anticipated, and could be particularly useful in situations where maintenance of objectivity within the Evaluation/Technical Assistance department may be problematic.

ADRA/I has conducted self-evaluations of projects in St. Lucia, Kenya, Zimbabwe, Rwanda, Ghana, and Jamaica utilizing ADRA/I evaluation staff, regional directors, and field project staff. The remaining EOP evaluations will be conducted by local staff and/or independently hired local contractors.

ADRA/I publishes evaluations and circulates them widely among its own staff. They are available to other agencies and interested parties.

Section 5. Finances

5.1 Narrative Statement

ADRA/I's financial management system has been established to enable control of and access to financial information at any program stage.

The ADRA country office prepares a budget in the local currency presenting all components of the proposed project. After approval at the country level, the ADRA Regional office must approve the budget before sending it to ADRA/I for final consideration and approval.

Budgets are divided into five sections:

- A. Project Support includes all the administration of the program such as salaries, office rent, telephone and other related charges, office expenses, etc.
- B. Training materials cover expenses relating to materials and training activities; for instance, design and printing of materials, film and/or slide projectors, etc.
- C. Educational expenses are those related to activities authorized under specific projects intended to teach and train project staff and beneficiaries in the program. This section includes seminars, curriculum development, etc., but only when the activity demands specific disbursement of money.

- D. Development Project Support embraces expenses destined for the purchasing of equipment, the construction of minor buildings or facilities, financial support for special sub-projects, and program evaluation.

- E. Transportation section costs cover transport and mobilization, the maintenance of vehicles used for the program, and for some countries the purchase of vehicles to be used in the program.

Once the budget is approved, ADRA/I sends forms to the field for project administrators to use in scheduling all drawdowns of funds. These forms circulate through ADRA/Regional offices serving both as drawdown requests and as records of financial disbursements.

ADRA's system of accounting and auditing follows generally accepted auditing practices. All records, books, and documents are kept in the ADRA/Country office; copies of monthly or quarterly balances are sent to ADRA/Regional offices and to ADRA/I.

5.2 Fund-raising

The Matching Grant has been instrumental in providing ADRA/I with increased organizational credibility and has enhanced its overall capacity to raise private sector funds. Matching Grant information has featured frequently in reports.

Through direct-mail solicitation and media exposure, ADRA/I's fund-raising totals have approximately doubled every year since 1981. Fund-raising proceeds for January to July 1985 have already eclipsed the entire year of 1984.

PROGRAM	PRIVATE CONTRIBUTION	AID MGP	TOTAL
<u>BARBADOS</u>			
Project Support	38 088	38 089	76 177
Training Materials	3 100	3 100	6 200
Ed. Expenses	2 400	2 400	4 800
Dev'ment Proj. Support	17 500	17 500	35 000
Transportation	2 400	2 400	4 800
Sub-Total Barbados	<u>63 488</u>	<u>63 488</u>	<u>126 977</u>
<u>DOMINICA</u>			
Project Support	42 118	42 118	84 236
Training Materials	5 000	5 000	10 000
Ed. Expenses	5 250	5 250	10 500
Dev'ment Proj. Support	29 000	29 000	58 000
Transportation	18 625	18 625	37 250
Sub-Total Dominica	<u>99 993</u>	<u>99 993</u>	<u>199 986</u>
<u>GHANA</u>			
Project Support	20 397	20 397	40 794
Training Materials	1 134	1 135	2 269
Ed. Expenses	1 104	1 103	2 207
Dev'ment Proj. Support	9 217	9 218	18 425
Transportation	2 058	2 057	4 115
Sub-Total Ghana	<u>33 910</u>	<u>33 910</u>	<u>67 820</u>
<u>GUYANA</u>			
Project Support	72 398	72 397	144 795
Training Materials	3 338	3 339	6 677
Ed. Expenses	2 917	2 918	5 835
Dev'ment Proj. Support	1 000	1 000	2 000
Transportation	18 800	18 800	37 600
Sub-Total Guyana	<u>98 453</u>	<u>98 454</u>	<u>196 907</u>
<u>HAITI</u>			
Project Support	135 690	135 690	271 380
Training Materials	23 250	23 250	46 500
Dev'ment Proj. Support	5 000	5 000	10 000
Transportation	18 800	18 800	37 600
Sub-Total Haiti	<u>182 740</u>	<u>182 740</u>	<u>365 480</u>
<u>HONDURAS</u>			
Project Support	101 037	101 037	202 075
Training Materials	1 200	1 200	2 400
Dev'ment Proj. Support	6 450	6 450	12 900
Transportation	14 050	14 050	28 100
Sub-Total Honduras	<u>122 737</u>	<u>122 738</u>	<u>245 475</u>
<u>JAMAICA</u>			
Project Support	42 481	42 481	84 962
Training Materials	4 956	4 956	9 912
Dev'ment Proj. Support	20 515	20 515	41 031
Transportation	2 338	2 337	4 675
Sub-Total Jamaica	<u>70 290</u>	<u>70 290</u>	<u>140 580</u>

PROGRAM	PRIVATE CONTRIBUTION	AID MGP	TOTAL
<u>KENYA</u>			
Project Support	68 750	68 750	137 500
Training Materials	7 750	7 750	15 500
Ed. Expenses	4 500	4 500	9 000
Dev'ment Proj. Support	36 500	36 500	73 000
Transportation	7 500	7 500	15 000
Sub-Total Kenya	<u>125 000</u>	<u>125 000</u>	<u>250 000</u>
<u>PHILIPPINES</u>			
Project Support	64 760	64 760	129 520
Training Materials	16 175	16 176	32 351
Ed. Expenses	422	422	844
Dev'ment Proj. Support	38 046	38 046	76 092
Transportation	29 984	29 983	59 967
Inflation Factor	5 613	5 613	11 226
Sub-Total Philippines	<u>155 000</u>	<u>155 000</u>	<u>310 000</u>
<u>RWANDA</u>			
Project Support	63 781	63 782	127 563
Training Materials	18 950	18 950	37 900
Ed. Expenses	4 820	4 820	9 600
Dev'ment Proj. Support	2 500	2 500	5 000
Transportation	14 500	14 500	29 000
Sub-Total Rwanda	<u>104 551</u>	<u>104 552</u>	<u>209 103</u>
<u>SRI LANKA</u>			
Project Support	13 395	13 396	26 791
Training Materials	3 667	3 667	7 334
Dev'ment Proj. Support	26 452	26 452	52 904
Transportation	3 258	3 257	6 515
Sub-Total Sri Lanka	<u>46 772</u>	<u>46 772</u>	<u>93 544</u>
<u>ST. LUCIA</u>			
Project Support	53 065	53 065	106 130
Training Materials	8 386	8 387	16 773
Ed. Expenses	5 475	5 474	10 949
Dev'ment Proj. Support	2 500	2 500	5 000
Transportation	15 126	15 126	30 252
Sub-Total St. Lucia	<u>84 552</u>	<u>84 552</u>	<u>169 104</u>
<u>TANZANIA</u>			
Project Support	101 506	101 507	203 013
Training Materials	13 888	13 888	27 776
Ed. Expenses	17 685	17 684	35 369
Dev'ment Proj. Support	40 850	40 850	81 700
Transportation	18 174	18 174	36 348
Sub-Total Tanzania	<u>192 103</u>	<u>192 103</u>	<u>384 206</u>

PROGRAM	PRIVATE CONTRIBUTION	AID MGP	TOTAL
<u>ZIMBABWE</u>			
Project Support	49 490	49 490	98 980
Training Materials	13 365	13 365	26 730
Ed. Expenses	31 387	31 388	62 775
Dev'tment Proj. Support	9 788	9 787	19 575
Transportation	23 625	23 625	47 250
Sub-Total Zimbabwe	<u>127 655</u>	<u>127 655</u>	<u>255 310</u>
<u>SUPPORTING SERVICES</u>			
<u>Shared Prog. Adm.</u>			
Salary	165 190	165 189	330 379
Travel	50 610	50 611	101 221
Eval. & System Mgmt.	222 132	168 482	390 614
Overhead:			
(2% of \$772 573)	7 726	7 726	15 452
Total Supporting Svc.	<u>445 658</u>	<u>392 008</u>	<u>837 666</u>
Total MGP Expenses	1 952 902	1 899 256	3 852 158
<u>Supporting Services</u>			
Management & General	2 475 878		2 475 878
Fund Raising	<u>1 757 836</u>		<u>1 757 836</u>
Total Sup. Svc.	<u>4 503 714</u>		<u>4 503 714</u>
 TOTAL ADRA PROGRAM	 <u>6 456 616</u>	 <u>1 899 256</u>	 <u>8 355 872</u>

Financial Status Report

Adventist Development and Relief Agency International
Statement of Support, Revenue and Expenses
Matching Grant Financial Report
Period: October 1, 1981 - June 30, 1985

Private Support and Revenue

I. Private Support

Contributions:

Individual	299 630
General Conference of SDA	900 000
Gifts in Kind	<u>753 272</u>
Total Private Support	1 952 902

II. Government Support

US Government

AID Matching Grant	1 899 256
Total Government Support	<u>1 899 256</u>
 TOTAL	 <u><u>3 852 158</u></u>

5.3 Budget Comparison

For detailed budget comparison information, please see budgets in Attachment 11.3.6.

Section 6. Long-term Project Implications

6.1 Institution Building Assessment

ADRA/I, through the Matching Grant, has been able to institutionalize a number of systems and capacities leading to enhanced programming and management capabilities.

The process of implementing the Matching Grant in many countries and under various constraints has literally compelled ADRA/I to redesign its former financial system. This has resulted in a more effective structure that allows for simpler cost assigning and comparative studies. The process is on-going and even greater refinement is anticipated.

As discussed in detail previously, training, a new management structure, and a management information system have all been direct results of the Matching Grant. Through its substantial manpower development training for its field staff, ADRA/I is realizing an increased institutionalized capacity for community development interventions at all levels leading to maintenance of programming viability. A functioning MIS has integrated and solidified planning, T.A., and evaluation into a unified management process. The restructured management stratification on the headquarters level has led to enhanced communications flow, cost assessment, and management capability.

The necessity for a strong technical capacity has also largely become apparent through the process of implementing the Matching Grant. ADRA/I's ability to provide technical assistance has increased three-fold since grant inception

with the addition of qualified staff. This assistance has been extremely useful both in the field and at headquarters. In line with ADRA's increasingly more complex interventional scope, 6-7 full-time technical staff and assistants will be added starting August 1985.

Considerable refinement and growth are recognized as essential in all these areas and mandate continued emphasis.

6.2 Estimate of Sustainability

ADRA/I strongly believes in programs soundly based on low-cost strategies which do not rely upon expensive infrastructure or maintenance for continuation. Because of the high educational content of ADRA's programs backed up by appropriate low cost technologies delivered to reasonably focused target populations, ADRA/I has found self-sustainability easier to achieve. Residual knowledge and learning remain in the community as do improved water and sanitation systems and changed agricultural practices.

Self-sustaining delivery of continuing preventive and promotive health services is more difficult to achieve but in most areas these too can be absorbed by communities backstopped by local government services or privately affiliated health care facilities. In the Tanzania program which served as a "model" for the original ADRA Matching Grant, VHW stipends have already been picked up by their respective communities. The number of VHWs and the extent of their training and responsibilities significantly increased at the time when the villages took over much of their management and all of the financial controls. Continuing education and follow-up where requested by the villages has been absorbed into the eight previously participating ADRA clinics.

The following chart portrays the estimated potential for project institutionalization as of May 31, 1985:

	Low		Medium		High	
	By Comm	By Gov	By Comm	By Gov	By Comm	By Gov
Ghana			X			
Kenya			X			
Rwanda					X	X
Zimbabwe			X			X
Tanzania					X	
Philippines			X			
Sri Lanka					X	
Dominica						X
Guyana	X	X				
Haiti	X	X				
Honduras			X			
Jamaica			X			

ADRA headquarter costs expressed as a percentage of the total Matching Grant budget demonstrate that current administrative costs fall below ADRA's budgeted total and therefore have the potential to become absorbed.

6.3 Benefit Distribution

Although the number of institutions through which ADRA programs were operating during the time of the first periodic evaluation was only 68% (55/81) of the figure originally projected, the number of communities being served rose dramatically by 94% (155/80). The reasons for this reflected a growing organizational belief that fewer project centers with a more intense thrust into the community would, in the end, lead to greater impact with more potential for future replication. This trend early identified in the first Evaluation Report (1981-82) continued as more countries implemented projects. During the second annual report, fewer project centers with increased beneficiary spread clearly appeared as a healthy improvement which in addition eased management constraints.

Population numbers involved and cost-benefits are indicated in Sections 7-9. Additional spread effects will increase with time as new practices become established but are even now occurring. An excellent example is seen in Solusi, Zimbabwe, where 295 graduates have returned home and have implemented what they learned at the Solusi Scientific Gardening Course. At least 93 have documentable transfer of their new technology to neighbors.

6.4 Local Participation

Specific project designs rather than being imposed from headquarters to countries were prepared in the field providing maximum potential for all levels of participation. The results were realistic programs based on local conditions. Each country then supplied a minimum of 25% of their total budget for all Matching Grant projects within the country.

Local participation was represented by various activities depending on the chosen project design: from volunteer labor--rebuilding irrigation ditches in Tanzania, environmental sanitization in Sri Lanka; donations--building materials in Ghana, initial chick stocks for model poultry unit in Kenya; project management--in Jamaica and Tanzania; to financial outlays by villages as seen in the Tanzania VHW program. A decided emphasis on continuing and increasing community participation at all levels is an ADRA/I priority.

6.5 Leadership Development

A large number of ADRA project staff, including managers, are nationals working in areas within which they have expertise. Ghana, Tanzania, Honduras, St. Lucia, Guyana, and Jamaica are examples of countries which have projects completely staffed by nationals from LDC's. Such staffing patterns, ADRA believes, show a mark of maturity and attest to ADRA's long-term commitment to project areas and reliance on local input. Training for all staff, from the field to headquarters, is aimed at developing an ever greater capability in development programming and management support.

6.6 Innovation and Technology Transfer

ADRA/I's intent in the Matching Grant has not been to experiment with innovation but rather to utilize its powerful existing infrastructure in a number of countries to interpose essential, reliable, and practical interventions to the populations which need them most. However, innovation and technology transfer were not absent in individual project designs. The health-nutrition-agriculture link as exemplified by the Haiti, Honduras, and Kenya projects has been an innovative approach which will continue. In Ghana, vegetable production in the Sahel dry season was considered impossible

especially in terms of the current drought, yet it has been achieved. In Haiti, health principles are being taught by song. The Solusi Scientific Garden has become well-known and well-utilized by the Zimbabwean government and other interested agencies. Its unique composting techniques which do not rely on commercial products can produce compost in 14-21 days anywhere for only the cost of labor. Solusi yields have been phenomenal.

6.7 Policy Implications

Several policies regarding ADRA/I planning have either become accepted or strengthened as a result of the Matching Grant.

Organizations such as ADRA/I which have a continuing presence in local communities may be forced to work with the heightened expectations inherent in detailed data-gathering and pre-planning activities which have not resulted in funding. This can result in many decades of careful foundation building ruined. Credibility may be destroyed. As a consequence, ADRA/I has taken the stand that funding must be sure before specific designs are prepared.

USAID's current initiatives in evaluation, stressing impact, have contributed to ADRA/I's policy of requesting five-year program timeframes. It has become apparent to ADRA/I that three years is too short a time to accurately gauge impact evaluation, especially in areas of health behavior change.

Feedback from the field indicates that ADRA's support constituency may feel overlooked in favor of other community members to their exclusion. This

neglected "feeling" predisposes a need for development education among ADRA's constituency both here and in the field, which ADRA accepts.

6.8 Collaboration/Networking with Other Agencies/Replication

The majority of Matching Grant projects have experienced the growth and extended knowledge which comes with inter-agency and/or governmental collaboration/networking. Several projects have enjoyed the satisfaction of seeing their results pass on to others for potential future replication. The Honduras staff has worked with CARE in supplemental food and reforestation activities. Solusi and World Vision have collaborated to sponsor agriculture students, as have Solusi and Zimcare Trust Farm, Christian Care, and the Zimbabwe Project (co-ops formed of discharged military from the recent civil war). World Vision has helped selected Solusi graduates establish water systems. Kenya's water project, Rwanda's health project, and Tanzania's VHW program have attracted the interest of their respective governments, as has Solusi's where the government has been sending its own agriculture workers for training. The Rwanda government will be using ADRA's program there as a national model.

Transcentury and MEDEX have worked closely with ADRA/I on several vital aspects of the Matching Grant programming (see Section 4.3). For a complete listing of networking by country, please see Attachment 11.3.1.

Section 7. Review and Analysis of Project Results by Country-Africa Region

7.1 GHANA

Purpose: "Increased Dry Season Vegetable Production Among Rural Farmers of Zangum, Tamale District-Northern Ghana by May, 1985."

Two major impacts were envisaged for this project: an increased supply of food for home use during the long Sahelian dry seasons, and increased income from sale of surplus supplies. Prior to project implementation, baseline information indicated that among the 500 farmers in the Zangum area the average annual cash income was 6000 cedes (US\$125). Complicated by a recurrent series of droughts which has affected the entire Sahelian belt, no vegetables were being grown at all during the dry season.

Nonetheless, sixty farmers completed training in dry weather vegetable production. Through application of the new irrigation and farming technologies they were able to produce an average yield of 500 pounds of saleable vegetables. Harvests were intermittent due to the severity of the drought and the lack of rain needed to stock the irrigation dam; however, weekly sales returns averaged 1500 cedes (US \$30), a significant increase, while supplies lasted.

To achieve the projected outputs, ADRA/Ghana staff gave 60 hours of formal training in agriculture plus continued extension support for two years. A large earthen storage dam and 60 shallow tube wells were constructed for

irrigation purposes during the dry season. Although the focus of the project was on dry weather production, extension services encouraged the formation of cooperative farming units and alternate wet season farming practices. Harvests for both the 1983 and 1984 seasons were greatly improved.

High community interest is spreading; another seven villages representing a population of 14-21,000 are requesting assistance. One village has already raised 200,000 cedis of its own cash for the program. Already ADRA/Ghana has expanded its program to include an additional sixty local farmers. Further extension will occur under the new Matching Grant.

A government agriculture extension agent impressed with the project, supports it with volunteer time.

Older women have revealed to the staff their feeling that the village is becoming more stable. The young men of the community are staying in the village instead of migrating to the cities during the dry season to earn money. The young men say their earning power in the village with dry season agriculture is the same as in the city - there is no more need to leave.

The project, at the villagers' request and in addition to planned outputs, has opened up a mother and child health component. The villagers on their own initiative made and donated 3000 bricks for a clinic building and house and constructed the clinic up to the roofing stage to facilitate the start of their requested program. Full momentum was achieved by June 1985.

Considering the difficulty of dry weather vegetable gardening and the serious constraints under which the project has had to operate, ADRA/I is well pleased with both its direction and potential. Given that 60 families increased their annual income by a minimum of 200% during the years 1983 and 1984 with an ongoing sustainability subject to normal rainfall, the cost benefit of US\$476 per beneficiary is acceptable.

7.2 KENYA

Three projects were designed to operate in the rural communities surrounding the University of Eastern Africa at Baraton. Thirty pre-graduate students have been actively involved as extension agriculture and health agents in these projects which in itself has been a unique "Peace Corps"-style learning opportunity designed to heighten their developmental attitudes and skills through actual project experience. As they graduate, they move to other parts of the hinterland with new skills and understanding of development. The three areas of project concentration were water development, food production, and MCH/nutrition.

7.2.1 Water Development and Intensive Gardening (IG)

Purpose: "Increased Nutritional Intake of Subsistence Farmers' Families in the Nandi District by May, 1985."

Beginning with the well-established technology of water-driven pumps (Hydrams) for irrigation and water supply purposes, this project constructed four complete water supply systems. Another six are in various stages of construction. Twelve more are on a waiting list. One additional water system each supplies a public primary and a secondary school with ten standpipes to serve the needs of the students. Communities have been trained in the maintenance and repair of pumps and a total of 732 families will have benefited from this program (with an additional 1000 families including those on the waiting list) by the time construction is completed. Community and government interest remains high.

Once farmers or specially formed water cooperatives or farmer groups have access to the water systems they are taught how to construct intensive gardening frames and to grow vegetables and other crops during dry weather. Eleven hundred hours of agriculture extension work have resulted in 24 IG frames with a minimum of five food varieties grown in each using the water pumped from the hydram systems. Staff are currently appraising the feasibility of a turbo-pump which is more efficient and has a larger capacity than the hydram with the ability to pump 13,000 liters in 24 hours.

At the annual October 1984 Kapsabet Agricultural Show, project staff displayed three water machines: the water wheel, the turbo pump, and the hydram. Since

then, over 20 different cooperatives have approached project staff for assistance. In addition, the success of this project and the hydram pumps has attracted government notice and is being assessed by the Regional Government Water Development Authority.

The average life of a hydram pump with maintenance is 20 years of constant use; hence the potential sustainability of this project is excellent. While the number of beneficiaries is not large (the area is not densely populated) the cost-per-person-benefited by this combination water development/agriculture project is acceptable, approximately US\$136, and given its long-term potential is extremely cost-effective.

7.2.2 Poultry Husbandry

Purpose: "Increased Egg Production of 25 Rural Farmers in Nandi District by May, 1985."

In an effort to stimulate the production of egg protein, the University established a small village-type model unit--a local poultryman donated initial chick stocks--and provided more than 80 field orientations. Over 100 farmers were conceptually oriented. Requesting farmers were given assistance in the building of small poultry units and design and technical support for establishing and stocking their own facilities.

Thirty-one farmers currently operate functioning poultry facilities. Seventy-five percent of these had no egg production whatsoever prior to project activities. Egg yields have been rather poor owing to the current drought and consequent lack of poultry feed. Local poultry stock is also normally low-producing. This stock has now been replaced with one-month-old high-egg-yielding varieties. If the current rains improve feeding supplies, production is expected to intensify.

Cost benefit for this project has been in the range of US\$537 per person and project success, though existing, has been less than anticipated for the expended amount.

7.2.3 MCH/Nutrition Project

Purpose: "Reduced Incidences of Protein Energy Malnutrition Among Young Children Aged 0-5 Years in Rural Families of Nandi District by May, 1985."

Sub-purpose: "Ten University Preprofessional Students Trained in Nutrition Developmental Programming by May, 1985."

Baseline analysis showed that 25% of the 0-5 aged child population around Baraton exhibited signs of moderate to severe malnutrition. The local IMR was 130/1000 compared with the national figure of 83/1000. Final analysis have not yet been conducted in these target communities to see whether the above profiles have changed as a result of project activities although trends toward that end appear to be established.

A total of 63 families with nutritionally at-risk children (42% of the local population) were identified with 202 children enrolled in the program. Ninety-nine percent of the children enrolled are showing satisfactory weight gains toward the normal weight-for-age curve. Ninety percent of the families with malnourished children have established "food for the family" table gardens and are using their own food rather than supplements to achieve the weight gains recorded.

Participating families are sharing their new information and documented spread has occurred.

Scabies, parasite, and ORT treatments are provided on-site. Village pre-natal classes have been established and mothers are referred to the local government health center, which is working in close conjunction with the project, for advanced treatment when necessary. As eighty-seven percent of the families in the area have had no immunizations at all, these families are also referred to the government center for their EPI.

The ten student trainers have been teaching nutrition in local schools and school gardens are now being established. An average of 84 hours monthly is spent by each student trainer in village MCH activities.

The cost benefit per malnourished child is somewhat high at US\$247 per child. However, given the fact that large numbers of other children and parents are benefiting indirectly, this figure is not particularly sensitive.

7.3 RWANDA

Purpose: "Improved Health Status of Children Aged 0-5 in 28 Target Communities of Rural Rwanda by May, 1985."

Results in this project are superior. The model is currently being considered by the government for replication throughout Rwanda.

Excellent record-keeping has been obtained throughout the project period. While impact is difficult to assess within three years, there is evidence to suggest that child mortality and morbidity have significantly decreased.

The following summary figures are more outstanding when one recognizes that 13 of the 28 involved communities only commenced the program actively in 1984. In the remaining communities where the program has been implemented for at least two years accomplishment ranges within 80-100%.

Summary of 28 Communities

Total Population	15,696
Total Number of Homes	3,151
Total Number of Communities	28
Number of Community Health Committees Meeting Monthly	28
Percentage of the Total Population Under Five Years	23

Number of Women Regularly Attending MCH Clinics	1,244	40%
Number of Children Completely Vaccinated	1,783	50%
Number of Women Who Have Received at Least 20 Hours of Informal Instruction	1,079	41%
Number of Families with Vegetable Garden of at Least 9m	933	32%
Number of Families with at least 5 Different Vegetables Under Cultivation	349	11%
Number of Homes with a Good Quality Sanitary Latrine	2,026	64%

Cost per beneficiary: US\$13.40

7.4 TANZANIA

Two projects were established in Tanzania. The Community Health Promoter Training Project has had particularly high achievements and is currently self-supporting. The Dry Weather Irrigation Gardening Project, while behind in its implementation schedule, has also exhibited noteworthy successes.

7.4.1 Community Health Project

Purpose: "Improved Health Status of Young Children Aged 0-5 in Eight Rural Communities of Tanzania by May, 1985."

This project, under considerable difficulty owing to the current economic climate in Tanzania, has succeeded in establishing an effective PHC delivery system in 29 communities surrounding eight rural health centers. Each community has one or more trained Village Health Worker, including several traditional birth attendants, selected by the local health committee. The 53 VHWs are responsible for promoting and training their fellow villagers in preventive and promotive health care and referring cases beyond their level of care into the curative health delivery system.

Although these VHWs were initially funded with project monies, the MSH evaluation of April, 1983 recommended that alternative means of support should be sought with a view to eventual self-sufficiency. ADRA implemented this recommendation and all 29 communities have now taken over financial and managerial support of their own VHWs. The Tanzania Adventist Health System network assumed responsibility for follow-up and technical support as requested by the village committees in early 1985.

VHWs were given an initial 102 hours of formal training and during 1985 they received an additional 75 hours of follow-up, greatly expanding their responsibilities. They have been extremely active in programs within their villages: 18,259 children attend MCH clinics, 735 new table gardens produce

food for the family table, and the VHWs personally assisted or advised in the construction of 1,043 latrines.

Each VHW in the last year* has been responsible for accomplishing the following results in his/her community:

<u>VHW Accomplishments</u>	<u>Average per VHW</u>	<u>Total</u>
Average Number of Mothers with Children Aged 0-5 Attending Clinics	115	6,086
Approximate Number of Families Using Pit Latrines	49	2,600
Number of Latrines Constructed	19-20	1,043
Number of Families with New Table Gardens Producing Food	13-14	735

*It should be noted that this program sustained a greatly delayed start and VHWs became active in their communities only in late 1983.

Cost benefit: US\$10.61.

For further information on the Tanzania Community Health Project, please see "Workshop Summary," Attachment 11.3.2.

7.4.2 Parane Dryweather Irrigation Gardening Project

Purpose: "Improved Income Earning Capacity Through Agro-production of 800 Families in the Pare Mountains of Northeast Tanzania by May, 1985."

This project was initially complicated by the premature loss of the project director and extreme difficulty in obtaining essential supplies. Because of the late start and disruption, the project will continue for a few months beyond May, 1985 but without any extension of funds.

By November 1984 a new director was in-country and the project resumed its momentum and progress. A permanent 70-meter slipway was constructed by the villagers and 4 kms. of the 10 km. irrigation ditch reconstructed. Water supply has increased at the furthest end of the ditch by 300% since the start of the project although its flow has not yet reached optimal levels.

Community involvement has been superior in this project with more than 5,000 person days of time expended in voluntary labor on the ditch and dam preparation. Currently, villagers are working in volunteer shifts four days per week to hasten completion.

Two villagers successfully completed 14 weeks of training in intensive gardening at Solusi, Zimbabwe, and are in place training 800 families in dry-weather vegetable production. It is expected that at completion of the project 4,800 persons below the water supply will have access to a continual supply of clean river water for irrigation, bathing, and household purposes.

When completed, the cost benefit of this project per person will be approximately US\$38.10.

7.5 ZIMBABWE

Purpose: "Improved Income-Generating Capacity of Select Zimbabwean Farmers by October, 1984."

The Solusi Scientific Gardening Project has been one of the most successful projects conducted under the Matching Grant. It has attracted widespread national attention and due recognition in surrounding African LDC's. More than 3,000 visitors have observed the project and garden. Apart from its impact on the lives of rural farmers, it has successfully innovated rapid organic composting techniques and has achieved production yields with organic fertilization comparable to inorganic methods.

The student training garden at Solusi has itself produced 178 tons of marketable vegetable during the three-year project period. Grown were twenty-three varieties of fruit and vegetables. Most important, however, is the impact this project has had on the 295 farmers who completed the course. Twenty-one non-Zimbabwean farmers were sponsored. From Zimbabwe came 118 emerging farmers, 86 subsistant farmers, 25 community leaders such as teachers, etc., and 45 government agriculture extension officers, 18 of whom operate gardening organizations for women.

Given the extensive Zimbabwean drought and the poor internal national security situation surrounding Bulawayo, the following impact statistics speak for themselves.

Impact Indicator Achievement

Annual Average Income of Farmers Before Course		Z\$260
Annual Average Income of Farmers After Course		Z\$720
No. of Graduates Marketing Twice Monthly		160
No. of Graduates Owning the Following:	<u>Before</u>	<u>After</u>
Radio	56	92
Television	9	23
Cassette Player	22	43
Bicycle	107	205
Motor Vehicle	8	30
Irrigation Equipment	0	43
Donkey Ox Carts	N/A	167
No. of Graduates Implementing Training Evidenced By:		
A. 300 sq feet of garden beds		142
B. Vegetable Plants in Stages of Growth		234
C. Regular Irrigating		43
D. Marketing Crops Regularly		160
No. of Rural Environs of Graduates Showing Evidence of Transfer of Gardening Technology to Neighbors		93
Number of Villagers Trained by Graduates		21,000

Although 90% of Zimbabwe has now received rain, ground sources and dams have not yet been replenished. That fact is evidenced in the above figures. Ninety-six percent of the graduates have now begun growing vegetables again on a limited scale.

The cost benefit of this project is approximately US\$544 per farmer trained or US\$3.05 per percentage of income raised. However, cost benefits are US\$7.64 per person reached, as the farmers have acted as very enthusiastic volunteer agriculture extensionists.

For additional information on the Solusi Scientific Garden Project, please see Attachment 11.3.3.

Section 8. Review and Analysis of Project Results by Country Asia-Pacific Region

8.1 PHILIPPINES

8.1.1 Integrated Rural Health Project - Silang Cavite, Philippines

Purpose: "Improved Health Status of Mothers and Children in Three Target Communities Within a Radius of 10 Km. of Philippine Union College by June 1985."

The ADRA/Philippines Integrated Rural Health Project has focused on the health of three rural villages in the environs of the Philippine Union College International Institute of Public Health. Not only is it achieving significant impact in these communities but it has proved an excellent field training ground for Public Health students from the Institute.

1984 figures demonstrate a clear trend of successful impact. The project, for evaluation purposes, has primarily been targeted at the 227 mothers and 307 children aged 0-5 in the villages of Carmen, Casile, and Puting Kahoy. However, the entire area has benefited considerably from the environmental and clean water programs which have taken place. Both community and government support has been highly positive.

The following statistics will show the trend of the project impact:

Average Percent Increases in Three Villages

- | | |
|--------------------------|--|
| 1. Environmental Health | |
| a. garbage pits | 1,688 percent increase |
| b. drainage ditches | 2,046 percent increase |
| c. toilets | 76.7 percent increase |
| 2. Potable Water Systems | 1 completed, 2 in process |
| 3. Vegetable Gardens | 74 percent increase

(81% of families now have gardens) |
| 4. Feeding Program | 4 in progress. Average number of
children enrolled monthly: 41* |

Average percent 2nd and 3rd degree
malnourished: 10*

*Note: There is considerable turnover in the children as the malnourished ones improve and move out of the program.

Additional noteworthy accomplishments deserve mention. A potable water system delivering in excess of 32 liters per person per day to all 612 inhabitants of Carmen could perhaps be the greatest single health potentiator. A community multi-purpose center in Casile and a child recreation park in Carmen addressed felt needs. Twenty hours of health education were given to the entire population of each of the three villages. All children aged 6 months to 5 years in three communities were immunized.

The project was extended to include a new site, Hukay. Of all 117 children in the targeted age group, only 24% were normal on a weight-for-age curve. They and their mothers are now enrolled in the program.

Cost benefits: US\$79.18.

For additional information about the Integrated Rural Health Project, please see Attachment 11.3.4.

8.1.2 Murcia - TBC Prevention Project

Purpose: "Decreased Incidence of Pulmonary TBC Among the Population (45,505) of Murcia Municipality, Negros Occidental, by May, 1985."

The TBC Prevention Project has established an integrated preventive-curative approach to controlling TBC, the major health problem of the area. An early analysis of government records indicated that possibly as many as 2,000 unidentified cases existed in the Murcia population.

For a number of reasons partly beyond project control, the programming did not commence until June 1984. The Murcia district was sectioned into eight sub-districts for implementation purposes and work commenced in the first district. Four Barangay Health Technicians (BHTs) and 13 Rural Health Assistants (RHA's) were selected from the community and trained in identifying potential TBC cases. The RHA's received a total of 52 hours TBC morbidity-specific training concentrating on simple etiology, diagnosis, treatment, community participation, and communication activities. The work force is directed by a national physician and registered nurse. They have spent 236 hours in TBC education alone.

Screening in only the first sub-district revealed the startling fact that 55% of the district's population were either symptomatically active for TBC or in direct close contact with active cases in their households. Of the 3,604 people screened by December 1984, an astonishing 24% were found to be active. In all, 406 new cases and another 888 active old cases were uncovered.

The sheer size of the affected community has shown the government records to be grossly underestimated. The original project targets have had to be scaled down to a more manageable size.

Community support has remained very enthusiastic. More than 3,000 people in meetings, schools, mothers' clubs, and other groups have been given TBC education by the RHA's. The entire district population has received 186 hours of media instruction through film and radio.

It is projected that the project will continue on existing funds beyond the May 1985 deadline until medication courses are completed for the enrolled active cases.

Cost benefit: US\$15.82 for one sub-district. US\$2.47 for Murcia area, estimating that media messages and other health education initiatives have reached 80% of the population.

8.2 SRI LANKA

8.2.1 Mailapitiya Environmental Health Project

Purpose: "Decreased Incidence of Water Related Diseases Among the Population of Mailapitiya by May, 1985."

The ADRA environmental health program in Mailapitiya and surrounding areas has had significant successes. Community support has been outstanding. The project and its impact have attracted considerable attention in the written media and the Sri Lanka Broadcasting Corporation.

The target communities of Aponso, Hathbewa, and Mailapitiya have 830 residents of whom 21% are children under the age of 10. Before project implementation the incidence of water- and filth-borne disease was unreasonably high in the area. Sixty percent of all children showed evidence of helminth infestation and 90% had had dysenteric episodes.

To resolve their pressing health issues, the villagers completed two water systems which now supply an abundance of potable water from gravity flow sealed springs to 14 standpipes in the community. Water supply has not only become potable but has increased by 620%. The current systems produce 85,000 liters of clean water a day which represents 102 liters per person per day or 310% of the WHO recommended daily minimum. One further well is currently being completed which will provide even better access of potable water to the population.

The entire community and six local schools have received a total of 417 hours of environmental health education covering all aspects of sanitation and hygiene, including ORT.

Six community men have been trained in the art of constructing sanitary latrines. One hundred and twenty-six toilets have been completed, more than 25% above projected outcomes. Each family now has access to a sanitary water seal slab latrine.

All children have been dewormed and vaccinated with BCG. The community is clean and solid waste disposed.

The impact is dramatic. Although no final endline survey has yet been taken, project records show that in the last six months since clean water has been available not one major case of dysentery has been reported.

During the civil disturbances in 1984, the extraordinarily strong support for the project in these Buddhist communities was strikingly evident. Villagers protected the Christian school at Lakpahana which implements this project, guarding it from dangerous rioting. That there has been no evidence of sectarian activities accompanying this project was emphasized by the "Sunday Observer" (November 8, 1984, page 17), one of Sri-Lanka's circulating newspapers in a write-up on the project. (See Attachment 11.3.5.)

Cost benefit ratios within this project are excellent. To organize a lasting community development process influencing the provision of drinking water, sanitation, health education, deworming, and community clean-up activities among 830 people has cost US\$49 per person.

8.2.2 Nuwarella Environmental Health Project

Purpose: "Improved Sanitary Hygiene Among Villagers of Nuwarella, Periswatte, Kandy District by January, 1985."

Monitored by the Lakeside Medical Center, Nuwarella Village's environmental health project is generating notable impact trends.

This community of 50 families has a population in excess of 300 persons. Prior to project commencement, the incidence of sanitation-related illnesses including gastro-enteritis, amoebic dysentery, helminthiasis, and scabies was very high as documented by medical center records. Unfortunately, no substantive baseline was charted. It should be possible, however, to reconstruct a "before and after" health profile from the hospital records for the period of the project. ADRA/I intends to follow up on this suggestion.

The 50 toilets built as part of the program outputs (a 25% increase above projected indicators) have permanent squat plate risers with 1 liter water seal traps constructed from mortar and burnt brick. One hundred and forty hours of community health education have resulted in 90% of the community regularly using the new toilets and disposal bins for organic wastes.

The impact of this very small project is seen not only in positive improvement of the environmental conditions of the area, but in a tangible sense of community mobilization and advancement. Even the local council is now supplying solid waste removal services to the village.

At the goal level, the hospital staff state that there has been a significant drop in the incidence of cases presented to the hospital from this area.

A simple cost-per-capita ratio shows an expenditure of US\$37.36 per person per year over the life of the project.

Section 9. Review and Analysis of Project Results by Country Latin American Region

9.1 BARBADOS

Purpose: "The Early Detection of Breast and Cervical Cancer in Women Ages 16-50 in Five Target Areas of Barbados by June, 1985."

The ADRA/Barbados early cancer detection project for women aged 16-50 years has had decided success despite considerable difficulty. Initially, as documented in the 1982-1983 Annual Evaluation Report, there was considerable delay in obtaining concurrence from USAID Mission Barbados and the PVC office in Washington, DC. With this constraint resolved, the project commenced in January 1984. Further difficulties were envisaged when the director had to return to the USA for health reasons in August 1984. However, a very capable assistant director was on-site and project activities continued to generate noteworthy results.

In conjunction with the Ministry of Health, ADRA/Barbados entered into an agreement to provide a community-based early cancer detection program. Five areas of the island were targeted for breast self-examinations and pap-smear screening activities.

A baseline was conducted early in the project. Lectures and demonstrations (20% above projected numbers) were presented. A tremendous amount of training

time, 1,441 hours (only 9 hours were anticipated) in more than double the projected class sites resulted in 786 women trained. During the course of project activities, two professional seminars were conducted.

Screening activities uncovered 120 cases requiring referral. One hundred and twenty pap smears and 3,056 breast self-exams were conducted. Six thousand five hundred and five (6,505) women chose to attend one-to-one counseling sessions.

As a result of the project's delayed start, an extension of time is necessary to fulfill all the project obligations to the Ministry of Health with which it is working. No funding extension is needed. Both the Ministry of Health and the community are very supportive of this project.

Cost benefits to date: \$17.41.

9.2 DOMINICA

Purpose: "Decreased Incidence of Diarrheal Diseases in the Health Districts of Marigot and Grande Bay."

The ADRA/Dominica environmental health project, conducted in conjunction with the government's Ministry of Health concentrated on decreasing the incidence of typhoid fever and waterborne diarrheal diseases in two high risk areas of the island--Marigot and Grande Bay.

Forty-four percent of Dominica's population has absolutely no sanitary facilities and a further 21% have dilapidated unsanitary human waste disposal units. Thirty-two percent of schools have no public latrines.

The project was planned and implemented with health education as its focus and environmental sanitation as a secondary input. Community participation was involved at each stage of the project's development to foster independence and self-reliance.

The program benefits 16,000 people with special emphasis on the 26% who are children under the age of 17. Since project implementation, 58 community health care workers received 20 hours of basic training. These CHCW's were responsible for promoting environmental health education among the target population as well as organizing community labor and the construction of latrines. They gave totally voluntary service in a number of activity areas. By October 1984 the CHCW's in Marigot had given 479 hours of voluntary work, 1,067 home visits, and 65 visits to vending shops for inspections.

The CHCW's conducted community seminars and encouraged house-holders to dig latrine pits. Those who had their pits dug in specific blocks of the villages were entitled to latrine units free of cost. To date, 156 latrines have been established.

Another phase of the project dealing with water and its uses began implementation during 1985. Four school washbasins were built. A school was supplied with water, and an existing village water system was chlorinated.

Teachers of both the Marigot and Grand Bay Districts were involved in one-day seminars which had as their objectives the transfer of a relevant body of knowledge about health and the institutionalization of necessary teaching skills and techniques. Forty-one teachers in 18 schools attended. As a sequel to these seminars a health and sanitation campaign was held in the schools of the Marigot District. This was followed by essay, quiz, and school environment competitions.

A serious delay in commencing this project was clearly articulated in the 1981-82 Annual Evaluation Report. In many cases, it is also found that working in cooperation with a second body sometimes poses constraints as well as benefits on rapid project implementation. To further complicate matters, a severe landslide made access to Grande Bay difficult, especially the transport of concrete risers for the latrines. However, despite these early setbacks this project, with its excellent potential, has achieved a good proportion of its objectives.

An example of the project's acceptance and utilization is well-documented by government authorities. An outbreak of typhoid fever occurred during March and April 1985. The government called on ADRA's trained voluntary CHCW's to assist in the taking of blood samples and to conduct special community education.

Cost benefits average US\$12.49 per beneficiary.

9.3 GUYANA

Purpose: "Decreased Prevalence of Under-Nutrition in Children Aged 0-5 in 10 Target Communities of Rural Guyana by June, 1985."

Guyanians families, long accustomed to and dependent on imported foods, are faced with a serious economic situation which now forces them to rely on local food resources. An educational insufficiency in ways to utilize the local foods is appearing. As a result, some areas are experiencing nutritional setbacks, especially among the young children. It is this need which ADRA/Guyana is addressing.

Employing the established model of village-based health promoters, ADRA/Guyana conducted programs in 10 communities. Twenty-four community nutrition promoters (CNP's), 20% more than anticipated, were given 159 hours of training - a 76% increase over projections. They have been active throughout the project period. During over 4,600 hours in the communities, through 2,686 home visits and 14 mothers' training sessions, they promoted the start of ten mothers' groups. Five groups (80% of the goal) have become well-established. By April 1985 one hundred and one monthly meetings averaged an attendance of 20 mothers.

Four hundred mothers altogether have been involved in training activities. Over 79 hours of table garden promotion has resulted in 22 new gardens to

improve home nutrition. High protein crops are being introduced for use in baby cereals. Already 110 involved mothers have demonstrated their ability to provide meals-utilizing a variety of foods.

ADRA/I forecasts that the Guyana project's operations will continue until December 1985. No additional funding is required. With this time extension, an increase in the number of beneficiaries is anticipated.

Cost benefits to 4/85: US\$164.08 per year over the life of the project.

9.4 HAITI

Purpose: "Decreased Prevalence of Malnutrition in Children between Ages 0-5 in Ten Target Areas of Haiti by January 1985."

The Haiti project has been one of the most outstanding Matching Grant successes. Its strong effective program has realized or surpassed the majority of program objectives with clearly defined impact on a large beneficiary population.

By mid-1982 all ten clinics projected were established and functioning smoothly, operating four days a week with 25 mothers and their babies present each day. An additional center was added later in the program. Twenty-seven nutrition assistants were trained and mothers' programs begun. Twelve women's organizations were established. Two hundred and forty thousand (240,000) pounds of food supplements were distributed among malnourished children.

Training activities involved 2,270 mothers and 3,290 children. By the end of training, 75% of participating mothers could weigh their child, and 94.4% could identify early malnutrition. Ninety-four percent began practicing the healthful practices of boiling water and milk, and washing hands and utensils. Forty-nine percent began protecting their family's food. Sixty-six percent began growing at least two vegetables in kitchen gardens. Fifty-nine percent were able to prepare a nutritionally balanced meal. As the number of mothers involved in the program was 250% over original projections, actual accomplishments compared with program indicators range between 94 - 298%.

The project has not had as much emphasis in the area of environmental health as was planned. This is an area which will receive more emphasis in the new Matching Grant.

At the goal level, some significant impact findings are quoted verbatim from the MSH evaluation team:

- For all under-five children in all entrant categories of nutritional status, 82% showed an improvement in weight for age after four months in the program. Improvement rates were as high as 98% in one rural area, 93% in an urban area, and as low as 35% in another urban area.
- 70% of these children continued to improve in follow-up. Since post-program intervals averaged only seven months, due to the short length of program time it was not possible to assess longer-term impact.
- Of third-degree entrants, 69% improved to second or first degree levels; 95% improved their weight for age during the four-month program; and none died. In follow-up growth surveillance of 42 cases of third degree entrants, 28% of those cases moved up into improved status categories, i.e. to second, to first, and to normal.

The gain rate realized by ADRA/Haiti compared with the 50% average gain rate of the country population at large, a difference of over 30%, represents a significant impact on the nutritional status of children aged 0-5. This impact is potentiated by the fact that the ADRA/Haiti focus is on children with second and third degree malnutrition who normally have a much lower gain rate than the general population.

In addition to its planned components, the Haiti program has branched out into several related fields. It has established a child rehabilitation unit to provide help for 30 children at a time who are failing to thrive in a regular nutrition center setting. Their mothers bring them daily to the unit for four months of specialized care followed by bi-monthly monitoring. Within one year, 94 mothers with 99 children completed the four-month program. Eighty-five percent recuperated to such a degree that at the time of their discharge they were much healthier than the population at large. Thirty-three more were admitted into the program in May 1985.

Successful demonstration gardens are operating in a number of areas. These gardens supply the clinics with fresh vegetables for demonstrations. Seeds and plants are also produced for distribution. High protein beans (ex. velvet and winged) are undergoing experimentation. These gardens are not without their community impact: in one area alone, four gardeners employed on a food-for-work basis report the supervision of 253 private kitchen gardens. Five hundred and two mothers were supplied with plants in a second area where two excellent gardens supply vegetables for a school and clinic. One month 1,500 gardens were reported, but the number varies with the seasons and rains.

Limited self-help projects have begun including dressmaking, embroidery, quilt squares, and basketweaving. Two localities are making high-quality chairs of mahogany with cane bottoms. A recent order for 500 chairs will provide income for several families. Laminating work for an agency provides 3-5 hours work per day for 10-12 mothers. For most it is their first experience earning money.

Early in 1985 a mobile EPI program was established and will form a major part of the new Matching Grant.

The knowledge and experience gained in the 11 clinics was used to improve the performance of 90 other ADRA MCH programs already functioning in Haiti. The number of children currently involved in this expansion work was of managerial necessity limited to 150 malnourished children per clinic for a total of 13,500 additional children.

The following Matching Grant statistics from just the last year alone attest to the project's active involvement in community health:

<u>Support Services</u>	<u>#</u>	<u>Persons</u>
Vitamin A		41,509
Oral Rehydration Salts		15,018
Cough Syrup		22,512
Piperazine		25,021
Aspirin-Tylenol		27,264
First Aid (eyes, skin, etc.)		18,162
Multivitamins		36,698
<u>Support Services</u>	<u>#</u>	<u>Mothers</u>
Iron and Folic Acid (30 pills each)		16,293
Contraceptives:		
Oral		4,500
Condoms		21,150
Injections		164

<u>Support Services (continued)</u>	<u>Mothers</u>
Educational Classes	5,131
Mothers Preparing Acamil (ground peas, beans to cereal 1:2)	2,577

Cost benefits are US\$66.93 for only the participating children and their mothers involved in the 11 clinics original 14 projected in the Matching Grant. However, the program expansion to affect services in the 90 other ADRA MCH programs functioning in Haiti with 150 children from each participating clinic lowers cost benefits to US\$19.27. Considering also the thousands of persons indirectly benefiting from this impressive project, cost ratios are extremely efficient.

9.5 HONDURAS

Purpose: "Improved Nutritional Intake Among Young Children in 8 Target Communities of the Municipality of Valley of the Angels by January, 1985."

The ADRA/Honduras project design effectively integrates the components of community health education and agricultural development to focus on the nutritional status of mothers and young children. The project targets eight communities surrounding a rural hospital. Seven CHW's and three Village Agriculture Workers (VAW's) with 263 hours of formal and informal training in nutrition, health education, and agricultural activities in their respective communities.

Although exercise promotion was not originally forecast, this activity evolved to become a successful complement to project outputs.

The program achievements are significant and target groups are enthusiastic. The following chart portrays the results and where possible the percent increase realized for the major output achievements:

	Anticipated	Realized	Percent Increase
1. MCH Groups Meeting Monthly	8	22	187
2. Ladies' Clubs Meeting Monthly	8	22*	187
3. # Average Attendance	-	120	-
4. # Mothers Involved in Nutrition Program	-	224	-

	Anticipated	Realized	Percent Increase
5. # (Average) Undernourished Children	NS	240	-
6. # Pounds Food Supplements/Child (Ave.)	6	31.9	431
7. # (Average) Home Gardens	NS	30	-
8. # Latrines Built	NS	209	-

*Meets weekly

Cost benefits approximate US\$21.33 per year for the life of the project but cannot reflect the full impact on indirect beneficiaries.

9.6 JAMAICA

Purpose: "Improved Health Status of the Trenchtown Community, Kingston, Jamaica by June 1985."

In the early days of the Trenchtown project, the handles of newly installed brass taps would disappear and re-emerge as handmade bullets heads. Riven by conflicting social and political ideologies within and challenged by other hostile elements without, this urban community has not been the easiest place to work.

Pre-program community needs assessment showed a poor urban population in excess of 5,000 persons most of whom were either working intermittently or totally unemployed. Basic utility services were non-existent. Tons of solid waste were piled high in the streets, yards, and empty lots. Water lines were broken in 75% of the premises and stagnating water pools breeding mosquitoes existed in 50% of the backyards. Sewerage and waste water lines were clogged as were 80% of the showers, wash basins, and toilet squat slabs.

The health profile indicated a high incidence of dengue fever as well as gastro-enteritis and scabies in young children. Because the only nearby health facility was situated in an opposition area, the local populace had virtually no access to any kind of health care provision.

It was within this milieu that ADRA/Jamaica embarked upon an urban renewal project with a strong emphasis on provision of PHC services, environmental sanitization, and community mobilization.

Most attempts to assist the Trenchtown community in the past have been politically motivated. Consequently, ADRA's intervention was at first viewed with considerable suspicion. An element of suspicion still persists although community participation and involvement levels demonstrate the growing acceptance and impact of the project on the population. Political gangs from both sides requested that the project remain open during the turbulent summer of 1984.

During the three-year Matching Grant period, a community health committee was elected by the community at large and has functioned monthly. The committee advises project staff on needs in the community. It is responsible for mobilizing community action groups and is a general monitor of project activities in the area. The commitment of this group is seen in recent re-elections in which several less-active committee members were dropped and replaced by younger, more committed members. The committee has also been made more representative with elected members from each sub-division. The benefits of this increased representation can already be felt by project staff and community alike.

Five female health workers were chosen by the community and these have each been given 150 hours of formal and informal training in food sanitation, oral rehydration, growth monitoring, breast feeding and weaning, personal hygiene, family spacing, basic nutrition, and food budgeting. Of the five CHW's trained, four are operational. Their tasks include home visitation, screening, referral and clinical activities. Approximately 60% of their time is in the

community itself while the remaining 40% is spent at the Primary Health Center, a very simple community center from which both preventive and curative care are delivered.

The clinic activities are essential to backstop the CHWs. Staffed by a nurse and a visiting doctor from Andrews Memorial Hospital, the Primary Health Center provides services six days per week to the community on a no-fee basis. The community health committee has assumed the responsibility for exploring ways to finance this system on a long-term basis.

During the project, particular emphasis on restoring basic utility services and sanitizing the external environment have taken place. All leaking pipes have been replaced or repaired. Faucets have been mended and drainage systems functionalized again. Low-lying "wet" areas have been filled and a system for solid-waste disposal established. Some problems in this area have been encountered because of intermittent collection by the city garbage trucks.

Perhaps the greatest indicator of successful impact is in the lives of the people themselves. There is among them a growing awareness that they can collectively bring about change. This is witnessed by a slow but growing mobilization among them to become involved in project activities.

Cost benefits to date are US\$23.43.

9.7 ST. LUCIA

Purpose: "To Decrease the Prevalence of Moderate to Severe Malnutrition in Children Under Five in 25 Target Communities of St. Lucia by June, 1985."

ADRA/St. Lucia implemented a successful community-based nutrition health education project which emphasized 11 target areas where the prevalence of severe to moderate malnutrition was higher than the national mean, 3.48%. Formal and informal nutrition extension training and supervision was provided by ADRA/I St. Lucia for existing government Community Health Aides (CHA's).

Based on the premise that health auxiliaries are more effective and better motivated when they are exposed to continuous informal support and training in the field, particular emphasis was placed upon the project providing such assistance.

To minimize discriminatory feelings, all existing and projected CHA's (total: 120) were targeted to receive formal nutrition extension training. Ninety CHA's were trained, including all 35 working in the targeted communities.

CHA's spend approximately 30 hours weekly in their respective communities. During these hours they have conducted 139 school training sessions in 10 schools attended by 99 teachers. Active mothers' groups meet in five centers. Three of the targeted communities have monthly mothers' groups averaging an attendance of 110. Three-thousand two hundred and seventy (3,270) mothers and 400 children are involved in nutritional activities. Other achievements documented are charted as follows:

Community Group Meeting	35 attended
Health and Nutrition Classes (3)	40 attended
Community Cooking Classes	15 attended
Clinics (15)	Average 273 attended
Demonstrations (8)	Average 24 attended

Emphasis on kitchen gardens has been an integral project component. One health center has established a model garden. Its produce is used or sold with all proceeds underwriting community nutrition demonstrations. Fifty private gardens are now improving family nutrition.

Eight nutrition demonstrations averaging 24 in attendance inspired active participation by mothers. They brought produce or money to defray expenses and took responsibility for all demonstrating and teaching. Lively discussions followed.

Ten participants began small income-generating projects with "seed money" of \$50 apiece. One mother doubled her initial capital within a six-month period through gardening.

Quite unexpectedly, diabetes and hypertension surfaced as serious problems in the targeted areas. Complementary programs were begun. In one region 40 high-risk persons meet monthly. Two hundred sixty four (264) have been screened in a second area.

Cost benefits are highly comparable at US\$14.69 per beneficiary.

Section 10. Recommendations

10.1 ADRA/I

Training and technical assistance are time-consuming yet essential prerequisites for enhancing developmental programming capabilities and management support among field staff. Training and T.A. activities must be given maximum priority if changes of ideas and program advances are to be made. To assist in this, regional management collaboration with ADRA/I's training office must establish achievable training objectives and technical assistance protocols for field project staff. In addition, the ADRA/I training office should endeavor to create an effective training capability from among the program staff in order to increase the total organization training capacity.

The use of consultants can continue to be very valuable if they use their skills to create an increased technical capacity within the ADRA system itself. Regional management must actively assume responsibility for increasing the reporting-monitoring response effectiveness between projects and headquarters.

Regional management must ensure that projects obtain and maintain adequate staffing levels to achieve projected outputs.

The importance of improving the overall quality of programming through learning and making decisions based on data collection and feedback must be given continued emphasis by ADRA/I's evaluation office.

Feedback from the field indicates that ADRA/I's constituency needs increased developmental education thrusts to acquaint them with ADRA's rationale for its nonsectarian approach.

For the reasons clearly stated in Sections 7-9, an extension of project "run" time with no addition of funds should be considered essential for the Barbados Early Cancer Detection Project, the Guyanian Child Nutrition Project, and the Parane Dry Weather Gardening Project until December 31, 1985; and for the Philippine's TBC Project until May 1986.

10.2 Country and Local Leaders

In all countries where projects are implemented, ADRA personnel must encourage community participation and involvement in the entire managerial, monitoring, and evaluation process to an even greater extent than that currently realized.

From the planning stages onward, it is essential that project staff give more thoughtful attention to ways and means of making projects self-sufficient over time.

10.3 USAID or Other Donors Seeking Similar Impacts

USAID's commitment to the evaluation process should continue to give increasing emphasis to "process" rather than "impact" evaluation, stressing its importance as a managerial tool to refine and enhance programs.

Assured funding before detailed project design preparations take place is necessary for agencies with a continuing presence in local communities who would be forced to work with the heightened expectations inherent in specific data-gathering and pre-planning activities which have not resulted in funding. Many decades of careful foundation-building may be ruined and credibility destroyed by such activities.

USAID must give serious consideration to increasing the funding period to a minimum of five years. A three-year project timetable may be sufficient to achieve some health impact changes under certain favorable conditions but where any measure of significant human health behavior change is anticipated such a period is totally inadequate. Within the increased timeframe a distinct period should be allotted for staff recruitment, design refinement, and baseline data collection prior to implementation.

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY GHANA -ZANGUM 641

Project Purpose: (limit to 40 words or less)

Increased dryseason crop production of 40 rural farmers in Zangum, Ghana.

Project Implementation

Start Date: Jan. 1983 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Implemented training. Construction of irrigation systems underway.

Project Funding Information

Year <u>1983</u>	Year <u>1984</u>	Year <u>1985</u>	Year _____
AID\$ <u>9,743</u>	AID\$ <u>5,417</u>	AID\$ _____	AID\$ _____
PVO\$ <u>4,872</u>	PVO\$ <u>2,708</u>	PVO\$ _____	PVO\$ _____
INKIND <u>1,871</u>	INKIND <u>2,708</u>	INKIND _____	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>19,486</u>	TOTAL <u>10,833</u>	TOTAL _____	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Zangum, Northern Ghana

PVO Representative in Country (if any)

(name) M Bediako, MPH
 (address) PO Box 1016, Accra, Ghana
 (phone) Accra 23720

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/GHANA

*Complete separate sheet for each project/activity in a country

COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS

Organization: ADRA INTERNATIONAL A0020
Project/Grant No. AID/PDC-G-1160
Grant Dates 9-3-81 5-31-85
Funding Mechanism MG
(i.e., MG, OPG, Contract, CA, Etc.)
COUNTRY KENYA 1015

Project Purpose: (limit to 40 words or less)

Increased income through poultry husbandry for subsistence farmers.
Reduce malnutrition in young children among rural families of Nandi District through dryweather gardening.

Project Implementation

Start Date: June 1983 Estimated Completion Date: May 1985
Status: (limit to 25 words or less)
Health and garden promoters trained and active in field. Project well implemented farmers utilizing new technology.

Project Funding Information

Year 1983	Year 1984	Year 1985	Year
AID\$ <u>42,250</u>	AID\$ <u>41,500</u>	AID\$ <u>41,250</u>	AID\$ _____
PVO\$ <u>21,125</u>	PVO\$ <u>20,750</u>	PVO\$ <u>20,625</u>	PVO\$ _____
INKIND <u>21,125</u>	INKIND <u>20,750</u>	INKIND <u>20,625</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>84,500</u>	TOTAL <u>83,000</u>	TOTAL <u>82,500</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Baraton - Kapsabet District, Nandi
PVO Representative in Country (if any)
(name) Jon Green, MPH
(address) PO Box 2500, Eldoret, Kenya, East Africa
(phone) Kapsabet 10

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/Kenya

*Complete separate sheet for each project/activity in a country

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360

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID-PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY RWANDA b9b

Project Purpose: (limit to 40 words or less)

A CHW training project conducted in 7 target areas of rural Rwanda. Will improve nutrition health status of mothers and children.

Project Implementation

Start Date: March 1983 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

28 CHWs trained currently working in target communities. Project moving toward achievement of outputs.

Project Funding Information

Year 1983	Year 1984	Year 1985	Year
AIDS \$ 35,980	AIDS \$ 29,695	AIDS \$ 38,877	AIDS _____
PVOS \$ 17,990	PVOS \$ 14,848	PVOS \$ 19,438	PVOS _____
INKIND \$ 17,990	INKIND \$ 14,847	INKIND \$ 19,438	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL \$ 71,960	TOTAL \$ 59,390	TOTAL \$ 77,753	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Mugonero, Prefecture Kibuye, Gitwe, Prefecture of Gitararna
 Rwankeri, Prefecture of Ruhengeri

PVO Representative in Country (if any)

(name) Dr. Barry Wecker
 (address) ADRA Project, BP 2, Kigali, Rwanda
 (phone)

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/RWANDA

*Complete separate sheet for each project/activity in a country

COUNTRY INFORMATION FOR AID-SUPPORTED PVO PROJECTS

Organization: ADRA INTERNATIONAL A0020
Project/Grant No. AID/PDC-G.1160
Grant Dates 9-3-81 5-31-85
Funding Mechanism MG
(i.e., MG, OPG, Contract, CA, Etc.)
COUNTRY TANZANIA - COMMUNITY HEALTH (12)

Project Purpose: (limit to 40 words or less)

Improved health status of mothers and children in 20 rural communities of Tanzania

Project Implementation

Start Date: October 82 Estimated Completion Date: May 85
Status: (limit to 25 words or less)

Baseline conducted. CHW's trained and paid by villages. Evaluated by USAID/MSH/ADRA International

Project Funding Information

Table with 4 columns: Year 1982, Year 1983, Year 1984, Year. Rows include AID\$, PVO\$, INKIND, LOCAL, and TOTAL funding amounts.

Location in Country (Region, District, Village - Be Specific)

Ikizu - Paren

PVO Representative in Country (if any)

(name) Dr. Chamba
(address) Box 2011, Arusha, Tanzania
(phone)

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/TANZANIA

*Complete separate sheet for each project/activity in a country

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**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL AD020
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)

COUNTRY TANZANIA - Pare Mountain Agric 621

Project Purpose: (limit to 40 words or less)

To increase income generation of 800 rural families in rural Tanzania through increased dryweather crop production.

Project Implementation

Start Date: Oct. 82 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Outputs being achieved.

Project Funding Information

Year 1982	Year 1983	Year 1984	Year
AID\$ <u>34,238</u>	AID\$ <u>12,850</u>	AID\$ <u>11,800</u>	AID\$ _____
PVO\$ <u>26,488.60</u>	PVO\$ <u>2,400</u>	PVO\$ <u>900</u>	PVO\$ _____
INKIND <u>7,750</u>	INKIND <u>10,450</u>	INKIND <u>10,900</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>68,476.60</u>	TOTAL <u>25,700</u>	TOTAL <u>23,600</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Parane - Pare Mountains

PVO Representative in Country (if any)

(name)
 (address)
 (phone)

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/TANZANIA

*Complete separate sheet for each project/activity in a country

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**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL ADRA
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY ZIMBABWE 113

Project Purpose: (limit to 40 words or less)

Increased income generation of farmers through dry weather crop production

Project Implementation

Start Date: December 1981 Estimated Completion Date: December 1984
 Status: (limit to 25 words or less)

Project has achieved expected outputs and a measure of impact.

Project Funding Information

Year <u>1982</u>	Year <u>1983</u>	Year <u>1984</u>	Year _____
AIDS\$ <u>29,025</u>	AIDS\$ <u>38,880</u>	AIDS\$ <u>59,750</u>	AIDS\$ _____
PVOS\$ <u>14,513</u>	PVOS\$ <u>19,440</u>	PVOS\$ <u>29,875</u>	PVOS\$ _____
INKIND <u>14,512</u>	INKIND <u>19,440</u>	INKIND <u>29,875</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>58,050</u>	TOTAL <u>77,760</u>	TOTAL <u>119,500</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Solusi, Bulawayo District

PVO Representative in Country (if any)

(name) Jim Rankin, Project Director
 (address) Solusi College, Private Bag T-5399, Bulawayo, Zimbabwe
 (phone) Figtree 0-1723

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/ZIMBABWE

*Complete separate sheet for each project/activity in a country

COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS

Organization: ADRA INTERNATIONAL A0020
Project/Grant No. AID/PDC-G-1160
Grant Dates 9-3-81 5-31-85
Funding Mechanism MG
(i.e., MG, OPG, Contract, CA, Etc.)
COUNTRY PHILIPPINES-PUC 492

Project Purpose: (limit to 40 words or less)

Improved health status of mothers and children in 3 target communities in Siland District

Project Implementation

Start Date: December 1982 Estimated Completion Date: May 1985
Status: (limit to 25 words or less)

Program implemented. Health education/improvement interventions proceeding according to plan.

Project Funding Information

Year 1983	Year 1984	Year 1985	Year
AID\$ <u>28,734</u>	AID\$ <u>17,560</u>	AID\$ <u>5,374</u>	AID\$ _____
PVO\$ <u>15,333</u>	PVO\$ <u>8,359</u>	PVO\$ <u>2,687</u>	PVO\$ _____
INKIND <u>13,400</u>	INKIND <u>9,200</u>	INKIND <u>2,686</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>57,467</u>	TOTAL <u>35,119</u>	TOTAL <u>10,747</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Casile, Carmen, Hugo Tartara, Luzon

PVO Representative in Country (if any)

(name) D C Van Ornam
(address) PO Box 401, Manila, Philippines, 2800
(phone) 59-23-74

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/PHILIPPINES

*Complete separate sheet for each project/activity in a country

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**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY PHILIPPINES-MURCIA TBC 492

Project Purpose: (limit to 40 words or less)

Reduce the incidence of TBC among families of the Barangay - Algeria, Murcia, Negross Occidental.

Project Implementation

Start Date: August 83 Estimated Completion Date: May 85
 Status: (limit to 25 words or less)

Slow implementation due to project redesign and government approvals. Project now implemented.

Project Funding Information

<u>Year 1984</u>	<u>Year 1985</u>	<u>Year</u>	<u>Year</u>
AIDS\$ <u>22,000</u>	AIDS\$ <u>18,000</u>	AIDS\$ _____	AIDS\$ _____
PVO\$ <u>11,000</u>	PVO\$ <u>9,000</u>	PVO\$ _____	PVO\$ _____
INKIND <u>11,000</u>	INKIND <u>9,000</u>	INKIND _____	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>44,000</u>	TOTAL <u>36,000</u>	TOTAL _____	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Algeria, Murcia, Negros Occidental

PVO Representative in Country (if any)

(name) Mike Ryan, Director

(address) Central Philippine Union College, PO Box 420, Bacolod City 6001,
 Philippines

(phone) 2-57-11

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/Philippines

*Complete separate sheet for each project/activity in a country

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COUNTRY INFORMATION FOR AID-SUPPORTED PVO PROJECTS

Organization: ADRA INTERNATIONAL PVO 20
Project/Grant No. AID/EDC-G-1160
Grant Dates 9-3-81 5-31-85
Funding Mechanism MG
(i.e., MG, OPG, Contract, CA, Etc.)
COUNTRY PHILIPPINES - MVC #1 492

Project Purpose: (limit to 40 words or less)

Integrated, Barrio Development Project. Establishment of a model barrio with extension education to surrounding villages.

Project Implementation

Start Date: August 1983 Estimated Completion Date: May 1985
Status: (limit to 25 words or less)
Slow implementation - Project now underway

Project Funding Information

Table with 4 columns: Year 1983, Year 1984, Year 1985, Year. Rows include AID\$, PVO\$, INKIND, LOCAL, and TOTAL.

Location in Country (Region, District, Village - Be Specific)

Bulalang, Bukidnon

PVO Representative in Country (if any)

(name) Don Christensen
(address) Mt. View College, College Heights, Malaybalay, Bukidnon, Mindanao
(phone)

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/PHILIPPINES

*Complete separate sheet for each project/activity in a country

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**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID-PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)

COUNTRY PHILIPPINES-MVC #2 Non-Formal Agric 492

Project Purpose: (limit to 40 words or less)

Improved nutritional health status of 450 farming families

Project Implementation

Start Date: August 1983 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Slow implementation due to program design, lateness of training program.
 Project implemented in community.

Project Funding Information

Year 1984	Year 1985	Year _____	Year _____
AID\$ <u>16,613</u>	AID\$ <u>10,887</u>	AID\$ _____	AID\$ _____
PVO\$ <u>8,307</u>	PVO\$ <u>5,443</u>	PVO\$ _____	PVO\$ _____
INKIND <u>8,306</u>	INKIND <u>5,444</u>	INKIND _____	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>33,226</u>	TOTAL <u>21,774</u>	TOTAL _____	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Province of Bukidnon - Mindanao

PVO Representative in Country (if any)

(name) Don Christensen

(address) Mt. View College, College Heights, Malaybalay, Bukidnon, Philippines

(phone)

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/PHILIPPINES

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: SEVENTHDAY ADVENTIST WORLD SERVICE
 Project/Grant No. PDC-0228-G-SS-1160-00
 Grant Dates OCTOBER 1 1981- SEPTEMBER 30 1984
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)

COUNTRY SRI LANKA 383

Project Purpose: (limit to 40 words or less)

Reduce the incidence of waterborne dysenteric disease in villa-e of Mailapitya.

Project Implementation

Start Date: Jan 1982 Estimated Completion Date: December 84
 Status: (limit to 25 words or less)

Project Implemented. Potable water supply systems completed, and sanitary latrines under construction.

Project Funding Information

<u>Year 1982</u>	<u>Year 1983</u>	<u>Year 1984</u>	<u>Year</u>
AIDS <u>9738</u>	AIDS <u>16 592 50</u>	AIDS <u>6964 50</u>	AIDS <u> </u>
PVCS <u>4869</u>	PVOS <u>8296 25</u>	PVOS <u>3482 25</u>	PVOS <u> </u>
INKIND <u>4869</u>	INKIND <u>8296 25</u>	INKIND <u>3482 25</u>	INKIND <u> </u>
LOCAL <u> </u>	LOCAL <u> </u>	LOCAL <u> </u>	LOCAL <u> </u>
TOTAL <u>19 476</u>	TOTAL <u>33 185</u>	TOTAL <u>13 929</u>	TOTAL <u> </u>

Location in Country (Region, District, Village - Be Specific)

Mailapitiya - Kandi District

PVO Representative in Country (if any)

(name) Mr. Joseph, Director, SAWS Project
 (address) Lakpahana Adventist Seminary, Mailapitiya Sri Lanka
 (phone)

Local Counterpart/Host Country Agency (If no PVO representative)

SAWS/Sri Lanka
 Director
 P.O. Box 1253
 Colombo, Sri Lanka

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

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Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY SRI LANKA-LAKESIDE 383

Project Purpose: (limit to 40 words or less)

Reduce the incidence of sanitary related disease in Nuwarawella Village.

Project Implementation

Start Date: Jan. 82 Estimated Completion Date: May 1985

Status: (limit to 25 words or less)

Implemented. Outputs being achieved.

Project Funding Information.

Year 1983	Year 1984	Year 1985	Year
AIDS <u>4,326</u>	AIDS <u>6,908</u>	AIDS <u>2,244</u>	AIDS _____
PVOS <u>2,163</u>	PVOS <u>3,454</u>	PVOS <u>1,122</u>	PVOS _____
INKIND <u>2,162</u>	INKIND <u>3,453</u>	INKIND <u>1,122</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>8,651</u>	TOTAL <u>13,815</u>	TOTAL <u>4,488</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Nuwarawella Kandi District

PVO Representative in Country (if any)

(name) Dr. Fernando, MPH
 (address) Lakeside Adventist Hospital, 40 Victoria Dr. Kandy, Sri Lanka
 (phone)

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/SRI LANKA

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL ADD 20
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-1981 5-31-1985
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)

COUNTRY BARBADOS 534

496

Project Purpose: (limit to 40 words or less)

Decrease the incidence of breast and cervical cancer among women through health education and screening interventions.

Project Implementation

Start Date: June 1983 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Project implemented. Baseline survey conducted. Curriculum and infrastructure established. Training commenced.

Project Funding Information

<u>Year 1983</u>	<u>Year 1984</u>	<u>Year 1985</u>	<u>Year</u>
AID\$ <u>27,543</u>	AID\$ <u>24,900</u>	AID\$ <u>11,046</u>	AID\$ _____
PVO\$ <u>13,771</u>	PVO\$ <u>12,450</u>	PVO\$ <u>5,523</u>	PVO\$ _____
INKIND <u>13,771</u>	INKIND <u>12,450</u>	INKIND <u>5,523</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>55,085</u>	TOTAL <u>49,800</u>	TOTAL <u>22,092</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Parishes of St. Michael and St. Peter

PVO Representative in Country (if any)

(name) Mr. Roy Hoyte

(address) ADRA/BARBADOS, Mango Lane, Speightstown, Barbados, West Indies

(phone) (809) 42 28709

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/BARBADOS

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID/EDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)

COUNTRY DOMINICA 542

Project Purpose: (limit to 40 words or less)

Reduction of typhoid and dysenteric fevers among children 0-18 years in 2 target communities.

Project Implementation

Start Date: June 1983 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Needs assessment completed. Contract signed with MOH Training Officer on site and project implemented.

Project Funding Information

<u>Year</u> <u>1983</u>	<u>Year</u> <u>1984</u>	<u>Year</u> <u>1985</u>	<u>Year</u> _____
AID\$ <u>37,122</u>	AID\$ <u>30,976</u>	AID\$ <u>31,895</u>	AID\$ _____
PVO\$ <u>18,562</u>	PVO\$ <u>15,488</u>	PVO\$ <u>15,947</u>	PVO\$ _____
INKIND <u>18,561</u>	INKIND <u>15,488</u>	INKIND <u>15,947</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>74,245</u>	TOTAL <u>61,952</u>	TOTAL <u>63,789</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

PVO Representative in Country (if any)

(name) Malcolm Cort MPH

(address) ADRA/Dominica, Ministry of Health, Rosseaux, Dominica, West Indies

(phone) _____

Local Counterpart/Host Country Agency (If no PVO representative)

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY GUYANA 504

498

Project Purpose: (limit to 40 words or less)

Reduction of undernutrition in young children and mothers in 10 rural communities.

Project Implementation

Start Date: March 1983 **Estimated Completion Date:** May 1985

Status: (limit to 25 words or less)

Baseline conducted village nutrition promoters trained. Project functioning at village level.

Project Funding Information

<u>Year 1983</u>	<u>Year 1984</u>	<u>Year 1985</u>	<u>Year</u>
AID\$ <u>36,245</u>	AID\$ <u>25,206</u>	AID\$ <u>37,004</u>	AID\$ _____
PVO\$ <u>18,122</u>	PVO\$ <u>12,602</u>	PVO\$ <u>18,502</u>	PVO\$ _____
INKIND <u>18,122</u>	INKIND <u>12,602</u>	INKIND <u>18,502</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>72,489</u>	TOTAL <u>50,410</u>	TOTAL <u>74,008</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Georgetown, Essequibo Districts, Guyana

PVO Representative in Country (if any)

(name) Winston Ennis

(address) ADRA/GUYANA, PO Box 78, Georgetown, Guyana

(phone) 63313 / 67691

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/GUYANA

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPC, Contract, CA, Etc.)
 COUNTRY HAITI 521

(499)

Project Purpose: (limit to 40 words or less)

Decrease moderate to severe malnutrition among children aged 0 - 5 in 10 target communities.

Project Implementation

Start Date: October 1981 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Project Funding Information

<u>Year 1983</u>	<u>Year 1984</u>	<u>Year 1985</u>	<u>Year</u>
AID\$ <u>46,330</u>	AID\$ <u>57,260</u>	AID\$ <u>59,150</u>	AID\$ _____
PVO\$ <u>23,165</u>	PVO\$ <u>28,630</u>	PVO\$ <u>29,575</u>	PVO\$ _____
INKIND <u>23,165</u>	INKIND <u>28,630</u>	INKIND <u>29,575</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>92,660</u>	TOTAL <u>114,520</u>	TOTAL <u>158,300</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

10 rural districts scattered country-wide

PVO Representative in Country (if any)

(name) J. Fulfer
 (address) PO Box 1339, Diquini, Port-au-Prince, Haiti
 (phone) 4 - 1006

Local Counterpart/Host Country Agency (If no PVO representative)

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)

COUNTRY HONDURAS 522

500

Project Purpose: (limit to 40 words or less)

Improved health status of mothers and children in eight rural communities

Project Implementation

Start Date: _____ Estimated Completion Date: _____
 Status: (limit to 25 words or less)

Project Funding Information

<u>Year 1982</u>	<u>Year 1983</u>	<u>Year 1984</u>	<u>Year</u>
AID\$ <u>36,700</u>	AID\$ <u>39,950</u>	AID\$ <u>46,088</u>	AID\$ _____
PVO\$ <u>18,350</u>	PVO\$ <u>19,975</u>	PVO\$ <u>23,044</u>	PVO\$ _____
INKIND <u>18,350</u>	INKIND <u>19,975</u>	INKIND <u>23,043</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>73,400</u>	TOTAL <u>79,900</u>	TOTAL <u>92,175</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)
 Valle de Angeles

PVO Representative in Country (if any)

(name) Tom David MPH
 (address) Valle de Angeles Hospital, Francisco Morazan, Honduras
 (phone)

Local Counterpart/Host Country Agency (If no PVO representative)

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY JAMAICA 532

501

Project Purpose: (limit to 40 words or less)

Improved environmental health status of poor urban community through urban rehabilitation and health service delivery

Project Implementation

Start Date: Jan. 1983 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Project Implemented. Urban renewal in progress; health care delivery system underway.

Project Funding Information

<u>Year 1983</u>	<u>Year 1984</u>	<u>Year 1985</u>	<u>Year</u>
AID\$ <u>36,286</u>	AID\$ <u>34,005</u>	AID\$ _____	AID\$ _____
PVO\$ <u>18,143</u>	PVO\$ <u>17,002</u>	PVO\$ _____	PVO\$ _____
INKIND <u>18,142</u>	INKIND <u>17,002</u>	INKIND _____	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>72,571</u>	TOTAL <u>68,009</u>	TOTAL _____	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

Kingston - Trenchtown, Jamaica

PVO Representative in Country (if any)

(name) H Campbell, ADRA Director
 (address) PO Box 22, Mandeville, Jamaica, West Indies
 (phone)

Local Counterpart/Host Country Agency (If no PVO representative)

ADRA/JAMAICA

*Complete separate sheet for each project/activity in a country

**COUNTRY INFORMATION FOR
AID-SUPPORTED PVO PROJECTS**

Organization: ADRA INTERNATIONAL A0020
 Project/Grant No. AID/PDC-G-1160
 Grant Dates 9-3-81 5-31-85
 Funding Mechanism MG
 (i.e., MG, OPG, Contract, CA, Etc.)
 COUNTRY ST LUCIA 546

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Project Purpose: (limit to 40 words or less)

Reduction of undernutrition of young children in 11 high risk communities of St. Lucia through CHA training and village extension.

Project Implementation

Start Date: June 1982 Estimated Completion Date: May 1985
 Status: (limit to 25 words or less)

Project implemented phase 1 completed, phase 11 in process. Midterm evaluation conducted, outputs being achieved.

Project Funding Information

<u>Year 1982</u>	<u>Year 1983</u>	<u>Year 1984</u>	<u>Year</u>
AID\$ <u>30,618</u>	AID\$ <u>26,669</u>	AID\$ <u>27,265</u>	AID\$ _____
PVO\$ <u>15,310</u>	PVO\$ <u>13,334</u>	PVO\$ <u>13,632</u>	PVO\$ _____
INKIND <u>15,310</u>	INKIND <u>13,334</u>	INKIND <u>13,632</u>	INKIND _____
LOCAL _____	LOCAL _____	LOCAL _____	LOCAL _____
TOTAL <u>61,238</u>	TOTAL <u>53,337</u>	TOTAL <u>54,529</u>	TOTAL _____

Location in Country (Region, District, Village - Be Specific)

PVO Representative in Country (if any)

(name) Ms Vivette Payne, Director
 (address) c/o Ministry of Health, Castries, St. Lucia, West Indies
 (phone) (809) 4522611

Local Counterpart/Host Country Agency (If no PVO representative)

*Complete separate sheet for each project/activity in a country

LOGICAL FRAMEWORK: The following logical framework is a program outline which illustrates SAWS objectives for the MG program 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.

NARRATIVE OBJECTIVE

Program Goal: The broader objective to which this project contributes:

To improve the health, nutrition and socio-economic conditions of the rural population within a defined radius of the health care and educational institutions operated by SAWS in targeted countries.

Sub Goal:

To expand community health and agricultural education outreach programs from SAWS health care and educational institutions.

VERIFIABLE INDICATORS

Measures of Goal Achievement:

- Beginning in 1982:
- Annual improvement of health and economic conditions of beneficiaries, measured by:
- Decrease in nutrition and sanitation related infant morbidity and mortality in target communities.
- Increase of garden vegetables in target communities.
- Increase supply of protein-rich legumes and their byproducts at affordable prices in target communities.
- Develop attitudinal and participatory community support for the establishment of permanent health information dissemination in target communities.

Original Logical Framework

11.2.1

Project Purpose:

Over a 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 practices.
4. Improved production of protein-rich legumes.
5. Small community operated agro-businesses.
6. Data collection system in place.

11.2 Logical Frameworks

Conditions that will indicate purpose has been achieved:
End of project status:

1. A minimum of 40 communities in the environs of 47 SAWS health-care institutions in 13 countries will have community health outreach programs focussing on nutrition, sanitation and general health principles.
2. A minimum of 30 communities in the environs of 38 SAWS education institutions in 16 countries will have community health outreach programs or agricultural extension programs focussing on better methods of growing garden vegetables and legumes rich in proteins.
3. A minimum of 10 impact areas will have small community projects utilizing some appropriate technology to preserve seasonal foods or produce food byproducts.
4. Community committees established and managed by local leaders in all impact areas organized to provide health nutrition information.

Outputs:

Program Planning:

1. Feasibility studies for new impact areas and new country programs implemented.
2. Planning system implemented.

Country Programs:

3. Trained group of local national community health educators working from each health-care center.
4. Trained group of national agricultural extension workers based at each educational center.
5. Small agro-businesses established in target communities.
6. Information system in place in each target country.

Program Support:

7. Training needs assessment and comprehensive training plan for field staff developed.
8. Field staff and communities trained in basic health education needs.
9. Administrative support systems refined and functioning.
10. Functional evaluation system developed.

Project Inputs:

1 Program coordinator	16 country directors
1 Health/Nutrition director	Technical consultants
1 Agricultural director	Project funds
1 Planning/Evaluation director	Program structure and network
1 Food technology consultant	Regional staff support
1 Regional directors (SAWS)	

Magnitude of Outputs:

Program Planning:

1. Feasibility studies for 6 new countries and 29 new impact areas and programs completed by end of year 3.
2. Systematic application of planning processes implemented in 100% of all projects and programs by end of 3 years.

Country Programs:

3. Four to six trained community health educators based at each health-care center and working in target communities.
4. Four to six trained agro-extension workers based at each educational center and working in target communities.
5. Community groups organized to plan and establish small agro-businesses in each target community.
6. Each community worker trained in data collection, responsible for locally based program, provide data to national director. National director supply baseline data to SAWS/ Washington monitoring reports as required.

Program Support:

7. Comprehensive training program plan for each country developed and at least one training program being implemented in each country by end of year 1.
8. All field staff have participated in training activity by end of year 1.
9. Reporting system fully implemented in all programs by end of year 1.
10. An evaluation of all projects in all impact areas will be conducted using the evaluation system by end of year 3 in 16 countries.

Implementation Target (Type and Quantity)

	<u>1st year</u>	<u>2nd year</u>	<u>3rd year</u>	<u>Total</u>
AID	602	797	752	<u>\$2,151</u>
SAWS	601	797	753	<u>\$2,151</u>

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109 MEANS OF VERIFICATION

Means of Verifying Goal:

- Case studies by international agencies
- Government statistics
- Census reports
- Evaluation reports
- Planning documents
- Community reports

Means of Verifying Purpose:

- Project reports
- On-site visits and surveys
- Special office reports
- Evaluation reports
- Planning documents
- Community reports

ASSUMPTIONS

Assumptions for Achieving Goal Targets:

- No major global conflict
- World economic system does not deteriorate
- Climatic conditions do not change radically
- Political situation in countries remains stable
- That SAWS relationship with private donors is maintained to sustain its matching funds capability.

Assumptions for Achieving Purpose:

- Communities are willing to cooperate and work together.
- Communities can be motivated to have control over their own physical wellbeing.
- Local and national governments want development initiation at community level.
- Leaders exist in communities.
- New techniques can be successfully transmitted to various distinct cultures.
- AID funding will be acceptable to national governments.
- Political climate is conducive to community organization and programs.

Means of Verifying Outputs:

- Existence of comprehensive training plan for countries and regions.
- Reports on workshops and seminars.
- Project Reports.
- Existence of project proposals.
- Existence of feasibility studies.
- Existence of appropriate country technology guidelines.
- Community committee reports on funds.
- Field office reports.
- Evaluation reports.
- Field visits.

Assumption for Achieving Outputs:

- Training is relevant, effective and culturally appropriate.
- Participation of communities is active, not passive.
- Evaluation system designed is relevant and effective.
- Time for training will be allowed by communities and SAWS.
- Staff turnover is minimal.

Means of Verifying Inputs:

- Financial Reports
- SAWS Office Reporting System
- Annual Audit Report
- Personnel Reports

Assumptions for Providing Inputs:

- Funds available when needed.
- Qualified personnel available as programmed.
- Sufficient coordination will be maintained.
- Advice provided by technical staff will be utilized by SAWS staff and community committee.
- SAWS will sustain its normal program and projected income.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>GOAL TO WHICH THE PURPOSE MAY CONTRIBUTE</p> <p>INCREASED DRY SEASON FOOD PRODUCTION IN GHANA</p> <p><u>PURPOSE :</u></p> <p>INCREASED DRYSEASON VEGETABLE PRODUCTION CAPABILITY OF 40 RURAL FARMERS IN ZANGUM, NORTHERN GHANA BY DECEMBER 85.</p>	<p>DECREASED DISEASE SPECIFIC MORBIDITIES</p> <p>INCREASED AGRICULTURAL OUTPUT PER CAPITA G.N.P.</p> <ol style="list-style-type: none"> 1. 40 FARMERS EACH PRODUCING A MIN. OF 250 LBS OF ASSORTED VEGETABLES DURING THE DRY SEASON OF 1984, 1985 IN ZANGUM 2. 20% INCREASE OF ANNUAL INCOME AMONG 40 FARMERS OF ZANGUM BY DECEMBER 1985. 3. 40 FARMERS OF ZANGUM VILLAGE EACH HAVING A MIN. OF 150 SQ METERS OF GARDEN UNDER CULTIVATION EACH DRY SEASON BY DEC. 85. 	<p>NATIONAL MORBIDITY STATISTICS</p> <p>NATIONAL ECONOMIC DATA</p> <ol style="list-style-type: none"> 1. A. ANALYSIS OF BASELINE WITH ENDBLINE DATA BY AN INDEPENDENT EVALUATOR AND SAWS /I EVALUATOR. 1. B. POST PROJECT PUBLIC OPINION SURVEY OF TARGET COMMUNITY BY AN INDEPENDENT EVALUATOR. 	<p>PROJECT REPLICATED NATION WIDE</p> <p>NO MAJOR DROUGHTS</p> <p>NO MAJOR PLANT OR PEST EPIDEMICS</p>
<p><u>OUTPUTS:</u></p> <ol style="list-style-type: none"> 1. IRRIGATION SYSTEM ESTABLISHED 2. AGRICULTURAL EXTENSION TRAINING OFFICER, TRAINED IN INTENSIVE VEGETABLE PRODUCTION TECHNOLOGY 	<ol style="list-style-type: none"> 1. A. A MIN. OF 1 EARTHEN DAM LARGE ENOUGH TO HOLD SUFFICIENT WATER FOR IRRIGATION IN ZANGUM VILLAGE ENVIRONS BY JAN. 1984. 1. B. A MIN. OF 1 HAND DUG WATER WELL CONSTRUCTED IN THE VILLAGE FOR CATTLE AND HUMAN USE BY JAN. 1984 1. C. 40 FARMERS IRRIGATING THEIR GARDENS ON A REGULAR BASIS IN ZANGUM DURING THE DRY SEASON BY JUNE 1984. 2. A. AGRICULTURAL EXTENSION TRAINING OFFICER SUCCESSFULLY COMPLETED 14 WEEK SOLUSI SCIENTIFIC GARDENING COURSE BY SEPT. 1983 2. B. AGRICULTURAL EXTENSION TRAINING OFFICER SPENDING A MIN. OF 20 HOURS PER WEEK IN TRAINING FARMERS IN ZANGUM VILLAGE BY DEC .1983. 	<p>SITE REPORTS</p> <p>PROJECT DIRECTOR'S QUARTERLY REPORTS</p> <p>AGRICULTURAL EXTENSION OFFICERS MONTHLY REPORTS</p> <p>VISUAL RECORDS</p> <p>SOLUSI COLLEGE RECORDS</p> <p>A.E.O.'S WEEKLY ACTIVITY LOGS</p>	<p>FARMERS RETAIN AND UTILIZE TRAINING</p> <p>LOWER THAN AVERAGE RAINFALL DOES NOT OCCUR</p> <p>COMMUNITY SUPPORT</p> <p>A.E.O. RETAINS AND UTILIZES TRAINING</p>

<p>3. FARMERS TRAINED IN AGRICULTURE PRODUCTION</p>	<p>3. A. 50 FARMERS OF ZANGUM VILLAGE GIVEN A MIN. 100 HOURS EACH PRACTICAL INSTRUCTION IN THE FOLLOWING AREAS:</p> <ol style="list-style-type: none"> 1. IRRIGATION METHODS 2. VEGETABLE PRODUCTION 3. PLANT AND PEST CONTROL 4. FERTILIZATION 5. STORAGE 6. CROP MARKETING 7. FAMILY NUTRITION 	<p>CURRICULUM TRAINING REPORTS A.E.O.'S MONTHLY REPORTS PROJECTS DIRECTORS QUARTERLY REPORTS</p>	<p>LOCAL STABILITY MAINTAINED</p>
<p>4. FARM SUPPORT SYSTEM ESTABLISHED</p>	<p>3. B. 80% OF FARMERS TRAINED ACTIVELY IMPLEMENTING TRAINING IN ZANGUM VILLAGE AS EVIDENCED BY</p> <ol style="list-style-type: none"> a) AMOUNT OF LAND UNDER CULTIVATION b) VARIETIES OF CROPS GROWING c) QUALITY OF CROPS GROWING <p>DURING THE DRY SEASON BY SEPTEMBER 1984</p> <p>4. A. 100% OF ALL FARMERS IN PROJECT HAVING ACCESS TO FOLLOWING ESSENTIAL SUPPLIES:</p> <ol style="list-style-type: none"> 1. SEED 2. TOOLS 3. FERTILIZER <p>IN ZANGUM VILLAGE BY JUNE 1984.</p>	<p>VISUAL RECORDS A.E.O.'S MONTHLY REPORTS SITE VISITATION REPORTS</p> <p>RECORDS OF PURCHASES INVENTORY RECORDS</p>	<p>SUPPLIES REMAINING AVAILABLE.</p>

INPUTS:

1. A. COMMUNITY SUPPORT
B. SITE SELECTION
C. PROGRAMMING
D. BASELINE DATA COLLECTION
E. COMMODITY PROCUREMENT
F. IMPLEMENTATION
G. MAINTENANCE
2. A. OFFICER SELECTION
B. TRAVEL DOCUMENTATION
C. SCHOOLING
D. ACCOMODATION
3. A. FARMER SELECTION
B. CURRICULUM DEVELOPMENT
C. PROGRAMMING
D. FORMAL TRAINING
E. MONITORING
4. A. SUPPORT ASSESSMENT
B. STORAGE FACILITIES
C. COMMODITIES PROCURED
D. SUPPLY

QUARTERLY FINANCIAL STATEMENTS

PROJECT DIRECTORS REPORTS

RECEIPTS / INVOICES

CERTIFICATES

INVENTORIES

NO MAJOR DROUGHTS

NO MAJOR PRICE INCREASES

COMMUNITY SUPPORT
MAINTAINED

STAFF MAINTAINED
CONSTRUCTURAL OBLIGATIONS

OBJECTIVE: Improved health status of the people of Kenya.

Objective: Increase the nutritional intake in families of 25 people in the Nandi District January 1986.

Objective: Trained student agricultural advisers (SAA) to assist each target farmer.

OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
1. 30% decrease in the incidence of anemia among the target families by January 1986.	1. Analysis of baseline with endline data by accepted statistical analysis procedures.	1. No chronic hookworm infection.
2. 20% increase in vitamin A intake during the dry season among the target families by January 1986.	2. Same as 1.	2. No abnormal water shortage.
3. 20% increase in vitamin C intake during the dry season among the target families by January 1986.	3. Same as 1.	3. Same as 2.
4. 10% increase in calcium intake during the dry season among the target families by January 1986.	4. Same as 1.	4. Same as 2.
5. 15% increase in iron intake during the dry season among the target families by January 1986.	5. Same as 1.	5. Same as 2.
6. 25% increase in the variety of food being consumed by target families by January 1986.	6. Same as 1.	6. Same as 2.
1. 75% of SAA trainees have received not less than 20 hours of formal education covering the following subjects: a. Nutrition for health b. Hydrology c. Water management d. Intensive gardening (IG) -- Site preparation & horticulture e. Farm management f. Food preparation by April 1983.	Curriculum. Class attendance records.	Low SAA turnover. Continued UEA support.

OBJECTIVELY VERIFIABLE EDUCATION:

- 2. 75% of the SAA trainees spend a minimum of 30 hours informal training by April 1983.
 - 3. 50% increase in K.A.P. by the SAA trainees by April 1983.
 - 4. 30% of the SAA trainees able to develop successfully an IG project by December 1983.
 - 5. 30% of the SAA trainees able to develop successfully a water management project by January 1984.
-
- 1. Each target farmer supplied with a set of plans for development of a water supply for his farm within 2 months of his being accepted for participation in the project.
 - 2. A minimum of 50 gallons of water per day available at IG site during the dry season for each IG site no later than 4 months after farmer is selected for participation in the project.
-
- 1. 75% of the selected farmers spend no less than 10 hours of formal education covering the following subjects:
 - a. Nutrition for health
 - b. IG horticulture
 - c. Farm management
 by January 1986.

MEANS OF VERIFICATION:

- Attendance records.
- Pre/Posttest K.A.P. results.
- Visual observation of the completed project.
- Written affirmation by project director.
- Frame logbooks.
- Visual observation of the completed project.
- Written affirmation by project director.
- Field notes of land survey.
- Visual observation of plans.
- Measurement of water flow.
- Curriculum.
- Class attendance records.

Major ASSUMPTIONS:

- Contracted DEA support.
- Sites available for implementation.
- Adequate number of projects available for SAA to work.
- Training retained by SAA.
- Water sources remain adequate.
- Commodities available (cement, hydrams)

Increase water supplies for irrigation purposes.

Farmers formally trained in IG procedures.

1. Farmers informally trained in IG procedures.

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5. Farmers assisted by SAA in operation of the completed IG unit.

Inputs:

1. a. Curriculum development
- b. SAA selection & hiring
- c. SAA training programming
- d. Pre-test K.A.P.
- e. Training
- f. Posttest K.A.P.
- g. Site assignment
- h. Base line survey

2. a. Farmer selection procedure established
- b. SAA teams assigned to target farmers
- c. Site analysis
- d. Site plan drawn
- e. Plan implementation

OBJECTIVELY VERIFIABLE INDICATORS

1. Each SAA spends at least 20 hours monthly with target farmer in developing and constructing the IG unit by December 1984.
 2. 80% of all target farmers have two IG frames in operation by January 1986.
 3. 40% increase in the variety of foods grown for table use by each target farmer by January 1986.
 4. 75% of target farmers keep a frame logbook from date of frame start-up.
1. One SAA spends a minimum of 10 hours monthly with each farmer for 6 months following the date of IG frame start-up.

Budget:

	(Years)		
	1st	2nd	3rd
Personnel	5,046	5,800	6,700
Training	1,150	200	375
Commodities	4,000	1,600	1,840
Support Costs	16,100	15,945	18,293
Evaluation			
Costs	500	500	500
Project Construction			
Costs	6,000	10,900	12,290
Total (US\$)	107,739		

MEANS OF VERIFICATION

- Visual observation.
- SAA daily log.
- Visual observation of frames.
- Frame logbooks.
- Visual observation.
- Frame logbook.
- SAA daily log.
- Oral affirmation by farmers.
- Quarterly financial statements.
- Monthly payroll statement.
- Endline survey report.

MAJOR ASSUMPTIONS

- Adequate number of farmers participate in the project.
- Cement available.
- Commodities available (seeds, fertilizer)
- Someone in the family can write.
- Continued UEA support.
- Funds arrive on time.
- Farmers participation maintained.
- Low SAA turnover.
- No major drought.
- Commodities remain available.
- US\$ maintains current parity to Kenya Shilling
- UEA maintains support.

RELATIVE APPRAISAL

OBJECTIVELY VERIFIABLE INDICATORS

MEANS OF VERIFICATION

MAJOR ASSUMPTIONS

- 1. Curriculum development
- 2. Programming
- 3. Training
- 4. a. IG unit plan
- b. Commodity procurement
- c. Construction of IG unit
- d. Vegetable selection
- e. Frame logbook
- f. Frame start-up
- 5. a. SAA visitation plan
- b. Implementation of visitation
- c. Mid-project evaluation
- d. E.O.P.S. evaluation

Tracking:

	0	6	12	18	24	30	36
SAA	X	-	-	-	X		
Baseline	X						
Water		X	-	-	-	-	X
Formal Train	X	-	-	-	-	-	X
Informal Train		X	-	-	-	-	X
Assistance		X	-	-	-	-	X
Mid-Project Eval				X			
E.O.P.S.						X	X

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NARRATIVE SUMMARY

Broad Goal: Enhanced physical and mental productivity of the people of Kenya.

Purpose:

Reduce the incidence of PROTEIN ENERGY MALNUTRITION in 20 families by December 1986.

SUB-GOAL

10 UNIVERSITY STUDENTS TRAINED IN NUTRITION DEVELOPMENTAL PROGRAMMING.

Output:

1. Families investigated to acquire the target family group.

OBJECTIVELY MEASURABLE INDICATORS

1. 35% decrease in protein energy malnutrition among the target families by December 1986.
2. 20% increase in potassium intake during the dry season among the target families by December 1986.
3. 30% increase in vitamin A intake during the dry season among the target families by December 1986.
4. 20% increase in niacin intake during the dry season among the target families by December 1986.
5. 10% increase in calcium intake during the dry season among the target families by December 1986.
6. 15% increase in riboflavin intake during the dry season among the target families by December 1986.
7. 25% increase in the variety of foods being planted and consumed by the target families by December 1986.

1. 20 families located suspected of P.E.M. by March 1983.

MEANS OF VERIFICATION

1. Analysis of baseline with endline data by accepted statistical analysis procedures.
2. Same as 1.
3. Same as 1.
4. Same as 1.
5. Same as 1.
6. Same as 1.
7. Same as 1.
1. Analysis of baseline data.

MAJOR ASSUMPTIONS

1. Conditions favoring so that nitrogen intake is greater than nitrogen excretion.
2. No recurrent infections.
3. No abnormal water shortage.
4. Same as 1,2,3.
5. Same as 1,2,3.
6. Same as 1,2,3.
7. Same as 2,3.
1. Families are co-operative and interested.

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2. Trained Student Home Nutritional Teachers to assist each target family.

OBJECTIVELY VERIFIABLE INDICATORS

2. 3 sub-chiefs contacted to develop a nutrition sub-committee by April 1983.
3. 50 children measured for occurring incidence P.E.N. by September 1983.
1. 85% of SHNT teachers have received not less than 30 hours of formal education covering the following subjects:
 - a. Basic principles of nutrition
 - b. Clinical symptoms of P.E.N.
 - c. Demonstration in food:-
 1. selection
 2. storage
 3. preparation
 - d. Importance of nutrition in pregnancy and lactation.
 - e. Keeping of records and evaluation.
 - f. Development of home-gardens.
 - g. Training selected members of target families by August 1983.
2. 85% of the SHNT spend a minimum of 20 hrs. of informal training by October 1983.
3. 50% increase in K. A. P. by the SHNT by October 1983.
4. 40% of the SHNT are able to demonstrate successfully a Home Nutrition program to families by December 1983.

MEANS OF VERIFICATION

3. Same as 1; records of weight and arm circumference ratio.

Curriculum

Class attendance records.

Attendance records

Pre/Post test K.A.P. results

Observation of interest of SHNT and performance.

Written affirmation by Project Director.

Observation of student-comm. member relationship.

MAJOR ASSUMPTIONS

2. Chiefs are aware & interested in malnutrition problems.

3. Continued support of Sub-Chiefs.

Continued UEA support.

Low SHNT turnover.

Continued UEA support.

Cont. UEA support

Families available for demonstration sessions in homes or centres.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>3. Families trained in preparation of balanced, nourishing meals.</p>	<p>1. 75% of the selected families spend no less than 20 hours of formal education covering the following topics: a. Basic principles in nutrition b. Protein importance as related to growth & development & intellectual performance. c. Preparation of a mixture of foods. d. Home garden management by December 1986.</p>	<p>Curriculum Class attendance records</p>	
<p>4. Families informally trained in preparation of a variety of foods.</p>	<p>1. Each SHNT spends at least 40 hours monthly with target families in the demonstration & development of techniques in meal planning and preparation by December 1984. 2. 80% of all selected community members trained have successfully trained 2 other families each by December 1985.</p>	<p>Visual observation of procedures and final products SHNT daily logs Evaluation and observation</p>	<p>Adequate number of families participation in project. Comm. members maintain initial interest and in-put.</p>
<p>5. Families assisted in increased food production</p>	<p>1. Each SHNT spends a minimum of 15 hours monthly with each 2 target families for 6 months in home-gardening. 2. 40% increase in variety of foods grown for table use by each target family by December 1986. 3. 75% of target families keep a weekly menu of planned meals by December 1986.</p>	<p>SHNT daily log. Oral affirmation by families. Supervision & evaluation by Project Director Visual observation Menu planner given to SHNT for evaluation.</p>	<p>Continued UEA support Commodities available (seeds, fertilizers) Someone in family can write.</p>

6. Families assisted in upgrading Total Health

1. 35% of target families taught importance of pre-natal nutrition by December 1986.
2. 45% of target families are involved in a Community Nutrition Club or Group.

INPUTS:

1. a. Curriculum development
- b. SHNT selection & hiring
- c. SHNT Training programming
- d. Pre-test K.A.P. Training
- e. Post-test K.A.P.
- g. Homes visited
- h. Base-line survey
2. a. Family selection procedure established
- b. SHNT assigned to 2 target families each.
- c. Place of demonstration evaluated.
- d. Procedures evaluated.
3. a. Curriculum development
- b. Programming
- c. Training
4. a. Demonstration centre acquired
- b. Food selection
- c. Seed selection
- d. Other supplies and equipment procurement

BUDGET:

	(Years)		
	1st	2nd	3rd
Personnel	41,232/=	47,416/=	54,529/=
Training	5,500/=	3,000/=	1,000/=
Equipment & Supplies	87,620/=	47,620/=	37,620/=
Support Costs	59,900/=	49,830/=	49,729/=
Evaluation Cost	5,000/=	5,000/=	5,000/=
TOTAL (KSh)	500,000		

MEANS OF VERIFICATION

Mothers classes organized.
Attendance records.
Visitation to meetings.
Log book of meetings.

Quarterly financial statements.
Monthly payroll statement
End-line survey report.

MAJOR ASSUMPTIONS

UKA maintains support
Community interest exhibited.

Funds arrive on time.
Families participation maintained.
Low SHNT turnover.

US\$ maintains current parity to Kenya Schilling.
UEA maintains support

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NARRATIVE SUMMARY

TIME LEVEL VERIFICATION

- 5. a. SINT visitation plan
- b. Implementation of visitation
- c. Mid-project evaluation
- d. E.O.P.S. evaluation

- 6. a. Curriculum development
- b. Programming
- c. Formation of a nutrition club or group

<u>Tracking:</u>		0	6	12	18	24	30	M
SINT	X							X
Baseline	X							
Formal Train	X							X
Informal Train	X							-X
Assistance	X							-X
Mid-Project Eval				X				
E.O.P.S.							X	X

MEANS OF VERIFICATION

MAJOR ASSUMPTIONS

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
Grand Goal: Improved health status of the people of Kenya.			
Purpose: Increase the egg production of 25 farmers in the Nandi District by June 1986.	<ol style="list-style-type: none"> 1. 75% of the assisted farmers have a flock of at least 15 quality birds by June 1986. 2. Each flock fed grower's mash for at least 75% of diet until the birds come into production. 3. Each flock fed layers mash at least 75% of diet by June 1986. 4. At least 20% increase in egg production over the traditional methods of poultry management by June 1986. 5. 75% of the children of the assisted farmers eating at least one egg per day by June 1986. 	<ol style="list-style-type: none"> 1. Visual observation of egg-laying ability of birds in flock. 2. Receipts for grower's mash. Daily feeding record 3. Same as 2. 4. Analysis of baseline with endline data by independent evaluator. 5. Oral affirmation by farmer. Egg Sales record. 	<ol style="list-style-type: none"> 1. Cooperation of farmers in maintaining flock health. 2. Availability of quality grower's mash. 3. Same as 2. 4. Farmer's cooperation
Outputs: <ol style="list-style-type: none"> 1. Trained student agricultural advisers (SAA) to assist each target farmer. 	<ol style="list-style-type: none"> 1. 75% of SAA trainees have received not less than 20 hours of formal education covering the following subjects: <ol style="list-style-type: none"> a. Poultry house design b. Poultry sanitation c. Poultry nutrition d. Disease control e. Egg handling and storage f. Production costs and marketing records. by December 1983. 2. 75% of the SAA trainees spend a minimum of 20 hours informal training by Dec. 1983. 3. 50% increase in K.A.P. by the SAA trainees by Dec. 1983. 	<ol style="list-style-type: none"> 1. Curriculum class attendance records. 2. Attendance records. 3. Pre/posttest K.A.P. results. 	<ol style="list-style-type: none"> 1. Low SAA turnover. Continued UEA support.

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2. Farmer's oriented to improved methods of poultry production.

3. Farmers assisted in developing their poultry production facility.

OBJECTIVELY MEASURABLE INDICATOR:

4. 30% of the SAA trainees able to implement successfully a poultry production facility by June 1984.

1. 50 farmers from Nandi District visit the poultry production facility model at UEA by Dec. 1983.

2. Project director and SAA make at least 3 orientation presentations to farmers by March 1984.

1. 2 teams of SAA active in working with at least 2 farmers in planning a proposed poultry production facility by Dec. 1984.

2. 2 teams of SAA active in working with at least 2 farmers in constructing a poultry production facility by Dec. 1984.

3. 2 teams of SAA active in working with at least 2 farmers in starting up a poultry production facility by Dec. 1984

4. Each SAA spends at least 20 hours monthly with target farmer in development and construction of the proposed poultry production facility by June 1985.

MEANS OF VERIFIED ACTION

4. Visual observation of the completed facility.

Written affirmation by project director.

Cost and production records

1. Facility model in operation.

Written verification by project director

2. Affirmation by project director.

1. Sketch with measurement of proposed facility and affirmation by farmer

2. Visual observation of completed facility

Reports of project director.

Receipts for construction materials

3. Receipts for poultry. Receipts for mash. Receipts for medication. Oral affirmation by project director.

4. Visual observation SAA daily log.

MAJOR ASSUMPTIONS

4. Silos available for implementation.

1. Availability of funding & commodities.

Commodities available (wood, cement, etc.)

Poultry available

Adequate number of farmers participate.

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>4. Farmers trained formally in poultry production methods.</p>	<p>1. 75% of the target farmers spend no less than 10 hours of formal education covering the following subjects:</p> <ul style="list-style-type: none"> a. Poultry nutrition b. Poultry sanitation c. Disease control d. Egg handling and storage e. Production, costs, & marketing records by June 1984. 	<p>1. Curriculum class attendance records.</p>	
<p>5. Farmers trained informally in poultry production skills.</p>	<p>1. 75% of target farmers keep cost & production records from date of facility start-up.</p> <p>2. 80% of all target farmers have a poultry production facility with at least 15 hens in operation by June 1986.</p> <p>3. 75% of participating flocks achieve at least a minimum of 70% egg production by June 1986.</p>	<p>1. Cost & production records</p> <p>2. Visual observation of facility cost & production records.</p> <p>3. Daily Egg Production record. Daily Bird Count record.</p>	<p>Someone in family can write sufficiently.</p> <p>Commodities available.</p> <p>Continued cooperation of farmer.</p> <p>Availability of quality birds.</p>
<p>6. Farmers assisted by SAA in operation of the completed poultry production facility.</p>	<p>1. One SAA spends a minimum of 10 hours monthly with each farmer for 6 months following the date of the poultry production facility start-up.</p>	<p>1. SAA daily log. Oral affirmation by farmers.</p>	<p>Continued UEA support.</p>
<p>Inputs:</p> <ul style="list-style-type: none"> 1. a. Curriculum development b. SAA selection & hiring c. SAA training programming d. Pre-test K.A.P. e. Training f. Post-test K.A.P. g. Site assignment h. Baseline survey i. Develop model facility 			

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NARRATIVE SUMMARY

OBJECTIVELY VERIFIABLE INDICATORS

MEANS OF VERIFICATION

MAJOR ASSUMPTIONS

- 2. a. Inform sub-chiefs.
- b. Develop orientation program.
- c. Invite farmers.
- c. Present orientation program.
- 3. a. Farmer selection procedure established.
- b. SAA teams assigned to target farmers.
- c. Facility plan developed.
- d. Plan implementation.
- e. Start-up activities.
- 4. a. Curricula development.
- b. Programming.
- c. Training.
- 5. a. Commodity procurement.
- b. Cost and production records system established.
- 6. a. SAA visitation plan.
- b. Implementation of visitation.
- c. Mid-project evaluation.
- d. E.O.P.S. Evaluation.

Budget:

	(Years)		
	1st	2nd	3rd
Personnel	7,200	8,280	9,522
Training	6,650	500	550
Support Costs	16,100	15,945	18,293
Evaluation Costs	500	500	500
Construction Costs	2,500	5,750	8,925
	<u>32,950</u>	<u>30,975</u>	<u>37,490</u>
Total (US\$)	101,415		

Tracking:

	0	6	12	18	24	30	36
SAA baseline	X	-	-	-	X		
Orientation Development	X-X						
Formal training	X	-	-	-	-	-	X
Informal training		X	-	-	-	-	X
Operation Assistant		X	-	-	-	-	X
Mid-project Evaluation			X				
E.O.P.S.					X	-	X

Quarterly financial statements, monthly payroll statement.

E.O.P.S. Evaluation report

Funds arrive on timely basis.
 Community participation maintained.
 Government approval maintained.
 Political stability maintained at or above current level.
 Staff maintain contractual obligations.
 No major disasters.
 Supplies remain available. Inflation rate does not exceed average rate of increase of preceding three year period (1979-1982).

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<u>Higher Goal:</u> To which Project Goal contributes.			
129 IMPROVED HEALTH STATUS OF CHILDREN AND MOTHERS IN THE REPUBLIC OF RWANDA	1. DECREASED INFANT MORTALITY RATES 2. DECREASED INFANT MORBIDITY RATES 3. DECREASED BIRTH RATE	NATIONAL MORTALITY DATA NATIONAL MORBIDITY DATA NATIONAL HEALTH STATISTICS	
<u>Project Goal:</u> (Purpose)			
IMPROVED HEALTH STATUS OF CHILDREN AGED 0-5 IN 7.. TARGET COMMUNITIES OF RURAL WESTERN RWANDA BY JANUARY 1985.	15% DECREASE OF LOCAL INFANT MORTALITY RATE IN EACH TARGET COMMUNITY BY JAN. 1985. 10% DECREASE OF LOCAL PERINATAL MORTALITY RATE IN EACH TARGET COMMUNITY BY JAN 1985. 10% DECREASE IN BIRTH RATE OF EACH TARGET COMMUNITY BY JAN. 1985. 40% REDUCTION IN INCIDENCE OF MEASLES AMONGST CHILDREN 0-5 IN EACH TARGET COMMUNITY BY JAN. 1985 40% REDUCTION IN THE INCIDENCE OF GASTRO-ENTERITIS IN EACH TARGET COMMUNITY BY JAN. 1985.	1. POST-PROJECT ANALYSIS OF BASELINE WITH ENDLINE DATA CONDUCTED BY AN INDEPENDENT EVALUATOR CONTRACTED BY SAWS PROJECT MANAGEMENT. 2. ANALYSIS OF CLINIC RECORDS OVER LIFE OF PROJECT BY AN INDEPENDENT EVALUATOR HIRED BY SAWS PROJECT MANAGEMENT 3. POST-PROJECT PUBLIC OPINION SURVEY CONDUCTED IN EACH TARGET COMMUNITY BY AN INDEPENDENT EVALUATOR CONTRACTED BY SAWS PROJECT MANAGEMENT.	PROJECT IMPLEMENTED ON NATION-WIDE SCALE. NO MAJOR DISASTERS OR EPIDEMICS. FOOD SUPPLY LEVELS PER CAPITA REMAIN AT SAME OR IN EXCESS OF CURRENT LEVELS. COMMUNITY INTEREST + SUPPORT MAINTAINED.
<u>Output:</u> sufficient and necessary to achieve Project Goal.	<u>Magnitude of Outputs:</u>		
1. COMMUNITY HEALTH COMMITTEES ESTABLISHED.	1.A: One COMMUNITY HEALTH COMMITTEE (C.H.C.) MEETING A MINIMUM OF ONCE MONTHLY IN EACH TARGET COMMUNITY BY JUNE 1983. 1.B: COMMUNITY HEALTH WORKER (CHW) TRAINEES SELECTED FROM EACH TARGET COMMUNITY BY C.H.C. BEFORE JAN. 1983.	C.H.C. MINUTES WEEKLY CHW REPORTS	NO MAJOR EPIDEMICS OF CHILD DEBILITATING DISEASES.
2. COMMUNITY HEALTH WORKERS TRAINED.	2.A: CHW'S GIVEN A MINIMUM OF 70HRS FORMAL TRAINING IN THE FOLLOWING AREAS I: SANITARY HYGIENE AND FOOD PREPARATION II: CHILD GROWTH MONITORING III: PREGNANCY + LACTATION IV: BASIC INFANT NUTRITION V: COMMON CHILDHOOD DISEASES VI: ORAL REHYDRATION THERAPY	TRAINING OFFICERS RECORDS CURRICULAE PRE AND POSTEST K.A.P. RECORDS SITE VISITATION BY PROJECT DIR.	PER CAPITA FOOD SUPPLY LEVELS REMAIN AT THE SAME OR BETTER LEVELS. ESSENTIAL COMMODITIES REMAIN AVAILABLE.

VII.VACCINATION/IMMUNIZATION
 VIII:CHILD SPACING/FAMILY PLANNING
 IX.FOOD PRODUCTION FOR THE HOME TABLE
 BY JAN.1984
 2.B:CHW'S CONDUCTED SIMPLE BASE-
 LINE SURVEY IN EACH TARGET COMMUNITY BY
 JAN.1983.

3.MATERNAL/CHILD HEALTH SERVICES
 DELIVERED

3.A: 60% OF MOTHERS IN EACH TARGET COMM-
 UNITY ATTENDING M.C.H. MEETINGS AT LEAST
 MONTHLY FOR A TOTAL OF TWELVE MONTHS BY
 JAN.1985

WEEKLY CHW REPORTS

CHW'S RETAIN + UTILIZE
 TRAINING.

3.B:75% OF ALL CHILDREN AGED 1-8 SHOW
 EVIDENCE OF HAVING RECEIVED THE FOLLOWING
 IMMUNIZATIONS:

VACCINATION/IMMUNIZATION RECORDS

- I.MEASLES
- II.D.P.T.(SERIES)
- III.ORAL POLIO(SERIES)

ROAD TO HEALTH CHARTS

COMMUNITY RETAINS + UTILIZES
 LEARNING.

IN EACH TARGET COMMUNITY BY JAN.1985.

3.C:20% INCREASE IN THE NUMBER OF FAMILY
 PLANNING ACCEPTORS IN EACH TARGET COMMUNITY
 BY JAN.1985.

F.P.ACCEPTOR REPORTS

3.C: 75% OF ALL WOMEN(AGED 15-45) RECE-
 IVED A MINIMUM OF 20HRS INFORMAL MCH
 INSTRUCTION IN EACH TARGET COMMUNITY
 BY JAN.1985:

3.E:90% OF ALL CHILDREN WITH SUSPECTED
 HELMINTHIC INFESTATION RECEIVED A MINIMUM
 OF 2 COURSES BROAD SPECTRUM ANTHELMINTIC
 BY END OF PROJECT JAN 1985

CLINIC RECORDS

4. FOOD FOR HOME CONSUMPTION INCREASED.

4.A: 60% OF ALL FAMILIES IN EACH TARGET
 COMMUNITY WILL HAVE AT END OF PROJECT(EOP)
 I: A CULTIVATED TABLE GARDEN PLOT OF NOT
 LESS THAN 100 sq ft.
 II. 3 VEGETABLES + 2 LEGUMES GROWING IN
 THEIR PLOT.
 BY E.O.P. JAN 1985

SITE VISITATION REPORTS

VISUAL RECORDS.

4.B: 30% INCREASE IN THE VARIETY OF FOOD
 (LOCAL) CONSUMED BY FAMILIES IN EACH TARGET
 COMMUNITY BY JAN 1985.

5.A: 60% OF ALL HOMES IN EACH TARGET
 COMMUNITY HAVE A SANITARY LATRINE BY JAN.
 1985.

5.B: 50% OF ALL FAMILIES USING SANITARY
 LATRINES IN EACH T.C. BY JAN .1985

5.SANITARY LATRINE CONSTRUCTION
 IMPLEMENTED

Inputs: Level of effort + Expenditure
for each activity.

Budget:

24 HOUR DIETARY RECALL SURVEY

FUNDS ARRIVE ON TIMELY BASIS

24 HOUR BUDGETARY RECALL SURVEY

PRETEST AND POSTEST K.A.P. SURVEY

STAFF MAINTAIN CONTRACTUAL
AGREEMENTS

RECEIPTS

GOVERNMENT APPROVAL -SUPPORT
MAINTAINED

INVOICES

COMMUNITY SUPPORT MAINTAINED

QUARTERLY FINANCIAL STATEMENTS

CHW'S RETAIN + UTILIZE TRAINING

CURRICULAE

COMMUNITIES RETAIN + UTILIZE
TRAINING

MONTHLY PAYROLL STATEMENTS

FINAL EVALUATION REPORT

AUDITED PROJECT SUMMARY REPORT

1. A: SELECTION OF TARGET COMMUNITIES

B: SELECTION OF C.H.C.

C: CHC OBJECTIVES SETTING

D: CHW TRAINEES SELECTED

E: PROGRAMMING

2. A: CURRICULUM DEVELOPMENT

B: TRAINEES ON SITE

C: PRETEST K.A.P. IN M.C.H.

D: TRAINING FORMAL

E: POSTEST K.A.P.

F: INFORMAL TRAINING

G: MONITORING

3. A: SITE SELECTION

B: CURRICULUM/PROGRAMMING

C: COMMODITY PROCUREMENT

D: COLD CHAIN ESTABLISHED

E: IMPLEMENTATION

4. A: SITE SELECTION

B: NUTRITION 24hr RECALL SURVEY

C: CURRICULUM DEVELOPMENT

D: SEED PROCUREMENT

E: PROMOTION

F: FIELD SUPPORT

G: EVALUATION

5. A: SITE SELECTION

B: COMMODITY PROCUREMENT

C: CURRICULUM

D: TRAINING

E: CONSTRUCTION

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>Higher Goal: To which the Project Goal may contribute.</p> <p>IMPROVED HEALTH STATUS OF YOUNG CHILDREN IN TANZANIA</p>	<p>DECREASED MORTALITY RATES DECREASED MORBIDITY RATES</p>	<p>NATIONAL MORTALITY DATA NATIONAL MORBIDITY DATA</p>	
<p>Project Goal:</p> <p>IMPROVED HEALTH STATUS OF YOUNG CHILDREN IN EIGHT RURAL COMMUNITIES OF TANZANIA BY SEPTEMBER 1985</p> <p>A. Makanya B. Parane C. Suji D. Mkundi E. Ikizu F. Busegue G. Saragana H. Bwasi</p>	<p>1. 30% Decrease in the incidence of Measles among children aged (0-5) in eight target communities by September 1985</p> <p>2. 35% Decrease in the incidence of Gomez Ti +III among children aged (0-5) in 8 target communities by September 1985</p> <p>3. 15% Decrease in Local Toddler Mortality (ages 1-4) in 8 target communities by September 1985</p> <p>4. 30% Decrease in the prevalence of Gastro-enteritis among children aged 0-5 in 8 target communities by September 1985.</p>	<p>1.A. Analysis of Baseline with endline data by an independent evaluator and/or SAWS/I evaluator commissioned by project management</p> <p>1.B. Analysis of Clinical records in each target community over life of the project by S.A.W.S evaluators.</p> <p>2.A. as in 1.A 2.B. as in 1.B 3.A as in 1.A 3.B as in 1.B 4.A as in 1.A 4.B as in 1.B</p>	<p>PROJECT REPLICATED NATIONWIDE</p> <p>NO MAJOR EPIDEMIC OF CHILD DEBILITATING DISEASES.</p> <p>FOOD SUPPLY LEVELS DO NOT FALL</p>
<p>Outputs:</p> <p>1. COMMUNITY HEALTH COMMITTEES ESTABLISHED.</p> <p>2. COMMUNITY HEALTH PROMOTORS TRAINED.</p>	<p>1.A. COMMUNITY HEALTH COMMITTEE OPERATING AT A MINIMUM OF TWICE MONTHLY IN EACH TARGET COMMUNITY BY JUNE 1983</p> <p>1.B. EACH CHC SELECTED A MINIMUM OF 3 PERSONS FROM THEIR COMMUNITY FOR TRAINING AS COMMUNITY HEALTH PROMOTORS BY JUNE 1983</p> <p>2.A. 30 CHP's GIVEN A MINIMUM OF 60HRS TRAINING IN THE FOLLOWING SUBJECT AREAS: I. Sanitary Hygiene+Food Preparation II. Pregnancy + Lactation III. Child Growth Monitoring IV. Basic Infant Nutrition V. Common Childhood Maladies VI. Oral Rehydration Therapy VII. Vaccinations VIII. Family Spacing IX. Table Garden Production by March 1984</p>	<p>C.H.C. MINUTES MONTHLY TRAINING OFFICERS REPORTS TRAINING RECORDS CURRICULUM PRE AND POSTEST K.A.P. RECORDS SITE VISITATION COMPLETION CERTIFICATES</p>	<p>COMMUNITY SUPPORT MAINTAINED</p> <p>CHP'S RETAIN + UTILIZE TRAINING</p> <p>NO MAJOR EPIDEMICS</p> <p>NO DECLINE IN PER CAPITA FOOD SUPPLY LEVELS</p>

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3. MCH SERVICES DELIVERED

3.A. MCH CLINICS OPERATING AT LEAST TWICE WEEKLY IN EACH TARGET COMMUNITY BY MARCH 1984

3.B. 70% OF MOTHERS WITH CHILDREN AGED 0-5 ATTENDING MCH CLINICS AT LEAST TWICE MONTHLY IN EACH TARGET COMMUNITY BY JUNE 1984

3.C. 75% OF ALL CHILDREN AGED 0-5 IMMUNIZED AGAINST THE FOLLOWING DISEASES

- I. MEASLES
- II. DIPHTHERIA-PERTUSSIS- TETANUS
- III. POLIO.

4.A. A MINIMUM OF 1 POTABLE WATER SYSTEM ESTABLISHED IN 6 TARGET COMMUNITIES BY DECEMBER 1984

4.B. 60% OF POPULATION IN 6 TARGET COMMUNITIES HAVING ACCESS TO 30 LITRES OF POTABLE WATER PER PERSON PER DAY BY DECEMBER 1984

5.A. 40% OF THE FAMILIES IN EACH COMMUNITY DISPOSING OF HUMAN WASTE IN A SANITARY MANNER AS EVIDENCED BY I. PIT LATRINE USEAGE

- II. ABSENCE OF FREELYING

HUMAN WASTE BY JUNE 1985

5.B. 100% INCREASE IN THE NUMBER OF PIT LATRINES AVAILABLE TO EACH COMMUNITY BY JUNE 1985

CLINIC RECORDS.
WEEKLY CHP REPORTS

MONTHLY TRAINING OFFICERS REPORTS

VACCINATION RECORDS

VISUAL RECORDS

SUPPLIES REMAIN AVAILABLE

COLD CHAIN MAINTAINED

WATER SUPPLIES REMAIN CONSTANT

POTABLE WATER SYSTEMS ESTABLISHED.

SANITATION PROGRAM COMPLETED

Inputs:

- A. SITE SELECTION
- B. COMMITTEE SELECTION
- C. PLANNING
- D. CHP SELECTION
- E. IMPLEMENTATION
- A. T.O'S HIRED
- B. CURRICULUM DEVELOPED
- C. PRETEST MAP
- D. TRAINING
- E. POSTEST MAP
- F. FIELD TRAINING
- G. MONITORING

BUDGET:

Personnel	177,125
Training	33,300
Water Supplies	16,000
Equipment	20,000
Transportation	27,000
Misc Support	6,575
TOTAL	280,000

- A. SITE SELECTION
- B. COMMODITY PROCUREMENT
- C. PROGRAMMING
- D. IMPLEMENTATION
- E. MONITORING

- A. SITE SELECTION
- B. APPROVAL
- C. COMMODITY PROCUREMENT
- D. PLANNING
- E. CONSTRUCTION
- F. MAINTENANCE

QUARTERLY FINANCIAL STATEMENTS

RECEIPTS

INVOICES

MONTHLY PAYROLL STATEMENTS

CURRICULAE

FINAL EVALUATION REPORTS

PROJECT STAFF MAINTAIN CONTRACTS

FUNDS ARRIVE ON TIMELY BASIS

APPROVALS + COMMUNITY SUPPORT MAINTAINED

CHP'S RETAIN + UTILIZE THEIR TRAINING

LJ4

- 5.A. SITE SELECTION
- B. COMMUNITY TRAINING
- C. PLANNING
- D. CONSTRUCTION
- E. MONITORING

- 6.A. BASELINE EVALUATION
- B. ENDLINE EVALUATION

TRACKING:	0	6	12	18	24	30	36
1. C.H.C	--x						
2. TRAINING		x--x	x--x				
3. MCH			x-----				
4. WATER			x-----			x	
5. SANITATION			x-----			x	
6.A. BASELINE	-x						
6.B. ENDLINE							x-x

4. VILLAGE EDUCATION PROGRAM ESTABLISHED.

3.B. 100% INCREASE IN THE VARIETY OF VEGET. LES BEING GROWN IN TARGET COMMUNITIES BY SEPTEMBER 1985

4.A. 80% OF THE POPULACE IN EACH TARGET COMMUNITY GIVEN A MINIMUM OF 10 HRS INSTRUCTION IN THE FOLLOWING SUBJECT AREAS:

- A. SYPHON IRRIGATION
 - B. PLANT IRRIGATION
 - C. PERSONAL HYGIENE.
 - D. WATER FOR DRINKING
 - E. WATER FOR CLEANLINESS
 - F. DITCH PROTECTION
- BY JUNE 1984

Visual Records

ATO Monthly reports

Site Visitation

Community Farmers retain + utilize their training

No major Drought or Plant Pests

Agricultural Supplies remain available

Inputs :

- 1.A. Community support
- B. Govt Approval
- C. Planning
- D. Commodity Procurement
- E. Community Labour
- F. Technical Support

- 2.A. Trainee Selection
- B. Approval
- C. Travel/Accomodate
- D. Training
- E. ATO's Onsite

- 3.A. Curriculum Development
- B. Formal Training
- C. Field Support/Training
- D. Monitoring

- 4.A. Curriculum Development
- B. Planning
- C. Visual Aid Preparation
- D. Education

- 5. End Of Project Evaluation

Budget:	YE 1	YR 2	YR 3
Personnel:	12350	14750	15650
Proj Support:	5000		
Training:	6500	1000	
Transportation:	2000	2000	2000
Sm.Proj Assistance:	4500	4500	1750
Evaluation		1000	1500
Water Supply Dev:	30500	5500	
Extension Outreach:		5500	4000
	60850	34250	24900

Total Budget US\$ 120,000

TRACKING	0	6	12	18	24	30	36
Approval							-x
Irrigation					x-----x		
ATO Training			x---x				
Farmer Trained					x-----x		
Vill. Education						x-----x	
Evaluation							x-x

Quarterly Financial Statements

Receipts/Invoices
Annual Inventories

A.T.O. Monthly Reports

Quarterly Project Directors Rpts

Staff Maintain Contractual Obligations

Funds arrive on timely Basis

Community Support Maintained
Political Stability Maintained

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>Higher Goal: To which this project may contribute.</p> <p>IMPROVED ECONOMIC AND PHYSICAL WELLBEING OF THE PEOPLES OF <u>TANZANIA</u></p>	<p>Decreased Morbidities</p> <p>Increased Per Capita GDP</p>	<p>National Morbidity Statistics</p> <p>National Socio-Economic Data</p>	
<p><u>Project Goal(Purpose):</u></p> <p>IMPROVED INCOME EARNING CAPACITY THROUGH AGRO-Production OF 800 FAMILIES IN THE <u>PARE MOUNTAINS OF EAST TANZANIA BY SEPTEMBER 1985.</u></p>	<p>1.A. 60% of participating farmers show a 20% increase in income from crop production by September 1985</p> <p>1.B. 70% of participating farmers regularly (bi-monthly) marketing vegetables produced on their own land during the dry season by September 1985</p>	<p>Analysis of baseline with endline data by an independent evaluator and SAWS/I Evaluation office</p> <p>Post Project public opinion survey conducted amongst beneficiary group by SAWS/I and Independent Evaluator</p>	<p>Project replicated nation-wide</p>
<p><u>Outputs:</u></p> <p>1. 10 MILES OF IRRIGATION DITCH RECONSTRUCTED.</p> <p>2. AGRICULTURAL TRAINING OFFICERS TRAINING COMPLETED</p> <p>3. FARMER AGRICULTURE TRAINING PROGRAMME ESTABLISHED.</p>	<p>1.C. 30% Of participating farmers show evidence of having purchased non-essential items during project life by September 1985</p> <p>1.A. 10cu/ft/sec OF WATER AVAILABLE AT A POINT HALFWAY FROM WATER SOURCE BY JUNE 1983</p> <p>1.B. A MINIMUM OF 2 Cu/Ft/Per Sec OF WATER FLOWING CONTINUOUSLY AT A POINT 7 MILES FROM WATER SOURCE BY JUNE 1983.</p> <p>1.C. A MINIMUM OF 50 FAMILIES IRRIGATING THEIR CROPS AT LEAST TWICE PER WEEK BELOW THE IRRIGATION DITCH BY JUNE 1983</p> <p>2.A. 2 LOCAL PERSONS GIVEN A 14 WEEKS COURSE IN SCIENTIFIC GARDENING METHODS BY DECEMBER 1983</p> <p>2.B. 2 TRAINED EXTENSION OFFICERS TEACHING SCIENTIFIC GARDENING SKILLS TO VILLAGERS ON A FULLTIME BASIS BY JANUARY 1984</p> <p>3.A. A MINIMUM OF 400 FARMERS UTILIZING NEW METHODS OF CROP PRODUCTION AND IRRIGATION BY SEPTEMBER 1985</p>	<p>Community Committee Minutes</p> <p>Quarterly Project Directors Reports</p> <p>ATO Monthly Reports</p> <p>Monthly Irrigation Flow Checks</p> <p>Graduation Certificates</p> <p>Curriculum</p>	<p>Sufficient river flow maintained</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>HIGHER GOAL: IMPROVED SOCIO-ECONOMIC WELLBEING OF THE PEOPLE OF ZIMBABWE</p>	<p>INCREASED G.D.P. INCREASED G.N.P. DECREASED MORBIDITIES</p>	<p>NATIONAL ECONOMIC DATA NATIONAL MORBIDITY DATA</p>	
<p>PROJECT GOAL PURPOSE: IMPROVED INCOME GENERATING CAPACITY OF SELECT ZIMBABWEAN FARMERS BY OCTOBER 1984.</p>	<p>30% OF GRADUATES FROM SOLUSI'S SCIENTIFIC GARDENING PROJECT</p> <ol style="list-style-type: none"> 1. EARNING A MIN. \$200 SUPPLEMENTARY INCOME PER ANNUM THROUGH HORTICULTURE GARDENING BY OCTOBER 1984. 2. 30% OF GRADUATES FROM SOLUSI SCIENTIFIC GARDENING PROJECT MARKETING PRODUCE FROM THEIR SCIENTIFIC GARDENS ON A REGULAR BASIS (2xMONTHLY) BY OCTOBER 1984. 3. 20% INCREASE IN THE AMOUNT OF MONEY SPENT OF NON-ESSENTIAL ITEMS BY TRAINED FARMERS OVER LIFE OF THE PROJECT AS EVIDENCE BY ACQUISITION OF <ol style="list-style-type: none"> a) RADIO b) TELEVISION c) CASSETTE RECORDER d) BICYCLE BY SEPTEMBER 1985. 	<ol style="list-style-type: none"> 1. A. ANALYSIS OF BASELINE WITH ENDLINE DATA BY AN INDEPENDENT EVALUATOR AND/OR SAWS/I EVALUATOR. I.B. POST PROJECT SURVEY OF GRADUATES BY SAWS/ ZIMBABWE 	<p>PROJECT REPLICATED NATION WIDE</p> <p>ESSENTIAL SUPPLIES REMAIN AVAILABLE</p> <p>NO MAJOR ECONOMIC DECLINE</p>
<p>OUTPUTS</p> <ol style="list-style-type: none"> 1. SCIENTIFIC GARDENING TRAINING SYSTEM ESTABLISHED 2. TRAINING PROGRAM IMPLEMENTED 	<ol style="list-style-type: none"> 1. A. A MIN. OF 1 ACRE GARDEN DEMONSTRATION PLOT UNDER CULTIVATION BY TRAINEES SOLUSI COLLEGE BY JANUARY 1982 B. A MIN. OF 15 TRAINEES GRADUATED FROM THE SOLUSI SCIENTIFIC GARDENING PROJECT BY MARCH 1982. 2. A. 250 PARTICIPANTS EACH GIVEN A MIN. OF 120 HOURS FORMAL TRAINING IN SCIENTIFIC GARDENING COVERING THE FOLLOWING TOPICS <ol style="list-style-type: none"> 1. SOIL MANAGEMENT TECHNIQUES 2. PLANT BIOLOGY AND BOTANY 3. PLANT DISEASES 4. FERTILIZATION METHODS 5. IRRIGATION METHODS 	<p>PROJECT DIRECTORS TRAINING RECORDS CURRICULUM GRADUATION CERTIFICATES VISUAL REPORTS</p>	<p>PARTICIPATION RETAINED AND UTILIZE TRAINING.</p>

3. HOME GARDENING ESTABLISHED

6. HOME VEGETABLES AND FRUIT PRODUCTION
 7. BASIS HOME NUTRITION
 8. RECORD KEEPING
AT SOLUSI COLLEGE BY SEPTEMBER 1984.
2. B. 250 PARTICIPANTS EACH GIVEN A MIN. OF 430 HOURS OF INFORMAL EXPERIENCE BASED TRAINING IN SCIENTIFIC GARDENING PRACTICE COVERING THE FOLLOWING AREAS:
1. SEEDLING PRODUCTION
 2. PLANT CARE
 3. PRODUCTION GROWING
 4. FERTILIZATION
 5. PRACTICAL HARVESTING
 6. USE OF CHEMICAL POISONS AND GASES
 7. PRUNING
 8. FIELD AND SOIL MANAGEMENT
 9. APPLIED IRRIGATION
AT SOLUSIS COLLEGE BY SEPTEMBER 1984
3. A. 50% OF ALL GRADUATES ACTIVELY IMPLEMENTING THEIR TRAINING AS EVIDENCED BY THE FOLLOWING:
1. A MIN. OF 300 SQ FT. CULTIVATED ACCORDING TO TRAINING METHODOLOGY
 2. VEGETABLES PLANTS GROWING HEALTHILY IN 3 STAGES
 - a) SEEDLINGS
 - b) TRANSPLANTED
 - c) MATURE
 3. GARDEN IRRIGATED ACCORDING TO SCIENTIFIC PRINCIPLES
 4. CROPS MARKETED REGULARLY BY JANUARY 1984.
3. B. HOME ENVIRONS OF AT LEAST 15 % GRADUATES SHOW EVIDENCE OF A TECHNOLOGY TRANSFERED TO THEIR OWN GARDENS BY JANUARY 1984

GARDEN SUPERVISORS WEEKLY REPORTS.

SITE VISITATION REPORTS.

SITE VISITATION REPORTS

VISUAL REPORTS

WATER REMAINS AVAILABLE.

ESSENTIAL COMMODITIES REMAIN AVAILABLE.

POLITICAL STABILITY MAINTAINED.

NO MAJOR DROUGHTS

INPUTS

- 139
- 1.A. STAFF SELECTION
 - B. COLLEGE APPROVAL
 - C. STAFF ONSITE
 - D. COMMODITIES PROCURED
 - E. PROGRAMMING
 - F. DEMONSTRATION PLOT
-
- 2.A. CURRICULUM DEVELOPEMNT
 - B. TRAINEE SELECTION
 - C. BASELINE
 - D. FORMAL TRAINING
 - E. INFORHAL TRAINING
 - F. TESTING K.A.P.
-
- 3.A. VILLAGE SITE VISITATION
 - B. FIELD TRAINING/SUPPORT
 - C. MONITORING
 - D. E.C.P's EVALUATION

QUARTERLY FINANCIAL STATEMENTS

INVENTERIES /REPORTS

GARDUATE REPORTS

CURRICULUM

TRAINING REPORTS

VISITATION REPORTS

NO MAJOR DROUGHTS

NO MAJOR EPIDEMICS OR
PLANT DISEASES
OR PESTS

POLITICAL STABILITY
MAINTAINED.

<p>Program Goal: Higher Goal to which project goal contributes.</p> <p>IMPROVE HEALTH STATUS OF MOTHERS & CHILDREN IN THE PHILLIPINE</p> <p><i>Philippine Union</i></p>	<p>DECREASED INFANT MORTALITY RATES</p> <p>DECREASED NATIONAL GROWTH RATES</p> <p>DECREASED INCIDENCE OF CHILD DERILITATING MORBIDITIES</p> <p>DECREASED MATERNAL MORTALITY RATES</p>	<p>NATIONAL MORTALITY DATA</p> <p>NATIONAL MORBIDITY DATA</p>	
<p>Project Goal (purpose)</p> <p>"Improved Health Status of mothers & children in 3 target communities within a radius of 10 km of Phillipine Union College namely:</p> <ol style="list-style-type: none"> 1. Casile 2. Carmen 3. Mugo-Tartara <p>by June 1985</p>	<p>20% Decrease local infant mortality rate in 3 target communities by June 85</p> <p>10% Decrease in child mortality rate in 3 target communities by June 1985</p> <p>35% Decreased prevalence of severe malnutrition (Gomez Cat 3) amongst children aged 0-6 in each target community by June 1985</p> <p>30% Decrease in prevalence of moderate malnutrition (Gomez Cat 2) amongst children aged 0-6 in each target community by JUNE 1985</p> <p>40% Decreased in prevalence of Iron Deficiency Anemia amongst women of childbearing age (15-45) in each target community by June 1985.</p>	<p>PRE & POST PROJECT ANALYSIS OF BASELINE WITH ENDLINE DATA CONDUCTED BY AN INDEPENDENT EVALUATOR HIRED BY SAWS PROJECT MANAGEMENT.</p> <p>POST PROJECT COMPARISON ANALYSIS OF LOCALLY AVAILABLE CLINIC RECORDS OVER LIFE OF PROJECT.</p> <p>POST PROJECT PUBLIC OPINION SURVEY CONDUCTED BY AN INDEPENDENT EVALUATOR HIRED BY SAWS/PROJECT MANAGEMENT</p>	<p>PROJECT REPLACATED ON WIDER SCALE.</p> <p>NO MAJOR DISASTERS OR EPIDEMICS.</p>
<p>Outputs:</p> <p>1. PROJECT INFRASTRUCTURE ESTABLISHED</p>	<p>Magnitude of outputs: necessary & sufficient to achieve project goal.</p> <p>1. A. PROJECT IMPLEMENTED IN 2 OF THE 3 TARGET COMMUNITIES BY APRIL 1983.</p>	<p>Training Assistants Weekly Reports</p>	<p>No Major Disasters</p>

2. COMMUNITY HEALTH EDUCATION PROGRAM ESTABLISHED.

B. 80% OF PROJECT STAFF HIRED AN IN PLACE BY APRIL 1983.

2. A. 75% OF EACH TARGET COMMUNITY HAVE RECEIVED NOT LESS THAN TWENTY HOURS OF FORMAL EDUCATION COVERING THE FOLLOWING SUBJECTS:

- (1) Nutrition for health
- (2) Lactation & Pregnancy
- (3) Weaning/Infant Care
- (4) Sanitary Hygiene
- (5) Water Borne Diseases
- (6) Filth Borne Diseases
- (7) Vector Borne Disease
- (8) Oral Rehydration Therapy
- (9) Sanitary Food Preparation
- (10) Table Food Production

BY JUNE 1985

2. B. 80% OF MOTHERS WITH CHILDREN UNDER 8 YRS ACTIVELY ATTENDING COMMUNITY GROUP INFORMAL TRAINING SESSIONS AT LEAST ONCE A MONTH IN EACH TARGET COMMUNITY BY JUNE 1985

2. C. 1 PROJECT ASSISTANT (Training Officer) SPENDING A MINIMUM OF 20 hrs MONTHLY IN EACH TARGET COMMUNITY BY June 1985.

3. A. 90% OF ALL CHILDREN AGED 0-6 IN EACH TARGET COMMUNITY HAVING MODERATE TO SEVERE MALNUTRITION (Gomez Category 2 + 3) ENROLLED IN NUTRITION REHABILITATION PROGRAM BY JAN 1984

B. 90% OF ALL MODERATE TO SEVERELY (Gomez Cat 2 + 3) MALNOURISHED CHILDREN AGED 0-6 IN EACH TARGET COMMUNITY RECEIVING WEEKLY FOOD SUPPLEMENTS BY January 1984

C. 75% OF MOTHERS WITH ONE OR MORE MALNOURISHED CHILDREN ABLE TO:

- 1. CHART CHILDS WEIGHT AGAINST AGE ON ROAD TO HEALTH CHART
- 2. MONITOR CHILDS PROGRESS ON CHART
- 3. IDENTIFY 3 WARNING SIGNS OF EARLY MALNUTRITION. IN EACH TARGET COMMUNITY BY Jan 1985.

4. A. 50% INCREASE IN THE NO. OF SANITY LATRINES IN EACH TARGET COMMUNITY BY June 1984

CURRICULUM

GROUP MEETING RECORDS

ROAD TO HEALTH CHART'S

SURVEY DATA

VISUAL RECORDS

NO MAJOR CHILD DEBILITY EPIDEMICS

COMMUNITIES RETAIN AND UTILIZE TRAINING.

PER CAPITA

FOOD SUPPLY LEVELS

DO NOT FALL BELOW CURRENT LEVEL.

COST OF LIVING INDEX DOES NOT INCREASE ABOVE THE AVERAGE FOR THE PRECEDING YEARS

NECESSARY COMMODITIES REMAIN AVAILABLE.

3. GROWTH MONITORING PROGRAM ESTABLISHED

4. SANITARY LATRINE PROGRAM IMPLEMENTED.

5. SOLID WASTE DISPOSAL SYSTEM ESTABLISHED.

6. TABLE GARDEN PROMOTION ESTABLISHED

7. BARRIO POTABLE WATER DEVELOPMENT DELIVERED.

B. 75% OF ALL FAMILIES IN EACH TARGET COMMUNITY USING SANITARY LATRINES REGULARLY AS ESTABLISHED BY:

- (1) ORAL STATEMENT
- (2) VISUAL INSPECTION
- (3) PIT DEPTH MEASUREMENT

by June 1985

5. A. EACH TARGET COMMUNITY HAS A MINIMUM OF ONE AREA SET ASIDE FOR COMMUNAL BURNING OR BUYING OF SOLID WASTE BY June 1984

B. EACH TARGET COMMUNITY IS ACTIVELY USING ITS SOLID WASTE DISPOSAL AREA ON A REGULAR BASIS, AS ESTABLISHED BY

1. SITE INSPECTION
2. REDUCTION OF FREELYING SOLID WASTE IN BARRIO
3. ORAL STATEMENT

6. A. 40% INCREASE IN THE VARIETY OF FOODS GROWN FOR TABLE USE IN EACH TARGET COMMUNITY BY June 1985.

B. 70% OF ALL HOMES IN EACH TARGET COMMUNITY HAVE CULTIVATED A TABLE GARDEN PLOT OF NOT LESS THAN 100 Sq. ft. by June 1985

C. 70% OF ALL HOMES IN EACH TARGET COMMUNITY GROWING AT LEAST FIVE VARIETIES OF FOOD FOR HOME CONSUMPTION by June 1985.

D. 25% INCREASE IN THE VARIETY OF THE FOOD BEING CONSUMED BY FAMILIES IN TARGET COMMUNITY BY June 1985.

7. A MINIMUM OF 1 POTABLE WATER SUPPLY ESTABLISHED IN EACH TARGET COMMUNITY by June 1985

PROJECT DIRECTORS SITE VISITATION REPORTS.

AGRICULTURAL TRAINERS REPORTS

QUARTERLY ACTION DIRECTORS REPORTS

Inputs:

1. A. GOVERNMENT APPROVAL
- B. SITE SELECT
- C. BASELINE DATA COLLECTION +
- D. DATA ANALYSIS
- E. STAFF SELECTION & HIRING
- F. COMMUNITY CENTRES ESTABLISHED
- G. COMMODITY PROCUREMENT
- H. ACTION STAFF TRAINING
- I. PROGRAMMING

2. A. CURRICULUM DEVELOPMENT
- B. COMMUNITY GROUP ESTABLISHMENT
- C. PRETEST K.A.P.
- D. TRAINING
- E. POSTEST K.A.P.

3. (A) IDENTIFICATION OF AT RISK CHILDREN
- (B) ANTHROPOMORPHIC MEASUREMENTS
- (C) MOTHERS GROUP TRAINING
- (D) FOOD SUPPLEMENTATION
- (E) GROWTH MONITORING

4. (A) SITE SELECTION
- (B) COMMODITIES ON-SITE
- (C) CONSTRUCTION ORIENTATION
- (D) CONSTRUCTION
- (E) MONITORING

5. (A) SITE SELECTION
- (B) COMMODITIES ON-SITE
- (C) PREPARATION
- (D) COMMUNITY CLEAN UP
- (E) MONITORING

6. (A) SITE SELECTION
- (B) COMMODITY PROCUREMENT
- (C) CONSTRUCTION
- (D) WATER TREATMENT

BUDGET:

	YR 1	YR 2	YR 3
PERSONNEL	18 800	20 700	22 750
ADMINISTRATION	1 935	2 155	2 460
TRAINING	8 995	800	800
PROJECT SUPPORT	27 300	2 000	2 000
TRANSPORTATION	1 666	1 667	1 667
EVALUATION	3 500	1 000	4 000

TRACKING

- QUARTERLY FINANCIAL STATEMENT
- MONTHLY PAYROLL STATEMENTS
- INVOICES/RECEIPTS UNIT FACILITATOR
- MONTHLY REPORT.

K.A.P. TEST RECORDS

CURRICULAE

VISUAL RECORDS

QUARTERLY COMMUNITY ACTION DIRECTORS REPORT

STAFF MAINTAIN CONTRACTUAL OBLIGATIONS

GOVERNMENT SUPPORT MAINTAINED

COMMUNITY SUPPORT MAINTAINED

US \$ DOES NOT WEAKEN ON WORLD MARKET.

FUNDING ARRIVES ON TIMELY BASIS

CPAC - TBC PROJECT	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>INTER GOAL: INCREASED HEALTH STATUS OF POPULATION OF MURCIA, NEGROS OCCIDENTAL</p>	<p>DECREASED MORTALITY RATES INCREASE PRODUCTIVITY</p>	<p>LOCAL HEALTH DATA LOCAL ECONOMIC DATA</p>	
<p>PROJECT GOAL: DECREASED INCIDENCE OF PULMONARY TBC AMONG POPULATION (45,505 MUNICIPALITY MURCIA, NEGROS OCCIDENTAL BY JUNE 1985)</p>	<ol style="list-style-type: none"> 1. # NEW CASES OF PULMONARY TBC PRESENTING THEMSELVES TO THE MURCIA HEALTH CLINIC DECREASED BY 30% BY JUNE 1985. 2. DECREASED TBC MORTALITY RATE FROM (1.15/1000) TO 0.85/1000) AMONG POPULATION OF MURCIA BY JUNE 1985. 3. PREVALENCE RATE OF PULMONARY TBC DECREASED BY 35% IN MURCIA POPULACE BY JUNE 1985. 	<p>ANALYSIS OF BASELINE AND END-LINE DATA CONDUCTED BY AN INDEPENDENT EVALUATOR HIRED BY SAWS PROJECT MANAGEMENT.</p> <p>POST PROJECT PUBLIC OPINION SURVEY.</p>	<p>NO MAJOR DECLINE IN ECONOMY NO MAJOR DISASTER NO MAJOR FAMINE</p> <p>COMMUNITY SCREENING CONTINUED FOR AT LEAST 5 YRS.</p>
<p>INTERMEDIATE GOALS, (OUTPUTS) :</p> <p>PROJECT INFRASTRUCTURE ESTABLISHED</p> <p>RURAL HEALTH AIDE TRAINING PROGRAM ESTABLISHED.</p>	<ol style="list-style-type: none"> 1 A PROJECT IMPLEMENTED IN 2 AREAS OF MURCIA BY DECEMBER 1983. 1 B PROJECT STAFF HIRED & ONSITE BY OCTOBER 1983. 1 C 30 HILOTS SELECTED IN TARGET AREAS FOR INVOLVEMENT IN PROJECT BY NOV. 1983. 2 A 60 RHA'S RECEIVED A MINIMUM OF 30 HRS. FORMAL INSTRUCTION IN THE FOLLOWING SUBJECT AREAS - 	<p>CURRICULUM K.A.P. PRETEST & POSTEST TRAINING CERTIFICATES</p>	<p>COMMUNITY SUPPORT MAINTAINED</p> <p>GOVERNMENT CO-OPERATION MAINTAINED.</p> <p>RHA'S RETAIN AND UTILIZE TRAINING.</p>

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- I TBC ETIOLOGY/DIAGNOSIS
- II TBC TRANSMISSION
- III TBC TREATMENT/REFERRAL
- IV TBC PREVENTIVE MEASURES
- V COMMUNITY PARTICIPATION
- VI DATA COLLECTION
- VII INTERPERSONAL COMMUNICATION

2 B MINIMUM OF 5 RHA'S ACTIVELY IMPLEMENTING TRAINING IN 2 TARGET AREAS AS EVIDENCED BY:

- I / NEW CASES BEING IDENTIFIED
- II / NEW CASES BEING REFERRED
- III / HEALTH EDUCATION UNITS DELIVERED

3 A ALL TARGET AREAS HAVE REGULAR ACCESS TO TBC DIAGNOSTIC SCREENING IN 2 OF THE FOLLOWING AREAS -

- I SPUTUM EXAM
- II PHYSICAL EXAM
- III CHEST X-RAY

3 B A MINIMUM OF 200 PERSONS PER MONTH SCREENED FOR PULMONARY TBC BY 1 OR MORE OF THE FOLLOWING METHODS -

- I SPUTUM EXAM
- II PHYSICAL EXAM
- III CHEST X-RAY

BY MARCH 1984.

RHA WEEKLY REPORTS
CLINIC ATTENDANCE REPORTS

PATIENT REFERRAL RECORDS
CLINIC ATTENDANCE DATA
LABORATORY/X-RAY RECORDS

CIVIL ORDER MAINTAINED
SUPPLIES REMAIN AVAILABLE

GOVERNMENT SCREENING FACILITIES
REMAIN AVAILABLE.

3. COMMUNITY TBC SCREENING PROGRAM ESTABLISHED.

4. HILOT TRAINING PROGRAM ESTABLISHED

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- 4 A A MINIMUM OF 30 HILOTS GIVEN 10 HRS OF INSTRUCTION IN THE FOLLOWING SUBJECT AREAS -
- I TBC RECOGNITION
 - II CAUSES OF TBC
 - III TREATMENT OF TBC
 - IV USEFUL TRADITIONAL REMEDIES
 - V COMMUNITY PARTICIPATION

BY JAN. 1984

- 4 B 80% OF HILOTS SPENDING A MINIMUM OF 8 HRS. PER WEEK IN COMMUNITY TBC -

- I SCREENING
- II EDUCATION
- III REFERRAL

BY JUNE 1984

5. COMMUNITY HEALTH EDUCATION PROGRAM ESTABLISHED.

- 5 A 40% OF THE POPULATION OF MURCIA, NEGROS OCCIDENTAL EXPOSED TO A MINIMUM OF 2 HRS. EDUCATION ON TBC BY DEC. 1984 AS EVIDENCED BY #'s ATTENDING -

- I GROUP MEETINGS
- II MOTHERS CLUBS SESSIONS
- III SCHOOL SESSIONS
- IV CLINIC SESSIONS

- 5 B MINIMUM OF 5 HRS. MEDIA INSTRUCTION ON TBC DELIVERED TO MURCIA POPULATION BY DEC. 1984

6. TBC TREATMENT SUPPORT PROGRAM ESTABLISHED

- 6 A 90% OF ALL NEWLY DIAGNOSED CASES OF TBC RECEIVING REGULAR MEDICATION .

- I INH
- II STREPTOMYCIN

BY JUNE 1985

- 6 B 80% OF ALL POPULATION IN TARGET AREAS SHOW EVIDENCE OF B.C.G. VACCINATION BY JUNE 1985.

CURRICULUM

PRE AND POSTEST K.A.P.

HEALTH EDUCATION MEETING RECORDS.

MEDIA RECORDS

MEDIA OUTLETS REMAIN SUPPORTIVE.

ONSITE VISITS
PICTORIAL RECORDS

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INPUTS :

- 1 A SET UP ADMINISTRATION
- B OBTAIN APPROVALS
- C CASHFLOW ESTABLISHED
- D PROJECT PERSONNEL ONSITE
- E TRANSPORTATION ARRANGED

- 2 A CURRICULUM DEVELOPED
- B PRETEST K.A.P.
- C TRAINING
- D POSTEST K.A.P.
- E FIELD TESTING
- F IMPLEMENTATION

- 3 A SCHEDULE SCREENING PROGRAM
- B OBTAIN EQUIPMENT
- C CO-ORDINATE WITH EXISTING PROGRAM
- D IMPLEMENT
- E MONITOR

- 4 A SELECT HILOT
- B PRETEST HILOT
- C CURRICULUM DEVELOPED
- D TRAIN
- E POSTEST HILOT
- F SCHEDULE
- G CO-ORDINATE WITH RIA
- H IMPLEMENT
- I FIELD SUPPORT/MONITOR

- 5 A SCHEDULING
- B SITE SELECTION
- C MEDIA MATERIAL DEVELOPMENT
- D EDUCATION

- 6 A CO-ORDINATION WITH GOV. SYSTEM
- B OBTAIN SUPPORT SUPPLIES
- C SCHEDULE REFERRAL ACTIVITIES
- D MONITOR NEW CASES
- E BCG VACCINATION
- F EVALUATE

BUDGET	YR. 1	YR. 2
PERSONNEL	19,500	21,500
HEALTH EDUC.	5,500	500
PROJECT SUPPORT	3,000	4,000
TRANSPORTATION	5,000	3,000
CONTINGENCY	1,000	1,000
	34,000	30,000

TOTAL U.S. \$ 64,000

QUARTERLY FINANCIAL STATEMENTS

- PAYROLL STATEMENTS
- INVOICES/RECEIPTS
- MONTHLY ACCOUNTANTS REPORTS

NO MAJOR DEVALUATION OF U.S. DOLLAR.

CIVIL ORDER MAINTAINED

STAFF MAINTAIN CONTRACTUAL AGREEMENTS.

FUNDS ARRIVE ON A TIMELY BASIS.

Bukindon

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BROAD GOAL: TO WHICH THIS PROJECT PURPOSE MAY CONTRIBUTE:

IMPROVED NUTRITIONAL HEALTH STATUS OF THE PEOPLE OF PHILIPPINES (MC.V)

PURPOSE

IMPROVED NUTRITIONAL HEALTH STATUS OF 450 FARMING FAMILIES IN THE PROVINCE OF BUKINDON BY NOVEMBER 1985

Mountain View

DECREASED I.N.R.
DECREASED PREVALENCE MALNUTRITION
DECREASED PREVALENCE ANAEMIA
INCREASED LIFE EXPECTANCY

NATIONAL MORTALITY STATISTICS
NATIONAL MORBIDITY STATISTICS

CONDITIONS THAT WILL INDICATE PROJECT PURPOSE HAS BEEN ACHIEVED E.O.P.S.

1. 30% INCREASE IN THE TOTAL PRODUCTION OF FOOD BY 450 FAMILIES IN BUKINDON PROVINCE BY NOVEMBER 1985.
2. 40% INCREASE IN THE PRODUCTION OF
 - a) LEGUMES
 - b) ROOTCROPS
 - c) GREEN LEAFY VEGETABLES
 FOR HOME CONSUMPTION BY 450 FARMING FAMILIES IN BUKINDON PROVINCE BY NOV. '85.
3. 30% DECREASE IN THE INCIDENCE OF IRON DEFICIENCY ANAEMIA AMONG 450 FARMING FAMILIES IN BUKINDON PROVINCE BY NOV. '85.
4. 20% INCREASE IN THE AVERAGE WT/AGE OF CHILDREN AGED 0-5 YRS IN TARGET FAMILIES BY NOVEMBER 1985.

- 1A ANALYSIS OF BASELINE DATA BY AN INDEPENDENT EVALUATOR OR HIRING BY PROJECT MANAGEMENT AND SAMS /I.
- 1B POST PROJECT PUBLIC OPINION SURVEY BY SAMS /I.
- 2A AS IN 1A.
- 2B AS IN 1B
- 3A AS IN 1A
- 3B AS IN 1B

PROJECT IS REPLICATED ON NATIONAL SCALE.
NO MAJOR DISASTERS
NO MAJOR EPIDEMICS

OUTPUTS

1. COMMUNITY FARMERS TRAINED

1. A. 450 C.F.'s GIVEN MIN. 120 HRS FORMAL TRAINING IN THE TARGET COMMUNITY BY NOVEMBER 1984, INCLUDING THE FOLLOWING TOPICS:
 1. SOIL AND SOIL NUTRITION
 2. LAND PREPARATION
 3. SEED SELECTION AND PLANTING
 4. FERTILIZERS AND THEIR USAGE
 5. PREVENTION AND CONTROL OF WEEDS
 6. PREVENTION AND CONTROL OF PLANT DISEASE.
 7. HARVEST AND STORAGE
 8. SPECIAL PROBLEMS OF BACKYARD GARDENING.

TRAINING OFFICERS REPORTS
CURRICULUM
VISUAL RECORDS
GRADUATION CERTIFICATES

COMMUNITY PARTICIPATION MAINTAINED
SUPPLIES REMAIN AVAILABLE
TRAINING RETAINED AND UTILIZED BY FARMERS
NO MAJOR DISASTERS

1. B. 85% OF FARMERS TRAINED IMPLEMENTING IN THEIR HARRIS AS EVIDENCE BY THE FOLLOWING:

1. 150 SQ METERS OF LAND UNDER TABLE GARDEN CULTIVATION.
 2. 6 VARIETIES OF FOOD GROWING INCLUDING:
 - 2 LEGUMES
 - 2 GREEN VEGETABLES
 - 2 ROOT CROPS
- BY NOVEMBER 1984

2. 4 COMMUNITY AGRICULTURAL EXTENSION AGENTS TRAINED

2. A. AG. EXTENSION AGENTS GIVEN A MIN. OF 120 HOURS ORIENTATION TRAINING COVERING THE FOLLOWING TOPICS

1. PROJECT OBJECTIVES
2. SOCIO ECONOMIC CONDITIONS
3. COLLECTION OF DATA / REPORTING
4. CONTROL METHODS OF PLANTING
5. SELECTION/PREPARATION OF FOODS FOR HOME CONSUMPTION
6. CONTROL METHODS OF PLANT DISEASES
7. HARVEST
8. STORAGE
9. SALE OF FARM PRODUCTS
10. EVALUATION

TRAINING OFFICERS REPORT.

AGR. EXTENSION AGENTS REPORT WEEKLY.

TRAINING RETAINED AND UTILIZED BY AGR. EXTENSION AGENTS.

3. 4 HOME ECONOMICS FACILITATORS TRAINED

3. A. HOME EC. FACILITATORS GIVEN A MIN. OF 120 HOURS ORIENTATION TRAINING COVERING THE FOLLOWING TOPICS:

1. PROJECT OBJECTIVES
2. SOCIO ECONOMIC CONDITIONS
3. COLLECTION OF DATA / REPORTING
4. SELECTION / PREPARATION OF FOODS FOR HOME CONSUMPTION

HOME ECONOMICS'S FACILITATOR'S WEEKLY REPORTS

TRAINING RETAINED AND UTILIZED BY THE FACILITATORS.

3. B. HOME EC. FACILITATORS SPENT A MIN. OF 10 HOURS PER WEEK IN VISITATION OF COMMUNITY HOMES TO OBSERVE AND MONITOR FOOD PREPARATION.

4. 450 HOMEMAKERS TRAINED
(WIVES OF THE FARMERS)

4. A. 450 HOMEMAKERS GIVEN A MIN. OF 120 HRS
COVERING THE FOLLOWING TOPICS:

1. BASIC ELEMENTS OF PROPER FOODS AND NUTRITION
2. SOURCES OF PROPER NUTRITION
3. SELECTION OF FOOD STUFFS
4. PREPARATION OF FOOD STUFFS EMPHASING THE FOODS "AT HAND"
5. EATING AND POST EATING CLEANLINESS
6. SPECIAL PROBLEM
7. APPROPRIATE TECHNOLOGY FOR PREPARATION AND STORAGE

4. B. 852 OF HOMEMAKERS TRAINED
IMPLEMENTING TRAINING IN THEIR HOMES
AS EVIDENCE BY THE FOLLOWING:

1. SUITABLE SELECTION OF FOODS INCLUDING PROTEIN FOOD, GREEN VEG. ROOT CROP.
2. HYGIENIC METHODS OF PREPARATION AND SERVICE
3. APPROPRIATE HOME STORAGE

INPUTS:

1. A. SELECTION OF FARMERS
B. FORMAL TRAINING
C. BASELINE DATA
D. APPROPRIATE EQUIPMENT
E. PRACTICAL TRAINING
F. IMPLEMENTATION
2. A. SELECTION OF AGR. EXTENSION AGENTS
B. FORMAL TRAINING
C. MATERIAL PROCUREMENT
D. PRACTICAL TRAINING
E. MONITORING
F. BASELINE SURVEY
G. ANALYSIS
H. SECTOR DIVISION
3. AS ABOVE (2)
4. A. SELECTION OF HOMEMAKERS
B. TRAINING
C. PRACTICAL TRAINING
D. PRE TESTING: NUTRITIONAL KNOWLEDGE
E. POST TESTING
F. IMPLEMENTATION
5. E.O.P.S. EVALUATION

TRAINING OFFICERS REPORT

CURRICULUM

VISUAL REPORTS

GRADUATION CERTIFICATES

QUARTERLY FINANCIAL STATEMENTS
MONTHLY PAYROLL STATEMENTS

E.O.P.S. EVALUATION REPORT

TRAINING RETAINED AND
UTILIZED BY HOMEMAKERS

FUNDS ARRIVE ON TIME

COMMUNITY PARTICIPATION
MAINTAINED

STAFF MAINTAIN
CONTRACTUAL OBLIGATIONS

NO MAJOR DISASTERS

SUPPLIES REMAIN AVAILABLE

NARRATIVE SUMMARY

Goal: To which project purpose contributes.

Improved health status of population in Sri Lanka

OBJECTIVELY VERIFIABLE INDICATORS

Decreased mortality rates
Decreased morbidity rates

MEANS OF VERIFICATION

National mortality data
National morbidity data

MAJOR ASSUMPTIONS

Purpose

1. Decreased incidence of water related diseases amongst the population of the village of Mailapatiya by January, 1985.

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Conditions that will indicate that project purpose has been achieved. E.O.P.S.

1. 40% decrease in incidence of gastroenteritis amongst children 0-5 in target community by January, 1985.
2. 25% decrease in incidence of Bacillary Dysentery amongst target population by January, 1985.
3. 30% decrease in prevalence of Amoebiasis amongst target population by January, 1985.
4. 40% decrease in the incidence of Ascariasis amongst children 0-10 in target population by January, 1985.
5. 40% decrease in the incidence of Ascariasis amongst children 0-10 in target population by January, 1985.
6. 20% decrease of infant mortality rate in target community by January, 1985.

- 1A. Analysis of baseline data with endline data by an independent evaluator hired by project management and SAWS/International.
- 1B. Analysis health centre classification of disease records over life of project.
- 1C. Post project public opinion survey conducted in random sample of target communities by SAWS/I and an independent evaluator.
- 2A. Ditto as in 1A
- 2B. Ditto as in 1B
- 2C. Ditto as in 1C
- 3A. Ditto as in 1A
- 3B. Ditto as in 1B
- 3C. Ditto as in 1C
- 4A. Ditto as in 1A
- 4B. Ditto as in 1B
- 4C. Ditto as in 1C
- 5A. Ditto as in 1A
- 5B. Ditto as in 1B
- 5C. Ditto as in 1C
- 6A. Ditto as in 1A
- 6B. Ditto as in 1B
- 6C. Ditto as in 1C

No major epidemic of sanitary related disease

Water systems maintained by community

Project expanded on nationwide scale

Outputs

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1. Project infrastructure established
2. Community health education delivered
3. Potable water system improved

- IA. Project committee functioning in Mailapalya by October, 1982.
- IB. Construction of water system commenced in Mailapalya by October, 1982.
- 2A. 20 hours of environmental health and sanitation education delivered to the target community at large covering the following subject areas:
 - I. Water borne diseases
 - II. Excreta disposal
 - III. Water purification
 - IV. Personal hygiene
 - V. Food Sanitation
 - VI. O.R.T.By January, 1984
- 2B. 6 hours of environmental health and sanitation education delivered to each school in environs of target community covering the following subject areas:
 - I, II, III, IV, V, VI, as in 2A, by January, 1985.
- 3A. Water catchment area for pump house protected from contamination by:
 1. Fence
 2. Appropriate drainageBy January, 1984
- 3B. Pumping capacity of existing water pump increased by 80% by:
 1. Pump overhaul
 2. Regular Maintenance

- Monthly project supervisors report
- Minutes of project committee
- Training Records
- Onsite visitation reports
- Visual records

- No major epidemic of water related diseases.
- Water system maintained and protected
- Community support maintained
- Community retain and utilize training

4. Pit latrine construction programme established

- II. Existing water supply line extended into Colony "A" with a minimum of 4 standpipes by January, 1984.
- III. One new waterspring protected from contamination by January, 1984.
- 3E. Waterspring piped to colony "B" by January, 1984.
- 4A. A minimum of 100 pit latrines constructed in target community by January, 1985.
- 4B. 60% of families having access to a pit latrine using it regularly in target community by January, 1985.
- 4C. A minimum of 10 villagers able to construct a sanitary pit latrine with no outside technical assistance by January, 1985.

Baseline and endline data reports

Inputs
Project Infrastructure

- #1
- A. Staff on site
- B. Selection project committee
- C. Programme scheduling
- D. Baseline data collection

- #2
- A. Curriculum development
- B. Scheduling
- C. Education

Quarterly financial statements

Baseline survey data

Project staff maintain contractual obligations

- A. Site selection
- B. Material Procurement
- C. Labourer contract
- D. Construction
- E. Monitoring

- #4
- A. Site selection
- B. Material procurement
- C. Hire labourers
- D. Construction
- E. Monitoring

#5
E.O.P.S. Evaluation

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BUDGET

YEAR I	YEAR II	YEAR III
Personnel		
65,200	78,000	90,000
Adm Support		
50,000	36,000	43,000
Training		
60,500	60,000	50,000
Proj Support		
219,550	55,350	
<u>E.O.P.S.</u>		105,000
<u>Sub Totals</u>		
395,250	679,350	288,000
Total		1,367,600 Rupees
US Dollars		66,712 @ 20.5:1

- Tracking**
- A--Infrastructure
 - B--Baseline
 - C--Health Education
 - D--Water System
 - E--Latrines
 - F--E.O.P.S. Evaluation

0 6 12 18 24 30 36

A
B
C
D
E
F

Monthly project supervisors reports

Receipt invoices

Payroll statements

Evaluation Report

Community support maintained

Project staff maintained contractual obligations.

Funds arrive on timely basis.

Inflation rate does not rise faster than average rate of increase for the preceding 3 years.

NARRATIVE SUMMARY

Higher Goals: To which this project may contribute.

IMPROVED HEALTH STATUS OF THE POPULATION OF SRI LANKA

OBJECTIVELY VERIFIABLE INDICATORS

- 1. DECREASED MORTALITY RATES
- 2. DECREASED MORBIDITY RATES

MEANS OF VERIFICATION

NATIONAL MORTALITY DATA
NATIONAL MORBIDITY DATA

MAJOR ASSUMPTIONS

NO MAJOR EPIDEMICS
NO MAJOR DISASTERS
LOCAL GOVERNMENT SUPPORT MAINTAINED
PROJECT IS REPLICATED ON NATIONAL SCALE.

Project Goals:

IMPROVED SANITARY HYGIENE AMONGST THE VILLAGERS OF MUMARAVELLA, 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 SAMS/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 MANAGEMENT + SAMS/I
- 1.C: POST PROJECT PUBLIC OPINION SURVEY CONDUCTED RANDOMLY IN TARGET COMMUNITY BY SAMS/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:

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Outputs:

1: FAMILIES TRAINED IN ENVIRONMENTAL HEALTH AND SANITATION.

- 1: 75% OF THE FAMILIES IN TARGET COMMUNITY GIVEN A MINIMUM OF 10 HOURS 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 JANU 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

PREPOSTEST K.A.P. RECORDS

VISUAL RECORDS

SIGNED BENEFICIARY STATEMENTS

FAMILIES RETAIN + UTILIZE TRAINING

COMMUNITY PARTICIPATION MAINTAINED

NO MAJOR EPIDEMICS

NO MAJOR DISASTERS

LOCAL GOVERNMENT APPROVAL MAINTAINED

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:	YR1	YR 2	YR 3
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	xxxxxxxxxxxxxxxxxxxx
Latrines	xxxxxxxxxxxx
Solid Waste	xxxx
Monitoring	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
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 MAINTAINED

STAFF MAINTAIN CONTRACTUAL OBLIGATIONS.

COMMODITY PRICES DO NOT RISE AT MORE THAN 15% PER ANNUM

FUNDS ARRIVE ON A TIMELY BASIS

2: SANITARY LATRINE CONSTRUCTION PROGRAM ESTABLISHED.

3: ANNUAL SOLID WASTE SYSTEM IMPROVED

- 1. PRE-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
- PRETEST K.A.P. RECORDS
- VISUAL RECORDS
- SIGNED BENEFICIARY STATEMENTS

- FAMILIES RETAIN + UTILIZE TRAINING
- COMMUNITY PARTICIPATION MAINTAINED
- NO MAJOR EPIDEMICS
- NO MAJOR DISASTERS
- LOCAL GOVERNMENT APPROVAL MAINTAINED

- Input 1:
- 1. A. SITE SELECTION
 - B. CURRICULUM DEVELOPMENT
 - C. PRETEST K.A.P. SURVEY
 - D. TRAINING
 - E. POSTTEST K.A.P. SURVEY
2. A. BASELINE SURVEY
- B. SITE SELECTION
 - C. MATERIAL PROCUREMENT
 - D. CONSTRUCTION
 - E. ON-SITE TRAINING
3. A. BASELINE SURVEY
- B. SITE SELECTION
 - C. MATERIAL PROCUREMENT
 - D. CONSTRUCTION
4. END OF PROJECT EVALUATION

Budget:	YR 1	YR 2	YR 3
Personnel:	35000	45000	57000
Admin Support	35000	30130	32000
Training	51000	47000	37020
Project Assistance	55870	160000	
E.O.P.S. Evaluation			102500
TOTAL RUPEES 608520			
TOTAL US\$ 33506			

Tracking:	0	6	12	18	24	30	36
Infrastructure	xxx						
Baseline		xx					
Training		xxxxxxxxxxxxxxxxxxxx					
Latrines		xxxxxxxxxxxx					
Solid Waste			xxxx				
Monitoring		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
E.O.P.S. EV.							xx

- QUARTERLY FINANCIAL STATEMENTS
- PRETEST K.A.P. SURVEY
- MONTHLY HEALTH EDUCATORS REPORT
- POSTTEST K.A.P. SURVEY
- BASELINE SURVEY
- RECEIPTS INVOICES
- PAYROLL STATEMENTS

- COMMUNITY PARTICIPATION MAINTAINED
- STAFF MAINTAIN CONTRACTUAL OBLIGATIONS.
- COMMODITY PRICES DO NOT RISE AT MORE THAN 15% PER ANNUM
- FUNDS ARRIVE ON A TIMELY BASIS

Higher Goal: To which Project Goal Contributes.

Decreased Incidence of Morbidity Casually Linked to Substance Abuse in Barbados.

Project Goal: IMPROVED KNOWLEDGE ATTITUDES AND PRACTICES (K.A.P.) RELATING TO HABITUATING SUBSTANCE USE AMONGST THE YOUTH OF THE PARISH OF ST MICHAEL, BARBADOS BY JUNE 1985

Measures of Higher Goal Achievement:

1. DECREASED INCIDENCE OF CORONARY HEART DISEASE
2. DECREASED INCIDENCE OF CIRRHOTIC LIVER DISEASE
3. DECREASED INCIDENCE OF ACUTE ALCOHOLISM
4. DECREASED INCIDENCE OF BRONCHO CARCINOMA
5. DECREASED INCIDENCE OF MORTALITIES RELATED TO ROAD TRAFFIC ACCIDENTS
6. DECREASED INCIDENCE OF PERINATAL DEATHS
7. DECREASED INCIDENCE OF DEGENERATIVE ATHEROSCLEROTIC DISEASE

NATIONAL MORBIDITY STATISTICS
NATIONAL MORBIDITY STATISTICS
POLICE RECORDS
COURT RECORDS

Conditions that will indicate that Project Goal has been achieved:
END OF PROJECT STATUS

1. A. KNOWLEDGE ABOUT ALCOHOL AND HEALTH AMONGST CHILDREN AGED 9-18 INCREASED BY 75% IN ST MICHAEL BARBADOS BY JUNE 1985
- B. KNOWLEDGE ABOUT SMOKING AND HEALTH AMONGST STUDENTS AGED 9-18 INCREASED BY 75% IN ST. MICHAEL BARBADOS BY JUNE 1985
- C. KNOWLEDGE ABOUT CANNABIS AND HEALTH AMONGST STUDENTS 9-15 INCREASED 75% IN ST. MICHAEL BARBADOS BY JUNE 1985
2. A. THE NUMBER OF STUDENTS AGED 9-18 IN ST. MICHAEL BARBADOS WHO INDICATE THEIR BELIEF THAT REGULAR CONSUMPTION (MORE THAN 103 C2 B50ml in 24 hrs.) OF ALCOHOLIC BEVERAGES IS DEFINITELY DETRIMENTAL TO HEALTH INCREASED BY 50% BY JUNE 1985

Affecting Project Goal To Higher Goal Link

ANALYSIS OF BASELINE K.A.P. DATA WITH ENDLINE K.A.P. SURVEY CONDUCTED BY INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT AND SAMS INTERNATIONAL EVALUATOR

MINISTRY OF HEALTH SUPPORT MAINTAINED

LEVELS OF CIGARETTE AND LIQUOR ADVERTISING DO NOT INCREASE BY MORE THAN 20% OVER PROJECT LIFE

IN ST. MICHAEL BARRADOS WHO INDICATE TOBACCO TAXATION
THEIR BELIEF THAT ABSTINENCE FROM
ALL ALCOHOLIC BEVERAGES IS THE
PREFERABLE LIFESTYLE INCREASED BY 15%
BY JUNE 1985

C. THE NUMBER OF STUDENTS AGED 9-18 USE OF CANNABIS IS NOT LEGALIZED
IN ST. MICHAEL BARRADOS WHO INDICATE
THEIR BELIEF THAT SMOKING OF TOBACCO
IS HAZARDOUS TO HUMAN HEALTH IN
CREASED BY 50% BY JUNE 1985

B. THE NUMBER OF STUDENTS AGED 9-18
IN ST. MICHAEL BARRADOS WHO INDICATE
THEIR BELIEF THAT THE USE OF CANNIBUS
IS HAZARDOUS TO HEALTH INCREASED 50%
BY JUNE 1985

3. A. CONSUMPTION OF ALCOHOL AMONGST
STUDENTS AGED 9-18 IN ST. MICHAEL
BARRADOS DECREASED 30% BY JUNE 1985

ANALYSIS OF AVAILABLE NATIONAL
CONSUMPTION DATA FOR LIQUOR AND
TOBACCO BY EVALUATION TEAM

B. PREVALENCE OF CIGARETTE SMOKING
AMONGST STUDENTS AGED 9-18 IN ST.
MICHAEL BARRADOS DECREASED 40% BY
JUNE 1985

ANALYSIS OF RECORDS OF DRUNKEN
DRIVING CONVICTIONS BY EVALUATION
TEAM

C. PREVALENCE OF CANNIBAS SMOKING
AMONGST STUDENTS AGED 9-18 IN ST,
MICHAEL BARRADOS DECREASED BY 40%
BY JUNE 1985

ANALYSIS OF NUMBER OF TEENAGER
ARRESTS FOR POSSESSION OF CANNIBAS
DURING THE LIFE OF THE PROJECT

D. THE NUMBER OF STUDENTS AGED 9-18
WHO NEVER DRINK ALCOHOL INCREASED BY
15% IN ST. MICHAEL BARRADOS BY
JUNE 1985

E. THE NUMBER OF STUDENTS AGED 9-18
IN ST. MICHAEL BARRADOS WHO DO NOT
SMOKE CIGARETTES INCREASED 25% BY
JUNE 1985

Outputs:

- 1. PROJECT INFRASTRUCTURE ESTABLISHED
- 2. SUBSTANCE ABUSE EDUCATION DELIVERED TO TARGET POPULATION

- 1. ONE SCHOOL TRAINING SESSION CONDUCTED BY OCTOBER 1982
- 2. TWELVE HOURS OF FORMAL EDUCATION DELIVERED TO EVERY SCHOOL IN THE PARISH OF ST. MICHAEL BARRADOS

- 1. MONTHLY TRAINING OFFICERS REPORT (T.O.R.)
- 2. MONTHLY PROJECT OFFICERS REPORTS (P.O.R.)

COVERING THE FOLLOWING SUBJECT AREAS:

- A. ALCOHOL AND HEALTH
 - B. ALCOHOLISM
 - C. ALCOHOL AND DRIVING
 - D. ALCOHOLISM AND SOCIETY
 - E. SMOKING AND CANCER
 - F. SMOKING AND HEART DISEASE
 - G. SMOKING, ALCOHOL & PREGNANCY
 - H. CANNABIS AND HEALTH
 - I. ADDICTION
 - J. PSYCHOLOGY OF ADDICTION
 - K. SEXUALITY, FERTILITY & ADDICTION
- by JUNE 1985

MONTHLY T.O.R.
 MONTHLY SCHOOL NURSE REPORTS (S.N.R.)
 TRAINING CURRICULAR SCHOOL EVALUATION REPORTS

CONTRACTS MAINTAINED
 TARGET BENEFICIARIES RETAIN & UTILIZE EDUCATION
 PROJECT BENEFICIARIES REMAIN SUPPORTIVE
 SCHOOL HEALTH NURSES RETAIN AND UTILIZE TRAINING
 MEDIA SUPPORT AND CO-OPERATION MAINTAINED

- 3. SCHOOL HEALTH NURSES INFORMALLY TRAINED IN DELIVERY OF SUBSTANCE ABUSE TRAINING WORKSHOPS.
- 4. APPROPRIATE PROFESSIONAL EXPOSED TO SUBSTANCE ABUSE TRAINING WORKSHOPS
- 5. NATIONWIDE SUBSTANCE ABUSE AWARENESS CAMPAIGN DELIVERED OVER PUBLIC MEDIA

- 3. TWELVE SCHOOL HEALTH NURSES TO RECEIVE 40 Hrs INFORMAL EXPERIENCE BASED LEARNING IN SUBSTANCE ABUSE EDUCATION BY JUNE 1985
- 4. THREE ONE DAY WORKSHOPS ON SUBSTANCE ABUSE EDUCATION COVERING ALCOHOLISM SMOKING & CANNABIS ADDICTION CONDUCTED FOR PROFESSIONALS (DOCTORS, NURSES, TEACHERS & SOCIAL WORKERS BY JUNE 1985
- 5. A. 6 HOURS OF SUBSTANCE ABUSE EDUCATION TRANSMITTED OVER RADIO & TELEVISION BY JUNE 1985
 B. 15 HOURS OF SUBSTANCE ABUSE EDUCATION TRANSMITTED OVER RADIO BY JUNE 1985

- 3. MONTHLY P.O.R.
 MONTHLY S.N.R.
- 4. MONTHLY P.O.R. WORKSHOP REPORTS
 MEDIA COVERAGE OF WORKSHOPS
- 5. PROGRAMME LOGS
 PROGRAMME RECORDINGS
 PUBLISHED CLIPPINGS

C. 200 COLUMN INCHES OR ARTICLES
OF SUBSTANCE ABUSE PUBLISHED
IN LOCAL PRINT PRODUCTIONS BY
JUNE 1985

6. A. 5000 POSTERS ON SUBSTANCE
ABUSE EDUCATION DISTRIBUTED BY
JUNE 1985

B. SCHOOL POSTER DESIGN COMPETITION
SUCCESSFULLY CONDUCTED IN ALL
SCHOOLS BY JUNE 1985

6. DELIVERY NOTES

MEDIA COVERAGE OF POSTER CAMPAIGN
REPORT

Inputs:

1. A. N.O.B./BANS-DES AGREEMENT
OBTAINED
2. B. STAFF SELECTED/HIRED
 - C. STAFF ON SITE
 - D. STAFF ACCOMMODATED
 - E. PROJECT HEADQUARTERS
ESTABLISHED
 - F. VEHICLE PURCHASED
2. A. CURRICULUM DEVELOPMENT
 - B. SELECT/PURCHASE TRAINING
EQUIPMENT
 - C. SCHOOL IDENTIFICATION
 - D. PROGRAMMING
 - E. BASELINE K.A.P. SURVEY
 - F. EDUCATION DELIVERY
 - G. ENDLINE K.A.P. SURVEY
3. A. IDENTIFY TRAINERS
 - B. SCHEDULE TRAINING
 - C. INFORMAL TRAINING
 - D. MONITORING/SCHOOL NURSE TRAINING

Dominica

Higher Goals To which the project purpose may contribute.
 162 Improved Health Status of the People of Dominica.

PURPOSE (PROJECT GOAL)
DECREASED INCIDENCE OF TYPHOID FEVER IN THE HEALTH DISTRICT OF
 A. MARIGOT
 B. GRANDE BAY

CONDITIONS THAT WILL INDICATE PROJECT PURPOSE HAS BEEN ACHIEVED E.O.P.S.
 1. 50% DECREASE IN THE INCIDENCE OF TYPHOID FEVER IN TARGET COMMUNITIES BY DEC. 1985.

MEANS OF VERIFICATION
 ANALYSIS OF BASELINE WITH ENDLINE DATA BY AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT AND SAMS/I.
 ANALYSIS OF LOCAL AND NATIONAL HEALTH DATA.

MAJOR ASSUMPTIONS

OUTPUTS
 1. HEALTH EDUCATION PROGRAMME IMPLEMENTATION.
 2. COMMUNITY HEALTH CARE WORKERS WORKERS TRAINED.

1. 90% OF ALL SCHOOL STUDENTS RECEIVE INSTRUCTION COVERING
 A. TRANSMISSION OF WATER BORNE DISEASE
 B. PERSONAL CLEANLINESS
 2 A. COMMUNITY HEALTH CARE WORKERS GIVEN 20 HOURS EACH OF FORMAL INSTRUCTION IN EACH OF TARGET COMMUNITIES COVERING THE FOLLOWING TOPICS:
 A. CHARACTERISTICS OF TYPHOID
 B. CLINICAL TREATMENT
 C. CARRIERS
 D. PATHOLOGICAL PROCESS
 E. TRANSMISSION AND CONTROL
 2.A. MIN OF HOURS SPENT IN THE COMMUNITY BY C.H.C.W. EACH WEEK.

PRE TEST K.A.P.
 POST TEST K.A.P.
 INDEPENDENT EVALUATION.
 PER TEST K.A.P.
 POST TEST K.A.P.
 TRAINER'S EVALUATION
 WEEKLY REPORTS BY C.H.C.W.

SCHOOLS MAINTAIN SUPPORT NO MAJOR EPIDEMICS.
 TRAINING RETAINED AND UTILIZED BY STUDENTS.
 TRAINING RETAINED AND UTILIZED BY HEALTH CARE WORKERS.

1. ENVIRONMENTAL SANITATION PROGRAMME ESTABLISHED.

1.A. PROPER GANITARY FACILITIES AND WASH FACILITIES ESTABLISHED IN EACH SCHOOL OF TARGET COMMUNITY BY DEC. 1985.

1.B. PIT PRIVIES CONSTRUCTED IN TARGET COMMUNITIES BY DEC 1985.

1.C. POTABLE WATER SUPPLY ESTABLISHED FOR TARGET COMMUNITY.

1. D. INSTALLATION OF CHLORINATION SYSTEM IN TARGET COMMUNITY.

4. PROMOTION HEALTH PROGRAMME ESTABLISHED

4.A. 100 % VACCINATION OF TARGET COMMUNITY POPULACE BY COMPLETION OF PROJECT 1985.

4.B. INSPECTION OF VENDING SHOPS.

PUBLIC HEALTH INSPECTOR'S REPORT ON SITE VISITATION BY SAMS/I.

SUPPLIES AND EQUIPMENT REMAIN AVAILABLE.

UTILIZATION AND MAINTANCE OF SANITARY AND WASH FACILITIES.

UTILIZATION AND MAINTANCE OF POTABLE WATER SUPPLY.

VACCINATION REPORTS

TRAINING OFFICERS REPORTS

HEALTH INSPECTOR'S REPORT

COMMUNITY MAINTAINING SUPPORT.

VACCINATION SUPPLIES REMAIN AVAILABLE.

INPUTS

**1. BASELINE SURVEY
CURRICULUM DEVELOPED
PRE TEST K.A.P. STUDENT S
FORMAL INSTRUCTION
POST TEST K.A.P.**

**2. C.H.C.W. SELECTED
PRE TEST K.A.P.
FORMAL INSTRUCTION
POST TEST K.A.P.
MONITORING**

**3. EQUIPMENT
BASELINE SURVEY
CONSTRUCTION OF
WASH FACILITIES
PIT PRIVIES
POTABLE WATER
CHLORINATION SYSTEM**

**4. SUPPLIES
PROMOTION
VACCINATIONS**

**QUARTERLY FINANCIAL STATEMENTS
RECEIPTS**

INVOICES

FINAL EVALUATION REPORTS

FUNDS ARRIVE ON TIME

**PROJECT STAFF MAINTAIN
CONTRACTS**

**APPROVAL AND COMMUNITY
SUPPORT MAINTAINED.**

Program Goal: The broader objective to which this project contributes.

IMPROVED HEALTH STATUS OF MOTHERS AND CHILDREN IN GUYANA

DECREASED INFANT MORTALITY RATE
DECREASED MATERNAL MORTALITY RATE
DECREASED INCIDENCE OF IRON DEFICIENCY ANEMIAS.
HIGHER AVERAGE BIRTH WEIGHTS

NATIONAL MORTALITY DATA
NATIONAL MORBIDITY DATA

Project Purpose:

DECREASED PREVALENCE OF UNDER NUTRITION IN CHILDREN AGED 0-5 IN 10 TARGET COMMUNITIES OF GUYANA.

Conditions that will indicate purpose has been achieved. End of Project Status.

1. 30% DECREASE IN PREVALENCE OF CATEGORY 3 UNDER NUTRITION IN CHILDREN 0-5. 10 TARGET COMMUNITIES BY JUNE 1985
2. 15% DECREASE IN PREVALENCE OF GOMEZ CATEGORY 2 UNDER NUTRITION IN CHILDREN 0-5 IN 10 TARGET COMMUNITIES BY JUNE 1985.

1. (A) COMPARISON OF BASELINE POINT PREVALENCE DATA WITH F.O.P.S. SURVEY CONDUCTED BY SAMS (1) AND AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT.
- (B) COMPARISON OF PROJECT DATA WITH NATIONAL DATA BY SAMS + INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT.
- (C) POST PROJECT PUBLIC OPINION SURVEY CONDUCTED IN RANDOM SAMPLE OF TARGET COMMUNITIES BY SAMS (1) AND AN INDEPENDENT EVALUATOR.

NO MAJOR EPIDEMIC OF CHILD DEBILITATING DISEASE.
CURRENT ECONOMIC LEVELS MAINTAINED.
PROJECT EXPANDED ON NATION-WIDE SCALE.

2. A. BITTO AS IN 1. (A)
B. BITTO AS IN 1. (B)
C. BITTO AS IN 1. (C)

Method:

1. PROJECT INFRASTRUCTURE ESTABLISHED.

1. TWO FORMAL TRAINING SESSIONS DELIVERED TO 10 COMMUNITY NUTRITION PROMOTERS BY OCT. 1982.

2. COMMUNITY NUTRITION PROMOTERS (CMP) FORMALLY TRAINED IN BASIC NUTRITION.

2. 20 CMP'S GIVEN 40 HRS FORMAL NUTRITION TRAINING IN THE FOLLOWING SUBJECT AREAS:

- A. NUTRITION FOR PREGNANT + LACTATING MOTHERS.
- B. FOOD SANITATION + PREPARATION.
- C. FOOD ECONOMICS + BUDGETING.
- D. BALANCED NUTRITION FOR THE FAMILY.
- E. BREASTFEEDING + WEANING.
- F. SELECTION + PREPARATION OF LOCAL FOODS.
- G. CARVING FOOD FOR THE FAMILY TABLE.
- G. NUTRITIONALLY RELATED DISEASES.

1. MONTHLY TRAINING OFFICERS
2. TRAINING CERTIFICATES, CLASS TRAINING RECORDS SUPPLIED BY TRAINING OFFICER KAP TEST REPORTS.
3. MONTHLY SUPERVISOR REPORTS ON SITE VISITATION PROJECT DIRECTOR. MONTHLY CMP REPORTS TO TRAINING OFFICER.
4. MOTHERS NUTRITIONAL TEST RESULTS. MONTHLY TRAINING OFFICER REPORTS.
5. MONTHLY SUPERVISOR REPORTS ON SITE VISITATION REPORTS BY TRAINING OFFICER.

NO MAJOR EPIDEMIC OF CHILD DEBILITATING DISEASES.
NO MAJOR NATURAL DISASTERS.
GOVERNMENT SUPPORT MAINTAINED.
CMP'S RETAIN AND UTILISE TRAINING.
FOOD SUPPLY LEVELS DO NOT FALL BELOW CURRENT LEVELS (JUNE '82).
PROJECT STAFF MAINTAIN CONTRACTUAL OBLIGATIONS.

BY JUNE 1985.

3. SMALL MOTHERS GROUPS ESTABLISHED IN TARGET COMMUNITIES.

4. MOTHERS TRAINED IN BASIC NUTRITION IN TARGET COMMUNITIES.

5. COMMUNITY NUTRITION PROMOTERS GIVEN EXPERIENCE BASED PRACTICAL TRAINING IN EACH TARGET COMMUNITY.

3. MOTHERS GROUP MEETING MONTHLY IN 60% OF TARGET COMMUNITIES BY JUNE 1985.

4. 50% OF MOTHERS INVOLVED IN PROGRAMME, ABLE TO PASS SIMPLE NUTRITIONAL TEST (see Appendix) BY JUNE 1985.

5. 20 CMP'S RECEIVED 50 HRS EXPERIENCE BASED PRACTICAL TRAINING IN THE FOLLOWING TARGET COMMUNITIES BY

Inputs: Activities and types of Resources.

1. A. PROJECT DESIGN/APPROVAL
- B. SELECTION/HIRING OF STAFF
- C. STAFF ON SITE
- D. STAFF ACCOMMODATION
- E. PROJECT HEADQUARTERS
2. A. CURRICULUM DEVELOPMENT
- B. SELECTION/PURCHASE EQUIP.
- C. SELECTION TRAINING SITES
- P. SELECTION TRAINEES
- E. PROGRAMME SCHEDULING
- F. PRETEST NUTRITIONAL KAP
- G. FORMAL TRAINING
- H. POSTEST NUTRITIONAL KAP
- I. K.A.P. ANALYSIS

3. A. CONDUCT COMMUNITY BASELINE
- B. BENEFICIARY IDENTIFICATION
- C. MOTHERS GROUP ORGANISATIONS
- D. NUTRITIONAL MONITORING

4. A. PRETEST MOTHERS NUTRITIONAL KAP
- B. GROUP TRAINING BY CMP'S
- C. POSTEST NUTRITIONAL KAP

5. A. PROGRAMME SCHEDULING
- B. ON SITE VISITATION/TRAINING
- C. MONITORING

Level of Effort/Expenditure for each Activity.

1. 60 PERSON DAYS @ GD\$82	=	4920
30 PERSON DAYS @ GD\$82	=	2460
70 " " " "	=	5740
ACCOMMODATION/FURNISHINGS	=	6000
MOBILE EXPENSE	=	16200
2. 300 PERSON DAYS @ GD\$82	=	24600
EQUIP-20000/10 PERSON DAYS	=	20820
3. 20 PERSON DAYS @ GD\$82	=	1640
20 " " " "	=	1640
20 " " " "	=	1640
50 " " " "	=	4100
4. 600 " " " "	=	49200
50 " " " "	=	4100
16 " " " "	=	1312

3. 200 " " " "	=	16400
200 " " " "	=	16400
200 " " " "	=	16400
500 " " " "	=	4100

4. 400 PERSON DAYS @ GD\$ 82	=	16400
2240 " " " "	=	183680
200 " " " "	=	16400

5. 15 " " " "	=	1230
300 " " " "	=	24600
200 " " " "	=	16400

WIS CONTRIBUTIONS	=	15000
SEMINARS	=	2500
MAINTENANCE/INSURANCE	=	18000
EQUIPMENT MISC. CONTINGENCY	=	22780

TOTAL GD\$ 483510 = 483510
US \$ 161170

1. A. SIGNED AGREEMENT/MCN
- B. MONTHLY PAYROLL STATEMENTS
- C. MONTHLY RENTAL RECEIPTS
- D. PURCHASE RECEIPTS

2. A. CURRICULUM
 - B. ANNUAL INVENTORY FROM PROJECT DIRECTOR
 - C. QUARTERLY PROJ. DIR. REPORT
 - D. " " " "
 - E. PROGRAMME TIMETABLE
 - F+G. KAP REPORTS
- MONTHLY TRAINING OFFICER REPTS.

3. A. BASELINE REPORTS
- MONTHLY CMP REPORTS

4. A - C KAP REPORTS
- MONTHLY CMP REPORTS

5. MONITORING SCHEDULE
- QUARTERLY PROJECT DIR'S REPORT
- MONTHLY TRAINING OFFICERS REPORT

PROJECT APPROVAL MAINTAINED.

PROJECT STAFF MAINTAIN CONTRACTUAL OBLIGATIONS.

SUPPLIES REMAIN CONSTANT.

FUNDS ARRIVE ON A TIMELY BASIS

INFLATION RATE DOES NOT RISE FASTER THAN THE AVERAGE RATE OF INCREASE OVER PRECEDING 3 YRS.

U.S. \$ DOES NOT DEVALUATE ON INTERNATIONAL MARKET.

COMMUNITY SUPPORT MAINTAINED.

Higher Goal: To which Project Purpose contributes.

INCREASED HEALTH STATUS OF MOTHERS AND CHILDREN IN REPUBLIC OF HAITI.

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Measures of Higher Goal Achievement:

- NATIONAL MORBIDITY
- DECREASED NATIONAL INFANT MORTALITY RATES
- NATIONAL MORTALITY DATA
- DECREASED NATIONAL MATERNAL MORALITY RATES
- DECREASED NATIONAL DISEASE SPECIFIC MORBIDITY RATES FOR CHILDREN 0-5
- DECREASED NATIONAL DISEASE SPECIFIC MORBIDITY RATES IN MOTHERS 15-45

2/11

Project Purpose (Goal)

DECREASED PREVALENCE OF MALNUTRITION IN CHILDREN BETWEEN AGES 0-5 IN TEN TARGET AREAS OF HAITI.

- (a) (f)
- (b) (g)
- (c) (h)
- (d) (i)
- (e) (j)

by JANUARY 1985

Conditions that will indicate that Project Purpose has been achieved. E.O.P.S.

1. DECREASE FROM 13% TO 6% PREVALENCE OF MALNOURISHED CHILDREN (GOMEZ CATEGORY 11) IN TEN TARGET COMMUNITIES BY OCT 84
2. DECREASE FROM 35% TO 25% PREVALENCE OF MALNOURISHED CHILDREN (GOMEZ CATEGORY 11) TEN TARGET COMMUNITIES BY OCT 84
3. DECREASED FROM 40% TO 35% THE PREVALENCE OF MALNOURISHED CHILDREN (GOMEZ CATEGORY 1) IN TEN TARGET COMMUNITIES BY OCT 1984

1. A. A PRE & POST PROJECT MALNUTRITION SURVEY ANALYSIS MADE BY SAWS/I EVALUATION OFFICER TOGETHER WITH FIELD STAFF & AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT.
1. B. COMPARISON OF PROJECT DATA WITH NATIONAL DATA BY FIELD STAFF-SAWS/I
1. C. POST PROJECT PUBLIC OPINION SURVEY MADE BY INDEPENDENT EVALUATOR IN COLLABORATION WITH FIELD STAFF & SAWS/I EVALUATOR
2. A. DITTO AS IN 1 A
- B. " " " 1 B
- C. " " " 1 C
3. A. DITTO AS IN 1 A
- B. " " " 1 B
- C. " " " 1 C

NO MAJOR DISASTERS
 NO MAJOR EPIDEMICS
 PROJECT REPLICATED ON NATIONAL SCALE

MORTALITY RATE (aged 1-4) IN
EACH OF TEN TARGET AREAS OF
HAITI BY OCTOBER 1984

Outputs:

Magnitude of outputs sufficient and
necessary to achieve purpose:

- | | | |
|--|--|---|
| <p>1. 10 Nutrition Training Centres Established by January 1983</p> <p>(a) (f)
(b) (g)
(c) (h)
(d) (i)
(e) (j)</p> <p>2. 1 NUTRITION ASSISTANT TRAINED FOR EACH NUTRITION CENTRE BY JAN 83 (total 10)</p> <p>3. 900 MOTHERS IN EACH TRAINING CENTRE COMMUNITY TRAINED IN CHILD GROWTH MONITORING BY JAN 1985 (to total 9000)</p> <p>4. 900 MOTHERS IN EACH TRAINING CENTRE COMMUNITY TRAINED IN FOOD SANITATION AND PREPARED BY JAN 1985 (total 9000)</p> <p>5. 900 MOTHERS IN EACH TRAINING CENTRE COMMUNITY TRAINED IN PRODUCTION OF VEGETABLE TABLE GARDEN PRODUCTION BY JAN 1985 (total 9000)</p> <p>6. 900 MOTHERS IN EACH TRAINING CENTRE COMMUNITY TRAINED IN GOOD NUTRITION HABITS BY JAN 1985</p> <p>7. 900 MOTHERS IN EACH TRAINING CENTRE COMMUNITY TRAINED IN HEALTHFUL SANITARY PRACTICE BY JAN 1985</p> | <p>1. 10 NUTRITION TRAINING CENTRES OPERATING BY JAN 83 IN:</p> <p>(a) (f)
(b) (g)
(c) (h)
(d) (i)
(e) (j)</p> <p>AT COMPLETION OF EACH 4 MONTHS TRAINING</p> <p>2. 1 NUTRITION ASSISTANT ACTIVELY APPLYING KNOWLEDGE & ACQUIRED SKILLS IN EACH CENTRE BY JAN 83</p> <p>3. AND 50% OF ALL MOTHERS TRAINED ABLE TO :</p> <p>(a) weigh child
(b) record weight on growth chart
(c) identify early signs of malnutrition</p> <p>4. At END OF 4 mth TRAINING 50% OF MOTHERS ABLE TO DEMONSTRATE HOW TO:</p> <p>(a) boil water/milk
(b) sanitize hands & utensils
(c) protect prepared food from contaminatic</p> | <p>1. QUARTERLY SITE VISITATION BY PROJECT DIRECTOR MONTHLY REPORTS FROM NUTRITIONAL ASSISTANTS.</p> <p>2. ON SITE VISITATION MONTHLY REPORTS FROM N/A RANDOM ASSESSMENT REPORT BY PROJECT DIRECTOR</p> <p>3. MONTHLY REPORT FROM NUTRITIONAL ASSISTANTS ROAD TO HEALTH CHARTS. ANALYSIS OF PRETEST AND POSTEST SHEETS BY PROJECT DIRECTOR TRAINING OFFICERS REPORTS MONTHLY.</p> <p>ANALYSIS OF PRETEST AND POSTEST SHEETS BY PROJECT DIRECTOR TRAINING OFFICERS REPORTS MONTHLY.</p> <p>FOOD DELIVERY RECEIPTS. SAWS WAREHOUSE MANAGER MONTHLY. MOTHER/CHILD RECIPIENT REPORTS FROM NA's.</p> <p>ON SITE VISITATION MONTHLY REPORTS FROM N/A</p> <p>NUTRITION ASSISTANTS & MOTHERS RETAIN AND UTILIZE TRAINING.</p> <p>NO MAJOR EPIDEMIC</p> <p>NO MAJOR CLIMACTIC DISASTER</p> <p>CURRENT PER CAPITA SUPPLY LEVELS OF FOOD DO NOT DECREASE</p> |
|--|--|---|

OBJECTIVE	OBJECTIVE VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>Process Goal: The broader objective to which this project contributes.</p> <p>THE IMPROVED HEALTH STATUS OF YOUNG CHILDREN IN THE COUNTRY OF HONDURAS.</p>	<p>DECREASED INFANT MORTALITY RATE DECREASED INFANT RELATED MORBILITY RATES</p>	<p>NATIONAL MORTALITY DATA NATIONAL MORBILITY DATA</p>	
<p>Project Purpose:</p> <p>IMPROVED NUTRITIONAL INTAKE AMONGST YOUNG CHILDREN IN 8 TARGET COMMUNITIES OF THE MUNICIPALITY OF VALLE DE AGUILAS</p>	<ol style="list-style-type: none"> 1. OF THOSE CHILDREN AGED 1-5 WHO PARTICIPATED IN THE PROGRAM FOR AT LEAST 12 WEEKS; 552 WHO OR EXCEEDED WERE FOR THEIR AGE AND SEX BELOW THE "V" LEVEL (WORLDY STANDARD BY FOR AFI) SHOW A TREND OF POSITIVE WEIGHT GAIN TOWARDS THE "V" LEVEL BY JANUARY 1963 2. 25% INCREASE IN THE MORTALITY RATE (LOCAL) OF CHILDREN AGED 1-5 IN EACH TARGET COMMUNITY 3. AGE OF PROJECT PARTICIPANTS DEMONSTRATES INCREASE IN VARIETY OF FOODS EATEN DAILY FOR CONSUMPTION BY JANUARY 1963 VARIETY 	<ol style="list-style-type: none"> 1. ANALYSIS OF BASELINE WITH END-LINE DATA, AS SUPPLIED BY MORLEY W. 708 AGE CHARTS, BY SAME EVALUATOR AND INDEPENDENT EVALUATOR CONTRACTED BY PROJECT MANAGEMENT. 2. ANALYSIS OF BASELINE WITH END-LINE MORTALITY DATA BY SAME AND INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT. 3. ANALYSIS OF BASELINE WITH END-LINE DATA BY SAME AND INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT. 4. PUBLIC OPINION SURVEY AT 8:00 P.M. BY SAME AND INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT. 	<p>NO MAJOR NATURAL DISASTERS WHICH SUPPLY LEVELS REMAINS AT CURRENT LEVELS.</p> <p>NO MAJOR EPIDEMICS</p>
<p>Outputs:</p> <ol style="list-style-type: none"> 1. PROJECT INFRASTRUCTURE ESTABLISHED 2. COMMUNITY HEALTH WORKERS FORMALLY TRAINED <p>COMMUNITY TRAINING GROUPS ESTABLISHED.</p>	<ol style="list-style-type: none"> 1. 120 HRS OF FORMAL TRAINING DELIVERED TO 8 CM'S BY OCTOBER 1962 2. 8 COMMUNITY HEALTH WORKERS GIVEN 170 HOURS OF FORMAL TRAINING IN THE FOLLOWING SUBJECT AREAS: <ol style="list-style-type: none"> A. BASIC FAMILY NUTRITION B. NUTRITION IN PREGNANCY C. BREASTFEEDING AND WEANING D. FOOD SANITATION AND PREPARATION E. COMMON DISEASES F. ORAL REHYDRATION THERAPY (ORT) G. FOOD ECONOMICS AND SHOPPING H. HOME VEGETABLE GARDEN PRODUCTION 3. PERSONAL HYGIENE 4. HOME ECONOMICS BY FEBRUARY 1963 5. A. 1 WEEK TRAINING CAMP MET MONTHLY IN EACH OF 8 TARGET COMMUNITIES BY JANUARY 1963 	<ol style="list-style-type: none"> 1. MONTHLY TRAINING OFFICES REPORTS QUARTERLY PROJECT DIRECTORS REPORT 2. A. TRAINING CERTIFICATES B. CLASS TRAINING RECORDS C. PRE-POSTTEST S.A.P. EXAM RECORDS 3. WEEKLY CM REPORTS MONTHLY TRAINING OFFICES REPORTS 	<p>WORKERS RETAIN & UTILISE TRAINING</p> <p>NO MAJOR DISASTERS CM'S RETAIN AND UTILISE</p>

- 1. FOOD SUPPLEMENTATION IMPLEMENTED
- 2. COMMUNITY HEALTH WORKERS (CP) FORMALLY TRAINED
- 3. HOME TABLE GARDEN PRODUCTION FOLLOWING

- B. 3 LADIES CLUB MET MONTHLY IN EACH OF EIGHT TARGET COMMUNITIES BY JANUARY 1983
- 4. 93% OF THE MOTHERS OF CHILDREN WHO WERE IDENTIFIED AS UNDERWEIGHT FOR THEIR AGE (LESS THAN 4 LEVEL, HENLEY) RECEIVED 6 LBS OF FOOD SUPPLEMENT PER CHILD PER MONTH BY JAN 1983
- 5. A. 8 CM'S EACH RECEIVED 40 HRS EXPERIENCE BASED LEARNING IN THEIR RESPECTIVE COMMUNITIES BY JAN 1983.
B. 73% OF MOTHERS INVOLVED IN THE PROJECT PASSED A SIMPLE ORAL NUTRITION TEST BY JAN 1983 (SEE APPENDIX)
- 6. AGE OF HIGH PARTICIPANT FAMILIES HAVE A MIXTURE OF:
 - (a) 10 SQUARE METERS OF LAND UNDER GARDEN CULTIVATION
 - (b) 2 VARIETIES OF VEGETABLES PLANTED by December 1984

- MONTHLY SITE VISITATION REPORTS BY PROJECT DIRECTOR
- 4. MONTHLY FOOD DISBURSEMENT REPORTS
QUARTERLY FOOD DELIVERY RECEIPTS
- 5. MONTHLY TECHNICAL TRAINING OFFICERS REPORTS
- 6. WEEKLY CM REPORTS
MONTHLY TFO REPORT

TRAINING
FOOD SUPPLEMENTS REMAIN AVAILABLE
LOCAL FOOD SUPPLIES DO NOT DECREASE BELOW 1982 LEVEL
NO MAJOR EPIDEMIC OF CHILD MALNUTRITION DISEASES
GOVERNMENT SUPPORT MAINTAINED

- Object: activities and types of resources
- 1. A. PROJECT APPROVAL
B. SELECTION OF KEYING STAFF
C. STAFF ON-SITE ACCOMMODATION
D. PROJECT DEMONSTRATION
 - 2. A. CURRICULUM DEVELOPMENT
B. SELECTION-PURCHASE MATERIALS
C. SELECTION OF TRAINERS
D. TRAINING SCHEDULES
E. PRACTICE S.A.P.
F. PRACTICE TRAINING
G. PRACTICE S.A.P.
 - 3. A. SITE SELECTION
B. PLANNING ASSIGNMENT
C. BASELINE SURVEY
D. HIGH SCHOOL ORGANIZATION
E. PRACTICE MOTHERS GAP
F. MOTHERS TRAINED BY CM'S
G. FOSTER S.A.P. OF MOTHERS
 - 4. COMMUNITY DEVELOPMENT APPROACH
 - 5. INFLATION MONITORING
 - 6. POLITICAL STABILITY
 - 7. GOVERNMENT SUPPORT MAINTAINED

NECESSARY EXPENSES:

Project Administrator (732)	=	50625
Support Staff (10)	=	118350
Secretarial-accounting		
Auditing Services	=	17030
Transportation Expenses	=	20100
Office + Overhead	=	9300
Contingency	=	6000
Equipment	=	900
Traveling Supplies	=	3400
Project Support	=	6000
		200,000

BANKS CONTRIBUTION 252 0 00410
AID-GAN 732 0 100037

- 1. A. SIGNED AGREEMENT SAMS-NAVAM
B. MONTHLY PAYROLL STATEMENTS
C. PURCHASE RECEIPTS
D. MONTHLY FINANCIAL STATEMENTS
 - 2. A. CURRICULUM
B. ANNUAL INVENTORY REPORT
C. TRAINING CERTIFICATES
- QUARTERLY PROJECT DIRECTORS REPORT
BASELINE REPORT
TRAINING OFFICERS REPORT
CM'S WEEKLY REPORT TO T.O.
- MONTHLY FOOD DISBURSEMENT REPORT
QUARTERLY FOOD DELIVERY RECEIPTS
- MONTHLY T.O.'S REPORT
WEEKLY CM'S REPORT
- PURCHASE RECEIPTS
QUARTERLY STATEMENT OF ACCOUNTS
ANNUAL AUDITED STATEMENT + RECONCILIATION

NO DEVALUATION OF LINDERA-MS
FUNDS ARRIVE ON TIME BASIS
STAFF MAINTAIN CONTRACTUAL AGREEMENTS
PROJECT SUPPLIES REMAIN AVAILABLE

INFLATION MONITORING BY PRICE MONITORING PROJECTIONS
POLITICAL STABILITY MAINTAINED
GOVERNMENT SUPPORT MAINTAINED

ACTIVITY	82	83	84	85	86	87
INFRASTRUCTURE	—	—	—	—	—	—
DESIGN	—	—	—	—	—	—
CONSTRUCTION	—	—	—	—	—	—
FOOD SUPPLEMENT	—	—	—	—	—	—
TECHNICAL TRAINING	—	—	—	—	—	—
TABLETS	—	—	—	—	—	—
STAFF TRAINING	—	—	—	—	—	—

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS								
<p>IMPROVED HEALTH STATUS OF THE PEOPLE IN <u>JAMAICA</u>.</p>											
<p><u>PURPOSE</u></p> <p>IMPROVED HEALTH STATUS OF THE TRINITY TOWN COMMUNITY, KINGSTON JAMAICA BY JUNE 1985</p>	<p>CONDITIONS THAT WILL INDICATE PROJECT PURPOSE HAS BEEN ACHIEVED E.O.P.S.</p> <ol style="list-style-type: none"> 1. 70% DECREASE IN LOCAL IMR IN TARGET COMMUNITY BY JUNE 1985. 2. 50% DECREASE IN PREVALENCE OF DENGUE FEVER IN TARGET COMMUNITY BY JUNE '85. 3. DECREASED PREVALENCE RATES OF THE FOLLOWING SANITARY RELATED DISEASES: <table border="0" style="margin-left: 20px;"> <tr> <td>I GASTRO ENTERITIS</td> <td>40% REDUCTION</td> </tr> <tr> <td>II ANCYLOS TOMIASIS</td> <td>50% REDUCTION</td> </tr> <tr> <td>III ASCARIASIS</td> <td>40% REDUCTION</td> </tr> <tr> <td>IV SCABIES</td> <td>25% REDUCTION</td> </tr> </table> BY JUNE 1985 4. 50% DECREASE IN PREVALENCE OF MEASLES IN TARGET COMMUNITY BY JUNE 1985. 	I GASTRO ENTERITIS	40% REDUCTION	II ANCYLOS TOMIASIS	50% REDUCTION	III ASCARIASIS	40% REDUCTION	IV SCABIES	25% REDUCTION	<ol style="list-style-type: none"> 1. A. ANALYSIS OF BASELINE WITH ENDBLINE DATA BY AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT & SAWS/I. B. ANALYSIS OF PATIENT RECORDS OVER 3YR PERIOD BY AN INDEPENDENT EVALUATOR HIRED BY PROJECT MANAGEMENT & SAWS/I. 2. AS 1- A.B.C. 3. AS 1- A.B.C. 4. AS 1- A.B.C. 	
I GASTRO ENTERITIS	40% REDUCTION										
II ANCYLOS TOMIASIS	50% REDUCTION										
III ASCARIASIS	40% REDUCTION										
IV SCABIES	25% REDUCTION										
<p><u>OUTPUTS</u></p> <ol style="list-style-type: none"> 1. COMMUNITY HEALTH DEVELOPMENT COMMITTEE ESTABLISHED. 	<ol style="list-style-type: none"> 1. A. COMMUNITY HEALTH DEVELOPMENT COMMITTEE MEETING REGULARLY, A MINIMUM OF ONCE A MONTH IN TARGET COMMUNITY BY DEC. 1982. B. A MINIMUM OF 4 COMMUNITY ACTION TEAMS IN TARGET COMMUNITY APPOINTED BY COMMUNITY HEALTH DEVELOPMENT COMMITTEE ACTIVELY ENGAGED IN SELF HELP WORK ON A WEEKLY BASIS BY JUNE 1983. 	<p>MINUTE COMMUNITY HEALTH CARE COMMITTEE.</p> <p>MONTHLY COMMUNITY ACTION TEAM REPORTS.</p> <p>MONTHLY HEALTH OFFICERS REPORTS.</p> <p>VISUAL RECORDS.</p>	<p>GOVERNMENT SUPPORT MAINTAINED</p>								

2. PRIMARY HEALTH CARE DELIVERY SYSTEM ESTABLISHED.

3. COMMUNITY HEALTH PROMOTERS TRAINED.

4. ENVIRONMENTAL SANITATION PROGRAM ESTABLISHED.

2. A. 1 COMMUNITY P.H.C. CENTRE FUNCTIONING IN TARGET COMMUNITY BY JAN. 1985.

B. COMMUNITY P.H.C. CENTRE DELIVERED FOLLOWING SERVICES IN TARGET COMMUNITY.

- I CURATIVE CARE
- II P.H.U. CLINICS
- III PROMOTIVE HEALTH (IMMUNIZATION/VACCINATIONS)
- IV FAMILY PLANNING
- V PREVENTIVE HEALTH EDUCATION

BY JUNE 1985

3. A. 5 C.H.P.'s GIVEN 20 HRS. EACH FORMAL INSTRUCTION IN TARGET COMMUNITY BY JUNE 1985 IN THE FOLLOWING AREAS.

- I FOOD SANITATION
- II ORAL REHYDRATION THERAPY
- III GROWTH MONITORING
- IV BREAST FEEDING & WEANING
- V PERSONAL HYGIENE
- VI FAMILY SPACING
- VII BASIC NUTRITION
- VIII FOOD BUDGETING

B. 5 C.H.P.'s EACH SPEND A MINIMUM OF 2 DAYS PER MONTH AT COMMUNITY P.H.C. FOR INFORMAL TRAINING BY JUNE 1985.

4. A. 90% OF CURRENT WATER STANDPIPES IN TARGET COMMUNITY OPERATING WITHOUT LEAKS BY JUNE 1985.

B. A MINIMUM OF 1 FUNCTIONING WATER SEAL LATRINE AVAILABLE FOR EVERY 5 FAMILIES IN TARGET COMMUNITY BY JUNE 1985.

C. 1 SHOWER AVAILABLE FOR EVERY 5 FAMILIES IN TARGET COMMUNITY BY JUNE 1985.

D. 90% OF ALL EXISTING POOLS OF STANDING WATER DRAINED & FILLED IN TARGET COMMUNITY BY JUNE 1985.

MONTHLY HEALTH OFFICERS REPORTS.

PUBLIC HEALTH INSPECTORS REPORTS.

ON SITE VISITATION BY SAWS/I PERSONNEL.

NO MAJOR EPIDEMICS.

NO MAJOR DISASTERS

TRAINING RETAINED & UTILIZED BY COMMUNITY.

TRAINING RETAINED & UTILIZED BY COMMUNITY HEALTH PROMOTERS

COST OF LIVING DOES NOT INCR. BY MORE THAN THE AVERAGE RATE INCREASE OVER THE PRECEDING 3 (1979 - '82).

E 90% OF ALL SOLID WASTE IN TARGET COMMUNITY DISPOSED OF IN A SANITARY MANNER BY JUNE 1985.

F 5 FIRESAFE INCINERATORS CONSTRUCTED IN TARGET COMMUNITY BY JUNE 1985.

G 10 MEMBERS OF TARGET COMMUNITY TRAINED IN MAINTENANCE OF WATER SYSTEM BY JUNE 1985.

H 3000 PEOPLE IN TARGET COMMUNITY GIVEN MINIMUM OF 10 HRS INSTRUCTION IN ENVIRONMENTAL HEALTH & SANITARY HYGIENE COVERING THE FOLLOWING SUBJECT AREAS:

- I FOOD SANITATION
- II PERSONAL HYGIENE
- III WATER BORNE DISEASES
- IV FILTHE BORNE DISEASES
- V VECTOR BORNE DISEASES

INPUTS

1. A COMMUNITY ORIENTATION
- B COMMITTEE SELECTION
- C PROGRAMMING
- D SELECTION ACTION GROUPS
- E IMPLEMENTATION SELF HELP

2. A M.O.U. APPROVAL
- B SITE SELECTION
- C MATERIAL PROCUREMENT
- D RECONSTRUCTION
- E EQUIPMENT
- F SELECT/HIRE STAFF
- G BASELINE SURVEY
- H IMPLEMENT P.H.C.
- I MONITOR P.H.C.

3. A CURRICULUM DEVELOPMENT
- B SELECTION C.H.P.'s
- C PRETEST K.A.P.
- D FORMAL TRAINING
- E POSTEST K.A.P.

BUDGET

	(YEARS)		
	1ST	2ND	3RD
PERSONNEL	80,000	82,150	96,750
TRAINING	13,000	5,200	1,000
SUPPORT	30,000	50,000	28,750
TRANSPORTATION	4,000	5,000	6,000
E.O.P.S			8,750
TOTAL	401,850		
US \$	229,626		

TRACKING

	0	6	12	18	24	30	36
COMMITTEE	X						
BASELINE	-	X					
P.H.C	X	-	-	-	-	-	X
PROMOTERS	X	-	-	-	-	-	X
SANITATION	X	-	-	-	X		
E.O.P.S.							X-X

QUARTERLY FINANCIAL STATEMENTS MONTHLY PAYROLL STATEMENT.

E.O.P.S. EVALUATION REPORT

FUNDS ARRIVE ON TIMELY BASIS
 COMMUNITY PARTICIPATION MAINTAINED
 GOVERNMENT APPROVAL MAINTAINED
 POLITICAL STABILITY MAINTAINED AT OR ABOVE CURRENT LEVEL.
 STAFF MAINTAIN CONTRACTUAL OBLIGATIONS.
 NO MAJOR DISASTERS
 SUPPLIES REMAIN AVAILABLE
 INFLATION RATE DOES NOT EXCEED AVERAGE RATE OF INCREASE OF PRECEDING THREE YR. PERIOD (1979 - '82).

4.
 - I THEORETICAL TRAINING
 - G. MONITORING
 - A HASPI LINE SURVEY
 - B SITE SELECTION/PLANNING
 - C SCHEDULING
 - D MATERIAL PROCUREMENT
 - E WORK GROUP ORGANIZATION
 - F IMPLEMENTATION
 - G MONITORING
 - H MAINTENANCE
5. E.O.P.S. EVALUATION

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>174</p> <p>Program Goals: The broader objective to which this project contributes.</p> <p>IMPROVED HEALTH STATUS OF MOTHERS AND CHILDREN IN THE STATE OF ST LUCIA</p>	<p>Measures of Goal Achievement:</p> <p>DECREASE INFANT MORTALITY RATE DECREASED MATERNAL MORTALITY RATE HIGHER AVERAGE BIRTH WEIGHTS DECREASED PREVALENCE OF IRON DEFICIENCY ANAEMIA</p>	<p>NATIONAL ANNUAL MORBIDITY + MORTALITY STATISTICS DIRECTOR OF MEDICAL SERVICES ANNUAL REPORT</p>	
<p>Project Purpose:</p> <p>DECREASED PREVALENCE OF MODERATE TO SEVERE MALNUTRITION IN CHILDREN UNDER FIVE IN 10 TARGET COMMUNITIES OF ST LUCIA BY June 1985</p>	<p>Conditions that will indicate purpose has been achieved. End of Project Status:</p> <ol style="list-style-type: none"> 1. 30% decrease of the prevalence of severe malnutrition (Gomez Cat 3) amongst children aged 0-5 in ten target areas-Vieux Fort, Vannard, 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-Vieux Fort, Vannard, Saltibus, Mongouge, Anse Le Raye, Bexon, La Croix, Dennery, Richfond, La Ressource-by June 1985 	<ol style="list-style-type: none"> 1. A. COMPARISON OF BASELINE MALNUTRITION PREVALENCE SURVEY WITH POLYPROJECT SURVEY CONDUCTED BY SAMS/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 SAMS 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) 	<p>NO MAJOR NATURAL DISASTERS FOOD SUPPLY LEVELS REMAIN AT SAME OR IN EXCESS CURRENT LEVELS.</p> <p>GOVERNMENT SUPPORT MAINTAINED NO MAJOR EPIDEMICS OF CHILD DEBILITATING DISEASES.</p> <p>COMMUNITY CO-OPERATION MAINTAINED INFLATION RATE DOES NOT RISE FASTER THAN AVERAGE TREND OF LAST THREE YEARS (1979-81)</p>
<p>Outputs:</p> <p>1. PROJECT INFRASTRUCTURE ESTABLISHED.</p>	<p>Magnitude of outputs necessary + sufficient to Purpose:</p> <p>1. COMMUNITY TRAINING DELIVERED TO FIRST TARGET BENEFICIARY BY Dec. 1982.</p>	<p>1. MONTHLY TRAINING OFFICER REPORTS (T.O.R.) MONTHLY CIA REPORTS.</p>	<p>CONTRACTUAL AGREEMENTS AND PRIVILEGES MAINTAINED.</p>

- 175
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 JOINTS 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), DEXON(2), ANSE LE RAYE(2), RICHARD(2), LA RESSOURCE(2), DENNERY(2), MONCOUGE(2), SALTIBUS(2), BOQUIS(2), VIEUX 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.**

4. **CLASS TRAINING RECORDS SUPPLIED BY T.O.**
PRE AND POSTEST NUTRITIONAL KNOW 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.**

PRIVILEGES MAINTAINED

CHA'S RETAIN + UTILISE TRAINING
MOTHERS RETAIN + UTILISE TRAINING
SUPPORT AND CO-OPERATION OF COMMUNITY DEVELOPMENT WORKERS AND FAMILY LIFE EDUCATORS MAINTAINED

MINI OF NUTRITIONAL EDUCATION IS
 DELIVERED TO EVERY SCHOOL IN EACH TARGET COMMUNITY BY JUNE 1985

Inputs: Activities and types of resources

1. **A. SAMS/SI. PROJECT APPROVAL GRANTED**
- B. SELECTION + HIRING PROJECT PERSONNEL**
- C. ACCOMMODATION + PROJECT HEAD-QUARTERS**
- D. PURCHASE PROJECT VEHICLE**
2. **A. CURRICULUM DEVELOPMENT**
- B. SELECTION/PURCHASE TRAINING EQUIPMENT**
- C. SELECTION TRAINING SITES**
- D. PROGRAM SCHEDULING**
- E. NUTRITIONAL KAB PRETESTS CMA'S**
- F. FORMAL NUTRITION TRAINING**
- G. NUTRITIONAL KAB POSTEST**

Level of Effort/Expenditure for each activity	
1.	30 persondays @ \$19 - \$ 1 170 Vehicle Purchase - \$10 800 Vehicle Support - \$ 7 740 Accommodation/Mental/Fur - \$10 900
2.	A. 132 persondays @ \$39 - \$ 5 148 B. Equipment - \$11 000 C. 5 persondays @ \$39 - \$ 195 D. 10 persondays @ \$39 - \$ 390 E. 26 persondays @ \$39 - \$ 1 014 F. 112 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/\$2000 x3 \$ 6 000 B. TRAVEL/PER DIEM / \$1000 p-a 00 C. E.O.P.S. EVALUATION MISCELLANEOUS ADJUSTMENT 15% FOR 1985 \$19 500 TOTAL BUDGET \$US 161 170 \$US 427

MEANS OF VERIFICATION

1. **A. MOHI/SAMS/SI. AGREEMENT**
- B. PAYROLL RECEIPTS**
- C. RENTAL RECEIPTS**
- D. PURCHASE RECEIPT ANNUAL 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
 SUPPLIES REMAINED CONSTANT
 INFLATION RATE DOES NOT RISE FASTER THAN THE AVERAGE RATE OF THE RECEIVING THREE YEARS.
 THERE IS NO MAJOR DEVALUATION OF THE US DOLLAR.

ACTIVITY	0	16	12
MOHI/APPROVAL		x	
DESIGN		x	
FORMAL TRAIN		x	x
INFORMAL TRAIN		x	x
MONITORING		x	x
EOP'S EVALUATION			x

Agency Collaboration by Country

Philippines

FPOP (Family Planning of the Philippines); Silang Federation of Civic Organizations.

St. Lucia

World Food Program; Save the Children Fund.

Barbados

Barbados Cancer Society; Barbados Family Planning; special committee of relevant agencies chaired by Minister of Health Education.

Honduras

CARE.

Kenya

AIMTECH; Canadian Embassy; Technology Village in Mosoriot; Kapsabet MCH Clinic; Family Life Centre in Kisumu; government nursery school; MOH: Nutrition Project Director, Director of Communicable Disease and Research, Chief Nutritionist.

Zimbabwe

PTA Consulting Services; Hawaii University (in behalf of the Malawian government); articles in Organic Gardening (USA), Regenerative Gardening (USA, Canada), Biodynamic Gardening (Australia), Small-scale Farms (Philippines), Organic Farming and Gardening (RSA), Small Holders (RSA); Agrotech (GOZ Agriculture Extension Services); Mennonite Central Committee; World Vision; Zimcare Trust Farm; Christian Care; Zimbabwe Project; Zimfep; Zimbabwe Comrades, Baptists.

Tanzania

FPIA (Family Planning International); MSH (Management Sciences for Health).

Rwanda

Director of the nationwide program of CHWs (President's sister) re training program and use of some materials and methods; ONAPO.

I. Project Design

- a. Not pioneering, not innovative
- b. Training aspects poorly designed, including curriculum
- c. Monitoring system lacking
- d. CHP salary high and dependent on external funds
- e. No self-support component included

I. Project Design

- a. The Tanzania government PHC concept is as yet basically untried in Tanzania, and in the words of the government itself, it will be "years" before the program will reach all of Tanzania, due to the enormous capital outlay involved in their ambitious plans. For the SDA church, village-based PHC is also a new concept, and effective, replicable program models are scarce.
- b. See IV, a-d.
- c. See II, a; VI, b.
- d. Beginning in the fall of 1984, discussions ensued between Project staff and village leaders regarding CHP salaries, which have been supplied by ADRA. The overwhelming majority of villages agreed to begin financially supporting their own CHPs. The salaries were reduced by one-half in December 1984, with the remaining half to end in May 1985. Those villages who wish to begin a VHW Project with the clinics starting January 1985 are financing their local program from the very start. This is according to the GOT plan. Any village selecting CHPs to be trained into VHWs will already have taken the responsibility to fully support him/her as a prerequisite to participation.
- e. There is no question that the former CHP program was very expensive. The new VHW program eliminates much of the heavy costs. Transportation costs are reduced by shifting monitoring/evaluation aspects to village governments (see IIIa); to the clinic in-charges (see VI b); and new Health Services' zonal supervisors (see IIa). Personnel salaries are greatly reduced (villages finance VHW and related

- f. Total net-working not well established.

II. Project Administration

- a. Dr. Chamba overloaded with responsibilities

costs; Health Services absorbs the two training officers whose jobs have become obsolete; clinic in-charges are already fully financed by Health Services; and ADRA's treasurer's office is eliminated and picked up by an accounting service (most likely can be done personally by Mr. Robinson). Minimal costs now come from training materials, occasional supplementary supervisory visits, report form supplies, and a few similar low outlays.

- f. See IIa.

II. Project Administration

- a. Formerly, Dr. Chamba alone had administrative responsibility for planning, managing, supervisory visits, etc. with local supervision being done by two training officers who lived as far as 4 hours by motorcycle from some clinic/village clusters. Health Services has recently (October 1984) introduced and instituted an efficient plan where Tanzania is divided into "zones" and a zonal supervisor is centrally placed in each zone. One zonal supervisor is now located at Musoma to serve that region, and one at Moshi to serve Kilimanjaro region. Due to his overly heavy responsibilities, Dr. Chamba was able to visit some clinics at best annually. The zonal supervisors, however, now visit every clinic in their zone monthly. They have administrative authority and are experienced men able to supervise the VHW aspects of the clinic work as well as the scheduled activities. Furthermore, the clinic in-charges are now actively participating in the VHW program, and, if the village requests, are willing to walk to each participating village monthly. Participating villages are within a 5 km. radius of the clinic to facilitate these activities. The new relationship between the clinic and village will largely alleviate the former problems associated with the long distances the training officers had to travel to reach a village, the necessarily short visiting time available, and the lack

- b. Lack of staff/consultants and local staff inexperienced in planning, management, and training

III. Community Participation

- a. No supervisory function
- b. Planned committees not present

of familiarity with that particular village's internal problems- a result of the training officer living so far away. The new VHW plan distributes the administrative responsibilities.

- b. ADRA/International sent two consultants to work especially in strengthening the ADRA/Tanzania staff in participatory planning, competency-based training techniques, and financial design assistance. Additionally, changes in Health Services management (i.e. installment of zonal supervisors) are evidence of growing internal experience of Health Service administrators.

III. Community Participation

- a. With the new VHW program, the village has the ultimate authority over their VHWs; the clinic has an assisting role only. Formerly, the CHP program revolved around the clinic, even though the clinic was unsure of their role. CHPs came two times weekly to the clinic to work, and village work was left on its own. VHWs now report directly to the village government, sending a copy of their written report of activities to the clinic. The village government holds the authority to hire/terminate a VHW.
- b. At the time of the MSH evaluation (9/83) not many committees were present. That has changed with time. It should be made clear that the concept of a "health committee", while recommended by GOT, is not yet enforced. It appears entirely possible that a successful VHW program can be carried out under existing village committees, as evidenced by the current program, until such time as villages without Health Committees opt for such.

- c. No obvious support (financial or otherwise)
- d. Lack of response
- e. Selection criteria different than planned
- c. The real question to ask is: Why should the village support a CHP who spends two days out of seven at the clinic, who basically only builds latrines, and has little of practical value to offer his village? Besides, the ADRA people are paying 621 TSh./mo. (a good wage) anyways! The correct perspective, we believe, will be achieved with the new VHW program because: (1) it belongs to the village (2) the village will know exactly what they can expect from a VHW should they decide to sponsor one (3) the village government, as the supervisory body, can see for themselves his/her effectiveness (or lack of it) (4) the village can terminate his/her services if they feel they are not getting their money's worth. Having a village-supported program is the only plan consistent with the national value of "ujamaa" (self-reliance) and true PHC.
- d. There has not been anything of value for the villages to respond to, except the concept of latrines. A large number have been built. This demonstrates to us that the village people are willing to respond, but their response has not been encouraged and expanded into other health areas. This can change when the VHWs return to their villages after training with concrete skills, tasks, and schedules, with special emphasis being given during their training time on effective communication as part of the skills-training.
- e. The new selection criteria is that of the GOT. The new relationship between the clinic and the village facilitates increased dialogue and consequently greater understanding of the entire VHW concept, including the GOT selection criteria and why it was selected for VHI programs in Tanzania.

IV. CHP training

- a. No task analysis; not competency-based; not practical
- b. Length arbitrary
- c. Poor learning experiences, no manual, poor training materials, no evaluation plan

IV. CHP training

- a. It is generally known that most people teach using the same style that they themselves were taught by. Such was the case with the CHP trainers and training. All three trainers were medical professionals (M.D., R.M.A.s) and they designed a curriculum based on their background. (Examples: anatomy and physiology theory, pathophysiology, etc.) The VHW training planning was entirely different. A new method of training was emphasized. First, the goal was thoroughly discussed: PHC to as many Tanzanians as possible. Then, VHW functions were delineated which were deemed essential for the VHW to know in order to achieve the goal. Then the most basic skills were designated which the VHW must know in order to satisfactorily perform each function. The training, then, becomes a matter of teaching these basic skills.
- b. We find the GOT program length arbitrarily set along with the former CHP training. (The GOT training is set at 2 months and there is not a curriculum yet.) The VHW training length was determined as follows: a time parameter was studied and designated for the teaching time needed for each skill or function; all times added up to approximately 75 hours. The days and hours of training will differ from clinic to clinic due to differing schedules, but the number of hours will be consistent.
- c. We do not believe in having overhead-heavy training programs with expensive learning tools and impossible-to-replicate teaching materials. But we do believe in having well-organized, thoroughly planned-in-advance training plans and tentative curricula (subject to change according to student input). The in-charges left the November workshop with a complete curriculum plan which will give a basic core experience for each trainee yet which allows for regional variations. The in-charges learned and practiced appropriate teaching methods and

d. Little practice

V. CHP Tasks

a. Not a result of baseline data results

b. CHPs disillusioned

about no-cost communicative aids such as discussions, prompted by stories, role-plays, culturally relevant games, various small and large group activities, etc. In addition, two consultants will visit each in-charge before their actual training begins (this is per the requests of the in-charges) to review their plans with them and assist in final preparation as requested. These pre-training activities are for the purpose of improving the learning experiences of the VHW-trainees.

d. CHP training involved a short "scientific", quasi-professional medical theory experience after which the trainees were expected to independently make the quantum connection of application of such theory to practical health measures in their community. To assume such an application would be made was, and is, unrealistic. Alternatively, the VHW program focuses on basic skills-learning--with practice periods immediately following each learning module, plus a closely supervised four-month practice "internship" in the home village. The VHWs are only expected to perform carefully mastered skills which have been shown to improve health and reduce disease.

V. CHP Tasks

a. Unfortunately, data collection and analysis followed the CHP training process. With correct order, the data could have been useful in pin-pointing problem areas which needed special skills-emphasis. The VHW program centers around community requests rather than data analysis; however, the already-collected data can be useful in clinic preparation of continuing education programs for the VHWs, and to share with the village governments themselves.

b. This point was specifically followed-up by the ADRA consultants, and suprisingly, on the whole the consultants found the CHPs to be quite excited about the

- c. CHPs not well prepared with knowledge or experience
- d. No systems for: (1) prioritizing community needs or perceptions (2) communicating/responding to community leaders/at-risk families (3) no household survey follow-up (4) no targeting of high-risk families (5) no follow-up system to record child growth, KAP changes, family planning acceptors, health education, etc.
- e. Not trained in administrative duties

VI. CHP Monitoring

- a. Present system not working (too little time, fuel, transportation for all concerned)
- b. No clinic support design

progress made in their villages on latrine-building and usage, which has been their principal role. With the even greater village health responsibilities to be given to the VHWs, and the decided support of their own villages behind them, we expect this enthusiasm to continue.

- c. See IV, d.
- d. VHW work priorities come directly from the village government--VHWs are to be members of the Village Health Committees (if available), as outlined in GOT plans so that they have a direct link to village government decision-making and planning. Part of their functions as envisioned and voted by the clinic in-charges (subject, of course, to village government decision) are to: keep at-risk lists, weigh and record child weights on Road-to-Health charts, keep a list of family planning acceptors and work in close connection with the MCHA (Maternal-Child Health Aide), and keep an accurate census. All related information is to be recorded daily and put on a monthly form sent to the village government with a copy to the clinic. The entire recording and reporting process has been skill-analyzed with each needed skill to be mastered and practiced during training.
- e. After conferring with the MSH Evaluation team, "administrative" refers to reporting and record-keeping type duties. See "d" above.

VI. CHP Monitoring

- a. See IIa and IIIa for description of new monitoring system.
- b. The new VHW program relies entirely on the village for authority and future success. The clinics handle an essential yet purely secondary support role con-

c. Clinic staff are uncommitted and do not know role

d. Record-keeping of clinic inadequate

e. CHPs do not use clinic system

sisting of motivational activities, training, and selected limited monitoring/evaluation activities upon request. The design is such that the clinic in-charges are constantly aware and involved in the observation of the village project progress. The in-charges are no longer circumvented by out-lying training officers as in the retired design. Upon village request, the clinics are prepared to continue sharing the wealth of information among their staff with the VHW indefinitely.

c. See "b" above.

d. Subsequent to the MSH evaluation of 9/83, Health Services prepared, issued, and utilized a form for the training officers to record project progress. This form was examined by the in-charges in 11/84 and a new form was prepared by them to provide a more comprehensive (yet simple) picture of the project to be completed by each VHW monthly. These forms may potentially be modified still further if the village governments see a need. The in-charges compile a quarterly cumulative report for Health Services from the VHW forms. Reports are also sent to the Health Services MCH Coordinator so that all MCH activities, both village- and clinic-based, can be coherently addressed.

e. The ADRA consultants found just the opposite to be true. CHPs were travelling, sometimes for long distances, sometimes weekly to work in the clinics apparently so that they might gain additional knowledge and experience. This clinic work was felt to be rather prestigious. The consultants found that this clinic work was overshadowing the main purpose of the CHPs: to work in their villages. When the in-charges remodeled the program (and after listening to some complaints of CHPs re the long distances they had to walk), a decision was made that VHWs now need come only one time monthly- to turn in a monthly report copy, and to receive about four hours of continuing education. Of course, the clinic is always available (and now much more aware of VHW needs) for help and referral, and VHWs may feel free to come as often as real needs dictate.

- f. Training officers do not have organized procedures for their role
- g. No advance plans submitted by CHPs
- h. No daily record kept by CHPs (or training officers)

VII. Other

- a. Data collection quality questionable
- b. Financial analysis lacking yet needed for self-support plans

- f. After the VHW workshop, the training officers have become a redundant staff component, so this point is no longer of concern. Until their contracts expire in May 1985, the training officers will be useful for assisting in the many clinic VHW training programs occurring in the first half of 1985, after which they are to be absorbed back into Health Services as in-charges.
- g. This point will need to be discussed and resolved by the village governments, as this falls under their authority.
- h. At the time of the ADRA consultants' first field inspection (October and November, 1984) the CHPs and training officers were keeping daily logs, and had been for quite some time. The VHWs will continue with daily logs as this has proven to be a useful monitoring/evaluation tool, and useful also for referencing by the VHW.

VII. Other

- a. While the data already collected may be used for clinic continuing education (see Va) the new VHW program activities will not be as a result of analysis of this data but rather from community requests. It is difficult to judge the data quality at this point as all has not yet been compiled.
- b. The types of plans set forth by the MSH evaluators for self-support (e.g. pay CHPs from clinic proceeds, allowing CHPs to keep a portion of proceeds from their drug sales, etc.) are not consistent with GOT premises such as free health care, "ujamaa" (self-reliance) and village government authority. The new VHW plan, however, is entirely consistent with GOT program outlines, and presents itself as a highly sustainable, very low cost clinic outreach-to-villages program, supported and maintained by the local villages themselves.

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What students said about the course:

"This programme has helped me. Once I was nothing. Now I am an agricultural science teacher at St. James Secondary School."
(Themba Nyamambi, Teacher)

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(Willoughby Ndlovu, Cooperative Director)

"This programme has helped me much. Now my children eat fresh things. I never spend one day without money. People always buy my vegetables."
(Efilitah Ngadulane, Self-employed Gardener)

"This programme has been of great benefit to me. I had no bicycle, no radio, no oxen. Then all these things came to me from my garden."
(Laurence Kabanda, Self-employed Farmer)



Write for fees and application forms:

SAWS Director

Solusi College, SDA Seminary

Private Bag T-5399

TABLE I
 FEEDING PROGRAM
 October to December '84

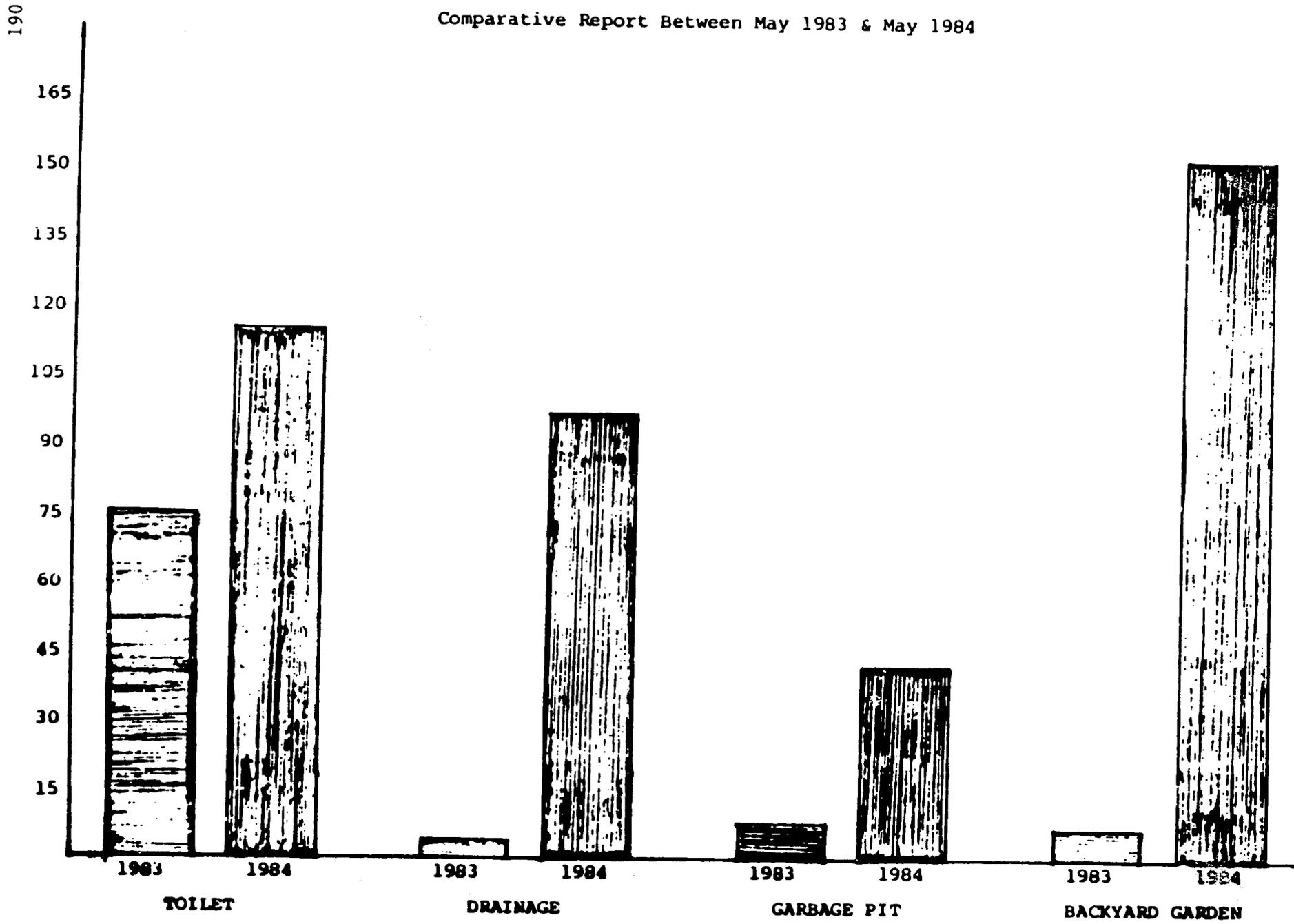
	Casile		Putingkahoy		Carmen		Hukay	
Total Enrolled	12		55		19		29	
Nutrition Status	October	December	October	December	October	December	October	December
N	0	1	0	11	0	3		0
1 ^o	3	5	33	30	14	10		13
2 ^o	7	6	22	9	5	6		15
3 ^o	2	0	0	0	0	0		1
Transferred/ Discontinued				5				
	12	12	55	55	19	19		29

TABLE I
FEEDING PROGRAM
January to March 1985

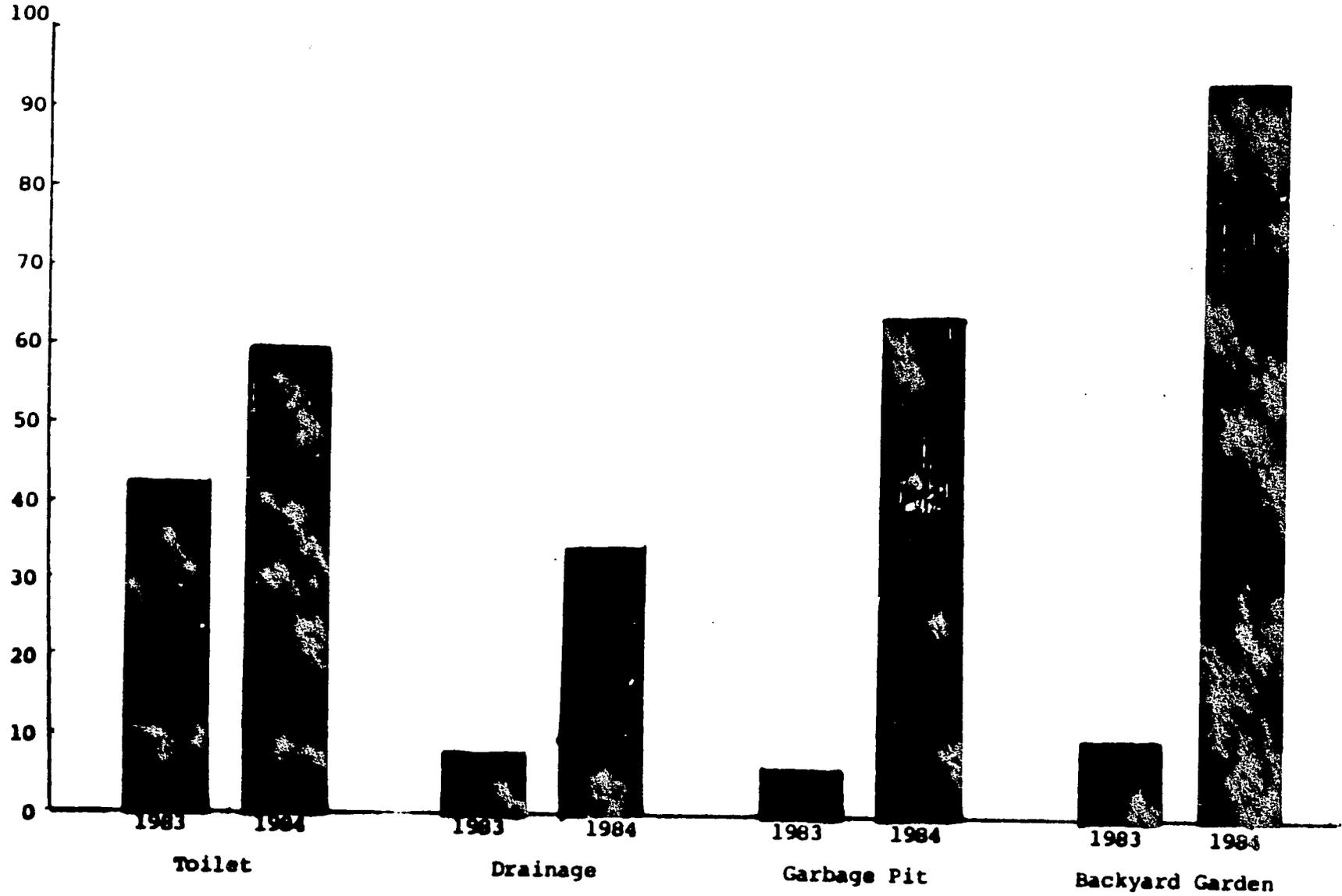
	Cusile		Puting Kahoy		Muzon		Carmen		Hukay	
Total Enrolled	12		60		61		33		29	
Nutritional Status	January	March	January	March	January	March	January	March	January	March
N	0	0	0	12	-	0	0	10	0	0
10	5	9	30	36	-	46	10	14	13	15
20	6	3	9	12	-	14	6	9	15	14
30	0	0	0	0	-	1	0	0	1	0
Transferred/Discontinued							2			
Added	1		21				19			

ENVIRONMENTAL HEALTH OF PUTING KAHOY

Comparative Report Between May 1983 & May 1984

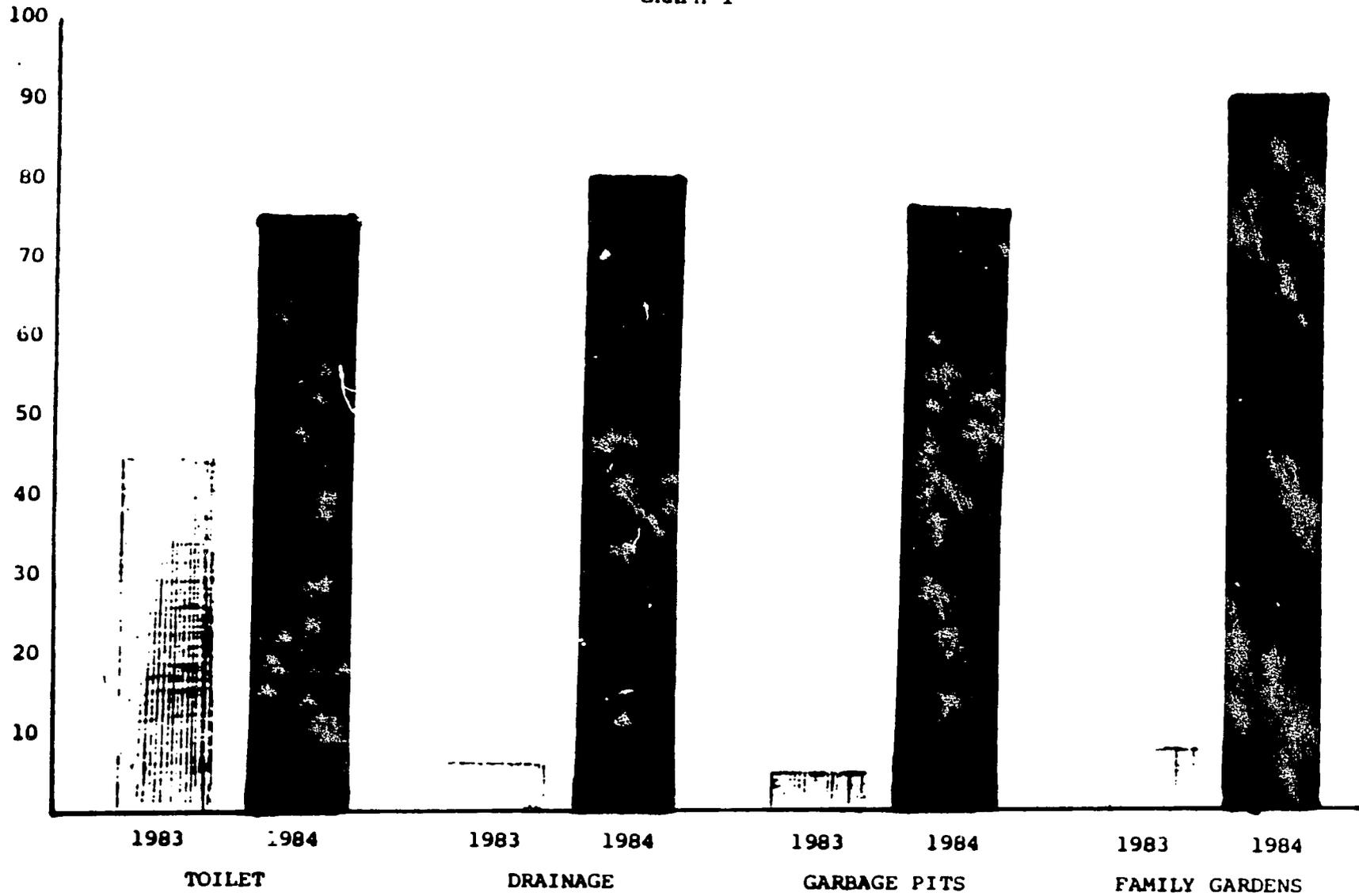


ENVIRONMENTAL HEALTH OF CASILE
A Comparative Report between May 1983 & May 1984



COMPARATIVE REPORT OF MAY 1983 & 1984 IN ENVIRONMENTAL SANITATION IN CARMEN,

GRAPH I



MATCHING GRANT 1981 - 1985

<u>PROGRAMS</u>	<u>TOTAL</u>	<u>AID</u>	<u>ADRA</u>
BARBADOS	126 977 00	63 489 00	63 488 00
DOMINICA	199 986 00	99 993 00	99 993 00
GHANA	67 820 00	33 910 00	33 910 00
GUYANA	196 907 00	98 454 00	98 453 00
HAITI	365 480 00	182 740 00	182 740 00
HONDURAS	245 475 00	122 738 00	122 737 00
JAMAICA	140 580 00	70 290 00	70 290 00
KENYA	250 000 00	125 000 00	125 000 00
PHILIPPINES	310 000 00	155 000 00	155 000 00
RWANDA	209 103 00	104 552 00	104 551 00
SRI LANKA	93 544 00	46 772 00	46 772 00
ST LUCIA	169 104 00	84 552 00	84 552 00
TANZANIA	384 206 60	192 103 00	192 103 60
ZIMBABWE	255 310 00	127 655 00	127 655 00
TOTAL PROGRAMS	3 014 492 60	1 507 248 00	1 507 244 60
<u>HEADQUARTERS EXPENSES</u>			
Evaluation and Planning	330 379 16	165 189 58	165 189 58
Travel	101 221 01	50 611 01	50 610 00
Training	52 479 96	26 239 98	26 239 98
Data System Management	235 002 01	117 501 01	117 501 00
Consultants	53 490 80	26 745 40	26 745 40
Total Service Support	772 572 94	386 286 98	386 285 96
Overhead	15 451 46	7 725 73	7 725 73
Transportation	49 641 26	24 820 63	24 820 63
Total HQ EXPENSES	837 665 66	418 833 34	418 832 32
TOTAL MATCHING GRANT	3 852 158 26	1 926 081 34	1 926 076 92
TOTAL RECEIVED FROM USAID		1 899 256 00	
TOTAL ADRA PORTION			1 952 902 26

**MATCHING GRANT BUDGET BY YEAR, ACTIVITY AND LOCATION
(\$000)**

	<u>Year I</u>	<u>Year II</u>	<u>Year III</u>	<u>TOTAL</u>
A. Program Services				
1. <u>SAWS Support</u>	<u>381</u>	<u>419</u>	<u>461</u>	<u>1,261</u>
Africa	148	163	179	490
Asia	81	89	98	268
Pacific	78	86	94	258
Latin America & Caribbean	74	81	90	245
2. <u>Training Materials</u>	<u>116</u>	<u>122</u>	<u>-0-</u>	<u>238</u>
Africa	41	58	-0-	99
Asia	17	12	-0-	29
Pacific	26	17	-0-	43
Latin America & Caribbean	32	35	-0-	67
3. <u>Education Service Programs</u>	<u>360</u>	<u>698</u>	<u>656</u>	<u>1,714</u>
Africa	126	292	272	690
Asia	54	84	80	218
Pacific	81	126	120	327
Latin America & Caribbean	99	196	184	479
4. <u>Development Projects Support</u>	<u>96</u>	<u>80</u>	<u>80</u>	<u>256</u>
Africa	36	30	30	96
Asia	18	15	15	48
Pacific	24	20	20	64
Latin America & Caribbean	18	15	15	48
<u>Total Program Services</u>	<u>953</u>	<u>1,319</u>	<u>1,197</u>	<u>3,469</u>
B. Supporting Services				
1. <u>Direct Costs Program Admin.</u>	<u>205</u>	<u>221</u>	<u>243</u>	<u>669</u>
Health Director	50	55	60.5	165.5
Agriculture Director	50	55	60.5	165.5
Evaluation Director	50	55	60.5	165.5
Evaluation System Management	55	56	61.5	172.5
2. Indirect Costs (Overhead 24%)	<u>45</u>	<u>54</u>	<u>65</u>	<u>164</u>
<u>Total Supporting Services Costs</u>	<u>250</u>	<u>275</u>	<u>308</u>	<u>833</u>
TOTAL MATCHING GRANT BUDGET	<u>1203</u>	<u>1594</u>	<u>1505</u>	<u>4,302</u>
(of which: AID -	602	797	752	2,151
SAWS -	601	797	753	2,151

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MATCHING GRANT REQUEST: BUDGET FOR THREE YEAR PROGRAM

1. SUMMARY (by source of funds) (\$000)

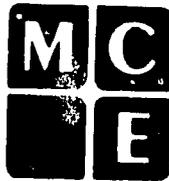
EXPENDITURES (3 years)	Priv. Cont.	Match's Grant	Total MG Grant	Other AID	Other Gov't	Total Cash	In- Kind Cont.	Total SAWS
A. MG Program Services	<u>1,734</u>	<u>1,735</u>	<u>3,469</u>	<u>(3,400)</u> ⁽¹⁾	<u>0-</u>	<u>3,469</u>	<u>3,457</u> ⁽²⁾	<u>6,926</u>
1. SAWS Support	630	631	1,261	-	-	1,261	-	1,261
2. Training Material	119	119	238	-	-	238	-	238
3. Ed Services Program	857	857	1,714	-	-	1,714	-	1,714
4. Dev. Projects aid	128	128	256	(3,400)	-	256	3,457	3,713
B. MG Supporting Program	<u>416</u>	<u>417</u>	<u>833</u>	<u>-0-</u>	<u>-0-</u>	<u>833</u>	<u>-0-</u>	<u>833</u>
1. Dir. Cost Priv. Adm.	334	335	669	-	-	669	-	669
2. Indirect Costs	82	82	164	-	-	164	-	164
C. Total MG Programs	<u>2,151</u>	<u>2,151</u>	<u>4,302</u>	<u>(3,400)</u>	<u>-0-</u>	<u>4,302</u>	<u>3,457</u>	<u>7,759</u>
A. Other SAWS Programs	<u>13,504</u>	<u>-0-</u>	<u>-0-</u>	<u>(12,579)</u> ⁽⁷⁾	<u>(615)</u> ⁽⁸⁾	<u>13,504</u>	<u>6,290</u> ⁽⁸⁾	<u>19,794</u>
1. General Projects	2,933 ⁽²⁾	-	-	-	(615)	2,933	6,290	9,223
2. Specific Projects	3,566 ⁽²⁾	-	-	(12,579)	-	3,566	-	3,566
3. Ocean Freight	7,005 ⁽³⁾	-	-	-	-	7,005	-	7,005
B. Other SAWS Support	<u>3,908</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>3,908</u>	<u>-0-</u>	<u>3,908</u>
1. Mgt. and General	3,852 ⁽⁴⁾	-	-	-	-	3,852	-	3,852
2. Fund Raising	56 ⁽⁵⁾	-	-	-	-	56	-	56
C. Total Other SAWS Programs	<u>17,412</u>	<u>-0-</u>	<u>-0-</u>	<u>(12,579)</u>	<u>(615)</u>	<u>(17,412)</u>	<u>6,290</u>	<u>23,702</u>
AND TOTAL SAWS SERVICES FOR TARGET COUNTRIES	<u>19,563</u>	<u>2,151</u>	<u>4,302</u>	<u>(15,979)</u>	<u>(615)</u>	<u>21,714</u>	<u>9,747</u>	<u>31,461</u>

(2) p 88 (5) p 83 (8) p 83
(3) p 84, 85, 86 (6) p 80
(4) p 84 (7) p 80
(6) p 83 (8) p 87

MATCHING GRANT PROGRAM

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<u>PROGRAM</u>	<u>Amount Allocated</u>	<u>Budgeted</u>
BARBADOS	110 100	160 310
ANTIGUA	161 170	
BURUNDI	114 590	
BOLIVIA	123 420	60 095
DOMINICA	162 000	199 986
GHANA	149 900	160 000
GUYANA	178 000	196 907
HAITI	230 000	365 480
HONDURAS	165 000	245 475
JAMAICA	230 000	229 626
KENYA	280 570	250 000
PHILIPPINES	384 170	486 267
RWANDA	220 870	209 103
SRI LANKA	161 170	100 211
ST LUCIA	170 000	169 104
TANZANIA	344 370	391 126
ZIMBABWE	268 870	230 310
	<u>3 454 000</u>	<u>3 454 000</u>
SUPPORT SERVICES	677 500	677 500
TRANSPORTATION	<u>170 500</u>	<u>170 500</u>
TOTAL	<u><u>4 302 000</u></u>	<u><u>4 302 000</u></u>



MANER, COSTERISAN & ELLIS, P.C.
Certified Public Accountants

Floyd L. Costerisan
Leon A. Ellis
Jack E. Powers
Roger R. Promer
Lawrence C. Kowalk
Gary W. Brya
Daniel L. Popoff
John T. Baron

March 23, 1984

Walter P. Maner, Jr.

To the Board of Directors
Adventist Development and Relief Agency, Inc.
Washington, D.C.

We have examined the balance sheets of Adventist Development and Relief Agency, Inc. (ADRA) as of December 31, 1983 and 1982, and the related statements of activity and functional expenses for the years then ended. Except as explained in the following paragraphs, our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

As disclosed in Note 5, ADRA receives a significant amount of support in the form of U.S. Government grants. The majority of such grants are administered by affiliates of ADRA outside of the United States. Accordingly, ADRA appropriates funds to the affiliate who disburses the funds as obligations are incurred in connection with the project. Documentation in support of project expenditures is generally retained by the affiliate and was not available for our examination. The grants require fiscal and compliance audits and acceptance of project costs by the government.

As disclosed in Note 4, certain inventory items were not physically inspected or counted by us as of December 31, 1983.

In our opinion, subject to the effects of such adjustments, if any, as might have been determined to be necessary had we been able to audit project costs and physically inspect and count the inventory noted above, the financial statements mentioned above present fairly the financial position of Adventist Development and Relief Agency, Inc. at December 31, 1983 and 1982, and the activity and functional expenses for the years then ended in conformity with generally accepted accounting principles applied on a consistent basis.

Maner, Costerisan & Ellis PC

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.

BALANCE SHEETS

ASSETS	December 31,			1982 Total
	1983		Total	
	Unrestricted	Restricted		
CURRENT ASSETS:				
Cash	\$ 725 875	\$	\$ 725 875	\$ 199 682
Investments	1 724 520		1 724 520	1 460 580
Unsegregated cash and investments of restricted funds	(865 024)	865 024		
Receivables:				
Agency for International Development:				
Freight		258 219	258 219	609 476
Projects		100 000	100 000	32 003
General Conference of SDA:				
South America Division	170 000		170 000	
Tithe Fund				85 555
Other	44 007		44 007	913
Inventories	863 458	319 679	1 183 137	1 002 289
Prepaid expenses	13 311		13 311	9 337
TOTAL CURRENT ASSETS	2 676 147	1 542 922	4 219 069	3 399 835
EQUIPMENT	2 684		2 684	
TOTAL ASSETS	\$2 678 831	\$1 542 922	\$4 221 753	\$3 399 835
LIABILITIES				
CURRENT LIABILITIES:				
Accounts payable	\$ 50 265	\$ 210 250	\$ 260 515	\$ 321 708
Due to the General Conference of SDA	9 444		9 444	
Deferred support		492 156	492 156	410 685
TOTAL CURRENT LIABILITIES	59 709	702 406	762 115	732 393
FUND BALANCES				
FUND BALANCES:				
Undesignated, available for general activities	2 612 122		2 612 122	2 063 252
Designated	7 000		7 000	157 000
Restricted for specific projects		840 516	840 516	447 190
TOTAL FUND BALANCES	2 619 122	840 516	3 459 638	2 667 442
TOTAL LIABILITIES AND FUND BALANCES	\$2 678 831	\$1 542 922	\$4 221 753	\$3 399 835

See notes to financial statements.

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.
STATEMENTS OF ACTIVITY

	Year ended December 31,			1982 Total
	1983			
	Unrestricted	Restricted	Total	
PUBLIC AND GOVERNMENT SUPPORT AND REVENUE:				
General Conference of SDA				
U.S. Government:	\$1 362 640	\$ 488 784	\$ 1 851 424	\$ 1 676 652
Grants				
Commodities		3 240 784	3 240 784	3 233 966
Excess property		6 303 703	6 303 703	4 778 148
Ocean freight		1 610 632	1 610 632	2 236 276
Other donations		3 154 049	3 154 049	2 768 869
Donated materials	470 689	146 443	617 132	356 980
Investment and other revenue	2 210 838		2 210 838	2 789 173
	<u>152 739</u>		<u>152 739</u>	<u>173 087</u>
Total public and government support and revenue	<u>4 196 906</u>	<u>14 944 395</u>	<u>19 141 301</u>	<u>18 013 151</u>
EXPENSES:				
Program services				
Humanitarian services	3 391 271	14 631 069	18 022 340	17 153 574
Supporting services:				
Management and general	282 012		282 012	246 593
Fund raising	44 753		44 753	70 305
Total supporting services	<u>326 765</u>		<u>326 765</u>	<u>316 898</u>
Total expenses	<u>3 718 036</u>	<u>14 631 069</u>	<u>18 349 105</u>	<u>17 470 472</u>
EXCESS OF PUBLIC AND GOVERNMENT SUPPORT AND REVENUE OVER EXPENSES	478 870	313 326	792 196	542 679
FUND BALANCES:				
At beginning of year	2 220 252	447 190	2 667 442	2 124 763
Transfers	(80 000)	80 000		
At end of year	<u>\$2 619 122</u>	<u>\$ 840 516</u>	<u>\$ 3 459 638</u>	<u>\$ 2 667 442</u>

see notes to financial statements.

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.

STATEMENTS OF FUNCTIONAL EXPENSES

	Year ended December 31,				
	1983				
	Program services				
	Unrestricted general	Restricted for specific projects	Supporting services	Total	1982 Total
Donated commodities - U.S. Government	\$	\$ 6 303 703	\$	\$ 6 303 703	\$ 4 778 148
Excess property - U.S. Government		1 364 169		1 364 169	2 262 725
Donated materials other than commodities	2 268 330			2 268 330	2 592 179
Ocean freight payments	58 640	3 154 049		3 212 689	2 846 026
Project costs - buildings, equipment, supplies and expenses:					
U.S. Government grants		3 205 805		3 205 805	3 175 130
General Conference SDA		500 461		500 461	345 948
Disaster assistance	434 508	32 923		467 431	614 281
Personnel and related costs:					
Salaries and benefits	249 147	48 030	184 363	481 540	510 042
Travel	20 231	21 929	68 366	110 526	67 628
Warehouse and shipping expenses other than personnel and related costs	360 239			360 239	189 241
Fund raising			44 753	44 753	70 305
Other	176		29 283	29 459	18 819
Total functional expenses	<u>\$3 391 271</u>	<u>\$14 631 069</u>	<u>\$326 765</u>	<u>\$18 349 105</u>	<u>\$17 470 472</u>

See notes to financial statements.

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.**NOTES TO FINANCIAL STATEMENTS**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The Adventist Development and Relief Agency, Inc. (ADRA) utilizes the accrual basis of accounting. Under this method, revenues and expenses are identified within specific periods of time and are recorded as incurred, along with the related assets and liabilities, without regard to the date of receipt or payment of cash. United States Government grant support is recorded at the time eligible expenditures are incurred or cash is received. The balance of the grant receivable/deferred support are not recorded. (See Note 5).

The financial statements do not include support (including direct grants), expenses, assets and liabilities of ADRA affiliated organizations outside of the United States.

Fund accounting - ADRA records its resources and the related activities within the following funds:

Current unrestricted fund - Used to account for resources over which the governing board has discretionary control to use in carrying on the operations of the organization in accordance with the limitation of its charter and by-laws. Amounts set aside by the Board of Directors for designated projects are included in designated funds.

Current restricted fund - Used to account for those resources currently available for use on the basis of reimbursement by outside organizations of eligible program expenditures and for operating purposes specified by the donors.

Investments - Investments are recorded at the lower of aggregate average cost or current value.

Donated materials and services - Donated materials for which the organization has an objective, measurable basis for valuation are recorded as contributions at their estimated wholesale value at date of receipt. Commodities donated by the U.S. Government for distribution under special relief programs are recorded at ascribed amounts representing the market valuation placed thereon by the Commodity Credit Corporation. U.S. Government excess property is recorded at "original acquisition cost", as provided by the government.

Used clothing and similar items are not recorded.

Certain administrative personnel costs and the use of facilities are provided, in accordance with denominational policy, by the General Conference of Seventh-day Adventists without charge to ADRA. In the opinion of management the omission of the value of such services and facilities does not have a material impact on total support and expenses. (See Note 8)

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.

NOTES TO FINANCIAL STATEMENTS
(Continued)

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Concluded)

Public and government support - Unrestricted donations are recognized as support when received.

Certain support (primarily government grants) is restricted to expenditures for specific projects incurred within a specified time period. Such current restricted support is recorded in the statement of activity to the extent that expenses have been incurred for the purpose(s) specified by the donors. The unexpended balance is recorded as deferred support until the restrictions are met.

Inventories - Inventories of relief supplies purchased are valued at cost (FIFO); relief supplies donated are valued at estimated value at date of receipt. Office and warehouse consumable operating supplies are not inventoried.

Equipment - Equipment is recorded at cost and depreciated over the estimated useful life.

NOTE 2 - NAME CHANGE

At the annual council of the General Conference of Seventh-day Adventists in October, 1983 the name of the corporation was changed from Seventh-day Adventist World Service, Inc. to Adventist Development and Relief Agency, Inc.

NOTE 3 - INVESTMENTS

Investments consist of commercial paper with interest rates of 9.15% - 9.75% (8.40% - 9.05% in 1982).

NOTE 4 - INVENTORIES

Inventories consist of the following at December 31:

	<u>1983</u>	<u>1982</u>
Purchased		
Donated	\$ 92 603	\$ 113 487
	<u>770 855</u>	<u>835 847</u>
Total unrestricted	863 458	949 334
U.S. Government excess property - restricted	<u>319 679</u>	<u>52 955</u>
Total	<u>\$1 183 137</u>	<u>\$1 002 289</u>

Included in the donated inventory at December 31, 1983 is \$241,704 of books donated by various publishers which had not yet been physically counted. Quantities for purposes of year end valuation were based on order and shipping documents.

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.

NOTES TO FINANCIAL STATEMENTS
(Continued)

NOTE 5 - U.S. GOVERNMENT GRANTS

Grant number	Grant period	Total amount of grant	Unexpended balance 12/31/82	Current grant awards	Amounts billed		Unexpended balance 12/31/83
					Current period	Cumulative	
Dept. of State 1037-220065							
Burundi Outreach AID/SOD/PDC-G0182	8-26-82/6-30-84	\$1 332 500	\$1 232 500	\$	\$ 925 000	\$1 025 000	\$ 307 500
Haiti Outreach AID/SOD/PDC-G0388	6-15-79/3-31-84	925 725		237 025	237 025	925 725	
Rwanda Outreach AID/ASHA 220 Mugonero Hospital	8-21-80/7-31-84	711 307		177 994	100 000	633 313	77 994
AID/ASHA 227 Hari Hospital	8-12-80/9-30-84	750 000	356 228		2 228	396 000	354 000
AID/ASHA 245 Kanye Hospital	8-12-80/6-30-84	275 000	40 537		4 353	238 816	36 184
AID/ASHA 248 Malamulo Hospital	2-6-81/6-30-84	900 000	347 500		341 813	894 313	5 687
AID/ASHA 256 Haiti Hospital	2-6-81/3-31-84	750 000	335 084		335 084	750 000	
AID/ASHA 257 Mwanzi Hospital	7-7-81/12-31-83	400 000	64 474		64 474	400 000	
AID/ASHA 271 Malamulo Hospital	7-7-81/3-31-84	300 000	136 803		136 803	300 000	
AID/ASHA 297 Kayne Hospital	6-8-82/6-30-84	400 000		400 000	315 000	315 000	85 000
AID/ASHA 303 Mugonero Hospital	6-27-83/6-30-85	600 000		600 000	32 162	32 162	567 838
AID 50/50 Matching Grant PDC-0228-G-SS-1160-00	6-27-83/6-30-85	575 000		575 000	27 418	27 418	547 582
	9-30-81/9-30-84	<u>1 899 256</u>	<u>991 353</u>	<u>700 000</u>	<u>991 353</u>	<u>1 199 256</u>	<u>700 000</u>
		<u>\$9 818 788</u>	<u>\$3 504 479</u>	<u>\$2 690 019</u>	3 512 713	<u>\$7 137 003</u>	<u>\$2 681 785</u>
Deferred support					271 929		
Government support					<u>42 470 109</u>		

In general, the grants require fiscal and compliance audits and acceptance of expenditures by the government.

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.

NOTES TO FINANCIAL STATEMENTS
(Continued)

NOTE 6 - DONATED MATERIALS (UNAUDITED)

In addition to the donated commodities, excess property and materials which are recorded as support at their estimated value at date of receipt, ADRA shipped used clothing and similar items valued at \$2,345,555 in 1983 and \$2,252,367 in 1982. (The valuations are based on \$1.50 per pound.) In accordance with generally accepted accounting principles, such items are not reflected in the financial statements.

NOTE 7 - RETIREMENT PLAN

ADRA personnel are covered by the Seventh-day Adventist General Retirement Plan for North America which is a multi-employer defined benefit retirement plan. Contributions to the Plan on behalf of ADRA are absorbed by the General Conference. Information required by FASB 36 is not available on an individual employer basis.

NOTE 8 - TRANSACTIONS WITH AFFILIATES

The General Conference of Seventh-day Adventists contributed \$1,851,424 and \$1,676,652 to ADRA during 1983 and 1982, respectively, and, in addition, donated certain administrative services and office and warehouse space (1982) without charge. Beginning in 1983 the estimated value of warehouse space (\$148,000) has been recorded and is included in the \$1,851,424.

NOTE 9 - TAX STATUS

Adventist Development and Relief Agency, Inc. is a not-for-profit charitable organization which is exempt from income taxes under provisions of Section 501 (c) (3) of the Internal Revenue Code.

NOTE 10 - COMMITMENTS

ADRA has committed approximately \$144,150 in matching funds for overseas divisions local projects. In addition the AID matching grant referred to in Note 5 requires matching funds in the amount of \$700,000 if the total government grant is to be received. It is anticipated ADRA will provide \$350,000 in matching funds from future revenues and overseas ADRA affiliates will provide the remaining \$350,000.

ADRA has also committed to the purchase of data processing equipment in the amount of \$160,000.

ADVENTIST DEVELOPMENT AND RELIEF AGENCY, INC.

NOTES TO FINANCIAL STATEMENTS
(Concluded)

NOTE 11 - EQUIPMENT OPERATING LEASES

The future minimum rental commitments under noncancellable leases are as follows:

1984	\$19 080
1985	19 080
1986	19 080

NOTE 12 - CONTINGENCY

During 1981 ADRA advanced \$148,520 in connection with a contract for the construction of a hydro electric system pursuant to a U.S. AID grant. In 1982 the contractor filed for protection under Chapter 11 of the U.S. Bankruptcy Act. Under terms of the AID grant, ADRA is required to return funds to AID if the project is not completed within the grant period. The contractor has signed an agreement to deliver the system by July 29, 1983. However, because of the bankruptcy proceeding the ability of the contractor to meet its contractual obligation to ADRA is uncertain. If the contractor does not deliver the system an overseas ADRA affiliate is to assume responsibility for the \$148,250; however, ADRA remains directly responsible for completion of the project.

INTERFACE

QUARTERLY TRAINING JOURNAL OF ADVENTIST DEVELOPMENT & RELIEF AGENCY

SECOND QUARTER, 1985

**“...And there
arose famine
in the land.”**



“Every gun that is made, every warship that is launched, every rocket that is fired signifies in a final sense a theft from those who hunger and are not fed, from those who are cold and are not clothed. This world in arms is not spending money alone: it is spending the sweat of its laborers, the genius of its scientists, the hope of its children...this is not a way of life at all in any true sense. Under the clouds of threatening war it is humanity hanging from a cross of iron.”

*Dwight D. Eisenhower
President of the United States, 1953-1961*

"DO-GOODERS" OR "GOOD-DOERS"?

The world has been stunned by the current famines in Africa. From children in kindergarten to persons in retirement the humanitarian response has been overwhelming. Relief agencies of every social and political hue have risen to the occasion. While one should not impugn the motivation of these the old question of "who is helping who" has been raised once again.

For twenty years "development" has been pushed as the only answer to poverty and famine. Billions of dollars in the form of development aid has been poured into the lesser developed world. By and large development has been a disastrous failure. As mega-famines afflict the African Continent "relief" appears to be enthroned once more. The cause of failure is complex but history may uncover one key factor.

Much, though not all, of development in the past has focused on an appearance of "doing good" while in reality it has been motivated by organizational self-seeking and political one-up-manship. It is the "strings" that come attached to aid packages that must prompt the honest development worker to ask, whose needs are we meeting most?

Private voluntary agencies are not exempt from this kind of mentality. The very fact that they do not talk seriously to each other or even plan to work collaboratively may suggest to the outsider that their own programming and growth needs take primary precedence over the real needs of those they wish to serve.

If development is ever to really take hold and begin to substantially address the real issues then all the actors in the play must sublimate to a much greater degree than hitherto their own agendas and become "good doers" in all the sense that phrase can muster. This will take courage and commitment not to mention a constant re-evaluation of our motives and mandate. Undoubtedly there will be risk and difficulty. But if we seriously subscribe to the view that each individual under God is responsible for their own destiny then we have no option but to let go of our own petty needs for power and glory and share with our world neighbors in meaningful and appropriate ways for their own betterment.

The words of the aged prophet are still cogent for us today. "Let us not love in word or in tongue but in deed and in truth."

D.R.S.

"FOOD FOR BEGINNERS"

by Susan George and Nigel Paige
A Writers and Readers Documentary Comic Book
Copyright 1982

This is not a cookbook. It contains food for thought—and the recipes of power.

800 million live under the constant threat of famine. Most are food-producing peasants in the Third World. The baffling question is: why are so many food-producers, rather than we, the consumers, the first to go hungry?

Susan George takes a cold, clear look at the facts and myths of food production, and provides answers. She considers its history, from its origins 10,000 years ago to the Global Supermarket of today. Cliches and half-truths about over-population, climate and inefficient farming, usually given as the reasons for Third World hunger, are discarded. She exposes the ruthless game of multi-national agribusiness, the methods of New Malthusianism and neo-colonialism. She unmasks pious aid programs and reveals the basis of further exploitation.

Food for Beginners is a disturbing book: the facts are grim, the picture bleak. But the wit, sheer logic and force of this documentary comicbook, point beyond despair to justice.

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Famine: A Man Made or Natural Calamity?

Recently I noticed the Ethiopian tourist organization slogan - "13 Months of Sunshine". In the face of the present situation there, the thought struck me as being somewhat incongruous although factually correct. An arabian proverb says "All sunshine makes a desert" and they should be in a position to know! Is the current situation in Ethiopia and in the other twenty-one countries of Africa caused by too much sunshine and not enough rain. Or are the root causes, as some suggest, more the work of man than an aberration of nature beyond man's control. The answer is both complex and controversial.

If the confusing myths of political bias and racial prejudice are put aside then it is possible to at least identify certain common factors which appear to play a roll in most famines. Root causes may be confused unless they are placed in either an immediate or contributing category. This should be very obvious when the current crisis in Africa is assessed. The last two years have seen totally abnormal rainfall patterns right across the sub-Saharan regions and stretching down into the southern nations. Hills and plateaus once lush and green have lain parched and denuded of vegetation. Ground water levels have retreated beyond known limits. All season streams have ceased to flow and scarcity of food, as well as forage, has driven a relentless flow of people and livestock from their traditional lands in search of greener pastures. This distressing life seeking migration has taken place with precious little reference to borders or ethnic belonging. The trail of suffering, misery and death has spread itself across the continent and the picture of its awful reality has shocked viewers across the world. Undoubtedly the immediate cause of this crisis in Africa is all sunshine and no rain. Having stated that however the question must be asked, was this the only cause?

To understand that we must go back to those haunting visual memories of pathetic dying children seen on our television screen. For every child living under "normal" conditions in the lesser developed world with visible signs of malnutrition there exists according to James P

Grant, Executive Director of UNICEF,¹ another six children who are also malnourished but without easily recognizable symptoms. A high percentage of children and adults in the lesser developed countries subsist on less than 80% of the recommended daily allowance (RDA) in calories per day. One can reasonably infer from this that large numbers of people are living constantly in a permanent state of malnutrition and are on the very brink of starvation itself. For such people this situation is in reality the "norm" of their daily subsistence. A little less rain than usual and they are pushed over the nutritional brink into fulminating, starvation and death.

It is this chronic state of under-nutrition among these peoples that has contributed largely to the severity of the current crisis in Africa today. Given a well nourished population, albeit a poor one, there would have been a much greater famine immunity that would have yielded much more slowly to the ravages of nutritional insufficiencies than has been the case. In this sense then there are many contributing factors which have exacerbated current famine conditions by intensifying its impact upon people already starvation prone. Even small seemingly insignificant changes can have dramatic impact on the lives of the poor. As Susan George, author and champion of social justice for the poor, concludes "poor people in the country side are vulnerable, they lack buffers and the tiniest change in their fragile equilibrium can spell the difference between life and death."²

A simple story will illustrate this point. In a certain part of northern India some years ago people started to die of exposure. At night they had been used to covering themselves with straw which was free. As the green revolution appeared and new short strawed wheat was grown, less straw became available. Secondly, because of a shortage of wood pulp, straw started to be bought by the paper making industry. Gradually, it assumed a value. Although the price was small it was a price, all the same, which the poorest cannot afford. And so they died from exposure

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ETHIOPIA: Family Gardens for Better Health

In an effort to give developmental as well as relief assistance to drought stricken Ethiopia a ten-day agriculture training seminar was held March 25 - April 4 in Addis Ababa. The idea of this seminar was to take a select group of people from all over Ethiopia and train them in the techniques of dry weather gardening and then have each participant return to his home and train his family and neighbors. The agriculture part of this 65 hour course gave the basics of roots, seeds, soils, the making of compost, the reasons for poor plant growth and the specifics of growing carrots, beans, cabbages, beets and tomatoes. Health lectures on nutrition, family planning, preventable diseases and preventive health care were also given.



Ato Muscat and Tina Hudgins teaching program design.

The idea for the seminar grew out of a discussion that Ken Flemmer, ADRA's specialist in agriculture, had with Gladys Martin when he was in Ethiopia in December of 1984. After viewing much of the South of Ethiopia they decided that there was land available and it was possible to grow food under the current conditions for home consumption. A proposal was written and funding for the seminar came from Dutch Interchurch Aid.



Jim Rankin shows the way!

Thirty-nine participants came from all over Ethiopia. The participants came from diverse backgrounds and occupations including school teachers, government workers, pastors, reforestation agents and farmers. Approximately half of them spoke English. The seminar was taught through an Amharic translator and notes were passed out in both English and Amharic.

The agriculture part of the seminar was taught by Jim Rankin and he gave a short version of the course he teaches at Solusi College, in Zimbabwe. Jim is in charge of ADRA's scientific garden program at the college. He emphasized ways to minimize the effects of the drought and increase yields. The first thing he did was find out from the 39 participants the usual way of gardening in Ethiopia and what were the common

activity and functional expenses for the years then ended in conformity with generally accepted accounting principles applied on a consistent basis.

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Seeds for the countryside courtesy of Harris Seed Company.

participants through the steps of designing their own personal program. Each participant identified on paper where they would be working, how many people they expected to train, how they would give the training, and a working plan of when this would be accomplished in the coming year. The 39 participants have as their goal to train 15,232 persons by April 1986.

A graduation service was held on the final day of the seminar with each participant receiving a certificate of completion. Twenty pounds of vegetable seed were given to each participant with instructions on how to get more seed from ADRA Ethiopia. A local agriculturist was hired for one year to travel to each participant's home and assist him in training his community. It is ADRA's hope that this seminar which was extremely successful in Ethiopia can be offered in other countries of the world.

STOP PRESS: A report just received from Ethiopia indicates that one seminar graduate already has 3,000 people mobilized in his area for vegetable production.

oods grown. He stressed that you don't need fancy tools to garden and you don't need a large amount of land. In fact, he feeds his family of 4 with a garden 6 meters by 5 meters. He claims that over 300 kg of food can be produced in this small space annually.

The seminar was held at the ADRA office in Addis Ababa. The land behind the office was ploughed ready for gardening. Jim Rankin led the demonstration garden and each participant was able to practice what he saw. Jim showed the participants how to prepare the land, how to make a ridge so that water does not run off the garden (to be efficient in water usage), and how deep and how far apart to plant each seed.

Two field trips to local gardens showed the participants that vegetable production can be successful with few tools and little water. One garden was using gray water from the city waste that ran through their river bed. Another location in the city had been started by one man. He had taught all of his neighbors and there were over 100 gardens growing in a small area.

A class in Project Design was taught by Christina Hudgins, a Program Assistant with ADRA International. This class led the



Ato Legessa: Seeds—an Ethiopian Agriculturist's dream come true.

because a minute yet vital component of their support system was suddenly beyond their reach. It only takes several changes of this nature to take place that raise the cost of food or other vital commodities to the point where enough people are affected and hunger will result. If nothing is done then out right famine will prevail. In this sense then economic, political and social pressures may distinctly be said to cause or bring about hunger and famine conditions. Poverty is a disaster in and of itself and it is the poor who are the most vulnerable. Susan George sums up very succinctly the most common traits of such people.³

- *"They have no cash reserves: In times of poor harvest and food shortages prices rise. Poor farmers have already sold their crops just after harvest when prices are lowest in order to pay off their debts. They will have to buy back later in the year when prices have doubled or quadrupled. Speculators make fortunes. The poor often have to borrow just to keep on eating. With famine comes greater indebtedness.*
- *They have no food reserves: When dire shortages strike they eat their seed, slaughter or sell their animals and mortgage or realize assets like tools, jewelry or in the worse cases, land itself. These transactions will of course reduce the next years yields. With famine comes greater land concentration and greater polarization of the society between rich and poor.*
- *They have no job opportunities: As food grows scarcer the number of people seeking work goes up. Competition for a job drives down wages just when food prices are shooting up. With famine comes higher unemployment.*
- *They have no place to go. They look for jobs over a wider and wider area. Finally migration to the nearby or far away city may seem the only option. At least they may find a soup kitchen there. With famine comes swelling urban population made up of the masses of ex-peasants.*

When this kind of scenario is found in a situation where civil war or political instability exists then the situation becomes increasingly more

complex. Ultimately if one accepts the notion that there are distinct elements of famine which are contributed to by man and his inability to maintain economic, political and social stasis then one must conclude that to a large degree famine prevention is a possibility in all but the most isolated cases. Such an approach demands far reaching political and economic reform that address issues which particularly effect the poorest populations. Simply stated in order to eat you must be able to either grow your food or buy it, or use a combination of both.

The first condition for producing food is access to land and yet paradoxically it is the very people who live on the land who are most often hungry. In many countries ownership of land is concentrated in the hands of the rich. Even in countries where equitable land tenure exists some of the most productive land is tied up in cash crop production for which the small farmer is paid extremely little. In effect most of us in the affluent world benefit from this to the degree that the poor rural farmer subsidizes our food, underwear, bed linen, automobile tires, coffee, tea and cigarettes through their cheap labor. In the last 20 years the overall volume of developing world export has increased by more than 30% while their real value in economic terms has increased by only 4%. It is the small farmer who carries this burden. As famine comes the small farmer sells his land holdings in order to survive and so the disparity between rich and poor broadens. Even as early as 1960 an FAO World Land Census showed that 2.5% of land owners with holdings of more than 100 hectares control 75% of all the land in the world. This figure has worsened rather than improved in the last 25 years.

Another commonly expressed reason for famine is population pressure. Although one cannot question that growing families on small land holdings do exacerbate the problem it must also be recognized that children are an economic necessity for the poor. With mortality rates in young children as high as 50% large families are necessary to carry the work load and provide for the parents who have no social security pension to look forward to in their old age. As one writer so aptly comments⁴ "if we stop looking just for a moment at what we can consider to be the problems of the poorest people, ie. too many children, and tried to look at life from their point of view, ie. my children are my only wealth, then we might realize that appropriate technologies to lessen population growth without social changes making children less necessary cannot possibly have any effect".

There is much more that could be said but it will be seen hopefully from our brief discussion here that any attempt to deal with famine in the long term will necessitate major reforms in world economy and politics. Until a more equitable system of social justice assumes priority and exploitation of the poor by the rich is broken there is little hope that mega-famines will not be a reoccurring theme on the pages of world history for some time to come. Whether we accept this challenge and responsibility or continue to hold God responsible may well decide the destiny of the poor for many generations to come.

—David R. Syme, MPH, FRSH
Director for Program Support

Bibliographies:

1. Grant, J. *State of the Worlds Children*, 1984, UNICEF
2. George, S. *Food, Famine and Service Delivery in Times of Emergency*, ICVA Document, May 1985
3. *ibid.*
4. George, S. *How the Other Half Dies*, pg 38, Rowman and Allanhold, 1977.

Early Warning Indicators of Famine

- **Rising food prices**
- **High sales of livestock at declining prices**
- **More married men seeking seasonable employment elsewhere**
- **More gathering of traditional famine foods by the women**
- **Increased sales of firewood, farming implements and jewelry**
- **Increase in sale of small land holdings to larger land owners**
- **Increased number of beggars going from house to house**

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become involved in projects that will benefit the community at large. Common activities include road building, terracing, building construction and reforestation.

However, few if any of these activities are usually involved in improving food production itself. In fact, road construction can lead to increased emphasis on production of non food cash crops for export thereby further decreasing the amount of consumable food produced locally. Such projects can also create a mentality that requires food to be distributed as a prerequisite to participation in any community effort to improve their situation thereby diminishing self reliance.

Occasionally there are emergency situations in food deficit areas where large donations of food must be sent into an area to prevent massive starvation, but even here caution needs to be exercised. It may be that excess food supplies exist within a country that could be distributed at a much lower cost. This latter type of response can positively stimulate the local farmer to produce more food by expanding demand.

Without question there is a limited place for food distribution efforts in countries which are clearly "fooddeficit" areas and are afflicted by major nutritional problems. Such a response however demands caution in using "food" as a resource for development and balancing all the factors that have been mentioned in a program that takes account of long term needs.

In these deficit areas how should humanitarians respond? Should they take steps to improve local incomes so that food may be purchased or should emphasis be on food for the family table production. In some instances large scale mechanized production may be necessary in drought prone areas to produce national reserves against future droughts. There is no one set or easy answer to this problem.

The key is found by maintaining an awareness of all the potential problems and a continual monitoring of all those factors which affect the situation to ascertain the correct balance which will answer immediate human needs but will lead to long term development initiatives. Any such program must continually keep as its focus the eventual phasing out of all food distribution. The alternative is the very real risk of allowing our humanitarian ethic to create situations where our attempts to help people survive may in effect become self-defeating.

Germinations

Is Food The Answer?

In recent months, increasing numbers of people have become aware of critical food shortages that affect large areas of Africa. This situation is in no way unique to the continent, but can also be found in countries of the Americas and Asia. Such awareness comes as the result of the heavy media reporting with stories and pictures of hungry malnourished people in these areas.

The immediate "heart" response is to send "them" food. This noble gesture from people that have excess food may not always be the best response. Feeding of large numbers of people with donated food over extended periods of time can create difficult long-range problems.

One of the most notable of these is the great variety of cultural food preferences around the world. Each culture adopts a core of staple foods that relate closely to the crops produced in any given region. When the relief worker comes along with "donated" food supplies, they are often rejected or misused. The use of milk powder as whitewash has occurred in regions where milk is seldom used for human consumption. Even when the donated food is well known and culturally accepted, problems can occur. An example of this is a donated hybrid sorghum seed that was viewed by a community as superior to the local variety. When re-planted as seed it produced a crop failure the following year creating an even worse food shortage.

Another potential problem with a program that distributes new foods in a region over several years is the potential alteration in the

established pattern of culturally preferred foods. The production of a region usually determines the staple food. Where rice is easily produced, it usually becomes the staple food; as potatoes will be where their cultivation is successful.

An illustration of this is a large plantation company in Africa that started 70 years ago paying workers with cash and rice in an area where rice existed but was not widely grown. Over the years a nation wide preference for imported parboiled-rice developed and when it is not available riots have occurred.

Large "humanitarian" food distribution programs can also have negative impact on existing local farm production. For all but the most isolated farmers, there exists the need to produce some commodity that can be sold. This cash is used to pay school expenses, buy kerosene for lanterns, purchase foods not produced, cloth the family, and even occasionally invest in "luxury" items such as radios. If much food is being distributed to significant numbers of people in a community a decrease in their need to purchase food may result in decreasing demand for certain staple commodities. When the farmer brings his production to the market place, it is likely that he will have to accept a lower price because of the lower demand. If the price drops low enough he will very likely stop producing more than he needs for his own family consumption. This in turn complicates and aggravates the overall food situation.

Many relief agencies recognize some of these negative impacts and dependencies that long term feeding programs can have and have tried to guard against them through the use of distribution for work programs. In these programs participants are given food in return for their labor on projects. Without question it is good to get people organized to

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ADRA International is a voluntary agency emphasizing community development and humanitarian relief programmes with people in developing countries. The scope of their activities includes community development, agriculture, environmental health, sanitation, mother-child health, nutrition, low-cost housing, literacy, income generation and relief assistance.

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