

PD-AAZ-598

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT DATA SHEET

1. TRANSACTION CODE
 A = Add
 C = Change
 D = Delete
 Amendment Number _____

DOCUMENT CODE
 3

2. COUNTRY/ENTITY PERU

3. PROJECT NUMBER
 527-0311

4. BUREAU/OFFICE
 IA

5. PROJECT TITLE (maximum 40 characters)
 PRISMA/John Hopkins-High Risk Families

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)
 MM DD YY
 07 31 89

7. ESTIMATED DATE OF OBLIGATION
 (Under "E" below, enter 1, 2, 3, or 4)
 A. Initial FY 86 B. Quarter 3 C. Final FY 88

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	113	245	358	234	746	980
(Grant)	(113)	(245)	(358)	(234)	(746)	(980)
(Loan)	()	()	()	()	()	()
Other U.S.						
1.						
2.						
Host Country						
Other Donor(s)		150	150		461	461
TOTALS	113	395	508	234	1,207	1,441

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1)	HE	500	500			980		980	
(2)									
(3)									
(4)									
TOTALS						980		980	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
 590

11. SECONDARY PURPOSE CODE
 520

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	BU	BR	R/H
B. Amount			

13. PROJECT PURPOSE (maximum 480 characters)

To increase the impact of Child Survival strategies by designing risk score methodology to identify individuals or families with a high risk of child mortality or morbidity in order to target scarce health resources to them. To train MOH, PVO and community based health promoters in child survival interventions and in the use of the risk score to reach most at risk families.

14. SCHEDULED EVALUATIONS

Interim	MM YY	MM YY	Final	MM YY
	3 87	12 87		7 89

15. SOURCE/ORIGIN OF GOODS AND SERVICES
 000 941 Local Other (Specify) _____

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

17. APPROVED BY
 Signature: *John A. Sanbrailo*
 Title: USAID Director

Date Signed
 MM DD YY
 06 26 86

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
 MM DD YY

PROJECT AUTHORIZATION

Name of Country: PERU Name of Project: Specific Support Grant:
PRISMA/JHU-Identification
of High Risk Families for
Child Mortality in Peru
Number of Project: 527-0311

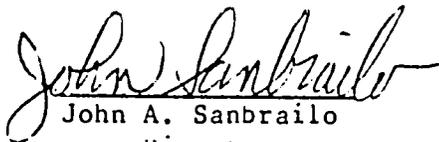
1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Specific Support Grant--PRISMA-Proyectos en Informática, Salud, Medicina, y Agricultura/JHU-Johns Hopkins University: Identification of High-Risk Families to Reduce Child Mortality in Peru, involving planned obligations of not to exceed \$980,000 in grant funds over a 2 year period subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project. The planned life of the project is 3 years from date of initial obligation.

2. The project consists of support for the PRISMA/Johns Hopkins University operational research and community training in targeting Child Survival activities through the financing of staff salaries, supplies and equipment, travel/transport, and operating/administrative expenses.

3. The Specific Support Grant, which may be negotiated and executed by the officer to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to the following essential terms and covenants and major conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

Source and Origin of Commodities, Nationality of Services

Commodities financed by A.I.D. under the Specific Support Grant shall be purchased in and shipped from only "Special Free World" countries (i.e. AID Geographic Code 935) in accordance with the following order of preference: (A) the United States (000), (B) the Cooperating Country, (C) "Selected Free World" Countries (AID Geographic Code 941), (D) "Special Free World" countries (AID Geographic Code 935), as specified in the Optional Standard Provisions for Non-U.S., Non-governmental Grantees (OMB Control No. 0412-0510, expiration date: 1/31/87), Attachment 4. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.


John A. Sanbrailo
Director

6/26/86
Date

HN:JELaRosa:jhj

Clearances:

HNE:ADanart (draft)

PROG:WRhoads (draft)

CONT:RABonnaffon (draft)

DD:GAHill (draft)

ACTION MEMORANDUM TO THE DIRECTOR

Date: June 25, 1986

From: Joan E. La Rosa, Chief, HN

Subject: Approval of PIO/T and Project Authorization for Proposed PRISMA/ Johns Hopkins University Specific Support Grant, Identification of High-Risk Families to Reduce Child Mortality in Peru--Child Survival Health, Project No. 527-0311, \$980,000.

Background

As Peru's overall economic situation has deteriorated, the GOP has attempted to maintain its level of support for the health sector, but resources remain scarce, and services, especially primary health care in rural areas, are still greatly deficient. Recent assessments of Peru's health sector have estimated that between 30 and 40 per cent of the population have no significant access to health care services. Compounding a lack of facilities and primary health care workers is the traditional problem of families failing to approach a health care facility until a child is in an advanced state of illness or malnutrition.

With infant mortality rates as high as 200/1,000 in some regions of the country, it is especially critical to target scarce health care resources to the most at-risk groups. To facilitate this, an effective community outreach program needs to be designed to identify those families in greatest danger of high infant morbidity and mortality and to encourage them to seek essential preventive health care services.

PRISMA (Proyectos en Informática, Salud, Medicina y Agricultura), a Peruvian PVO with links to several Peruvian and U.S. health research institutes and medical universities, proposes to work with Johns Hopkins University (JHU) to conduct in-depth field research and develop a Risk Score methodology designed to improve targeting and health service delivery. They will also develop a training manual and prototype lesson plans in the Risk Score technique and in Child Survival activities which can be used in mass media communication and public health education programs.

PRISMA's main objective is to promote, encourage, and provide appropriate technical assistance to community groups, PVOs and public organizations in order to extend the benefits of modern technology and research to rural and marginal communities. To do this, PRISMA intends to maintain a continually updated computerized data base and develop educational/training resources to help communities, as well as public and private institutions, to provide better, more efficient public services, especially in primary health care and Child Survival activities.

PRISMA is a newly-founded Peruvian PVO whose staff and founding members have educational and professional backgrounds which include specialties in computer sciences (systems analysis and operations reserach), program design and evaluation, public health and health education/communication/professional training. They have extensive, broad-based experience working on health and nutrition issues in the slums of Peru and other developing countries and are highly qualified to engage in the field research, community outreach and health worker training proposed in this project. The health professionals, researchers, and staff affiliated with PRISMA have links to Johns Hopkins University, the MOH, and the Institute de Investigación Nutricional which will facilitate the exchange of research and implementation information developed under the project.

Johns Hopkins University has 15 years of experience working on health and nutrition issues in both rural and urban settings in Peru. JHU currently has a project with the MOH in family planning to identify high-risk families and is a leader in the field of risk factor methodology, as well as nutrition and diarrreal disease research. JHU health professionals will be directly involved in the research and will complement PRISMA's local researchers and community organizers.

Purposes

- 1) To design a methodology for identifying high-risk individuals or groups and targeting scarce health care resources to them, thus extending the coverage of Child Survival interventions to the hardest to reach segments of the population.
- 2) To increase the impact of Child Survival strategies through better targeting of resources and by encouraging an active participation of the family members, neighbors, and community groups in defining health problems and seeking the appropriate interventions.

Project Description

PRISMA will coordinate with JHU to conduct case studies of families in one Lima pueblo joven and one rural sierra site, using census data, the National Nutrition and Health Survey (ENNSA), and in-depth anthropological evaluations. The study will consider such health risk factors as: a history of infant mortality; low birth weights; poor birth spacing; malnutrition and shortened breastfeeding periods; as well as other socio-economic factors. The relative significance of each risk factor will be assessed and a weighted risk score devised for both the urban and rural sites, which can then be applied to similar communities throughout the country. The risk score will be built into a health promoter program for both the MOH and for PVO and other community-based health workers to enable them to identify and target high-risk families which traditionally do not avail themselves of health care services.

In order to instruct MOH and PVO health professionals in the appropriate use of the risk score technique to improve targeting of Child Survival health services, PRISMA will conduct three yearly seminars for 100 participants each. These sessions will also stress the importance of educating local health workers in the basic Child Survival interventions as well as in the use of the risk score to identify high-risk families that require special outreach efforts by community health promoters.

Along with the research and health professional training component of this project, PRISMA will train a minimum of 200 community health workers (one mother for every 40 families in the two communities) in Child Survival interventions, especially ORT, and nutrition education (emphasizing extended breastfeeding, nutritious weaning foods, and growth monitoring). PRISMA will also coordinate with the MOH, already-existing community organizations, and PVOs working in the survey area to provide other necessary interventions such as immunizations, day care for malnourished children, educational groups for at-risk mothers, job skills and literacy training, psychological counseling, and supplementary Title II food assistance when necessary.

In addition to responding to the AID Child Survival Strategy through direct interventions (ORT, immunization, nutrition education), PRISMA/JHU will provide essential results-oriented research (the risk score technique and prototype training manuals) which will allow both the public and private sectors to better target and implement Child Survival activities. A key aim of the project is to increase community awareness of preventive health measures, especially the AID Child Survival interventions, and to encourage already-existing community groups to interface with high-risk mothers and the health care system to improve the delivery of these services.

Project Evaluation and Reports

This project includes continuous formative evaluation activities throughout three years of implementation. The risk score technique will be evaluated to determine the sensitivity of original census data with the complete risk factor analysis to identify high risk families. Specific health behaviors and health status indicators, such as vaccine compliance, length of breastfeeding, growth velocity, and number of deaths of high risk families will be monitored for one year and compared with control families. This information will be needed to determine the most appropriate risk variables and examine the effect of project interventions on vaccination, malnutrition, and mortality rates.

The community health worker training intervention will be evaluated every six months, after the start of the program in each survey community, to determine the appropriateness of trainees, to measure their performance, and to determine their actual coverage. Problem areas highlighted by this evaluation will be reviewed and remedial actions taken. Benefits to the community will be measured by surveying a sample of the population to measure changes in knowledge, attitudes, and Child Survival-related practices. This survey methodology will be repeated every six months so that information can be channeled back to the community and MOH/PVO entities involved.

The three yearly seminars for physicians will be evaluated to determine who the participants are, the appropriateness of the materials and methods of presentation, and subsequent activities implemented by seminar participants. Questionnaires filled out at the end of each seminar will assess knowledge and attitudes of participants. Follow-up letters, responses to these letters, and unsolicited requests will also be used to evaluate the success of this project.

A mid-term evaluation report and a final project evaluation will be provided to USAID, summarizing the results of these on-going evaluations of project activities and interventions.

Quarterly progress reports summarizing progress to date, problems encountered and remedial actions taken, as well as actions to be completed during the next quarter will be submitted to the USAID Project Manager.

Project Outputs

The following outputs are expected to result from the proposed Specific Support Grant:

1. A risk score technique for identifying the characteristics of individuals and families with a high-risk of infant or early childhood death or malnutrition will be designed, tested, and evaluated for both urban and rural communities. This methodology will then be built into the MOH and PVO health promoter system to facilitate targeting of scarce health care resources to most at-risk groups.
2. A minimum of 300 MOH and PVO health center professionals will be trained in the risk score and in the importance of all the Child Survival Strategy interventions.
3. A minimum of 200 community-based health promoters will be trained in using the risk score technique, in Child Survival interventions (ORT, nutrition/health education, and growth monitoring), and in community education and outreach methods.

4. Based on research results and experiences in various training activities, prototype Child Survival health education materials for both urban and rural areas will be made available to MOH, PVO, and community organizations for replication and distribution.

5. 750 manuals on the risk score technique and its use in health promoter training will be published for MOH health center directors (approximately 600) and PVO physicians (150) responsible for the planning of community programs.

End of Project Status

1. 50,000 pueblo joven and rural area residents provided in-depth health status assessments and, when necessary, health care or nutritional interventions.

2. Improved Child Survival health care delivery provided to the 50,000 members of the two target communities, through a network of 200 local health promoters using the risk score methodology to target high-risk groups and provide them with Child Survival interventions.

3. Increased community awareness of the importance of immunization, ORT, improved nutrition (especially breastfeeding and weaning foods), and growth monitoring.

4. Increased sensitivity of MOH and PVO health professionals regarding the importance and effectiveness of Child Survival interventions and the use of a risk score methodology to target health care resources.

Project Financing

The Project Budget which appears in Attachment 1, the Schedule of the attached Grant calls for grant financing over a period of three years, not to exceed \$980,000, with an initial obligation of \$358,000 (Health Funds). Grant funds will be used to pay for costs associated with the provision of long and short term technical assistance, research investigations, certain operational and travel costs, purchase of equipment and payment of other direct costs.

Counterpart contributions from PRISMA and Johns Hopkins University total \$530,000. The counterpart contributions amount to more than 25% of the total project cost of \$1,500,000.

Congressional notification expired on May 30, 1986 and budget allowances for first year funding in the amounts of \$358,000 (Health Funds) have been received.

Conclusions

PRISMA's request for USAID assistance meets the requirements for a Specific Support Grant and the funds required by PRISMA to administer the program are fully justified. The field research study and the community health promoter activities detailed above are consistent with the GOP's National Health Policy and complement on-going MOH Child Survival Intervention Programs. PRISMA and JHU will collaborate with the MOH in the health professional training and research activities funded under this Grant.

Recommendations

1. That you sign the attached Project Authorization and PF Data Sheet signifying your approval of this request and authorizing up to \$980,000 for a Specific Support Grant to support the PRISMA/Johns Hopkins University project.
2. That you sign the attached PIO/T authorizing negotiation of a Specific Support Grant with PRISMA, providing an initial funding of \$358,000.