

Status of Activities Previously Planned for this period:  
(refer to July-Sept 1988 Trimester Report)

1. The publication of the third edition of the "Salud y Vida" bulletin was postponed for January because of the many community activities during the Christmas season.
2. The Banco Ecuatoriano de Vivienda (BEV) approved our request to rent 4 'casas puentes', one in each of the four sectors, to use in the project's community development activities. The rooms have been remodeled (ie lights and vinyl floor installed) so as to serve as community meeting areas. This has given the community groups considerable independence from the FMJ-controlled Centro de Desarrollo Social. MAP staff, previously based in the Centro de Desarrollo Social, have relocated to the casa puente in Sector I; this move increases the autonomy of the Junta de Salud de Solanda personnel in their administration of the Centro de Salud Integral, as well as lessens project staff's direct identification with the provision of clinical services.
3. The laboratory in Solanda was fully equipped during this period. Fee-for-service medical consultations commenced during this period, with lab services to start in February.
4. The JSS promoted the availability of clinical services in the community by means of wall posters, notices on the community bulletin boards, 'perifoneo' with megaphones and a large sign on the Centro de Salud Integral.
5. The bingo to raise funds to improve community bulletin boards in Solanda did not show a profit; project funds were used to improve the boards. The bingo itself, however, was also an educational experience, which used different foods instead of numbers, to communicate knowledge of what foods are necessary for a balanced diet. A total of 80 persons participated.
6. CEMUS decided not to start the health workshop series because of possible conflict with the fiestas of Quito days and Christmas; they were replanned to start in February.
7. The JSS approved their internal rules but decided to postpone the obtaining of its 'personeria juridica' so as to allow more time for a maturation of leadership and commitment to health activities.
8. The start-up of clinical services provided the impetus for more involvement of the various community groups in the Junta de Salud de Solanda (JSS). The JSS successfully worked through and made the decisions concerning personnel, salaries, hours, prices, etc.
9. A new SPSS consultant (Ivan Laspina) was contracted to finish the statistical analysis of the Solanda and Marcabeli baseline surveys. A draft report was prepared and submitted to IIDES (Dr. Hector Solis) for review and revision.

10. **MERCOMUN**, a private consulting firm managed by Dr. Marco-Polo Torres, was contracted to do an external midterm evaluation of the urban and rural projects. A summary of the evaluation is attached. It provided many valuable insights to the staff which will be incorporated into future planning.

11. The nutritional diagnostic survey was completed in December and an outside consultant will be contracted for its analysis and report analysis.

#### OTHER ACTIVITIES

1. Disagreements with some FMJ personnel resulted in a FMJ Board Meeting with MAP representatives to resolve the differences. The outcomes were extremely positive for the project in that key board members clearly supported MAP's involvement and leadership in the community. The FMJ agreed that community representatives should be present in all future meetings between the FMJ and MAP staff. The FMJ also decided that one FMJ staff member would no longer be involved in relating to the health project.
2. Personnel interviewed and selected by the JSS were contracted through TRATESA for six months. Salaries set by the JSS were low so as to realistically achieve self-financing. TRATESA services are quite high and will probably be ended after this initial start-up period.
3. Various meetings were held with Drs. Suarez and Solis so as to maintain contact and communications with IIDES...IIDES went through a lot of personnel changes and there is presently a vacuum in terms of an IIDES counterpart. It appears that the relationship with IIDES will be primarily in the diffusion of project results, probably through a series of publications and/or one day seminars.
4. The Centro de Salud Integral in Solanda saw 68 patients in its first 15 days of operation. In this start-up period, medical consultations were offered only in the afternoons. Utilization demand has increased and plans have been made to offer medical services in the mornings and afternoons, Tuesday through Saturday, starting in March. The attached graphics show the various trends in terms of utilization, income, and reasons for the consultations. As expected, operational costs were heavily subsidized by project funds during this startup period. Although project staff are committed to the higher efficacy of prevention and promotion activities in terms of improving health status, it should be noted that the clinical services is a highly visible and tangible 'logro' which has provided a stimulus to community members to become more involved and committed to the non-clinical aspects of the project.
5. The Comité de Salud de Marcabelli (CSM) organized a community bingo to raise funds for the remodeling of the laboratory. A total of s/39,350 was collected. The CSM defined the personnel needs of the laboratory, set a salary/commission level, interviewed and selected the personnel. The Club de Señoras also collected s/250,000 during the Christmas season to buy and distribute clothes and 150 pairs of shoes for children of poor families in the cantón...a significant amount of money for a rural area.

Recognizing of the extremely strong correlation between family income and health status, project staff in Marcabelí promoted the formation of a Club de Artesanías and contracted a handicrafts expert from Machala to give technical training and assistance to the group. After the first month of activity, the club realized a profit of s/4,000 over expenses...though quite small, the immediate profit was a very positive stimulus to the group. Although handicrafts is not typically associated with health projects, staff believe that if we are not doing something to overcome poverty, then we really aren't helping very much in relation to improvement of health status. The necessity to adequately account of club finances, expenses and revenue, has also given project staff the opportunity to teach basic accounting methods to the group which is an essential element of any viable community organization.

7. The Minister of Public Health, Dr. Naranjo, sent a letter to the JSS communicating his decision to support the JSS' efforts to start their own Botica Popular in the Centro de Salud Integral...Dr. Naranjo also sent a copy of his communication with Dr. Fernando Sacoto of the Jefatura de Pichincha instructing him to start the necessary 'tramites.'

A infant mortality survey was conducted of some 75 mothers in Marcabelí by a Wheaton College intern working under the supervision of project staff. An outside consultant, Wilson Perez, was contracted to do the statistical analysis.

Activities planned for the next trimester (January-March 1989)

1. Begin laboratory services in the Centro de Salud Integral de Solanda.
2. Initiation of CEMUS health workshops.
3. Extension of health workshops into Sector 3.
4. Training workshop in communication for project staff and community representatives.

Publication and sale of 'Salud y Vida' community bulletin in Solanda.

6. Publication and sale of community bulletin 'La Verdad' in Marcabelí.
7. Inauguration of the 'Laboratorio Popular' in Marcabelí and fee-for-service lab services.
8. Continue with negotiations with the MSP(Jefatura) regarding the installation of a botica popular in Solanda.
9. Publish and distribute the summary of the external midterm evaluation.
10. Monitor and evaluate the operational costs and revenue for the medical and laboratory services.

11. Continuation of the workshops on family gardens, nutrition and handicrafts in Marcabelí.

12. Facilitate a workshop on basic accounting in Marcabelí for the various community groups

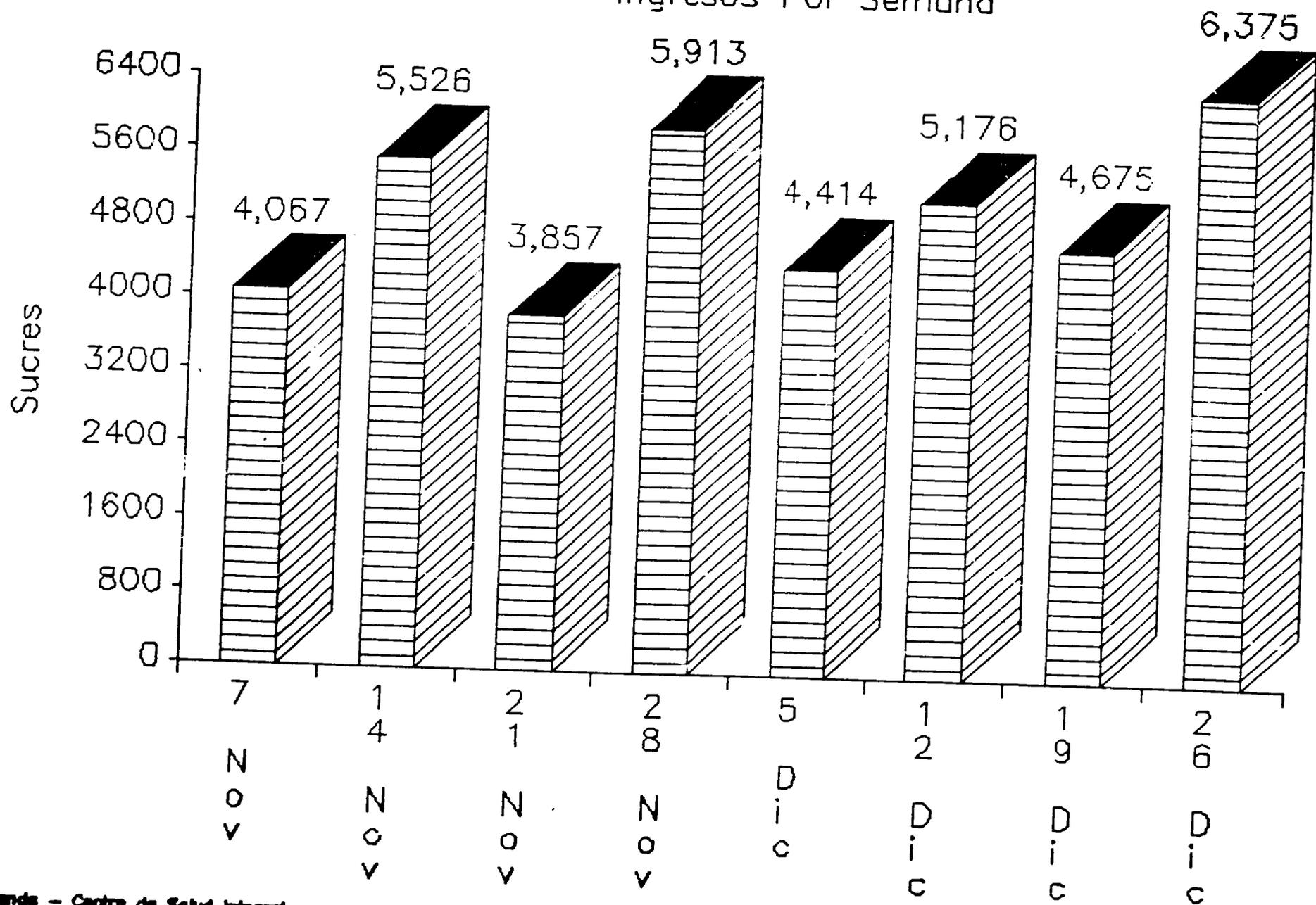
13. Elaborate 1989 operational plans

14. Make conference presentation at the Fundación Natura regarding the family garden project

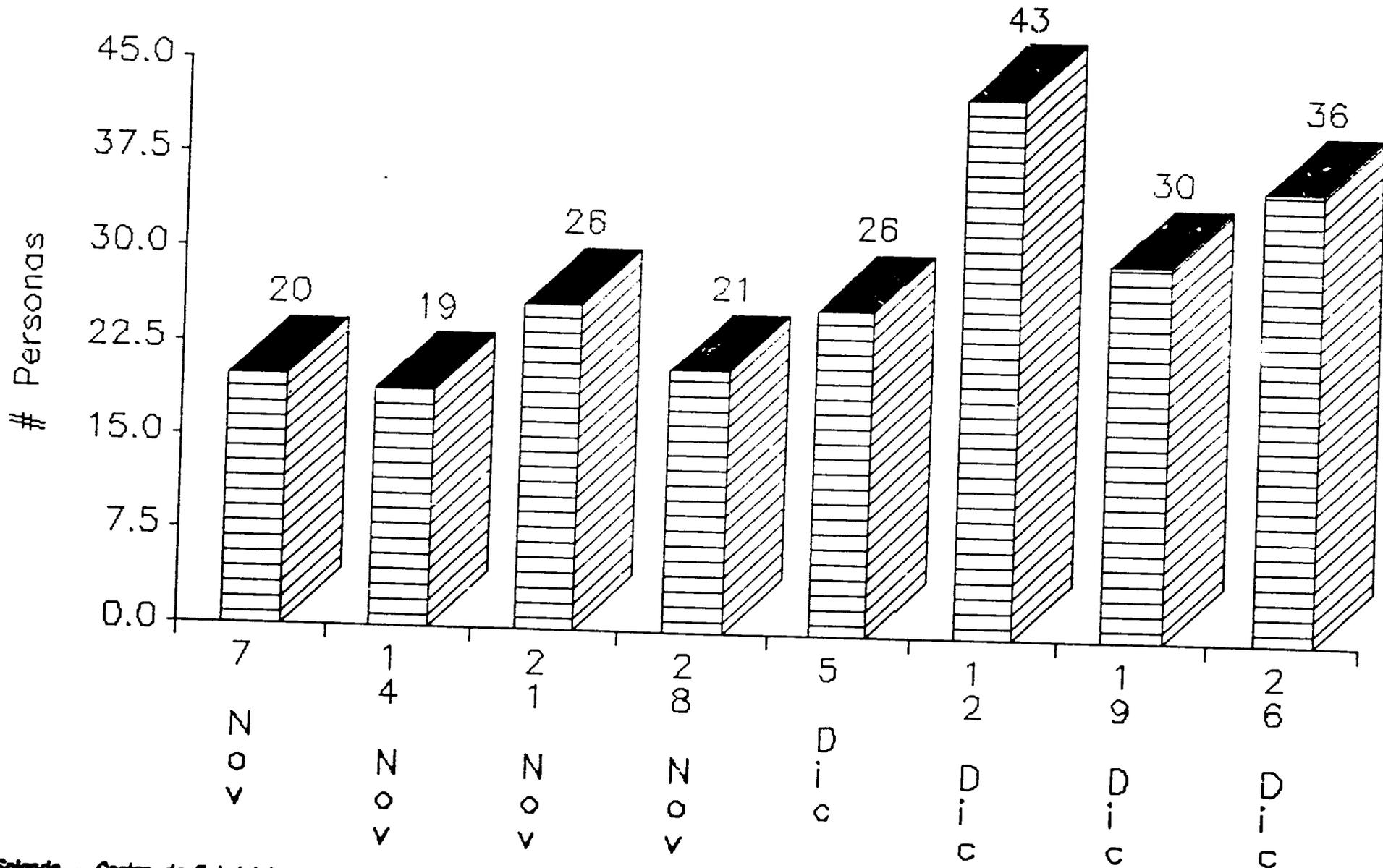
Attachments: graphics - Centro de Salud Integral de Solanda  
Resumen de la evaluación externa

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# Ingresos Por Semana

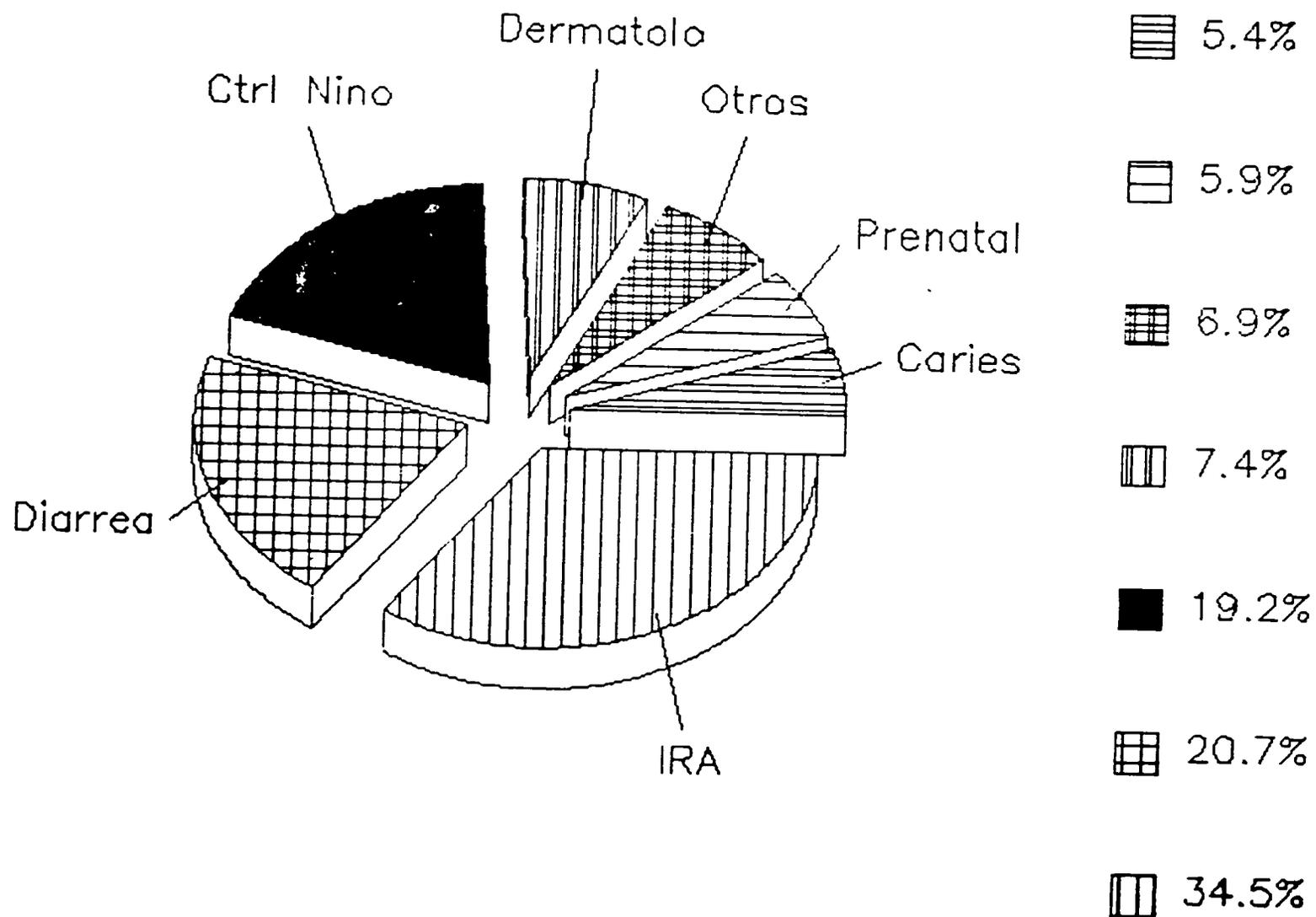


# Utilizacion del Centro de Salud Integral Por Semana



Solanda - Centro de Salud Integral  
(consultas medicas - 4 horas diarias)

## Frecuencia de Atencion en el CSI



TRIMESTER REPORT XI: JULY - SEPTEMBER 1988  
Project No. 518-0060 USAID/ECUADOR

Status of Activities Previously Planned for this period:  
(Refer to April-June 1988 Trimester Report)

1. The second edition of the community bulletin "Salud y Vida" was published in August. This bulletin was written by volunteers in a community "grupo boletin" as a means of communicating to other community members the different health activities going on within Solanda. To reduce costs, the group simply mimeographed the second edition. The group decided that the next edition will be better quality and will be sold (instead of distributed free) in order to cover some or all of the direct costs of the printing.
2. The Solanda clinical facility was inaugurated September 12. The presence of the Minister of Public Health, the U.S. Ambassador, Director of Quito's Health Department and representatives of AID and the MSP indicated a level of public political support which bodes well for future interaction of the project with various public institutions. Particularly noteworthy was the fact the the Minister was visibly moved by how positively he felt about the community-based health project, and how he thought it was a model which could be implemented nationwide. As of September 30, the clinical services had not yet commenced due to problems with the Fundación Marina de Jesús employees relative to the contracting of a physician.
3. Vacant personnel positions in both the urban and rural projects were publicized, but suitable candidates were not identified. A major block for the qualified individuals was the requirement that staff live in the project area so as to better identify with the needs and problems of the people with whom they work. Vacant positions will be filled during the next trimester, consideration will be given to relaxing the residency requirement if suitable candidates cannot be found.
4. A "Common Diseases" course was held in Marcabelí as a lead-in to promoting laboratory services. The purchase of lab equipment and recruitment of a lab tech was postponed to the next trimester.
5. The rural baseline survey of mothers with children under 5 years of age was implemented by volunteer women and students involved in the school garden program. Analysis by SPSS is proceeding. Data entry and creation of a system file was greatly aided by the purchase of the SPSS Data Entry II software.
6. The Junta de Salud de Solanda has decided to undertake activities to improve several parks in Sector I. The Club de Jardinería, with help from the Fundación Natura, is primarily responsible for planning.
7. The revision of budget categories for submission to AID was postponed to next trimester due to lack of time.
8. The showing of health films in Marcabelí has been an effective tool for increasing project visibility in the area.

9. The Project Director and Urban Coordinator have begun learning and using the Harvard Total Project Manager II software to plan and monitor different project subcomponents. Further training is necessary for effective use of this management tool.

10. The publishing of the findings of the Solanda baseline survey has been delayed due to the consultant's lack of time to finish the computer analysis...this initial research effort by project staff has been frustrating due to the use of different types of databases which are manipulable only by the consultant who doesn't have time to do what he was contracted to do. Another consultant has been identified who reportedly will be able to work 4 hours daily. This problem will be avoided in the rural and subsequent research activities by the purchase of the SPSS Data Entry II software.

11. No new nutrition carpeta was developed.

12. Handicrafts production was initiated by the Club de Senorsa de Marcabeli...unfortunately the articles produced did not find a demand due to their low quality. There is a great deal of interest for this type of family income-generating activity, and the group is presently looking for new types of handicrafts to produce.

13. Nutrition classes have begun in San Antonio, Palmarita and San Francisco.

#### Other Activities:

1. The Comité Pro-salud de Damas in Marcabeli raised s/42,500 in a bingo to purchase a vaccine refrigerator for the local SubCentro de Salud so that the SCS could begin offering a regular vaccination program. (the project subsidized the balance of the cost). The "Acta de Entrega" was a major community event with about 300 people in attendance. Approximately 50 people (participants in project educational activities) took an active part in the ceremony, which was also used to communicate health messages in a variety of ways. Speeches, locally-written health songs, a sociodrama concerning "machismo" conducted by the women, folkloric dances and "la baile de los alimentos"...women wore dresses decorated with different vegetables danced carrying giant leaves of chard grown in their family gardens (an important component of the rural project is the promotion of a better diet by means of family vegetable gardens). The Acta de Entrega was a very positive event which increased community awareness of different health problems, and also increased project visibility and acceptance.

2. An 8 kilometer marathon was organized by project staff and the local Liga Deportiva the following day. Approximately 50 runners participated, with about 500 onlookers...it was planned during a market day so as to have the maximum number of people in town. Winners in each category were given T-shirts inscribed with "Corre para tu salud", an inexpensive way of promulgating an educational message which has the same lifetime as the shirts themselves.

9. A very serious disagreement arose between project staff and FMJ personnel regarding the role of the community in making significant decisions, as well as the role of the FMJ in the health project. This disagreement over basic project goals and methodology has not been resolved, but Dr. Malo, a FMJ board member, is assisting in working out a suitable alternative to the present situation.

Activities planned for the next trimester (October-December 1988)

1. Publish and sell third edition of "Salud y Vida".
2. Begin renting 4 "casas puentes" (one in each sector) to provide alternative meeting areas for community groups. Remodel one casa puente to serve as the Junta de Salud - administered pharmacy. Partial independence from the FMJ-controlled Centro de Desarrollo Social is expected to significantly assist the various community groups in the self-determination of their own problems and solutions.
3. Finish equipping laboratory. Begin fee-for-service clinical and lab services.
4. Assist the Junta de Salud to develop marketing plan for the income-generating services.
5. Assist the "Grupo Mural" to plan a fund-raising bingo to make higher quality (and rainproof) community bulletin boards.
6. Begin teaching the CEMUS health workshops, "Salud Integral" "Salud y Familia" and "Primeros Auxilios."
7. Assist the Junta de Salud to develop internal rules and start the process for obtaining its legal status.
8. Contact various community groups and leaders to promote idea of a community health organization and involve the group in decisions concerning the location of the lab, services, and personnel in Marcabeli.
9. Contract new SPSS consultant to finish Solanda and Marcabeli survey analysis. Prepare findings for publication with IIDES.
10. Contract for external evaluation of urban and rural projects.
11. Conduct a community diagnostic nutritional survey in Solanda.

**Attachments:**

Newspaper articles  
FMJ correspondence

TRIMESTER REPORT X: APRIL-JUNE 1988  
Project No. 518-0060 USAID/ECUADOR

Status of Activities Previously Planned for this period:  
(Refer to the Jan-Mar 1988 Trimester Report)

1. Preliminary frequencies from the Solanda baseline survey were distributed to a limited number of agencies during this trimester. Statistical analysis using the SPSS program is behind schedule due to the complexity in using the software package. An outside consultant (Francisco Carrion-CEPLAES) has been contracted to do the analysis. A series of meetings has been held with representatives of the Instituto de Investigaciones para el Desarrollo de la Salud (IIDS) to jointly review the analysis. Drs. Suarez, Ruiz and Alfredo Gomez (PAHO) have participated. Dr. Ortega, who had been involved in the design of the project, was out of the country. A report of the findings of the survey will be co-published by MAP and IIDS.
2. A project coordinator, nurse and health educator were hired for the rural project. The nurse was dismissed during her trial period and another health educator is being recruited to replace her.
3. A midterm evaluation proposal was submitted by letter to AID to focus on the areas of community participation/ownership, communications, and participative research.
4. A community bulletin, "Vida y Salud", was published and distributed to all Solanda households in Sector 1. The articles were written by a group of interested women in Solanda. The bulletin has given the health project a much broader visibility within Solanda, as well as being a useful communication tool to describe project activities to outside agencies.
5. The third cycle of "Por Ninos Sanos" courses has been delayed so as not to interfere with the three CEMUS-sponsored health workshops.
6. A contract between MAP and the FMJ was signed whereby MAP will operate and manage the Solanda clinic, but under the FMJ name. The facility has been remodelled and equipped and the FMJ has requested the Jefatura de Salud de Pichincha to conduct the required inspection. A decision was made by FMJ and project staff to open the clinic after the August 10 change of government, and also to involve some of the new MSP officials in the inauguration of the clinic.
7. The project office has been installed in the Centro de Desarrollo Social in Solanda. The fulltime presence of project staff there is expected to have a beneficial effect on community-level activities.
8. Dr. Tohme signed a convenio with MAP which establishes a working relationship with the MSP.

9. The Banco Ecuatoriano de Vivienda has approved MAP's request to rent 4 "casas puentes" (1 in each sector) so as to have accessible meeting places for growth-monitoring and vaccination posts. The BEV bureaucracy moves slowly, however, and we have not yet received the keys to the casas puentes. Dr. Moreta (PAI) and Dra. Alarcon (Epidemiology- Jefatura de Pichincha) have indicated that there will be no problem with obtaining vaccines from the MSP.
10. Project staff have contacted the Jefatura de Salud de El Oro and effectively have the visto bueno for developing laboratory services. There is community support and the establishment of the lab will follow a workshop on Common Diseases in Marcabeli.
11. Health education courses in the Colegio Gonzalo Zaldumbide ended in June.. a group of students has indicated that they would like to continue with some activities during the summer vacation. Project staff will "canalisar" their interest into assistance with the summer park clean-ups. Three different courses have started under the auspices of CEMUS and will continue until August.
12. Weekly nutrition classes continue with womens' groups formed in Marcabeli and San Antonio. Additional groups have been formed in two outlying recintos.
13. Working objectives for the urban and rural projects have been defined for the coming year.
14. A carpeta for the advance nutrition class and a Family garden manual was produced by the rural project staff.

#### Other Project Activities:

1. Urban staff met with representatives of CEPAM to discuss possible collaborative activities in Solanda. This will probably take the form of assistance with a nutritional survey which will dovetail with growth monitoring and promotion activities.
2. Project staff initiated contact with newspaper journalists which resulted in the publication of several articles relating to project activities....this is part of a broader communications strategy by which project staff will increase the visibility of community-level activities.
3. A community advisory group has been formed to provide community guidance to the MAP team's leadership of the "Sistema de Salud Solanda." This is the group which we hope will develop into a Board of Directors for the overall project. It is presently composed of representatives from CEMUS, SECOYA, Liga Barrial, and FMJ.
4. Project staff assisted teachers and students from the Colegio Gonzalo Zaldumbide to organize a "desfile" through Sector 1 to promote community awareness of sanamiento ambiental.
5. Project staff met with Dr. Pablo Martinez, Division Hygiene Municipal, to discuss possible areas of collaboration. There appears to be very good possibilities of the DHM supporting community efforts regarding trash collection in the area.

6. Two sessions were held with the volunteer surveyers and interested community members to review the findings of the baseline survey. Community interest was highest in regard to improving the vaccination status of the neighborhood.
7. INNFA-PREMI conducted a special scholarship lottery for Solanda participants in the earlier "Por Ninos Sanos" courses. Two Solanda residents won s/10,000 scholarships for the purchase of school supplies for their children.
8. Project staff held many meetings with different MSP and FMJ officials which resulted in the signing of both contracts in late May.
9. Project staff were invited to meet with the Consejo Nacional de Salud to discuss community participation activities in Solanda. The CNS is developing a proposal to the World Bank concerning a pilot project for Family Health Centers.
10. Project staff were invited by the MSP to attend a one-day seminar concerning urban health problems and the definition of "marginal urban populations".
11. Project staff made a presentation on "Salud Mental Familiar" at the national mental health conference organized by the Division de Salud Mental of the MSP.
12. Much administrative time was utilized in the Ministry of Finance audit and in the attempt to receive a sucre advance from the MOF...still in process.
13. Project staff participated in the monthly COSNU meetings.
14. A "Club de Senoras" has been formed in Marcabeli as an out-growth of the nutrition classes. The group will do some artisanry projects together to sell during market days and generate some income.
15. Ten families have planted their own family gardens as a result of interest generated by the demonstration garden and the school garden project. Soybeans have been successfully introduced into the area to promote protein consumption..the first harvest is expected in mid-August.
16. A baseline survey instrument has been developed for the rural project to assess the health knowledge, attitudes and behaviors of the rural population. The Jefatura de Salud and the SCS is co-operating in this effort.
17. The rural team assisted the MSP in the recent vaccination campaign in the area. The SCS staff have requested project assistance in developing on-going vaccination activities, rather than isolated campaigns. In collaboration with community officials, a marathon is being planned in order to raise money for the purchase of a vaccine refrigerator for the community.

Activities planned for the next trimester (July-September 1988)

1. Publish second edition of community bulletin "Salud y Vida."
2. Inaugurate Solanda clinic and commence fee-for-service activities.
3. Hire additional health educator and nurse for Solanda...additional health educator for Marcabeli.
4. Conduct "Common Diseases" workshop and develop carpeta in Marcabeli. Purchase equipment and recruit lab tech for laboratory.
5. Complete rural baseline survey.
6. Establish relationship with Fundacion Natura and the MAG for technical and material assistance for Solanda park project (arbolizacion).
7. Revise project budget categories for submission to AID.
8. Generate more community awareness of health issues and project activities in Marcabeli area by showing 16mm movies.
9. Teach the use of the Harvard Total Project Manager II to the urban and rural project coordinators.
10. Co-publish with IIDS the findings of the Solanda baseline survey.
11. Rural project will develop another "Comida y Nutrición" carpeta for the nutrition classes.
12. Facilitate handicrafts production in the Club de Senoras to generate income for the group.
13. Continue with nutrition classes in San Antonio and begin new classes in the Marcabeli recintos of Palmarita and San Francisco.

Attachments:

Newspaper articles  
Nutrition carpeta  
Family Garden Manual  
MSP-MAP Convenio  
FMJ-MAP Convenio  
Working Project Objectives