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AID/FVA/PVC PVO CHILD SURVIVAL PROGRAM

1991 ANNUAL REPORT

**Breastfeeding Advocate and Breastfeeding Mother Support Group
Child Survival Project
Honduras**

**La Leche League International, Inc.
P.O. Box 1209
Franklin Park, IL 60131-8209
(708-455-7730**

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Breastfeeding Advocate and Breastfeeding Mother Support Group

LLLI/AID FVA/PVC Child Survival Project
San Pedro Sula, Honduras

I. Changes in Project Design

I-A. On Aug. 28, 1991 La Leche League International signed Cooperative Agreement No. OTR-0500-A-00-8278-00/Amendment No. 3 whose purpose is to: (1) extend the completion date of the grant one year from September 20, 1991 to September 19, 1992 and (2) increase the A.I.D. contribution by \$200,000 to fund the Guatemala and Honduras extension.

Project Objectives for Honduras for the 1991/1992 extension year are as follows:

- 1) to support and supervise existing Breastfeeding Mother Support Groups (BFMSG) and to form 30 new BFMSGs;
- 2) to train and certify 60 Breastfeeding Advocates (BA);
- 3) to provide breastfeeding promotion technical assistance to three Private and Voluntary Organizations (PVOs) in Cortes and Santa Barbara/Copan in the training of BAs and the formation of BFMSGs in the target areas;
- 4) to assist the Ministry of Health (MOH) in the training of health personnel in order to develop unified breastfeeding promotion messages in target communities;
- 5) to assist ASHONPLAFA, the Honduras Family Planning Association, in developing a breastfeeding and lactational amenorrhea method (LAM) module for community distributors and adolescent sex education courses.

Those Project Objectives as stated and described in the November, 1989 Annual Report submitted by La Leche League International (LLLI) remain unchanged. Although LLLI will be conducting a Final Evaluation in 1992, covering the complete four years of the project, it is felt that a discussion of the 1989 project objectives and their accomplishment will be advantageous to this Annual Report.

As of September, 1991 the Project Objectives showed the following results:

Objective No.1: To recruit and train 120 community volunteer breastfeeding advocates by Project completion.

As of September 30, 1991 (the original project completion date) a total of 129 women from low-income marginal urban communities of San Pedro Sula had been trained and certified as Breastfeeding Advocates.

At the present time, 73 persons are in training, of which 34 are women who are community Promoters in Foster Parent Plan communities and the remainder are staff from PLAN and the PVO/Comite Evangelical de Emergencia Nacional (CEDEN).

The total number of women trained and certified as BAs represents an 8% increase over the original projected number. Looking at the total number by Project year shows 27 (21%) having received training by the time of the Mid-Term Evaluation (MTE), July, 1990 with an additional 102 (79%) coming into the Project since that date. From August, 1990-September, 1991 (14 mos.) LLL/H Project more than tripled the number of BAs trained over the number trained in the preceding 11 months.

Of the 129 trained, 66 (51%) were actively connected to the LLL/H Project at some point during the life of the Project. An active BA is one who attends or conducts BFMSG meetings and reports to LLL/H Project on her activities.

In the month of September, 1991, 42 BAs (33%) reported to Project. Using the September figure as basis, inactive BAs would represent 67% of the total trained and certified. This percentage is less than the expected attrition rate of 75% that was reported in the MTE.

Because the BA and BFMSG strategy is new to the women and to the peri-urban communities, there is no similar program with which to make comparisons. It is therefore not possible to state whether these active/inactive numbers fall within or outside of "normal limits".

However, interesting information related to this issue can be found in a formative qualitative evaluation (*Attachment 1 - Draft Report/Spanish*) conducted by Rebecka Lundgren/Consultant to The Population Council, through the LLLI/Institute of Reproductive Health, Georgetown University (GT) Project No. OR-HO-001 "Promotion of Lactational Amenorrhea Method (LAM) and Childspacing through Breastfeeding Advocates".

Training and certifying BAs and forming BFMSGs in the target areas (piggybacking the CS Project) were two of the five GT Project objectives. In an effort to evaluate the implementation of this service delivery strategy, interviews, focus groups and observation guides were used in the

qualitative evaluation to study active and inactive BAs as well as active and inactive mothers for BFMSGs.

It was found that inactive BAs left the Project mainly because of employment, but many of these continued to counsel mothers of the importance and advantages of breastfeeding. BAs, in general, expressed satisfaction in their work, and only felt "down" when a small number of mothers came to the BFMSG meetings. Another problem cited by BAs was the difficulty of counseling mothers when the BA's information is not "shared" by the health professional.

Objective No. 3: To establish 30 Breastfeeding Mother Support Groups in the peri-urban communities of San Pedro Sula.

The 1989 Annual Report stated that "Forming and Leading a BFMSG is the most challenging and demanding of the objectives. The accomplishment of this objective, therefore, will require much attention and work." This assessment continues to be valid.

As of September, 1991 LLL/H Project staff reported the establishment of 54 BFMSGs since project initiation. This represents an 80% increase over the projected number of 30. Thirty-one active groups (58%) held a total of 35 meetings in September, 1991.

Since the first Project BFMSG was formed in September, 1989, a total of 413 BFMSG meetings have been held with the supervision and support of LLL/H Project staff. Over this 25 month period, there were, on average, 16 BFMSG meetings per month. Annual data shows the following breakdown:

- a. September, 1989 - September, 1990
88 BFMSG meetings
7 meetings/month
- b. October, 1990 - September, 1991
325 BFMSG meetings
27 meetings/month

Since the qualitative evaluation documented change in breastfeeding practices of even the one time attendee, the substantially higher number of meetings in the past year is significant. Improved efficiency, experience gained over the past year and the addition of staff no doubt accounts for 78% of the total 413 BFMSG meetings being held in the past year.



Mothers talk about
Breastfeeding in a
Project BFMSG Meeting

Breastfeeding
Advocate's Home



Breastfeeding Advocate
Demonstrates
Correct Positioning
of Baby for Pregnant
Woman Attending
BFMSG Meeting



Baby does what
Babies Do Best At
a BFMSG Meeting...

Snuggle in to
mother, breastfeed
and sleep!

Objective No. 3: To provide information and support to approximately 10,150 new mothers in Honduras via the breastfeeding advocates and breastfeeding mother support groups.

As was described in both the 1989 Annual Report and the MTE Report, mothers are reached by the BA through:

- *support groups
- *informal contacts

Mothers are also reached through breastfeeding training given by LLL/H Project staff to health professionals and to community members. In the MTE Report, it was estimated that each trained health professional reaches 5 women and each community member trained reaches one additional woman.

The total number of mothers reached through all program activities from September, 1989 through September, 1991 is 21,607. This represents a 110% increase over the projected number. Following is a breakdown of this number by project year and by each activity:

September, 1989 - September, 1990 - MTE Report, 1990

Mothers reached through:

Support groups/attendance.....	847
Informal contacts.....	1,924
Training to HPs/73 x 5.....	365
Training to community members/364 x 2.....	728

1989/1990 Total mothers reached 3,864

October, 1990 - September, 1991 - Project Trimester Reports

Support groups/attendance.....	2,485
Informal contacts.....	10,624
Training to HPs/360 x 5.....	1,800
Training to community members/1417 x 2.....	2,834

1990/1991 Total mothers reached 17,743

An additional number of mothers are reached through the weekly newspaper column written by Project staff, through a weekly television program conducted by a LLL Leader and through the help given to mothers who call or visit the LLL/H Office for breastfeeding counseling.

Beginning in April, 1990 LLL/H Project began documenting the child referrals made by BAs to the public

health and social security system. A total of 2,636 referrals were made (or approximately 88 per month) from April, 1990 to September, 1991.

Objective No. 4: To develop an 11 member advisory council.

Following an MTE recommendation, the Advisory Council was reorganized, with Dr. Benjamin Abdul (MOH Regional Hospital) as Advisory Council Coordinator. In 1990/1991 LLL/H Project reported two quarterly meetings and 16 consultations with individual council members. The Advisory Council was involved in the planning and execution of the GT Project Physicians Seminar/Workshop, held in San Pedro Sula during the week of Feb.25 to March 1, 1991 and sponsored by LLL/H.

Objective No. 5: To conduct 24 Breastfeeding Public Outreach Endeavors, through the mass media in Honduras.

The following numbers were reported by LLL/H Project staff in 1990/1991 related to this objective:

- | | |
|--|----|
| a.) Breastfeeding Question/Answer Newspaper column: | 45 |
| b.) TV breastfeeding Program with LLL Leader: | 46 |
| c.) Talks by LLL/H Project staff to church groups, PVOs, NGOs and Hospitals: | 14 |
| d.) Interviews on television and at a hospital: | 7 |

Objective No. 6: To conduct three 2-3 day Breastfeeding Seminars in Honduras.

The MTE Report discussed the two Workshops that had been completed up to that time. In 1990/1991 LLL/H allocated time and effort to the execution of 13 Refresher Mini-Workshops for the BAs, an average of one workshop per month.

Workshop Programs included topics, such as:

- a. Discussion of CS referral coupon;
- b. Discussion of GT Project Physicians Seminar/Workshop;
- c. Preparation of educational materials for the BAs;
- d. Natural cooking and discussion on wild plants for cooking
- e. BF taboos and myths;
- f. Discussion of results from qualitative evaluation;
- g. Discussion of new supervisory forms.

In August, 1991 twenty "inactive" BAs were invited to attend a meeting specifically planned for them. As

documented by the qualitative evaluation, many of these BAs had continued counseling mothers even though they were not reporting to the LLL/H Project. At the meeting, they were encouraged to bring reports of indformal contacts to the Project office. They will be invited to Refresher Workshops.

In relation to this objective it is also necessary to discuss the Physician Seminar/Workshop, an activity of the GT Project, "Promotion of LAM and Childspacing through BAs". In essence, the GT Project represents the "research" component of CS and the two projects complement each other.

The Physician Seminar/Workshop was held in San Pedro Sula, February 25 - March 1, 1991 with the title "Advances in Infant Nutrition and Birth Spacing". The Seminar was 25 hours and the workshops were two hours long. The Center for Medical Education awarded 17 continuing medical education credit hours to the activity.

The Physician Seminar/Workshop was organized in order to stimulate changes in hospital routines that would impact on LAM, promote early breastfeeding, minimizing mother/child separation (especially for premature and sick babies) and help physicians have confidence in breastmilk as a unique (and only) source of food for babies 0 - six months.

International speakers for the event were: Dr. Soledad Diaz/Chile; Peggy Koniz-Booher/USA; Dr. Kay Dewey/USA; Dr. Osorno/Colombia; Dr. Jorge Rosales/Guatemala; Dr. Leonardo Mata/Costa Rica.

Of the 259 participants there were: 100 physicians; 57 RNs; 17 Auxiliary Nurses; 7 Nutritionists; 6 Promoters; 72 BAs, LLL/H staff, Teachers, Nursing Students, Medical Students and others. *Attachment 3* is the Seminar/ Workshop Program.

I-B. In 1990/1991, in addition to activites in the Department of Cortes (Health Region #3) LLL/H Project staff began working in the Department of Santa Barbara (same Department). The population group, however, continues to be San Pedro Sula marginal areas and Choloma.

The total population figures are:

- | | |
|-------------------------------|-----------------------|
| 1) Total Population - 566,413 | 2) 0-11 mos. - 26,394 |
| 3) 12-23 mos. - 30,247 | 4) 24-59 mos.- 56,641 |
| 5) Women 15-49 - 152,932 | |

The statistics on population are from SECPLAN/Ministry of Planning from census data and estimates on population growth.

I-C. Project focus continues to be directed toward the promotion and support of optimal breastfeeding practices, specifically exclusive breastfeeding for the first six months (or "only breast milk"). It is within the context of breastfeeding that the other CS interventions are developed. There is no other single intervention that has an impact on so many different aspects of health and development, both of the child and the community.

The impetus of the Project, as stated in the DIP, continues to be "preventive in character, aiming to reach the pregnant and lactating mother before any medical intervention is necessary". In addition, when curative intervention is necessary, proper breastfeeding practices continue to be of paramount importance.

With cholera just beginning to appear in Honduras (5 cases were confirmed at end of October, 1991), LLL/H Project staff has started to address the issue with the BAs and in the BFMSGs. In May Project staff gave a talk on breastfeeding and cholera to 25 students and in August, Project staff attended a meeting in Health Region #3 where cholera was discussed.

I-D. In relation to changes in type or scope of child survival interventions in the past year, two areas should be discussed.

1) Although the system for documentation of Child Survival referrals by the BAs was already in place at the time of the MTE, this system has been streamlined and utilized more in the past year. Figures show the following total referrals to health services by project year since the system began:

- 1) 1989-1990: 609
- 2) 1990-1991: 2027

Referrals are made for: Immunization, Growth & Development, Prenatal Care, Respiratory Infections, Diarrhea Control and Family Planning.

2) Closely aligned to the above are the referral coupons developed through the GT Project:

One of the objectives for the GT Project was "to examine the referral process to family planning services by community based promoters (BAs) trained with breastfeeding and LAM information by establishing a referral mechanism and providing follow-up on referral process."

Attachment 3 is the referral coupon prepared by GT Project staff with the technical assistance of the Population Council consultant and collaboration of the CS staff. Because BAs trained through the GT Project activities are also CS BAs, this coupon is utilized universally.

A recent analysis of the family planning referrals indicates that the referrals and use of family planning with the BFMSG as a source increased from 33.6% of contacts with mothers in groups in the first trimester of 1991 to 47.6% of contacts in the second trimester.

The use of referral coupons is a strategy that shows promise in dealing with the problem of access to health institutions for family planning, as well as for other CS support activities. The Social Security, as well as the main MOH Health Center have procedures in place for referrals and both GT and CS Project staff are working with BAs in the monthly supervisory meetings on the use of the coupon.

Whenever and wherever possible, LLL/H has discussed LLLI's position that breastfeeding is the key child survival intervention and has also defined breastfeeding's significant relationship to other child survival interventions and how it represents the "beginning step". This particular message was an important part of a talk given by the LLLI Child Survival Projects Manager (CSPM), Rebecca Magalhaes, at a national BFMSG Conference in Niteroi, Rio de Janeiro, Brasil, August, 1991.

I-E. Numerous studies show that non-breastfed babies under six months of age are at a higher risk of dying than breastfed babies of the same age. **Any baby born and raised in a low-income environment who is bottlefed or mixed fed (bottle and breast) must be considered 'at risk'.** LLL/H Project's continued emphasis on **exclusive breastfeeding** for the first six months of life is a strong strategy for reducing this risk.

A baseline survey executed through the GT Project in August and September, 1990 in the SouthEast Sector/San Pedro Sula showed that the prevalence of exclusive breastfeeding was quite low (0.4% at 5-6 mos. of age) and that 76.6% of the women had introduced water in the first two months. A survey done in 1988 showed even lower rates.

The BFMSGs formed in the GT Project target area of Las Palmas/SE Sector of San Pedro Sula have been followed very closely, with the help of the additional Georgetown funding and because of the nature of this project as an operations

research investigation on the impact of BAs in the community.

Attachment 4 demonstrates data and percentages on the activities in this target area in relation to BAs, BFMSGs, informal contacts and the practice of exclusive breastfeeding (EBF). The increase in the % of EBF through the BFMSG activity suggests that although the meetings are more difficult to organize, groups are more effective than informal contacts in promoting EBF.

Another strategy begun in 1990/1991 to address the issue of women and children at risk was the placement of BAs as health promoters in two health centers and the MOH hospital. Activities include talks to pregnant and nursing women, meetings (4 women per meeting in a small cubicle) and remissions to health centers for child survival.

The BA working in the hospital recruits mothers of babies with problems to come for a "case study" discussion in a meeting of the LLL/H staff doctor and nurse with the hospital nurses. Recently, this resulted in a revised procedure for a septic baby who had not been improving, but by putting the baby on mother's milk only, the baby was able to go home in 3 days, instead of the previous estimated week or more.

The doctor in charge of the Lopez Arrellano Health Center where another BA is working recently noted that morbidity rates have diminished significantly in both under ones and under fives since this BA has been actively working at this center. The doctor has proposed that she begin work in another health clinic.

Attachment 5 demonstrates data related to the activities of these 3 Breastfeeding Advocates/Project staff.

II. Human Resources and Collaboration

II-A. In 1990/1991 five persons were added to the LLL/H Project staff. The following lists the names of these people, plus their respective job descriptions:

1) Digna Lopez de Trigueiros/Supervisor is of Honduran nationality, is a BA and a LLL Leader Applicant. Her responsibilities include:

- a. supervision of the existing BFMSGs in the area of Lopez Arrellano Health Center;
- b. supervision of mid-wives trained in

breastfeeding, formation of new BFMSGs in communities in this area;

c. formation of BFMSGs in the Health Center;
d. do follow-up by home visits and at the Health Center for non-medical breastfeeding problems.

2) Biviana de Paz/Assistant/Registered Nurse, is of Honduran nationality and her responsibilities include:

a. supervision of the development of educational materials for training targeted to health professionals and community members;

b. coordinate with nurses in health institutions;

c. assist in the training of health personnel;

d. administer clinical assistance for breastfeeding problems.

3) Reli Yolanda de Zepeda is of Honduran nationality and her responsibilities include:

a. provide education on breastfeeding in the post-partum period to women in a hospital setting;

b. detect women with breastfeeding problems, either related to the mother or to the infant;

c. prepare monthly reports on activities;

d. supervise the Human Milk Bank at the hospital.

4) Ana Ruth Estrada/Supervisor is of Honduran nationality and her responsibilities include:

a. provide breastfeeding education during the post-partum period in the largest metropolitan Health Center;

b. do follow-up with mothers with breastfeeding problems;

c. prepare monthly reports on activities;

d. do follow-up to child survival referrals made to the Health Center.

5) Vilma Flores de Chirinos/Administrator and Accountant is a Honduran national and a bookkeeper and accountant by profession and education. Her responsibilities include:

a. purchase all necessary supplies, equipment and services;

b. supervise petty cash fund and time sheets;

c. perform all accounting functions of the Project.

Attachment 6 is Vilma Chirinos' Curriculum Vitae.

II-B. Local technical assistance in 1990/1991 was provided to LLL/H Project through the following sources and persons:

- 1) Robyn Archer/LLL Leader and Certified Childbirth Instructor, Tegucigalpa: 1 day workshop on childbirth training;
- 2) Biviana de Paz/RN, San Pedro Sula: various workshops and consultations related to training of nurses for a total time of 2 months;
- 3) Angelica Rivera, Computer Programmer, San Pedro Sula: consultations over a period of 8 months/1/2 time for computer program for documentation center and bookkeeping system;
- 4) Vilma Chirinos/Accountant, San Pedro Sula: 2 months of consultancy in project accounting;
- 5) Estela Milla, Teacher/Natural Cooking & Medicines: workshops with BAs on soy cooking for a total of 1.5 days;
- 6) Xiomara Garcia, artist, San Pedro Sula: 1/4 day consultation on graphics design - artwork for health information forms;
- 7) Carol Lopez/Pediatrician, San Pedro Sula: 2 months consultancy related to training of nurses;
- 8) Dr. Leonardo Landa/Pediatrician, LLLI Medical Associate, San Pedro Sula: on-going assistance to LLL/H Project as principal local consultant and medical advisor in breastfeeding.
- 9) ASHONPLAFA, San Pedro Sula: course for BAs in family planning methods,
- 10) PVO CS Support Program/A.I.D. LAC Workshop, Tegucigalpa, attended by 1 Project staff person.

External technical assistance was provided to LLL/H Project from the following persons:

- 1) Dr. Leonardo Mata/Physician, microbiologist and public health specialist, Costa Rica: A two day consultancy on AIDS and breastfeeding. San Pedro Sula has the highest rate of AIDS in Central America and 40% of the infections are in women. BAs and physicians attending at public health facilities were concerned about this health problem and the misinformation that exists on this topic.

2) Dr. Jairo Osorno/Physician, LLLI Health Advisory Council, has worked in urban marginal areas for breastfeeding promotion among marginal families, Bogota, Colombia: 1 week workshop/consultancy on clinical management of breastfeeding and the neurological development of the breastfed baby.

3) Peggy Koniz-Booher/Lactation Specialist, IRH/Georgetown University, USA: One trip to San Pedro Sula in 1990/1991 to consult on Georgetown Project activities.

4) Rebecka Lundgren/Consultant, DataPro S.A., Consultant to Population Council, Guatemala: A total of 4 trips were made to Honduras (approximately 36 days total) to consult with GT Project staff. As already stated, GT Project activities are intrinsically related to CS activities.

Other external technical assistance was obtained in the following manner:

<u>Event</u>	<u>Date & Place</u>	<u>Attended By</u>
PVO CS Lessons Learned Urban Projects Workshop	Mexico City, Mexico Sept/1990	CS Country Proj. Director
II Int'l BF Symposium	Mexico City, Mexico Nov. 7/8, 1990	5 Project staff
LLL/Latin America Workshop	Tepetzotlan, Mexico Nov. 9, 10, 11/90	5 Project staff
Human Relations Training Workshop	Coajimalpa, Mexico Nov. 12/90	Project staff
LLLI Pre-Conference for Area Administrators	Miami Beach, FL July 22-24/91	CS Country Proj. Director
LLLI Int'l Conference	Miami Beach, FL July 24-27/91	CS Project Director and CS BFMSG Coordinator

Note: At the LLLI International Conference in Miami Beach, FL the Project Director have a presentation on the LLL/H CS Project at a Conference session.

LLLI technical assistance is also provided to the LLL/H

Project staff through the LLLI Child Survival Projects Manager (CSPM), Rebecca Magalhaes, the Child Survival Technical Consultant (CSTC), Dr. Claibourne Dungy, University of Iowa and through the services provided by LLLI Headquarters:

a.) CSPM: In addition to one 4 day trip to Honduras in May/1991, the CSPM conferred with Project staff at the CS Workshop/Mexico, as well as at the LLL/Latin America Workshop, Mexico and the LLLI International Conference, Miami Beach, FL. Other technical assistance was provided to the LLL/H Project through correspondence, telephone calls and envelopes sent to Project containing information on breastfeeding and breastfeeding activities.

b.) CSTC: Some examples of the various activities whereby directly or indirectly LLL/H received technical assistance from the CSTC in the past 1 and 1/2 years are:

1. member of the MTE Team;
2. review draft of MTE Report and offer suggestions;
3. discussion of budget changes;
4. review of project materials; and
5. discussion of technical questions related to project

Most recently, the CSTC and the CSPM have conferred on: possible strategies for the final evaluation, up-coming staff changes in the LLL/H Project and the writing of the Final Report. During this time period, the CSTC provided 114 hours of consultation time (average of 7 hrs./mo.). Consultations and meetings between the CSPM and the CSTC are facilitated by the fact that both reside in Iowa City, Iowa.

c.) LLL/H Project staff continues to benefit from the LLLI publications "New Beginnings", "Leaven" and "BF Abstracts", as well as from the services of the Center for Breastfeeding Information.

II-C. LLL/H Project staff is primarily involved with the Health Committee in the target community of Las Palmas (also the target area of the GT Project). Approximately 52 meetings and/or sessions (average of 1 per week) were documented by LLL/H Project staff in 1990/1991 with this health committee.

In the past 2 months Project has attended 6 meetings of the umbrella organization for PVOs "FOPRIDEH". The objective of FOPRIDEH is to develop a PVO consortium to work in a large low-income housing development in a peri-urban community of San Pedro Sula. LLL/H Project has a BFMSG there and are

interested in being part of this PVO consortium to ensure the continuation of project activities.

II-D. The following agreements, linkages and collaboration took place during 1990/1991:

A. The GT Project (discussed in this Report because of its "piggyback" nature to the CS Project) was beginning to take definitive form at the time of the MTE and was not addressed in that Report. Therefore, this agreement between LLLI/IRH, Georgetown University can be considered in this Annual Report as a new development.

The GT Project began April 15, 1990 with a projected completion date of June 15, 1991. The expiration date was amended to September, 1991 and the signing of an extension agreement by LLLI with a beginning date of October 1, 1991 and an expiration date of June 30, 1992 is currently pending.

B. In the past year, LLL/H Project developed agreements with three PVOs and continued a collaborative agreement with another, in an approach to institutionalize the BA/BFMSG strategy outside of La Leche League.

The PVOs with whom LLL/H Project initiated activities in 1990/1991 were:

1.) Foster Parents Plan/activities included:

- a. LLL/H gave a presentation on the BA/BFMSG strategy to 58 PLAN personnel;
- b. 3 coordination/planning meetings were held with PLAN;
- c. PLAN volunteers in COPAN received a 2 day breastfeeding training; and
- d. 34 PLAN Promoters (mothers from PLAN communities) have begun BA training.

2.) CEDEN/activities included:

- a.. LLL/H Project gave a talk on breastfeeding to 32 CEDEN personnel and
- b. CEDEN health guardians and 14 CEDEN community health promoters received breastfeeding training from LLL/H Project staff.

3.) SAVE THE CHILDREN/activities included:

- a. In July/91 LLL/H Project staff provided breastfeeding training to 28 SAVE community health promoters.

LLL/H Project continued a successful two year collaborative effort with:

1.) Horizontes de Amistad /activities included:

a. three coordination/planning meetings were held with HA staff;

b. breastfeeding training was given to 62 Horizontes community promoters in the Horizontes communities of Choloma, La Lima and El Rancho.

C. With the impetus of the GT Project, LLL/H Project worked closely with the Honduran family planning association, ASHONPLAFA. As part of this collaboration the BA training course in Human Reproduction/ Family Planning Methods to be offered to BAs in 1991/1992 will be given by ASHONPLAFA. In June, 1991 LLL/H Project staff gave a talk on LAM for 25 ASHONPLAFA community distributors.

D. Collaboration with the Ministry of Health is evidenced by the placement of BAs in two health centers and one hospital, previously discussed. MOH is also currently discussing the possibility of forming BFMSGs in other parts of the country. Three Nutrition Division/MOH staff will participate in a training of trainers workshop, programmed by LLL/H Project for November, 1991.

III. Progress in Health Information Data Collection

III-A. A Baseline Survey (BLS) was conducted in the SE Sector of Las Palmas/San Pedro Sula, prior to initiating the formation of BFMSGs through the GT Project. Sample size was 917. The survey took 8 weeks to complete. *Attachment 7* shows the results of the BLS.

Another baseline survey of feeding practices was conducted in July and August, 1991 prior to beginning Project activities in the Miguel Paz Barahona Health Center.

In the Las Palmas BLS, 76.6% of the women had introduced water in the first two months and 75.2% had introduced milks during the same period. The survey showed an extremely low prevalence rate of 1.4% at 4 months and an even lower one at 5-6 months of 0.4%.

This low prevalence of exclusive breastfeeding has been communicated by LLL/H Project in community health committee meetings and in the BFMSG meetings, as well as through written documents.

Percentages of vaccination (adequate vaccination in babies over 2 months was 39%) and effective family planning methods (no more than 46.5% of women who had menstruated or had babies over six months) was also found to be low.

Approximately six months ago, LLL/H began a food introduction study, in collaboration with the University of California at Davis.

III-B. Since these CS Projects represented the first attempt in the developing world to develop BA and BFMSG strategies in low-income communities, data collection for BAs and BFMSGs has been an on-going task of development, testing, validation and adaptation. LLL/H continually seeks to attain quality data within the real parameters of the BAs who collect the basic project data.

LLL/H Project staff has found that almost any reporting system is complicated for the BAs. Thus, they have been reworking the present reporting system. The current adaptation that is being pre-tested consists of a sheet for each mother that records information from pregnancy until the child is weaned. Each sheet has a copy that is given to Project staff to enable them to follow up on the mothers the BAs support. *Attachments 8-10* demonstrate the forms currently being tested by the BAs for routine data collection.

IV. Improvements in Program Quality and Technical Effectiveness

IV-A. Lessons learned in 1990/1991 in the course of implementation of child survival activities are:

1. Reporting methods for the BAs have to be kept simple, although creating a simple reporting system is extremely difficult.

2. It is very challenging to keep volunteers working as volunteers over a long period of time. LLL/H Project has found it effective to develop a "pool" of volunteers and from this pool select those who are the most enthusiastic, dedicated and knowledgeable and give them a small monetary incentive. This "incentive" varies from a stipend for expenses at coordination, refresher and planning meetings or for groups they conduct outside of their communities to a possible paid job when the opportunity arises.

3. Once trained in breastfeeding - always trained. The

quality control survey indicated that even when BAs did not report to the Project they continued to counsel other women. In La Leche League circles, this situation is often observed among Leaders who have "retired" from LLLI, but continue to counsel and support mothers in breastfeeding.

IV-B Following are new steps that have been taken to strengthen technical quality of health programming since the last project report:

1.) The workshop planned and conducted for "inactive" BAs was a strategy to increase the retention rate of BAs in their connection to the Project.

2.) Consultations with Rebecka Lundgren and the technical assistance received through the GT Project by LLL/H had very beneficial results for the LLL/H CS Project. As a consequence of the qualitative evaluation survey, for example, GT and CS Project staff had a meeting where issues raised in the survey were discussed and an action plan was developed (*Page 10 -Attachment 1*).

3.) The LLL/H Project approach of "institutionalizing BAs and BFMSGs" through collaboration with country PVOs and NGOs, although not a new step, was further refined and extended to include three more PVOs.

V. Work Schedule

V-A. An on-going obstacle that Project staff has needed to address has been keeping the BAs active and enthusiastic. As discussed above, a possible strategy may be to give them a stipend to set up new groups in other areas (around 20 Lempiras per meeting - \$3.75), with the condition that they commit to keeping their "volunteer" group functioning in their own community.

Another strategy LLL/H Project is currently working on is to organize the BAs for productive enterprises. A constraint to exploring this option more quickly is the time factor and the overload of staff on current commitments.

The FOPRIDEH umbrella organization strategy is a possible solution to the time and commitment factors. Going into a community or area when there is a "consortium" of PVOs and NGOs assures that there are enough organizations with various areas of expertise to "cover all the bases".

This kind of a situation was created when LLL/H entered the Las Palmas area for the GT Project - the MOH and the Social Security were involved from the beginning and a joint plan was developed.

Two other problems that LLL/H Project staff faces is the fact that groups tend to dissolve when the babies "grow up" and BAs appear to be able to get neighbors to come to only a "particular" group. The group seems to represent the urban version of the extended family that is common in the rural areas. Project staff has witnessed evidence of rivalry among neighbors who won't go to a certain person's house. There are few "neutral" areas in the marginal urban communities.

LLL/H Project looks for community sites or locations that will be acceptable to all the group members.

V-B. *Attachment 11* is the timeline of activities for 1991/1992.

VI. Changes in Project Expenditures and Justification for Budget Changes

VI-A. The Pipeline Analysis for 1990/1991 is included immediately following the body of the Report.

VI-B. On April 5, 1990 Betty Wagner, Executive Director/LLLI signed Amendment No.2, which changed the project expiration date from September, 1992 to September, 1991, with a subsequent change in amounts of budget line items, but with the original grant totals remaining the same. *Attachment 12* shows this Amendment.

On July 27, 1991 LLLI CSPM requested that monies be allowed to be transferred from AID Program Costs to AID supplies line item. At the same time, LLLI requested a similar move of PVO monies from Program Costs to Procurement Costs (*Attachment 13*).

Due to A.I.D. awarding of a one year extension to this Child Survival Project, Amendment No. 3 was prepared by the A.I.D. Contracts Office and on Aug.28,1991 this Amendment was signed by Betty Wagner, Executive Director/LLLI. An additional \$200,000 was obligated from A.I.D. and the budget for 1991/1992 was adapted from the extension proposal budget. *Attachment 14* shows Amendment No.3 and *Attachment 15* shows the Honduras Extension Budget.

VII. Sustainability

VII-A.

1. LLL/H Country Project Director estimates that the approximate sum of \$50,000 per year would be needed in order to maintain the LLL/H Office open and functioning at a necessary level. With office and staff, LLL/H could offer one week courses in lactation management and development of the BA/BFMSG strategy to country PVOs and NGOs. Conducting a 5 day course at 1,000 Lempiras per day each week (approximately \$950/1 training course) could be the basis for LLL/H to maintain itself through training.

The Funding Development Department/LLLI expects to explore possible sources that could provide fully or partially the monies to meet costs of the maintenance of the LLL/H Office and Staff.

2 and 3. Although the BA/BFMSG strategy utilized in the LLL/H Project is based on "volunteerism" the BAs need to be supported by a structure that gives them in-service, on-going education in breastfeeding and counseling, answers their questions and provides them with moral support.

BAs who volunteer their time may continue doing so. However, as with LLL Leaders, BAs also require the same amount of nurturing and support that Leaders receive from services provided by the LLLI structure at local, area and regional levels and by Headquarters staff.

The community will not be able to assume the necessary nurturing, supervision and updating of breastfeeding information currently the responsibility of CS staff.

However, the training LLL/H Project is currently giving to PVOs and NGOs working in low-income communities may represent a viable solution on the community level. The collaborative work between LLL/H and these organizations will serve to institutionalize the BA/BFMSG strategy within the framework of those PVOs and NGOs and, combined with on-going technical support from LLL/H, will maintain support for BAs at the community level.

There also is growing evidence that the Nutrition Division Chief/MOH is interested in exploring the possibility of institutionalizing BAs and BFMSGs throughout the public health system in Honduras.

LLL/H Country Project Director has met with the head of

the Nutrition Division/MOH, Mission A.I.D., UNICEF Nutrition Officer, Training Chief for ASHONPLAFA, Academy for Educational Development, and the Director of Management Sciences for Health to discuss a draft proposal for a 5 year training center project that would train health personnel and community BAs country-wide. An appropriate funding mechanism is currently being sought, as there is an expressed need for training in breastfeeding in various organizations, public and private.

VII-B.

1-a. Various approaches have been utilized by LLL/H Project to create sustainable benefits to the communities, among them:

Integration and coordination with Community Health Committees, Community Health Workers and PVOs and government working in the community is instrumental in creating sustainable health programs because the programs become "community owned".

The linkages and networking of the LLL/H Project with other PVOs, NGOs and public health centers/hospitals/posts (as with FOPRIDEH) in project communities serves to increase a general awareness of breastfeeding as a key child survival intervention and contributes to the creation of sustainable health programs of benefit to the community.

LLL/H Project feels that the implementation of its "training center proposal" would contribute a great deal toward creating viable, realistic and practical health programs.

The results from operations research investigations can be used to put together health programs that truly meet the needs of a community.

Also a factor in this issue is LLL/H Project's constant and consistent effort to increase the awareness of all those who work in maternal/infant health to breastfeeding as a no-cost, high return preventive method to infant morbidity and mortality.

2-b. Training is planned for the coming year. Most notably, the hiring of Vilma Chirinos as Project Accountant/Administrator in 1990/1991 benefited the efficiency of the project's financial administration.

VII-C. Since the beginning of the CS Project, LLL/H

sold UNICEF Christmas cards, an activity from which LLL/H receives a percentage on the sales. Another activity utilized by LLL/H to generate funds is the sale of the LLLI "Womanly Art of Breastfeeding", available in Spanish. LLL/H purchases these books at a discount price from LLLI and sells them for a return on cost of purchase. LLL/H also engages in the sale of margarine products they receive as donations.

In November, 1991 the Country Project Director and the CSPM will discuss the selection of Honduran items to sell at the La Leche League Iowa/Nebraska Area Conference to be held May, 1992. The items would be sold in the "Around the World" Boutique at the Conference. After the Conference, LLL of Iowa City would committ to selling these items through their groups and LLL sponsored events.

LLL/ Project also has plans to work with income-generating activities in some project communities. For example, one BFMSG is discussing the production and selling of mops.

LLL/H and LLLI continue to work together to identify potential sources of funding to build upon the programs established by the USAID CS funded project. Because of the strength and viability of the Honduras LLL Program and LLL/H national visibility as a leader in breastfeeding promotion and support, it is likely that national or international funding will be forthcoming.

LLL/H continues to address methods of increasing its financial base by increased membership and/or increased contributions from its members.

22

HEADQUARTERS

Actual Expenditures to Date
 (31/10/88 to 30/09/91)

Projected Expenditures Against
 Remaining Obligated Funds
 (01/10/91 to 19/09/92)

Total Agreement Budget
 (Columns 1 & 2)
 (20/09/88 to 19/09/92)

COST ELEMENTS

I. PROCUREMENT

A. Supplies

B. Equipment

* C. Services/Consultants

1. Local

2. Expatriate

SUB-TOTAL I

II. EVALUATION/SUB-TOTAL II

III. INDIRECT COSTS

Overhead on HQ/HO

(%)

SUB-TOTAL III

IV. OTHER PROGRAM COSTS

A. Personnel (list each position & total person months separately)

1) Technical

2) Administrative

3) Support

B. Travel/Per Diem

1) In country

2) International

C. Other Direct Costs

(utilities, printing rent, maintenance, etc)

SUB-TOTAL III

	AID	PVO	TOTAL
A. Supplies	5383	0	5383
B. Equipment	0	4344	4344
* C. Services/Consultants			
1. Local	2688	0	2688
2. Expatriate			
SUB-TOTAL I	8071	4344	12415
II. EVALUATION/SUB-TOTAL II	0	0	0
III. INDIRECT COSTS			
Overhead on HQ/HO (%)	0	0	0
SUB-TOTAL III	0	0	0
IV. OTHER PROGRAM COSTS			
A. Personnel (list each position & total person months separately)			
1) Technical	0	0	0
2) Administrative	26715	2062	28777
3) Support	3504	3832	7336
B. Travel/Per Diem			
1) In country	5580	773	6353
2) International	7327	0	7327
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	8737	0	8737
SUB-TOTAL III	51863	6667	58530
TOTAL HEADQUARTERS	59934	11011	70945

	AID	PVO	TOTAL
A. Supplies	924	150	1074
B. Equipment	0	546	546
* C. Services/Consultants			
1. Local	4908	0	4908
2. Expatriate			
SUB-TOTAL I	5832	696	6528
II. EVALUATION/SUB-TOTAL II	0	0	0
III. INDIRECT COSTS			
Overhead on HQ/HO (%)	1350	0	1350
SUB-TOTAL III	1350	0	1350
IV. OTHER PROGRAM COSTS			
A. Personnel (list each position & total person months separately)			
1) Technical	1548	0	1548
2) Administrative	27263	13153	40416
3) Support	5648	5488	11136
B. Travel/Per Diem			
1) In country	4053	2317	6370
2) International	3531	0	3531
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	3866	250	4170
SUB-TOTAL III	45909	21208	67117
TOTAL HEADQUARTERS	53091	21904	74995

	AID	PVO	TOTAL
A. Supplies	6307	150	6457
B. Equipment	0	4890	4890
* C. Services/Consultants			
1. Local	7596	0	7596
2. Expatriate			
SUB-TOTAL I	13903	5040	18943
II. EVALUATION/SUB-TOTAL II	0	0	0
III. INDIRECT COSTS			
Overhead on HQ/HO (%)	1350	0	1350
SUB-TOTAL III	1350	0	1350
IV. OTHER PROGRAM COSTS			
A. Personnel (list each position & total person months separately)			
1) Technical	1548	0	1548
2) Administrative	53978	15215	69193
3) Support	9152	9320	18472
B. Travel/Per Diem			
1) In country	9633	3090	12723
2) International	10858	0	10858
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	12603	250	12853
SUB-TOTAL III	97772	27875	125647
TOTAL HEADQUARTERS	113025	32915	145940

*/ Excludes Evaluation Costs

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FIELD

Actual Expenditures to Date
 (31 / 10 / 88 to 30 / 09 / 91)

Projected Expenditures Against
 Remaining Obligated Funds
 (01 / 10 / 91 to 19 / 09 / 92)

Total Agreement Budget
 (Columns 1 & 2)
 (20 / 09 / 88 to 19 / 09 / 92)

COST ELEMENTS

- I. PROCUREMENT
 - A. Supplies
 - B. Equipment
 - * C. Services/Consultants
 - 1. Local
 - 2. Expatriate
- SUB-TOTAL I
- II. EVALUATION/SUB-TOTAL II
 - A. Consultant/Contract
 - B. Staff Support
 - C. Other
- SUB-TOTAL II
- III. INDIRECT COSTS
 - Overhead/field offices (%)
- SUB-TOTAL III
- IV. OTHER PROGRAM COSTS
 - A. Personnel (list each position & total person months separately)
 - 1) Technical
 - 2) Administrative
 - 3) Support
 - B. Travel (Short Term)
 - 1) In country
 - 2) International
 - C. Other Direct Costs (utilities, printing rent, maintenance, etc)
- SUB-TOTAL III

	AID	PVO	TOTAL
I. PROCUREMENT			
A. Supplies	2821	0	2821
B. Equipment	0	3224	3224
* C. Services/Consultants			
1. Local	1849	1741	4018
2. Expatriate	278	150	
SUB-TOTAL I	4948	5115	10063
II. EVALUATION/SUB-TOTAL II			
A. Consultant/Contract			
B. Staff Support	1944	1000	2944
C. Other			
SUB-TOTAL II	1944	1000	2944
III. INDIRECT COSTS			
Overhead/field offices (%)	13901	4823	18724
SUB-TOTAL III	13901	4823	18724
IV. OTHER PROGRAM COSTS			
A. Personnel (list each position & total person months separately)			
1) Technical	39232	0	39232
2) Administrative	16660	0	16660
3) Support	4431	0	4431
B. Travel (Short Term)			
1) In country	2114	1705	3819
2) International	5854	415	6269
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	8393	9496	17889
SUB-TOTAL III	76684	11616	88300
TOTAL FIELD	97477	22554	120031

	AID	PVO	TOTAL
I. PROCUREMENT			
A. Supplies	2346	0	2346
B. Equipment	500	2476	2976
* C. Services/Consultants			
1. Local	10485	4879	15364
2. Expatriate			
SUB-TOTAL I	13331	7355	20686
II. EVALUATION/SUB-TOTAL II			
A. Consultant/Contract			
B. Staff Support	6056	2500	8556
C. Other			
SUB-TOTAL II	6056	2500	8556
III. INDIRECT COSTS			
Overhead/field offices (%)	4352	0	4352
SUB-TOTAL III	4352	0	4352
IV. OTHER PROGRAM COSTS			
A. Personnel (list each position & total person months separately)			
1) Technical	31469	1867	33336
2) Administrative	16200	1800	18000
3) Support	3273	0	3273
B. Travel (Short Term)			
1) In country	4451	295	4746
2) International	1793	715	2508
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	11616	8013	19629
SUB-TOTAL III	68802	12690	81492
TOTAL FIELD	92541	22545	115086

	AID	PVO	TOTAL
I. PROCUREMENT			
A. Supplies	5167	0	5167
B. Equipment	500	5700	6200
* C. Services/Consultants			
1. Local	12612	6770	19382
2. Expatriate			
SUB-TOTAL I	18279	12470	30749
II. EVALUATION/SUB-TOTAL II			
A. Consultant/Contract			
B. Staff Support	8000	3500	11500
C. Other			
SUB-TOTAL II	8000	3500	11500
III. INDIRECT COSTS			
Overhead/field offices (%)	18253	4823	23076
SUB-TOTAL III	18253	4823	23076
IV. OTHER PROGRAM COSTS			
A. Personnel (list each position & total person months separately)			
1) Technical	70701	1867	72568
2) Administrative	32860	1800	34660
3) Support	7704	0	7704
B. Travel (Short Term)			
1) In country	6565	2000	8565
2) International	7647	1130	8777
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	20009	17509	37518
SUB-TOTAL III	145486	24306	169792
TOTAL FIELD	190018	45099	235117

TOTAL FIELD

*/ Excludes Evaluation Costs

14

FIELD

Cost Elements

Actual Expenditures to Date
 (31/10/88 to 30/09/91)

Projected Expenditures Against
 Remaining Obligated Funds
 (01/10/91 to 19/09/92)

Total Agreement Budget
 (Columns 1 & 2)
 (20/09/88 to 19/09/92)

	AID	PVO	TOTAL
I. PROCUREMENT			
A. Supplies	4802	0	4802
B. Equipment	0	5573	5573
* C. Services/Consultants			
1. Local	1906	684	3577
2. Expatriate	760	227	
SUB-TOTAL I	7468	6484	13952
II. EVALUATION/SUB-TOTAL II	3416	1000	4416
III. INDIRECT COSTS			
Overhead on HQ/HO (%)	13901	4823	18724
SUB-TOTAL III	13901	4823	18724
V. OTHER PROGRAM COSTS			
A. Personnel (list each position & total person months separately)			
1) Technical	26086	0	26086
2) Administrative	20705	0	20705
3) Support	3037	471	3508
B. Travel/Per Diem			
1) In country	2473	1269	3742
2) International	9442	1100	10542
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	10694	10212	20906
SUB-TOTAL III	72437	13052	85489
TOTAL FIELD	97222	25359	122581

	AID	PVO	TOTAL
	1524	0	1524
	0	1727	1727
	8558	1089	9647
	10082	2816	12898
	2584	2000	4584
	4352	0	4352
	4352	0	4352
	30655	2395	33050
	17517	4173	21690
	8975	529	9504
	3164	1151	4315
	-1472	0	-1472
	12278	8907	21185
	71117	17155	88272
	88135	21971	110106

	AID	PVO	TOTAL
	6326	0	6326
	0	7300	7300
	11224	2000	14724
	17550	9300	28350
	6000	3000	9000
	18253	4823	23076
	18253	4823	23076
	56741	2395	59136
	38222	4173	42395
	12012	1000	13012
	5637	2420	8057
	7970	1100	9070
	22972	19119	40591
	143554	30207	172261
	185357	47330	232687

TOTAL FIELD

(Excludes Evaluation Costs)

Actual Expenditures to Date
 (31 / 10 / 88 to 30 / 09 / 91)

Projected Expenditures Against
 Remaining Obligated Funds
 (01 / 10 / 91 to 19 / 09 / 92)

Total Agreement Budget
 (Columns 1 & 2)
 (20 / 09 / 88 to 19 / 09 / 92)

TOTAL - FIELD & HEADQUARTERS

TOTAL HEADQUARTERS

TOTAL FIELD

TOTAL

AID	PVO	TOTAL
59934	11011	70945
194699	47913	242612
254633	58924	313557

AID	PVO	TOTAL
53091	21904	74995
180676	44516	225192
233767	66420	300187

AID	PVO	TOTAL
113025	32915	145940
375375	92429	467804
488400	125344	613744

LIST OF ABBREVIATIONS USED IN THIS REPORT

BF	Breastfeeding
BA	Breastfeeding Advocate
BFMSG	Breastfeeding Mother Support Group
LLL/H	La Leche League/Honduras
LLLI	La Leche League International
CS	Child Survival
CSPM	Child Survival Projects Manager, La Leche League International
CSTC	Child Survival Technical Consultant LLLI/A.I.D. Child Survival Project
A.I.D.	Agency for International Development/State Department, USA
MOH	Ministry of Health
TA	Technical Assistance
MTE	Mid-Term Evaluation
EBF	Exclusive Breastfeeding
LAM	Lactational Amenorrhea Method
GT Project	Promotion of Lactational Amenorrhea Method and Childspacing through Breastfeeding Advocates Project/ funded by IRH/Georgetown University
ASHONPLAFA	Honduras Family Planning Association
BLS	Baseline Survey
CEDEN	Comite Evangelica de Emergencia Nacional

LIST OF ATTACHMENTS

Attachment No. 1	Qualitative Evaluation, Results and Recommendations/Spanish
Attachment No. 2	Program, Physicians Seminar/Workshop "Advances in Infant Nutrition and Birth Spacing
Attachment No. 3	Child Survival Referral Coupon
Attachment No. 4	Exclusive Breastfeeding, Breastfeeding Advocates, Breastfeeding Mother Support Groups and Informal Contacts
Attachment No. 5	Breastfeeding Advocates & Numbers in Health Centers and Hospital
Attachment No. 6	Curriculum Vitae - Vilma G.F.Valle
Attachment No. 7	Results of Baseline Survey
Attachment No. 8	Individual Mother's Information Sheet, LLL/H Project
Attachment No. 9	Informal Contact Information Sheet LLL/H CS Project
Attachment No.10	Breastfeeding Mother Support Group Information Sheet, LLL/H CS Project
Attachment No.11	1991/1992 Planned Activities
Attachment No.12	Amendment No. 2, LLLI/AID CS Project
Attachment No.13	LLLI Request to Move Budget Monies
Attachment No.14	Amendment No. 3, LLLI/AID CS Project
Attachment No.15	LLL/H Extension Budget

I. RESUMEN EJECUTIVO

A. ACTITUD HACIA EL PAPEL DE CONSEJERA

Las consejeras conocen sus funciones y tienen una buena opinión del trabajo que realizan en la comunidad. En general, la motivación de ser consejera es aprender nuevas cosas y ayudar a otras madres. Aunque expresaron satisfacción de ser consejera, algunas se han desanimado porque las madres no asisten a las reuniones o porque no aceptan sus consejos. Sin embargo, la disposición y positivismo del personal de la Liga es un apoyo efectivo, ya que sirve de ejemplo para las consejeras. Al principio, la mayor parte de las consejeras sintieron temores que han ido descendiendo y este cambio les da seguridad para manejar el grupo. Los maridos están de acuerdo con su participación como consejera y esta actitud contribuye a que realicen con más confianza el trabajo. Las consejeras opinaron que no es difícil realizar sus funciones, porque no necesitan mucho tiempo para realizar su trabajo.

El mayor problema que han enfrentado es que las madres no llegan a las reuniones y han empleado estrategias cómo salir a invitar de casa en casa el día de la reunión y buscar el lugar y la hora que más les convenga a las madres. Además, las consejeras tienen la experiencia de que a veces es difícil aconsejar a una madre porque entran en contradicción con los médicos y enfermeras y las madres no confían mucho en sus consejos.

Las consejeras no activas dejaron de participar por razones de trabajo y otras porque se sintieron desorientadas. Las consejeras no activas han aconsejado a otras madres sobre la importancia y ventajas de la leche materna.

RECOMENDACIONES

Se debe desarrollar estrategias para incrementar la credibilidad de las consejeras tales como:

1. *Proporcionarles una credencial.*
2. *Convocar a reuniones de la comunidad (patronato, comité de salud) para presentarles y pedir apoyo para su trabajo.*
3. *Acompañar a la consejera en visitas para dar seguimiento e invitar a las señoras.*
4. *Utilizar al personal de salud como recurso para demostrar apoyo a la consejera.*
5. *Recibir las en las clínicas para que conozcan su presencia y referir pacientes a ellas.*
6. *Traer consejeras de otras comunidades para apoyarla.*
7. *Preparar emocionalmente a las consejeras sobre diferentes actitudes con que las madres reciben un mensaje y practicar con ellas como responderles a las madres.*

RECOMENDACIONES

1. *La capacitación debe incluir orientación en como invitar madres a las reuniones, como preparar las reuniones, como llevar a cabo un grupo de apoyo y como transmitir el mensaje.*
2. *Se debe programar cursos de refrescamiento o un seminario para las consejeras para brindar nuevos temas y motivarles en su trabajo.*
3. *Incluir otros temas de interés a las consejeras como:*
 - *planificación familiar*
 - *enfermedades de los niños*
 - *enfermedades de transmisión sexual*
 - *alimentación durante el embarazo y lactancia*
 - *primeros auxilios*
 - *embarazo y parto*
4. *Promover la relación entre las consejeras*

C. ASISTENCIA A LAS REUNIONES

Algunas consejeras invitan a las madres para la reunión un día antes y otras en el momento de la reunión. La mayoría de las madres se enteraron de las reuniones a través de las consejeras. La mayor parte de las consejeras no se han puesto de acuerdo con miembros de la comunidad para que les refieren madres. Algunas han buscado estrategias para aumentar el número de madres a las reuniones como: decir a familiares que les refieren embarazadas o madres lactantes; informar al patronato para anunciar las reuniones y decir a las madres del grupo que traigan sus amigas.

Las madres tomaron la decisión de asistir a las reuniones para aprender sobre nuevos temas y para poder resolver algún problema o aclarar alguna duda. Por ejemplo, las embarazadas les motiva aprender y ver los cambios que ocurren en su cuerpo por el crecimiento del bebé.

Continuaron asistiendo porque les gustaron las explicaciones y se dieron cuenta de la importancia a tener conocimientos sobre lactancia materna. El ambiente del grupo es un medio que contribuye a que las madres continúen asistiendo a las reuniones. Por eso, las reuniones iniciales de los grupos de apoyo son decisivas para mantener la asistencia de las madres. Las madres se sienten interesadas cuando crea un ambiente de confianza donde puede expresarse y cuando participan relatando sus experiencias. Las madres sienten que las experiencias de unas sirve de aprendizaje a otras.

Las que nunca asistieron las razones que dieron fue por quehaceres en la casa a esa hora. Existen razones diferentes por las que las madres no siguen asistiendo a las reuniones incluyendo falta de interés, enfermedad, olvido y no la volvieron a invitar. El trabajo que genera un ingreso hace que las madres algunas veces no dispongan de tiempo para asistir a las reuniones. Algunas madres piensan que no llegan a las reuniones porque la comunidad no se ha dado cuenta de las reuniones y de que existen

consejeras.

Las consejeras opinaron que las madres no llegan a las reuniones porque no tienen interés y han observado que las madres creen que es suficiente con sólo dar pecho y no tienen nada que aprender sobre lactancia materna. El personal de la Liga mencionó otros factores que influyen. por ejemplo, problemas personales que existe entre las madres, porque a veces no quieren reunirse en ciertos hogares y el sueño y molestias de las embarazadas.

Ha sido más difícil motivar a las embarazadas, pero si se encuentran temas que sean de su interés como preparación para el parto, le podrían motivar. Las reuniones deben hacerse con madres lactantes y embarazadas porque las madres sirven de apoyo a las que están esperando, especialmente cuando es su primer hijo.

RECOMENDACIONES

1. *Enseñarles una mejor técnica para invitar a las madres en cual exploran con ellas su situación, buscando algo que les motive a asistir.*
2. *Desarrollar y diseminar un afiche anunciando los temas y fechas de las reuniones.*
3. *Hacer reuniones cada quince días.*
4. *Desglosar los temas en una lista de chequeo para ir cubriendo todos y no repetir los mismos.*
5. *Utilizar estrategias como diplomas, estrellitas, regalos a las madres que llevan amigos, una rifa para las madres con mayor participación, etc.*
6. *Explicar a las consejeras que no lo debe tomar personalmente cuando no lleguen las mujeres y plantear metas realistas que pueden cumplir.*
7. *Hacer mayor propaganda de los grupos de apoyo a nivel de la comunidad para apoyar el trabajo individual que hace cada consejera, dando a conocer objetivos y servicios que prestan a la madres los grupos de apoyo.*
8. *Cuando la ausencia de una madre se prolonga, visitarla para indagar sobre el motivo de las inasistencias. Se debe aprovechar la oportunidad de dar consejos y motivar su participación.*
9. *Hablarles sobre temas que les interese y que resuelvan algún problema o duda.*
10. *Desarrollar sistemas de referencia para que médicos, enfermeras y otras personas en la comunidad refieran madres a las reuniones.*
11. *Asegurar que la primera reunion tenga éxito a fin de que regresen las madres.*

D. ACTIVIDADES DE LAS CONSEJERAS

1. OPINIÓN SOBRE LAS REUNIONES

Las madres activas y no-activas tienen una opinión positiva respecto a las reuniones que han asistido, porque han aprendido cosas que no sabían, las que han aplicado a sus hijos y también han podido transmitir a otras madres los conocimientos adquiridos.

Es importante destacar que aunque algunas madres sólo asistieron una vez a las reuniones, aprendieron nuevos conceptos que les han puesto en práctica. Las madres opinaron que se han sentido satisfechas durante las reuniones, no se sienten aburridas y se sienten con confianza.

Las consejeras han observado que a las madres les llama la atención las orientaciones sobre lactancia materna, mientras a las embarazadas les interesa ver el proceso de crecimiento del bebé a través de láminas o películas. Para las consejeras los temas más importantes son: lactancia exclusiva, alimentación después de los seis meses y problemas y ventajas de lactancia. Las madres muestran interés especial por recibir orientación sobre planificación familiar, enfermedades de transmisión sexual, como atender un parto y como cuidar y tratar a los niños.

2. CONTACTOS INFORMALES

La mayor parte de las consejeras activas y no activas han hecho contactos informales en lugares públicos como la calle, bus, pulpería, molino, cuando van a traer agua, etc. Les hablan a las madres con niños en brazo, preguntándoles si dan pecho y dándoles consejos. También aconsejan a sus amigas y familiares.

3. REMISIONES

Las consejeras han hecho remisiones a diferentes centros de asistencia para la salud, algunas han sido efectivos y otras no. En general, las remisiones a través de los cupones no tienen el efecto esperado. Además, algunas consejeras desconocen su uso.

RECOMENDACIONES

1. *Incorporar a más madres al grupo.*
2. *Tratar otros temas además de la lactancia.*
3. *Orientar a las embarazadas.*
4. *Hablar con los proveedores de servicios para concientizarlos sobre el uso del cupón.*
5. *Orientar a las consejeras sobre el uso del cupón y llevarlas a visitar a las instituciones y conocer al personal que recibirá las madres de sus comunidades.*
6. *Dejar la consejera que manejen sin intervenir mucho, despejando dudas al final de la reunión.*
7. *Ayudarle a la consejera a sentir más segura, afirmando los conceptos de las consejeras en frente de las demás madres.*
8. *Observar e evaluar la reunión después con la consejera, ayudándola a aprender el proceso de autoevaluación.*

E. SISTEMAS DE INFORMACIÓN Y SUPERVISIÓN

Para las consejeras el informe de contactos informales no representa ningún problema en el llenado, sin embargo con el informe de reunión tienen dificultad, se confunden, y les lleva bastante tiempo.

Se debe sistematizar la supervisión que brinda el personal de la Liga para que sea más efectiva. Esto debe incluir los siguientes elementos: 1) preparar a la consejera para el desarrollo de la próxima reunión; 2) observar como se desarrolla la reunión y 3) darle retroalimentación sobre su desempeño en la reunión.

RECOMENDACIONES

1. *Desarrollar una guía de supervisión para el uso del personal de la Liga con las consejeras.*
2. *Reunirse con la consejera antes y después de la reunión para planear su desarrollo y evaluar el grupo de apoyo.*
3. *Tomar nota de los comentarios durante las reuniones mensuales de las consejeras y pedirles ideas para mejorar el trabajo en las comunidades.*
4. *Mostrar los datos recolectados a las consejeras para motivarlas y proveer retroalimentación a su trabajo.*

F. PLANIFICACIÓN FAMILIAR

La mayoría de las madres quieren posponer su próximo embarazo un mínimo de tres años o ya terminar su vida reproductiva. Sin embargo, casi todas las madres comentaron que se desconocen sobre planificación familiar. Los métodos que más conocen o han oído hablar son la pastilla, dispositivo y esterilización. Las madres manifestaron muchos temores y creencias acerca de los métodos porque no tienen la información adecuada.

La mayor parte de las madres han recibido información sobre como espaciar sus embarazos. Sin embargo esta información se da a través de los medios masivos y no es muy completa. Algunas madres recibieron información al momento de su parto, pero más que todo consistió en darles una cita para que asistiera a los cuarenta días.

En cuanto al método de amenorrea lactacional (MELA), las consejeras conocen los pasos pero les falta hacer más énfasis en que debe ser la amamantada día y noche y que cuando menstrua se debe buscar otro método.

Las madres tienen diferentes opiniones acerca del uso de MELA, algunas piensan probarla y otras tienen miedo porque han conocido mujeres que han salido embarazadas dando de mamar. Casi todas las madres en riesgo de embarazarse están dando lactancia exclusiva o usando algún método de planificación. Todas las consejeras han hablado con las madres sobre MELA en sus reuniones y contactos informales. Pero no han dado información completa sobre su uso. Los resultados de la evaluación sugieren que las consejeras no tienen suficiente información para recomendar a las madres cuales métodos son apropiados durante la lactancia y cuando debe acudir para un método cuando no quieren salir embarazada.

RECOMENDACIONES

1. *Concientizar las consejeras sobre la importancia del tema, como enseñar sobre salud reproductiva y el uso apropiado de remisiones.*
2. *Orientar a las madres por parte de las consejeras y personal de la Liga sobre planificación familiar.*
3. *Desarrollar e implementar un sistema de seguimiento para las madres que desean planificar.*
4. *Mejorar la orientación que da las consejeras sobre MELA. Asegurar que están enseñando a las madres cuando deja de ser un método apropiado para ellas. Hacer incapié con las madres sobre el regreso de la menstruación, ya que la mayoría se fijan en los seis meses y ignoran la bajada de la regla como una señal que MELA ya no les protege. Visitar a las madres para asegurar que lo está usando adecuadamente y que consigan otro método al momento apropiado.*
5. *Distribuir las hojas sobre MELA a las madres para utilizar como lista de chequeo.*
6. *Arreglar que ASHONPLAFA de un curso en planificación familiar a las consejeras. Animar a las consejeras a ser distribuidores de ASHONPLAFA si no existe en la comunidad y tienen interés.*
7. *Enseñar a las madres cómo remitir madres para planificación familiar.*

G. IMPACTO

Las madres son un efecto multiplicador de los conocimientos que se imparten en los grupos dando a conocer a otras personas lo que aprenden. Las cosas que más les ha impactado a las madres son el acercamiento madre-hijo que se logre a través del amamantamiento, los beneficios de la leche materna en la salud del niño y como se forma el bebé en el útero.

Las madres coinciden que les ha sido útil las reuniones porque les ha servido para continuar amamantando sus hijos. Se pudo observar que casi todas las madres cambiaron su actitud y sus prácticas en cuanto a la alimentación de sus hijos en los primeros meses como resultado de su contacto con las consejeras. Los cambios que se observaron en la mayoría de las madres fueron: 1) amamantar cuando habían pensado dar biberón; 2) prolongar el tiempo de amamantar; y 3) dar lactancia exclusiva. Muchas mujeres comentaron que asistir a las reuniones les sirvió para resolver algunos problemas o dudas respecto a la lactancia.

El impacto del proyecto no se limita a las madres solamente, también ha cambiado la vida de las consejeras. Tanto las consejeras activas como las no-activas opinaron que su participación en la Liga ha tenido una influencia positiva. Han logrado sentirse más útiles al poder ayudar a otras madres y más seguras de hablar con otras personas. Su participación como consejera les ha ayudado darles mayor

confianza en si mismo, adquirir conocimientos nuevos, y tener más amistades. Además, el asistir a las reuniones ha aumentado el auto-estima de las mujeres porque les ayuda a tener éxito en amamantar a sus hijos y se dan cuenta que están proveyendo la mejor nutrición que existe a sus niños.

**Plan de Acción para Implementar
las Recomendaciones de la Evaluación**

- | | | |
|----|---|------------------|
| 1. | Desarrollo del afiche | Daysi |
| 2. | Arreglar curso de planificación familiar para consejeras con ASHONPLAFA | Telma |
| 3. | Crear un sistema de aumentar la credibilidad de las consejeras | Chepita, Judy |
| 4. | Calendario de reuniones | Carol |
| 5. | Poner escrito el proceso de selección de consejeras | Andrea |
| 6. | Poner escrito como hacer efectiva el proceso de remisiones y arreglar reuniones con proveedores | Carol |
| 7. | Desarrollar una guía de supervisión y evaluación de las reuniones | Chepita |
| 8. | Establecer lineamientos para invitar a las madres y enseñar los a las consejeras | Chepita
Daysi |

Liga de la Lactancia Materna
COMPROBANTE DE REMISION

Nombre: _____

Dirección _____

Referido a: _____

Motivo de Referencia _____

Quien la Refiere _____

Fecha: _____

Firma de quien Refiere _____

Nº 23141



LIGA DE LA LACTANCIA MATERNA
CUPON DE REMISION

Attachment 3

Nº 23141

Nombre de la madre: _____ Nombre del niño: _____

Dirección _____ Fecha _____

REFERIDO A:

- (1) **ASHONPLAFA**
- (2) **HOSPITAL RIVAS**
- (3) **I.H.S.S.**
- (4) **CESAMO Las Palmas**
- (5) **Miguel Paz Barahona**
- (6) **Grupo de Apoyo**
- Dirección: _____
- (7) **Otros: _____**

MOTIVO DE REFERENCIA:

- (1) **Control de Niño Sano**
- (2) **Diarrea**
- (3) **I.R.A.**
- (4) **Vacuna**
- (5) **Control Prenatal**
- (6) **Lactancia Materna**
- (7) **Planificación Familiar**
- (8) **Otros: _____**

Firma persona que refiere _____

Cargo que desempeña: (1) **Médico** (2) **Enfermera** (3) **Consejera de Lactancia**
(4) **Promotora ASHONPLAFA** (5) **Otro: _____**

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EXCLUSIVE BREASTFEEDING

IMPACT OF BREASTFEEDING IN A COMMUNITY THROUGH BREASTFEEDING
MOTHER SUPPORT GROUPS AND INFORMAL CONTACTS

Table I.

1991	1st Trimester	3rd Trimester
# BFMSG Meetings	26	38
Average # BAs active	8	23
# Informal Contacts	699	2,562
Total Attendance at BFMSG Meetings	141	177

Table II.

	1st Trimester		3rd Trimester	
	%EBF	No.<6 mos.	%EBF	No.<6 mos.
BFMSG Meetings	39	23	79	33
Informal Contacts	39.2	321	37.6	922

SouthEast Sector
San Pedro Sula
Honduras

BREASTFEEDING ADVOCATES

NUMBERS AND PERCENTAGES IN 2 HEALTH CENTERS AND 1 HOSPITAL

I. Groups and Talks in 2 Health Centers and 1 Hospital

Health Facility	#Talks & Groups*	#Pregnant Women	#Lactating Women
Hospital Mario Rivas	315		870
Miguel Paz Barahona Health Center	92	617	879
Lopez Arrellano Health Center	102	406	166
TOTAL:	509	1,023	1,915

*Groups: Small meetings in a cubicle/4 mothers per cubicle

I. Statistics/Lopez Arrellano Health Center before and after placement of Breastfeeding Advocate in Center

	1990	1991	%Change
Total Coverage <5	413	721	75+
<5/New Diarrhea Cases	67	57	15-
<5/New ARI Cases	115	238	106+
Total Coverage <1	177	290	64+
<1/New Diarrhea Cases	5	4	20-
<1/New ARI Cases	14	10	29-
Total Morbidity in <5	182	295	62+
Total Morbidity in <1	19	14	26-

June - August, 1990 and June - August, 1991

CURRICULUM VITAE

NOMBRE: VILMA GEORGINA FLORES VALLE
 FECHA DE NACIMIENTO:
 LUGAR DE NACIMIENTO:
 ESTADO CIVIL: CASADA
 DIRECCION: Bo. Barandillas, 3ave, 8-9 calle, casa 870
 HIJOS: 2 niñas

EDUCACION RECIBIDA

EDUCACION PRIMARIA: 1964-1969 ESCUELA JOSE CECICLIO DEL VALLE
 SAN FRANCISCO ATLANTIDA
 EDUCACION SECUNDARIA: 1970-1972 PLAN BASICO, INSTITUTO MARIA REGINA
 1973-1975 CICLO DIVERSIFICADO
 TITULO OBTENIDO : PERITO MERCANTIL Y CONTADOR
 PUBLICO
 ACTUALMENTE: CURSO LAS ULTIMAS CLASES DE LA
 CARRERA DE LICENCIATURA EN CON-
 TADURIA PUBLICA, EN UNAH.

CURSOS RECIBIDOS

1975- SEPTIEMBRE CURSO DE RELACIONES HUMANAS
 IMPARTIDO, INSTITUTO SAN ISIDRO
 1981- AGOSTO CURSO DE BASIC, IMPARTIDO POR IBM.
 1990- JULIO SEMINARIO SOBRE JORNADA TECNICA
 DE LAS REFORMAS TRIBUTARIAS,
 IMPARTIDO POR GRUPO DE EJECUTIVOS
 MODERNOS

EXPERIENCIAS REALIZADAS

1976 Febrero a 1979 Julio :	SECRETARIA MUNICIPAL Y MANEJO DE PRESUPUESTO MUNI- CIPAL, SAN FRANCISCO ATLAN- TIDA "EN MUNICIPALIDAD"
1979 Agosto a 1982 Febrero	CONTADOR ASISTENTE DE LAS CONSTRUCTURAS PINEDA SANCHEZ "COPINESA" SAN PEDRO SULA LUEGO CONTADOR GENERAL.
1983 Mayo a Noviembre 1983	"FINCA LAFFITE" ASISTENTE DE ADMINISTRACION CUBRIENDO LICENCIA , LA CEIBA
1984 Junio a 1990 Septiembre	"MADETEX" SAN PEDRO SULA CONTADOR GENERAL
1989 Diciembre A LA FECHA DE CIERRE DE LA EMPRESA, INDEFINIDO	COMISARIO DE "MOBINS" SAN PEDRO SULA
1989 Septiembre a la fecha	"LIGA DE LA LECHE MATERNA DE HONDURAS" CONSULTORA ADMINISTRATIVA

Attachment No. 7

Baseline Survey Results

PROGRAMA DE APOYO A LA MADRE LACTANTE

Liga de la Lactancia Materna de Honduras
 A. No. 312, 4to. Calle, NE, 5-6 Ave. No. 504
 Teléfono 57-9859; FAX 58-1930. San Pedro Sula



HOJA DE CONTACTOS INFORMALES

Attachment J

Nombre _____

Comunidad _____

Fecha _____

OCT '91 07:42PM L L L DE HONDURAS 00504581930

MADRES DE NIÑOS MENORES DE 6 MESES CON:

LACTANCIA MATERNA EXCLUSIVA

PECHO Y OTROS LIQUIDOS/ALIMENTOS

SIN PECHO

CON REGLA

MADRES DE NIÑOS DE 6 -12 MESES:

CON LACTANCIA MATERNA

SIN PECHO

MUJERES EMBARAZADAS

REMISIONES	
CONTROL PRENATAL	PLANIFICACION FAMILIAR

MADRES DE NIÑOS MAYORES DE 12 MESES:

CON LACTANCIA MATERNA

OTROS CONTACTOS

REMISIONES			
VACUNAS	DIARREA	IRA	OTROS

TEMAS DE DISCUSION Y OBSERVACIONES _____

P.5

4/4



HOJA DE REUNIONES

MADRES DE NIÑOS MENORES DE 6 MESES CON:

MADRES DE NIÑOS DE 6 - 12 MESES:

Nombre _____
 Comunidad _____
 Fecha _____

OCT 31 '91 07:44PM L L L DE HONDURAS 00504581930

LACTANCIA MATERNA EXCLUSIVA	
NUEVAS 	SIGUIENTES

CON LACTANCIA MATERNA	
NUEVAS 	SIGUIENTES

CON LACTANCIA MATERNA	
NUEVAS 	SIGUIENTES

PECHO Y OTROS LIQUIDOS/ALIMENTOS	
NUEVAS 	SIGUIENTES

SIN PECHO	
NUEVAS 	SIGUIENTES

OTRAS ASISTENTES	
NUEVAS 	SIGUIENTES

SIN PECHO	
NUEVAS 	SIGUIENTES

MUJERES EMBARAZADAS	
NUEVAS 	SIGUIENTES

REVISIONES			
YACUNAS 	DIARREA 	IRA 	OTROS

CON REGLA	
NUEVAS 	SIGUIENTES

REVISIONES	
CONTROL PRENATAL 	PLANIFICACION FAMILIAR 

TEMAS DE DISCUSION Y OBSERVACIONES _____

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OUTLINE OF ACTIVITIES FOR 1991-1992

La Leche League of Honduras Child Survival Project

1. Breastfeeding Advocates
 - Training October, 1991 to July, 1992
 - Follow-up October, 1991 to Sept., 1992
 - Refresher Workshops October, 1991 to Sept., 1992
2. Breastfeeding Mother Support Groups
 - Formation October, 1991 to Sept., 1992
 - Supervision October, 1991 to Sept., 1992
3. Collaboration with PVOs/NGOs
 - Coordination Mtgs. October, 1991 to Sept., 1992
 - Technical Assistance October, 1991 to Sept., 1992
4. Collaboration with Ministry of Health
 - Coordination Mtgs. October, 1991 to Sept., 1992
 - Technical Assistance October, 1991 to Sept., 1992
5. Support Group Workshop (GT Project funded) November, 1991
6. Follow-up Support Group Workshop March, 1992
7. Technical Assistance to School of Nursing Jan./Feb./March, 1992
8. Development of Materials April/ May/ June, 1992

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

APR 13 1990

Ms. Betty Wagner
Executive Director
La Leche League International
9616 Minneapolis Avenue
P. O. Box 1209
Franklin Park, IL 60131-8209

**SUBJECT: Cooperative Agreement No. OTR-0500-A-00-8278-00
Amendment No. 2**

Dear Ms. Wagner:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development, hereinafter referred to as "A.I.D." or "Grantor", hereby amends the subject Agreement, effective October 1, 1989. The purposes of this amendment are to (1) change the completion date from September 19, 1992 to September 19, 1991 and (2) adjust the budget line items with no increase in cost.

The specific changes are as follows:

A. COVER LETTER, paragraph 2: Delete the estimated completion date of "September 19, 1992" and insert the date "September 19, 1991" in lieu thereof.

B. ENCLOSURE 1 - SCHEDULE - Period of Cooperative Agreement:

Paragraphs 1 and 2: Delete the date of "September 19, 1992" and insert the date of "September 19, 1991" in lieu thereof.

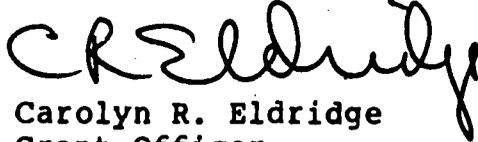
Paragraph D. - Budget:

	<u>A.I.D.</u>	<u>LLLI</u>	
Cost Element	From: 9/20/88 To: 9/19/91	From: 9/20/88 To: 9/19/91	Total
Program Cost	\$277,900	\$62,320	\$340,220
Procurement Cost	10,500	12,800	23,300
Total	<u>\$288,400</u>	<u>\$75,120</u>	<u>\$363,520</u>

Except as expressly amended herein, all other terms and conditions remain unchanged.

Please acknowledge your receipt of this amendment by having an authorized official sign all copies of this amendment, keep one copy, and return the remaining copies to this office.

Sincerely,



Carolyn R. Eldridge
Grant Officer
Management Services Branch
Office of Procurement

ACKNOWLEDGED:
La Leche League International

BY: Betty Wagner

TYPED NAME: Betty Wagner

TITLE: Executive Director

DATE: April 5, 1990

FISCAL DATA

PIO/T NO.:	8381706 A#1
APPROPRIATION NO.:	72-1181021.3
BUDGET PLAN CODE:	EDCA-88-13810-KG11
THIS OBLIGATION:	\$-0-
TOTAL OBLIGATION:	\$288,400
TOTAL AGREEMENT AMOUNT	\$288,400
TECHNICAL OFFICE:	FVA/PVC, John McEnaney
DUNS NO.:	05-106-5043
DOC NO.:	5046o LK

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

MAY 12 1989

Ms. Rebecca Magalhães
Child Survival Projects Manager
LaLeche League International
922 E. College, Apt. B1
Iowa City, IA 52240

Subject: Cooperative Agreement No. OTR-0500-A-00-8278-00

Dear Ms. Magalhaes:

Following are answers to the questions raised in your April 3, 1989 letter in follow up to your February 17th telephone conversation with Ms. Loretta King of my office.

Since you have exceeded the 5% flexibility, an Amendment will have to be prepared by this office to reflect the current line items. Also your budget will be converted from four line items to two to allow you more flexibility.

Your child survival grant was written with the understanding that your organization would provide cash contributions. A substitution of your volunteer Project Director's car expenses or office space offered by the National Commission for the Promotion of Breastfeeding cannot be substituted in your 25% share of the project.

We encourage the practice of using two or three functional line items in all of our grants and agreements. This allows the grantees and recipients more flexibility. The line items usually consist of: program costs, indirect costs, and procurement costs. Program costs usually are costs directly related to a particular project such as salaries, travel, transportation, and per diem, etc. Procurement costs consist of purchases made directly for the project such as supplies and equipment. Indirect costs include fringe benefits, overhead, & G&A expenses.

As indicated in the audit report prepared after audit of your organization and as agreed to in your letter dated November 1, 1988, LLLI was required to revise its current time sheet to record direct project hours and non-project hours by employees charged to the A.I.D.-funded project and other project activities. Your November 1988 letter showed your sample time sheet which was acceptable to us. I have no

problem if you also want to "measure" your part time Project Manager's and Project Directors' (for Honduras & Guatemala) work by activity reports though that is not required.

Your proposal as submitted did not request overhead costs. The agreement was, therefore, written without it. If you now want to include any overhead costs, you should send a proposal for your rate along with a CPA-audited (or unaudited) financial statement supporting the proposed rate, our Overhead and Special Costs and Contract Close-out Branch, Agency for International Development, Room 1432, SA-14, Washington, D.C. 20523-1583. ATTN: Mr. Prem Sethi.

If you should have any further questions, please contact Ms. King. However, please remember that we are entering the most busy time of our fiscal year and it may take longer to respond to your calls and letters.

Sincerely,


Carolyn R. Eldridge
Contracting Officer
Management Services Branch
Office of Procurement

cc: FVA/PVC, Dr. John McEnaney
PS/OCC, Mr. Prem Sethi

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

APR 13 1990

Ms. Betty Wagner
Executive Director
La Leche League International
9616 Minneapolis Avenue
P. O. Box 1209
Franklin Park, IL 60131-8209

SUBJECT: Cooperative Agreement No. OTR-0500-A-00-8278-00
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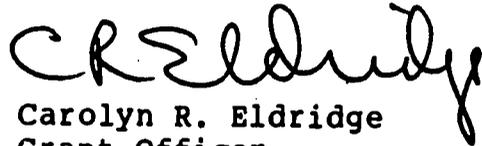
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Except as expressly amended herein, all other terms and conditions remain unchanged.

-51-

Please acknowledge your receipt of this amendment by having an authorized official sign all copies of this amendment, keep one copy, and return the remaining copies to this office.

Sincerely,



Carolyn R. Eldridge
Grant Officer
Management Services Branch
Office of Procurement

ACKNOWLEDGED:
La Leche League International
BY: Betty Wagner
TYPED NAME: Betty Wagner
TITLE: Executive Director
DATE: April 5, 1990

FISCAL DATA

PIO/T NO.:	8381706 A#1
APPROPRIATION NO.:	72-1181021.3
BUDGET PLAN CODE:	EDCA-88-13810-KG11
THIS OBLIGATION:	\$-0-
TOTAL OBLIGATION:	\$288,400
TOTAL AGREEMENT AMOUNT	\$288,400
TECHNICAL OFFICE:	FVA/PVC, John McEnaney
DUNS NO.:	05-106-5043
DOC NO.:	5046o LK

AGENCY FOR INTERNATIONAL DEVELOPMENT

WASHINGTON, D.C. 20523

MAY 12 1989

Ms. Rebecca Magalhães
Child Survival Projects Manager
LaLeche League International
922 E. College, Apt. B1
Iowa City, IA 52240

Subject: Cooperative Agreement No. OTR-0500-A-00-8278-00

Dear Ms. Magalhaes:

Following are answers to the questions raised in your April 3, 1989 letter in follow up to your February 17th telephone conversation with Ms. Loretta King of my office.

Since you have exceeded the 5% flexibility, an Amendment will have to be prepared by this office to reflect the current line items. Also your budget will be converted from four line items to two to allow you more flexibility.

Your child survival grant was written with the understanding that your organization would provide cash contributions. A substitution of your volunteer Project Director's car expenses or office space offered by the National Commission for the Promotion of Breastfeeding cannot be substituted in your 25% share of the project.

We encourage the practice of using two or three functional line items in all of our grants and agreements. This allows the grantees and recipients more flexibility. The line items usually consist of: program costs, indirect costs, and procurement costs. Program costs usually are costs directly related to a particular project such as salaries, travel, transportation, and per diem, etc. Procurement costs consist of purchases made directly for the project such as supplies and equipment. Indirect costs include fringe benefits, overhead, & G&A expenses.

As indicated in the audit report prepared after audit of your organization and as agreed to in your letter dated November 1, 1988, LLLI was required to revise its current time sheet to record direct project hours and non-project hours by employees charged to the A.I.D.-funded project and other project activities. Your November 1988 letter showed your sample time sheet which was acceptable to us. I have no

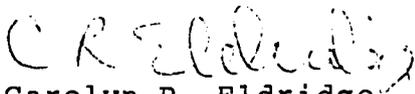
- 53'

problem if you also want to "measure" your part time Project Manager's and Project Directors' (for Honduras & Guatemala) work by activity reports though that is not required.

Your proposal as submitted did not request overhead costs. The agreement was, therefore, written without it. If you now want to include any overhead costs, you should send a proposal for your rate along with a CPA-audited (or unaudited) financial statement supporting the proposed rate, our Overhead and Special Costs and Contract Close-out Branch, Agency for International Development, Room 1432, SA-14, Washington, D.C. 20523-1583.
ATTN: Mr. Prem Sethi.

If you should have any further questions, please contact Ms. King. However, please remember that we are entering the most busy time of our fiscal year and it may take longer to respond to your calls and letters.

Sincerely,


Carolyn R. Eldridge
Contracting Officer
Management Services Branch
Office of Procurement

cc: FVA/PVC, Dr. John McEnaney
PS/OCC, Mr. Prem Sethi

Regina Coleman
 Project Officer/Child Survival
 FVA/PVC - Room 103, SA-2
 Washington, D.C. 20523

SUBJECT: Cooperative Agreement No. OTR-0500-A-00-8278-00
 Request for Amendment

Dear Ms. Coleman:

As you are aware, La Leche League International will complete the three years of the above stated Agreement, on Sept. 19, 1991. Projected estimates and past expenditures indicate a need for a budget amendment in the totals set at this time for Procurement Costs and Program Costs.

On May 12, 1989, La Leche League received a letter from Carolynn Eldridge stating that our line items would be converted from four line items to two to allow more flexibility (Attachment # 1).

On June 29, 1989 Betty Wagner, Executive Director/LLLI, signed Amendment No.1, (Attachment #2) showing the totals for these two items to be:

	<u>A.I.D.</u>	<u>LLLI</u>	<u>Total</u>
Program Cost	\$ 279,600	\$ 6,320	\$341,920
Procurement Cost	\$ <u>8,800</u>	<u>12,800</u>	<u>21,600</u>
Total	\$ 288,400	\$ 75,120	\$363,520

In response to a request from LLLI, the Office of Procurement granted Amendment No.2, which was signed by Betty Wagner, ED, on April 5, 1990 (Attachment No.3). The totals for these two items were:

	<u>A.I.D.</u>	<u>LLLI</u>	<u>Total</u>
Program Cost	\$ 277,900	\$ 62,320	\$340,220
Procurement Cost	<u>10,500</u>	<u>12,800</u>	<u>23,300</u>
Total	\$ 288,400	\$ 75,120	\$363,520

The Pipeline Analysis, submitted to A.I.D., October, 1990, reflected a change in these totals of less than 5%, permitted under the Cooperative Agreement.

	<u>A.I.D.</u>	<u>LLLI</u>	<u>Total</u>
Program Cost	\$ 277,450	\$ 62,320	\$ 339,770
Procurement Cost	<u>10,950</u>	<u>12,800</u>	<u>23,750</u>
Total	\$ 288,400	\$ 75,120	\$ 363,520

From the projected expenditures, La Leche League foresees a shortfall in the Supply line item (A.I.D./Procurement) and requests that monies be allowed to be moved from A.I.D. Program Costs (where there is a projected surplus) to meet this necessity. This will also allow LLLI to utilize the A.I.D. funds that are available, before the expiration date.

La Leche League also requests a change in the LLLI obligation to the Equipment line item (Procurement) and requests that the necessary amount be transferred from Program Costs.

The Totals for Procurement Costs and Program Costs, A.I.D. and LLLI would be:

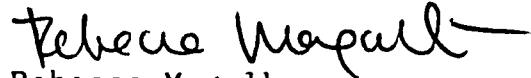
	<u>A.I.D.</u>	<u>LLLI</u>	<u>Total</u>
Program Cost	\$ 273,950	\$ 59,320	\$ 333,270
Procurement Cost	<u>14,450</u>	<u>15,800</u>	<u>30,250</u>
Total	\$ 288,400	\$ 75,120	\$ 363,520

These changes are feasible within the existing expenditures and projected expenditures for these two line items. The initial budget mainly showed an underbudgeting in Supplies and an overbudgeting in Consultants and Other Direct Costs.

I will be at the LLLI International Conference from July 22nd to July 27th. A copy of this letter will follow in the mail.

Thank you for your attention to this matter.

Sincerely,



Rebecca Magalhaes
Child Survival Projects
Manager
La Leche League Int'l

Aug. 27, 1991

Edward H. Thomas
Grant Officer/Central Operations Branch
Office of Procurement/Agency for International Development
Room 1571, SA-14
Washington, D.C. 20523-1428

Subject: Cooperative Agreement No. OTR-0500-A-00-8278-00

Dear Mr. Thomas,

On Aug. 14, 1991, La Leche League International received copies of Amendment No.3/Cooperative Agreement No. OTR-0500-A-00-8278-00. As understood by LLLI, this Amendment redefines the Agreement as to expiration date and total obligated amounts for A.I.D. and LLLI.

After going over the specific changes stated in Amendment No. 3, La Leche League International is pleased to sign this document and thus continue to execute the Child Survival Projects in Guatemala and Honduras up to Sept. 19, 1992.

It appears, however, that there is a typographical error in the last paragraph on the first page of the Amendment, where it states: Delete the date of "September 19, 1991" and Insert the date of "September 19, 1991" in lieu thereof. This latter date should read "September 19, 1992".

It is to be noted, also, that the total obligated amounts in Program Costs and Procurement Cost in this Amendment do not, as yet, reflect the changes to the original budget requested by La Leche League in a letter sent to Regina Coleman, Project Officer/Child Survival, FVA/PVC on Aug.27,1991 and forwarded to this office.

La Leche League is hopeful that, as soon as possible, an amendment reflecting these changes will be formulated by this office. A copy of the letter/request is enclosed.

As a last note, La Leche League International would also like to reiterate for the record our stated position dating from the submission of the proposal throughout negotiations that the monies obligated by LLLI for Sept.20, 1991 to Sept.19, 1992 are an in-kind contribution.

Thank you for your continued support of our Child Survival Projects.

Sincerely,

Betty Wagner
Executive Director/La Leche League International

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Agency for International Development
Washington, D.C. 20523

cc: ST/OCEM
8-20-91

AUG 14 1991

Ms. Betty Wagner
Executive Director
La Leche League International
9616 Minneapolis Avenue
Franklin Park, IL 60131-8209

Subject: Cooperative Agreement No. OTR-0500-A-00-8278-00
Amendment No. 3

Dear Ms. Wagner:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development, hereinafter referred to as "A.I.D." or "Grantor", hereby amends the subject agreement. The purpose of this amendment is to : (1) extend the completion date of the grant one year from September 20, 1991 to September 19, 1992 and (2) increase the A.I.D. contribution by \$200,000 to fund the extension as shown below:

The specific changes are as follows:

Cover Letter

Paragraph 2: Delete the estimated completion date of "September 19, 1991" and Insert "September 19, 1992" in lieu thereof.

Enclosure 1-The Schedule

B. Period of Cooperative Agreement:

Paragraphs 1 and 2: Delete the date of "September 19, 1991" and Insert the date of "September 19, 1991" in lieu thereof.

SB

C. Amount of Cooperative and Payment:

Delete \$288,400 from paragraphs 1 and 2 and insert \$488,400 in lieu thereof.

D. Budget:

Delete the listed Budget in its entirety and substitute in lieu thereof the following:

	OBLIGATED AMOUNT FR: 9/20/88 TO: 9/19/91 <u>AID - LLLI</u>	FUTURE AMOUNT FR: 9/20/91 TO: 9/19/92 <u>AID - LLLI</u>
Program Costs	\$277,900/\$ 62,320	\$173,474/\$ 42,214
Procurement Cost	10,500/ 12,800	21,176/ 7,510
Evaluation	0/ 0	4,000/ 500
<u>Indirect Cost</u>	<u>0/ 0</u>	<u>1,350/ 0</u>
<u>TOTAL</u>	<u>\$288,400/\$ 75,120</u>	<u>\$200,000/\$ 50,224</u>

TOTAL
AMOUNT
FR: 9/20/88
TO: 9/19/92
AID - LLLI

Program Costs	\$451,374/\$104,534
Procurement Cost	31,676/ 20,310
Evaluation	4,000/ 500
Indirect Cost	<u>1,350/ 0</u>
<u>TOTAL</u>	<u>\$488,400/\$125,344</u>

Total A.I.D. Support	\$488,400
Total LLLI Support	<u>\$125,344</u>
Total Program Cost	\$613,744

Enclosure 2-Program Description:

Addend the Program Description to include that work which is described in LLLI's Summary Description of Projects submitted December 14, 1990; see Attachments One (Honduras) and Two (Guatamala).

Except as expressly amended herein, all other terms and conditions remain unchanged.

Please acknowledge your receipt of this amendment by having an authorized official sign all copies, keep one copy, and return the remaining copies to this office.

Sincerely,

Edward H. Thomas

Edward H. Thomas
Grant Officer
Central Operations Branch
Office of Procurement

Accepted By:

La Leche League International

By: *Betty Wagner*
Typed Name: BETTY WAGNER
Title: EXECUTIVE DIRECTOR
Date: August 28, 1991

Funding Source:	FVA/PVC
PIO/T No.:	1385019
Project No.:	938-0500
Approp.:	72-1111021.7
Budget Plan Code:	EDCA-91-13810-KG11
Allot. No.:	143-38-099-00-76-11
Amount Obligated by this PIO/T:	200,000

Amount Previously Obligated:	\$288,400
Total Obligated Amount:	\$488,400
Total Estimated Amount:	\$488,400
Technical Office:	FVA/PVC
Duns No:	051065043
E.I. No.:	36-2514518
Effective Date of Amendment: Office	Date of signature by Grant

MS/OP/W/CO:Gibbons,M:cmc:8/13/91:8355d

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Attachment One (1)

The Honduras Child Survival project is located in San Pedro Sula, Honduras and in the Departments of Cortes, Santa Barbara and part of Copan, Honduras. The target populations are 83,335 pregnant women and mothers of children under two years of age. Special emphasis will be placed on adolescent mothers.

The goal of the project is to reduce infant and child mortality and morbidity through increasing the rate and duration of breastfeeding, especially exclusive breastfeeding in the first six months of life. The objectives are:

- 1) to develop new Breastfeeding Mother Support Groups (BMSGs) in San Pedro Sula and continue supervising the existing groups;
- 2) to give technical assistance to three Private and Voluntary Organizations (PVOs) in Cortes and Santa Barbara/Copan in the development of a breastfeeding promotion strategy that includes the training of Breastfeeding Advocates (BAs) and the formation of BMSGs;
- 3) to assist the Ministry of Health (MOH) in the training of health personnel in order to develop unified breastfeeding promotion messages in the target communities;
- 4) to assist ASHONPLAFA, the Honduras Family Planning Association, in developing a module on the Lactational Amenorrhea Method for community distributors and for adolescent sex education courses.

The project interventions consist of training BAs to promote breastfeeding within the context of Child Survival (CS) through BMSGs and informal community contracts and training PVO personnel how to integrate breastfeeding with other CS interventions, such as diarrhea and ARI prevention and treatment, prenatal education, childspacing, immunization promotion and maternal-child nutrition education.

FORMAT G: ESTIMATED COUNTRY PROJECT BUDGET

Country Honduras

PVO Lá Leche League International

	Year 4		Year 5		TOTAL - Years 1-5		
	A.I.D.	PVO	A.I.D.	PVO	A.I.D.	PVO	TOTAL
I. PROCUREMENT							
A. Equipment							
1. VCR, Projector, VCR, Typewriter	-	1600			-	1600	1600
2.							
Subtotal - Equipment	-	1600			-	1600	1600
B. Supplies							
1. Office Supplies	1800	-			1800	-	1800
2.							
Subtotal - Supplies	1800	-			1800	-	1800
C. Services¹							
1. Office Equipment/Bldg. Maintenance	1000	-			1000	-	1000
2.							
Subtotal - Services	1000	-			1000	-	1000
D. Consultants²							
1. Local Med. Assoc. LLL Leaders, BAs	4100	1300			4100	1300	5400
2. External Tech. Assistance							
3. Health Info. Tech. Assis.							
4. Other							
Subtotal - Consultants	4100	1300			4100	1300	5400
II. EVALUATION							
1. Consultant/Contract							
2. Staff Support							
3. Other							
Subtotal - Evaluation							

¹Consultants/subcontracts, excluding evaluation costs

²Exclude evaluation costs

Note: For precise description and more specific line items please refer to Section H of Attachment 3
 These items are for headquarters costs only, not field costs.

FORMAT G: ESTIMATED COUNTRY PROJECT BUDGET

Country Honduras

PVO La Leche League International

	Year 4		Year 5		TOTAL - Years 1-5		
	A.I.D.	PVO	A.I.D.	PVO	A.I.D.	PVO	TOTAL
III. INDIRECT COSTS							
1. Overhead/Gen. & Admin.	-				-		-
2. Other							
Subtotal - Indirect Costs							-
IV. OTHER PROGRAM COSTS							
A. Personnel¹							
1. Technical	30341				30341		32736
2. Administrative	20339				20339		24512
3. Other	7144				7144		7144
Subtotal - Other Program Costs							64392
B. Travel & Per Diem							
1. Short-Term							
Tickets/Per Diem/Country Costs	2780				2780		3200
2. Long-Term							
Tickets/Per Diem/Country Costs							
Subtotal - Travel & Per Diem							
C. Other Direct Costs	9000	7700			9000	7700	16700
Subtotal - Direct Costs							
TOTAL	76,504	17,588			76,504	17,588	94,092

¹List each position separately, give total person months (p.m.) for each position.
Asterisk (*) all expatriate positions.

Note: For precise description and more specific line items please refer to Section H of Attachment 3
These items are for headquarters costs only, not field costs.

1991
USAID Health and Child Survival Project
Questionnaire

with AIDS/HIV Activities Reporting Schedule

PVO Grant

	Pages
Main Schedule.....	1 - 6
Schedule 1 - Demographic.....	7
Schedule 2 - Diarrhea! Disease Control.....	8 - 9
Schedule 3 - Immunization.....	10 - 11
Schedule 4 - Nutrition.....	12 - 13
Schedule 5 - High Risk Births.....	14 - 15
Schedule 6 - AIDS/HIV Activities.....	16 - 17
Schedule 7 - Other Health and Child Survival.....	18 - 19

Country Honduras

Project Title FY 88 Child Survival Grant to La LECHE

Project Number 9380500.02

Name(s) of Person(s) responding to the questionnaire: <u>Judy Canahuati</u>	
Title(s) <u>Honduras Project Director</u>	Date: <u>Nov. 5, 1991</u>

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USAID HEALTH AND CHILD SURVIVAL PROJECT QUESTIONNAIRE – FY 91

9. Percentage Attributions to Program Functions

This question should be answered in two steps. **First complete Column A, and then complete Column B.** This list of program functions is nearly compatible with the "Activity Codes" in the Agency's AC/SI system. If you are reporting attributions in this questionnaire which are different from those reported in the FY 1993 ABS, please note the reason for the discrepancy. The "AC" code corresponding to the USAID Health Information System category is displayed in parentheses for each program function.

This year, the questionnaire includes a new category for **Environmental Health** which does not correspond exactly to any of the activity codes available for attribution through the AC/SI system. In this questionnaire, environmental health refers to activity encompassing those diseases and health problems caused by or aggravated by environmental degradation. Activities in the following areas pursued for specific health objectives may be attributed to **Environmental Health**: wastewater management; solid waste management; air pollution control; toxic radiological and hazardous waste management; occupational health; injury prevention and control, and food hygiene. (Water and sanitation for health and vector-borne disease control should be attributed to the codes established specifically for those activities.)

Step 1 – In Column A write the percent of the Life-of-Project authorized budget (from all USAID dollar funding accounts) that is attributable to each of the functions listed below. The percentages in Column A should sum to 100%.

Step 2 – If the project has a child survival component complete Column B. The entry in Column B should be the percentage of the entry in Column A devoted to Child Survival; for example, if 40% of the project is to Immunization/Vaccination and all of that attribution is for child survival, enter 100% in Column B.

PLEASE REVIEW THE EXAMPLE BELOW BEFORE COMPLETING THE TABLE.

EXAMPLE

	Column A Total Percent Attribution	Column B Percent for Child Survival	Complete Schedule 1 and . . .
a. Diarrheal Disease/Oral Rehydration.....(HEDD)	40%	100%	↓ Schedule 2
-	-	-	-
-	-	-	-
-	-	-	-
m. Water and Sanitation for Health.....(HEWH)	60%	20%	↓ Schedule 7
-	-	-	-
-	-	-	-
-	-	-	-
TOTAL, All Functions	100%		

↓

This means that 20% of the water and sanitation component of the project is attributed to child survival.

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USAID HEALTH AND CHILD SURVIVAL PROJECT QUESTIONNAIRE – FY 91

9. Life-of-Project Percentage Attributions to Program Functions – Continued (See instruction guide for definitions)

	Column A Total Percent Attribution	Column B Percent for Child Survival	Complete Schedule 1 and. . .
a. Diarrheal Disease/Oral Rehydration.....(HEDD)			◆ Schedule 2
b. Immunization/Vaccination.....(HEIM)			◆ Schedule 3
c. Breastfeeding.....(NUBF)	100%	100%	◆ Schedule 4
d. Growth Monitoring.....(NUGM)			◆ Schedule 4
e. Targeted Child Feeding and Weaning Foods.....(NUGM)			◆ Schedule 4
f. Vitamin A.....(NUVA)			◆ Schedule 4
g. Women's Health.....(HEMH)			◆ Schedule 7
h. Women's Nutrition (including iron).....(NUWO)			◆ Schedule 4
i. Nutrition Mangement, Planning and Policy.....(NUMP)			◆ Schedule 4
j. Other Nutrition _____ (e.g., iodine fort. food tech.) (Please Specify)			◆ Schedule 4
k. Child Spacing/High Risk Births.....(HECS)			◆ Schedule 5
l. HIV/AIDS.....(HEHA)			◆ Schedule 6
m. Water and Sanitation for Health.....(HEWH)			◆ Schedule 7
n. Environmental Health _____ (See guidance on previous page) (Please Specify)			◆ Schedule 7
o. Acute Respiratory Infections.....(HERI)			◆ Schedule 7
p. Malaria.....(HEMA)			◆ Schedule 7
q. Other Vector-borne Disease Control... ..(HEVC)			◆ Schedule 7
r. Health Care Finance.....(HESD)			◆ Schedule 7
s. Health Systems Development.....(HESD)			◆ Schedule 7
t. Other Health and Child Survival _____ (including: aging, prosthetics, essential drugs,orphans) (Please Specify)			◆ Schedule 7
u. All Non-Health.....			◆ None
TOTAL, All Functions	100%		

Project Number: 938500

Subproject Number: 02

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USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY 91

FUNDING INFORMATION

10. What is the total USAID authorized LIFE-OF-PROJECT funding for this project or subproject (authorized dollar funds from ALL USAID funding accounts)? \$ 185,132

11. Does this project receive PL 480 funding (for example, for commodities or ocean freight). 1 - Yes → ANSWER ITEM 12 AND 13
② - No } SKIP NOW TO ITEM 14
9 - Don't Know }

12. In the spaces provided, indicate the total PL 480 funding received by the project or subproject during FY 91 (Oct. 1, 1990 to Sept. 30, 1991). AMOUNT

a. PL-480, Title I.....↓	\$ _____
b. PL-480, Title II (including the value of food and monetization).....↓	\$ _____
c. PL-480, Title III.....↓	\$ _____

13. Please describe briefly how the PL 480 funding was used in the project during FY 91. (Use separate sheet if necessary).

14. Activities Involving the Private Sector of the Host Country

a. What type(s) of initiatives to stimulate or support the local private sector are a part of this project?
 (CIRCLE ALL THAT APPLY)

- ① - Private production of health care goods or commodities.
- 2 - Assistance to privatize public health programs or services.
- 3 - Assistance to regulate private sector health services or commodity production and distribution.
- ④ - Training of private sector health care providers.
- ⑤ - Involvement of for-profit businesses in project activities.
- 6 - Other _____
 (Please specify)

b. Of the total USAID Life-of-Project funding, estimate the percentage for the activities circled in question 16-a. _____ 15 %

***Codes for "Source": DC: Data Collection System; (BG): Best Guess; DK: Don't Know**

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USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY 91

15. Research Activity

a. Estimate the percent of Life-of-Project funds available to this project for research activities related to health and child survival..... 0 % IF 0%, SKIP TO ITEM 18

b. Which program functions does this research address? (CIRCLE ALL THAT APPLY)

- | | |
|--|-------------------------------------|
| 1 - ORT/Diarrheal Disease | 11 - Child Spacing/High Risk Births |
| 2 - Immunization/Vaccination | 12 - HIV/AIDS |
| 3 - Breastfeeding | 13 - Water and Sanitation |
| 4 - Growth Monitoring | 14 - Water Quality Improv. |
| 5 - Targeted Feeding and Weaning Foods | 15 - Acute Resp. Infection |
| 6 - Vitamin A | 16 - Malaria |
| 7 - Maternal Health | 17 - Other Disease Control |
| 8 - Women's Nutrition | 18 - Health Care Financing |
| 9 - Nutrition Mgmt/Planning | 19 - Health Systems Devel. |
| 10 - Other Nutrition | 20 - Other Health |

c. What type(s) of research are addressed? (CIRCLE ALL THAT APPLY)

- | | |
|---|-------------------------------------|
| 1 - Biomedical | 5 - Epidemiologic |
| 2 - Vaccine Development | 6 - Operational Research |
| 3 - Behavioral/Social Science/Communication | 7 - Other _____
(Please Specify) |
| 4 - Policy, Economic and Development | |

d. Please list descriptive titles of research being done under this project. For each title, also provide the years of the research and the name, affiliation and address of the primary researcher. (Use a separate sheet if necessary.)

Title: _____
 Year: BEG.: _____ END: _____
 Name: _____
 Affiliation: _____
 Address: _____

TRAINING

16. During FY 91 how many persons involved in health services received training through this project?

	SHORT-TERM (< 1 Mo.)	LONG-TERM (> 1 Mo.)	Source of Information
Physicians	102		<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK
Nurses	79		<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK
Community Health Workers	179		<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK
Traditional Healers	13		<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK
Community Leaders and Family Members	283		<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK

TECHNICAL ASSISTANCE

17. How many long-term expatriate advisors, classified by the description of their training, were supported by the project in FY 91? Include individuals supported by this project (A long-term advisor is one assigned to the project for 12 months or longer who was in-country for a part of FY 91.) (WRITE THE NUMBER OF ADVISORS IN THE SPACE PROVIDED)

- | | |
|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Information Management Specialist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Communications/Education |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Engineer _____ |
| <input type="checkbox"/> Nutritionist | (e.g. Sanitary) (Please specify) |
| <input type="checkbox"/> Demographer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Epidemiologist | _____ |
| <input type="checkbox"/> Malariologist | _____ |
| <input type="checkbox"/> Economist | _____ |
| <input type="checkbox"/> Social Scientist | (Please specify) |

18. Local vs. Expatriate Technical Assistance

During FY 91, how many person-months of technical assistance (both short-term and long-term) were provided by local (host country) advisors and by expatriate advisors?

Local Person-Months	Expatriate Person-Months
<u>10 pm.</u>	<u>.5 pm.</u>

USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY 91

HIGHLIGHTS

19. The primary uses of project highlights are for Congressional and other reporting. Please take a few minutes to make your project come alive for that reporting. Lively descriptions of specific project activities from FY 91 enhance the likelihood that your project will be described in reports such as the annual Report To Congress on Child Survival. Use the examples below as starting points for your description. (Attach additional sheets if necessary.)
- Significant Success Stories:** (Example: Involving a locally based firm with expertise in social marketing strengthened the demand for ORS packets, resulting in an increase in the ORT USE RATE from 10% in 1990 to 25% in 1991...)
 - Lessons Learned:** (Example: An operations research study showed that one incentive to continuing participation in the formal health sector was a "successful" first encounter; therefore, health workers were trained to spend extra time with new clients...)
 - Anecdotes:** (Example: During a visit to a remote village, the young daughter of the village chief interrupted her mother to explain the proper technique for preparing ORS. This reflects the effect of training students in the use of ORS...)
 - Policy Change:** (Example: Data from a major survey showed a shift in dietary practice to less nutritious foods leading the government to modify its pricing policy...)
 - Relation to Country Programs/Strategy:** (Example: The project's major accomplishment is strengthening of the MOH's Family Health Division. In addition to the development of a strong financial control and accounting system, the project supported supervisory training which has facilitated the integration of services in health centers...)

a.) We are experimenting with having Breastfeeding Advocates work as health promoters in two health centers and the MOH hospital. These women have spoken with 1023 pregnant women and 1915 nursing mothers. The BA working in the hospital started in Sept/91. In one month she spoke with 780 mothers. This BA helps the mothers of preemie newborns and other newborns who are hospitalized. The example that she has given the nurses with her work in the milk bank has helped them to open up to a training course that we have been trying to give them for two years. She recruits the mothers of babies with problems to come in for a "case study" of our doctor and nurse with the hospital nurses. They discuss feeding procedures and how the mothers could be involved in caring for their hospitalized babies. Three days ago, they brought in the mother of a septic baby who had been taking out her milk. They had been throwing it away. The baby had not been recuperating and the hospital personnel thought that she would be in the hospital for many days. After discussing the case, the nurses agreed to try the baby on mother's milk alone. The baby improved so much in 3 days that they discharged her.

Another BA is working in a health clinic. The doctor in charge of the clinic has remarked that morbidity has diminished significantly in both under ones and under fives since the BA has been at the clinic. The doctor proposed that she begin work in another clinic. She has had 102 group meetings in the period March-September/91.

b.) LLL/H Project compared the percentage of exclusive breastfeeding practiced by women documented through the Breastfeeding Mother Support Group reporting forms and the Informal Contacts reporting. There was an increase in % of women exclusively breastfeeding in the numbers reported from BFMSG Meetings in comparison to the Informal Contact reporting. This suggests to the LLL/H Project staff that, although the meetings are more difficult to organize, they are more effective than informal contacts in promoting exclusive breastfeeding and it is necessary to search for strategies to attract more mothers to the BFMSG Meetings.

20. Because photographs can often communicate important concepts to busy decision makers much more quickly than words, can you include photographs to supplement the above text? (If yes, please include credit/caption information, including the location and year of the photo on a separate sheet and place picture, slide, or negative in an envelope.) Do not write on photos.

Photographs included? Yes 2 - No

Schedule 1 DEMOGRAPHIC CHARACTERISTICS/PVO SCHEDULE

1-1 What is the geographical area in which this project is delivering and/or promoting health or child survival services? (CIRCLE ONE ANSWER)

1 - The entire country

2 - A geographical area smaller than the entire country

3 - None. The project does not deliver or promote services

9 - Don't Know

COMPLETE ITEMS
1 - 2 THROUGH 1 - 7

SKIP NOW TO NEXT
SCHEDULE

1-2 What is (are) the particular name(s) of the major or political subdivisions (for example, St. John's Province or Isatoyl Department) in which project activities are being carried out? (If entire country, write "ALL".)

1 - Department of Cortes

2 - Department of Sta. Barbara

3 -

4 -

5 -

1-3 To which of the following subgroups are services targeted? (CIRCLE ALL THAT APPLY)

1 - Children < 12 mos.

2 - Children 12 - 23 mos.

3 - Children 24 - 59 mos.

4 - Other children

5 - Lactating or pregnant women

6 - Other women of reproductive age

7 - All other women

8 - Men

9 - The elderly (age 60 & older)

10 - Other

(Specify)

1-4 Does this project attempt to serve all members of the targeted subgroups that live within the project area? (CIRCLE ONE)

1 - Yes, attempts to serve all members of targeted subgroups in project area.

2 - No, attempts to serve only a portion of the targeted subgroups that live within the project area. (COMPLETE COLUMN B IN ITEM 1 - 5 BELOW)

3 - Other (Please explain)

1-5 Population

In Column A, enter the number of people in the following subgroups who live in the entire project area. In Column B, enter the number of people in each subgroup that the project is actually targeting. If it is the same as Column A, write "same" in Column B.

- a. Total Population.....
- b. Number of children aged < 12 months.....
- c. Number of children aged 12 - 23 months.....
- d. Number of children aged 24 - 59 months.....
- e. Number of children 0 - 6 years (0 - 72 months).....
- f. Women aged 15 - 19 years.....
- g. Women aged 35 - 49 years.....
- h. Women aged 15 - 49 years.....
- j. Approximate number of births during FY 1990.....

Column A Entire Project Area	Source of Information*	Column B Target Population	Source of Information*
566,413	<input checked="" type="radio"/> DC BG DK		DC BG DK
26,394	<input checked="" type="radio"/> DC BG DK		DC BG DK
30,247	<input checked="" type="radio"/> DC BG DK		DC BG DK
56,641	<input checked="" type="radio"/> DC BG DK		DC BG DK
	DC BG DK		DC BG DK
	DC BG DK		DC BG DK
	DC BG DK		DC BG DK
152,932	<input checked="" type="radio"/> DC BG DK	13,935	<input checked="" type="radio"/> DC BG DK
	DC BG DK		DC BG DK

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

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Schedule 1 DEMOGRAPHIC CHARACTERISTICS/PVO SCHEDULE

(Continued)

1 - 6 Is the population served living primarily in an urban or rural environment? (CIRCLE ONE)

① - Primarily urban
(If project serves primarily urban population or peri urban, please describe strategies employed).....▶

2 - Primarily rural

3 - Mixed

4 - Don't know

- 1) Train low-income women to be Breastfeeding Advocates
- 2) Assist these women in the formation Breastfeeding Mother Support Groups in their communities

1 - 7 If you use a demographic data collection system, please describe how data are collected and analyzed.

Statistics on population come from SECPLAN, the Ministry of Planning, from census data and estimates on population growth. The Division of Epidemiology of MOH makes this data available to each health region and they break it down by Area. The data is for the Metropolitan Area and Area #1 where the project does the major part of its training and work.

Schedule 4 - NUTRITION

Important: Complete this schedule only if this project provides funding or otherwise supports activities in Nutrition.

COMMODITIES

4-1 During FY 91, were project funds committed for the purchase of any of the following:

(CIRCLE THE CHOICE THAT MOST NEARLY APPLIES)

	YES	NO	DONT KNOW
a. Food.....	1	②	9
b. Vitamin A.....	1	②	9
c. Iron.....	1	②	9
d. Weighing Scales.....	1	②	9
e. Growth Monitoring Charts.....	1	②	9
f. Other (specify).....	1	②	9

STRATEGIES

4-2 During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities designed to improve nutrition?

(PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW)

	YES Substantial Activity	YES Minor Activity	NO	DONT KNOW
a. Infant and Child Feeding Practices				
1. Increased duration of breastfeeding.....	①	2	3	9
2. Exclusive breastfeeding.....	①	2	3	9
3. Proper weaning and child feeding.....	①	2	3	9
4. Hospital practices supporting breastfeeding.....	1	②	3	9
5. Other approaches promoting initiation of breastfeeding.....	①	2	3	9
6. Modification of curriculum in Medical or Nursing Schools.....	1	②	3	9
b. Breastfeeding in the context of other interventions				
1. Breastfeeding during diarrhea.....	1	②	3	9
2. Contraceptive practices that preserve breastfeeding.....	①	2	3	9
c. Growth Monitoring				
1. Community-based.....	1	2	③	9
2. Clinic-based.....	1	2	③	9
3. Promoting the concept.....	1	②	3	9
d. Nutrition Surveillance				
1. Identification of nutrition problems.....	1	②	3	9
2. Monitoring the impact of economic policy.....	1	②	3	9
e. Vitamin A				
1. Assessment of levels of deficiency.....	1	2	③	9
2. Supplementation (capsules or liquid).....	1	2	③	9
3. Food fortification.....	1	2	③	9
4. Home and community gardens.....	1	②	3	9
f. Private Sector				
1. Commercial production/marketing of weaning foods.....	1	2	③	9
2. Commercial production/marketing of Vitamin A.....	1	2	③	9
3. Other (specify).....	1	2		
g. Supplementary Feeding Programs				
1. Food for work.....	1	2	③	9
2. Food in support of Maternal Child Health Programs.....	1	2	③	9
3. Emergency Food Relief.....	1	2	③	9
4. Other (specify).....	1	2		

4-3 If the project sponsored supplemental feeding during FY 91, which groups were targeted? (CIRCLE ALL THAT APPLY)

Children:	5 - Lactating women
1 - Under 12 mos.	6 - Pregnant women
2 - 12 - 23 mos.	7 - Other _____
3 - 24 - 35 mos.	⑧ - None
4 - 36 - 60 mos.	9 - Don't know

Schedule 4 NUTRITION

(Continued)

TRAINING

4-4 During FY 91, were project funds committed to support training in infant and child feeding practices and/or growth monitoring? (CIRCLE ONE)

Yes →
 No
 Don't Know

COMPLETE ITEM 4 - 5
 } SKIP NOW TO ITEM 4 - 6

4-5 Which of the following types of people received training as a consequence of project support? (CIRCLE ALL THAT APPLY)

	Infant and Child Feeding Practices				Growth Monitoring			
	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Physicians	1	<input checked="" type="radio"/> 2	3	9	1	2	3	9
b. Nurses	1	<input checked="" type="radio"/> 2	3	9	1	2	3	9
c. Community Health Workers	<input checked="" type="radio"/> 1	2	3	9	1	2	3	9
d. Traditional Healers	1	2	3	9	1	2	3	9
e. Community Leaders and Family Members	<input checked="" type="radio"/> 1	2	3	9	1	2	3	9
f. Other	1	2	3	9	1	2	3	9

TECHNICAL ASSISTANCE

4-6 During FY 91, were project funds committed to the provision of technical assistance in support of nutrition activities? (CIRCLE ONE ANSWER)

Yes, Substantial Activity
 Yes, Minor Activity
 No
 Don't Know

CHILD SURVIVAL INDICATORS

4-7 a. What is the rate of malnutrition (see instruction guide for clarification of definitions) in the target group served by the project?

	Group 1	Group 2	Group 3	Group 4
Target Group	Children 0-11 mos.	Children 12-23 mos.	Other (Specify)	Other (Specify)
Estimated Rate of Malnutrition				
Date (mo/yr) of estimate				
Source of Information (CIRCLE ONE)	*DC BG <input checked="" type="radio"/> DK			

b. If a data collection system was used, please describe it. If possible, please include in the description the agency responsible for the system (MOH, UNICEF, WHO), the scope of the system (national or project area specific), the permanence of the system (special study or ongoing monitoring system), the methodology of the collection (sample survey, clinic-based statistics or village-based statistics) and the computation procedures (weighting in a sample, weighting of data from clinics or villages, etc.) (Attach additional sheets if necessary)

ADDITIONAL BACKGROUND INFORMATION

4-8 Please describe any other background information which would enable us to understand better the unique nature of the nutrition component of the project including a description of any activities not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary.)

On another sheet

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

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19. d. The Ministry of Health is beginning to look more closely at the Breastfeeding Advocate/Breastfeeding Mother Support Group strategy and are discussing the possibility of forming BFMSGs in other parts of the country. Three people from the Nutrition Division/Ministry of Health attended the Training of Trainers Workshop, sponsored by LLL/H Project.

Schedule 4. Nutrition

4-8.

Data for <5 yrs. for Wt/Ht:

Region #3: -2 and -3 SD: 1.6%

San Pedro Sula: -2 and -3 SD: 0.8%

In Wt/age: -2 and -3 are 30.9% for the Region

In WT/age: -2 and -3 are 14.4% for San Pedro Sula

This data is from the National Nutrition Survey, 1987

There has been a recent interpretation of the growth data that are available in the country and it is clear that the process of malnutrition is a process that goes on basically during the first year of life and it puts the child at about -2 SD by about 1 year or shortly thereafter.

Honduran children tend to stabilize after the first year to 18 months at about -2 SD/Wt/Age. It seems to be the result of the early introduction of other liquids and solids in addition to or replacement of breastmilk. This early introduction leads to increased morbidity from diarrhea. Furthermore, weaning foods are inadequate and are voluminous, but not nutritionally dense.

There is increased awareness that the strategy to avoid malnutrition is basically that of supporting breastfeeding and appropriate weaning practices.