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for

CHILD SURVIVAL VII

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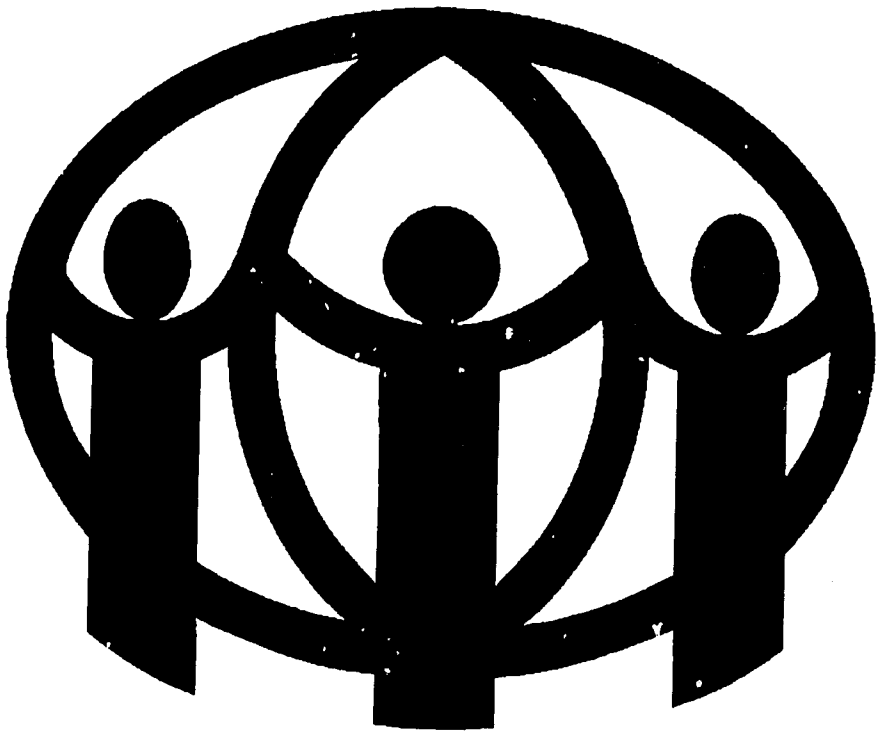

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TABLE OF CONTENTS

I. RESULTS IN ONE YEAR
- A. Major Results 1
- B. Changes in Approach to Individuals at Higher Risk 7
- C. Staffing 9
- D. Continuing Education 10
- E. Technical Support 11
- F. Community Participation 11
- G. Linkages to Other Health and Development Activities 12

II. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED
- A. Constraints 13
- B. Unexpected Benefits 14
- C. Institutionalization of Lessons Learned 15

III. CHANGES MADE IN PROJECT DESIGN
- A. Change in Perceived Health Needs 16
- B. Change in Project Objectives 16
- C. Change in Planned Interventions 16
- D. Change in Potential and Priority Beneficiaries 16

IV. PROGRESS IN HEALTH INFORMATION SYSTEM
- A. Characteristics of the Health Information System 16
- B. Special Capacities of The Health Information System 18
- C. Management of the Health Information System 19

V. SUSTAINABILITY
- A. Recurrent Costs 20
- B. Strategies for Increasing Post-project Sustainability 21
- C. Cost Recovery 22

VI. PROJECT EXPENDITURES AND JUSTIFICATION FOR BUDGET CHANGES
- A. Pipeline Analysis 22
- B. Justification of Budget Change 22

VII. 1992/1993 WORK SCHEDULE AND BUDGET 23

APPENDICES

A. Resumes, Job Descriptions of Senior Staff and Organizational Chart . . . 24
B. Pipeline Analysis 39
C. 1992/1993 Budget and Work Schedule 43
D. USAID Health and Child Survival Project Questionnaire 47
E. Community Success Story and Photographs 64

I. RESULTS IN ONE YEAR

A. Major Results

Since its inception in October of 1991, the Adventist Development and Relief Agency (ADRA) Child Survival Project located in Somoto, Nicaragua has been diligent and persistent in its efforts to begin implementing the various goals and objectives delineated in the Child Survival protocol Detailed Implimentation Plan (DIP). Such endeavors have generated numerous results and have provided the field office with useful and propitious information. Provided below is a synopsis of those accomplishments and results.

In the first trimester of the fiscal year (Oct.- Dec. 1991) the project observed the following results and accomplishments:

An introductory seminar on concepts of Child Survival was provided to all project staff. The seminar was given by a group of experts in the field from ADRA/International.

Preparatory project objectives were implemented. A site-wide baseline survey and target community census were conducted, and community health committees were organized and formed in each of the 186 project communities.

The former Public Health Advisor, Ms. Mercy Joy Corpus attended the National American Public Health Association conference in Atlanta, Georgia (November, 1991).

The regional Director of Child Survival, Dr. Gloria Toruño, and a Supervisor, Ms. Corina Rodriguez, attended a conference on concepts/practices of breastfeeding in Mexico City (November, 1991).

The regional Director of Child Survival, Dr. Gloria Toruño attended a conference in Washington D.C. on Pediatric Infectious Respiratory Disease (Dec., 1991).

Professional contacts were initiated with national and international organizations such as SILAIS (MINSA), UNICEF, INPRHU (Instituto Nicaraguense de Promoción Humana), Peace Corps, Project HOPE, CARE, and Save the Children.

Follow-up and continued surveillance was provided by CS staff for the baby-weighing clinics and oral rehydration centers that had already been

established during the Central America Survival Assistnce (CASA) Relief Project.

In the second trimester of the fiscal year (Jan.- Mar. 1992) the project observed the following results and accomplishments:

The target population for the project interventions was determined.

Results of the community census initiated in the first trimester were processed, tabulated, and presented to all participating staff.

A workshop was provided by MINSA and PAHO on diarrhea disease and infectious respiratory illness in Jinotepe, Nicaragua to Child Survival Supervisor, Dr. Maritza Valdivia.

Workshops on diarrhea disease and acute infectious respiratory illness were provided by Drs. Gloria Toruño and Maritza Valdivia to the medical director and staff at the local MINSA/SILAIS contingent in Somoto.

The design of the health information system pertaining to the diarrhea disease intervention component of the Project was initiated. Assistance in the design was provided by community volunteers from participating mother's groups.

One hundred and eighty six Navarro classification methodology. The CS Community Health Workers (CHW) provided 13 workshops which included an average of 14 volunteers in each meeting.

The PL-480 Project initiated support in the distribution of foodstuffs to the beneficiary population in the CS target zones. During the year the eligible beneficiary population for foodstuffs was n=16,869. From this statistic the population of children less than five years of age is n=10,116; pregnant women comprise n=2,952 of the total; and breastfeeding women comprise n=3,801 of the total beneficiaries.

The design of a resource manual on diarrhea disease was initiated with the support of community volunteers and mothers groups. The manual is utilized as a training/resource tool for community health volunteers in the field.

A resource manual on cholera was designed and completed. This manual is utilized as an instructional aid for community health volunteers working in the oral rehydration centers.

In the third trimester of the fiscal year (Apr.- Jun. 1992) the project observed the following results and accomplishments:

The Detailed Implementation Plan was finalized with assistance from Marcia Rubardt, Consultant from ADRA/I and presented to the Director of ADRA/N (May, 1992).

The manual on Diarrhea disease was finalized and presented to CS staff (April, 1992). A group of 13 community volunteers comprised of women from various mother's clubs reviewed the manual prior to its completion. Medical personnel from MINSA/SILAIS also reviewed and revised the manual.

Fifteen CS staff members were trained in 8-hour workshops on the use and implementation of the diarrhea resource manual for the 186 specified communities (April, 1992). Staff were oriented on the signs, symptoms, and sequelae of diarrhea according to established national protocol guidelines. They were also oriented on dehydration, the preparation and the use of basic cereal for oral rehydration therapy, the preparation and use of standardized oral rehydration solutions, and the prevention of diarrheal disease and its sequelae.

One hundred and eighty six volunteers from the specified communities were trained by the CS staff in the use and implementation of the diarrhea and cholera resource manuals (April, 1992). Thirteen two-day workshops comprising an average of 14 volunteers were provided to complete this training phase.

A resource manual on nutrition was initiated by CS staff in conjunction with MINSA/SILAIS and INPRHU. The manual will be used by community nutrition volunteers as an instructional and educational tool for their work in the field.

A formal agreement between ADRA and Profamilia was signed (MAY 26, 1992). Profamilia has offered assistance to ADRA CS in medical/surgical and laboratory services, training programs for professional staff and community volunteers, and the provision of supplies of contraceptives.

A Public Health consultant, Dr. Jeffrey Ashley arrived in country to provide assistance and lend professional support to the CS director and staff (June 1992). Dr. Ashley is on a voluntary special assignment with the Peace Corps for one year and has been assigned to the ADRA/Somoto office (until May 1993).

A group of 8 volunteers from La Sierra University, California were sent by ADRA/I for a 6-week assignment to lend support to the nutrition component of the CS Project (Jun.- Aug. 1992). Their work entailed orienting community volunteers and families with high risk children and infants on the construction of family vegetable gardens.

A group of 10 community volunteers were trained by professional staff of Profamilia in indications and contraindications of family planning methods (June 1992). This initial training phase activated the family planning intervention strategy.

Nine hundred and thirty support groups (mother's clubs) were formed by ADRA CS staff. These groups serve as educational support systems to all women living in the specified communities.

In the fourth trimester of the fiscal year (July - Sept. 1992) the project observed the following results and accomplishments:

The resource manual on nutrition was prepared and finalized with support from all CS staff, MINSA/SILAIS, and INPRHU.

Thirteen workshops were given by CS supervisory staff in order to train 156 health coordinators of all community health committees (July, 1992). The coordinators were oriented on their functions, roles, and responsibilities within the health committees.

Thirteen workshops were provided to 156 nutrition volunteers on the preparation of foods distributed by the PL-480 Project (Aug. 1992). These workshops were supported and provided by INPRHU and CS staff.

Ten community volunteers were trained by Profamilia in the area of reproductive health and family planning (Sept. 1992).

A workshop was provided to CS supervisory staff by Profamilia on methods of family planning and human relations (Sept. 1992).

A community census was conducted and completed in order to update project community population and demographic statistics for the following fiscal year.

A resource manual on family planning was designed for community volunteers in family planning. The manual is scheduled for completion in October, 1992.

Presented below are tables displaying descriptive data collected from the Oral Rehydration Clinics, Control of Diarrhea Disease (CDD) and the Growth Monitoring and Nutrition (GM/N) interventions over the past fiscal year. These tables display some of the major results the Project has observed since the inauguration of the Child Survival Project.

REPORT OF ANNUAL ACTIVITIES IN THE DIARRHEA INTERVENTION (CDD) ORAL REHYDRATION CLINICS (ORT):

INDICATOR	Oct. - Dec.	Jan. - Mar.	Apr. - Jun.	Jul. - Sept.	Total
Children Attended	1,660	2,231	2,275	2,712	8,878
Plan A: Diarrhea without dehydration	1,361 (82%)	1,909 (86%)	2,057 (90%)	2,506 (92%)	7,833
Plan B: Diarrhea with dehydration	295 (18%)	316 (14%)	209 (9%)	198 (7%)	1,018
Plan C: Severe dehydration	4 (0.2%)	6 (0.3%)	9 (0.4%)	8 (0.3%)	27
Women trained in use of base cereal	400	1,811	1,306	1,232	4,749
ORS used in UROC	369	408	370	406	1,553
ORS distributed	2,820	3,345	6,622	6,413	19,200

Observations on the data presented:

From a total of 11,295 children less than five years of age (including the communities in pueblo Nuevo) 8,878 cases were seen in the rural oral rehydration centers located throughout the project communities.

In the months of April to September, a greater number of cases of diarrhea was seen in the oral rehydration centers and a greater number of oral rehydration salts were distributed to mothers with sick children. This higher incidence of diarrhea is probably due to the rainy season, i.e. climatic changes. This may also be due to the community population's recognition of the signs and symptoms of diarrheal disease and its sequelae. During these months, various groups of mother's clubs were established. The groups were given rudimentary training on diarrhea disease. Thus, this new knowledge base might have influenced the mothers' decisions to attend the UROC stations.

Also worthy of mention is that UNICEF donated 10,000 packets of Oral Rehyddration Solution (ORS) to the ADRA Child Survival Project for their use throughout the CDD intervention.

RESULTS OF ACTIVITIES IN THE GROWTH MONITORING AND NUTRITION INTERVENTION IN CHILDREN LESS THAN FIVE YEARS OF AGE n=11,295 BY TRIMESTERS (INCLUDING PUEBLO NUEVO):

Trimester	Number of Children Weighed	Mal-Nourished	High Risk	Normal	Over Weight
Oct.-Dec.	7,863	26%	38%	35%	1%
Jan.-Mar.	9,182	27%	34%	38%	1%

RESULTS OF ACTIVITIES IN THE GROWTH MONITORING AND NUTRITION INTERVENTION IN CHILDREN LESS THAN FIVE YEARS OF AGE n=8,801 BY TRIMESTERS (EXCLUDING PUEBLO NUEVO):

Trimester	Number of Children Weighed	Mal-Nourished	High Risk	Normal	Over Weight
Apr.-Jun.	7,473	29	36	34	1
Jul.-Sep.	7,040	28	36	36	1

Observations on the data presented:

All data shown follow the Navarro nutrition classification system (the same classification system and tables used by MINSA/SILAIS).

The two tables displayed represent nutritional status of all children participating in the weighing clinics held in the communities.

The second table represents a reduced population number due to the removal of Pueblo Nuevo and its surrounding communities from the protocol in May of 1992. This area was removed due to the lack of budgeted funds in the Child Survival grant.

Due to the removal of the Pueblo Nuevo area, the first two trimesters are separated from the last two. Comparisons will be made then between the October-March and the April-September periods.

Approximately 13 percent of the women during the year did not attend the weighing clinics held in the targeted communities. This is most likely due to many of the women's lack of interest and understanding of the importance of growth monitoring and control.

Also, not all children are beneficiaries of the PL-480 food Program. For this reason some mothers do not bring their children to the weighing clinics.

B. Changes in Approach to Individuals at Higher Risk

During the fiscal year the Project has implemented various strategies to monitor individuals identified in high risk categories, i.e. pregnant women, chronic cases of diarrhea and malnutrition, and incomplete vaccination status in children. Pregnant women in high risk categories are those who have been previously identified according to MINSA/SILAIS selection criteria for high risk pregnancies. Chronic cases of diarrhea and malnourished children are those who have been identified in the community oral rehydration centers and in the weighing clinics respectively. The strategies that ADRA CS has employed to maintain surveillance of these high risk cases have been the following:

Supervisory staff have informed high risk women that they must submit to routine prenatal examinations in the health center or hospital in order to be included in the CS family planning intervention. This program provides information and services to all women on topics of health education, reproductive health, and methods of family planning. The program also provides participants with various contraceptives.

Field staff also orient the high risk women on the importance of anti-tetanus (TT) vaccinations during their pregnancy.

For chronic cases of diarrhea and malnutrition the community volunteers from the health committees are assigned a small group of children (2-3 children per group) who fall into those high risk categories. The volunteers are responsible for conducting home visits at which time they reinforce the importance of proper nutrition, sanitation and adequate hygiene practice, the importance of utilizing the community rehydration centers, the preparation of base cereals and other sufficient diarrhea remedies, the importance of recognizing the danger signs and symptoms of both maladies, and the construction of family vegetable gardens.

During the fiscal year the CS staff was responsible for distributing to high risk communities the following amounts of foodstuffs provided by the PL-480 Project:

Lentils:	215,242.5 kg.
WSB (cereal):	105,538.1 kg.
Rice:	212,718.0 kg.
Oil:	73,113.4 kg.
Total:	606, 611.9 kg.

Children with incomplete immunization status are identified during the weighing clinics and immediately sent to the nearest health post or center for completion of their vaccination schedule.

The health committees are also responsible for ensuring that women with children who have incomplete vaccination records attend the MINSA/SILAIS vaccine campaigns when they are scheduled in the respective sites.

ADRA staff provide vehicles and staff support during these MINSA activated vaccination campaigns.

The tables displayed below show completed vaccination status of children less than five years of age and completed vaccination status of women of childbearing age.

COMPLETED VACCINATION STATUS OF CHILDREN LESS THAN FIVE YEARS OF AGE (n=8,801) IN THIRD AND FOURTH TRIMESTER OF FISCAL YEAR

	0-11 months	12-23 months	24-59 months	Total	%
Apr. - Jun. 1992	530	863	3,473	4,866	55
Jul. - Sept. 1992	572	984	3,991	5,547	63

Observations on the data presented:

No complete data are available from the first or second trimesters of the fiscal year. Comparisons can only be made on the third and fourth trimesters.

The data indicate that there was an eight percent increase in the amount of children completing vaccination status in the fourth trimester of the fiscal year compared to those in the third trimester.

This increase in vaccine status may be due in part to community health committee and ADRA staff assistance in the MINSA/SILAIS site-wide vaccine campaigns.

WOMEN OF CHILDBEARING AGE (15-49 YEARS OF AGE, n=10,210)
VACCINATED SINCE OCTOBER 1991

	Immunized	%	Non-Immunized	%
October 1991	3,944	39	6,266	61
Oct.91 - Sept. 92	4,360	43	5,850	57

Observations on the data presented:

It appears that during the fiscal year there was a four percent increase in completed immunization status in women of reproductive age.

The increase in immunization status may be due in part to the support of the community health committee and ADRA staff assistance of the MINSA/SILAIS site-wide vaccination campaigns.

C. Staffing

All staff in the Child Survival Project were selected based on credentials, relative experience, and prior work experience in the ADRA/CASA Relief Project. All job descriptions and curriculum vitae of Medical Director, Public Health Advisor, and direct supervisory personnel are provided in appendix A. Provided is a list of all senior staff who are affiliated with the CS Project:

Dr. Gloria Toruño - Medical Director
Dr. Jeffrey Ashley - Public Health Advisor (Volunteer)
Yohanny Herrera - Administrative Secretary
Dr. Maritza Valdivia - Supervisor
Corina Rodriguez - Supervisor
Isidro Rodriguez - Supervisor
Ernesto Guzman - Health promoter
Neftali Toruño - Health promoter
Leonardo Acevedo - Health Promoter

Francis Padilla - Health Promoter
Luisa Moncada - Health Promoter
Rosibel Montoya - Health Promoter
Maria Isabel Vilchez - Health Promoter
Fidelia Montenegro - Health Promoter
Felipa Calero - Health Promoter
Milagros Lopez - Health Promoter
Juana Francisca Larios - Health Promoter

D. Continuing Education

During the fiscal year, Child Survival staff have participated in various national and international seminars and conferences. Provided is a list of meetings/seminars held in the past year:

A Child Survival workshop presented by ADRA/International was provided to participating CS staff (October, 1991).

A workshop on interviewing techniques, field data collection procedures, and project evaluation was provided to all CS staff. The seminar was presented by Dr. Marcello Castrillo, Johns Hopkins University (September, 1991).

The former Public Health Advisor, Ms. Mercy Joy Corpus attended the American Public Health Association in Atlanta, Georgia (November, 1991).

The CS Director, Dr. Gloria Toruño, and Supervisor, Corina Rodriguez attended a conference on breastfeeding in Mexico City (November, 1991).

The CS Director, Dr. Gloria Toruño attended a conference on acute pediatric respiratory illness in Washington D.C. (December, 1991).

The Supervisor, Dr. Maritza Valdivia attended a conference on diarrheal disease and acute respiratory infection in Jinotepe, Nicaragua (Jan. 1992).

ADRA staff provided a workshop on diarrheal disease and respiratory infection to MINSA/SILAIS medical staff in Somoto, Nicaragua (March 1992).

The CS Director, Dr. Gloria Toruño, and Supervisor, Dr. Maritza Valdivia provided a seminar to all participating CS staff on diarrheal disease.

The nutritionist Lic. Bodas Catalan from Spain provided a workshop on nutrition practice to all participating CS Staff (April 1992).

A workshop given by Profamilia was provided to 10 community volunteers on family planning methods (July, 1992).

Dr. Gloria Toruño and Dr. Jeffrey Ashley attended a national MINSA sponsored conference on cholera prevention in Managua (Aug. 1992).

Dr. Gloria Toruño, Dr. Jeffrey Ashley, and Dr. Maritza Valdivia attended a workshop on natural family planning methods sponsored by Profamilia and Aprofan/Guatemala in Managua (Aug. 1992).

Dr. Gloria Toruño and Corina Rodriguez attended a conference on breastfeeding sponsored by MINSA and UNICEF in Managua (Aug. 1992).

E. Technical Support

During the fiscal year, the ADRA Child Survival Project received technical support in various areas of Child Survival Public Health. In addition to those conferences and seminars already mentioned above in section 1.4 of this report, ADRA established professional relationships and/or received technical support from the following organizations:

Peace Corps/Nicaragua and ADRA have established an agreement to work together in the Child Survival effort. Peace Corps sent Dr. Jeffrey Ashley, a trained Public Health scientist and specialist to volunteer his services for one year serving as Public Health Advisor working in close contact with the CS Director. Dr. Ashley arrived at the project site on June 15, 1992.

The Nimehuatzin Foundation (AIDS prevention) has provided information and workshops on AIDS and STDs to CS personnel.

UNICEF and MINSA provided the CS Staff with a workshop on breastfeeding during the fiscal year.

PAHO and MINSA provided CS staff with a workshop on diarrheal disease during the fiscal year.

F. Community Participation

To date there are 156 established active community health committees in the Project site (one committee per Project community). These committees are comprised of an average of six members, each member trained in at least one of the intervention strategies. Each Committee is administered by a coordinator who oversees all functions of the volunteers. There are approximately 936 active volunteers currently working in the field. The

community health committee serves myriad functions. They are responsible for completing the following tasks:

Identification and training of support groups (Mother's clubs) in the areas of diarrheal disease, nutrition, and family planning.

Identification and surveillance of high risk families. The health committee is responsible for conducting house-to-house visits at which time they must orient the high risk families on the construction of family gardens, personal hygiene, and environmental sanitation.

Each coordinator is responsible for the storage and control of all materials and resources for the committee volunteers.

The committees must meet at least once monthly to analyze community health activities in order to determine successes, failures, problems etc.

Each committee is responsible for completing monthly reports in which they must advise ADRA CS of all functions and activities completed in the period.

Each committee must meet once monthly with their designated community health worker to resolve any problems encountered in the month and to establish goals and objectives for the following trimester period.

Each committee must organize community fund-raising activities (sale of food sacks, vegetable oil cans, etc.) to maintain a fund to solve or attempt to resolve community health problems.

G. Linkages to Other Health and Development Activities

The ADRA Child Survival Project works very closely with various organizations to realize child survival efforts. Provided is a list of those organizations who have agreed to assist CS in their attempts to activate their intervention strategies.

The CS Project has established agreements with the regional and central MINSA/SILAIS. An agreement was signed between the Director of ADRA/Nicaragua, Ramiro Toruño and the Ministry of Health Minister, Dr. Ernesto Salmerón in which ADRA agreed to provide support in regional SILAIS vaccine, diarrhea, respiratory illness and nutrition projects, and SILAIS agreed to lend support to ADRA in the provision of training workshops and medications.

ADRA has also signed an agreement with Profamilia which states that Profamilia will provide training sessions on family planning and reproductive health to community volunteers, and that they will supply contraceptives to participating women.

UNICEF has also agreed to provide training workshops to CS staff on diarrheal disease and infectious respiratory illness, and to supply oral rehydration solution packets for the CS Diarrhea Disease program.

INPRHU has extended their services to assist the CS Project by providing training workshops in all areas of child survival to Project staff.

Peace Corps/Nicaragua has agreed to send trained volunteers to the CS Project to support delineated interventions. The first of these (Dr. Jeffrey Ashley) arrived June 15, 1992.

II. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED

A. Constraints

During the fiscal year, the project has encountered numerous constraints which have inhibited and/or thwarted various aspects of the Child Survival interventions. Provided is a list of some of the difficulties encountered and the strategies CS staff employed to palliate them.

One of the principal difficulties encountered in the field is that the community women often believe that they should weigh their children for the singular purpose of receiving foodstuffs from the PL-480 Program. In order to remedy this problem, it is important to promote periodic educational campaigns aimed at mothers in the community. Emphasis should be placed on the importance and significance of child survival and weighing children on a routine basis, i.e. that weighing children is a means of determining growth and nutritional status (an important indicator of child survival) and not simply a means of receiving foodstuffs from PL-480.

Other difficulties the CS staff encountered during the fiscal year was the loss of the Public Health Assistants, Ms. Mercy Joy Corpus due to an accident that resulted in massive trauma, and Dr. Hugo Sosa, due to a transfer of post. Both professionals were highly regarded and well respected in the project. Although change in personal is often unavoidable in any project, the position of Public Health Advisor has been temporarily filled. Staff functions and responsibilities have been modified to accommodate changes in personnel.

A significant problem that CS staff continually confronts is the inadequate and habitually troublesome relationship between the CS Project and the PL-480 personnel. The lack of proper training of PL-480 personnel in the various dimensions of child survival public health, and the insufficient communication between the two Projects contribute to strained relations. The CS staff is attempting to maintain open communication with PL-480 staff but to date, communication and cooperation on the part of the PL-480 Director has been deficient. For the subsequent fiscal year, CS staff wholeheartedly believes that these difficulties will disappear due to the increased necessity that PL-480 involve more of their maternal child health interventions with those developed in the child survival Project.

There have been some limitations in the supervision of CS interventions due to the loss of one of the Project vehicles (because of the tragic accident). However, ADRA is in the process of replacing the vehicle.

Another problem encountered pertains to the exaggerated restrictions placed on the use of budgeted Child Survival funds. These restraints have inhibited the adequate development of the project. Although it is hoped that these impediments will resolve in the near future, to date the director of CS has been given no opportunity to decide how funds may be most effectively utilized for the project. The director is currently in the process of negotiating equitable terms with headquarter administrative personnel.

B. Unexpected Benefits

During the fiscal year, the project has observed numerous unexpected (and welcomed) benefits. Provided is a list of some of those benefits.

The arrival of Dr. Jeffrey Ashley in June of 1992. Dr. Ashley, a special assignment Peace Corps Volunteer arrived in site and began working with the CS Director as a Consultant in Public Health.

A group of eight North American students from La Sierra University arrived in late June of the fiscal year to volunteer six weeks of service to the CS Project. During their time, they assisted in the construction of rural family gardens, weighing clinics, cooking classes, and community nutrition surveillance.

Profamilia has provided the CS Project with support in the provision of resource materials and training sessions in the area of reproductive health.

UNICEF has provided the CS staff with resource materials on cholera (5,000 pamphlets) and oral rehydration salts (10,000 packets).

INPRHU has supported CS staff by providing ongoing training workshops to community health volunteers in the areas of nutrition and diarrheal disease.

MINSA/SILAIS has provided reinforcement to the project community health committee by supplying health identification cards to each health volunteer, and by providing technical and professional support in the composition of the CS intervention manuals.

AID/Nicaragua has visited the CS Project on various occasions and given useful and constructive suggestions on how staff might improve Project activities.

C. Institutionalization of Lessons Learned

At the onset of the project, it was necessary to launch a massive baseline survey to determine demographic and basic health knowledge, beliefs, and practices at the rural community level. However, project staff have ascertained that the baseline survey at this phase of the project is insufficient in analyzing successes or failures that have occurred in the currently implemented intervention strategies. To correct for this insufficiency, CS personnel have augmented the baseline survey to include more specific questions aimed at each of the interventions. The questions that have been added follow the same format of the original survey.

Another lesson learned is that in order to elevate community health knowledge, practices, and beliefs, it is necessary that there is a well organized community health committee. This is achieved when there is constant follow-up and communication between Project personnel and the community health committee. Based on prior experience, one method that CS proposes to maintain communication and follow-up is to train all volunteers in each area of the interventions. Another method is to reinforce and ensure that the health committee meet at least once monthly to discuss and resolve issues regarding problems encountered during the month.

CS staff have discovered through experience that it is important to utilize other agencies and organizations currently working in the field in order to amplify child survival knowledge. Cooperation between ADRA CS and MINSA/SILAIS, INPRHU, and other organizations promotes activity development and potential project sustainability.

III. CHANGES MADE IN PROJECT DESIGN

A. Change in Perceived Health Needs

To date, the CS Project has not observed any changes with respect to perceived health needs. If any are noted, the CS Project will promptly notify appropriate authorities.

B. Change in Project Objectives

To date, the CS Project has made no changes in previously delineated DIP objectives.

C. Change in Planned Interventions

The CS Project is following all interventions established in the protocol and has not added or eliminated any new objectives. However, with the assistance of MINSA/SILAIS, the CS Project has implemented a massive campaign to treat all chronically malnourished children with appropriate antiparasitic medication.

D. Change in Potential and Priority Beneficiaries

Due to budget limitations, it was imperative that CS remove the area of Pueblo Nuevo from the protocol. This removal affected Project population parameters. Initially the population size was n=63,889. After the removal of Pueblo Nuevo, the current Project population changed to n=49,116. For fiscal year 1993, the project will serve a population of n=48,927. The slight change in population size is to due to the recent update of population census.

IV. PROGRESS IN HEALTH INFORMATION SYSTEM

A. Characteristics of the Health Information System (HIS)

1. The CS staff has initiated the design of the health information system for the diarrheal disease, nutrition, and family planning intervention strategies. The health information system was designed with assistance from the community volunteers and various members of the mother's clubs. The CS personnel chose to utilize community volunteers in order that the materials in the health system were designed using appropriate terminology for use in the rural sector. Each volunteer in the health committee is responsible for obtaining

pertinent information on each of the interventions. The volunteer must complete a monthly report which, upon its completion, is submitted to the coordinator of the health committee. The coordinator is then responsible for filling out a form (provided from the health information system) with the help of the volunteers in the committee. Upon its completion the coordinator must submit the form to the designated ADRA health promoter in the field. This form is then processed by the health promoter and submitted to the ADRA area supervisor. The supervisor must then process and consolidate all data accumulated from each field health promoter. Once these procedures have been followed, all reports are submitted by each area supervisor to the project director.

It is important to note that the health information system is currently in the process of being refined and updated due to changes in public health personnel and the implementation of new interventions in the project. The design of materials in the health information system is an ongoing process and although it is incomplete at the moment, it is being scrutinized and modified according to the emergence of new intervention strategies.

2. To date the health information system has been implemented in the field and has yielded positive results. It only focuses on potential high risk cases although it is designed to encompass and cover the total population. The project has designed, revised, and augmented the information system in order to compile suitable and pertinent information for analysis and evaluation in the project office.

3. To date, the project has formed 160 Oral Rehydration Centers (UROC), 156 baby-weighing clinics, and 20 family planning clinics. All activities held in a one month period are registered and channeled through appropriate personnel in the ADRA CS Project office. Revisions of the surveillance system are ongoing. In the past year all reporting materials have been modified and simplified.

4. The area supervisors evaluate at least once monthly all activities of the health promoter by observing the function of each health worker in the field, and by observing the functions of at least one community health committee. The health promoters are responsible for consolidating all activities and/or

data accumulated by the volunteers in the health committee and then submitting completed reports to the designated area supervisor. Each month the area supervisors meet with their designated health workers to discuss the problems and/or successes encountered during the month. Also, the project director meets at least once monthly with all staff to review all activities accomplished during the period. At that time all personnel attempt to plan new strategies to ameliorate those problems encountered in the field.

B. Special Capacities of the Health Information System

1. In the diarrheal disease, nutrition, and family planning intervention strategies, there is a surveillance reporting system that monitors whether the community health volunteer is accurately diagnosing or evaluating the health problem. For example, the health information system provides surveillance of nutritional status in children, level of severity in an episode of diarrhea in children, and appropriate usages of contraceptives by women benefiting from the family planning intervention. Also, MINSA/SILAIS and ADRA CS is in the process of designing a health information system that can serve both institutions in order to facilitate accurate surveillance of incidence and prevalence indicators in the field.

2. The CS Project is consistently monitoring the 156 established community health committees including the 936 volunteers, their community training activities with mother's clubs, house-to-house visits of high risk families, agglomeration of community funds, and surveillance of preparation of base cereal for rehydration purposes. The committee also meets periodically to evaluate any problems that may be inhibiting their progress in project activities.

3. At this time the CS Project is not focusing on acute paralysis in children less than 15 years of age. However, the community health committees are cognizant of the importance of immediate referral to local health authorities if cases of malaria, cholera, rabies, acute diarrhea, dengue fever, or other emergencies occur in site.

4. The CS Project monitors the amount of all training workshops and/or inservices provided to staff health promoters. ADRA

requires that all staff health promoters receive training workshops prior to the commencement of each CS interventions. These training workshops are provided by the local and central MINSA/SILAIS personnel, and/or contracted experts in the field of child survival.

5. The CS staff have encountered minor difficulties in collecting accurate data in the interventions. In the area of nutrition and growth monitoring, community health promoters and volunteers are not always able to collect reliable data due to the lack of consistent presentation of mothers and their children at the scheduled weighing clinics.

C. Management Of The Health Information System

1. In the fiscal year the Child Survival Project used $4,373.00 for Health Information System (HIS) development. The amount used covered the design and printing of all forms and manuals in the diarrheal disease, nutrition, and family planning interventions, i.e. all forms currently utilized in the health information system by community health workers, area supervisors, and the community volunteers. It is important to note that a great portion of the budgeted HIS money was spent on the control and monitoring of PL-480 food distribution.

2. Every month all CS personnel meet with the project director to discuss and analyze Project indicators. If the staff have encountered any difficulties in the field, it is during this meeting that they resolve those problems. The last monthly meeting was held on October 30, 1992. Every three months the personnel meet to determine prevalence and morbidity indicators in the diarrheal disease and nutrition interventions. The last trimester meeting was held on September 30, 1992.

   Based on the results of these meetings, the staff determined the need to define strategies to achieve the goals delineated for the following trimester.

3. Each month the CS Director meets with the local MINSA/SILAIS Director to discuss results of activities realized during the month. Such a meeting was held on Sept. 18, 1992. Each month the health promoters meet with their respective area supervisor to discuss and share data accumulated in the field. The last meeting was held Sept. 25, 1992. Each month

the area supervisors meet with the Project Director to discuss activities. All personnel then discuss results and indications of the data they have compiled. The last meeting between the supervisors and the Director was held Sept. 30, 1992. During the fiscal year there were three formal meetings to analyze and discuss the work of the extant NGOs and local projects currently actualized in the zone (Madriz). The meetings were held in March, June, and September of 1992.

4. The persons responsible for analyzing and monitoring data accumulated in the field are the project director, public health advisor, health promoters, and the area supervisors. Those responsible for collecting data and monitoring quality control are the area supervisors and the community health promoters. However, the director and the public health advisor assist or provide support whenever possible.

5. In order to improve the staff's skills in data collection and management, the director and public health advisor meet to review or provide new techniques when necessary. These training sessions are held periodically. One such meeting was held in early October of this year. During that time, staff were provided with refresher information on sample selection and randomization procedures, field data collection and management/compilation techniques. The area supervisors are responsible for training their health promoters on the administration and use of all new forms utilized in the HIS. In turn, the health promoters are responsible for training community health volunteers on the usage of all HIS forms as well. Meetings are held between staff and volunteers when new forms or techniques are to be implemented in the field.

V. SUSTAINABILITY

A. Recurrent Costs

1. Costs and procurement of vitamin A, antibiotics, oral rehydration salts, educational materials (paper, pencils etc.) and surveillance will continue after project funding terminates. The project estimates that $35,000.00 will be needed to cover these costs.

2. The project considers that after the CS Project funding ends, the costs of oral rehydration salts, vitamin A, and follow-up

will be covered by the regional MINSA/SILAIS. The costs of all birth control devices including pills, foams, jellies etc. will be covered by Profamilia. The costs of the scales for weighing clinics will be covered by funds raised by each community health committee (this is the plan that ADRA wishes to implement). The costs of antibiotics and educational materials will need to be covered by UNICEF, PAHO, an effective and organized community health committee, or other national or international organizations. It is highly unlikely that the MINSA/SILAIS will be able to cover all of these materials due to their financial limitations.

B. Strategies for Increasing Post-project Sustainability

1. The CS Project has defined various approaches to creating sustainable health programs in local communities. One approach involves the consolidation of community health volunteers. It is the intention of the Project to ensure that these health committees are recognized and integrated into the MINSA/SILAIS health care delivery system, i.e. that the health committee's are recognized as "mini-SILAIS". It is the responsibility of the local SILAIS to provide consistent educational support and information to all volunteers and community mothers. This information will include how, where, and to whom these volunteers might direct themselves for supplies, medications, and health information. During the three years of the Project ADRA CS will dedicate all its efforts in instructing and teaching community volunteers and women participating in mothers clubs on all objectives delineated in each of the intervention strategies. The community volunteers and mothers will be able to recognize signs and symptoms of disease and know where they can refer seriously ill cases.

2. The CS Project has made various contacts and agreements with organizations such as MINSA/SILAIS, Profamilia, UNICEF, Peace Corps, INPRHU to assist in the provision of materials, resources, and training both during and after the Project ends. Community activities such as the sale of food sacks and vegetable oil containers provided during the food distribution by PL-480 also provide means of cutting costs and increasing efficiency.

C. Cost Recovery

1. During the year the CS has implemented various community activities such as the sale of food sacks, vegetable oil containers, community parties and dances, bake sales, and other fund raising events to recuperate some of the costs in the past year. The health committees who have initiated these activities used the money to purchase materials such as pencils, chalk boards, tables for the Oral rehydration Units (UROC), and weighing scales. In the fiscal year, the health committees were able to raise a total of approximately $600.00 (C$3,000.00 Córdobas Oro).

2. The communities have reacted quite positively to cost recovery because they have been involved with fund raising activities and providing support to the health committees. To date, the CS staff have observed no inequities or problems in service delivery (or cost recovery). These community activities are monitored each month by the health promoters. At that time the health committees inform their respective communities on issues regarding current funds and fund raising activities.

3. During the year the CS staff has had only one training workshop on cost recovery. This meeting was provided to staff in March, 1992 by Lic. Solorzano from ADRA/Peru. However, the staff feels that cost recovery is an extremely important element of the CS Project and that ADRA/I should strongly support the Project by providing more intensive training workshops on this area.

VI. PROJECT EXPENDITURES AND JUSTIFICATION FOR BUDGET CHANGES

A. Pipeline Analysis

Please refer to appendix B for copy of the pipeline analysis.

B. Justification of Budget Changes

In the fiscal year the project underwent few budget changes. Some redistribution of budgeted funds occurred to maintain vehicles, cost of printing materials in the HIS, and office supplies (See appendix B for pipeline analysis).

VII. 1992/1993 WORK SCHEDULE AND BUDGET

For the 1992/1993 fiscal year, the Child Survival Project will operate with a budget of $355,646.00. Please see Appendix C for a detailed description of the 92/93 budget and work schedule.

APPENDIX A

Resumes, Job Descriptions of Senior Staff and Organizational Chart

FUNCIONES DEL DIRECTOR MEDICO

Título _____ Director Médico.

Educación y experiencia:	En Salud Pública, Administración, Programa de Salud Institucional.
Informar:	Director Nacional ADRA/Nicaragua.
Supervisado por:	Director Nacional ADRA/Nicaragua.
Horario de Trabajo:	Tiempo completo.
Remuneración:	Salario.
Transporte:	Vehículo del Proyecto.

FUNCIONES Y RESPONSABILIDADES:

1. Supervisa las actividades y personal del programa de SI VII.
2. Coordina las actividades del Proyecto con MINSA y otros organismos interesados a nivel regional.
3. Prepara informes de las actividades del programa de SI VII al director Nacional de ADRA.
4. Prepara informes de las actividades programadas de S.I. Para MINSA y otros organismo según corresponda.
5. Organiza y dirige las reuniones semanales con los supervisores de zona.
6. Selecciona la utilización y distribución de materiales y accesorios para uso del programa de S.Infantil.
7. Coordina los programas de administración y sistema de información
8. Análisis y retro alimentación de los informes de los supervisores cada mes.
9. Desarrollo, planificación, implementación, elaboración del cronograma, monitoreo y evaluación del Programa S. Infantil.
10. Otras actividades y responsabilidades, solicitadas por el Director Nacional de ADRA/Nicaragua.

CURRICULUM VITAE

GLORIA MARIA TORUÑO GAMEZ
Dirección: De INE 1c N y 1c O
Estelí.

DATOS PERSONALES

Nacionalidad: NICARAGUENSE
Edad: 32 AÑOS
Estado Civil: CASADA
Estado de salud: EXCELENTE

EDUCACIÓN:

FECHA	CENTRO DE ESTUDIOS	PROGRAMA
03/80 - 12/87	Universidad Nacional Autonoma de Nicaragua. Facultad de Odontología	ODONTOLOGIA
03/79 - 12/79	Universidad Adventista de Centro America, Costa Rica.	Administr. de Empresas
03/76 - 12/78	Instituto Nacional del Sauce Departamento de León	Bachiller en CC y LL Diploma
03/74 - 12/76	Instituto Nacional de Estelí Sebastian Pinell Vilchez	Educacion Secundaria
03/67 - 12/72	Escuela Adela Sorto -Achuapa Departamento de León	Educación Primaria

OTRAS ACTIVIDADES DE ADIESTRAMIENTO

ACTIVIDAD	ORGANIZACION
SEMINARIO: LACTANCIA MATERNA	LIGA DE LA LECHE MEXICO
SEMINARIO: ORGANIZACION DE PROGRAMA DE IRA Y EDA	MINSA / OPS MANAGUA
CONSULTA MUNDIAL DE LA ESTRATEGIA DE IRA	OMS/OPS/USAID WASHINGTON, DC

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CONSEJERO DE SALUD PUBLICA

Título:	Coordinador de Información de Salud.
Educación y Experiencia:	En Salud Pública, Programa de desarrollo Internacional, Sistema de Informática Bilingue (Español - Inglés).
Informe a :	Director Médico.
Supervisado Por:	Director Médico.
Compromiso Laboral:	Tiempo completo.
Remuneración:	Salario.
Transporte:	Acceso a vehículo del Proyecto.

FUNSIONES Y RESPONSABILIDADES.

1. Desarrollo y supervisión de un sistema de información de salud para recolección, análisis y procesamiento de datos en la Regional, oficina y campo.

2. Supervisión de supervisores de salud y personal de oficina en la actividades.

3. Coordinación del desarrollo de los programas y materiales de adiestramiento de la comunidad y personal de salud.

4. Adiestramiento del personal interesado de los sistema de informática aplicado a salud, y otros sistemas convencionales.

5. Redacción de documentos técnicos e informes de actividades en el área de salud.

6. Apoyo a la administración del proyecto en el desarrollo planificación, movilización y evaluación de sus actividades.

7. Otras actividades y responsabilidades solicitadas por el director médico.

Dr. Jeffrey W. Ashley

Permanent address:

Current address: (until June 1993)
Cuerpo de Paz
Apartado Postal 5256
Managua, Nicaragua
Telephone: 670-508, 670-506

EDUCATION

Bachelor of Science, Psychology. University of Illinois, Urbana, Illinois. December 1982.

Master of Science, Community Health Education. Southern Illinois University, Carbondale, Illinois. August 1986.

Doctor of Public Health, Community Health, subspecialties in International Health, Epidemiology, and Maternal and Child Health. University of Texas Health Science Center, School of Public Health, Houston, Texas. December 1989.

EXPERIENCE

Peace Corps. Nicaragua, Central America.
Public Health Consultant/Volunteer. June 1992 - June 1993
- Development and supervision of health information system in child survival project. ADRA supported (A.I.D. funded).
- Training and evaluation of health supervisors and promoters in child survival project.
- Analysis of field data and evaluation of resource materials.

Peace Corps. Paraguay, South America.
Public Health Scientist/Volunteer. February 1990 - May 1992
- Implemented and supervised national child survival projects at rural level (IAF funded).
- Created and hosted a national public health radio show.
- Supervised public health rotations for University Medical/Nursing students.

University of Texas Health Science Center, School of Public Health, Center for Cross-cultural Research. Houston, Texas.
Project Supervisor. September 1989 - December 1989
- Supervised staff of research scientists in cross-cultural mental health research projects (NIMH funded).
- Managed field office at the Houston research site.

Research Associate. October 1988 - December 1989
- Conducted literature reviews, and statistical analyses for research protocol in psychiatric epidemiology.
- Developed research instruments and collected data.

University of Texas Medical Branch at Galveston, School of Medicine, Department of Psychiatry and Behavioral Sciences. Galveston, Texas.
Consultant. August - September 1988, September 1989
- Presented lectures to a group of research scientists on clinical psychopathology in Texas/Mexico border region.
- Conducted psychiatric research training program.
- Presented formal lectures on adolescent substance abuse in Northern Mexico.

28

Company Health Fair, Houston, Texas.
Health Care Consultant. April 1988 - December 1989
- Responsible for conducting hypertension, cholesterol, and anthropometric screenings.
- Provided health education/promotion to participants.

University of Texas Health Science Center, School of Medicine, Department of Psychiatry, Mental Sciences Institute at Houston. Houston, Texas.
Graduate Research Assistant. June 1987 - August 1987
- Assisted in research of cross-cultural behavioral patterns.

Southern Illinois University, Carbondale, Illinois.
Graduate Teaching and Research Assistant, Evaluation and Development Center and Department of Health Education. August 1985 - August 1986
- Taught adult basic education mathematic courses.
- Assisted in curriculum development and planning.
- Taught four sections of a health education course.
- Participated in research and health education curriculum design.

Outreach, Carbondale, Illinois.
Health Education Intern. January 1985 - April 1986
- Completed a 320 hour supervised internship working with massive head trauma patients.

Orchard Village, Skokie, Illinois.
House Manager/Supervisor. December 1983 - July 1984
- Managed a community living facility for developmentally disabled clients.
- Supervised staff, designed and planned program procedures.

PROFESSIONAL AFFILIATIONS AND AWARDS

Public Health Service Trainee, Department of Health and Human Services, (Bureau of Health Manpower, Health Resources Administration) Washington D.C. October 1986 - December 1989.
- Awarded a special traineeship based on academic merit.

American Public Health Association
American Association of World Health
Eta Sigma Gamma National Health Science Honorary
Consejo Nacional de Salud de Paraguay, Comite Nacional del Voluntariado en Salud

COUNTRIES LIVED IN OR VISITED

Mexico, Belize, Guatemala, Honduras, El Salvador, Costa Rica, Nicaragua, Panama, Venezuela, Colombia, Ecuador, Peru, Bolivia, Paraguay, Brazil, Argentina, Uruguay, Chile, Jamaica, Micronesia (Guam, Saipan, Tinian, Anatahan, Managaha), Japan, Canada, England, Scotland, Ireland, Wales, Holland, Germany, Switzerland, Austria, France, Italy, Monaco, Spain.

LANGUAGES

Fluency of spoken and written Spanish and German.
Spoken Guarani (Paraguayan indigenous language). Some Portuguese.

FUNCIONES DE SUPERVISORES

17 de October de 1991

Título:	Supervisor de zona.
Educación:	Profesional en Salud Comunitaria experiencia médica Primaria y Relaciones Humanas.
Informe:	Director Médico.
Compromiso Laboral:	Tiempo completo.
Remuneración:	Salario.
Transporte:	Vehículo del Proyecto.

FAIN Y RESPONSABILIDADES

1. Puntualidad y asistencia.
2. Coordinación de actividades con Promotores de Salud y C/S de su zona.
3. Presentar informes mensual de actividades a Director Médico.
4. Planificar y supervisar actividades de los TSC a su cargo.
5. Elaborar junto con el entrenador y TSC material educativo para apoyar a los programas.
6. Mantener buena relaciones en las actividades políticas, educativas y sanitarias de su Area.
7. Ser responsable por la coordinación del uso adecuado de vehículos y equipo asignado a su zona,(Moto, Pesas y Proyectores etc).
8. Supervisar el manejo y abastecimiento adecuado de los recursos, (Medicina, alimentos y equipo).
9. Hacer una sesión mensual de adiestramiento y analisís de actividades con sus T.S.C.
10. Promover el estímulo a sus T.S.C.
11. Participar en el entremaniento a su T.S.C.
12. Elaborar estrategias para solucionar problemas de su zona.
13. Participar en las reuniones con directores para tomar decisiones acerca del personal y otros intereses del Proyecto.
14. Coordinación con sus T.S.C. en realizar sus actividades.
15. Vigilar que las actividades del personal esten bajo los márgenes morales de la iglesia Adventista.

CURRICULUM VITAE

CORINA RODRIGUEZ RODRIGUEZ
Dirección: Gasolinera texaco 2c al sur
Somoto, Esteli.

DATOS PERSONALES

Nacionalidad: NICARAGUENSE
Edad: 27 AÑOS
Estado Civil: CASADA
Estado de salud: EXCELENTE

EDUCACIÓN:

FECHA	CENTRO DE ESTUDIOS	PROGRAMA
03/86-12/87	Escuela de Contabilidad Managua	Contador Privado Título
03/84-12/85	Universidad Centro Americana Facultad de Medicina	Medicina
03/78-12/83	Instituto Nacional Jose Martí	Bachiller CC y LL Diploma
03/72-12/77	Colegio Adventista de la Trinidad. La Trinidad, Esteli	Educación Primaria Diploma

OTROS ESTUDIOS

ACTIVIDAD	ORGANIZACION
TALLER ORGANIZACION DE PROGRAMA DE EDA	ADRA/CASA
ORGANIZACION DE PROGRAMA DE IRA	ADRA/CASA
PROGRAMAS COMUNITARIOS DE NUTRICION	ADRA/CASA

EXPERIENCIA PROFESIONAL:

FECHA:	ORGANIZACIÓN	CARGO
06/90-12/91	ADRA/NICARAGUA Proyecto de CASA Región I, Nicaragua	PROMOTOR/EDUCADOR DE SALUD.
01/88-06/89	INDUSTRIA HIELERA SEQUEIRA Managua.	Asistente Contador
03/86-12/87	COLEGIO ADVENTISTA SECUNDARIO	Catedrática

DESCRIPCIÓN: Asistente de Supervisor de Area en un Proyecto de Salud y asistencia comunitaria. Encargado de Supervisión de 5 Trabajadores de Salud y de las actividades de adiestramineto en los programas de nutrición y enfermedades infecto-contagiosas. En los municipios de Totogalpa 1 y 2, yalaguina 1 y 2 en Nueva Segovia.

OTRAS ACTIVIDADES Y HOBBIES

- URA
- CONQUISTADORES
- DEPORTES
- MúSICA, ETC.

REFERENCIA PERSONALES Y PROFESIONALES

INGENIERO CRUZ CUEVAS	PROYECTO CAFE/INTERNACIONAL
DR.HUGO SOSA	DIRCTOR PROY ADRA/CASA-NIC
LIC. BRYAN SOTO	DIRCTOR LOGISTICO ADRA/CASA

CURRICULUM VITAE

ISIDRO RODRÍGUEZ RODRÍGUEZ
Dirección: De la catedral 1/c al norte 1/2 al este
Totogalpa, Madriz.

DATOS PERSONALES

Nacionalidad: NICARAGUENSE
Edad: 25 AÑOS
Estado Civil: CASADO
Estado de salud: EXCELENTE

EDUCACIÓN:

FECHA	CENTRO DE ESTUDIOS	PROGRAMA
1988-1990	ESCUELA DE GANADERÍA Y AGRICULTURA ESTELI	TECNOLOGÍA VETERINARIA Diploma
1980-1987	Instituto Nacional Jose Martí La Trinidad, Estelí.	Bachiller en CC y LL Diploma
1974-1979	Colegio Adventista de la Trinidad La Trinidad, Esteli	EDUCACIÓN PRIMARIA Diploma

OTROS ESTUDIOS

ACTIVIDAD	ORGANIZACION
TALLER ORGANIZACION DE PROGRAMA DE EDA	ADRA/CASA
ORGANIZACION DE PROGRAMA DE IRA	ADRA/CASA
PROGRAMAS COMUNITARIOS DE NUTRICION	ADRA/CASA

EXPERIENCIA PROFESIONAL:

FECHA:	ORGANIZACIÓN	CARGO
06/90-12/91	ADRA/NICARAGUA Proyecto de CASA Región I, Nicaragua	PROMOTOR/EDUCADOR DE SALUD.

OTRAS ACTIVIDADES Y HOBBIES

DIRECCION DE GRUPOS JUVENILES
DEPORTES
MUSICA

REFERENCIA PERSONALES Y PROFESIONALES

Dr.Nelson Ríos M.	Director medico	# Años de relación
Titulo	Hospital Adv.La trinidad la Trinidad Esteli Telef.913	
(sr) Orlando Salinas		

CURRICULUM VITAE

Dra.Maritza Valdivia
Dirección: De la Iglesia Adventista 1/2 c al norte
Ocotal, Esteli.

DATOS PERSONALES

Nacionalidad: NICARAGUENSE
Edad: 25 AÑOS
Estado Civil: CASADA
Estado de salud: EXCELENTE

EDUCACIÓN:

FECHA	CENTRO DE ESTUDIOS	PROGRAMA
03/72-12/77	Colegio Inmaculada Concepcion Ocotal	Educacion Primaria Diploma
03/78-12/88	Instituto Nacional De Segovia	Ballicher Diploma
02/78-12/88	Universidad UNAN Leon	Medicina General

OTROS ESTUDIOS

ACTIVIDAD	ORGANIZACIÓN
TALLER MANEJO CLÍNICO DE DIARREA Jinotepe, Carazo.	Ministerio De Salud / OPS

EXPERIENCIA PROFESIONAL:

FECHA:	ORGANIZACION	Cargo
01/89-12/89	Clinica Privada	Medicina General
01/90-12/89	Hospital de Esteli	Dept. Cirugia
01/90-12/91	Ministerio de Salud de Nicaragua, N. Segovia	Médico de Base Puesto Médico
12/91-Presente	ADRA de Nicaragua Proyecto De Supervivencia Infantil VII	Supervisora de area-Palaguina

35

REFERENCIAS PERSONALES Y PROFESIONALES	# de Años de relacion
DR.Jose MAria Briones bisis Ministro de Salud	01/89-12/89
Dr.Gerando Narvaez Responsable de Pedatria hospital de Esteli	Rotamiento 5 meses
PR.Elias Fley	

FUNCIONES DE TRABAJADORES DE SALUD COMUNITARIA

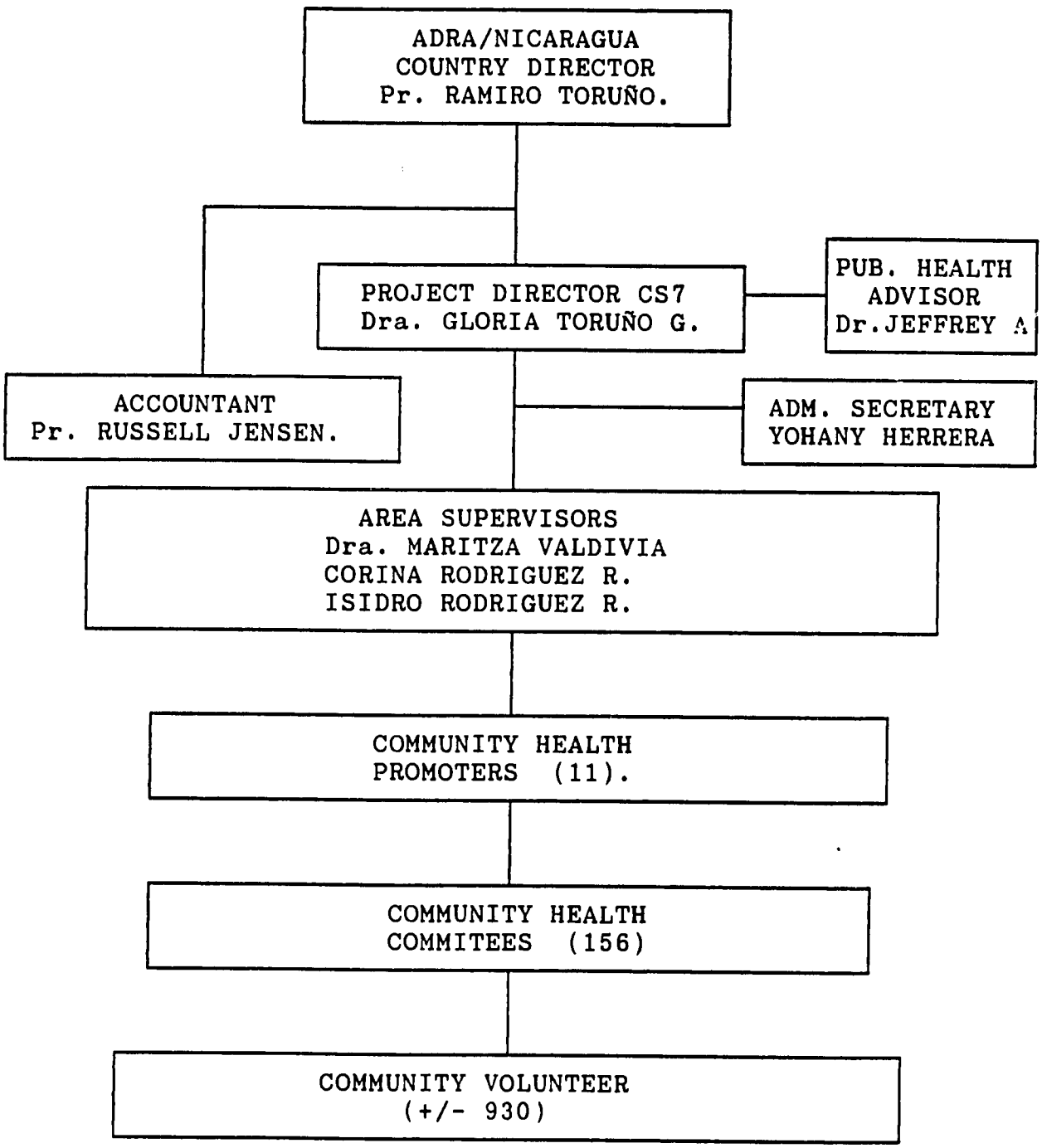
17 de, October de 1991

Título:	Trabajador de Salud Comunitaria (Auxiliar de Enfermeria).
Educación:	Experiencia en Salud primaria, Relaciones humanas.
Informes:	Al Supervisor de la zona.
Campo LaboraL:	Tiempo completo (7:00 A.M - 5:00 P.M).
Remuneración:	Salario.
Transporte:	Algunos medios provisto y del Proyecto.

FUNCIONES Y RESPONSABILIDADES

1. Puntualidad y asistencia.
2. Coordinar las actividades con líderes comunitarios, maestros Rurales y Promotores de Salud.
3. Presentar informe mensual al Supervisor.
4. Planificar actividades con sus voluntarios.
5. Trabajar juntamente con su supervisor, elaborar material educativo para apoyar los programas.
6. Promover educación y Promoción de Salud en escuelas, C.D.I. Y otras organizaciones comunales.
7. Suplir de materiales necesarios a sus voluntarios, y control de los mismos.
8. Atender la población seleccionada como alto riesgo.
9. Deberá controlar los casos de inmunización en su sector.
10. Realizar una sesión mensual de adiestramiento e informe a sus voluntarios asesorado y asistido por el supervisor.
11. Llevará el control de mujeres embarazadas bajo supervisión médica.
12. Será responsable de distribuir los medios de planificación familiar a los casos bajo control.
13. Debera permanecer la mayor parte del tiempo en su sector.
14. Debera visitar por lo menos dos veces al mes sus comunidades.

ADRA/CHILD SURVIVAL VII
ORGANIZATIONAL CHART.



APPENDIX B

Pipeline Analysis

HEADQUARTERS

1992 COUNTRY PROJECT PIPELINE ANALYSIS – REPORT FORM A

PVO/COUNTRY PROJECT Child Survival VII

COST ELEMENTS	Actual Expenditures to Date (09/01/91 to 09/30/92)			Projected Expenditures Against Remaining Obligated Funds (10/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) (09/01/91 to 08/31/94)		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
I. PROCUREMENT									
A. Supplies									
B. Equipment									
*C. Services/Consultants									
1. Local									
2. Expatriate									
SUB-TOTAL I	0	0	0	0	0	0	0	0	0
II. EVALUATION	298.08	99.36	397.44	2,861.00	(99.36)	2,761.64	3,159.00	0	3,159.00
SUB-TOTAL II									
III. INDIRECT COSTS									
HQ/HO Overhead 17 (%)	77,362.03	27,967.05	105329.08	176,911.97	68,568.95	245,480.92	254274.00	96,536.00	350,810.00
SUB-TOTAL III									
IV. OTHER PROGRAM COSTS									
A. Personnel (list each position & total person months separately)									
1) Technical	6,824.71	2,451.14	9,275.85	19,042.29	7,066.86	26,109.15	25,867.00	9,518.00	35,385.00
2) Administrative	5,971.62	2,144.75	8,116.37	16,661.38	6,184.25	22,845.63	22,633.00	8,329.00	30,962.00
3) Support	4,265.45	1,531.96	5,797.41	11,901.55	4,417.04	16,318.59	16,167.00	5,949.00	22,116.00
B. Travel/Per Diem									
1) In country									
2) International	21,840.00	12,161.20	34,001.20	35,160.00	(1,751.20)	33,408.80	57,000.00	10,410.00	67,410.00
C. Other Direct Costs (utilities, printing rent, maintanance, etc)	5,117.37	9,205.77	14,323.14	4,882.63	10,794.23	15,676.86	10,000.00	20,000.00	30,000.00
SUB-TOTAL IV									
TOTAL HEADQUARTERS	121,679.26	55,561.23	177240.49	267,420.82	95,180.77	362601.59	389100.00	150,742.00	539842.00

*Excludes Evaluation Costs

5

FIELD

1992 COUNTRY PROJECT PIPELINE ANALYSIS – REPORT FORM A
PVO/COUNTRY PROJECT Child Survival - Nicaragua

COST ELEMENTS	Actual Expenditures to Date (09/01/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (09/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) 09/01/91 to 08/31/94		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
I. PROCUREMENT									
A. Supplies	5,929.00		5,929.00	83,071.00	137,300.00	220,371.00	89,000.00	137300.00	226300.00
B. Equipment	2,300.00		2,300.00	4,900.00	5,000.00	9,900.00	7,200.00	5,000.00	12,200.00
* C. Services/Consultants									
1. Local	1,488.00		1,488.00	4,462.00		4,462.00	5,950.00		5,950.00
2. Expatriate				15,050.00	3,025.00	18,075.00	15,050.00	3,025.00	18,075.00
SUB-TOTAL I	9,717.00	0	9,717.00	107,483.00	145,325.00	252,808.00	117200.00	145325.00	262525.00
II. EVALUATION									
A. Consultant/Contract				9,500.00		9,500.00	9,500.00		9,500.00
B. Staff Support				1,200.00		1,200.00	1,200.00		1,200.00
C. Other				900.00		900.00	900.00		900.00
SUB-TOTAL II	0	0	0	11,600.00	0	11,600.00	11,600.00	0	11,600.00
III. INDIRECT COSTS									
HQ/HO Overhead ____(%)									
SUB-TOTAL III	0	0	0	0	0	0	0	0	0
IV. OTHER PROGRAM COSTS									
A. Personnel (list each position & total person months separately)									
1) Technical	56,473.00	0	56,473.00	133825.00		133825.00	190298.00		190298.00
2) Administrative	25,241.00	5,600.00	30,841.00	20,155.00	30,385.00	50,540.00	45,396.00	35,985.00	81,381.00
3) Support	10,438.00	0	10,438.00	28,802.00		28,802.00	39,240.00		39,240.00
B. Travel (Short Term)									
1) In country	10,647.00	0	10,647.00	28,006.00		28,006.00	38,653.00		38,653.00
2) International	5,836.00	0	5,836.00	64,464.00	75,325.00	139789.00	70,300.00	75,325.00	145625.00
C. Other Direct Costs (utilities, printing rent, maintanance, etc)	46,716.00	0	46,716.00	78,529.00		78,529.00	125245.00		125245.00
SUB-TOTAL III	155351.00	5,600.00	160951.00	353781.00	105710.00	459491.00	509132.00	111310.00	620442.00
TOTAL FIELD	165068.00	5,600.00	170668.00	472864.00	251035.00	723899.00	637932.00	256,635.00	894567.00

* Excludes Evaluation Costs

TOTAL

1992 COUNTRY PROJECT PIPELINE ANALYSIS – REPORT FORM A

PVO/COUNTRY PROJECT Child Survival - Nicaragua

	Actual Expenditures to Date (9/01/91 to 9/30/92)			Projected Expenditures Against Remaining Obligated Funds (9/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) (9/01/91 to 08/31/94)		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
TOTAL HEADUARTERS	121,679.26	55,561.23	177240.49	267,420.82	95,180.77	362601.59	389100.00	150,742.00	539842.00
TOTAL FIELD	165068.00	5,600.00	170668.00	472864.00	251035.00	723899.00	637932.00	256,635.00	894567.00
TOTAL	286,747.26	61,161.23	347908.49	740284.82	346215.77	1086500.59	1027032.00	407,377.00	1434409.00

APPENDIX C

1992/1993 Budget and Work Schedule

	A	B	C	D	E	F	G	H	I	J	K
1	NICARAGUA	YEAR ONE		YEAR TWO		YEAR THREE		ALL YEARS		GRAND	Sunday, Dec 8, 2:20pm
2		AID	ADRA	AID	ADRA	AID	ADRA	AID	ADRA	TOTAL	NARRATIVE
3	I. PROCUREMENT										
4	A. Equipment										
5	1. Copy Machine	0	5,000	0	0	0	0	0	5,000	5,000	Heavy duty copier 5,000 PG/MO capability
6	2. Parts and Services	1,400	0	1,400	0	1,400	0	4,200	0	4,200	Routine replacement, maintenance
7	Sub-Total Equipment	1,400	5,000	1,400	0	1,400	0	4,200	5,000	9,200	
8											
9	B. Supplies										
10	1. Office Supplies	3,500	0	3,500	0	3,500	0	10,500	0	10,500	Routine office supplies @ $4000/year
11	2. Nutrition Supplies	1,000	0	1,000	0	1,000	0	3,000	0	3,000	Fertilizers, pesticides, seeds, tools
12	3. PHC Supplies	12,500	45,000	12,500	45,000	10,000	44,000	35,000	134,000	169,000	Medical equipment $ supplies for 20 CHW's
13	4. Training Supplies	11,500	0	11,500	0	11,500	0	34,500	0	34,500	Material needs for two training centers
14	Sub-Total Supplies	28,500	45,000	28,500	45,000	26,000	44,000	83,000	134,000	217,000	
15											
16	C. Services										
17	1. Auditing	0	0	0	3,025	0	3,025	0	6,050	6,050	22 working days @ $275/day
18	2. Printing	2,200	0	1,550	0	1,215	0	4,965	0	4,965	Routine office and workshop expenses
19	Sub-Total Services	2,200	0	1,550	3,025	1,215	3,025	4,965	6,050	11,015	
20											
21	C. Consultants										
22	Local Consultants	2,450	0	2,000	0	1,500	0	5,950	0	5,950	25 days @ $275/day
23	External Consultants										
24	1. HIS	3,025	0	3,025	0	0	0	6,050	0	6,050	11/11 working days @ $275/day
25	2. Training	2,500	0	1,500	0	0	0	4,000	0	4,000	1 one-week workshop, 1 two-week wrksp
26	Sub-Total Consultant	7,975	0	6,525	0	1,500	0	16,000	0	16,000	
27											
28	Total Procurement	40,075	50,000	37,975	48,025	30,115	47,025	108,165	145,050	253,215	
29											
30	II. EVALUATION										
31	A. Consultants (3)	4,000	0	1,500	0	4,000	0	9,500	0	9,500	15/6/15 working days @ 266/day
32	C. Support Staff	480	0	240	0	480	0	1,200	0	1,200	4/2/4 working days @ 120/day
33	D. Report Preparation	395	0	110	0	395	0	900	0	900	Printing and mailing costs
34	Total Evaluation	4,875	0	1,850	0	4,875	0	11,600	0	11,600	
35											
36	III. INDIRECT COSTS	45,225	18,260	45,557	18,576	43,905	19,491	134,688	56,327	191,015	22% of Direct Costs
37											

	A	B	C	D	E	F	G	H	I	J	K
38	Nicaragua - continued	YEAR	ONE	YEAR	TWO	YEAR	THREE	ALL	YEARS	GRAND	
39		AID	ADRA	AID	ADRA	AID	ADRA	AID	ADRA	TOTAL	
40	IV. OTHER PROGRAM COSTS										
41	A. Personnel										
42	Administrative										
43	1. Regional Director	0	5,600	0	5,936	0	6,292	0	17,828	17,828	2 pm/yr x $2,800/mn with 6% annual infl.
44	2. Country Director	0	5,600	0	5,936	0	6,292	0	17,828	17,828	2 pm/yr x $2,800/mn with 6% annual infl.
45	3. Project Director	11,820	0	12,529	0	13,281	0	37,630	0	37,630	36 pm x $985/mn with 6% annual inflation
46	4. Adm. asst./acct.	6,000	0	6,360	0	6,742	0	19,102	0	19,102	36 pm x $500/mn. with 6% annual inflation
47	Sub-Total Adminst.	17,820	11,200	18,889	11,872	20,023	12,584	56,732	35,656	92,388	
48	Technical										
49	1. CHWs	38,250	0	40,545	0	42,978	0	121,773	0	121,773	720 pm x $160 with 6% annual inflation
50	2. Field Supervisors	16,685	0	17,686	0	18,747	0	53,118	0	53,118	72 pm x $695 with 6% annual inflation
51	3. Public health asst.	2,400	0	2,544	0	2,697	0	7,641	0	7,641	36 pm x $200 with 6% annual inflation
52	Sub-Total Technical	57,335	0	60,775	0	64,422	0	182,532	0	182,532	
53	Support Staff							0	0	0	
54	1. Secretary	4,035	0	4,277	0	4,534	0	12,846	0	12,846	36 pm x $335 with 6% annual inflation
55	2. Drivers	10,430	0	11,056	0	11,719	0	33,205	0	33,205	108 pm x $290 with 6% annual inflation
56	Sub-Total Support	14,465	0	15,333	0	16,253	0	46,051	0	46,051	
57											
58	Sub-Total Personnel	89,620	11,200	94,997	11,872	100,697	12,584	285,314	35,656	320,971	
59											
60	B. Travel										
61	Short Term										
62	1. Auditing travel	0	0	0	1,650	0	1,650	0	3,300	3,300	Tickets, hotel, perdiem for two audits
63	2. Conferences, Nat.	1,000	0	1,000	0	1,000	0	3,000	0	3,000	three conferences @ $1000 each
64	3. Cons./Evaluation	2,200	0	2,200	0	2,200	0	6,600	0	6,600	3 tickets @ $1000 each + 36 perdiems @ $100
65	4. Cons./HIS	2,100	0	2,100	0	0	0	4,200	0	4,200	2 tickets @ $1000 each + 22 perdiems @ $100
66	5. Cons./Management	1,500	0	1,500	0	0	0	3,000	0	3,000	2 tickets @ $1000 each + 10 perdiems @ $100
67	6. Cons./Nutritionist	2,100	0	2,100	0	0	0	4,200	0	4,200	2 tickets @ $1000 each + 22 perdiems @ $100
68	7. Cons./Training	1,500	0	1,500	0	0	0	3,000	0	3,000	2 tickets @ $1000 each + 10 perdiems @ $100
69	8. Mgmt. trv./national	1,500	0	1,500	0	1,500	0	4,500	0	4,500	6 trips x 6 days x 2 staff @ $62.50
70	9. Mgmt. trv./Intern.	1,500	0	1,500	0	1,500	0	4,500	0	4,500	3 tickets @ $1000 each + 15 perdiems @ $100
71	10. Field staff travel	4,000	0	4,000	0	3,000	0	11,000	0	11,000	6 trips x 4 days x 10 staff @ $46
72	11. Partic. trv./wsps	5,000	0	5,000	0	3,500	0	13,500	0	13,500	60 tickets @ $1000 each + 300 perdiems @ $100
73	Sub-total Sht. Term	22,400	0	22,400	1,650	12,700	1,650	57,500	3,300	60,800	
74	Long term										
75	1. Expat allowances	13,600	21,800	13,600	22,890	13,600	27,335	40,800	72,025	112,825	Homebase @ $300/mn + head of hh. allw
76											
77	Sub-Total Travel	36,000	21,800	36,000	24,540	26,300	28,985	98,300	75,325	173,625	
78											

	A	B	C	D	E	F	G	H	I	J	K
79	Nicaragua - continued	YEAR	ONE	YEAR	TWO	YEAR	THREE	ALL	YEARS	GRAND	
80		AID	ADRA	AID	ADRA	AID	ADRA	AID	ADRA	TOTAL	
81	C. Other Direct Costs										
82	1. Communication	2,000	0	2,000	0	2,000	0	6,000	0	6,000	Routine phone, fax and postage
83	2. Fuel	13,000	0	13,780		14,607		41,387	0	41,387	20,695 gallons over 3 years @ 2.00/gal.
84	3. Insurance, cycles	2,500	0	2,650	0	2,809	0	7,959	0	7,959	10 cycles @ $263 /year for three years
85	4. Insurance - vehicles	3,000	0	3,180	0	3,371	0	9,551	0	9,551	4 vehicles @ $795/yr for 3 years
86	5. Lubricants	2,400	0	2,544	0	2,697	0	7,641	0	7,641	$240 galons per year for three years @ 10.6/galon
87	7. Office Rent-Regional	6,600	0	6,600	0	6,600	0	19,800	0	19,800	Office rent @ $550/month
88	8. Utilities	2,500	0	2,500	0	2,500	0	7,500	0	7,500	months @ $208/mn
89	9. Parts and services	3,000	0	3,000	0	3,000	0	9,000	0	9,000	Routine maintenance
90	Sub-Total O.D.C	35,000	0	36,254	0	37,583	0	108,837	0	108,837	
91											
92	Total Other Program Costs	160,620	33,000	167,251	36,412	164,580	41,569	492,451	110,981	603,433	
93											
94	TOTAL DIRECT COSTS	205,570	--> 83,000	207,076	84,437	199,570	88,594	612,216	256,031	868,248	
95											
96	GRAND TOTAL	250,795	101,260	252,633	103,013	243,476	108,085	746,904	312,358	1,059,262	
97											
98	MATCH %								29		

46

1992/1993 WORK SCHEDULE

WORK SCHEDULE FOR 1992/1993 FISCAL YEAR (BY TRIMESTER)

OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP
Annual evaluation and Annual report for 1992	Continuation of workshop on immunization for community volunteers	Workshop on breastfeeding for health workers	Workshop on ARI for all health workers
Workshop on nutrition for all health workers	Workshop on family planning for health workers	Workshops on breastfeeding for community volunteers	Workshops on ARI for all community volunteers
Design of immunization manual	Workshops on family planning for community volunteers	Design of manual on acute respiratory infections (ARI)	Design of Health Information System on ARI
Workshop on immunization for all health workers	Design of Health Information System for immunizations and family planning	Continuing education for all health workers	Surveillance of all intervention strategies in Child Survival
Workshops on immunization for all community volunteers	Design of manual on breastfeeding	Quarterly evaluation	Midterm Evaluation
Quarterly evaluation	Continuing education for all health workers		Annual report for 1993
	Quarterly evaluation		

APPENDIX D

USAID Health and Child Survival Project Questionnaire

DRAFT

1992
USAID Health and Child Survival Project
Questionnaire

with AIDS/HIV Activities Reporting Schedule

Pages

Main Schedule ..... 1 - 6
Schedule 1 - Demographic 7
Schedule 2 - Diarrheal Disease Control 8
Schedule 3 - Immunization 9
Schedule 4 - Nutrition ..... 10 - 11
Schedule 5 - High Risk Births 12
Schedule 6 - AIDS/HIV Activities 13
Schedule 7 - Other Health and Child Survival 14

Country Nicaragua

Project Title CHILD SURVIVAL PROJECT VII.

Project Number PDC-0500-A00-1097-00

Name(s) of person(s) responding to questionnaire: Dr. Gloria Toruño, Dr. Jeff Ashley

Title(s): Medical Director, Pub. Hlth. Adv. Date: Noviembre 1, 1992.

USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

Where available, information for questions 1 through 7 has been supplied. Please carefully check the supplied information for accuracy and make any corrections necessary. Where questions are left blank, please supply the requested information. If the Project Number is incorrect, or if the project is new, please write the correct number here and in the spaces provided at the bottom of each page of the questionnaire.

PROJECT IDENTIFICATION

CHI USE ONLY
ID:
Number:
Region:
Emphasis:

1. Project Number: PDC-0500-A00-1097-00 2. Subproject Number: _____
3. Country: Nicaragua
4. a. Project Title: Child Survival Project VII.
   b. Subproject Title: _____

5. a. Beginning FY: 1991 (Fiscal Year) b. Beginning FY of Subproject (if appropriate): _____ (Fiscal Year)
6. a. Project Assistance Completion Date (PACD): 9 30 94 (MM DD YY)
   b. Termination Date of Subproject (if appropriate): _____ (MM DD YY)
7. Current Status (CIRCLE ONE ANSWER)
   1 - New, no activity yet (2) - Ongoing 3 - Discontinued 4 - Completed

PARTICIPATING AGENCIES

8. For each contract or grant, please provide the complete name of the contractor or grantee, the subcontractors working on the project, the host country counterpart(s) and the organization(s) responsible for implementation. Assign a type to each agency named as per the codes indicated below. Use additional sheets if necessary.

		Organization Type
a. Prime Contractor/Grantee or Partner in Cooperative Agreement	ADRA	1
b. Subcontractors		
c. Host Country Counterpart(s)	UNICEF, OPS, MINSA	8,8,5
d. Organization(s) with major implementing responsibility	ADRA, UNICEF, PROFAMILIA,MINSA OPS.	1,8,2,5,8

Codes for Organization Type (PLACE THE NUMBER CORRESPONDING TO THE CODE IN THE SPACES ABOVE)

1 - Private Voluntary Organizations (U.S.)	5 - Government (Host Country)	8 - Multilateral Agencies
2 - Private Voluntary Organizations (Local)	6 - Other Non-profit Organization (U.S.)	9 - For-profit Firms (all countries)
3 - Universities (all countries)	7 - Other Non-profit Organization (host and other countries)	10 - Other _____ (Please Specify)

e. Provide the name and mailing address of the person or office that should receive relevant technical information from USAID. (PLEASE PRINT CLEARLY)

Name: ADRA
Mailing Address: Apartado Postal 2903
Managua, Nicaragua
América Central

9. **Percentage Attributions to Program Functions**

This question should be answered in two steps. First complete Column A, and then complete Column B.

Step 1 - In Column A, write the percent of the Life-of-Project budget (USAID funding) that is attributable to each of the program functions listed. For further explanation, and definitions for each category, please refer to the instruction guide. The percentages in Column A should sum to 100%.

Step 2 - In Column B, write the percent of the entry in Column A devoted to Child Survival. In general, diarrheal disease/ORT, immunization, breastfeeding, growth monitoring and weaning foods, and Vitamin A are considered to be 100% Child Survival. In special cases, this may not be true and a percentage other than 100% may be entered 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
.	.	.	.
.	.	.	.
j. 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.

9. Percentage Attributions of Fiscal Year 1992 Funds 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)	15	100	▸ Schedule 2
b. Immunization/Vaccination (HEIM)	15	100	▸ Schedule 3
c. Breastfeeding (NUBF)	15	100	▸ Schedule 4
d. Growth Monitoring/Weaning Foods (NUGM)	15	100	▸ Schedule 4
e. Vitamin A (NUVA)	–	–	▸ Schedule 4
f. Women's Health (HEMH)	–	–	▸ Schedule 7
g. Women's Nutrition (including iron) (NUWO)	5	0	▸ Schedule 4
h. Child Spacing/High Risk Births (HECS)	15	70	▸ Schedule 5
i. HIV/AIDS (HEHA)	–	–	▸ Schedule 6
j. Water and Sanitation for Health (HEWH)	–	–	▸ Schedule 7
k. Acute Respiratory Infections (HERI)	20	100	▸ Schedule 7
l. Malaria (HEMA)	–	–	▸ Schedule 7
m. Health Care Finance (HEFI)	–	–	▸ Schedule 7
n. Prosthetics/Medical Rehabilitation (HEPR)	–	–	▸ Schedule 7
o. Orphans/Displaced Children (ORDC)	–	–	▸ Schedule 7
TOTAL. All Functions	**100%**		

FUNDING INFORMATION

10. What is the total USAID authorized **LIFE-OF-PROJECT** funding for this project (authorized dollar funds from ALL USAID funding accounts)? $ 746,904.00

11. Commodities

During FY92, were project funds committed to the purchase of any of the following? (PLEASE CIRCLE ALL THAT APPLY.)

a. ORS packets
b. vaccines
c. iron supplements
d. vitamin A
e. essential drugs
f. food supplements
g. weighing scales/growth charts
h. contraceptives
i. cold chain equipment
j. laboratory equipment
k. medical equipment
l. educational materials
m. audio-visual equipment
n. construction materials for water/sanitation and other activities
o. prosthetics
p. other (please specify) Training supplies

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

1 - Assistance to privatize public health programs or services
2 - Training of private sector health care providers
3 - Involvement of for-profit businesses in project activities
4 - Other (please specify) _____

13. Training Activities

a. Please indicate which of the following groups participated in a course, workshop or training program under the project during FY92: (CIRCLE ALL THAT APPLY.) If available, also provide the number of persons trained

	Numbers Trained
1 - Physicians	4
2 - Nurses	
3 - Community Health Workers	11
4 - Traditional Healers	
5 - School Teachers	
6 - Community Leaders	
7 - Mothers trained in the use of cereal base	4,749
8 - Others (please specify) Volunteers trained in CDD and family planning	336

b. If training was a significant component of project activities during FY92, please include a brief description of training activities and accomplishments in the space below. During FY 91/92, Child Survival staff provided training programs to community health volunteers in the areas of family planning, nutrition, and diarrhea control . The Child Survival - project also dedicated efforts in forming and training support grousps in all areas of the interventions.

14. Research Activity

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 15

For projects with research percentages > 0%, please provide the following information:

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

1 - ORT/Diarrheal Disease
2 - Immunization/Vaccination
3 - Breastfeeding
4 - Growth Monitoring
5 - Targeted Feeding and Weaning Foods
6 - Vitamin A
7 - Women's Health/Nutrition
8 - Other Nutrition
9 - Child Spacing/High Risk Births
10 - HIV/AIDS
11 - Water and Sanitation
12 - Acute Respiratory Infection
13 - Malaria
14 - Other Vector Borne Disease Control
15 - Health Care Financing
16 - Health Systems Development
17 - Other (please specify)_____

b. What types of research are being funded? (CIRCLE ALL THAT APPLY)

1 - Biomedical
2 - Vaccine Development
3 - Epidemiologic
4 - Behavior/Communications
5 - Policy/Economic/Development
6 - Demographic Data Collection
7 - Operational Research

c. If this project has previously reported research titles, a summary list will be attached on the next page. Please review and update this list with current information.

d. If this is a new project or if there is additional research to report, please provide descriptive titles, years of the research, and the name, affiliation and address of the primary researcher. Also, please specify the program function to which the research is related, and the type of research. Program function codes 1-17 are listed in question 14a and research type codes 1-7 in 14b. (Use additional sheets if necessary.)

Title:_____

_____

Year: BEG:_____ END:_____

Program Function Codes ____ ____ ____ Type Code ____

Name_____

Institution_____

Address_____

HIGHLIGHTS

15. Given the diligent reporting efforts of PVOs in the past, information to describe project activities is readily available. The USAID Health and Child Survival Project Questionnaires, PVO Annual Reports and other routine reporting provide valuable descriptive information which is regularly used in Congressional reporting and other USAID documents. Please take a moment here to provide us lessons learned, success stories, or other highlights of your project's activities during the reporting year.

(Please refer to the attachment A)..

In this report we have submitted a success story of project activities. We have also included photographs of community health volunteers - working toward the goal of diminishing malnutrition at the community - level.

16. 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. (Please refer to attachment A for description of photos).

Photographs included? 1 - Yes 2 - No

Schedule 1 — DEMOGRAPHIC CHARACTERISTICS

1 - 1 What is the nature of this project's involvement with health and child survival promotion and service delivery? (CIRCLE ONE ANSWER)

1 - Direct service delivery
(2) - Support and/or promote services provided by government or other service providers

} COMPLETE ITEMS 1-2 THROUGH 1-5

3 - Project does not directly deliver or promote services
4 - Don't know

} CONTINUE DIRECTLY TO NEXT SCHEDULE

1 - 2 In this space, state the geographic location of the project so that areas with project activities may be located on a national map.

Department of Madriz (comprised of 8 municipalities)
a.- Totogalpa - 35 Communities
b.- Yalaguina - 23 Communities
c.- Palacaguina-17 Communities
d.- Somoto Rural(1)- 14 Communities
e.- Somoto Rural (2)- 13 Communities
f.- San Lucas - 32 Communities
g.- Las Sabanas - 8 Communities
h.- Cusmapa - 14 Communities TOTAL: 156 Communities

1 - 3 What is the total population of the area in which the project is operating? n=49,116(former population
n=48,927 (current Populati

1 - 4 Potential Beneficiary Population

Provide the number of potential beneficiaries in each age group:

a. 0 - 11 months →	1,918
b. 23 - 59 months →	6,884
c. Women 15 - 44 years →	10,210
d. Other (please specify) — →	—

Definition: Potential beneficiaries refers to the number eligible to receive services in the given age group. This includes only potential recipients of direct services (i.e., immunizations or family planning).

e. In this space, briefly describe any other target groups on which project services/activities are focused. →

The project focuses on children less than five years of age, pregnant women, and breast feeding women only.

1 - 5 Is the population served living primarily in an urban or rural area? (CIRCLE ONE)

1 - Primarily urban
(2) - Primarily rural
3 - Mixed
4 - Don't know

Schedule 2 — DIARRHEAL DISEASE CONTROL

FOCUS AND ACTIVITIES

2-1 For the Diarrheal Disease Control component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

	Project activity during FY92? Yes	No
a. Community-level education to:		
1. Raise awareness of the dangers of dehydration	Y	N
2. Enable mothers to recognize when prompt medical treatment is necessary	Y	N
3. Encourage proper personal hygiene/food handling practices	Y	N
b. Case management of diarrhea through:		
1. Promotion of home-based practices:		
- recommended home fluids	Y	N
- sugar/salt solutions	Y	N
- continued breastfeeding during diarrhea	Y	N
- other appropriate feeding during and after diarrhea	Y	N
2. Promotion/Distribution of ORS packets	Y	N
3. Strengthening referral mechanisms for severe cases	Y	N
c. Upgrading of clinical services including the rational use of drugs	Y	N
d. Training		
1. Training of health care professionals	Y	N
2. Training of outreach workers (TBAs, traditional healers, community health workers)	Y	N
e. Other activities		
1. Improved disease surveillance systems	Y	N
2. Improved water or sanitation	Y	N
3. Other (specify) Prompt detection of other illnesses, ex. measles, cholera etc.	Y	N

ADDITIONAL BACKGROUND INFORMATION

2-2 Please provide any other background information which would enable us to better understand the unique nature of the project's diarrheal disease component including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

Please refer to annual report page 5 section 1.1, and p.18 section 5.2.

CHILD SURVIVAL INDICATORS

2-3 What is the ORT use rate in the project area?

a. ORT use rate →	17.5
b. Date(mo/yr) data was collected →	1991-1992
c. Source of the data used to make the estimate	(DC) RQ DK

The definition of ORT use rate [illegible] children [illegible] with ORS and/or recommended [illegible] surveys, this rate is generally [illegible] proportion of diarrhea episodes [illegible] two weeks treated with ORT.

d. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistics, and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.). ADRA-MINSA. The data were collected utilizing the health information system designed by ADRA and MINSA. Data were collected from the community based oral rehydration centers(UROC).

Source Codes: DC: Data Collection System; RQ: Recall Questionnaire; DK: Don't Know

Schedule 3 — IMMUNIZATION

IMMUNIZATION ACTIVITIES

3 - 1 For the Immunization component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

	Project activity during FY92? Yes	No
a. EPI promotion and services		
1. Activities directed to promote use of services	Yes	N
2. Delivery of vaccination services through:		
- Mass campaigns	Yes	N
- Fixed centers	Yes	N
- Mobile vaccination teams	Yes	N
- Outreach and follow-up services	Yes	N
3. Vaccination of women with tetanus toxoid	Yes	N
4. Vaccination against measles	Yes	N
b. Training		
1. Training of health care professionals	Y	N
2. Training of outreach workers (TBAs, traditional healers, community health workers)	Y	N
c. Other activities		
1. Improved surveillance for vaccine preventable diseases	Y	N
2. Equipment and training for improved cold chain	Y	N
3. Other (specify) Logistic support	Y	N

ADDITIONAL BACKGROUND INFORMATION

3 - 2 Please provide any other background information which would enable us to better understand the unique nature of the project's immunization component, including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. Due to the newly announced measles initiative, we are particularly interested in hearing about any measles activity undertaken through this project. (Attach additional sheets if necessary). During the fiscal year the child survival project has supported and promoted MINSA-established vaccine workshops. For FY 93 the CS project proposes to train 156 community health volunteers on all components of the EPI program.

CHILD SURVIVAL INDICATORS

3 - 3 What is the vaccination coverage rate (see instruction guide for information on definitions) in the project area?

	BCG	DPT3	Polio3	Measles	Tetanus for Women
Percent vaccinated (children by 12 months, or women)	28	28	25	24	43
Date (month/year) data was collected	91-92	91-92	91-92	91-92	91-92
Source of information (CIRCLE ONE)	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK

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

d. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistic), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.).

ADRA with support from the local MINSA/SILAIS will create an appropriate health information system for data collection on community based immunizat status. All data already reported were collected and compiled from a - recent site-wide community census.

SCHEDULE - NUTRITION

FOCUS AND ACTIVITIES

4 - 1 For the Nutrition component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

	Project activity during FY92? Yes	No
a. Breastfeeding		
1. Exclusive breastfeeding for first 4 - 6 months	Y	N
2. Initiation of breastfeeding within 1 hour after birth	Y	N
3. Increased duration of breastfeeding	Y	N
4. Continued breastfeeding during diarrhea	Y	N
5. Development of support groups or mechanisms for home visitation to counsel and assist mothers	Y	N
6. Revised policy for hospitals and maternity centers	Y	N
7. Policy dialogue in support of a favorable environment for breastfeeding	Y	N
b. Weaning and child feeding		
1. Community education for proper child feeding practices	Y	N
2. Emphasis on correct feeding during and after diarrhea and other infections	Y	N
3. Development and promotion of locally acceptable weaning foods	Y	N
c. Growth monitoring		
1. Use of growth monitoring as a tool for counseling mothers	Y	N
2. Use of growth monitoring as a means of nutritional status surveillance	Y	N
3. Strengthening of health worker skills in growth monitoring and counseling	Y	N
d. Vitamin A and other micronutrient deficiencies		
1. Assessment of levels of vitamin A deficiency	Y	N
2. Case detection and treatment of vitamin A deficiency	Y	N
3. Vitamin A supplements for children and/or post partum women	Y	N
4. Inclusion of vitamin A in treatment of measles	Y	N
5. Communication activities to promote increased dietary intakes	Y	N
6. Food fortification	Y	N
7. Home and community gardens	Y	N
8. Iron and folate supplements for women of reproductive age	Y	N
e. Training		
1. Training of health care professionals	Y	N
2. Training of outreach workers (TBAs, traditional healers, community health workers)	Y	N
f. Other Surveillance of high risk families and formation of high risk groups.	Y	N

SUPPLEMENTAL FEEDING TARGET GROUPS

4 - 2 If the project sponsored supplementary feeding during FY92, which groups were targeted? (CIRCLE ALL THAT APPLY)

1 - All ages
2 - Children under 12 months
3 - Children 12 - 23 months
4 - Children 24 - 35 months
5 - Children 36 - 60 months
6 - Pregnant or lactating women
7 - Other women
8 - Other _____
9 - None
10 - Don't know

Schedule 4 — NUTRITION (continued)

4 - 3 Please provide any other background information which would enable us to better understand the unique nature of the project's nutrition component including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

(Please refer to annual report)
(see attachment A and photos included)

CHILD SURVIVAL INDICATORS

4 - 4 a. What is the rate of malnutrition in the target group served by the project?

	Group 1	Group 2	Group 3	Group 4
Target group →	Children 0-11 months	Children 12-23 months	Other Specify_____	Other Specify_____
Estimate rate of malnutrition →	16	23	31	—
Date (month/year) of estimate →	91-92	91-92	91-92	—
Source of information (CIRCLE ONE)	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK

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

b. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistic), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.).

* ADRA with the support of the local MINSA/SILAIS has developed a System for collecting community-based data. This system is utilized by all community health volunteers.

[illegible]

[illegible]

5 - 1 For the High Risk Birth component of this project, please indicate if the project sponsored, promoted or participated in each activity during fiscal year 1992.

	Project activity during FY92? Yes	No
a. Community education to:		
1. Raise awareness of the importance of preventing high risk births	Y	N
2. Promote modern contraceptive methods for child spacing	Y	N
3. Promote breastfeeding as a method for child spacing	Y	N
4. Promote other natural family planning methods	Y	N
b. Strengthening of service delivery by:		
1. Developing a system to identify and refer high risk women for family-planning services	Y	N
2. Training medical staff in clinical and counseling skills for child spacing methods	Y	N
c. Activities specifically directed at one or more of the following high risk groups:		
1. Women under age 18	Y	N
2. Women age 35 or older	Y	N
3. Women who have given birth within the previou 24 months	Y	N
4. Women with 4 or more children	Y	N
d. Training		
1. Training of health care professionals	Y	N
2. Training of outreach workers (TBAs, traditional healers, community health workers)	Y	N
e. Other _____ (please specify)	Y	N

ADDITIONAL BACKGROUND INFORMATION

5 - 2 Please provide any other background information which would enable us to better understand the unique nature of the project's high risk birth component including any activities not identified above, specific lessons learned, special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

The CS project has increased community surveillance of high risk births by insisting that the community volunteers participate in house-to-house visits, orienting mothers on exclusive breastfeeding, diarrhea control, and surveillance of signs and symtoms of serious illne

CONTRACEPTIVE PREVALENCE RATE

5 - 3 What is the Contraceptive Prevalence Rate in the project area?

a. Contraceptive prevalence rate in area	45 %
b. Date(mo/yr) data was collected	—
c. Source of the data used to make the estimate	DC / DO / DK

[illegible]

d. If a data collection system was used, please describe it. Please give the name of the agency responsible for the system (MOH, WHO, UNICEF), its scope (national or project area specific), its permanence (special study or ongoing monitoring system), the methodology used (sample survey, clinic-based statistics, village-based statistic), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.). [illegible] These data were compiled from the baseline survey designed by Dr. Marcello Castrillo. The child survival project is unable to provide current contraceptive prevalence rates due to the fact that the intervention is in the process of being opened and implemented.

Schedule 6 — HIV/AIDS Activities

6 - 1 Does this project provide funding or otherwise support activities in HIV/AIDS prevention? ____ YES X NO

If your answer is YES, please use the table below to define the scope of the HIV/AIDS activities supported under this project. Provide your data in columns B through G on the basis of the Activity Categories identified in Column A.

Column B Attribute to each specific Activity Category the corresponding percent from the total FY92 obligations to HIV/AIDs programs as listed in Question 9j of the main schedule. Column B should add to 100%.

Column C Estimate the percent of resources supporting research for each activity reported in Column A.

Column D From page 1, please list the organizations which were involved in HIV/AIDS activities supported under this project. Abbreviate if necessary.

Column E Use the numbers corresponding to Target Population descriptions as appropriate for each activity.

Column F Indicate by Y or N (Yes or No) whether activities listed in Column A are community-based with target community involvement in the design, implementation, and/or evaluation of the activities.

Column G Please cite the number of individuals reached by prevention efforts in each activity area. Use your best guess if no data has been collected for this variable.

A Activity Category	B % of AIDS Attribution	C % Research	D Organizations Supported	E Target Population	F Community-based	G None Reached FY92
BER						
CSP						
CPD						
PNR						
STD						
PDM						
OA1						
	100%					

ACTIVITY CATEGORY CODES:

BER - Behavioral Research
CSP - Condom Supply
CPD - Condom Protection and Distribution
PNR - Partner Number Reduction
STD - STD Management and Control
PDM - Policy Dialogue/Modeling
OA1 - Other (please specify)_____

TARGET POPULATION CODES:

1 - General Public
2 - Community Leaders
3 - Children (0-8 years)
4 - Youth (9-14 years)
5 - Female Sex Workers
6 - Male Sex Workers
7 - Other Women at Risk
8 - Other Men at Risk
9 - IV Drug Users
10 - Health Service Providers
11 - STD Patients
12 - Other (please specify)_____

6 - 2 The AIDS Division of R&D/Health needs descriptive information on all Mission sponsored HIV/AIDS programs for the Agency's Report to Congress. We would encourage you to attach to this questionnaire a brief but comprehensive description on the HIV/AIDS programs your Mission sponsors. Providing this information now would eliminate the need for further requests for such summaries.

Schedule 7 — OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES

This schedule is designed to record information about health and child survival interventions other than those identified in schedules 2 through 6

IDENTIFICATION OF OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES

7 - 1 What type(s) of "other" health and child survival interventions received funding or other support through this project? (CIRCLE ALL THAT APPLY)

1 - Acute Respiratory Infection (answer 7 - 3)
2 - Maternal Health (answer 7 - 4)
3 - Health Care Financing (answer 7 - 5)
4 - Malaria (answer 7 - 6)
5 - Water and Sanitation
6 - Elderly/Adult Health
7 - Prosthetics
8 - Tuberculosis
9 - Other (please specify)_____

7 - 2 Please provide any other background information which would enable us to better understand the unique nature of the project's other health and child survival activities, including those not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary).

The Child Survival Project has formed 156 community health committees. These commitees are supported by groups of women who comprise the committee, community health volunteers, and mother`s club. An established health committee, community health volunteers, and mother`s clubs form the foundation for sustainable community health projects.

FOCUS AND ACTIVITIES

For the interventions specified, please indicate which of the following activities are major elements of the life-of-project implementation strategy (in terms of project funds and human resources committed for this intervention); and 2) whether or not the project sponsored, promoted or participated in each activity during fiscal year 1992.

PLEASE ANSWER 7 - 3 ONLY IF YOU CIRCLED "1 - Acute Respiratory Infection" IN RESPONSE TO 7 - 1.

7 - 3 Acute Respiratory Infection Strategies	Project activity during FY92? Yes	No
a. Community-level education to:		
1. Raise awareness of the dangers of acute respiratory infection	Y	N
2. Enable mothers to recognize when prompt medical treatment is necessary	Y	N
b. Case management of respiratory infection:		
1. Training of clinical staff in case management and treatment	Y	N
2. Training of community workers in case management and referral	Y	N
3. Provision of equipment and timers for diagnosis will be implemented in FY	Y	N
4. Provision of appropriate drugs for pneumonia treatment " " " " " (specify drugs) 92/93	Y	N
5. Education of health staff and pharmacists to encourage rational use of antibiotics	Y	N
c. Other _____ (please specify)	Y	N

ANSWER ONLY IF YOU CIRCLED "2 - Maternal Health" IN RESPONSE TO 7 - 1.

7 - 4 Maternal Health Strategies	Project activity during FY92? Yes	No
1. Communication activities to increase women's healthy practices during pregnancy, and use of prenatal care and maternity services	Y	N
2. Training and equipment for traditional birth attendants (TBAs), midwives, and other health workers:		
- training in screening and referral of high-risk pregnancies	Y	N
- training in life-saving delivery skills	Y	N
- provision of safe delivery kits	Y	N
3. Strengthening referral systems between TBAs, health centers, and hospitals	Y	N
4. Integration of maternity care with family planning	Y	N
5. Treatment of infections, especially sexually-transmitted diseases	Y	N

ANSWER ONLY IF YOU CIRCLED "3 - Health Care Financing" IN RESPONSE TO 7 - 1.

7 - 5 Health Care Financing Strategies	Project activity during FY92? Yes	No
1. Fees for health services	Y	N
2. Income generation to support project activities _____ (please specify)	Y	N
3. Other _____ (please specify)	Y	N

ANSWER ONLY IF YOU CIRCLED "4 - Malaria" IN RESPONSE TO 7 - 1.

7 - 6 Malaria Strategies	Project activity during FY92? Yes	No
a. Prevention		
1. Public education to:		
- increase awareness of malaria and methods of prevention	Y	N
- enable mothers to recognize when and where to seek treatment	Y	N
2. Prevention of disease transmission through:		
- personal protection methods (impregnated bednets, etc.)	Y	N
- vector control (against adult mosquitos, against larvae, etc.)	Y	N
- environmental management	Y	N
b. Case management of malaria		
1. Standardization of protocols for case management	Y	N
2. Training of community workers in case management and referral	Y	N
3. Training of clinical staff in case management and treatment	Y	N
4. Provision of antimalarial drugs	Y	N
c. Other _____ (please specify)	Y	N

APPENDIX E

Copy of Community Success Story
(Spanish)

Photographs

CUANDO UNA COMUNIDAD QUIERE PROGRESAR

La historia que les voy a relatar, sucedió en una comunidad llamada SONIS, que queda a unos 6 kilómetros de distancia de la Ciudad de Somoto.

Cuando iniciamos el programa SUPERVIVENCIA INFANTIL contábamos con un total de 28 niños desnutridos que fueron pesados en el mes de Noviembre de 1991 por el trabajador de salud de la zona, puesto que era necesario que fuese hecha por ellos ya que necesitábamos datos fidedignos.

Para el mes de febrero de 1992 ingresaron tres niños para un total de 31 niños desnutridos. La pregunta es: ¿Cómo se recuperaron estos niños? La respuesta es la siguiente. Para el 23 de Noviembre de 1991, lanzamos la estrategia de organizar las comunidades de una manera diferente de la que teníamos anteriormente, la cual consistía en formar COMITES DE SALUD COMUNITARIOS los cuales estarían conformados de 4-7 personas de la comunidad respectivamente, cada cual con su respectiva función. Posteriormente se organizaron en grupos de madres que no excedieran de diez madres, para así poder alcanzar en conocimiento y práctica a todas las madres de la comunidad, en lo que respecta a la atención de un niño desnutrido, así como también un niño deshidratado. Ante esta problemática, el comité de salud de esta comunidad no se quedó de brazos cruzados, puesto que organizaron bien la comunidad de la manera siguiente: Como coordinador general la señora Bertilia Rivera quien se ha destacado como una líder comunitaria. Como responsable de la unidad de rehidratación oral, la señora Sélfida Salinas. Para el programa de planificación familiar, la señora Mayra Montoya, de saneamiento ambiental, la señora Teresa López, Y como generador de fondos la señora Sélfida Salinas la cual también llevará el programa de las infecciones respiratorias agudas.

Las medidas que este comité tomó en consideración fueron las siguientes:

I. Vigilancia estricta en el consumo de los alimentos por los miembros del comité.
II. El 100% de las madres están capacitadas en la preparación de alimentos complementarios.
III. Es donde los voluntarios han realizado más visitas familiares donde hay niños en alto riesgo.
IV. Donde los grupos de madres están funcionando de la mejor manera.
VI. Donde las reuniones son periódicas y asisten todas las madres.
VII. Donde asisten el 95% de las madres a controlar el peso de sus niños.

El seguimiento de cada niño malnutrido requirió de un esfuerzo conjunto tanto de los voluntarios, como de la trabajadora de salud. Cabe señalar que sin una campaña de concientización no hubiese sido posible alcanzar tal logro.

Las madres que lograron sacar sus niños de la desnutrición fueron las siguientes: Suyapa Ramos_____su niño(a) Blanca Ramos 2.9 klos. a 5.9 klos.
Francisca Barrera_____Carla Cruz 9 klos. a 10.9 klos.
Azucena Cruz_____Flor de María Rodríguez. 8.5 klos. a 10.8 klos.
Margarita Herrera_____Zenayda Portillo. 8.5 klos. a 9.2 klos.
Auxiliadora Pérez_____Mayra Pérez. 8.6 klos. a 10.0 klos.
Grisela Rivas_____Marcia Rivas. 12.9 klos. a 13.7 klos.
Susana Cruz_____Jahayra Ramírez. 13.3 klos. a 14.2 klos.
Elena Moncada_____Dania Moncada. 11.2 klos. a 12.9 klos.
Aura Lila Zelaya_____Juniet Grádiz. 12.7 klos. a 14.0 klos.
Ma. Jesús Sandoval_____Dilse Antonio Vasquez. 11.0 klos a 12.0 klos.
Ma. Asunción Briceño_____Ma. Filomena Briceño. 10.7 klos a 13.0 klos.

Luz Haydeé López_____Magdalena López. 11.4 klos. a 12.3 klos.
Toribia Jiménez_____Raquel Jiménez. 10.5 klos. a 11.3 klos.
Rosa Iglesias_____Dina Iglesias. 11.0 klos. a 12.2 klos.
Aura Lila Zelaya_____Justo Grádiz. 10.7 klos. a 11.8 klos.
Ena Montoya_____Jilber Montoya. 8.5 klos. a 9.4 klos.
Florinda Espinal_____Salomón Soriano. 9.8 klos. a 11.7 klos.
Blanca López_____Oscar Cruz. 9.7 klos. a 10.2 klos.
Rosario Betanco_____Yader Ordóñez. 9.9 klos. a 11.9 klos.
María Rivas_____Roybin Soriano. 13.9 klos. a 14.8 klos.
Blanca López_____Julio López. 12.7 klos. a 13.2 klos.
Corina Ruíz_____Henry Gómez. 9.9 klos. a 12.8 klos.

La primera pesa fue realizada por el trabajador de salud en el mes de noviembre de 1991. Para final del año fiscal octubre 1992 ya estos niños habían salido de la desnutrición, quedando como comunidad vanguardia dentro de la zona I del área de SUPERVIVENCIA INFANTIL. Cabe señalar que sin las medidas antes mencionadas no hubiese sido posible alcanzar dicho logro.

Felicitamos a todas estas madres porque fueron ellas las más interesadas en sacar a sus niños de esta terrible enfermedad. Al comité de salud comunitario por su empeño en organizar a estas madres. A la trabajadora de salud Francis Padilla por su valioso apoyo tanto moral como logístico a esta comunidad.

A todos los que tengan a bien leer ésta, pedimos su apoyo para que comunidades como ésta puedan alcanzar el éxito que desean y que nosotros esperamos conseguir.

ATENTAMENTE: CORINA RODRIGUEZ R.
SUPERVISOR, ZONA I
SUPERVIVENCIA INFANTIL
ADRA/SOMOTO.

PHOTOGRAPHS

PHOTOGRAPH NO. 1.

This photo shows community women participating in one of the rural baby weighing clinics. This picture was taken in the community of Uniles, July, 1992.

PHOTOGRAPH NO. 2.

This picture shows training activities with one of the community health committees. This picture was taken in Uniles, August, 1992.

PHOTOGRAPH NO. 3.

This picture shows community health volunteers trained in diarrhea control providing attention in one of the formed oral rehydration centers (UROC). This was taken in the community of Uniles, August, 1992.

PHOTOGRAPH NO. 4.

This photo shows a community health volunteer's work in classifying nutritional status of rural children. Here the volunteer is using a Navarro classification table. This picture was taken in the community of Santa Isabel, September, 1992.

PHOTOGRAPH NO. 5.

This photo shows rural women waiting for their children to be weighed and classified in one of the community baby weighing clinics. This photo was taken in the community of Santa Isabel, September, 1992.

PHOTOGRAPH NO. 6 and NO. 7.

These pictures show women breastfeeding their children. The pictures were shot in the community of Santa Tereza, September, 1992.

PHOTOGRAPH NO. 8.

This photo shows an active community health committee evaluating the health status of their community. This shot was taken in the community of Jicarito, October, 1992.

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