

PD-ARF-886

ISN 82337

# **SECOND ANNUAL REPORT**

1992-1993

for

## **CHILD SURVIVAL VI**

OTR-0500-A-00-0098-00

### **MALAWI**



Submitted to

**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT**  
Washington, D.C.

by

**ADVENTIST DEVELOPMENT AND RELIEF AGENCY INTERNATIONAL**  
Silver Spring, MD

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**CHILD SURVIVAL VI, NSANJE DISTRICT, MALAWI  
ANNUAL REPORT, SEPTEMBER 1992  
RESPONSE TO MID-TERM EVALUATION RECOMMENDATIONS**

**A. Replacement For Departing Manager**

An interim manager, kept the project going for the two months between managers. The new manager was oriented for one week by the interim manager and for one week by Dr. Lester Wright of Loma Linda University. (See Appendix for Vita of new manager.)

**B. Measurement Of Project Objectives**

**1. Percentage of 0 to 35 month old children who are fully immunized for their age.**

A cluster sample survey was conducted during the first two weeks of August 1992. The instrument was developed in connection with Dr. Lester Wright and field supervisors. The District Commissioner gave written approval for the project; cooperation from village chiefs and party leaders was excellent.

A university graduate with a mathematics major was employed for data collection. Supervisors and HSAs assisted in their respective villages. Eight families with children under three were questioned in 30 randomly chosen villages. In each village a house was randomly selected and surveyed; the next seven households meeting the requirement were also questioned, choosing one child in each. A total of 240 households were surveyed.

The child's immunization record was examined and immunizations recorded on the survey sheet. The data collector noted whether this was current for age. Surveys were later checked by a field supervisor.

The percent of children fully immunized for age was 76.7%. The CS Advisory Committee recommended that this data be followed up in 12 months.

Baseline immunization data from MoH (1990) for Nsanje District for age 0-35 months indicated 60% coverage rates. It appears that CS will be able to achieve the 80% objective.

**2. Percentage of 0 to 35 month old children who receive appropriate Oral Rehydration Therapy.**

After meeting with the mid-term evaluation team, Volunteer and HSA monthly reporting forms were simplified. (See Appendix for revised reporting forms.)

At the time of this writing, data for only one month were available. The number of reported children under three with diarrhea that month was 2340, 35.4 % of the total. Of these children with diarrhea 2038, or 87.1%, were treated with ORS or equivalent. It appears that the Project is already meeting the 80% objective.

**3. Percentage of high risk families receiving bi-weekly home visits by project volunteers.**

As in #2 above, monthly data will be collected. In the past month volunteers visited 1419 high risk households twice, 27.9% of the total. The HSAs visited 473, 9.3%.

After receiving data from this first report, it was found that 70% of the total households fit the definition of high risk that was used. Since it is unrealistic to ask the volunteers to visit that many of their families twice in the month, the definition was narrowed. (See response to Recommendation C.) With the more refined definition, 41% of the families qualify. It is expected that with increased staff focus on this objective, 80% bimonthly visitation will occur.

**4. Percentage of targeted households using latrine.**

Data were collected as part of the survey described in #1 above. By observation, it was noted whether or not the household had a latrine or whether there was a clear trail to a nearby latrine. The percent of households with a latrine was 61.8%. Data will be collected again in 12 months. It appears that the objective of 60% has been met and will be surpassed.

**5. Percentage of mothers using breastfeeding as the only food for infants for at least the first four months.**

Data were collected as part of the survey described in #1 above. Mothers of children four to twelve months old were asked if they breast fed only for at least the first four months. Only 9 women, or

3.8%, reported that she had followed this practice. The CS Advisory Committee recommended that this data be followed up in 12 months.

Early weaning appears to be the norm, perhaps because most women must do hard labor in the fields. Cultural beliefs may dictate early introduction of other foods. The drought and ensuing shortage of food mean that many mothers have less breast milk available. It will be very difficult to meet the objective of 70%.

**6. Percentage of children less than three years old who have severe malnutrition.**

Data were collected as part of the survey described in #1 above. The child's health card was examined. Severe malnutrition was defined as either three consecutive months with no growth or two consecutive months with weight loss. Using this method, 30.0% of the children were severely malnourished. The CS Advisory Committee recommended that this data be followed up in 12 months.

A 1990 MoH/WHO sample of households in Nsanje District showed 22% of children under three to have a faltering growth pattern. Only 51% of the surveyed children had Health Cards and were included in the study. The actual percentage of malnourished children was probably higher than 22% since those children not regularly attending clinics are at greatest risk of malnutrition.

It may be that the original estimate of 10% of the children under three as malnourished was too low. In any event, during this year of the drought, it is unlikely that the objective of 5% will be met.

**7. Percentage of eligible families using modern family planning.**

Data were collected as part of the survey described in #1 above. Mothers were asked if they were using a child spacing method. No one, or 0%, reported that she had followed this plan. If the answer had been yes, the women would have been asked which method/s and that would have been recorded. The CS Advisory Committee recommended that this data be followed up in 12 months. Earlier baseline data is not available. Much work will need to be done to reach the 50% objective.

**8. Percentage of households with a home garden.**

Data were collected as part of the survey described in #1 above. Mothers with children under three were asked if they had a garden growing leafy green vegetables. A total of 62 (25.8%) responded positively to this question. The biggest variable was access to water.

Those villages close to a reliable water supply had an average of 75% of the households with gardens. Several villages are quite far from water during this drought had no gardens at all.

The gardening supervisor compiles information monthly on the progress of the gardens this project has initiated. We are now working in 10 villages with a total of 671 families. In addition there are 10 school demonstration gardens. If the drought does not continue another year, it appears we will be able to reach the objective of 30% of households with gardens.

**9. Percentage of fevers (presumed from malaria) in mothers and children less than three years of age.**

As in #2 above, monthly data will be collected. In the previous month, 2649 (40.0%) of the children less than three years old had a fever. In the previous reporting system, numbers of children under three with malaria were noted, but a percentage is not possible to determine.

**C. Definition of High Risk**

In cooperation with the CS Advisory Committee, technical assistance from Loma Linda University, and field supervisors, a high risk family was defined as a household with a child under three or a pregnant woman with one or more of the following: both a pregnant woman and a child under three; more than one child under three; have had a child die before the age of three; have a female head of house; or have an orphaned child under three.

The first month of reporting revealed that this definition was much too broad for the target population. It was then revised to include just the first two categories. A high risk family was defined as a household with a child under three or a pregnant woman with one or more of the following: both a pregnant woman and a child under three; or more than one child under three.

Volunteers are asked to visit high risk families twice a month. HSAs are encouraged to visit these homes with the volunteers. (See Appendix for Volunteer and HSA Report forms.)

**D. Quality Control of Data**

Several steps have been taken to ensure a better quality of data. Indicators were divided into two groups--those to be collected monthly and those that can be obtained once every six months or once a year.

Monthly report forms for volunteers were shortened to one page. This simplification includes only the basic and essential questions. Both HSAs and supervisors will check this reported information and ask the volunteers to clear up any discrepancies. Over the span of the next year, this system will give high quality information about progress in the villages where there are volunteers working. It says nothing about the villages in the district where there are no volunteers.

An independent investigator was hired for the cluster sample survey that is to be done every six months or less. It is hoped that this same person can conduct future surveys for CS. The supervisors and manager checked the raw data. A computer programmer supervised data entry and analysis. CDC EpiInfo software was used for analysis.

The gardening supervisor makes weekly checks on the garden trainers. His report seems to be quite accurate.

**E. Supervisory Visits**

Supervision of HSAs and volunteers continues to improve. Both of the original HSA supervisors had to be removed because of improper conduct. The new supervisor of the Eastern Sector has done an excellent job of team building and technical assistance in the two months he has been on staff. The gardening supervisor, a responsible man with 17 years experience in government agricultural training, has been named acting supervisory for the Western Sector. A assistant manager is being recruited. It is expected that supervisory staff at all levels will make personal visits with all designated persons at least monthly.

**F. Inservice**

Inservice of HSAs and volunteers continues on a nearly monthly basis. Emphasis is being given to topics directly related to project objectives as they relate to the current conditions of drought and famine.

**G. Technical Assistance**

Dr. Lester Wright, a physician from Loma Linda University, spent one week with the manager shortly after her arrival. Data collection and report forms were clarified during that time.

Ms. Gladys Martin is scheduled to arrive in a few weeks to spend a month with the project. Her years of experience as manager of Child Survival programs will prove useful.

Other technical assistance will be arranged as needed.

**H. Health Information System**

All reporting forms have been simplified to collect essential information only and to monitor the program. See Appendix for forms.

**I. Birth/death Register**

At this time a proposal for funding of a birth/death register has not been developed.

**J. Training Village Health Committees**

Trainings for Village Health Committees (VHC) have been conducted for an average of two per week for the last month; scheduling continues likewise over the next several months. Trainings generally last for two half days each. HSAs will follow these up with one meeting per month with each VHC that has been trained.

As part of the training, village teams list and then prioritize what they consider to be the greatest health needs of their village. This perceived needs assessment will guide the HSA as s/he continues to develop programs in that village. The combined assessment will give lead staff vital information on the direction for the further training of volunteers as well as HSAs.

**K. Medication Delivery**

The focus of our project is preventative rather than curative. Nevertheless, four of the HSAs find themselves in remote areas where basic medicines such as chloroquine and aspirin are not readily available. These simple medications are being sold at-cost as a service. It is planned that this delivery will be another opportunity of reaching some people for health education.

**L. Revolving Drug Fund**

An at-cost delivery system is in place in four remote areas. At this time only the HSAs have the drugs. If there is a need and the current system works well, certain volunteers may also be involved.

**M. Inventory and Supply System**

The new inventory system is adequate. There is a major problem, however, with availability of certain basic medications, particularly ORS, at the district level. Management is working to resolve this situation.

**N. Incentives for Volunteers**

In cooperation with International Eye Foundation, a study is in progress to determine what variables contribute to volunteer sustainability. During this time of drought and famine, however, the needs may be greater. PVOs and the Ministry of Health are seeking to develop guidelines for the situation.

**O. Coordination with Primary Health Care Givers**

Due to change in management, this has not yet been done to the degree needed. Formal meetings with other primary care givers and senior CS staff are planned.

**P. Linkages with Other Sectors**

The former gardening supervisor (now acting Western supervisor) has many links with government agricultural workers. He regularly conducts trainings for them and attends monthly meetings with their staff.

One of our new HSAs is trained as a homecraft worker. She is coordinating CS cooperation with that important sector.

A joint campaign of health promotion with TALRES Leprosy Project is scheduled for ten villages next month.

**Q. Sharing of Reports**

A meeting with area health care providers at CS initiation should take place within the month. Management has been waiting results of the cluster survey and HSA monthly reports.

**R. Sustainability**

Future employment of CS HSAs is not clear at this time.

**S. In-house Computer Expertise**

Computer expertise is being developed at the main office in Blantyre as well as at the field office.

**T. Coordination with Drought Relief**

Management has attended meetings with the government District Drought Relief Committee and a PVO drought-related nutrition workshop. All staff are urged to give highest priority to objectives which are related to the drought and famine.

### Progress Toward Meeting Project Objectives

<u>Objective</u>	<u>Midterm Data</u>		<u>Objective %</u>
1. Immunization	77%		80%
2. ORT	87%		80%
3. High risk visits	28%		80%
4. Latrines	62%		60%
5. Breastfeeding	4%		70%
6. Malnourished	30%		5%
7. Child spacing	0%	up 50% from	?%
8. Gardens	26%		30%
9. Fevers	40%	down 40% from	?%

Results of the six questions on the cluster survey instrument appear to have validity. The scientific method was used at every step. Percentages are similar to those recently collected by MSF in a more extensive study in the same district but different villages. Results also confirm what is generally thought to be the case by HSAs working in the area.

The cluster sample survey included all villages in the catchment area. Approximately half of the villages do not have active volunteers. Therefore, our monthly reports and cluster sample do not have identical populations. While each method of collection is good and serves its purpose, results from the two methods cannot be compared with each other.

A more true picture of progress toward meeting the objectives may be in this form:

The following objectives were measured by cluster sampling. The midterm percent describes what percent of the whole catchment area has met the objective.

<u>Objective</u>	<u>Midterm Data</u>		<u>Objective %</u>
1. Immunization	77%		80%
4. Latrines	62%		60%
5. Breastfeeding	4%		70%
6. Malnourished	30%		5%
7. Child spacing	0%	up 50% from	?%
8. Gardens	26%		30%

The following objectives were measured by monthly reports collected by volunteers and quality checked by supervisors. The midterm data describes objectives met by percent of the villages in which CS has active volunteers.

	<u>Objective</u>	<u>Midterm Data</u>	<u>Objective %</u>
2.	ORT	87%	80%
3.	High risk visits	28%	80%
9.	Fevers	40%	down 40% from ?%

**APPENDIX A**

**Curriculum Vitae**

## **Joyce A. Cook**

Manger, Nsanje District Child Survival Program  
c/o ADRA  
Box 951  
Blantyre, Malawi

### **Academic Degrees**

Ed.D. The University of Tennessee, Knoxville; 1988, Health Education

M.H.E. University of Florida, Gainesville; 1983, Health Education

B.A. Southern College of Seventh-day Adventists, Collegedale, Tennessee; 1970,  
Religious Studies

### **Employment History**

current	Project Manager, Child Survival
1988-92	University of Nebraska at Omaha; Assistant Professor, Health Education
1985-88	The University of Tennessee, Knoxville; Graduate Teaching Associate, Health Education
1985 (summer)	The University of Tennessee, Knoxville; reading instructor, High School Equivalency Program
1984-85	Japan Overseas School, Yokohama, Japan; elementary school teacher
1983-84	Korean Union Foreign School, Seoul, Korea; elementary school teacher
1983-85	Korea and Japan; tutor of children and adults in English as a Second Language
1979-83	Seventh-day Adventist Church School, Cross City, Florida; elementary school teacher

1974 (Jan.-Jun.)

Cambridge Elementary, Cambridge, Minnesota; elementary school teacher

1972-1973

Meadowview Elementary, Trenton, New Jersey; teacher of ninth-grade English.

**APPENDIX B**  
**Volunteer's Report**

## LIPOTI LA VOLONTIYA

Mwezi 15 \_\_\_\_ 14 \_\_\_\_

Dzina \_\_\_\_\_

Mudzi \_\_\_\_\_

1. M'mudzi mwanu muli ma banja angati
  - A. Omwe ali ndi wana wochepera zaka zitatu \_\_\_\_\_  
Mwayendera angati? \_\_\_\_\_
  - B. Omwe muli amayi a pakati \_\_\_\_\_  
Mwayendera angati? \_\_\_\_\_
  
2. Ndi angati mwa banjawa momwe muli wana wosachepera zaka zitatu ndi mayi wapakati amene anapezeka ndi zithu izi:
  - A. ndi amayi angati ali odwala pakati ndi wana wochepera zaka zitatu? \_\_\_\_\_
  - B. wana oposerera modzi osakwana zaka zitatu? \_\_\_\_\_
  - C. chiwerengero (A+B) \_\_\_\_\_
  - D. mwayendera angati? \_\_\_\_\_
  - E. mwayendera angati kawiri mwezi uno? \_\_\_\_\_
  
3.
  - A. Ndi ana angati osakwana zaka zitatu amene atsegula m'mimba mwezi uno? \_\_\_\_\_
  - B. Ndi angati mwa wanawa osachepera zaka zitatu amene analandira mankhwala a (O.R.S)? \_\_\_\_\_
  
4. Ndi wana angati m'madera anu ochepera zaka zitatu amene anatentha thupi mwezi uno? \_\_\_\_\_

## VOLUNTEER'S REPORT

Period 15\_\_\_\_\_ to 14\_\_\_\_\_

Name\_\_\_\_\_

Village\_\_\_\_\_

1. How many families in your territory:
  - A. Have a child less than three years old? \_\_\_\_\_  
How many did you visit? \_\_\_\_\_
  - B. Have a woman who is pregnant? \_\_\_\_\_  
How many did your volunteers visit? \_\_\_\_\_
  
2. How many families in your area with a child under three or a pregnant woman have the following:
  - A. Both a pregnant woman and a child under three \_\_\_\_\_
  - B. More than one child under three years old \_\_\_\_\_
  - C. What is the total number of these high risk families (A+B)? \_\_\_\_\_
  - D. How many of these high risk families did you visit? \_\_\_\_\_
  
3.
  - A. How many children younger than three had diarrhea this month? \_\_\_\_\_
  - B. Of these children younger than three who had diarrhea this month, how many were treated with ORS or equivalent? \_\_\_\_\_
  
4. How many children in your territory less than three years old had a fever this month? \_\_\_\_\_

**APPENDIX C**  
**HSAs Monthly Report**

Due to Supervisor on Payday

### HSA<sub>s</sub> MONTHLY REPORT

PERIOD 15 \_\_\_\_ to 14 \_\_\_\_

NAME \_\_\_\_\_

STATION \_\_\_\_\_

EAST or WEST Bank

1. How many families in your area:
  - A. Have a child less than 3 years old? \_\_\_\_\_  
How many did your volunteers visit? \_\_\_\_\_
  - B. Have a woman who is pregnant? \_\_\_\_\_  
How many did your volunteers visit? \_\_\_\_\_
2. How many families in your area with a child under three or a pregnant woman have the following:
  - A. Both a pregnant woman and a child under three \_\_\_\_\_
  - B. More than one child under three years old \_\_\_\_\_
  - C. What is the total number of these high risk families (A+B)? \_\_\_\_\_
  - D. How many of these high risk families did your volunteers visit this month? \_\_\_\_\_
  - E. How many of these high risk families did your volunteers visit twice this month? \_\_\_\_\_
  - F. How many of these high risk families did you personally visit this month? \_\_\_\_\_
3. A. How many children in your area less than three years old had diarrhea this month? \_\_\_\_\_

- B. Of these children younger than three who had diarrhea this month, how many were treated with ORS or equivalent? \_\_\_\_\_
4. How many children in your territory less than three years old had a fever this month? \_\_\_\_\_
5. A. How many volunteers do you have in your area? \_\_\_\_\_
- B. How many of your volunteers submitted reports this month? \_\_\_\_\_
- C. How many volunteers did you supervise by a visit this month? \_\_\_\_\_
6. A. How many meetings did you have with your volunteers this month? \_\_\_\_\_
- B. How many volunteers attended? \_\_\_\_\_
7. How many clinics did you assist with this month? \_\_\_\_\_
- A. Under five \_\_\_\_\_
- B. Nutrition \_\_\_\_\_
- C. Antenatal \_\_\_\_\_
8. How many Village Health Committees did you meet with this month? \_\_\_\_\_
- How many people attended? \_\_\_\_\_
9. List two of your major problems or frustrations as an HSA this month.
- A.
- B.

10. List two ways the lead staff might make your work as an HSA easier or more efficient.

A.

B.

Other Comments:

**FOR THOSE DELIVERING MEDICATIONS ONLY**

Aspirin

- A. How many people received aspirin from you? \_\_\_\_\_  
B. How many total aspirin tablets did they receive? \_\_\_\_\_  
C. How much money did you receive from the sale? \_\_\_\_\_

Chloroquine

- A. How many people received chloroquine from you? \_\_\_\_\_  
B. How many chloroquine tablets did they receive? \_\_\_\_\_  
C. How much money did you receive from the sale? \_\_\_\_\_

**APPENDIX D**  
**USAID Questionnaire**

**DRAFT**

**1992  
USAID Health and Child Survival Project  
Questionnaire**

with AIDS/HIV Activities Reporting Schedule

.. **PVOs** ..

	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           MALAWI          

Project Title           FY90 Child Survival Grant to ADRA          

Project Number           938 ADRA 01          

Names of person(s) responding to questionnaire:           Joyce A. Cook, Ed. D.            
Title:           Project Manager           Date:           12 October          

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# 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

## CIH USE ONLY

1. Project Number: 938 ADRA.01      2. Subproject Number: \_\_\_\_\_  
 3. Country: Malawi  
 4. a. Project Title: F Y 90 Child Survival Grant to ADRA  
 b. Subproject Title: \_\_\_\_\_

LD: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Region: \_\_\_\_\_  
 Emphas: \_\_\_\_\_

5. a. Beginning FY: 90      b. Beginning FY of Subproject (if appropriate): \_\_\_\_\_  
Fiscal Year Fiscal Year

6. a. Project Assistance Completion Date (PACD): 9/30/93  
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

Agency Category	Agency Name	Organization Type
a. Prime Contractor/Grantee or Partner in Cooperative Agreement	<u>Adventist Development and Relief Agency</u>	<u>1</u>
b. Subcontractors	_____ _____ _____	_____ _____ _____
c. Host Country Counterpart(s)	<u>MoH; Mo Ag; Mo Wo Com Serv.</u> <u>Trinity Hosp; IEF; World Vision</u>	<u>5</u> <u>7</u>
d. Organization(s) with major implementing responsibility	<u>South East Africa Union of Seventh-day Adventists</u> <u>Ministry of Health</u>	<u>7</u> <u>1</u>

**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: Dr. Joyce A. Cook  
 Mailing Address: C/O ADRA  
Box 951  
Blantyre, Malawi

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**USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92**

**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
	-	-	-
	-	-	-
b. Water and Sanitation for Health ..... (HEWH)	60%	20%	► Schedule 7
	-	-	-
	-	-	-
<b>TOTAL, All Functions</b>	<b>100%</b>		

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

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# USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

## 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 Schedules 1 and...
a. Diarrheal Disease/Oral Rehydration... (HEDD)	20	100	▶ Schedule 2
b. Immunization/Vaccination ..... (HEIM)	20	100	▶ Schedule 3
c. Breastfeeding ..... (NUBF)	5	100	▶ Schedule 4
d. Growth Monitoring/Weaning Foods (NUGM)	10	100	▶ Schedule 4
e. Vitamin A ..... (NUVA)	15	100	▶ Schedule 4
f. Women's Health ..... (HEMH)	5	20	▶ Schedule 7
g. Women's Nutrition (including iron) (NUWO)	5	50	▶ Schedule 4
h. Child Spacing/High Risk Births ..... (HECS)	5	80	▶ Schedule 5
i. HIV/AIDS ..... (HEHA)	0		▶ Schedule 6
j. Water and Sanitation for Health ..... (HEWH)	10	10	▶ Schedule 7
k. Acute Respiratory Infections ..... (HERJ)	0	-	▶ Schedule 7
l. Malaria ..... (HEMA)	5	10	▶ Schedule 7
m. Health Care Finance ..... (HEFI)	0	-	▶ Schedule 7
n. Prosthetics/Medical Rehabilitation ... (HEPR)	0	-	▶ Schedule 7
o. Orphans/Displaced Children ..... (ORDC)	0	-	▶ Schedule 7
<b>TOTAL All Functions</b>	<b>100%</b>		

### FUNDING INFORMATION

11. What is the total USAID authorized LIFE-OF-PROJECT funding for this project (authorized dollar funds from ALL USAID funding accounts)?

\$ 371,494

**USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92**

11. **Commodities**

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> a. ORS packets</li> <li><input type="checkbox"/> b. vaccines</li> <li><input checked="" type="checkbox"/> c. iron supplements</li> <li><input type="checkbox"/> d. vitamin A</li> <li><input checked="" type="checkbox"/> e. essential drugs</li> <li><input type="checkbox"/> f. food supplements</li> <li><input checked="" type="checkbox"/> g. weighing scales/growth charts</li> <li><input type="checkbox"/> h. contraceptives</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> i. cold chain equipment</li> <li><input type="checkbox"/> j. laboratory equipment</li> <li><input type="checkbox"/> k. medical equipment</li> <li><input checked="" type="checkbox"/> l. educational materials</li> <li><input checked="" type="checkbox"/> m. audio-visual equipment</li> <li><input checked="" type="checkbox"/> n. construction materials for water/sanitation and other activities</li> <li><input type="checkbox"/> o. prosthetics</li> <li><input type="checkbox"/> p. other (please specify) _____</li> </ul> |
|--|---|

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.....	
2 - Nurses.....	
<input checked="" type="checkbox"/> 3 - Community Health Workers.....	515
<input checked="" type="checkbox"/> 4 - Traditional Healers.....	40
<input checked="" type="checkbox"/> 5 - School Teachers.....	35
<input checked="" type="checkbox"/> 6 - Community Leaders.....	130
<input checked="" type="checkbox"/> 7 - Mothers.....	1200
8 - Others (please specify) _____	

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. Volunteer Mother Visitors in coed village have been trained in: growth monitoring; Vitamin A Distributions; infant feeding and weaning; foods; ORT; Malaria Prevention and treatment; and sanitation. They have imported much information to women in their villages. Village Health Committees have been organized and are being taught the importance of these topics.

*Handwritten initials/signature*

**USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92**

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

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

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

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 \_\_\_\_\_

# USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY92

## 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.

### SUCCESS STORIES

The effect of the drought in our district has been severe. One village told the gardening supervisor that it was ADRA CHILD SURVIVAL community garden that kept them from starving. There was a period of two months when the people had run out of their stored food before relief aid came. The villages were able to eat from the projects garden and also sell some of the vegetables and thus have money to buy maize.

Because of the drought, many people are drinking unsafe water. During a cholera outbreak in a remote area, the two Child Survival Health Surveillance Assistantants in the district worked long hours for a week until the situation stabilized. The five Ministry of Health workers only stayed two days because they had no provisions for food and water.

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.**

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

} COMPLETE ITEMS 1-2 THROUGH 1-5

} 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.

The Project is located in the north half of Nasnje District. This district is at the extreme Southern tip of Malawi.

1 - 3 What is the total population of the area in which the project is operating? 216,066 ( District )

1 - 4 Potential Beneficiary Population

Provide the number of potential beneficiaries in each age group:

a. 0 - 11 months	_____	5200
12-23	5000	9000
b. 23 - 59 months	_____	22,000
c. Women 15 - 44 years	_____	500 <sup>1</sup>
d. Other (please specify)	_____	
Village Health Committees		

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

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

Village Health Committee Members who are the leaders in health promotion at the village level

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

*Handwritten signature/initials*

**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 FY927-	
	Yes	No
<b>a. Community-level education to:</b>		
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>b. Case management of diarrhea through:</b>		
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-
<b>c. Upgrading of clinical services including the rational use of drugs</b>		
	Y	N
<b>d. Training</b>		
1. Training of health care professionals	(Y)	(N)
2. Training of outreach workers (TBAs, traditional healers, community health workers)	(Y)	(N)
<b>e. Other activities</b>		
1. Improved disease surveillance systems	(Y)	N
2. Improved water or sanitation	(Y)	N
3. Other (specify) _____	(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). (Diarrhea) ORS has not been available in sufficient quantities on a regular basis. Regional Health Offices have continued to give us some packets, noting that many local hospitals are out of all medications, including ORS.

**CHILD SURVIVAL INDICATORS**

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

- a. ORT use rate \_\_\_\_\_
- b. Date (mo/yr) data was collected \_\_\_\_\_
- c. Source of the data used to make the estimate

85%
8/92
*DC BG DK

The definition of ORT use rate is the proportion of all cases of diarrhea in children under five treated with ORS and/or recommended fluids. In surveys, this rate is generally estimated as the proportion of diarrhea episodes occurring in the last 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.).

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

ADRA CS Cluster survey of 240 families in 30 Villages in our target area

## Schedule 3 IMMUNIZATION

### EDUCATIONAL SERVICES

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
<b>a. EPI promotion and services</b>		
1. Activities directed to promote use of services	Y	N
2. Delivery of vaccination services through:		
- Mass campaigns	Y	N
- Fixed centers	Y	N
- Mobile vaccination teams	Y	N
- Outreach and follow-up services	Y	N
3. Vaccination of women with tetanus toxoid	Y	N
4. Vaccination against measles	Y	N
<b>b. Training</b>		
1. Training of health care professionals	Y	N
2. Training of outreach workers (TBAs, traditional healers, community health workers)	Y	N
<b>c. Other activities</b>		
1. Improved surveillance for vaccine preventable diseases	Y	N
2. Equipment and training for improved cold chain	Y	N
3. Other (specify) _____	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 learning about any measles activity undertaken through this project. (Attach additional sheets if necessary). Immunization rates vary considerably by location with remote areas being less fully immunized. Remote was defined as a village more than 15 miles from the road.

Our Cluster Survey showed 75% of children under three in remote areas were fully immunized for age while 86% of children in non-remote areas were immunized.

### 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)	62	71	63	45	5
Date (month/year) data was collected	1989	1989	1989	1989	
Source of information (CIRCLE ONE)	(DC) BG DK				

4. 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.).

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

**Schedule 4 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
<b>a. Breastfeeding</b>		
1. Exclusive breastfeeding for first 4 - 6 months	<input checked="" type="radio"/>	<input type="radio"/>
2. Initiation of breastfeeding within 1 hour after birth	<input checked="" type="radio"/>	<input type="radio"/>
3. Increased duration of breastfeeding	<input checked="" type="radio"/>	<input type="radio"/>
4. Continued breastfeeding during diarrhea	<input checked="" type="radio"/>	<input type="radio"/>
5. Development of support groups or mechanisms for home visitation to counsel and assist mothers	<input checked="" type="radio"/>	<input type="radio"/>
6. Revised policy for hospitals and maternity centers	<input type="radio"/>	<input checked="" type="radio"/>
7. Policy dialogue in support of a favorable environment for breastfeeding	<input type="radio"/>	<input checked="" type="radio"/>
<b>b. Weaning and child feeding</b>		
1. Community education for proper child feeding practices	<input checked="" type="radio"/>	<input type="radio"/>
2. Emphasis on correct feeding during and after diarrhea and other infections	<input checked="" type="radio"/>	<input type="radio"/>
3. Development and promotion of locally acceptable weaning foods	<input checked="" type="radio"/>	<input type="radio"/>
<b>c. Growth monitoring</b>		
1. Use of growth monitoring as a tool for counseling mothers	<input checked="" type="radio"/>	<input type="radio"/>
2. Use of growth monitoring as a means of nutritional status surveillance	<input checked="" type="radio"/>	<input type="radio"/>
3. Strengthening of health worker skills in growth monitoring and counseling	<input checked="" type="radio"/>	<input type="radio"/>
<b>d. Vitamin A and other micronutrient deficiencies</b>		
1. Assessment of levels of vitamin A deficiency	<input checked="" type="radio"/>	<input type="radio"/>
2. Case detection and treatment of vitamin A deficiency	<input checked="" type="radio"/>	<input type="radio"/>
3. Vitamin A supplements for children and/or post partum women	<input checked="" type="radio"/>	<input type="radio"/>
4. Inclusion of vitamin A in treatment of measles	<input checked="" type="radio"/>	<input type="radio"/>
5. Communication activities to promote increased dietary intakes	<input checked="" type="radio"/>	<input type="radio"/>
6. Food fortification	<input checked="" type="radio"/>	<input type="radio"/>
7. Home and community gardens	<input checked="" type="radio"/>	<input type="radio"/>
8. Iron and folate supplements for women of reproductive age	<input checked="" type="radio"/>	<input type="radio"/>
<b>e. Training</b>		
1. Training of health care professionals	<input checked="" type="radio"/>	<input type="radio"/>
2. Training of outreach workers (TBAs, traditional healers, community health workers)	<input checked="" type="radio"/>	<input type="radio"/>
<b>f. Other _____</b>		
	<input checked="" type="radio"/>	<input type="radio"/>

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

**Schedule 4 - NUTRITION (continued)**

**ADDITIONAL BACKGROUND INFORMATION**

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).

Our Cluster Survey of 240 households revealed that 26% were growing leafy green vegetables. The biggest variable was access to water. Those villages quite far from water had an average of 75% of the households with gardens. Several villages quite far from water during this drought had no gardens at all. We are now working in 10 villages with a total of 671 families. In addition there are 10 school demonstration gardens. If the drought does not continue another year, it appears we will be able to reach the objective of 30% of households with gardens.

**CHILD SURVIVAL INDICATORS**

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

**Definition: Rate of malnutrition is the proportion of children in a target population who are malnourished, as determined by the World Health Organization (the norm established by the World Health Organization).**

Target group \_\_\_\_\_ →  
 Estimate rate of malnutrition \_\_\_\_\_ →  
 Date (month/year) of estimate \_\_\_\_\_ →  
 Source of information (CIRCLE ONE)

Group 1	Group 2	Group 3	Group 4
Children 0-11 months	Children 12-23 months	Other Specify <u>6-59 Mos.</u>	Other Specify _____
		1%	
		8/92	
*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

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.).  
 This data is from the first of several planned Surveys by Medecins Sans Frontiers, August 1992. Thirty Clusters of 17 Children were weighed and measured. MSF conclusions: It is predicted that although the situation appears to be acceptable at present, with dwindling local food resources and water resources, the future looks bleak for Naanje District and could inevitably lead to an acute situation with malnutrition being the main result of the effects of the drought.

Following the MoH policy to refer to the nutrition clinics all the red and yellow MUAC, 27.9 of the under five children were referred.

**Schedule 5 HIGHER RISK BIRTHS**

**FOCUS AND ACTIVITIES**

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
<b>a. Community education to:</b>		
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>b. Strengthening of service delivery by:</b>		
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
<b>c. Activities specifically directed at one or more of the following high risk groups:</b>		
1. Women under age 18	Y	N
2. Women age 35 or older	Y	N
3. Women who have given birth within the previous 24 months	Y	N
4. Women with 4 or more children	Y	N
<b>d. Training</b>		
1. Training of health care professionals	Y	N
2. Training of outreach workers (TBAs, traditional healers, community health workers)	Y	N
<b>e. Other</b> (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 initial definition of a high risk family used in our monitor system was much too broad for the conditions in this area. Roughly 75% of the births are high risk by most standards.

**CONTRACEPTIVE PREVALENCE RATE**

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

- a. Contraceptive prevalence rate in area
- b. Date (mo/yr) data was collected
- c. Source of the data used to make the estimate

50%		
DC (BG) DK		

The definition of Contraceptive Prevalence Rate is "the proportion of women aged 15-49 years or in some countries, 15-49 years, in a population married, currently using a modern method of contraception."

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.). In our CLUSTER SURVEY of 240 families in 30 villages not one woman said that she was using any method of child spacing. Observation of local family planning clinics and experiences of USAID indicates that the rate may actually be closer to 50%.

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

## Schedule 6 HIV/AIDS ACTIVITIES

6-1 Does this project provide funding or otherwise support activities in HIV/AIDS prevention? YES  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 Communitv- based	G Non-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).

At this time the country is experiencing drought, famine, and economic restrictions. In many places, our HSAs with their first aid kits have more medical supplies than do nearby government clinics and hospitals. The critical need for greater access to primary health care made it difficult for CS staff to focus totally on disease prevention. Men, women and children not of the target population are constantly asking for CS resources such as ORS. At times the pregnant woman and young child can not easily be placed ahead of those family and community members.

**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
<b>a. Community-level education to:</b>		
1. Raise awareness of the dangers of acute respiratory infection	Y	<input checked="" type="radio"/> N
2. Enable mothers to recognize when prompt medical treatment is necessary	Y	<input checked="" type="radio"/> N
<b>b. Case management of respiratory infection:</b>		
1. Training of clinical staff in case management and treatment	Y	<input checked="" type="radio"/> N
2. Training of community workers in case management and referral	Y	<input checked="" type="radio"/> N
3. Provision of equipment and timers for diagnosis	Y	<input checked="" type="radio"/> N
4. Provision of appropriate drugs for pneumonia treatment _____ (specify drugs)	Y	<input checked="" type="radio"/> N
5. Education of health staff and pharmacists to encourage rational use of antibiotics	Y	<input checked="" type="radio"/> N
<b>c. Other</b> _____ (please specify)	Y	<input checked="" type="radio"/> N

**OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES (continued)**

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

**7 - 4 Maternal Health Strategies**

Project activity during FY92?	
Yes	No
Y	<input checked="" type="radio"/> N

1. Communication activities to increase women's healthy practices during pregnancy, and use of prenatal care and maternity services
2. Training and equipment for traditional birth attendants (TBAs), midwives, and other health workers:
  - training in screening and referral of high-risk pregnancies
  - training in life-saving delivery skills
  - provision of safe delivery kits
3. Strengthening referral systems between TBAs, health centers, and hospitals
4. Integration of maternity care with family planning
5. Treatment of infections, especially sexually-transmitted diseases

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
Y	N
Y	N
Y	<input checked="" type="radio"/> N

1. Fees for health services
2. Income generation to support project activities \_\_\_\_\_  
(please specify)
3. Other \_\_\_\_\_  
(please specify)

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

**7 - 6 Malaria Strategies**

Project activity during FY92?	
Yes	No
<input checked="" type="radio"/> Y	N
<input checked="" type="radio"/> Y	N
<input checked="" type="radio"/> Y	N
<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N
<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
<input checked="" type="radio"/> Y	N

- a. Prevention
  1. Public education to:
    - increase awareness of malaria and methods of prevention
    - enable mothers to recognize when and where to seek treatment
  2. Prevention of disease transmission through:
    - personal protection methods (impregnated bednets, etc.)
    - vector control (against adult mosquitos, against larvae, etc.)
    - environmental management
- b. Case management of malaria
  1. Standardization of protocols for case management
  2. Training of community workers in case management and referral
  3. Training of clinical staff in case management and treatment
  4. Provision of antimalarial drugs
- c. Other \_\_\_\_\_  
(please specify)

**APPENDIX E**

**Pipeline Analysis**

Actual Expenditures to Date  
(09/01/90 to 09/30/92)

Projected Expenditures Against  
Remaining Obligated Funds  
(10/01/92 to 08/31/93)

Total Agreement Budget  
(Columns 1 & 2)  
(09/01/90 to 08/31/93)

COST ELEMENTS

I. PROCUREMENT

A. Supplies

B. Equipment

\*C. Services/Consultants

1. Local

2. Expatriate

SUB-TOTAL I

II. EVALUATION

SUB-TOTAL II

III. INDIRECT COSTS

HQ/HO Overhead 17(%)

SUB-TOTAL III

IV. OTHER PROGRAM COSTS

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

1) Technical

2) Administrative

3) Support

B Travel/Per Diem

1) In country

2) International

C. Other Direct Costs

(utilities, printing

rent, maintenance, etc)

SUB-TOTAL IV

TOTAL HEADQUARTERS

\*Excludes Evaluation Costs

	A.I.D. 1	PVO 2	TOTAL 3	A.I.D. 4	PVO 5	TOTAL 6	A.I.D. 7	PVO 8	TOTAL 9
A. Supplies	67.50	22.50	90.00	932.50	4,830.50	5,763.00	1,000.00	4,853.00	5,853.00
B. Equipment				4,418.00		4,418.00	4,418.00		4,418.00
*C. Services/Consultants									
1. Local									
2. Expatriate	6,600.00	2,200.00	8,800.00	19,333.00	(2,200.00)	17,133.00	25,933.00		25,933.00
SUB-TOTAL I	6,667.50	2,222.50	8,890.00	24,683.50	2,630.50	27,314.00	31,351.00	4,853.00	36,204.00
II. EVALUATION									
SUB-TOTAL II	5,358.99	2,045.16	7,404.15	(858.99)	9,733.84	8,874.85	4,500.00	11,779.00	16,279.00
III. INDIRECT COSTS									
HQ/HO Overhead 17(%)									
SUB-TOTAL III	96,918.53	32,346.60	129,265.13	124662.47	65,472.40	190,134.87	221,581.00	97,819.00	319400.00
IV. OTHER PROGRAM COSTS									
A. Personnel (list each position & total person months separately)									
1) Technical	11,267.21	3,744.00	15,011.21	(7,893.21)	20,039.00	12,145.79	3,374.00	23,783.00	27,157.00
2) Administrative	10,384.67	3,452.31	13,836.98	8,764.33	(3,452.31)	5,312.02	19,149.00		19,149.00
3) Support									
B Travel/Per Diem									
1) In country									
2) International	23,265.93	7,755.30	31,021.23	54,662.07	15,484.70	70,146.77	77,928.00	23,240.00	101168.00
C. Other Direct Costs	13,596.72	4,533.24	18,129.96	16,613.28	10,466.76	27,081.04	30,210.00	15,001.00	45,211.00
(utilities, printing rent, maintenance, etc)									
SUB-TOTAL IV	58,514.53	19,484.85	77,999.38	72,146.47	42,538.15	114,685.62	130661.00	62,023.00	192684.00
TOTAL HEADQUARTERS	167459.55	56,099.11	223,558.66	220633.45	120374.89	341,009.34	388093.00	176474.00	564567.00

bc

Actual Expenditures to Date  
09/01/90 to 08/31/92

Projected Expenditures Against  
 Remaining Obligated Funds  
09/01/92 to 08/31/93

Total Agreement Budget  
 (Columns 1 & 2)  
09/01/90 to 08/31/93

COST ELEMENTS

	Actual Expenditures to Date			Projected Expenditures Against Remaining Obligated Funds			Total Agreement Budget		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
I. PROCUREMENT									
A. Supplies	30,636.00		30,636.00	(5,236.00)		(5,236.00)	25,400.00		25,400.00
B. Equipment	16,269.89	25,587.77	41,857.66	3,280.11	(5,587.77)	(2,307.66)	19,550.00	20,000.00	39,550.00
* C. Services/Consultants									
1. Local	561.85		561.85	15,688.15		15,688.15	16,250.00		16,250.00
2. Expatriate	9,661.24		9,661.24	11,114.76	4,000.00	15,114.76	20,776.00	4,000.00	24,776.00
SUB-TOTAL I	57,128.98	25,587.77	82,716.75	24,847.02	(1,587.77)	23,259.25	81,976.00	24,000.00	105,976.00
II. EVALUATION									
A. Consultant/Contract	404.44		404.44	8,945.56		8,945.56	9,350.00		9,350.00
B. Staff Support									
C. Other	1,459.90		1,459.90	(259.90)		(259.90)	1,200.00		1,200.00
SUB-TOTAL II	1,864.34	0	1,864.34	8,685.66	0	8,685.66	10,550.00	0	10,550.00
III. INDIRECT COSTS									
HQ/HO Overhead <u>0</u> (%)									
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	25,698.15	1,800.18	27,498.33	8,101.85	5,008.82	13,110.67	33,800.00	6,809.00	40,609.00
2) Administrative	12,759.07	1,868.79	14,627.86	13,640.93	11,371.21	25,012.14	26,400.00	13,240.00	39,640.00
3) Support	6,263.44		6,263.44	16,694.56		16,694.56	22,958.00		22,958.00
B. Travel (Short Term)									
1) In country	32,892.63		32,892.63	30,781.37		30,781.37	63,674.00		63,674.00
2) International	11,753.89	11,911.89	23,665.78	3,246.11	23,088.11	26,334.22	15,000.00	35,000.00	50,000.00
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	45,428.35	1,665.53	47,093.88	10,329.65	3,734.47	14,064.12	55,758.00	5,400.00	61,158.00
SUB-TOTAL III	134,795.53	17,246.39	152,041.92	82,794.47	43,202.61	125,997.08	217,590.00	60,449.00	278,039.00
TOTAL FIELD	193,788.85	42,834.16	236,623.01	116,327.15	41,614.84	157,941.99	310,116.00	84,449.00	394,565.00

\* Excludes Evaluation Costs

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TOTAL

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 PVO/COUNTRY PROJECT Child Survival VI

Actual Expenditures to Date  
 (09/01/90-09/30/92)

Projected Expenditures Against  
 Remaining Obligated Funds  
 (10/01/92-08/31/93)

Total Agreement Budget  
 (Columns 1 & 2)  
 (09/01/90-08/31/93)

	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
TOTAL HEADQUARTERS	167459.55	56099.11	223558.66	220633.45	120374.89	341009.34	388093.00	176474.00	564567.00
TOTAL FIELD	390250.63	119263.06	509513.69	445856.37	249459.94	695316.31	836107.00	368723.00	1204830.00
<b>TOTAL</b>	557710.18	175362.17	733072.35	666489.82	369834.83	1036325.65	1219200.00	545197.00	1769397.00

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