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PVO CHILD SURVIVAL GRANTS PROGRAM, 1992

SUSTAINING AND REPLICATING SUCCESSFUL CHILD SURVIVAL ACTIVITIES IN PERI-URBAN MARGINAL AREAS OF THE CITY OF TECULGIGAPA, HONDURAS

ANNUAL REPORT -- YEAR 1

Submitted to:

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Submitted by

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ACRONYMS

ARI	Acute Respiratory Infection
ASHONPLAFA	Honduras Private Family Planning Association
CESAMO	Health Center with Physician(s)
CESAR	Health Post
CHV	Community Health Volunteer
DDC	Diarrheal Disease Control
FINCA	Foundation for International Community Assistance
HIS	Health Information System
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-Governmental Organization
PA1	Project Area 1
PA2	Project Area 1
PVO	Private and Voluntary Organization

I. RESULTS IN YEAR ONE

1.1 Major Results

The workplan for 1991/92 is attached in Appendix A.

Community Activity Objective. The project continues to deliver services in the different child survival (CS) interventions using the sustainability strategies developed for Project Area 1 (PA1) of the CS-IV project.

- 120 Community Health Volunteers (CHVs) of the CS-IV project continue to actively promote the project interventions at the community level in the 20 communities of PA1;

- These volunteers promoted and implemented, with active community participation, ten community clean-up campaigns as part of the campaign to prevent cholera;

- Five groups of pregnant women were organized and the women trained according to a curriculum developed for this purpose (see Appendix B for the training curriculum).

Training Objective. Training of health facility staff and CHVs in the implementation of child survival activities according to developed curricula continued.

- The training curricula for health facility staff and CHVs were reviewed and modified in accordance with changes in MOH norms for each of the CS interventions;

- Project staff were trained in various important technical areas to be able to better implement each of the CS activities promoted by the project. The project auxiliary nurses who are responsible for CHV supervision were trained in the implementation of new norms for diarrheal disease control (DDC), acute respiratory infections (ARIs), breast-feeding, growth and development, and early childhood stimulation and sensorimotor development. Key technical staff of the project who direct and monitor the community activities of the auxiliary nurses and CHVs were trained in the implementation of the new norms for DDC and ARI; the development of educational materials; health information systems for supplementary feeding centers; growth and development; implementation of a curriculum to train adolescents; methodologies for community banking; modules for training community members in community banking procedures; and promotion, organization, implementation, and monitoring of micro-enterprise activities.

- The CHVs of PA1 received continuing education during monthly meetings and supervision sessions, as well as a training session about breastfeeding;

- Staff of the participating health centers in the target area were trained in four workshops in the following topics:

  Methodologies and techniques for training CHVs;
  Maximizing and motivating the work of CHVs;
  Growth and Development;
  Implementation of a curriculum for training adolescents.

- A training session was held to train 26 new CHVs to replace those that were lost during the year in the communities of PA1.

- 163 CHVs of PA2 were trained in the five training sessions in Module I (covering DDC, EPI. TB, ARI, breastfeeding, basic hygiene, community participation, and the health information system).

Service Delivery

- CHVs made about 3,000 home visits to high-risk families to educate mothers about the importance of and appropriate age for childhood immunizations and immunization for women of fertile age; the management of diarrheal episodes and distribution of ORS packets; the management of children with ARI; the importance of child spacing; nutritional needs of the child; and basic hygiene. During the home visits the following other project components were addressed: Family home gardens, participation of malnourished children in supplementary feeding centers, and organization of groups of pregnant women for targeted education, etc.

- Five bi-monthly immunization campaigns were implemented in the twenty communities of PA1 (see Appendix C for a summary of the immunization activities).

- Four community feeding centers remained active during the year, benefiting about 240 malnourished children. Each child was weighed an average of six times that year and received one treatment against parasites. The mothers of these children were trained in the preparation of food with a high protein and caloric content, as well as in how to administer the feeding centers, store foods, and in basic child survival strategies.

- The communities in the target area received logistic support from the project in promoting activities planned by community leaders and community groups, i.e., general assemblies,

meetings of organized groups, community cleanup campaigns, cultural activities, latrinization projects, development of social and educational events, and organization of specific groups such as community banks, youth groups, etc.

- Families with malnourished children and other families interested in home gardens participated in demonstration sessions about soil preparation and growing and consuming vegetables rich in vitamin A and received donations of seeds.

1.2 Change in Approach to Individuals at Higher Risk

The criteria for defining individuals and/or families at high risk have not been changed since the DIP. The strategies to identify and assist individuals at high risk are as follows:

- During the home visits CHVs make to their assigned families, they identify individuals at high risk (children under two; women of fertile age with incomplete immunization schemes; children with more than one diarrheal episode per month; high risk pregnant women; and newborns). They refer these to the CESAMO or CESAR or to community immunization posts (no change since the DIP).

- Women of fertile age (12-49 years) who have not completed their immunization scheme are identified through a surveillance system in the educational centers of the 44 communities of the target area and are immunized during immunization campaigns planned in accordance with the immunization schedule for TT and throughout the duration of the school year (change in approach).

1.3 Staffing

No new key staff have been hired since the DIP. An updated organizational chart and position descriptions are attached in Appendix D.

1.4 Continuing Education

See Section 1.1 for a description of the continuing education activities for project staff this year. In addition, the project CS coordinator participated in a survey trainers course organized by the Child Survival Support Program, Johns Hopkins University, in September of this year.

1.5 Technical Support

Project staff communicates at least weekly with the Maternal and Child Health Staff at Project HOPE headquarters to review technical and administrative project issues. Bettina Schwethelm,

Director, Maternal and Child Health Programs spent one week with the project in March of this year to provide monitoring and technical assistance, to review baseline survey results, and to provide input to the DIP.

1.6 Community Participation

There are 34 community health committees in the target area. Thirty-one of these are active at this point in time and meet monthly (the last monthly meeting took place in September, 1992). Of course, the twenty health committees of the twenty communities of PA1 are much better organized and trained than those of the newer PA2. The former plan and conduct their monthly meetings with the CHVs and provide continuing education during these meetings, as well as feedback to the CHV about information collected by the project HIS. It is hoped that the more recently organized health committees of PA2 will reach a similar level of organization.

1.7 Linkages to Other Health and Development Activities

MOH. The project implements all child survival interventions in accordance with MOH norms. The educational materials used for the training of CHVs were reviewed and approved by the technical staff of the MCH Division of the MOH. Because it has become a priority of the MOH during the past year, the project has included basic messages about the prevention and management of cholera among the activities developed for the control of diarrheal diseases. Project HOPE also works with the MOH in the latrinization of the communities.

FINCA. In order to improve family income and, indirectly, the health status of mothers and children, Project HOPE/Honduras initiated a community banking project in November 1991 in eight communities of PA1. Eight community banks were established through an agreement of cooperation/collaboration with FINCA/Honduras. Each community bank has an average of 35 members (mothers) who receive loans provided by FINCA. The banking activities are monitored and supervised by Project HOPE. Each loan has to be repaid in cycles of 16 weeks. The women who are beneficiaries of the community banks receive training in child survival during the weekly meetings. This project is being expanded under a new Project HOPE/A.I.D. Matching Grant this fall.

ASHONPLAFA. Project HOPE coordinates family planning training for CHVs and with ASHONPLAFA and distributes educational materials produced by ASHONPLAFA to CHVs and community members.

JUNTA NACIONAL del BIENESTAR SOCIAL AND CARE. These two agencies assist in the implementation of supplementary feeding centers with technical assistance, supplies, foods, and training in food preparation and conservation.

ALCALDIA MUNICIPAL del DISTRITO FEDERAL. The Mayor's office works with Project HOPE in community clean-up campaigns, nutrition education of community members, and community social activities.

INTERNATIONAL EYE FOUNDATION. The two PVOs coordinate training activities for MOH health facility staff and share expenses and work together in Vitamin A supplementation activities.

2. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS-LEARNED

2.1 Constraints

- The implementation of the project in the 24 communities of PA2 has been slow due to the fact that the staff of the CESAMOs are responsible for the implementation of child survival activities, with the logistical and technical support of the project staff. The project anticipated this and uses a strategy of supervision and monitoring of the implementation process through regular technical meetings with the field staff in order to be able to determine weaknesses and overcome them in the shortest time possible.

- The turnover of MOH staff is rather high, which necessitates the continual training of new MOH staff in the community outreach strategies of the project. To address this constraint, it was agreed upon with the directors of the CESAMOs that their staff would have a rotation of at least six months in the field.

- During supervision and follow-up, project staff noted that MOH staff have difficulty in methodologies and techniques of training. To address this constraint, Project HOPE is using a strategy of in-service training during the training courses for CHVs and have programmed a workshop on methodologies and techniques of training for the health center staff.

2.2 Unexpected Benefits

The strategy of organizing mothers of the existing mothers' clubs into community banks has been very beneficial in assuring continuity in the promotion of child survival activities. Each community bank consists of approximately 35 mothers who are engaged in income generating activities and who receive training in the following areas: accounting, marketing, group organization, the importance of immunization schedules, the

prevention and management of diarrheas and ARIs, nutrition, maternal health, and basic hygiene.

2.3 Institutionalization of Lessons-Learned

- The field staff of the MOH health centers are not able to provide supervision and follow-up to CHVs with the same frequency as the project staff in the communities of PA1. Therefore, it is important to place major emphasis on motivating and training the CHV during the first training module.

- The basic messages and functions that the CHV uses to promote and implement each CS intervention at the community level were developed in line with the norms of the MOH and approved by the MCH division of the MOH. These educational materials, developed by the project, are presently being used by other health centers and PVOs in other communities of the health region.

3. CHANGES MADE IN PROJECT DESIGN

3.1 Change in Perceived Health Needs

Last year, the MOH began an intensive campaign against cholera. The project has included cholera-related activities in the DDC component/

3.2 Change in Project Objectives

No changes were made in project objectives. (See Appendix D for the project's response to the Comments of the Technical Reviewers of the DIP).

3.3 Change in Planned Interventions

No changes were made in project interventions.

3.4 Change in Potential and Priority Beneficiary

In August 1992, the MOH issued new norms in measles immunization (i.e., the immunization of all children 5-15 years in schools--whether or not they had previously been immunized or had measles -- and the immunization of all children nine months to five years at mobile immunization posts). These were accepted and are being implemented by project in PA1 and MOH staff in PA2.

4. PROGRESS IN HEALTH INFORMATION DATA COLLECTION

4.1 Characteristics of the Health Information System.

4.1.1. The health volunteers conduct a census of the families assigned to them. This information is managed in a computerized program and updated with information collected on home visit forms utilized by the CHV to report problems they have noted and the actions they took during a home visit CHVs also complete referral forms to refer patients to health facilities (see Appendix F for all the reporting forms).

4.1.2 The health information system makes it possible for the CHVs to identify families at high risk based on the criteria specified in the DIP. The CHVs receive feedback from the project staff during monthly meetings about the families they have identified (e.g., the number of women with more than three children under five, names of malnourished children and women with incomplete immunization coverage). See Appendix G for blank samples of HIS reports. The HIS was implemented in June 1991. No significant changes have been made in the system during this year.

4.1.3 The project does not report on clinic activity. This is the sole responsibility of the Ministry of Health.

4.1.4 The CHVs report on their daily activities on special forms (see Appendix F) which are collected by the project field staff during supervisory visits. The information is consolidated on a monthly basis for monthly and quarterly reports. During the past year, this information has been used to plan activities and to provide feedback to health area and CESAMO staff and the CHVs.

4.2 Special Capacities of the Health Information System

4.2.1 Quality of service delivery is monitored through regular field supervision of the CHVs and through monthly continuing education sessions. The CS Project Coordinator and the Nurse Supervisor compare data reported by the CHVs for consistency (e.g., number of cases of diarrhea encountered and number of mothers taught in the management of diarrheal diseases.

4.2.2 The project monitors the sustainability indicators described in the DIP on a monthly basis through the reports of health center and project staff. The project has a listing of health center staff trained in its community outreach methodology. When there is a change in staff at that level, it is communicated to Project HOPE during technical meetings with the staff of each health center.

The trained CHVs complete a registration form which is entered into the volunteer health information system and subsequently compared to the monthly activity reports completed by the volunteers. This allows the project to monitor the number of active volunteers. The project also monitors the number of mothers' club meetings monthly, the number of operating supplemental feeding centers, the number of active community groups and the number of CS activities implemented by them.

4.2.3 The project's epidemiological surveillance system receives input through the activities of the CHVs, supervisory visits of project and MOH staff, and reporting of cases noted during service delivery at the health center. Cases of acute paralysis, measles, or tuberculosis (all requiring mandatory reporting to the MOH) are investigated further by project and MOH staff, and epidemiological roundup campaigns are conducted consisting of immunization and education activities from house to house within a certain parameter of the home of the identified case.

4.2.4 The project tracks the number of hours of training provided to each CHV through a system which monitors daily attendance during training sessions, monthly meetings, and other continuing education opportunities.

4.2.5 Qualitative information about the use of Litrosol during diarrheal episodes and about exclusive breastfeeding have been the most difficult to collect for the project staff. The project is planning to conduct qualitative investigations (focus groups) to collect this information for the mid-term evaluation.

4.3 Management of the Health Information System

4.3.1 The project has purchased a computer and printer for the project at approximately $5,500. The salary of the HIS staff and consulting costs were about $8,070. Approximate costs of the baseline was $820.

4.3.2 In the summer of 1992 the project indicators were reviewed in line with the program plan. Based on this review, the inter-institutional committee (consisting of the MOH and project staff) defined the specific emphasis to be followed during this next year to improve the implementation of the program.

4.3.3 In September 1992, the CHVs received feedback about the information collected in EPI and immunization of women of fertile age. The health centers receive regular monthly reports about project activities.

4.3.4 Leticia Velasquez and Carlota Martinez are responsible for the daily management of the HIS under the supervision of the CS Project Coordinator and the nurse supervisor. The latter monitor and analyze the data of the HIS and discuss their implication with project and MOH staff and CHVs.

4.3.5 Project and MOH field staff identify difficulties in data collection when they receive monthly reports and improve them during field supervision, monthly meetings with CHVs, and technical and field staff of the health centers.

5. SUSTAINABILITY

5.1 Recurrent Costs

5.1.1 The minimum recurrent costs to the MOH are as follows:

Activity	Cost/Year
To replace CHVs (based on 20% CHV loss)	$5,600
Training supplies, educational materials (for staff and CHV, etc.)	$2,400
Equipment maintenance (photo-copier, computers, vehicles, etc.)	$4,500
Gasoline	$5,100

5.1.2 The communities are unlikely to pay project costs other than the maintenance of the supplementary feeding centers. In PA2, the MOH has already assumed a much higher level of the project costs than in PA1, during CS-IV, which is a positive step toward sustainability.

5.2 Strategies for Increasing Post Project Sustainability

5.2.1

- Three auxiliary nurses of the CESAMO Las Crucitas rotate every six months to work in the community outreach activities in the twenty communities of PA1.
- These MOH staff have been trained in supervisory strategies for CHVs and educational methodologies. The implementation of the CS strategies in the communities

of PA2 is the responsibility of the MOH staff of the participating health centers. They have been trained in the methodologies and implementation strategies used by the project in PA1 and receive only technical and logistical support from project staff.

- The project activities in the communities of PA1 and PA2 have become are part of the annual operating plan of each CESAMO.

- The mother's groups, which administer the supplementary feeding centers and the community banks are trained to continue their activities and to promote the child survival intervention at the community level.

- MOH staff will continue to meet with CHVs on a regular basis and motivate them to continue their activities.

5.2.2 As described above, project staff are not responsible for implementing CS activities in PA2. They assist the MOH in the training of volunteers and provide other technical, administrative, and logistical support. This substantially reduces the cost of implementing the community outreach activities in PA2 and assures that the MOH will assume ownership of the project.

5.3 Cost Recovery

5.3.1 Not applicable

5.3.2 Not applicable

5.3.3 Not applicable

6. PROJECT EXPENDITURES AND JUSTIFICATION FOR BUDGET CHANGES

6.1 Pipeline Analysis See Appendix H for the Pipeline Analysis

6.2 Justification of Budget Changes

No major budget changes were made since the submission of the DIP.

7. 1992/93 WORK SCHEDULE AND BUDGET

The 1992/93 work schedule is attached in Appendix I

The 1992/93 budget is attached in Appendix J

APPENDIX A

1991/92 WORK PLAN

PROYECTO HOPE

ANNUAL PLAN OF ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY HONDURAS **OBJETIVE** CONTINUE SERVICES IN THE DIFFERENT INTERVENTIONS OF CS USING SUSTAIN ABILITY STRATEGIES

AREA PA1

GOAL	ACTIVITIES	OCTOBER				NOVEMBER				DECEMBER				JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
– 150 CHVs ACTIVE AND DEVELOPING ACTIVITIES IN THE 5 INTERVENTIONS OF CS. INTERVENTIONS (ALL YEAR)	– HOME VISITS TO :																																																
	A) DETECT CHILDREN WITH DIARRHEA, ARI, INCOMPLETE I INMUNIZATION COVERAGE																																																
	B)MONITOR WEIGHT																																																
	C) EDUCATE MOTHERS IN THE MANAGEMENT OF DIARRHEA, ARI, IMPORTANCE OF INMUNIZATION, NUTRITION AND FAMILY PLANNING																																																
	– MONTHLY MEETING OF CHVs																																																
	– CONTINUING EDUCATION TO CHVs																																																
	– EDUCATION TO COMMUNITY GROUPS (MOTHERS AND PRENATALS)																																																
	– TRAINING OF CHVs TO SUSTITUTE DEFAULTERS																																																
	– PROMOTION AND CONDUCTION OF CLEANING CAMPAIGNS																																																
	– CAMPAIGN OF CHOLERA PREVENTION :																																																
	. TRAINING OF PROJECT STAFF AND CHVs																																																
	. PROMOTION OF PREVENTIVE MEASURES AT COMMUNITY LEVEL																																																

12.

PROYECTO HOPE

ANNUAL PLAN OF ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY HONDURAS **OBJETIVE** CONTINUE SERVICES IN THE DIFFERENT INTERVENTIONS OF CS USING SUSTAIN ABILITY STRATEGIES

AREA PA1

META	ACTIVIDADES	OCTUBRE				NOVIEMBRE				DICIEMBRE				ENERO				FEBRERO				MARZO				ABRIL				MAYO				JUNIO				JULIO				AGOSTO				SEPTIEMB.			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	– MONTHLY INMUNIZATION CAMPAIGNS																																																
– 5 FEEDING CENTERS MONITORED MONTHLY AND RECEIVING TECH– NICAL ASSISTANCE BY PROJECT STAFF (1ST YEAR)	– SUPERVISIONS VISITS TO FEEDING CENTERS																																																
	– NUTRITION EDUCATIO TO MO– THERS OF THE FEEDING CENTERS																																																
	– IMPLEMENTATION OF NEW FEEDING CENTER																																																
–8 BANKS IMPLEMEN– TED IN COMMU NITIES OF/FS TARGET AREA	A)INTER–INSTITUTIONAL COORDI– NATION WITH FINCA/HONDURAS																																																
	B)ORGANIZATION, PROMOTION, MO– TIVATION, FINANCEMENT AND MO– NITORING OF COMMUNITY BANKS																																																
	C) TRAINING OF PROJECT STAFF AND BANK MEMBERS IN TRAINING MODULES OF COMMUNITY BANKS																																																
– OTHER ACTIVITIES	– PROMOTION AND CONDUCTION OF ACTIVITIES OF GARDENING PROJECT																																																
	– COORDINATION WITH OTHER INSTITUTIONS																																																

12.

PROYECTO HOPE

ANNUAL PLAN OF ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY: HONDURAS
AREA: PA1
OBJETIVE: CONTINUE SERVICES IN THE DIFFERENT INTERVENTIONS OF CS USING SUSTAIN ABILITY STRATEGIES

GOAL	ACTIVITIES	OCTOBER				NOVEMBER				DECEMBER				JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	– SUPPORT COMMUNITY ACTIVITIES PROMOTED BY OTHER INSTITU-TIONS AND ORGANIZATIONS OF THE COMMUNITY																																																
	– CONTINUING EDUCATION FOR INS-TITUTIONAL STAFF (HOPE AND MOH)																																																
– NEW INFORMATION SYSTEM IMPLEMEN-TED IN THE 20 COM-MUNITIES	– TRAINING OF CHVs – QUALITY CONTROL OF COLLECTED DATA – TRANSCRIPTION OF COLLECTED DATA																																																
– ACTIVITIES DEVE-LOPED TIES IN AN INTEGRATED WAY WITH CESAMO LAS CRUCITAS	– INTEGRATION OF 3 AUXILIARY NURSES IN THE COMMUNITY WORK – PLANNING OF FIELD ACTIVITIES WITH COUNTERPARTS																																																

PROJECT HOPE

ANNUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY: HONDURAS
AREA: PA2

OBJETIVE: DEFINE METHODOLOGIES AND STRATEGICAL OF WORK FOR THE PROYECT IMPLEMENTATION IMPLEMENTATION OF PA2

GOAL	ACTIVITIES	OCTOBER				NOVEMBER				DECEMBER				JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
PROYECTO HOPE	– INFORMATION INTERCHANGE AND PROPOSAL REVISION WITH DIRECTORS OF CESAMOS AND AREA CHIEF																																																
INTER-INSTITUCIONAL COMMITEE ORGANIZED (1ST QUARTER OF 1ST YEAR)	– ORGANIZATION OF INTER-INSTITUTIONAL COMMITEE DEFINING ITS OBJETIVES, FUNCTIONS AND THE MEMBERS																																																
ALL THE 5 CESAMOS STAFF WITH THE GENERAL INFORMATION OF THE PROJECT (1ST QUARTER OF 1ST YEAR)	– GENERAL MEETING WITH FIELD STAFF OF THE 5 CESAMOS TO INTERCHANGE OF INFORMATION																																																
	– MEETING WITH ALL THE STAFF FROM EACH HEALTH CENTER TO INTERCHANGE INFORMATION REGARDING PROJECT DESIGN AND IMPLEMENTATION																																																

PROJECT HOPE

ANNUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY: HONDURAS
AREA: PA2
OBJETIVE: COLLECT BASAL INFORMATION TO PLAN THE ACTIVITIES BY PROJECT INTERVENTION

META	ACTIVIDADES	OCTOBER				NOVEMBER				DECEMBER				JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
BASELINE SURVEY 2D QUARTER OF THE 1ST YEAR	– METHODOLOGICAL DESIGN OF SURVEY																																																
	– TRAINING OF SURVEYORS AND SUPERVISORS																																																
	– VALIDATION OF THE QUESTIO-NNAIRE																																																
	– COLLECTION AND DATA ANALYSIS																																																
	– PRESENTATION OF FINAL REPORT TO DIRECTORS AND CESAMOS STAFF AND HOPE/CENTER																																																

PROJECT HOPE

ANNUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY: HONDURAS
AREA: PA2
OBJETIVE: ESTABLISH A TRAINING CURRICULUM FOR CV's AND INFORMATION SYSTEM DESIGNED IN THE WORK METHODOLOGY OF CS–IV

META	ACTIVIDADES	OCTOBER				NOVEMBER				DECEMBER				JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
– TRAINING CURRICULUM FOR CHVs DESIGNED (3D QUARTER OF 1ST YEAR)	– REVISION OF TRAINING CURRICULUM FOR CHV EXISTING, WITH THE INTER–INSTITUTIONAL COMMITTE AND FIELD STAFF																																																
– INFORMATION SYSTEM DEFINED (3D QUARTER OF 1ST YEAR)	– PRESENTING THE INFORMATION SYSTEM USED BY THE PROJECT TO STATISTICS AND SOCIAL WORK STAFF AT REGIONAL LEVEL, AREA HEADQUATER AND CESAMOS STAFF TO DISCUSS AND APPROVAL																																																

ANNUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY: HONDURAS
AREA: PA2
OBJETIVE: TRAIN INSTITUTIONAL AND COMMUNITY STAFF IN THE IMPLEMENTATION OF THE CS INTERVENTION

META	ACTIVIDADES	OCTOBER				NOVEMBER				DECEMBER				JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
CESAMO VILLA-ADELA																																																	
– FIELD STAFF TRAINED ACCORDING TO CURRI-CULUM (3ST QUARTER/ 1ST YEAR)	– PLANNING AND CONDUCTION OF TRAINING SESSION																																																
– 44 CHVs SELECTED AND TRAINED ACCORDING TO DESIGNED CURRI-CULUM. (4TH QUARTER 1ST YEAR)	– PLAANNING AND CONDUCTION OF TRAINING SESSION																																																
CESAMO SAN FRANCISCO																																																	
– FIELD STAFF TRAINED ACCORDING TO CURRI-CULUM (3D QUARTER/ 1ST YEAR)	– PLANNING AND CONDUCTION OF TRAINING SESSION																																																
– 38 CHVs SELECTED AND TRAINED ACCORDING TO DESIGNED CURRICU-LUM (4TH QUARTER/ 1ST YEAR)	– PLAINING AND CONDUCTION OF TRAINING SESSION																																																

PROJECT HOPE

ANNUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1991 – SEPTEMBER 1992

COUNTRY HONDURAS
AREA PA2

OBJETIVES TRAIN INSTITUTIONAL AND COMMUNITY STAFF IN THE IMPLEMENTATION OF CS INTERVENTION

META	ACTIVIDADES	OCTOBER				NOVEMBER				DECEMBER				JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
CESAMO 3 DE MAYO																																																	
– FIELD STAFF TRAINED ACCORDING TO CURRICULUM (3D QUARTER/ 1ST YEAR)	– PLANNING AND CONDUCTION OF TRAINING SESSION																																																
– 67 CHVs SELECTED AND TRAINED ACCORDING TO DESIGNED CURRICULUM (4TH QUARTER/ 1ST YEAR) 1ST YEAR)	– PLAINING AND CONDUCTION OF TRAINING SESSION																																																
CESAMO LA ALEMANIA																																																	
– FIELD STAFF TRAINED ACCORDING TO CURRICULUM (3D QUARTER/ 1ST YEAR)	– PLANNING AND CONDUCTION OF TRAINING SESSION																																																
– 35 CHVs SELECTED AND TRAINED ACCORDING TO DESIGNED CURRICULUM (4TH QUARTER/ 1ST YEAR)	– PLAINING AND CONDUCTION OF TRAINING SESSION																																																

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APPENDIX B

TRAINING CURRICULUM FOR PREGNANT WOMEN

PROJECT HOPE

CHILD SURVIVAL PROJECT

CESAMO LAS CRUCITAS

INSTRUCTIONAL PLAN FOR PRENATAL'S CLUB

DAY & TIME	OBJETIVE	CONTENTS	METHODOLOGY	RESOURCE
1st. day 2 H.	Help women of 20 target communities to improve their health through the Pregnant Women Club providing them health education.	- Inauguration - Presentation of the group - The responsability of the parents with their children.	Educational lectures Educative Chatter Task Forces	CHV
2nd. day	To teach the pregnant women the correct name of the reproductive system organs.	- Anatomy and function of the reproduction organs.	Educative Chatter Ilustrative sheets.	CHV
	Explain how fecundation occurs. Provide pregnant women general knowledges about the growth during pregnancy.	- The menstruation - Explain the fecundation - Growth and intrauterine development.	Task Forces Questions & answers	CHV
3rd. day	That pregnant women can identify the different signs of danger and normal signs during pregnancy. That pregnant women receive the necessary cares during her pregnancy and to promote prenatal control.	- Signs of Pregnancy - Normal changes during pregnancy. - Signs of danger during pregnancy. - Pregnant women's care - Importance of prenatal control. - Alimentation during pregnancy - Importance of TT Inmunization	Educational Lectures Task Forces Ilustrative sheets	CHV CHV CHV CHV CHV
4th. day	Provide orientation about importance of breastfeeding and preparation for succesful breastfeeding.	- Importance of breastfeeding - Breastfeeding techniques - Preparing the mother to breastfeed. - Preparation of nipples.	Educational lectures Exploration of group	CHV Auxiliary Nurse " " " "

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DAY & TIME	OBJETIVE	CONTENTS	METHODOLOGY	RESOURCE
5th. day	Provide general knowledges about birth.	- Birth - Signs of birth danger	Educational Lectures Audiovisuals	Auxiliary Nurse " "
	Orientate women regarding signs of danger during the birth period and what to do.	- Signs of danger during birth.		" "
	Orientate about the different steps followed at hospital level.	- Attention at hospital level - Techniques of relaxation during birth.		" " " "
6th. day	Orientation about the newborn care and puerperal care.	- Newborn care. . Feeding, heat, safey care. . The newborn hygiene. . The navel cure . Inmunizations . Growth control during the first 5 years. . Child feeding during the first year of life.	Educational lectures Ilustrative sheets Group discussion	" " " " " " " " CHV CHV
7th. day	Orientate about puerperal care.	- Puerperal care. . Immediate care . Signs of danger during puerperium. . Feeding during puerperium. . Importance of puerperium control.		Auxilary Nurse " " " " " " " "
8th. day	Orientate about different family planning methods. Orientate about early stimulation of the child.	- Family Planning . Contraceptive methods - The child behaviour according to age group. - Normal curiosities and attitudes of the child.	Educational Lectures Ilustrative sheets Educational Lectures Task forces	CHV " Auxilary Nurse

DAY & TIME	OBJETIVE	CONTENTS	METHODOLOGY	RESOURCE
		Incentives that the mother has to give the child according to age.		
9th. & 10th day	Preparing the mother to make the newborn clothes according to her resources.	Preparation of clothes Wearing loose clothes Making the newborn clothes	Demonstration through a sewing workshop.	Susana David
11th. day	To strengthen relations between the group.	Adjournment Reunion to strengthen the relations in the group and to dismiss the mothers . Expositon of clothes manufactured by mothers.	Reunion with C HVs and the members Club.	

APPENDIX C

IMMUNIZATION ACTIVITIES OF PROJECT STAFF

CHILD SURVIVAL PROJECT
PROJECT HOPE - CESAMO "LAS CRUCITAS"

VACCINATIONS MONTHLY REPORT

Vaccination Date: OCT. 1991 - SEP. 1992 **Responsible:** ALICIA LEIVA

VACCINE	DOSES	AGES 0-11 Months	AGES 1-4 Years	AGES Monthly Total	Monthly Total	Accumulative
B. C. G.	Sole Doses	727	108			835
POLIO	1st.	178	9			187
	2d.	225	35			260
	3d.	196	83			279
	1 RF	72	224			296
	Booster	195	1557			1752
	Total	866	1908			2744
D.P.T.	1st.	192	9			201
	2d.	218	30			248
	3d.	191	55			246
	Total	601	94			695
MEASLES	AGES 6-8 M.	9-11 M.				
	8	219	78			305

TETANUS TOXOI Doses	5 and more	Pregnant	Total
1st.	1365	60	1425
2d.	672	29	701
3d.	614	18	632
4th.	72	2	74
5th.	11		
Total	2734	109	2832

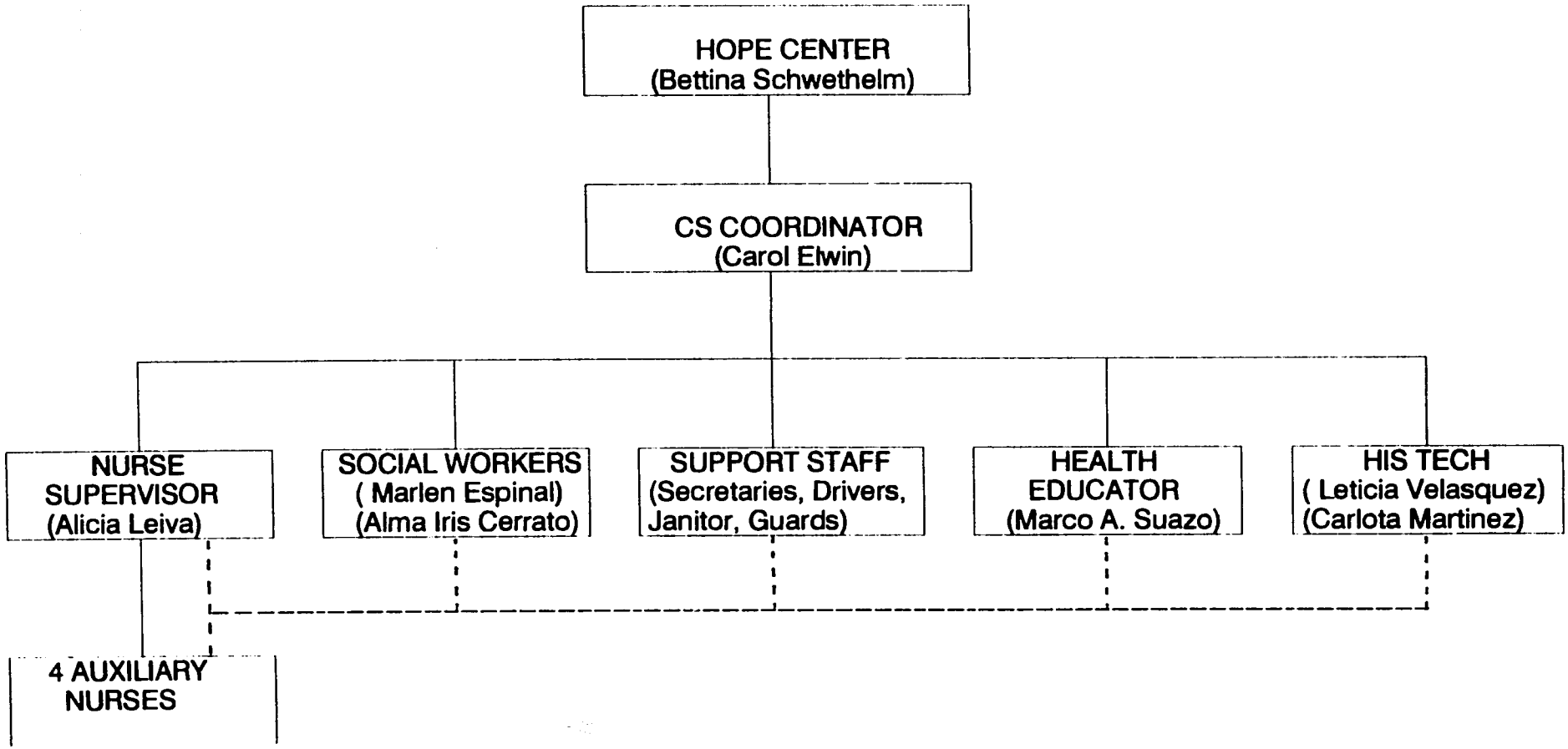
VIT. "A" Doses	6-11 M.	12-23 M.	2-4 Y.	Total
1st.	411	338	452	1201
2d.	1	283	587	871
3d.		133	622	755
4th.		2	282	284
5th.		25	48	73
6th.			18	18
7th.				
8th.				
Total	412	781	2009	3202

APPENDIX D

ORGANIZATIONAL CHART AND POSITION DESCRIPTIONS

ORGANIZATIONAL CHART

CS PROJECT HOPE/HONDURAS



DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: COORDINATOR

IMMEDIATE CHIEF: Director of Program

NAME OF EMPLOYEE: CAROL ELWIN THOMPSON

PROFESSIONAL REQUERIMENTS FOR POSITION:

-Professional Nurse or Nursing Bachelor

-3 years experience in Community Health Programs and managing staff

-Basic knowledges of English language

INHERENT FUNCTIONS AT POSITION:

BASIC FUNCTIONS:

1.- Secure the CH Project compliance with the requirements of AID grant, particularly the Detailed Implementation Plan for Child Survival Program.

2.- Plan, direct, supervise and participate in the Child Survival Program implementation, according established regulations with the Medical Director and Foundation Directors Board.

3.- Represent the Foundation before Honduran Authorities as required by operating day to day of CH Project.

- Direct, supervise and assist in the CS Project Implementation in Honduras according to Detailed Implementation Plan, using skill staff. it is understood that the Detailed Implementation Plan is going to be prepared using Project HOPE, AID and MOH guidelines.

- Revise the Detailed Implementation Plan with Project implementation staff quarterly and at least yearly with the principal contraparts of the Project, near the Annual Report. To do recommendations for any needed adjustment to get the project objetives.

- Secure that proper curriculum and training materials be developed

for all the components of CS.

- Direct and supervise the development and use of Project HIS to be secured that it is proper, manageable, compatible with data collection systems of MOH, and that the feedback must be given on time to Project staff, local representatives of MOH, volunteers and communities.

- Give regular opportunities to train the field staff. Develop a supervision system based on skills for Project staff and to use field staff in the CHV's supervision.

- Carry out regular visits to Project implementing sites to discuss the progress and troubles with field staff and contraparts of Project HOPE and to carry out supervision to field staff and volunteers.

- Submit monthly, quarterly and yearly reports to MCH Program Director, according established requirements of technical and financial reports. The reports must include recommendations for any change in the Project objetives and resource requirements.

- Identify and evaluate the strategies to carry out the sustenance of these activities of CS in collaboration with local representatives of MOH. The success of this Project depends on sustenance of these activities locally following completion of Project HOPE interventions.

- Contract qualified staff supporting and evaluating each individual execution after the first 6 months of service and therefore yearly. A copy of these evaluations must be submitted to HOPE Center.

- Secure thast the administrative services of proper support be implemented. This include, but it is not limited to:

  a. Authorize local expenditures in the limits of approved budget and submit financial reports according to Foundation regulations.

  b. Responsability for local purchases of articles and equipment after the proper approval of HOPE Center.

  c. Direct complying with all aspects of financial, administrative and logistical program and staff actions, as specified in the administrative regulations.

- Comply other responsabilities assigned by HOPE Center.

- Promotion of Project in the target area.

- Monitoring of Information System.

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: NURSING SUPERVISOR

IMMEDIATE CHIEF: CS COORDINATOR

NAME OF EMPLOYEE: ALICIA DEL ROSARIO LEIVA

PROFESSIONAL REQUERIMENTS FOR POSITION:

- Professional Nurse
- 2 years experience in Health Community Projects
- 2 years experience in Health Education
- Experience in Staff Supervision

INHERENT FUNCTIONS AT POSITION:

- Help the CS Program Coordinator to train and supervise the Project Staff, contraparts of MOH and CHVs and to give technical assistance to their activities with the communities.
- Assist the CS Coordinator in the development and implementing of training Curriculum for Contraparts of MOH and CHVs.
- Assist the CS Coordinator to monitor the technical quality of the program components.
- Coordinate and secure the regular supply of basic materials for CHV's.
- Coordinate the Project activities with CESAMOS and CESARS.
- Assist the Project Coordinator in the development of sustenance strategies.
- Submit monthly reports about complete activities.
- Comply other responsabilities asigned by Project Coordinator.
- Coordinate and support the social activities in the communities.
- Keep the Institution prestige.
- Promotion of Project in the target area.

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Data Processor

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: LETICIA VELASQUEZ AND CARLOTA EMILIANA MARTINEZ

PROFESSIONAL REQUERIMENTS FOR POSITION:

- Data transcriptor
- 2 years experience

INHERENT FUNCTIONS AT POSITION:

-Management the data processing of the Information System

- Keep the security and good maintenance of equipment and computation supplies.

-Coordinate his work with the Project Coordinator and other staff

-Any other function assigned by the immediate Chief

-Official steps related to shipments.

-Keep the Institution prestige.

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Social Promotor

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: ALMA IRIS CERRATO AND MARLEN ESPINAL

PROFESSIONAL REQUERIMENTS FOR POSITION:

Bachelor of Social Work

3 years professional experience preferably in Community Health Programs

INHERENT FUNCTIONS AT POSITION:

-Participate in planning the Project activities

-Promote the organization of community groups of the target area

-Promote, implement, supervise and give technical assistance to Community Projects supporting the Program.

-Coordinate and support the activities of health interventions

-Coordinate activities related to the Program and with other CESAMOS and Institutions

-Participate in planning and conduction of activities to train Institutional and Community staff.

-Any other activity assigned for effective development of the Project

-Keep the Institution prestige

-Promotion of the Project in the target area

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Community Staff Supervisor

IMMEDIATE CHIEF: Nursing Supervisor

NAME OF EMPLOYEE: ANA C. PEREZ, ERIKA ONEYDA CHAVARRIA, ELSA ELENA HERNANDEZ AND SUSANA FRANCISCA DAVID

PROFESSIONAL REQUERIMENTS FOR POSITION:

Auxiliary Nurse

2 years experience in Public Health

INHERENT FUNCTIONS AT POSITION:

-Supervise and give continuing education for community staff

-Carry out home visits to families in high risk

-Health Education for community groups and individual

-Participate to train community staff

-Coordinate and support social promotion activities

-Epidemiological surveillance

-Coordinate and support activities in emergency situations at community level

-Coordinate activities with field staff of CESAMOS or other Organizations existing in the community.

-Promotion of Project in the target area

-Keep the Institution prestige

-Any other activity assigned for effective development of the Project

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Secretary I

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: YADIRA MARIBEL OLIVA

PROFESSIONAL REQUERIMENTS FOR POSITION:

Bilingual Secretary (full mastery of English language)

2 years experience

Excellent relationship

INHERENT FUNCTIONS AT POSITION:

-Realize the work of Social Work and others

-Translation of documents

-Management of files

-Ellaboration, production and control of educational material and equipment

-Preparation of material for monthly meetings and training

-Depuration of reports of community staff before giving to computation staff

-Official steps before Government Offices and others

-Comply with functions of Secretary II in her absence

-Any other function that the immediate Chief assign her

-Keep the Institution prestige

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Secretary II

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: NORMA TORRES

PROFESSIONAL REQUERIMENTS FOR POSITION:

Bilingual Secretary (full mastery of English language)

2 years experience

Excellent relationship

INHERENT FUNCTIONS AT POSITION:

-Realize the secretary work of Coordinator and Nursing staff

-Translation of documents

-Attending public and telephone control

-Control of existing supplying

-Coordination of drivers work

-Control the all staff attendance including guards

-Comply with the functions of Secretary I in her absence

-Data depuration of community staff before giving computation staff

-Control of cleaning staff

-Any other function that the immediate chief assign

-Keep the Institution prestige

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Driver

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: MIGUEL ANGEL LANZA, MARIO ROBERTO NUÑEZ, VICTORIANO ZUNIGA ARTURO FLORES

PROFESSIONAL REQUERIMENTS FOR POSITION:

-Driver for light car

-License in use

-Basic knowledges of mechanical

-Without criminal antecedent

-Do not drink alcoholic beverages

INHERENT FUNCTIONS AT POSITION:

-Driving and basic maintenance of assigned vehicle.

-Maintain the vehicle hygiene

-Local transportation of the staff to carry out the Program activities.

-Carry out errands

-Collaborate in storage activities

-Keep the Institution prestige

-Any other function assigned by the Chief

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Janitor

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: GEORGINA MARTINEZ

PROFESSIONAL REQUERIMENTS FOR POSITION:

-Primary education

-Excellent relationship

INHERENT FUNCTIONS AT POSITION:

- Maintain cleaned the physical installations and equipment of the Project.
- Carry out errands.
- Make coffe.
- Any other assigned function.

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Guard

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: JOAQUIN BETANCOURTH AND GERMAN HERRERA

PROFESSIONAL REQUERIMENTS FOR POSITION:

Military service

Without crimigal antecedents

Good relationship

INHERENT FUNCTIONS AT POSITION:

-Watch the physical installations, equipments and vehicles of the Project.

-Collaborate in the activities to carry equipment and material

-Maintenance of green area.

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Janitor

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: GEORGINA MARTINEZ

PROFESSIONAL REQUERIMENTS FOR POSITION:

-Primary education

-Excellent relationship

INHERENT FUNCTIONS AT POSITION:

- Maintain cleaned the physical installations and equipment of the Project.
- Carry out errands.
- Make coffe.
- Any other assigned function.

DESCRIPTION OF POSITION

PROJECT HOPE/HONDURAS

PROGRAM: CHILD SURVIVAL

POSITION: Guard

IMMEDIATE CHIEF: CS Coordinator

NAME OF EMPLOYEE: JOAQUIN BETANCOURTH AND GERMAN HERRERA

PROFESSIONAL REQUERIMENTS FOR POSITION:

Military service

Without crimigal antecedents

Good relationship

INHERENT FUNCTIONS AT POSITION:

-Watch the physical installations, equipments and vehicles of the Project.

-Collaborate in the activities to carry equipment and material

-Maintenance of green area.

APPENDIX E

COMMENTS OF THE TECHNICAL REVIEWERS OF THE D.I.P.

TECHNICAL REVIEW OF CSVII DIP: HOPE/Honduras (E)

Overall Impressions: The DIP is excellent! Project staff have done a thorough job of describing the "who, what, when and how" of project implementation, and have set measurable objectives. It should be a useful, concise guide for project staff.

STRENGTHS

HOPE has prior experience, from their CSIV grant, in providing ORT, immunization, ARI, nutrition and family planning interventions in the fast growing peri-urban areas of Tegucigalpa.

The project completed an excellent baseline survey and has effectively used the data in designing the EPI, nutritional, maternal care, and ARI interventions.

The DIP clearly defines project objectives and risk categories for project efforts.

The objectives to fully immunize 90% of the children by the age of 23 months is ambitious, but appropriate.

The project's definition of children at risk includes unimmunized children. The project will identify children and pregnant women who have not completed their immunizations and mobilize to have them completely immunized.

The government-supported "Family Bonus" program appears to have a strong positive effect on increasing immunization coverage levels as well as creating incentives for education and growth monitoring.

The surveillance system is based on trained community health volunteers (CHVs), supervised by MOH staff, who report cases of immunizable diseases to the nearest health facility. CHVs and MOH staff have had frequent in-service training to upgrade their skills in surveillance.

The nutrition component is quite comprehensive. HOPE has good collaboration with and support from the community on this effort.

The constraints to the improvement of nutritional status are recognized as being economic in nature. The project is attempting to address these constraints by establishing community banking programs for women.

Maternal nutrition is recognized as an important component of the project. HOPE is addressing this issue through income-generating activities, home gardens and teaching women to optimize available foods.

The formation of pregnant women clubs to assist in childbirth education is an innovative idea and is clearly supportive of behavioral change.

CHVs will function as advocates for women in labor, accompanying women to the hospital.

The project appears responsive to the expressed need for child spacing methods.

All CHVs will receive ARI diagnostic and treatment training.

HOPE includes a large number of community organizations in all components of this project. CHVs and MOH staff play an integral role in evaluating intervention successes and identifying potential problems.

A lot of thought has been given to planning a timely transfer of project activities to responsible partners in the MOH and the community. HOPE has developed indicators to monitor phasing of these activities to in-country nationals.

CONCERNS AND RECOMMENDATIONS

Approximately 20% of trained CHVs dropped-out during the CSIV project. This dropout rate could impair the current project's progress. Consider additional incentives to retain CHVs. HOPE may also wish to revise CHV selection criteria to better reflect traits found in those CHVs who have continued.

Immunization

Reviewers suggest that HOPE include incomplete TT immunization status for women as a "high risk" factor.

Management of Diarrheal Diseases

It is unclear in the DIP as to whether the MOH protocol of treating diarrhea includes methods other than Litrosol. If alternatives to Litrosol are acceptable, it would be more appropriate to state the objective as "50% of the infants/children with diarrhea in the past two weeks get the appropriate treatment" rather than "the use of Litrosol in 50% of the cases".

Include educational messages on signs and symptoms of dehydration.

Nutrition

The use of weight-for-age to assess nutritional status is discouraged; weight-for-height is more appropriate.

Pneumonia Control

Proper ARI depends on training mothers and CHVs to recognize symptoms of acute lower respiratory infection, and either seek medical treatment at an early stage of illness, or have the family purchase antibiotics and treat the infection. If the MOH prohibits anyone other than MOH staff from treating ARIs, how can HOPE initiate an aggressive outreach program?

Maternal Care

There needs to be a clearer strategy for preventing high risk births beyond promotion of child spacing. For example more emphasis could be put on maternal nutrition and referral of obstetrical emergencies. Also, is HOPE certain that the health centers and clinics have a regular supply of contraceptives, iron, and folic acid?

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RESPONSE TO THE TECHNICAL REVIEW OF THE CS-VII DIP

1. Volunteer Loss

Given the emigration and immigration rates in this marginal urban area, a loss of volunteers of this magnitude is not surprising. The primary reason for volunteer loss is the large number of hours they have to work to generate family income.

2. Immunization

As can be seen in Section D.4 of the DIP (p. 5), incomplete immunization coverage is a risk factor for women.

3. Management of Diarrheal Diseases

See section D.5b.5 of the DIP (p. 10) for the MOH protocol for treating diarrheas.

Educational messages on signs and symptoms of dehydration are an important part of the diarrheal disease control curriculum.

4. Nutrition

The use of "weight-for-height" as an indicator of physical growth is presently pilot-tested by the MOH in a specific area of the country. When the MOH changes its national norms for growth monitoring, Project HOPE will also change its use of indicator in its target areas.

Pneumonia Control

The project follows MOH norms in order to be able to work collaboratively with MOH staff and make the project sustainable.

Maternal Care

The nutrition and family planning curricula were thoroughly revised this year. Comments made by the reviewers have already ben taken into account in this revision process.

APPENDIX F

CHV REPORTING AND REFERRAL FORMS

FICHA FAMILIAR DE SALUD

VOLUNTARIO: _____

COD. VOL: _____

FECHA CENSO: _____

IDENTIFICACION JEFE DE LA FAMILIA

NOMBRES	1ER. APELLIDO	2DO. APELLIDO

CODIGO FAMILIA

		-		

DIRECCION DE LA VIVIENDA

COMUNIDAD	
DIRECCION	

COD. AREA | COD. COMU.

		-		

TOTAL MIEMBROS FAMILIA | | |

NIÑAS ENTRE 5 Y 11 AÑOS

NOMBRES Y APELLIDOS	FEC. DE NAC

CODIGOS DE EDUCACION SOBRE SALUD

(1) ENFERMEDADES DIARREICAS
(2) INFEC. RESPIRATORIAS AGUDAS
(3) PAI
(4) NUTRICION
(5) PLANIFICACION FAMILIAR
(6) HIGIENE BASICA

MUJERES ENTRE 12 Y 55 AÑOS

No.	NOMBRES Y APELLIDOS	FEC. DE NAC O EDAD	ULTIMA VACUNA TT DOSIS	FECHA	Nº DE EMBARAZOS	CONDIC (E/L)	EDUC/SALUD RECIBIDA					
1												
2												
3												
4												
5												
6												

NIÑOS Y NIÑAS MENORES DE 5 AÑOS

NOMBRES Y APELLIDOS	RESP. Nº	PR	SEXO	FECHA DE NACIMIENTO	Nº DE DOSIS Y FECHA ULTIMA VACUNA POLIO	DPT	SARAMP.	BCG

(PR= PARENTESCO): 1. MADRE 2. TIA 3. HERMANA 4. OTRO

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - R.S.M.

CENSO DE VIVIENDAS

VOLUNTARIO: _____ COD. VOL: _____

LOCALIZACION VIVIENDA

COMUNIDAD	

AREA [ ] - COMUN [ ][ ] - VOLUN [ ][ ]

MATERIAL PAREDES EXTERIORES

1. MADERA ( ) 2. ADOBE ( ) 3. LADRILLO ( ) 4. CARTON ( )
5. BLOQUE ( ) 6. PIEDRA ( ) 7. BAHAREQUE ( ) 8. OTROS ( )

MATERIAL PISOS

1. TIERRA ( ) 2. LADRILLO ( ) 3. MOSAICO ( ) 4. MADERA ( )
5. CEMENTO ( ) 6. OTROS ( )

MATERIAL TECHO

1. ASBESTO ( ) 2. ZINC ( ) 3. TEJA ( ) 4. OTROS ( )

DISPOSICION DE AGUA

1. TUBERIA ( ) 2. POZO ( ) 3. LLAVE PUB. ( ) 4. COMPRADA ( )

DISPOSICION DE EXCRETAS

1. SERV. SAN( ) 2. LETRINA ( ) 3. FOSA SEPT. ( ) 4. AIRE LIBRE ( )

DISPOSICION DE LA BASURA

1. QUEMADO ( ) 2. TREN ASEO ( ) 3. ENTERRADO ( ) 4. AIRE LIBRE ( )

UPERVIVENCIA INFANTIL

PROYECTO HOPE - R.S.M.

CENSO DE VIVIENDAS

VOLUNTARIO: _____ COD. VOL: _____

LOCALIZACION VIVIENDA

COMUNIDAD

AREA [ ] - COMUN [ ][ ] - VOLUN [ ][ ]

MATERIAL PAREDES EXTERIORES

. MADERA ( ) 2. ADOBE ( ) 3. LADRILLO ( ) 4. CARTON ( )
5. BLOQUE ( ) 6. PIEDRA ( ) 7. BAHAREQUE ( ) 8. OTROS ( )

MATERIAL PISOS

. TIERRA ( ) 2. LADRILLO ( ) 3. MOSAICO ( ) 4. MADERA ( )
5. CEMENTO ( ) 6. OTROS ( )

MATERIAL TECHO

. ASBESTO ( ) 2. ZINC ( ) 3. TEJA ( ) 4. OTROS ( )

DISPOSICION DE AGUA

. TUBERIA ( ) 2. POZO ( ) 3. LLAVE PUB. ( ) 4. COMPRADA ( )

DISPOSICION DE EXCRETAS

. SERV. SAN( ) 2. LETRINA ( ) 3. FOSA SEPT. ( ) 4. AIRE LIBRE ( )

DISPOSICION DE LA BASURA

. QUEMADO ( ) 2. TREN ASEO ( ) 3. ENTERRADO ( ) 4. AIRE LIBRE ( )

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - A.S.M.

INFORME DE VISITA DOMICILIARIA

JEFE DE FAMILIA: _____

COD. FAM: [ ][ ] - [ ][ ] - [ ]

DIRECCION : _____

ATENCION BRINDADA A MUJERES ENTRE 12 Y 55 AÑOS

NOMBRES Y APELLIDOS	EDUC	EMBARZ	RIESGO REPROD	LACT	VIT A	VACUNA TT DOSIS/FECH
		REF CON	REF CON			
		REF CON	REF CON			

CODIGOS EDUCACION

(1) TRO
(2) IRA
(3) PAI
(4) NUTRICION
(5) PLANIF. FAMIL.
(6) HIGIENE BASICA

CODIGOS ACCIONES TOMADAS ENFERMEDADES

(1) INDICO TRO
(2) DIO REFERENCIA
(3) TRO Y REFERENCIA
(4) NINGUNA

TOSEDORES DETECTADOS Y REFERIDOS [ ]

CODIGOS ENFERMEDADES INMUNOPREVENIB.

(1) TETANO NEONATAL
(2) DIFTERIA
(3) TETANO
(4) SARAMPION
(5) TBC
(6) TOSFERINA
(7) POLIO

ATENCION BRINDADA A NIÑOS MENORES DE 5 AÑOS

NOMBRES Y APELLIDOS	ENFERMS DIARRE	IRA	ENFERM INMUNO PREVEN		NUTRICION LAC TAN	PESO (KG)	VIT. A DOSI/FEC	CONTROL DE VACUNAS POLIO DOSIS/FECH	D P T DOSIS/FECH	SARAMP. DOSIS/FECH	B C C
			REF CON	—							
			REF CON	—							
			REF CON	—							

NACIMIENTOS

NOMBRE DE LA MADRE:

LACTANDO?: SI( ) NO( )

NOMBRE DEL NIÑO	SEXO	FEC. DE NAC	PESO AL NACER	B C C	TIP. PARTO	
					N	P
					N	P

DEFUNCIONES

. MUJERES ENTRES 12 Y 55 AÑOS

NOMBRES Y APELLIDOS DE LA MUJER	EDAD	FEC. DE DEF	CAUSA DE LA MUERTE: TETANO	OTRAS

(1) TETANO NEO
(2) DIFTERIA
(3) TETANO
(4) SARAMPION
(5) TBC
(6) TOSFERINA
(7) POLIO

. NIÑOS MENORES DE 5 AÑOS Y NIÑAS ENTRE 6 Y 11 AÑOS

NOMBRE DE LA MADRE

NOMBRE DEL NIÑO	EDAD	FEC. DE DEF	CAUSA DE LA MUERTE: DIARR	IRA	DESNUTR	ENF. INM	OTRAS

IMUNIDAD _____

ILUNTARIO _____

FECHA _____

INMIGRACION Y EMIGRACION DE MIEMBROS DE LA FAMILIA

NUEVOS MIEMBROS (INMIGRACION)
(QUE PASAN A VIVIR A LA VIVIENDA EN FORMA PERMANENTE)

JEFE DE FAMILIA: _____

A. NIÑAS ENTRE 5 Y 11 AÑOS

NOMBRES Y APELLIDOS	FECHA DE NACIMTO

CODIGOS DE EDUCACION SOBRE SALUD

(1) ENFERMEDADES DIARREICAS
(2) INFEC. RESPIRATORIAS AGUDAS
(3) PAI
(4) NUTRICION
(5) PLANIFICACION FAMILIAR
(6) HIGIENE BASICA

B. MUJERES ENTRE 12 Y 55 AÑOS

No.	NOMBRES Y APELLIDOS	FEC. DE NAC O EDAD	ULTIMA VACUNA TT DOSIS	FECHA	No. DE EMBARAZOS	CONDIC (E/L)	EDUC/SALUD RECIBIDA
1							
2							

C. NIÑOS MENORES DE 5 AÑOS

NOMBRES Y APELLIDOS	RESP. Nº	RESP. PR	SEXO	FECHA DE NACIMIENTO	Nº DE DOSIS Y FECHA ULTIMA VACUNA POLIO	D P T	SARAMPION	B C G

(PR= PARENTESCO): 1. MADRE 2. TIA 3. HERMANA 4. OTRO

OTROS MIEMBROS NO CONTROLADOS POR EL PROYECTO (NUMERO): _____

MIEMBROS SALIENTES (EMIGRACION)
(QUE NO VIVIRAN MAS EN LA VIVIENDA)

NIÑAS ENTRE 5 Y 11 AÑOS

NOMBRES Y APELLIDOS	NOMBRES Y APELLIDOS

MUJERES ENTRE 12 Y 55 AÑOS

NOMBRES Y APELLIDOS	NOMBRES Y APELLIDOS

NIÑOS MENORES DE 5 AÑOS

NOMBRES Y APELLIDOS	SEXO	NOMBRES Y APELLIDOS	SEXO

OTROS MIEMBROS SALIENTES Y/O MUERTOS NO CONTROLADOS POR EL PROYECTO (NUMERO): _____

INTARIO: _____

REGION SANITARIA METROPOLITANA
HOJA DE REFERENCIA
DEL VOLUNTARIO DE SALUD

FECHA DE EMISION: _____

CENTRO DE SALUD : _____

NOMBRE DEL REMITIDO: _____

SEXO: FEM. _____ MASC. _____ EDAD _____

DIRECCION: _____

MOTIVO DE REMISION

PRENATAL( ) ALTO RIESGO( ) PUERPERIO( ) PLAN FAM ( )

CRECIMIENTO Y DESARROLLO ( ) NUTRICION ( )

ENFERMEDADES: DIARREA ( ) IRA ( ) SARAMPION ( )

TOS ( ) CONVULSION ( )

VACUNAS PENDIENTES ( )

OTROS: _____

_____

_____

NOMBRE DEL VOLUNTARIO: _____

REGION SANITARIA METROPOLITANA
HOJA DE REFERENCIA
DEL VOLUNTARIO DE SALUD

FECHA DE EMISION: _____

CENTRO DE SALUD : _____

NOMBRE DEL REMITIDO: _____

SEXO: FEM. _____ MASC. _____ EDAD _____

DIRECCION: _____

MOTIVO DE REMISION

PRENATAL( ) ALTO RIESGO( ) PUERPERIO( ) PLAN FAM ( )

CRECIMIENTO Y DESARROLLO ( ) NUTRICION ( )

ENFERMEDADES: DIARREA ( ) IRA ( ) SARAMPION ( )

TOS ( ) CONVULSION ( )

VACUNAS PENDIENTES ( )

OTROS: _____

_____

_____

NOMBRE DEL VOLUNTARIO: _____

REGION SANITARIA METROPOLITANA
HOJA DE REFERENCIA
DEL VOLUNTARIO DE SALUD

ECHA DE EMISION: _____

ENTRO DE SALUD : _____

OMBRE DEL REMITIDO: _____

EXO: FEM. _____ MASC. _____ EDAD _____

RECCION: _____

MOTIVO DE REMISION

RENATAL( ) ALTO RIESGO( ) PUERPERIO( ) PLAN FAM ( )

RECIMIENTO Y DESARROLLO ( ) NUTRICION ( )

NFERMEDADES: DIARREA ( ) IRA ( ) SARAMPION ( )

TOS ( ) CONVULSION ( )

CUNAS PENDIENTES ( )

ROS: _____

_____

_____

MBRE DEL VOLUNTARIO: _____

REGION SANITARIA METROPOLITANA
HOJA DE REFERENCIA
DEL VOLUNTARIO DE SALUD

FECHA DE EMISION: _____

CENTRO DE SALUD : _____

NOMBRE DEL REMITIDO: _____

SEXO: FEM. _____ MASC. _____ EDAD _____

DIRECCION: _____

MOTIVO DE REMISION

PRENATAL( ) ALTO RIESGO( ) PUERPERIO( ) PLAN FAM ( )

CRECIMIENTO Y DESARROLLO ( ) NUTRICION ( )

ENFERMEDADES: DIARREA ( ) IRA ( ) SARAMPION ( )

TOS ( ) CONVULSION ( )

VACUNAS PENDIENTES ( )

OTROS: _____

_____

_____

NOMBRE DEL VOLUNTARIO: _____

APPENDIX G

PIPELINE ANALYSIS

FAMILIAS CON ALTO RIESGO
MUJERES CON MAS DE TRES NINOS MENORES DE 5 ANOS

VOLUNTARIO: XXXXXXXXXXXXXXXXXXXXXX FECHA PROC: XX/XX/XX

CODIGO FAMILIA	JEFE DE FAMILIA/DIRECCION	NOMBRE DE LA MUJER	EDAD	NUMERO HIJOS	CONDIC ACTUAL
XXXX-X	1234567890123456789012345678901234567890 1234567890123456789012345678901234567890123456789012345678901234567890	123456789012345678901234567890123456789012345	XX	X	EMBAR.
		123456789012345678901234567890123456789012345	XX	X	LACTA.
XXXX-X	1234567890123456789012345678901234567890 1234567890123456789012345678901234567890123456789012345678901234567890	123456789012345678901234567890123456789012345	XX	X	XXXXXX
		1	1	1	1

FAMILIAS CON ALTO RIESGO
NINOS CON MAS DE UN EPISODIO DIARREICO EN EL MES
MMM DE XXXX

VOLUNTARIO: XXXXXXXXXXXXXXXXXXXXXX FECHA PROC: XX/XX/XX

CODIGO FAMILIA	JEFE DE FAMILIA/DIRECCION	NOMBRE DEL NINO	EDAD	HISTORIAL EPISODIOS FECH.VIST	ACC.TOMADA
XXXX-X	1234567890123456789012345678901234567890 1234567890123456789012345678901234567890123456789012345678901234567890	123456789012345678901234567890123456789012345	XX.X	XX/XX/XX	INDICO TRO
				XX/XX/XX	DIO REFERE
				XX/XX/XX	TRO Y REFE
				XX/XX/XX	NINGUNA
XXXX-X	1234567890123456789012345678901234567890 1234567890123456789012345678901234567890123456789012345678901234567890	123456789012345678901234567890123456789012345	XX.X	XX/XX/XX	INDICO TRO

NINOS CON VACUNAS INCOMPLETAS

OLUNTARIO: XXXXXXXXXXXXXXXXXXXXXX FECHA PROC: XX/XX/XX

CODIGO FAMILIA	JEFE DE FAMILIA/DIRECCION	NOMBRE DEL NINO	EDAD	VACUNA	FECHA	DOSIS
XXXX-X	1234567890123456789012345678901234567890 1234567890123456789012345678901234567890123456789012345678901234567890	123456789012345678901234567890123456789012345	XX.X	SARAMP	XX/XX/XX	X
				POLIO	XX/XX/XX	X
XXXX-X	1234567890123456789012345678901234567890 1234567890123456789012345678901234567890123456789012345678901234567890	123456789012345678901234567890123456789012345	XX.X	SARAMP	XX/XX/XX	X

FAMILIAS CON ALTO RIESGO
NINOS CON BAJO INDICE DE NUTRICION
MMM DE XXXX

VOLUNTARIO: XXXXXXXXXXXXXXXXXXXXXX

FECHA PROC: XX/XX/XX

CODIGO FAMILIA	JEFE DE FAMILIA/DIRECCION	NOMBRE DEL NINO	EDAD	HISTORIAL NUTRICION FECH.VIST	PESO	GRD
XXXX-X	1234567890123456789012345678901234567890					
	1234567890123456789012345678901234567890123456789 0	1234567890123456789012345678901234 5	XX.X	XX/XX/XX	XX.X	4
				XX/XX/XX	XX.X	3
				XX/XX/XX	XX.X	3
				XX/XX/XX	XX.X	1
XXXX-X	1234567890123456789012345678901234567890					
	1234567890123456789012345678901234567890123456789 0	1234567890123456789012345678901234 5	XX.X	XX/XX/XX	XX.X	2

5

MUJERES CON CUADRO INCOMPLETO DE VACUNAS ANTITETANICAS

AREA : XX
COMUNIDAD : XX - XXXXXXXXXXXXXXXXXXXX
VOLUNTARIO: XX - XXXXXXXXXXXXXXXXXXXX

FECHA PROC: XX/XX/XX
PAGINA: XXX

CODIGO FAMILIA	JEFE DE FAMILIA/DIRECCION	NOMBRE DE LA MUJER	EDAD	ULTIMA DOSIS FECHA	ULTIMA DOSIS DOSIS
XXXX-X	1234567890123456789012345678901234567890				
	1234567890123456789012345678901234567890	1234567890123456789012345678901234 5	XX.X	XX/XX/XX	X
		1234567890123456789012345678901234 5	XX.X	XX/XX/XX	X
XXXX-X	1234567890123456789012345678901234567890				
	1234567890123456789012345678901234567890	1234567890123456789012345678901234 5	XX.X	XX/XX/XX	X

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - CESAMO "LAS CRUCITAS"

VOLUNTARIOS POR AREA Y COMUNIDAD
AL XX/XX/XX

AREA: XX

PAGINA: XX

No.	VOLUNTARIO	SEXO	EDAD	E.C	FECH.ING	DIRECCION DOMICILIO	TELEFONO
COMUNIDAD: XX - XXXXXXXXXXXXXXXXXXXXXXXXX							
XX	12345678901234567890123434567890123 45	X	XX	S	XX/XX/XX	12345678901234567890123456789012345678901 2345	XX-XXXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XX	C		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XX							
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
XX						1	1 1
COMUNIDAD: XX - XXXXXXXXXXXXXXXXXXXXXXXXX							
XX	12345678901234567890123434567890123 45	X	XX	S	XX/XX/XX	12345678901234567890123456789012345678901 2345	XX-XXXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XX	C		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	XX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XX							
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
XX						1	1 1

XX/XX/XX

TEMAS DE CAPACITACION
RECIBIDOS POR VOLUNTARIO

PAGINA: XX

VOLUNTARIO	MODULO	111 211	112 212	121 221	122 222	131 231	132 232	141	142	151	152	TOTAL COMPL
		T E M A S										
12345678901234567890123456789012 3345	1	X	X	X	X	X	X	X	X	X	X	XX
	2	X	X	X	X	X	X					XX
12345678901234567890123456789012 3345	1	X	X	X	X	X	X	X	X	X	X	XX
	2	X	X	X	X	X	X					XX
12345678901234567890123456789012 3345	1	X	X	X	X	X	X	X	X	X	X	XX
	2	X	X	X	X	X	X					XX

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - CESAMO - "LAS CRUCITAS"

DETALLE DE CASOS DE ENFERMEDADES INMUNOPREVENIBLES DETECTADOS POR VOLUNTARIO

SEMANA DEL XX\XX\XX AL XX\XX\XX

AREA: XX

COMUNIDAD: CCCCCCCCCCCCCCC

VOLUNTARIO: XXXXXXXXXXXXXXXXXXXXXXXXXXX

FECHA PROC: XX/XX/XX

PAGINA : XX

JEFE DE FAMILIA	COD.FAM	NOMBRE DEL NINO	EDAD	TET.NEO	DIFTERIA	TETANO	SARAMP	T.B.C.	TOSFER.	POLIO
123456789012345678901234 5	XXXX X	1234567890123456789012345678 90	XX.X	X						
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX.X		X					
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX.X			X				
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX.X				X			
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX.X					X		
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX.X						X	
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX.X							
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX.X							X
123456789012345678901234 5	XXXX X	1234567890123456789012345678 90	XX.X	X						
		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			X					
TOTAL DE CASOS				XX	XX	XX	XX	XX	XX	XX

SUPERVIVENCIA INFANTIL PROYECTO HOPE - CESAMO - "LAS CRUCITAS"

CASOS DE ENFERMEDADES INMUNOPREVENIBLES DETECTADOS Y REFERIDOS POR VOLUNTARIO

PERIODO DEL DD/MM/AA AL DD/MM/MM

AREA : XX FECHA PROC: XX/XX/XX

COMUNIDAD: XX - CCCCCCCCCCCCCCCCCCCCCCCC PAGINA : XX

VOLUNTARIO	TET.NEO	DIFTERIA	TETANO	SARAMP	T.B.C.	TOSFER.	POLIO	TOTAL
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
XX BAJA TEMPORAL								
XX								
TOTAL COMUNIDAD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX

SUPERVIVENCIA INFANTIL PROYECTO HOPE - CESAMO - "LAS CRUCITAS"

CASOS DE ENFERMEDADES INMUNOPREVENIBLES DETECTADOS Y REFERIDOS POR COMUNIDAD

PERIODO DEL DD/MM/AA AL DD/MM/MM

FECHA PROC: XX/XX/XX PAGINA : X

AREA	COMUNIDAD	TET.NEO	DIFTERIA	TETANO	SARAMP	T.B.C.	TOSFER.	POLIO	TOTAL
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	X	X,XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	TOTAL PROYECTO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - CESAMO "LAS CRUCITAS"

DEFUNCION DE NINOS POR COMUNIDAD
SEGUN CAUSA DE LA MUERTE

PERIODO DEL XX/XX/XX AL XX/XX/XX

FECHA PROC: XX/XX/XX

AREA	COMUNIDAD	TET.NEO	DIFTER.	TETANO	SARAMP.	TBC	TOSFER.	POLIO	DIARR.	IRA	DESNUT.	OTRAS	TOTAL
XX	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
XX	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
XX	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	1234567890123456789012345678901 23	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - CESAMO - "LAS CRUCITAS"

NUMERO DE MUJERES POR COMUNIDAD

SEGUN ULTIMA DOSIS DE VACUNA ANTITETANICA APLICADA

FECHA PROC: XX/XX/XX

PAGINA : X

AREA	COMUNIDAD	NUMERO DE DOSIS 0	1	2	3	4	5	TOTAL
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	TOTAL AREA XX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	TOTAL AREA XX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	TOTAL AREA XX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX
	TOTAL PROYECTO	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	X,XXX	XX,XXX

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - CESAMO - "LAS CRUCITAS"

INFORME DE ACTIVIDADES EJECUTADAS POR COMUNIDAD
PERIODO DEL DD/MM/AA AL DD/MM/AA
PARTE 2

FECHA PROC: XX/XX/XX

AREA	COMUNIDAD	NINOS DETECTADOS DIAR.	IRA	TOTAL	NINOS PESADOS	--- NACIMIENTOS --- P.NORM	P.PREM	TOTAL	DEFUNC.MUJERES TETANO	OTRAS	TOTAL	------ DEFUNCIONES NINOS< 5 ANOS ------ DIAR.	IRA	DESNU.	ENF.INM	OTRAS	TOTAL	FAMILIAS CENSADAS	POBLACION BASE NINOS	MUJERES
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	TOTAL AREA XX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	TOTAL AREA XX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	TOTAL AREA XX	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
	TOTAL PROYECTO	XXX	XXX	X,XXX	XXX	XX	XX	X,XXX	XX	XX	X,XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XX	XXX	XXX
								1		1	1	1		1	1	1	1	1	1	

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SUPERVIVENCIA INFANTIL

PROYECTO HOPE - CESAMO - "LAS CRUCITAS"

INFORME DE ACTIVIDADES EJECUTADAS POR COMUNIDAD
PERIODO DEL DD/MM/AA AL DD/MM/AA
PARTE 1

FECHA PROC: XX/XX/XX

PAGINA : X

AREA	COMUNIDAD	EDUCACION BRINDADA TRO	IRA	PAI	NUTRIC	PLA.FAM	HIG.BAS	TOTAL	NUMERO DE REFERENCIAS MUJ.EMB.	MUJ.R.R	TOSDORES	DIARR.	I.R.A	E.I.P	TOTAL	CASOS IND.TRO DIAR.	IRA	TOTAL	CASOS IND.TRO Y REF. DIAR.	IRA	TOTAL
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	TOTAL AREA XX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
	TOTAL PROYECTO	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX

SUPERVIVENCIA INFANTIL

PROYECTO HOPE - CESAMO - "LAS CRUCITAS"

INFORME DE ACTIVIDADES EJECUTADAS POR VOLUNTARIO
PERIODO DEL DD/MM/AA AL DD/MM/AA
PARTE 1

FECHA PROC: XX/XX/XX
PAGINA: XX

AREA: XX

VOLUNTARIO	EDUCACION BRINDADA							NUMERO DE REFERENCIAS							- CASOS IND.TRO -			CASOS IND.TRO Y REF.		
	TRO	IRA	PAI	NUTRIC	PLA.FAM	HIG.BAS	TOTAL	MUJ.EMB.	MUJ.R.R	TOSDORES	DIARR.	I.R.A	E.I.P	TOTAL	DIAR.	IRA	TOTAL	DIAR.	IRA	TOTAL
COMUNINDAD: X - CCCCCCCCCCCCCCCCCCC																				
1 12345667890123456789012345678901234 5	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
3 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
4 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
5 SECTOR DESCUBIERTO																				
6 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
7																				
8																				
9																				
10																				
11																				
12																				
TOTAL COMUNIDAD XX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
COMUNINDAD: X - CCCCCCCCCCCCCCCCCCC																				
1 12345667890123456789012345678901234 5	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
3 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
4 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
5 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX																				
6 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX
7																				
TOTAL COMUNIDAD XX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	XXX	XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX	XXX	XXX	X,XXX

APPENDIX H

HIS REPORTS

1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT: HONDURAS CHILD SURVIVAL-CSVII

HEADQUARTERS

COST ELEMENTS	Actual Expenditures To Date (08/01/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (09/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) (08/01/91 to 08/31/94)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
I. PROCUREMENT									
A. Supplies	0	11	11	143	36	179	143	47	190
B. Equipment	0	0	0	0	0	0	0	0	0
C. Services/Consultants									
1. Local	0	0	0	0	0	0	0	0	0
2. Expatriate	0	0	0	0	0	0	0	0	0
SUB-TOTAL I	0	11	11	143	36	179	143	47	190
II. EVALUATION/SUB-TOTAL II	0	0	0	0	0	0	0	0	0
III. INDIRECT COSTS									
Overhead on HQ/HO (55%)	2,392	786	3,178	29,793	9,943	39,736	32,185	10,729	42,914
SUB-TOTAL III	2,392	786	3,178	29,793	9,943	39,736	32,185	10,729	42,914
IV. OTHER PROGRAM COSTS									
A. Personnel (List each position & total person months separately)									
1. Technical	2,487	829	3,316	24,508	8,169	32,677	26,995	8,998	35,993
2. Administrative	583	[illegible]	778	5,863	1,954	7,817	6,446	2,149	8,595
3. Support	1,262	421	1,683	2,504	834	3,338	3,766	1,255	5,021
B. Travel/Per Diems									
1. In-country	854	284	1,138	456	152	608	1,310	436	1,746
2. International	137	46	183	199	66	265	336	112	448
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)	63	21	84	3,756	1,253	5,009	3,819	1,274	5,093
SUB-TOTAL IV	5,386	1,796	7,182	37,286	12,428	49,714	42,672	14,224	56,896
TOTAL HEADQUARTERS	7,778	2,593	10,371	67,222	22,407	89,629	75,000	25,000	100,000

9/28/92
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1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT: HONDURAS CHILD SURVIVAL-CSVII

FIELD

COST ELEMENTS	Actual Expenditures To Date (08/01/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (09/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) (08/01/91 to 08/31/94)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
I. PROCUREMENT									
A. Supplies	0	4,466	4,466	4,633	59,915	64,548	4,633	64,381	69,014
B. Equipment	0	17,101	17,101	0	6,258	6,258	0	23,359	23,359
C. Services/Consultants									
1. Local	0	0	0	553	2,000	2,553	553	2,000	2,553
2. Expatriate	0	0	0	0	0	0	0	0	0
SUB-TOTAL I	0	21,567	21,567	5,186	68,173	73,359	5,186	89,740	94,926
II. EVALUATION/SUB-TOTAL II	0	0	0	17,812	0	17,812	17,812	0	17,812
III. INDIRECT COSTS									
Overhead/Field (55%)	16,908	585	17,493	71,354	10,692	82,046	88,262	11,277	99,539
SUB-TOTAL III	16,908	585	17,493	71,354	10,692	82,046	88,262	11,277	99,539
IV. OTHER PROGRAM COSTS									
A. Personnel (List each position & total person months separately)									
1. Technical	17,585	544	18,129	74,827	10,970	85,797	92,412	11,514	103,926
2. Administrative	0	0	0	0	0	0	0	0	0
3. Support	13,266	410	13,676	54,800	8,579	63,379	68,066	8,989	77,055
B. Travel/Per Diems									
1. In-country	7,994	247	8,241	61,659	9,592	71,251	69,653	9,839	79,492
2. International	0	0	0	10,940	808	11,748	10,940	808	11,748
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)	15,771	488	16,259	56,898	9,011	65,909	72,669	9,499	82,168
SUB-TOTAL IV	54,616	1,689	56,305	259,124	38,960	298,084	313,740	40,649	354,389
TOTAL FIELD	71,524	23,841	95,365	353,476	117,825	471,301	425,000	141,666	566,666

9/28/92
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1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT: HONDURAS CHILD SURVIVAL-CSVII

TOTAL - FIELD & HEADQUARTERS

	Actual Expenditures To Date (08/01/91 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds (09/01/92 to 08/31/94)			Total Agreement Budget (Columns 1 & 2) (08/01/91 to 08/31/94)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
TOTAL HEADQUARTERS	7,778	2,593	10,371	67,222	22,407	89,629	75,000	25,000	100,000
TOTAL FIELD	71,524	23,841	95,365	353,476	117,825	471,301	425,000	141,666	566,666
TOTAL	79,302	26,434	105,736	420,698	140,232	560,930	500,000	166,666	666,666

9/28/92
8:35

APPENDIX I

1992/93 WORK SCHEDULE

PERIOD OCTOBER 1992 – SEPTEMBER 1993

COUNTRY HONDURAS CESAMO LAS CRUCITAS COMMUNITIES PA1

OBJETIVE ACHIEVE SUSTAINABILITY OF CS ACTIVITIES IN COMMUNITIES OF PA1

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O N D J F M A M J J A S
LAS CRUCITAS HEALTH CENTER AND PROJECT STAFF INTEGRATING EFFORTS TOWARD SUSTAINABILITY OF PROJECT ACTIVITIES, SEPT/92	– TECHNICAL MEETING WITH PROJECT AND HC STAFF	– CONDUCT MONTHLY MEETING WITH PROJECT AND HC STAFF	– NURSE SUPERVISORS – SOCIAL WORKER	
	– TRAIN HC STAFF IN PROJECT METODOLOGY	– INVOLVE HC AUX/NURSE IN SUPERVISION OF CHVs – INVOLVE HC NURSE SUPERVISORS IN CS INTERVENTION STRATEGIES AND IMPLEMENTATION – INVOLVE OTHER HC STAFF IN COMMUNITY ACTIVITIES	– PROJECT TECHNICAL STAFF AND COUNTER PARTS	
	– FEEDBACK TO HC TECHNICAL AND OTHER HEALTH STAFF OF COMMUNITY ACTIVITIES ON A MONTHLY BASIS	– PROVIDE MONTHLY REPORTS TO HC DIRECTOR	– PROJECT COORDINATOR	
	– DEFINE HIS ACCORDING TO MOH REQUIREMENTS AND POSIBILITIES	– SIMPLIFY HIS – TRAIN HC STAFF AND CHVs IN HIS	– PROJECT COORDINATOR – HC DIRECTOR	
	– ORIENTATION AND TRAINING OF HC STAFF IN MANAGEMENT OF FEEDING CENTERS	– INTEGRATE HC TECHNICAL STAFF IN WORKING ACTIVITIES WITH COMMUNITY GROUPS AND HOUSEWIVES CLUBS – ASIGN RESPONSABILITY OF MANAGEMENT OF FEEDING CENTER – INTEGRATE HC STAFF IN SUPERVISION OF FEEDING CENTER	– SOCIAL WORKER	

P 2
FROM 382139

ANUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1992 – SEPTEMBER 1993

COUNTRY HONDURAS CESAMO LAS CRUCITAS COMMUNITIES PA1

OBJETIVE ACHIEVE SUSTAINABILITY OF CS ACTIVITIES IN COMMUNITIES OF PA1

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O N D J F M A M J J A S
LAS CRUCITAS HEALTH CENTER AND PROJECT STAFF INTEGRATING EFFORTS TOWARD SUSTAINABILITY OF PROJECT ACTIVITIES, SEPT/92	– TECHNICAL MEETING WITH PROJECT AND HC STAFF	– CONDUCT MONTHLY MEETING WITH PROJECT AND HC STAFF	– NURSE SUPERVISORS – SOCIAL WORKER	
	– TRAIN HC STAFF IN PROJECT METODOLOGY	– INVOLVE HC AUX/NURSE IN SUPERVISION OF CHVs – INVOLVE HC NURSE SUPERVISORS IN CS INTERVENTION STRATEGIES AND IMPLEMENTATION – INVOLVE OTHER HC STAFF IN COMMUNITY ACTIVITIES	– PROJECT TECHNICAL STAFF AND COUNTER PARTS	
	– FEEDBACK TO HC TECHNICAL AND OTHER HEALTH STAFF OF COMMUNITY ACTIVITIES ON A MONTHLY BASIS	– PROVIDE MONTHLY REPORTS TO HC DIRECTOR	– PROJECT COORDINATOR	
	– DEFINE HIS ACCORDING TO MOH REQUIREMENTS AND POSIBILITIES	– SIMPLIFY HIS – TRAIN HC STAFF AND CHVs IN HIS	– PROJECT COORDINATOR – HC DIRECTOR	
	– ORIENTATION AND TRAINING OF HC STAFF IN MANAGEMENT OF FEEDING CENTERS	– INTEGRATE HC TECHNICAL STAFF IN WORKING ACTIVITIES WITH COMMUNITY GROUPS AND HOUSEWIVES CLUBS – ASIGN RESPONSABILITY OF MANAGEMENT OF FEEDING CENTER – INTEGRATE HC STAFF IN SUPERVISION OF FEEDING CENTER	– SOCIAL WORKER	

BY:HUPE Center FROM 382139

GOAL	STRATEGIES	ACTIVITIES	RESPONSIBLE	O N D J F M A M J J A S
ORIENTATE ALL HC STAFF ABOUT THE ROLE OF THE CHVs, AND THEIR RELATION TO HC ACTIVITIES	– TRAINING WORKSHOPS WITH HC STAFF	– DEVELOP TRAINING SCHEDULE: . PREPARE PRESENTATION OF RESULTS OF CHVs ACTIVITIES . DISCUSSIONS AND CONCLUSIONS OF REFERRED SYSTEM TO BE USED WITH CHVs	– CS COORDIANTOR – TECH–STAFF	
– EVALUATE PROGRESS OF PLANNED ACTIVITIES FOR ACHIEVING SUSTAINABILITY	– QUARTERLY REVIEW OF ANNUAL PLAN	– QUARTERLY MEETINGS OF PROJECT AID HC TECHNICAL STAFF TO REVIEW PROGRESS OF PLANNED ACTIVITIES		
– CHVs ORGANIZED PER AREA AND RESPONSIBLE FOR THE PLANNING AND CONDUCTION OF MONTHLY MEETING AND OTHER COMMUNITY ACTIVITIES BY JAN/93	– ORGANIZE CHVs PER AREA – ELECTION OF BOARD OF CHVs COMMUNITIES – TRAIN CHVs IN ORGANIZATIONAL ASPECTS	– PROMOTE ORGANIZATION AND BOARD ELECTION DURING MONTHLY MEETING WITH CHVs – TRAINING AND ASSISTANCE TO CHVs FOR PLANNING AND CONDUCTING MONTHLY MEETING AND OTHER COMMUNITY ACTIVITIES	– SOCIAL WORKER – AUX/NURSES	
– AT LEAST ON ORGANIZED GROUP IN EACH COMMUNITY MEETING ON A MONTHLY BASIS, AND PROMOTING CS INTERVENTION	– PROVIDE TECHNICAL ASSISTANCE TO GROUPS THAT ALLREADY EXIST – ORGANIZE NEW GROUPS IN COMMUNITIES WHERE GROUPS HAVE DESINTEGRATED – INVOLVE CHVs IN THE ORGANIZATION AND FOR AS MEMBERS OF GROUPS	A) MEETING TO PROVIDE TECHNICAL ASSISTANCE TO GROUP B) TRAIN GROUP MEMBERS IN ORGANIZATIONAL ASPECTS C) CONDUCT GENERAL ASSEMBLIES AND HOME VISITS TO PROMOTE GROUP ORGANIZATION	– SOCIAL WORKER – AUX/NURSES – CHVs	
– EVALUATE PROGRESS OF PLANNED ACTIVITIES FOR ACHIEVING COMMUNITY ORGANIZATION	– QUARTERLY EVALUATIONS OF PLANNED ACTIVITIES	– MONITOR THE # OF ORGANIZED GROUPS ACTIVE IN EACH COMMUNITY # OF MONTHLY MEETINGS CONDUCTED BY EACH ORGANIZED GROUPS; PLANNED ACTIVITIES FOR EACH GROUPS	– CS COORDINATOR – TECHNICAL STAFF COUNTER PARTS	

ANUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1992 – SEPTEMBER 1993

COUNTRY HONDURAS CESAMO LAS CRUCITAS COMMUNITIES PA1

OBJETIVE ACHIEVE SUSTAINABILITY OF CS ACTIVITIES IN COMMUNITES OF PA1

GOAL	STRATEGIES	ACTIVITIES	RESPONSIBLE	O	N	D	J	F	M	A	M	J	J	A	S
– 150 CHVs ACTIVE AND PROMOTING CS INTERVENTIONS AT THE END OF SEPT/93	– TRAIN CHVs TO SUBSTITUTE DEFAULTERS – MONTHLY MEETING WITH CHVs – FIELD SUPERVISION TO CHVs – CONTINUAL EDUCATION FOR CHVs	– PLAN TRAINING SESSION – PLAN MONTHLY MEETING OF CHVs WITH BOARD LEADERS OF EACH CHVs COMMITTE – NURSE SUPERVISORS AND AUX/NURSES WILL PLAN CONTINUAL EDUCATION ACTIVITIES FOR FIELD SUPERVISIONS AND MONTHLY MEETINGS OF CHVs	– SOCIAL WORKER – NURSE SUPERVISOR – AUX/NURSES – COUNTER PARTS												
– WEEKLY SUPERVISIONS AND TECHNICAL ASSISTANCE FOR AUX/NURSES	– PROVIDE FIELD SUPERVISION TO AUX/NURSES IN AREAS OF MAJOR DEFICULTIES – USE OF HIS DATA TO PLAN SUPERVISION – FEEDBACK OF SUPERVISION RESULTS ON A WEEKLY BASIS	– PLAN SUPERVISION ACTIVITIES USING DATA COLLECTED THROUGH HIS – WEEKLY MEETING WITH AUX/NURSES TO PROVIDE FEEDBACK OF SUPERVISION RESULTS AND CONTINUAL EDUCATION WHOI NECESARY	– NURSE SUPERVISORS												
– EVALUATE PROGRESS IN PLANNED ACTIVITIES FOR ACHIEVING OBJETIVE	– QUARTERLY MEETINGS OF TECHNICAL STAFF AND CS COORDNATOR TO EVALUATE PROGRESS OF PLANNED ACTIVITIES	– MONITOR : * OF MEETING CONDUCTED WITH CHVs * OF FIELD SUPERVISIONS TO CHVs * OF CHVs ACTIVE * OF CHVs TRAINED IN MODULI * OF HOME VISITS CONDUCTED BY CHVs												

ANUA. PLAN OF THE ACTIVTIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1992 – SEPTEMBER 1993

COUNTRY HONDURAS CESAMO LAS CRUCITAS COMMUNITIES PA1

OBJETIVE CONTINUE THE PROMOTION AND SERVICE DELIVERY OF CS INTERVENTIONS

GOAL	STRATEGIES	ACTIVITIES	RESPONSIBLE	O	N	D	J	F	M	A	M	J	J	A	S
– 90% OF CHILDREN 12–23 MONTHS OF AGE WITH COMPLETE IMUNIZATION COVERAGE AT SEPT/93	– BIMONTHLY IMMUNIZATION CAMPAIGN AT COMMUNITY LEVEL	– PLAN, PROMOTE AND CONDUCT BIMONTHLY IMMUNIZATION CAMPAIGNS	– NURSE SUPERVISOR – SOCIAL WORKER												
	– CHILDREN WITH INCOMPLETE COVERAGE IDENTIFIED AND REFERED TO IMMUIZATION SITES BY CHIVs	– IDENTIFY IMMNUNIZATION SITES IN EACH COMMUNITY	– AUX/NURSES – CHIVs												
		– FEEDBACK TO CHIVs OF LIST OF CHILDREN WITH INCOMPLETE COVERAGE OBTAINED FROM HIS	– AUX/NURSES – CHIVs												
		– HOME VISITS BY CHIVs TO IDENTIFY NEWBORN AND CHILDREN WITH INCOMPLETE COVERAGE AND REFER THEN TO HC OR COMMUNITY IMMUNIZATIONSITES													
		– CHIVs AND AUX/NURSES WILL DENFY DURING HOME VISITS, CHILDREN WITH VACCINE PREVENTIBLE DESEASE AND NOTIFY AND REFER THEN TO THE CORRESPONDING HEALTH AUTHORTIES FOR EPIDEMIOLOGICAL CONTROL													
– 70% OF MOTHERS MORE KNOWLEDGEABLE REGARDING APROPIATE AGE AND INTERVAL OF VACCINE APPLICATION. SEPT/93	– HOME VISITS BY CHIVs TO PROVIDE EDUCATIONTO MOTHERS REGARDING IMMUNIZATION	– CHIVs WILL IDENTIFY PREGNANT WOMEN, MOTHERS OF NEWBORNS AND CHILDREN UNDER 2 AND 40 AND FOCUS EDUCATIONAL ACTIVITIES REGARDING EPI TO THESE WOMEN DURING HOUSEWIVES	– CHIVs – AUX/NURSES												
	– EDUCATIONAL LECTURES REGARDING IMMUNIZATION TO ORGANIZED GROUPS: HOUSEWIVES, COMMUNITY, BANKS AND PRENATAL GROUPS	– AUX/NURSES WILL PROVIDE FEEDBACK TO CHIVs OF ELIGIBLE WOMEN FOR EPI EDUCATION, PROVIDED THROUGH HIS	– AUX/NURSES												

GOAL	STRATEGIES	ACTIVITES	RESPONSIBLE	O	N	D	J	F	M	A	M	J	J	A	S
		– AUX/NURSES WILL PROVIDE EPI EDUCATION TO MOTHERS DURING IMMUNIZATION COMPAIGN AND GROUP MEETING	– AUX/NURSES												
– 30% OF WOMEN 12–49 Y/O WITH COMPLETE IMMUNIZATION COVERAGE, SEP/93	– BIMONTHLY IMMUNIZATION CAMPAIGNS AT COMMUNITY LEVEL – IMMUNIZATION CAMPAIGNS AT EDUCATIONAL CENTERS IN THE COMMUNITY	– PLAN, PROMOTE AND CONDUCT IMMUNIZATION CAMPAIGNS AT COMMUNITY LEVEL AND EDUCATION CENTERS	– NURSES SUPERVISOR – SOCIAL WORKER												
		– IDENTIFY IMMUNIZATION SITES IN EACH COMMUNITY	– AUX/NURSES – CHVs												
	– EDUCATION TO WOMEN IN FERTILE AGE AT EDUCATIONAL CENTERS, COMMUNITY BANKS, HOUSEWIVES CLUB AND DURING HOME VISITS, REGARDING IMPORTANCE AND INTERVAL FOR APLICATION OF TT VACCINE – IDENTIFICATION OF WOMEN 12–49 Y/O WITH INCOMPLETE TT COVERAGE AND REFERAL TO HC OR COMMUNITY IMMUNIZATION SITE	– CHVs AND AUX/NURSES WILL IDENTIFY WOMEN 12–49 YO WITH INCOMPLETE TT COVERAGE DURING HOME VISITS AND GROUPS MEETINGS (COMMUNITY BANKS HOUSEWIVES CLUBS, PRENATAL CLUB) AND PROVIDE THEM ORIENTATION REGARDING THE IMPORTANCE OF TT VACINE, THE INTERVAL FOR APPLICATION AND REFER THEM TO HC OR COMMUNITY IMMUNIZATION SITES	– AUX/NURSES – NURSES SUPRVISOR – CHVs												
		– PROMOTE AT HC LEVEL THE PRESENTATION OF TT CARD AS A REQUIREMENT TO THE FAMILY BONUS AND DEMANDING OF MEDICAL ATENTION	CS COORDINADR												
– IMPLEMENT CHANGES IN MOH POLICIES :															
– VACCINATE ALL CHILDREN 5–15 AND CHILDREN 9 MONTHS TO 5 Y/O WHO HAVENT RECIEVED MEASLES VACINE WITH A DOSE OF MEASLES ANTIGEN , NOV/92	– OBTAIN # OF CHILDREN 5–15 Y/O ENLISTED IN ALL EDUCATION CENTERS IN THE COMMUNITIES	– INTERVIEWS WITH DIRECTORS AND SCHOOL TEACHERS OF EDUCATIONAL CENTERS TO INFORM OF THE IMMUNIZATION CAMPAIGN AND OBTAIN REGISTERS OF CHILDREN 5–15	– PROJECT TECHNICAL STAFF – AUX/NURSE												

GOAL	STRATEGIES	ACTIVITIES	RESPONSIBLE	O	N	D	J	F	M	A	M	J	J	A	S
	- ORIENTATION TO SCHOOL TEACHERS REGARDING THE OBJECTIVE AND IMPORTANCE OF THE IMMUNIZATION CAMPAIGN	- PLAN, PROMOTE AND CONDUCT IMMUNIZATION CAMPAIGN AT EDUCATIONAL CENTERS AND COMMUNITY LEVEL	- ALL PROJECT STAFF												
	- MASIVE IMMUNIZATION CAMPAIGN AT EDUCATIONAL CENTERS AND COMMUNITY SITES	- IDENTIFY COMMUNITY SITES FOR IMMUNIZATION CAMPAIGN - IDENTIFY CHILDREN 9 MONTHS TO 5 Y/O WITHOUT A MEASLES VACCINE THROUGH HOME VISITS AND IMMUNIZATION LIST PROVIDE BY HIS	- AUX/NURSES - CHVs - AUX/NURSES - CHVs												
- EVALUATE EPI PLANNED ACTIVITIES	- USE OF HIS REPORTS	- MONITORS ON A QUARTERLY BASIS THROUGH HIS THE FOLLOWING INDICATORS: . % OF CHILDREN 12-23 MONTHS WITH DPT3, OPV3, ANTI-MEASLES AND BCG . % OF WOMEN 12-49 Y/O WITH TT2 AND TT5	- CS COORDINATOR - NURSE SUPERVISOR												
	- COMPARE IMMUNIZATION REGISTERS TO REGISTERS EDUCATIONAL CENTERS	- MONITOR % OF CHILDREN 5-15 Y/O VACCINATED DURING MEASLES IMMUNIZATION CAMPAIGN													
- 45% OF MOTHERS USING ORT DURING DIARRHEAL EPISODS IN CHILDREN < 2 Y/O	- CONTINUAL ED TO CHVs ON DIARRHEAL DESEASE MANAGEMENT AND PREVENTION	- PROVIDE CHVs WITH UPDATE INFORMATION ON DDC DURING SUPERVISION VISITS AND MONTHLY MEETINGS	- NURSES SUPERVISOR - AUX/NURSES												
- 40% OF MOTHERS WILL BE MORE KNOWLEDGABLE REGARDING NUTRITIONAL MANAGEMENT OF DD	- HOME VISITS CONDUCTED BY CHVs AND AUX/NURSES TO: IDENTIFY CHILDREN WITH DD AND TREAT AND/OR REFER THEN TO HC; PROVIDE EDUCATION TO MOTHERS REGARDING DD MANAGEMENT AND PREVENTION	- CHVs AND AUX/NURSES WILL IDENTIFY DURING HOME VISITS, CHILDREN WITH DD AND PROVIDE THE MOTHER WITH THE CORRESPONDING EDUCATION (PREVENTION NUTRITIONAL MANAGEMENT, ORS PREPARATION, IMPORTANCE OF VACCIN; APPLICATION) AND ORS PACKETS DISTRIBUTION	- AUX/NURSES - CHVs												

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
	– PROVIDE EDUCATION REGARDING DDC TO COMMUNITY GROUPS	– PLAN EDUCATIONAL LECTURES FOR MOTHERS MEMBERS OF COMMUNITY GROUPS	– NURSE SUPERVISOR – AUX/NURSES – CHVs												
		– CONDUCT EDUCATIONAL LECTURES TO MOTHERS DURING GROUP MEETINGS													
		– IDENTIFY THE HOME OF CHVs USING ORS DISTRIBUTION SIGNS PROVIDED BY MOH													
	– EVALUATION OF DDC ACTIVITIES DEVELOPED BY CHVs	– FIELD SUPERVISION TO CHVs PROVIDING FEEDBACK OF ACTIVITIES DEVELOPED DURING THE PREVIOUS PERIOD	– NURSE SUPERVISOR – AUX/NURSES												
– 20% OF MOTHERS INCLUSIVELY BREAST FEEDING DURING THE FIRST 6 MONTHS AFTER BIRTH	– IDENTIFY PREGNANT WOMEN AND NEW BORNS AND PROVIDE EDUCATION REGARDING THE IMPORTANCE OF EXCLUSIVE BREAST FEEDING DURING THE FIRST MONTHS OF LIFE OF THE CHILD	– FEEDBACK TO CHVs OF LIST OF PREGNANT WOMEN	– NURSE SUPERVISOR – AUX/NURSES												
		– HOME VISITS FOCUSSED ON PROVIDING EDUCATION REGARDING EXCLUSIVE BREAST FEEDING TO PREGNANT WOMEN AND MOTHERS OF NEWBORN	– AUX/NURSES – CHVs												
		– CONTINUAL ED TO CHVs ON TROUBLE SHOOTING IN BREAST FEEDING	– NURSE SUPERVISOR – AUX/NURSES												
		– FIELD SUPERVISION TO CHVs													
– 65% OF PREGNANT AND LACTATING WOMEN KNOWLEDGEABLE REGARDING THEIR NUTRITIONAL REQUIREMENT SEPT/93	– PROVIDE NUTRITIONAL EDUCATION DURING HOME VISITS AND PRENATAL CLUB MEETINGS	– IDENTIFY FAMILIES WITH PREGNANT AND LACTATING WOMEN THROUGH HIS AND PROVIDE FEEDBACK TO CHVs	– NURSE SUPERVISOR – AUX/NURSES												
		– CONDUCT HOME VISITS TO PROVIDE NUTRITIONAL EDUCATION TO PREGNANT AND LACTATING WOMEN	– AUX/NURSES – CHVs												
		– ORGANIZE PRENATAL CLUBS AND PROVIDE EDUCATIONAL LECTURES ACCORDING TO CURRICULA DEVELOPED	– AUX/NURSES – CHVs												
		– FIELD SUPERVISION DURING EDUCATIONAL ACTIVITIES	– NURSE SUPERVISOR												

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
– 65% OF MOTHERS MORE KNOWLEDGEABLE REGARDING THE NUTRITIONAL REQUIREMENTS OF THE HEALTHY, ILL AND RECOVERING CHILD. SEPT/93	– PROVIDE NUTRITIONAL EDUCATION DURING HOME VISITS AND GROUPS MEETINGS	– PREPARE EDUCATIONAL MESSAGES WITH SPECIFIC NUTRITIONAL EDUCATIONAL MESSAGES (NUTRITIONAL REQUIREMENT OF THE HEALTHY, ILL AND RECOVERING CHILD)	– AUX/NURSES – CHVs												
		– PROVIDE EDUCATIONAL LECTURES DURING GROUPS MEETINGS (COMMUNITY BANKS, HOUSEWIVES CLUBS) AND HOME VISITS	– AUX/NURSES – CHVs												
		– FIELD SUPERVISION DURING EDUCATIONAL ACTIVITIES	– NURSE SUPERVISOR												
– 65% OF MOTHERS MORE KNOWLEDGEABLE REGARDING THE VIT"A"RICH FOODS, SEPT/93	– PROVIDE IMPORTANCE OF EDUCATION REGARDING FOODS RICH IN VIT"A", AVAILABLE AT COMMUNITY LEVEL DURING HOME VISITS AND GROUPS MEETING	– PREPARE AND PROVIDE EDUCATIONAL MESSAGES REGARDING VIT"A" FOODS, VIT"A" DEFICIENCY, TO MOTHERS DURING HOME VISITS AND GROUPS MEETINGS	– AUX/NURSES – CHVs												
80% OF CHILDREN 6 MONTHS TO 5 AND/OR WILL HAVE RECEIVED ONE DOSE OF VIT. "A" EVERY SIX MONTHS.	– COORDINATION WITH DEFAND MOH FOR SUPPLY OF VIT. "A" CAPSULES	– UPDATE CHVS AND VIT. "A" SUPPLEMENTATION AND EDUCATION DURING SUPERVISION VISITS AND MONTHLY MEETING	NURSE SUPERVISOR AUX/NURSES												
	– SUPPLEMENTATION OF VIT "A" DURING HOME VISITS AND/OR INMUNIZATION CAMPAIGNS	– PROVIDE CVHS WITH VIT. "A" CAPSULES. – PROVIDE VIT. "A" DURING BIMONTHLY INMUNIZATION CAMPAIGNS TO CHILDREN ACCORDING TO DATES REGISTERED ON CHILD'S CARDS	NURSE SUPERVISOR AUX/NURSES AUX/NURSES CHVS												
		– REGISTER DATE OF VIT."A" SUPPLEMENTATION ON CHILD'S CARD AND REGISTERS.	AUX/NURSES CHVS												
		– FIELD SUPERVISION OF VIT. "A" SUPPLEMENTATION	NURSE SUPERVISOR AUX/NURSES												

GOAL	STRATEGIES	ACTIVTIES	RESPONSBLE	O	N	D	J	F	M	A	M	J	J	A	S
60% OF CHILDREN < 2 AND/OR WILL HAVE RECEIVED AT LEAST 4 GROWTH MONITORINGS DURING THE YEAR PERIOD.	-IDENTIFY FAMILIES WITH CHILDREN < 2 AND/OR THROUGH HIS AND FEEDBACK TO CVHs.	- PROVIDE CVHs WITH LIST OF FAMILIES WITH CHILDREN < 2 AND/OR ON A QUARTERLY BASIS.	NURSE SUPEVISOR AUX/NURSES												
	- GROWTH MONITORING DURING HOME VISITS.	- CONDUCT GROWTH MONITORING DURING HOME VISITS AND EDUCATE MOTHER AND/OR REFER TO NUTRITIONAL STATUS OF CHILD.	AUX/NURSES CVHs												
		-FIELD SUPERVISION DURING GROWTH MONITORNG ACTIVITIES.	NURSE SUPEVISOR AUX/NURSES												
FIVE FEEDING CENTERS MONITORED AND SUPPORTED TECHNICALLY BY PROJECT HOPE	-SUPERVISION OF CENTERS ON MONTHLY BASIS.	-CONDUCT MONTHLY VISITS TO SUPERVISE: ASSISTINCE, FOOD PREPARATION AND PRESERVATION, ADMINISTRATIVE ISUES.	SOCIAL WORKERS												
	-MONITOR NUTRITIONAL STATUS OF BENEFICIARIES ON A BIMONTHLY BASIS.	- CONDUCT BIMONTHLY SESSIONS TO MONITOR GROWTH OF BENEFICIARIES AND PROVIDE EDUCATION TO MOTHERS.	AUX/NURSES SOCIAL WORKER CVHs												
	-PROVIDE NUTRITIONAL EDUCATION TO MOTHERS OF BENEFICIARIES AND MANAGERS														
	-PROVIDE MONTHLY REPORTS O CARE AND JNBS.	-PREPARE MONTHLY REPORTS FOR CARE AND JNBS.	SOCIAL WORKER												
	-PROMOTE IMPLEMENTATION OF NEW FEEDING CENTERS.	-ATTEND MONTHLY MEETINGS WITH CARE, JNBS AND OTHER ORGANIZATIONS.	SOCIAL WORKER												
		- PROMOTE IMPLEMENTATION OF NEW FEEDING CENTERS DURING GROUP MEETINGS.	SOCIAL WORKER												
		-COORDINATE WITH OTHER ORGANIZATIONS EDUCATIONAL SESSIONS FOR FEEDING CENTERS MANAGERS.	SOCIAL WORKER												

FROM 382139

GOAL	STRATEGIES	ACTIVITIES	RESPONSIBLE	O	N	D	J	F	M	A	M	J	J	A	S
AT LEAST TWO VEGETABLES GARDENS ESTABLISHED IN EACH COMMUNITY, SEP/93.	-PROMOTE FAMILY GARDENS AMONG HIGH RISK FAMILES.	-IDENTIFY FAMILIES WITH MALNUTRITION.	AGRICUL. TECH.												
	-TRAIN COMMUNITY MEMBERS IN GARDING.	-PROMOTE FAMILY GARDENS INDIVIDUALLY AND DURING COMMUNITY MEETINGS.	AGRICUL. TECH.												
	-ESTABLISH DEMOSTRATION GARDENS IN STRATEGIC COMMUNITIES.	-TRAIN COMMUNITY MEMBERS AS GARDENING TRAINERS.	AGRICUL. TECH.												
	-SUPERVISION OF FAMILY GARDENS.	- DISTRIBUTE SEEDS AND PROVIDE TECHNICAL ASSISTENDE TO FAMILIES WITH GARDENS.	AGRICUL. TECH.												
		- ESTABLISH 3 DEMOSTRATION GARDENS.	AGRICUL. TECH.												
		- SUPERVISION VISITS TO FAMILY GARDEN AND DEMOSTRATION SITES.	AGRICUL. TECH.												
60% OF MOTHER WILL BE KNOWLEDGEABLE ABOUT THE NEED FOR PRENTAL CARE AT SEP/93	-IDENTIFY PREGNANT WOMEN AND ORGANIZE PRENATAL CLUBS FOR TRAINING ACCORDING TO CURRICULA DEVELOPMEET.	-IDENTIFICATION OF PREGANANT WOMEN DURING HOME VISITS, GROUPS MEETING AND THROUGH HIS.	AUX/NURSE CVHs												
	-PROVIDE MATERNAL CARE EDUCATION. MESSAGES INDIVIDUALLY AND IN GROUPS.	-ORGANIZE PRENATAL CLUBS.	AUX/NURSE CVHs												
		-PROVIDE MATERNAL CARE ED. MESSAGES ACCORDING TO CURRICULA DEVELOPED DURING MEETINGS OF PRENATAL CLUB.	AUX/NURSE CVHs												
		-PROVIDE MATERNAL CARE ED. MESSAGES TO WOMEN DURING HOME VISITS AND DURING GROUPS MEETINGS.	AUX/NURSE CVHs												
		-FIELD SUPERVISION DURING TRAINING ACTIVITES.	NURSE SUPERVISOR												

FROM 732139

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GOAL	STRATEGIES	ACTIVITIES	RESPONSIBLE	O	N	D	J	F	M	A	M	J	J	A	S
38% OF WOMEN IN FERTIL AGE WILL B USING MODERN CONTRCEPTIVE METHODS AT SEP'93.	–PROVIDE EDUCATION TO WOMEN IN FERTIL AGE REGARDING HIGH RISK PREGNANCIES.	–HOME VISITS TO PROVIDE EDUCATION REGARDING HIGH RISK REPRODUCTION, MODERN CONTRACEPTIVE METHODS, AND IDENTIFICATION OF WOMEN IN HIGH RISK.	AU/NURSES CVHs												
	–IDENTIFY WOMEN USING CRITERIA OF HIGH RISK REPRODUCTION AND PROVIDE ED. MESSAGES OF MODERN CONTRACEPTIVE METHODS.	–REFER WOMEN OF HIGH RISK REPRODUCTION TO FAMILY PLANNING CLINICS (MCH, IHSS, ASHONPLAFA).	AU/NURSES CVHs												
	–REFERRED SYSTEMS FOR FAMILY PLANNING.	–FIELD SUPIRVISION DURING EDUCATIONAL ACTIVITIES.	NU SE SUPERVISOR												
	–DISTRIBUTION OF FAMILY PLANNING METHODS AT COMMUNITY LEVEL.														
100% OF CVHs CAPABLE OF IDENTIFYING SIGNS AND SYMTOMS OF PNEUMONIA.	–CONTINUAL EDUCATION TO CVHs DURING FIELD SUPERVISION AND MONTHLY MEETINGS.	–PLAN AND CONDUCT TRAINING SESSIONS FOR CVHs DURING MONTHLY MEETINGS AND FIELD SUPERVISION ACCORDING TO CURRICULA DEVELOPED FOR ARI.	NU SE SUPERVISOR AU/NURSES												
		–PREPARE TRAINING LECTURES TO BE USED WITH CVHs AND MOTHERS.	NU SE SUPERVISOR AU/NURSES												
70% OF MOTHERS WILL BE MORE KNOWLEDGEABLE REGARDING THE IDENTIFICATION OF SIGNS AND SYMTOMS OF PNEUMONIA.	PROVIDE ED. MESSAGES INDIVIDUALLY AND IN GROUPS.	–HOME VISITS TO PROVIDE ED. MESSAGES REGARDING SIGNS AND SYMTOMS OF PNEUMONIA TO MOTHERS..	AU/NURSES CVHs												
		– TRAINING LECTURES ON SIGNS AND SYMTOMS OF PNEUMONIA DURING GROUP MEETINGS.	AU/NURSES CVHs												
		–FIELD SUPERVISION OF TRAINING ACTIVITIES.	NU SE SUPERVISOR												

GOAL	STRATEGIES	ACTIVITIES	RESPONSIBLE	O	N	D	J	F	M	A	M	J	J	A	S
SUPPORT OTHER ACTIVITIES THAT BENEFIT TARGET POPULATION	-COORDINATION WITH OTHER ORGANIZATION AND COMMUNITY GROUPS.	-ATTEND MEETINGS WITH OTHER ORGANIZATIONS..	PROJECT STAFF												
		-CONTINUAL EDUCATION TO PROJECT AND MOH STAFF.	PROJECT STAFF												
		-PROMOTE AND SUPPORT LATRINIZATION PROJECTS.	PROJECT STAFF												
		-PROMOTE AND SUPPORT CLEANING CAMPAIGNS.	PROJECT STAFF												
		-SUPPORT TO OTHER ACTIVITIES PROMOTED BY OTHER ORGANIZATIONS AND GROUP IN THE COMMUNITY.	PROJECT STAFF												
		-PROVIDE FEEDBACK TO HEALTH CENTERS OF ACTIVITIE DEVELOPED AND EVALUATIONS RESULTS.	PROJECT STAFF												

ANUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1992 – SEPTEMBER 1993

COUNTRY HONDURAS CESAMO LAS CRUCTAS, VILLA ADELA SAN FRANCISCO, 3 DE MAYO, ALEMANIA COMMUNITIES PA2

OBJETIVE TRAIN MOH STAFF AND CHVs IMPLEMENTATION OF CS INTERVENTION

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
– MOH FIELD STAFF TRAINED IN TEACHING METHODOLOGIES AND IMPLEMENTATION OF CS INTERVENTION FEB/93	– PLAN, PROMOTE AND CONDUCT TRAINING SESSIONS FOR MOH STAFF	– PREPARE TRAINING CURRICULA WITH INPUT FROM HC DIRECTOR – DISTRIBUTE MOH STAFF IN GROUPS PRIORITISING STAFF CURRENTLY WORKING IN COMMUNITY ACTIVITIES – PROMOTE AND CONDUCT TRAINING SESSIONS	– CS COORDINATOR – TECH STAFF – HC DIRECTOR												
– MOH ADMINISTRATIVE AND SUPPORT STAFF ORIENTED IN PROJECT METHODOLOGY, FEB/93	– PLAN, PROMOTE AND CONDUCT ORIENTATION SESSIONS IN EACH HEALTH CENTER	– PLAN WITH HC DIRECTORS DATES FOR ORIENTATION SESSIONS – CONDUCT SESSIONS	– CS COORDINATOR – CS COORDINATOR												
– 134 CHVs TRAINED IN MODULE I, DIC/92	– PLAN, PROMOTE AND CONDUCT TRAINING SESSIONS IN MODULE FOR CHVs	– SELECTION OF CHVs USING CRITERIA ESTABLISHED – PROVIDE TEACHING MATERIALS AND EQUIPMENT – TECH SUPPORT DURING CONDUCTION OF TRAINING SESSIONS – INVOLVE FIELD STAFF FROM HC IN TRAINING SESSION	– FIELD STAFF FROM HC – CS COORDINATOR – TECH STAFF												
– 280 CHVs TRAINED IN MODULE II, MAY/93	– PLAN, PROMOTE AND CONDUCT TRAINING SESSIONS IN MODULE FOR CHVs	– SELECTION OF CHVs USING CRITERIA ESTABLISHED – PROVIDE TEACHING MATERIALS AND EQUIPMENT – TECH SUPPORT DURING CONDUCTION OF TRAINING SESSIONS – INVOLVE FIELD STAFF FROM HC IN TRAINING SESSIONS	– FIELD STAFF FROM HC – CS COORDINATOR – TECH STAFF												

FROM 362139

GOAL	STRATEGIE	ACTIVITIES	RSPONSABLE	O N D J F M A M J J A S
– DISTRIBUTION OF HOUSE HOLDS TO ALL CHVs	– ASIGN HOUSE HOLDS TO CHVs USING COMMUNITY MAP	– COORDINATION WITH STAFF FROM VECTOR CONTROL DEPARTMENT – ASIGN HOUSE HOLDS AT COMMUNITY LEVEL WITH ALL FIELD STAFF PARTICIPATING AND KEEP RECORDS	– FIELD STAFF FROM HC	
– CONTINUAL EDUCATION TO CHVs	– PROVIDE CONTINUAL EDUCATION DURING FIELD SUPERVISIONS AND MONTHLY MEETING WITH CHVs	– FIELD SUPERVISIONS – MONTHLY MEETING WITH CHVs TO : PROVIDE CONTINUAL EDUCATION, DISCUSS PROBLEMS ENCOUNTERED IN THE FIELD, COLLECT DATA OF ACTIVITIES DEVELOPED AND FEEDBACK – PROVIDE SUPPLIES TO CHVs (HIS FORMATS, PENCILS, NOTEBOOKS, ORS PACKETS) – SUPPORT AND SUPERVISION OF MONTHLY MEETING WITH CHVs	– HCFIELD STAFF – HCFIELD STAFF – HCPE STAFF – HCPE STAFF	
– ONE FIELD SUPERVISION PER MNTH TO EACH CHV	– PLAN AND CONDUCT FIELD SUPERVISIONS PER COMMUNITY	– DISTRIBUTION OF COMMUNITIES AMONG FIELD STAFF – PLAN AND CONDUCT FIELD SUPERVISIONS ON A MOONTHLY BASIS – PLAN LOGISTICAL SUPPORT FOR FIELD SUPERVISIONS PER MONTH – KEEP RECORDS OF RESULTS OF FIELD SUPERVISIONS FOR FEEDBACK TO OTHER STAFF AND CHVs DURING MONTHLY MEETING	– HCTECHNICAL STAFF – HCTECHNICAL STAFF – HCTECHNICAL STAFF – HCTECHNICAL STAFF – HCPE STAFF	
– TRAING MANUAL OF BASIC HYGINE FOR CHVs, FEB.93	– OBTAIN INPUT FROM HCSTAFF REGARDING CONTENTS OF TRAINING MANUAL	– DESIGN TRAINING CURRICULA FOR BASIC HYGIENE FOR CHVs WITH INPUT FROM HC – PRESENT DRAFT TO MOH FOR REVISION – PRINT AND DISTRIBUTE MANUAL	– PROJECT TECH STAFF – PROJECT TECH STAFF – PROJECT TECH STAFF	

ANUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1992 – SEPTEMBER 1993

COUNTRY HONDURAS CESAMO LAS CRUCITAS, VILLA ABELA, SAN FRANCISCO, 3 DE MAYO, ALEMANIA COMMUNITIES PA2

OBJETIVE DECREASE INFANT MORBILITY AND MORTALITY CAUSED BY VACCINE PREVENTABLE DESEASE

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	F	M	A	M	J	J	A	S
– 90% OF CHILDREN 12 - 23 MONTHS WIT COMPLETE IMMUNIZATION COVERAGE, SEPT/93	– BIMONTHLY IMMUNIZATION CAMPAIGNS AL COMMUNITY LEVEL	– PLAN, PROMOTE AND CONDUCT BI–MONTHLY IMMUNIZATION CAMPAIGNS	– MOH STAFF											
	– NEWBORNS AND CHILDREN WITH INCOMPLETE COVERAGE IDENTIFIED AND REFER TO IMMUNIZATION SITES BY CHVs	– IDENTIFY IMMUNIZATION SITES IN EACH COMMUNITY	– MOH STAFF											
		– FEEDBACK TO CHVs OF LIST OF CHILDREN WITH IN COMPLETE COVERAGE OBTAINED FROM HIS	– MOH STAFF											
		– HOME VISITS BY CHVs TO IDENTIFY NEWBORNS AND CHILDREN WITH IN–COMPLETE COVERAGE AND REFER THEN TO HC OR COMMUNITY IMMU–NIZATION SITES												
		– CHVs AND AUX/NURSES WILL IDEN–TIFY DURING HOME VISITS, CHILDREN WITH VACCINE PREVENTIBLE DISEA–SE AND NOTIFY AND REFER THEM TO THE CORRESPONDING HEALTH AOTHORITES FOR EPIDEMIOLOGICAL CONTROL												
– 65% OF MOTHERS MORE KNOWLEDGEABLE REGAR–DING APPROPATE AGE AND INTERVAL OF VACCINE APPLICATION SEPT/93	– HOME VISITS BY CHVs TO PROVI–DE EDUCATION TO MOTHERS RE–GARDING IMMUNIZATION	– CHVs WILL IDENTIFY PREGNANT WOMEN, MOTHERS OF NEWBORNS AND CHILDREN < 2 Y/O AND FOCUS ED. MESSAGES REGARDING EPI TO THESE WOMEN DURING HOME VISITS	– CHVs – AUX/NURSES											
	– EDUCATIONAL LECTURES REGAR–DING IMMUNIZATION TO ORGANI–ZED GROUPS (HOUSEWIVES, COM–MUNITY BANKS AND PRENATAL GROUPS)	– AUX/NURSES WILL PROVIDE FEED–BACK TO CHVs OF ELIGIBLE WOMEN FOR EPI EDUCATION, OBTAINED THROUGH HIS	– AUX/NURSES											

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
		– AUX/NURSES WILL PROVIDE EDUCATION TO MOTHERS DURING IMMUNIZATION COMPAIGN AND GROUPMEETING	– AUX/NURSES												
– 30% OF WOMEN 12–49 Y/O WITH TT 5, SEPT/93	– BIMONTHLY IMMUNIZATION CAMPAIGNSAT COMMUNITY LEVEL. – IMMUNIZATON CAMPAIGNS AT EDUCATIONAL CENTERS IN THE COMMUNITY	– PLAN, PROMOTE AND CONDUCT IMMUNIZATION CAMPAIGNS AT COMMUNITY LEVEL AND EDUCATION CENTERS	– NURSES SUPERVISOR – SOCIAL WORKER												
		– IDENTIFY IMMUNIZATION SITES IN EACH COMMUNITY	– FIELD STAFF												
	– EDUCATIONTO WOMEN INFERTILE AGE ATEDUCATIONAL CENTERS, COMMUNITY BANKS, HOUSEWIVE CLUB, AND DURING HOME VISITS REGARDING IMPORTANCE ANDINTERVAL FOR APPLICATION OF T VACCINE	– CHVs AND AUX/NURSES WILL IDENTIFY WOMEN 12–49 Y/O WITH INCOMPLETE TT COVERAGE DURING HOME VISITS AND GROUPS MEETING, AND PROVIDE THEM ORIENTATION REGARDING THE IMPORTANCE OF TT VACCINE AND INTERVAL FOR APPLICATION AND REFER THEM TO HC OR COMMUNITY IMMUNIZATION SITES	– AUX/NURSES – SOCIAL WORKER – CHVs												
	– IDENTIFICATION OF WOMEN 12–49 Y/O WITH INCOMPLETE TT COVERAGEAND REFER TO HC OR COMMUNITY IMMUNIZATION SITES	– PROMOTE AT HC LEVEL THE PRESENTATION OF TT CARD AS A REQUIREMENT FOR ENROLLING IN FAMILY BONUS AND DEMANDING OF MEDICAL ATTENTION	– CS COORDINATOR												
- EVALUATE EPI PLANED ACTIVITIES	– USE OF HIS REPORTS	– MONITORS A QUARTERLY BASI THROUGH HIS THE FOLLOWING INDICATORS: . % OF CHILDREN 12–23 MONTHSWITH DPT3, OPV3, ANTI–MEASLES AND BCG . % OF WOMEN 12–49 Y/O WITH TT2 AND TT5	– CS COORDINATOR – HC TECHNICAL STAFF												

FROM 382139

ANUAL PLAN OF THE ACTIVITIES OF CHILD SURVIVAL PROJECT
PERIOD OCTOBER 1992 – SEPTEMBER 1993

COUNTRY HONDURAS CESAMO LAS CRUCITAS, VILLA ADELA, SAN FRANCISCO, 3 DE MAYO, ALEMANIA COMMUNITIES PA2

OBJETIVE DECREASE INFANT MORTALITY RATES CAUSED BY DIARRHEAL DESEASE

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
– 45% OF MOTHERS USING ORT DURING DIARRHEAL EPISODIS IN CHILDREN < 2 Y/O	– CONTINUAL ED TO CHVs ON DD MANAGEMENT AND PREVENTION	– PROVIDE CHVs WITH UPDATE INFORMATION ON DDC DURING SUPERVIS ON VISITS AND MONTHLY MEETING	– NURSE SUPERVISO – AUX/NURSES												
– 40% OF MOTHERS WILL BE MORE KNOWLEDGEABLE REGARDING NUTRITIONAL MANAGEMENT OF DD	– HOME VISITS CONDUCTED BY CHVs AND AUX/NURSES TO : IDENTIFY CHILDREN WITH DD AND/OR REFEL THEN TO HC; PROVIDE EDUCATION TO MOTHERS REGARDING DD MANEGEMENT AND PREVENT ON	– CHVs AND AUX/NURSES WILL IDENTIFY DURING HOME VISITS, CHILDREN WITH DD AND PROVIDE THE MOTHER WITH THE CORRESPONDING EDUCATION (PREVENTION, NUTRITIONAL MANAGEMENT, ORS PREPARATION	– AUX/NURSES – CHVs												
	– PROVIDE EDUCATION REGARDING DDC TO COMMUNITY GROUPS	– PLAN EDUCATIONAL LECTURES FOR MOTHERS MEMBERS OF COMMUNITY GROUPS	– NURSE SUPERVISOR – AUX/NURSES – CHVs												
		– CONDUCT EDUCATIONAL LECTURES TO MOTHERS DURING GROUP MEETINGS	"												
		– IDENTIFY THE HOMES OF CHVs USING ORS DISTRIBUTION SIGNS PROVIDED BY MOH	– AUX/NURSES												
		– MAINTAIN EPIDEMIOLOGICAL SURVILLENCE FOR CASES OF CHOLERA	– ALL STAFF – CHVs												
	– EVALUATION OF DDC ACTIVITIES DEVELOPED BY CHVs	– FIELD SUPERVISION TO CHVs PROVIDING FEEDBACK OF ACTIVITIES DEVELOPED DURING THE PREVIOUS PERIOD	– NURSE SUPERVISOR – AUX/NURSES												

PERIOD OCTOBER 1992 – SEPTEMBER 199

COUNTRY HOI DURAS CESAMO LAS CRUCITAS, /ILLA ADELA, SAN FRANCISCO, I DE MAYO, ALEMANIA COMMUNITIES PA2

OBJETIVE INCREASE THE KNOWLEDGE OF MOTHEIS REGARDING EXCLUSIVE BRE.ST FEEDING

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
– 20% OF MOTHERS EXCLUSIVELY BREAST FEEDING DURING THE FIRST 6 MONTHS AFTER BIRTHS	– IDENTIFY PREGNANT WOMEN AND NEWBORNS AND PROVIDE EDUCATION REGARDING THE IMPORTANCE OF EXCLUSIVE BREAST FEEDING DURING THE FIRST 6 MONTHS OF LIFE OF THE CHILD	– FEEDBACK TO CHVs OF LIST OF PREGNANT WOMEN	– NURSE SUPERVISOR APS/NURSES												
		– HOME VISITS FOCUSSED ON PROVIDING EDUCATION REGARDING EXCLUSIVE BF TO PREGNANT AND LACTATING MOTHERS	– APS/NURSES – CHVs												
		– CONTINUED ED TO CHVs ON TROUBLE SHOOTING IN B.F.	– NURSE SUPERVISOR – APS/NURSES												
		– FIELD SUPERVISION TO CHVs													

COUNTRY HONIURAS CESAMO LAS CRUCITAS, VILLA ADELA, SAN FRANCISCO, 3 DE MAYO ALEMANIA COMMUNITIES PA2

OBJETIVE INCREASE THE KNOWLEDGE OF MOTHERS REGARDING NUTRITIONAL NEEDS OF THE HEALTHY, ILL, RECOVING CHILD, AND PREGNANT OR LACTATING WOMEN

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O N D J F M A M J J A S
- 65% OF MOTHERS WIL BE MORE KNOWLEDGEALE ABOUT THE NUTRITIONAL NEEDS OF THE HEALTHY, ILL, RECOVING INFANT, AD THE PREGNANT OR LACTAING WOMEN	- PROVIDE NUTRITIONAL EDUCATION DURING HOME VISITS AND GROUPS MEETING	- IDENTIFY FAMILIES WITH PREGNANT AND LACTATING WOMEN THROUGH HS AND PROVIDE FEEDIACK TO CHVs	- NURSE SUPERVISO - AUX/NURSES	
		- CONDUCT HOME VISITS TO PROVIDE NUTRITIONAL EDUCATION TO PREGNANT AND LACTATING WOMEN	- AUX/NURSES - CHVs	
		- ORGANIZE PRENATAL CLUBS AND PROVIDE EDUCATIONAL LECTURES ACCORDING TO CURRICULA DEVELOPED	- AUX/NURSES - CHVs	
		- FELD SUPERVISION DUHNG EDUCATIONAL ACTIVITIES	- NURSE SUPERVISO	
		- PREPARE ED LECTURES WITH SPECIFIC NUTRITIONAL ED MESSAGES (NUTRITIONAL REQUIREMENTS OF THE HEALTHY, ILL AND RECOVING CHILD)	- AUX/NURSES - CHVs	
		- PROVIDE ED LECTURES DURING GROUPS MEETINGS (COMMUNITY BANKS, HOUSEWIVES CLUBS), AND HOME VISITS	- AUX/NURSES - CHVs	
		- FELD SUPERVISION DUFNG EDUCATIONAL ACTIVITIES	- NURSE SUPERVISO	

FROM 382139

[redacted]

PERIOD OCTOBER 1992 - SEPTEMBER 1993

COUNTRY HONDURAS DESAMO LAS CRUCITAS, VILLA ADELA, SAN FRANCISCO, 3 DE MAYO, ALEMANIA COMMUNITIES PA2

OBJETIVE MONITOR NUTRITIONAL STATTUS OF CHILDREN THROUGH GROWTH MONITORING SESSIONS

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O N D J F M A M J J A S
- 50% OF CHILDREN < 2 Y/O WILL HAVE RECIEVED AT LEAST 4 GROWTH MONITORING DURING THE YEAR PERIOD	- DENTIFY FAMILIES WITH CHILDREN < 2 Y/O THROUGH HIS AND EEDBACK TO CHVs - GROWTH MONITORING DURING HOME VISITS	- PROVIDE CHVs WITH LIST OF FAMILIES WITH CHILDRIN < 2 Y/O ON A QUARTERLY BASIS - CONDUCT GROWTH MONITORING DURING HOME VISITS AND EDUCATED MOTHERS AND/OR REFER TO HC OR FEEDING CETTERS ACCORDING TO NUTRITIONAL STATUS OF CHILD - FIELD SUPERVISION DURING GROWTH MONITOHING ACTIVITIES	- NURSI SUPERVISOR - AUX/NURSES - AUX/NURSES - CHVs - NURS. SUPERVISOR - AUX/NURSES	
- 65% OF MOTHERS INCREASE THEIR KNOWLEDGE ABOUT THE RALE OF FOODS RICH IN VIT"A" IN THEIR OWN AND THEIR CHILDREN'S DIET SEPT/93	- PROVIDE ED REGARGIND IMORTANCE OF CONSUMING FOOD RICH IN VIT"A", AVAILABLE AT COMMUNITY LEVEL, DURING HOME VISITS AND GROUPS MEETING	- PREPARE AND PROVIDE ED MESSAGES REGARDING VIT"A" FOODS, VIT"A" DIFFICIENCY, TO MOTHERS DURING HOME VISITS AND GROUPS MEETINGS	- AUX/NURSES - CHVs	
- 50% OF CHILDREN 6 MONTHS TO 5 Y/O WILL HAVE RECIEVED AT LEAST 1 DOSE OF VIT "A", SEPT/93	- COORDINATION WITH HEF AND MOH FOR SUPPLY OF VIT"A" CAPSULES - SUPLEMENTATION OF VIT"A" DURING HOME VISITS AND/OR IMMUNIZATION CAMPAIGNS	- UPDATE CHVs ON VIT"A" SUPLEMENTATION EDUCATION DURING SUPERVISION VISITS AND MONTHLY MEETING - PROVIDE CHVs WITH VIT"A" CAPSULES - PROVIDE VIT"A" DURING BIMONTHLY IMMUNIZATION CAMPAIGNS TO CHILDREN ACCORDING TO DATES REGISTERED ON CHILD CARD - REGISTER DATE OF VIT"A" SUPPLEMENTATION ON CHILDS CARD AND REGISTERS	- NURS. SUPERVISOR - AUX/NURSES " - AUX/NURSES - CHVs "	

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GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
– IMPLEMENT 4 NEW FEEDING CENTER SEPT/93	– ORIENTATION TO MOH STAFF ON FEEDING CENTERS POLICIES – COORDINATION WITH INBs AND CARE – PROMOTION OF COMMUNITY PARTICIPATION	– PROMOTION OF FEEDING CENTERS AT COMMUNITY LEVEL – ORGANIZE MOTHER CLUBS – IDENTIFY COMMUNITIES WITH HIGHEST MALNUTRITION RATES	– SOCIAL WORKER												
– 2 VEGETABLE GARDENS ESTABLISHED IN EACH COMMUNITY, SEPT/93	– PROMOTE FAMILY GARDENS AMONG HIGH RISK FAMILIES – TRAIN COMMUNITY MEMBERS IN GARDENING – ESTABLISH DEMOSTRATION GARDENS IN STRATEGIC COMMUNITY – SUPERVISION OF FAMILY GARDENS	– IDENTIFY FAMILIES WITH MALNUTRITION – PROMOTE FAMILY GARDENS INDIVIDUALLY AND/OR DURING COMMUNITY MEETING – TRAIN COMMUNITY MEMBERS AS GARDENING TRAINERS – DISTRIBUTE SEEDS AND PROVIDE TECHNICAL ASSITANCE TO FAMILIES WITH GARDENS – ESTABLISHED DEMOSTRATION GARDENS – SUPERVISION OF FAMILY GARDENS AND DEMOSTRATION SITES	– AGRICULT TECH – MOH FIELD STAFF – CHVs												
– 50% OF MOTHERS MORE KNOWLEDGEABLE ABOUT THE NEED FOR PRENATAL CARE SEPT/93	– IDENTIFY PREGNANT WOMEN AND ORGANIZE PRENATAL CLUBS FOR TRAINING ACCORDING TO CURRICULA DEVELOPED – PROVIDE MATERNAL CARE ED MESSAGES INDIVIDUALLY AND GROUPS	– IDENTIFY PREGNANT WOMEN DURING HOME VISITS, GROUPS MEETING AND THROUGH HIS – ORGANIZE PRENATAL CLUBS – PROVIDE MATERNAL CARE ED MESSAGES ACCORDING TO CURRICULA DEVELOPED DURING MEETING OF PRENATAL CLUB – PROVIDE MATERNAL CARE ED MESSAGES TO WOMEN DURING HOME VISITS AND GROUPS MEETINGS – FIELD SUPERVISION DURING TRAINING ACTIVITIES	– MOH FIELD STAFF – CHVs " " – MOH FIELD STAFF – CHVs "												

GOAL	STRATEGIES	ACTIVITIES	RESPONSABLE	O	N	D	J	F	M	A	M	J	J	A	S
– INCREASE USE OF FP METHODS 2% SEPT/93	– PROVIDE ED TO WOMEN IN CER-TLE AGE REGARDING HIGH RISK PREGNANCIES – IDENTIFY WOMEN USING CRITE-RIA OF HIGH RISK REPRODUCTION AND PROVIDE ED MESSAGES OF MODERN CONTRACEPTIVE ME-THODS – REFER SYSTEMS FOR FAMILY PLANNING – DISTRIBUTION OF FP METHODS AT COMMUNITY LEVEL	– HOME VISITS TO PROVIDE ED RE-GARDING HIGH RISK REPRODUCTION, MODERN CONTRACEPTIVE METHODS, AND IDENTIFICATION OF WOMEN IN HIGH RISK – REFER WOMEN OF HIGH RISK REPRODUCTION TO FP CLINICS (MOH, IHSS, ASHONPLAFA) – FIELD SUPERVISION DURING EDUCATIONAL ACTIVITIES	– AUXNURSES – CHVs												
– 10% OF CHVs CAPABLE OF IDENTIFYING SIGNS/SYNTOMS OF PNEUMONIA	– CONTINUAL ED TO CHVs DURING FIELD SUPERVISION AND MONTHLY MEETINGS	– PLAN AND CONDUCT TRAINING SE-SSIONS FOR CHV: DURING MONTHLY MEETINGS AND FIELD SUPERVISION ACCORDING TO CURRICULA DEVELO-PED FOR ARI – PREPARE TRAINING LECTURES TO BE USED WITH CHV: MOTHERS	– NURSE SUPERVISOR – AUXNURSES "												
– 40% OF MOTHERS WILL BE MORE KNOWLEDGEABLE REGARDING THE IDENTIFI-CATION OF SIGN/SYNTOMS OF PNEUMONIA	– PROVIDE ED MESSAGES INDIVIDUA-LLY AND IN GROUPS	– HOME VISITS TO PROVIDE ED ME-SSAGES TO MOTHERS – TRAINING LECTURES DURING GROUPS MEETINGS – FIELD SUPERVISION OF TRAINING ACTIVITIES	– AUXNURSES – CHV " – NURSE SUPERVISOR												

APPENDIX J

1992/93 BUDGET

RUN DATE 10/01/92
FOR THE FYE JUNE 30, 1993
Honduras Cooperative Child Survival 18311
0572510000

	U.S. CURRENCY	LOCAL CURRENCY	GIK	TOTAL
SALARIES AND WAGES	19,395	70,300		89,695
EMPLOYEE BENEFITS	1,848	2,400		4,248
PAYROLL TAXES	1,452	2,400		3,852
SUPPLIES	29,475	12,000		41,475
OCCUPANCY		1,500		1,500
COMPUTER SERVICES				
PROFESSIONAL FEES/SERVICES				
HOSPITAL CONSTRUCTION				
POSTAGE AND SHIPPING	2,400	2,400		4,800
AWARDS AND HONORANIUMS	5,000			5,000
BOOKS AND PUBLICATIONS				
PRINTING AND ARTWORK		7,881		7,881
TRANSPORTATION	4,950	19,500		24,450
TELEPHONE AND TELEX	4,200	1,200		5,400
MISCELLANEOUS				
TOTAL DIRECT EXPENSES	68,720	119,581		188,301

DIRECT EXPENSES	68,720	119,581		188,301
INDIRECT CHARGES (RATE = 55%)	12,482	41,305		53,787
TOTAL	81,202	160,886		242,088

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RUN DATE 10/01/92
FOR THE FYE JUNE 30, 1993
Honduras Cooperative Child Survival 28111 (EVALUATION)
0572510000

	U.S. CURRENCY	LOCAL CURRENCY	GIK	TOTAL
SALARIES AND WAGES				
EMPLOYEE BENEFITS				
PAYROLL TAXES				
SUPPLIES				
OCCUPANCY				
COMPUTER SERVICES				
PROFESSIONAL FEES/SERVICES	6,600			6,600
HOSPITAL CONSTRUCTION				
POSTAGE AND SHIPPING				
AWARDS AND HONORANIUMS				
BOOKS AND PUBLICATIONS				
PRINTING AND ARTWORK				
TRANSPORTATION	2,300			2,300
TELEPHONE AND TELEX				
MISCELLANEOUS				
TOTAL DIRECT EXPENSES	8,900			8,900

DIRECT EXPENSES	8,900			8,900
INDIRECT CHARGES (RATE = 55%)				
TOTAL	8,900			8,900