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World Vision Relief & Development Inc.

FIRST ANNUAL REPORT
BARAHONA CHILD SURVIVAL PROJECT
BARAHONA, DOMINICAN REPUBLIC

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ABBREVIATIONS

AC	Area Coordinator
ADD/EDA	Acute Diarrheal Diseases/*Enfermedad Diarreica Aguda*
ARI/IRA	Acute Respiratory Infections/*Respiratorias Agudas Infecciones*
BCG	Bacillus Calmette Guerin
CENISMI	*Centro Nacional de Investigaciones en Salud Materno Infantil* (National Center for Research in Maternal and Child Health)
CS/CSP	Child Survival/Child Survival Project
CONAPOFA	*Consejo Nacional de la Poblacion y Familia*
COSASO	Coordination de Salud del Sureste
DIP	Detailed Implementation Plan
DPT	Diphtheria, Pertussis, Tetanus
EAP	Economically Active Population
EPI/PAI	Expanded Program on Immunization/*Program de Ampliacion de Imunizacion*
HIS	Health Information System
HP	Health Promoters
HSC	Health Subcommittee
IGA	Income-Generating Activities
KAP	Knowledge Attitudes Practice
OM	Operations Manager
ORS	Oral Rehydration Salts
ORT/TRO	Oral Rehydration Therapy/*Terapia de Rehidratacion Oral*
PVO/NGOs	Private Voluntary Organization/Nongovernment Organization
SESPAS/MOH	*Secretaria de Estado de Salud Publica y Asistencia Social*/Ministry of Public Health and Social Services
SSID/CWS	*Servicios Social de Iglesias Dominicana*/Church World Services
TC	Technical Coordinator
URC	University Research Corporation
WHO	World Health Organization
WV	World Vision
WVDR	World Vision Dominican Republic
WVRD	World Vision Relief & Development Inc.

*Spanish acronyms have been given English equivalents

1. RESULTS IN YEAR ONE

1.1 Major Results

The key objective of World Vision's Child Survival Project (CSP) in the Dominican Republic is to contribute to a reduction in infant and child mortality due to diarrhea, vaccine-preventable diseases, and pneumonia by strengthening promotive and preventive services in 15 and 16 underserved communities in the provinces of Barahona and Bahoruco, respectively. This will be done in partnership with the Ministry of Health's regional offices, health centers, and communities.

This year, Child Survival (CS) activities such as immunization, control of Acute Respiratory Infections (ARI), Oral Rehydration Therapy (ORT), and nutrition were started in Barahona's 15 target communities. The target communities are La Hoya, Pescaderia, Palo Alto, Jaquimeyes, Bahoruco, El Arroyo, La Cienega, Fundacion, El Jobo, Fudeco, Cachon, Juan Esteban, Pueblo Nuevo, La Guazara, and Hato Viejo.

These 15 communities have a combined population of 10,218 with 2,109 children 0-59 months old and 2,247 women of childbearing age (15-44 years).

Major activities undertaken during this first year include:

1.1.1 Installation of a project office in Barahona and the hiring of all CSP staff—project director, operations manager, technical coordinator, area coordinators, HIS coordinator/accountant, bookkeeper, secretary/clerk, and driver/ mechanic. We also procured the following equipment: jeep, five motorcycles, computer, printer, photocopier, slide projector, and other technical and office supplies.

1.1.2 Completion of the baseline survey and submission of the Detailed Implementation Plan (DIP).

1.1.3 Registration of families and priority groups.

1.1.4 Strategic Planning workshop for key community leaders, health workers, and women representatives.

1.1.5 Implementation of a workshop on "Sustainability for PHC/CS Projects" attended by representatives from the University Research Center, MOH, NGOs, Health Subcommittees (HSCs), and Health Promoters (HPs) from 15 target communities.

1.1.6 Organization of 15 HSCs, 14 Mothers' Clubs, and one Fishermen's Club.

1.1.7 A series of training activities for HPs, HSCs, and CSP core staff.

There were a number of training/workshops conducted by CSP & headquarters staff for community-based health workers, namely:

a. CS project objectives and interventions, community's role, HPs, and HSCs' roles and responsibilities in the project.

b. Use of health surveys, survey exercises, action planning attended by HPs, HSC members and women representatives.

c. ORT training for HPs.

d. Breastfeeding and nutrition training for HPs (four separate weeks) with emphasis on the weaning child, breastfeeding and lactating mothers.

d. Nutrition for Health Subcommittee members.

e. EPI training for HPs and HSCs—disease occurrence and surveillance, the importance of a high coverage, tracing defaulters, and mobilizing communities and families.

Health Promoters and Health Subcommittee members also benefited from these training programs: proper waste and garbage disposal, promoting latrine construction, care and maintenance of water sources.

1.1.8 Initiation of CS interventions such as vaccination, health education, etc. in the second quarter.

a. Immunization

The current A.I.D.-financed obligations are for training, staff transport, and consultancy fees. The MOH staff trained and supervised volunteer Health Promoters during vaccination campaigns and also provided vaccines and other supplies. The health workers trained in immunization are:

- Technical Coordinator and Area Coordinators on training/ supervision and data collection;
- HPs on registering eligible for immunization, how to fill out the road-to-health card and how to mobilize communities; and
- Members of Mothers' Clubs and Health Subcommittees on motivation and follow-up of defaulters.

Our service statistics shows the number of children 0-23 months immunized by type of vaccine:

BCG - 583 OPV3 - 1609 DPT3 - 1208 Measles - 888

The number of children fully immunized totaled 908. This could be explained by the fact that this project only began this year. Hence, we are not just targeting a cohort of newborns this year but also those children who have not completed their full series by age one, the year before. The baseline survey showed that coverage prior to the implementation of this project was insignificant.

Six hundred eighty-two pregnant women were administered two doses of tetanus toxoid.

b. ORT

The HPs, during their domiciliary visits, demonstrated before mothers the correct preparation of ORS solution, the use of rice broth, and dietary measures in their home management of diarrhea. Emphasis was given to the use of rice broth because ORS packets were beyond the reach of a number of families and packets provided by MOH free of charge were in short supply. Similar demonstrations were conducted by HPs for community development leaders and members of Health Subcommittees.

In August, the last round of domiciliary visits showed that about 50% of mothers/childcaretakers correctly know how to prepare and administer the oral rehydrating solution using ORS packets. An increasing number of women with children under five now know and can correctly administer ORT.

As a result of these intensive ORT education, the health center staff noted a significant reduction in the number of diarrhea cases and referrals seen at the health centers.

c. Control of ARI

This year, the project focused its ARI activities on educating mothers the "alarm" or danger signs and symptoms of moderate and severe ARI and instructions for referral. We are still waiting for the training program on ARI for health personnel which will be conducted by MOH with technical assistance from URC.

The domiciliary visit conducted in August revealed that 40 percent of mothers with children 0 - 59 months correctly know two or more signs and symptoms of ARI.

d. Nutrition

Ms. Carmen Graveley, CSP Director, conducted training sessions for the core staff. Another two courses on nutrition education were provided to HPs and HSCs. The course covered basic nutrition concepts and practical demonstrations on nutrition education and food preparation.

The HPs conducted twelve sessions on nutrition with their catchment mothers. Sessions focused on the weaning process, preparation of locally available nutritious recipes, extra feeding during diarrhea and ARI, and other supportive measures on the care of the rehabilitating child.

Growth monitoring of children 0-59 months using weight for age was another activity began this year. In August, 2,109 children were weighed. Four hundred nine children (19%) were at various state of undernutrition—11%, 6.6%, and 1.5% were mild, moderate and severely malnourished, respectively. Diets of children suffering from severe malnutrition were supplemented with eggs, milk, and cereals for a month. Funds for food supplementation were provided by the child sponsorship project. Extra time was spent with mothers of undernourished children to teach them how to prepare dishes using low-cost and locally available ingredients.

Families who own lands were encouraged and taught home gardening. We now have five families who started home gardens.

Analysis of the causes of malnutrition in the target areas indicate that lack of food was a major factor. The project has discussed the problem with WVDR's staff implementing development activities in the area. Some solutions should be forthcoming in FY93.

e. Birth Spacing

Activities under this intervention have just started in the last few months. Information on birth spacing was made available to individual mothers during domiciliary visits.

1.2 Change in Approach to Individuals at Higher Risk

The "high risk" strategy was not clearly discussed in the DIP. The project considers a child/mother as "high risk" if he/she falls under any of the these categories:

1.2.1 All newborns.

1.2.2 Children 0-4 months not being breastfed.

1.2.3 Children 0-11 months who have not been fully immunized.

1.2.4 Malnourished children with repeated bouts of diarrhea.

1.2.5 Children under five not administered ORT when they have diarrhea.

1.2.6 Children 0-59 months who do not gain weight after two consecutive occasions or whose weight is faltering.

1.2.7 Pregnant women who have not received at least two prenatal check-ups.

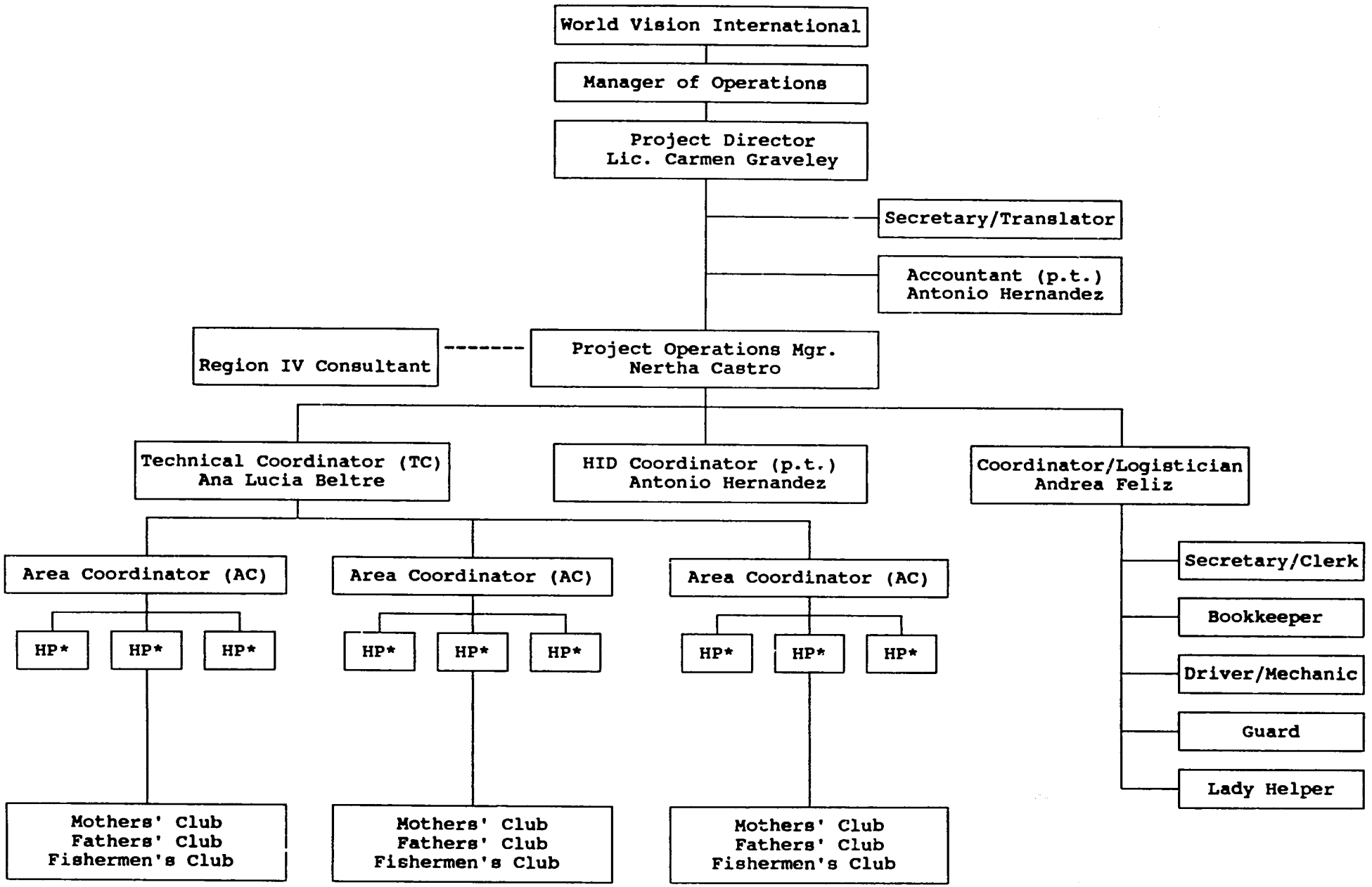
1.2.8 Pregnant women who have not received at least two doses of TT. We will try to gradually add other "risk" characteristics for mothers depending on the frequency of occurrence of the condition and its practical usefulness.

Strategy: Each HP has a notebook which records all women of reproductive age group and all children 0 - 59 months. In her notebook are separate pages for CS interventions that should be followed up each month for each mother/child in her area. Hence, "high risk" groups are easily identified, advised/referred for appropriate intervention, and subsequently followed up at least twice a month. For example, children who did not come for immunization were visited by the HPs and vaccinated at home. There is a detailed discussion of the strategy in Section 4.

1.3 Staffing

The organizational chart remains the same as seen on the next page. However, the time and personnel allocation has changed for the positions of accountant and HIS Coordinator. This was prompted by the difficulty of hiring highly qualified people because the pay scale was not enough to attract them. We decided to combine the two salaries and look for an individual with both requisite qualifications. Mr. Antonio Hernandez, HIS Officer/Accountant, now works full-time and does both jobs well. He is required to fill out a time allocation sheet to enable the project to track down his time for HIS and for accounting. Job descriptions for the core staff are given in Appendix A.

PROJECT ORGANIZATIONAL CHART



*Health Promoter

1.4 Continuing Education

The quality of the project has been given a boost by the following continuing education activities:

Date	Attendees	Topic	Sponsor/Trainer
October 1991 (10 days)	CSP Director	Program Administration	World Vision Int'l.
January 1992 (one day)	Operations Manager	EPI Logistics	MOH/EPI
February 1992 (two days)	CSP Director	Vitamin A Deficiency	CENISMI
May 1992 (three days)	Operations Manager	AIDS	Nat'l. AIDS Comm.
June 1992 (four days)	CSP Director	Nutrition/Parasitism	INMED
July 1992 (five days)	CSP Field Staff Family Plng.		Univ. Research Ctr.
July 1992 (ten days)	CSP Director	Continuing Education	WVI/WV Guatemala

1.5 Technical Support

1.5.1 Local

The University Research Center, a USAID Mission-funded agency to support local PVOs with CS projects in the Dominican Republic, provided technical assistance to the CS staff in the following areas: ORT (two days), Breastfeeding (four days), and Family Planning (five days).

The Center for Research and Consultancy in Health trained the CSP staff for two days on the conduct of the baseline survey, its design, application and supervision. CSP staff experienced "hands on" training during the baseline survey where they served as supervisors.

The National Center for Research in Maternal and Child Health (CENISMI) conducted a two-day seminar on Vitamin A Deficiency.

The Ministry of Health's EPI division trained the staff for three days on EPI.

1.5.2 Regional

World Vision in Guatemala sponsored a 10-day training/workshop on Continuing Education attended by the CSP Director. Some of the topics covered include facilitation, popular education, health management, etc.

Mr. Marc Similien, former La Gonave CSP Manager and presently Administrative Coordinator for La Gonave Integrated Development projects, shared with

the CSP core staff lessons learned and experiences in CS programming. He also helped the field office with the CSP grant accounting and reporting system.

1.5.3 Headquarters

Dr. Milton Amayun, Director, International Health Programs Division (IHPD) at WVRD, provided advice on start-up issues of CS projects in September 1991. Accompanied by the country coordinator and CSP Director, he visited USAID, MOH and other NGOs.

In March 1992, Ms. Sandra Jenkins, CS Financial Grant Coordinator, conducted a five-day workshop on grant accounting and financial reporting for CS projects funded by USAID.

In May 1992, Dr. Fe Garcia, Sr. Program Development Officer for CS projects, assisted the CSP staff implement a "hands on" workshop on surveys for community workers and its use for strategic action planning. She reviewed the DIP guidelines and the project HIS with the CSP Director. Dr. Garcia and the CSP Director paid a courtesy call to Mr. Jack Thomas, USAID Deputy Director for Multisectorial Development Office to update him on the project's progress and planned workshop in the country.

IHPD, in collaboration with the CS project, sponsored a three-day seminar/ workshop on Sustainability in the province of Barahona. The workshop was facilitated by Dr. James A. Rice and Ms. Carolyn Rose-Avila, WVRD Director for Development. Participants included representatives from the University Research Corporation (2 senior staff), MOH (regional epidemiologist and regional nurse trainer), staff from two PVOs, PLAN International and Services Social de Iglesias Dominican, three senior level staff from WVDR, WV Area Coordinators for Integrated Development projects, and 10 representatives from target communities.

Over ten periodicals/articles about Child Survival have been received from IHPD, not to mention at least a monthly correspondence by telephone, telex and fax.

1.6 Community Participation

There are 15 health committees—one in each target community. All committees have met at least once during the past 90 days. These committees have been actively involved in:

a. Mapping target communities
b. Selecting Health Promoters
c. Mobilizing communities for vaccinations and other health activities such as latrine construction.

d. Participating in training activities e.g., prevention of malnutrition, surveillance for vaccine-preventable diseases, tracing defaulters.
e. Developing a community-based health information monitoring board.
f. Meeting HPs and other community representatives.
g. Providing moral support to HPs.
h. Disseminating information about the location and availability of curative/ referral services to community residents.

This year, 45 voluntary HPs have been trained. Each community has organized Mothers' clubs. A Fishermen's Association was formed in a target community situated by the coast.

1.7 Linkages to Other Health and Development Activities

Community

Prior to the implementation of CS activities, CSP staff, MOH personnel, and NGO representatives held joint meetings with Development Committees (DCs) organized by WV's integrated projects staff in the target areas. Later, a decision was made to form Health Subcommittees (HSCs) under the DC umbrella. Other groups such as Mothers' Clubs and Fishermen's Clubs were formed to strengthen the base for community participation. In areas where there are no trained HPs, the communities selected the HPs, while in other areas, existing HPs were adopted by the CS project.

Ministry of Health

We continue to follow and comply with MOH policies and standards for CS activities. In Barahona, effective coordination has been achieved - technical and operational support from MOH has been timely and smooth. For example, the MOH fully supports project EPI activities in the 15 target communities. Supplies such as vaccines, cold boxes, etc. are regularly received; periodic supervision is provided by MOH staff along with technical advice on the development of educational materials. Monthly meetings are held with MOH staff re: project progress and achievement. We also provide them statistical reports of our CS activities.

In October 1992, Ms. Carmen Graveley, CSP Director, was named as a member of the national committee on the revision of national standards of CS activities along with representatives from URC and the MOH.

Other NGOs

The project has a sound and smooth relationship with NGOs operating in the region. There is an organization called Coordinadora de Salud del Suroeste (COSASO) whose mandate is to coordinate and support CSP activities in the region. Their headquarters is in Barahona. We regularly attend coordinating meetings organized by COSASO.

As mentioned earlier, the URC provides technical support to NGOs with CS projects. It also coordinates training programs of the MOH and the NGOs. This ensures the standardization of training activities and CS services. The URC also provides opportunities for sharing lessons learned among NGOs.

The project adopted the training materials for HPs and supervision manual developed for NGOs—an activity funded by USAID.

NGOs in the target area were invited to participate in the workshop on sustainability of CS activities in the area. Two NGOs-PLAN International and Church World Services sent representatives and provided practical and valuable comments to the workshop.

2. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED

2.1 Constraints

The start-up period for the project's implementation was slightly delayed because of the following:

2.1.1 Change in WVDR's Management in Sto. Domino

The country coordinator and other personnel were replaced shortly before the project began. There was not enough time for staff endorsement so the transition took longer than anticipated. Also, the new program director was not a participant to the development of the proposal.

Action Taken: The IHPD Director visited the Country Coordinator and Project Director to orient him about CSP programming.

2.1.2 Procurement of Equipment and Supplies

Because of staff turnover in Sto. Domingo, transactions regarding finances were also impacted. Resources were made available only in mid-November.

Action Taken: WVRD's headquarters staff facilitated the immediate release of funds through World Vision International (WVI) and requested WVI finance personnel to provide detailed orientation to the new staff at the country office.

2.1.3 Hiring of Qualified Staff

It became difficult to hire staff because the salaries we were offering were no longer competitive with government salary scales. Salaries among government personnel including those in health and social services have suddenly increased in reaction to widespread strikes. In response to this, the national government

decreed substantial increases in salaries. The project proposed only for a 5% increase each year.

Action Taken: Potential shortfall was picked up by WV's country budget. In the case of the HIS Coordinator and Accountant positions, the appropriated budget was combined to be able to hire a qualified staff who could do both.

2.1.4 Lack of Incentives for HPs

The proposal was designed to incorporate IGAs. When the proposal was approved and the budget checked, there was no appropriation for this activity. This caused disappointment to the health promoters and staff.

Action Taken: The field office and HQ staff are exploring other options such as writing other WV support offices and discussing the feasibility of including HPs in WVDR's current revolving fund scheme for members of the Development Committees. We also plan to use gifts-in-kind as incentives to the HPs. At the community level, HPs are given moral support by the HSCs by openly acknowledging the HPs' voluntary contribution during community meetings.

2.2 Unexpected Benefits

The sustainability workshop conducted this year was attended by key players who are expected to continue CS services once project funding phases out. These include the MOH staff from the region, community leaders, development facilitators, and two NGOs operating in the area. This kind of workshop is a first in Region IV. Two technical staff from the University Research Center attended to learn from the workshop and to replicate the same in other regions in the country.

Another benefit derived from this workshop is an appreciation expressed by professional staff for what communities could contribute to these workshops and the communities' willingness to take part of the responsibility for their own health. This workshop has slowly set the tone for recognizing the significance of each stakeholder's role. Moreover, openly discussing each other's problems, constraints, and aspirations was an "empowering" time especially for representatives from the target communities.

2.3 Institutionalization of Lessons Learned

1. The NGOs could play a key role as initial broker/facilitator between the MOH/other government agencies and the community. This role is well-received and appreciated by the MOH and the community.

2. People, no matter how poor they are economically and socially, will respond when challenged and given the opportunity. We have seen this after the sustainability workshop. The MOH has taken over the responsibility to supervise the HPs at least every three months. The HPs, on the other hand, after the EPI

3. CHANGES IN PROJECT DESIGN

3.1 Perceived Health Needs

There are no major changes in the local health problems in the area.

3.2 Project Objectives

We have scaled down our EPI objective for TT2 coverage to 30%, 40% and 50% for years one, two, and three, respectively.

3.3 Planned Intervention

The interventions remain the same since the DIP was submitted.

3.4 Potential and Priority Beneficiaries

There will be 31 target communities. During year one, 15 communities will be covered in Barahona. In FY93, if we have the resources, we will start CS activities in 16 communities in Bahoruco, otherwise the 16 communities will have to wait in FY94. Priority will continue to be children 0-59 months and women of reproductive age group.

4. PROGRESS IN HEALTH INFORMATION DATA COLLECTION

4.1 Characteristics of the HIS

4.1.1 At the home level, each child 0 - 59 months has a road-to-health card (Appendix B) kept by the mother. This card is checked at every immunization contact and during the monthly domiciliary visits by the HPs. We will try to pilot the maternal cards (Appendix C) to monitor their immunization status and when pregnant/lactating, to monitor their weight and nutritional status.

At the community level, two records are maintained by each HPs: 1) folder of family cards; and 2) a HP's notebook which lists women of childbearing age and children 0-59 months (obtained from the family registration).

The Family Card. The contents of the family card are provided in Appendix D. The family card is an important tool to determine the HP's population to be covered, to establish relationship with the family, to provide baseline information about the families living in the area and a source of data for the target population. We could also use the information if we want to study the population, e.g. age/sex distribution, baseline mortality rates, etc. Information on the family cards will be updated on the same card every year for three years.

mortality rates, etc. Information on the family cards will be updated on the same card every year for three years.

The HP's Notebook Appendix E contains samples of the information to be entered in the HP's notebook. Aside from generating a list of the target group, the notebook is used to verify if families are practicing health care behaviors during her monthly home visits. It also guides the HPs in deciding the focus of her educational teaching with the mother/caretaker and the action to be taken, e.g., if the child's weight is faltering. The notebook has enough pages for the HP to monitor the child/woman for a period of 3-5 years. Each HP would have from 25-40 families under her care.

4.1.2 The implementation of the system is still in its infancy stage. The project staff feel that the system is useful for identifying and directing services to the high-risk woman or child as seen in the HP's notebook.

4.1.3 We do not report on clinic activity, although we feel this is important to verify the effectiveness of HP's teaching and changes in mothers' health behavior and practices. We do share the information collected at the community level with the rural clinic staff.

4.1.4 The HP's activities are monitored by a supervisor. The target area has been arbitrarily divided into three areas. Each area has an area coordinator/supervisor. Each supervisor has a number of HPs to monitor. Each supervisor has a supervisor's notebook. The notebook is a consolidation of information submitted by the HPs as seen in Appendix F. The notebook has a space for action plans and a calendar to boot. It also records families with children who are seriously ill, and a register for births and deaths in the population. The notebook is designed to accommodate information of 10- 20 HPs during the whole year.

4.2 Special Capacities of the HIS

4.2.1 The project monitors service standards (Appendix G)—for example, the no. of planned domiciliary visits vs. actual no. of visits; the number of actual supervisory visits per quarter vs. no. of planned supervisory visits.

4.2.2 These are examples of sustainability indicators monitored by the project:

a. Number of HPs trained and functioning;

b. Number of health subcommittees trained and functioning;

c. Proportion of mothers with children under two who practice child protective behaviors; and

d. MOH commitment—provincial MOH staff continue to train; supervise HPs, health committees every quarter

4.2.3 We are in the process of establishing our surveillance activities in collaboration with MOH and technical assistance from the University Research Center. At a minimum, the surveillance will include case-finding for polio, measles, and neonatal tetanus.

4.2.4 The project monitors the hours of training spent for HPs. HPs received a pre-service training of 10 days prior to implementation of CS interventions in the community. We will explore the appropriateness of recording the number of hours spent by HPs at a given month for CS activities.

4.2.5 The population registration was quite difficult because there are children whose mothers are not available and are in the hands of caretakers who do not know much about the child's birthday. There children who, although mothers are available, do not have birth certificates so the correct age group is questionable.

We anticipate that difficulty of obtaining precise mortality data, e.g., diarrhea, because of the tediousness of confirming the exact cause of death, but we will try to implement it. Certain practices, e.g., ORT and maternal lactation will need rigid follow-up.

4.3 Management of the HIS

4.3.1 The project spent 8.8 % of the annual budget ($121,048) in the design and implementation of the HIS. It amounted to $10,615 broken down into the following items:

Item	Cost
Community Survey	US $1,192
Baseline Survey	6,378
Computer and other supplies	2,709
Salary for HIS Coordinator	336
Total	**$10,615**

4.3.2 During the last three months, we have been reviewing our indicators against the project's attainment each month. We have used the data collected to reallocate our resources to center on CS activities that need to be enhanced/strengthened, to determine which groups of HPs need additional training and supervision, and which target area needed sustained mobilization.

4.3.3 In April, the staff shared the results of the baseline survey with community representatives such as the health subcommittee members, HPs and community women. CS achievements using data generated from the HPs'

monitoring and service statistics in August were also fed back to the communities for discussion. Health subcommittees in target communities who piloted the health information monitoring board share key CS achievements with their community members every month since June 1992.

Project reports were shared and discussed with MOH staff in January, May, and August this year. The CSP team meets monthly to discuss the month's accomplishments, problems faced, decisions made and the next month's plan of action.

4.3.4 Data collection is done at various levels (family, community, project, country office levels) by different cadres of health workers/staff (HPs, ACs, OM, HIS Coordinator) at specific times, as stated in E.3 of the DIP. Analysis and monitoring of the quality of data are joint responsibilities of the OM, CSP Director, and HIS Coordinator with technical advice from Dr. Zacarias Garib and Licentiate Nelson Belisario of the Center for Research and Consultancy in Health (CINAS).

4.3.5 Prior to the implementation of CS projects, CSP staff received orientation on the use of the HIS manual developed by SCF/USA with funding from USAID. Technical staff from CINAS provided technical assistance in the conduct of the baseline survey. The HIS Coordinator was trained at the HIS unit of the Ministry of Health.

Headquarters staff supplied a HIS manual for CS projects; provided sample HIS reports and formats from successful CSPs such as the Bangladesh CSP; and advised the CSP staff on the HIS during HQ staff visits to the project.

5. SUSTAINABILITY

5.1 Recurrent Costs

5.1.1 Specific recurrent costs that should be maintained after external funding ceases include the following: fuel, equipment and supplies such as vaccines & other immunization supplies, ORS sachets, educational materials, forms, restocking of essential drugs for each community's drug chest, training, and supervision at least every three months. HPs' and HS' incentives are not factored in these costs. These recurrent costs were based on the CSP staff's and target communities' periodic discussion with the MOH. Cost estimates (dollar value) needs to be obtained from the MOH, the communities, and also for us to be able to track down these costs.

5.1.2 The project will continue to facilitate and dialogue with communities, the MOH, and other NGOs planning to stay longer in the target areas. At this

time, we project that the following costs (in cash or in kind) will be borne by these stakeholders:

Community	MOH	NGOs
HS' and HPs' time to mobilize, educate, motivate, meet, maintenance of "House of Health," and restocking of drug chests.	CSP supplies training and supervision, fuel, equipment, and maintenance.	Training, supervision

The costs unlikely to continue being paid are salaries and other operating costs.

5.2 Strategies for Increasing Post-Project Sustainability

5.2.1 The three-day workshop on sustainability provided us ideas and strategies to sustain CSP activities beyond the life of the project. Some of the strategies include:

a. Empowering individuals and communities through education/training and continued supervision/visits to encourage and motivate them.

b. Assisting communities and families attain some degree of financial stability by providing "seed" funds for IGAs

c. Training of community leaders/health subcommittee members on the management and implementation of CS activities at the community level, providing them with skills on networking and resource-finding.

d. Developing a master action plan geared to sustainability for the remainder of the project life with emphasis on phase in/out strategies. The plan should be a combination of responsibilities by the MOH, communities, and other key players with timelines and methods for monitoring and evaluation.

e. Articulating sustainability objectives in the key players' role and periodically and reviewing the progress along these objectives.

5.2.2 To cut recurrent costs, we have maximized the use of motorcycles for each woman area coordinator and woman operations manager instead of frequently using the car for monitoring and supervision. This has significantly provided them mobility and more time for CS activities— HPs are frequently visited and more HSC members motivated. These translate to enhanced mobilization and motivation of families and communities, and more beneficiaries availing of CS activities.

Health workers have emphasized the use of cereal-based ORT in the home-based management of diarrhea instead of ORS sachets. ORS sachets could not be afforded by some families, correctness of preparation and administration is hard to monitor, and the logistics for distribution is time- and money-consuming.

Use of potentially available local consultants and resources were maximized this year. The URC usually provides free Salter scales to NGOs implementing CSPs funded by the local USAID. The project's relationship with UDC and USAID has significantly matured, and the result is that URC also provided 100 scales free of charge to the project.

5.3 Cost Recovery

5.3.1 WVDR's development project has introduced "drug chests" in target communities. Funds for the initial purchase of basic drugs were provided by WVDR. The CS project itself has not implemented strategies to recover costs this year. Activities have focused on strengthening strategies/approaches that will ensure the continuation of selected CS activities such as immunizations and health education. Specifically, we have informed communities of resources available from the government and other NGOs and the importance and contributions the community can make to improve the health of mothers and children.

5.3.2 Being so poor, most of the community members react negatively to suggested cost-recovery schemes, e.g., fee-for-services. Present interventions cover all target populations irrespective of socioeconomic status. Hence, the activities do not create inequities in service delivery.

5.3.3 The sustainability workshop has included a discussion of IGAs as a potential mechanism for financing selected aspects of CS activities. All participants - MOH staff, NGOs, community health workers including health subcommittee members and CSP staff/area facilitators, recognized the importance of IGAs and other financing schemes in the project's sustainability.

6. Project Expenditures and Justification for Budget Changes

6.1 Pipeline Analysis—This analysis covers October 1991 to September 1992.

6.2 Justification of Budget Changes

The only major budget change is the line item under procurement, specifically personnel. The salaries appropriated for an HIS Coordinator and an accountant have been merged to enable the project to hire a qualified person for both positions.

7. 1992/1993 Work Schedule and Budget

7.1 Work Schedule

Activities	Person Responsible	1st Quarter			2nd Quarter			3rd Quarter[4]			4th Quarter		
		Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
MANAGEMENT/ADMINISTRATION													
Conduct performance evaluation of CSP staff.	WVDR, CSP Director, and Operations Mgr.	X											
Review/renew job contracts of project staff.	WVRD key staff and CSP Director	X											
Analyze and discuss lessons learned from last year's activities.	CSP staff	X											
Develop Plan of Action and budget for next year.	CSP staff	X											
Observe Christmas Day	All Staff			X									
Organize logistics and consultant arrangements for MTE.	CSP Director and core CSP team									X	X		
MONITORING AND EVALUATION													
Evaluate training program by intervention.	CSP Director, MOH staff, TC, and ACs			X			X			X			
Collect, compile, analyze data, and write monthly reports.	CSP Director, HIS Coord., OM, and ACs	X	X	X	X	X	X	X	X	X	X	X	X
Assess commitment/activities of coordinators, HPs, and CVs.	CSP Director, OM, and MOH staff	X			X			X			X		
Conduct spot checks of HIS and HPs' activities.	HIS Coord., CSP Director, and MOH staff			X			X			X			
Continue domiciliary visits.	ACs and HPs	X	X	X	X	X	X	X	X	X	X	X	
K/P Survey and MTE											X	X	
Share CSP progress and achievements with the MOH, community, and NGOs.	CSP staff	X					X					X	
TRAINING													
Organize workshop on HIS for staff.	CSP and OM		X										
Train/retrain HPs on Family Planning.	Tech. Coord. and Area Coord.	X						X					
Review/revise/teach messages on feeding and nutrition.	CSP Director and TCs		X										

Activities	Person Responsible	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
		Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
Train HPs and HS on the revolving fund.	WVDR's Development Staff			X									
Test the manual on ARI.	CSP Director and TC				X								
Train CSP staff and HPs on management of ARI.	Tech. Coord. and Area Coord.												
Train mothers and HS on Disease Surveillance.	CSP, TC and AC with MOH and URC					X							
Train HPs and HS on management of "Drug Chest."	WVDR staff, CSP core team, and MOH Staff							X					
Train mothers' group on ARI and Family Planning.	TC, Area Coordinators, and MOH						X		X				
INTERVENTIONS													
Continue project interventions.	Area Coord.	X	X	X	X	X	X	X	X	X	X	X	X
Implement essential drug activities.	Area Coord.	X	X	X	X	X	X	X	X	X	X	X	X
COMMUNITY PARTICIPATION													
Keep contact with the MOH/ NGOs.	Proj. Director Area Manager	X	X	X	X	X	X	X	X	X	X	X	X
Continue social mobilization.	Area Manager	X	X	X	X	X	X	X	X	X	X	X	X
Meet with HS and HPs.	Area Manager												

7.2 FY93/94 Budget

COST ELEMENT	A.I.D.	WVRD	TOTAL
I. PROCUREMENT			
A. Supplies	3,304	22,000	25,304
B. Equipment	3,065	6,616	9,681
C. Services/Consultants	9,755	-0-	9,755
SUB-TOTAL I	16,124	28,616	44,740
II. EVALUATION SUB-TOTAL II	17,498	-0-	17,498
III. INDIRECT COSTS			
Overhead on Field (%)	24,181	118,378	142,559
SUB-TOTAL III	24,181	118,378	142,559
IV. OTHER PROGRAM COSTS			
A. Personnel	55,808	-0-	55,808
B. Travel/Per diem	10,995	-0-	10,995
C. Other Direct Costs	23,542	-0-	23,542
SUB-TOTAL IV	90,345	-0-	90,345
TOTAL FIELD	148,148	146,994	295,142

APPENDIX A

JOB DESCRIPTIONS

BARAHONA CHILD SURVIVAL PROJECT
JOB DESCRIPTION PROFILES

JOB TITLE: Project Director

IMMEDIATE SUPERVISOR: World Vision's Operation Manager

JOB PURPOSE: To plan, organize, lead, evaluate, and control the implementation of the Child Survival Project.

RESPONSIBILITIES:

1. Plans and organizes the implementation of the project in agreement with the DIP and the CSP strategies recommended by the Ministry of Health.

2. Maintains an effective coordination between the project, SESPAS, WVRD, and other NGOs in the Neyba and Barahona impact areas.

3. Shares the management and supervision of the project with the Area Manager, the Technical Coordinators, the Accountant, and the Statistician, assigning responsibilities to each one of them.

4. Develops the quarterly and annual plans of action and supervises their implementation in collaboration with the CSP Operations Manager.

5. Supervises and evaluates the health activities implemented by the technical team and the Community Volunteers.

6. Designs and coordinates the training programs with the technical team.

7. Supports the Health Information System Officer in collecting, processing and analyzing the data.

8. Supports SESPAS in the health campaigns when solicited.

9. Monitors the project's financial statements.

10. Submits the monthly and quarterly reports about the technical and financial aspects of the project.

11. Holds a biweekly meeting with the Operations Manager and the Technical Coordinators of the project.

12. Implements and supports potential research programs.

22

Project Director—Barahona CSP
Job Description Profile (continued)

REQUIRED QUALIFICATIONS:

- Professional in the health area with considerable experience in the design, implementation, and evaluation of health programs.
- Experienced in the management of regional and national health programs.
- Highly committed and skilled in the implementation of Primary Health Care and Child Survival Programs.
- Willing to travel at least 60% of the time to and from the WVDR office in Santo Domingo and Barahona province.

JOB TITLE: Operations Manager

IMMEDIATE SUPERVISOR: Project Director

JOB PURPOSE: To plan, organize, lead, evaluate, and control the implementation of the project's objectives.

RESPONSIBILITIES:

1. Assists the Project Director in the planning, organization, and implementation of the project's objectives.

2. Maintains an effective coordination between the project, SESPAS, the World Vision projects, and other NGOs in and around the area.

3. Coordinates and participates in the training, supervision, and evaluation of the technical personnel.

4. Submits monthly, quarterly, and other reports required by the director.

5. Assists the Project Director in ensuring that the project's objectives are met in time.

6. Supports the Health Information System Officer in the collection of data.

7. Supports SESPAS in the health campaigns organized in the area.

8. Shares with community leaders, SESPAS, and WVRD the successes and difficulties of the project.

9. Monitors and evaluates the health activities developed by the Technical Coordinators in the communities.

10. Designs and organizes with the Technical Coordinators the training programs for the health promoters and the Community Volunteers.

11. Holds a weekly meeting with the Technical Coordinators and the project's supervisors.

REQUIRED QUALIFICATIONS:

- Professional in the health area—graduate nurse or social worker—with considerable experience in the implementation of health programs, especially Mother and Children programs.

Operations Manager, Barahona CSP
Job Description Profile (continued)

- Skilled in the implementation of Primary Health Care and Child Survival Programs.
- Preferably with several years' experience working with NGOs.
- Team player; good networking abilities.

JOB TITLE: Technical Coordinator

IMMEDIATE SUPERVISOR: Operations Manager

JOB PURPOSE: To implement the activities in the project's operating plan with the participation of promoters, community leaders, and the staff in the rural clinics.

RESPONSIBILITIES:

1. Participates in the planning of the CSP's programmed activities.

2. Implements, along with the communities, the activities of the work plan.

3. Designs, organizes, and participates in the training programs for supervisors, promoters, clubs, and other groups.

4. Ensures the implementation of the intervention of the CSP in all the communities.

5. Follows up periodically the health promoters' activities and performance.

6. Develops group activities to support the health promoters in the implementation of the EPI interventions, prevention of diarrhea and dehydration, and other CS interventions.

7. Coordinates CSP's activities with teachers and community leaders.

8. Holds periodic meetings with the promoters, volunteers, and leaders to talk about the strengthening of the CSP.

9. Coordinates the CSP's activities with the project's facilitators.

10. Keeps the project health committees informed about the project's successes, progress, and constraints.

11. Coordinates with other NGOs to avoid the duplicity of service delivery.

12. Supervises and evaluates the health activities developed by the promoters and Community Volunteers.

13. Supports the Health Information System Officer in the collection, processing, and analysis of data.

14. Coordinates with the churches in the communities activities for supporting the CSP.

15. Supports the health activities related to the CSP.

16. Participates in the preparation of the monthly reports.

17. Coordinates, trains, and supervises the EPI monitoring centers.

REQUIRED QUALIFICATIONS:

- A bachelor degree or a technical degree in the area of health (nurse, social worker, health teacher).
- Experienced in the implementation of health programs.
- Possesses good communication skills.
- Preferably has considerable experience with NGOs.

JOB TITLE: Project Accountant

IMMEDIATE SUPERVISOR: Project Manager

JOB PURPOSE: To keep the accounting and financial operations up to date and to reclassify and adjust the past operations. To keep track and file the monthly book and the support documents. All the former activities are accomplished in accordance with the norms, financial policies, and the law.

RESPONSIBILITIES:

1. Manages the monthly financial transactions of the project.
2. Controls the auxiliary accounts.
3. Registers the entries.
4. Prepares the financial statements, fiscal year-end closings, biweekly payroll and receipts, and reconciliations.
5. Keeps up-to-date the filing of book vouchers.
6. Carries out financial procedures and policies.
7. Controls and monitors the disbursement of project funds against planned expenditures.
8. Keeps the inventory of fixed assets up-to-date.
9. Codifies all check requisitions and prepares the checks.
10. Supervises and checks fund deposits.
11. Keeps the inventory of fixed assets up-to-date.
12. Maintains vouchers, cash-journal, cash-book, ledger expenditures analysis, balance antiquity, and payment advanced to employees.

REQUIRED QUALIFICATION:

- Professional or accounting student with at least two years' experience in the management of bank accounts.
- Able to work with nonaccounting staff, e.g., technical (health) staff.
- Committed; computer literate.

JOB TITLE: Health Information System Coordinator

IMMEDIATE SUPERVISOR: Project Director

JOB PURPOSE: Assists the Project Director in the planning, organization, supervision, monitoring, and evaluation of activities designed by the project in order to accomplish the goals and objectives set during the life of the project.

RESPONSIBILITIES:

1. Collects, refines, and analyzes the information generated by the project and by rural clinics of the target communities.

2. Provides technical advice to the Project Director on the project progress using the information system.

3. Implements tools for data collection and plans expected successes.

4. Maintains and evaluates CSP activities, e.g., EPI coverage.

5. Trains the Area Coordinators, Facilitators, and Health Promoters in the use of the data collection tools and how to monitor and evaluate a program.

6. Makes sure that data are regularly collected, processed, analyzed and used by the project management.

7. Submits a consolidated monthly report about the activities of the project to the Project Director.

8. Assists the Project Director in the preparation of the monthly and quarterly reports to WVRD and USAID.

REQUIRED QUALIFICATIONS:

- Professional or finishing student of Social Science or health-related science.

- Preferably is a statistician with experience in the collection, processing, and analysis of health data.

- Computer literate with experience on software for data entry and analysis.

APPENDIX B

UNDER FIVES' ROAD TO HEALTH CARD

Escriba a la edad en que el niño muestra estas conductas

		EDAD
a los 3 meses	• Para la cabeza	____
	• Sigue objetos con los ojos	____
	• Emite sonidos con la boca	____
	cuando se juega con él	____
	• Sonríe cuando le hablan	____
a los 6 meses	• Se arrastra de barriga	____
	• Trata de alcanzar objetos	____
	• Emite sonidos cuando juega solo	____
	• Toca y mira la cara de la madre	____
a los 9 meses	• Se sienta sin ayuda	____
	• Agarra lo que se le cae de la mano	____
	• Repite: ma, pa, ta	____
	• Se molesta con personas extrañas	____
al año	• Camina con ayuda	____
	• Se pasa objetos de una mano a otra	____
	• Dice 2 palabras	____
	• Dice adiós con las manos	____
al año y 1/2	• Camina solo	____
	• Agarra objetos con los dedos	____
	• Dice claro papá y mamá	____
	• Bebe solo de una taza	____
a los 2 años	• Tira o patea una pelota	____
	• Reconoce objetos de la casa	____
	• Reconoce por lo menos dos partes del cuerpos	____
	• Se baja el pantalón o panti para orinar.	____
a los 3 años	• Salta en dos pies	____
	• Pasa piedrecitas de una lata a otra	____
	• "Habla de corrido" (dice frases)	____
	• Juega al escondido con otros niños	____
a los 4 años	• Salta en un solo pie	____
	• Puede abotonarse	____
	• Dice su nombre y el de sus padres	____
	• Se viste con ayuda	____

PROGRAMA AMPLIADO DE INMUNIZACIONES (PAI)

RECOMENDACIONES DE VACUNACION ANTES DEL AÑO

EDAD	VACUNAS	DOSIS
RECIEN NACIDOS	B. C. G.	DOSIS UNICA
	POLIO	DOSIS RECIEN NACIDOS
DOS MESES	POLIO	1ra. DOSIS
TRES MESES	D. P. T.	2da. DOIS
CUATRO MESES		3ra. DOSIS
NUEVE MESES	SARAMPION	DOSIS UNICA

REGISTRO DE VACUNACION

VACUNAS	DOSIS	FECHA	LUGAR DONDE SE VACUNO Y FIRMA	PROX. DOSIS FECHA
B. C. G.	DOSIS UNICA			
POLIO	RECIEN NACIDOS			
	1ra. DOSIS			
	2da. DOSIS			
	3ra. DOSIS			
	REFUERZO			
D. P. T.	1ra. DOSIS			
	2da. DOSIS			
	3ra. DOSIS			
	REFUERZO			
SARAMPION	DOSIS UNICA			
OTRA ESPECIFIQUE				

SECRETARIA DE ESTADO DE SALUD PUBLICA Y ASISTENCIA SOCIAL (SESPAS)
PLAN NACIONAL DE SUPERVIVENCIA INFANTIL (PLANSI)
ORGANIZACIONES NO GUBERNAMENTALES (ONG's)
A. I. D. ACUERDO No. 517-0239
PROGRAMA DE SUPERVIVENCIA INFANTIL/SAVE THE CHILDREN

APPENDIX

SUPERVIVENCIA INFANTIL

TARJETA DE VIGILANCIA DEL CRECIMIENTO Y DESARROLLO DEL NIÑO

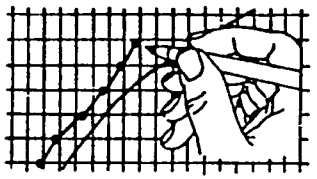
No. de Tarjeta	Sexo:	M	F
Nombre del niño:			
Fecha de nacimiento:			
Nombre de la madre:			
Nombre del padre:			
Dirección			
Lugar de atención:			

Peso al nacer _____

Dé al niño el pecho los 4 primeros meses, por lo menos.

Inicie los alimentos sólidos en el 4to. mes y siga dándole el pecho.

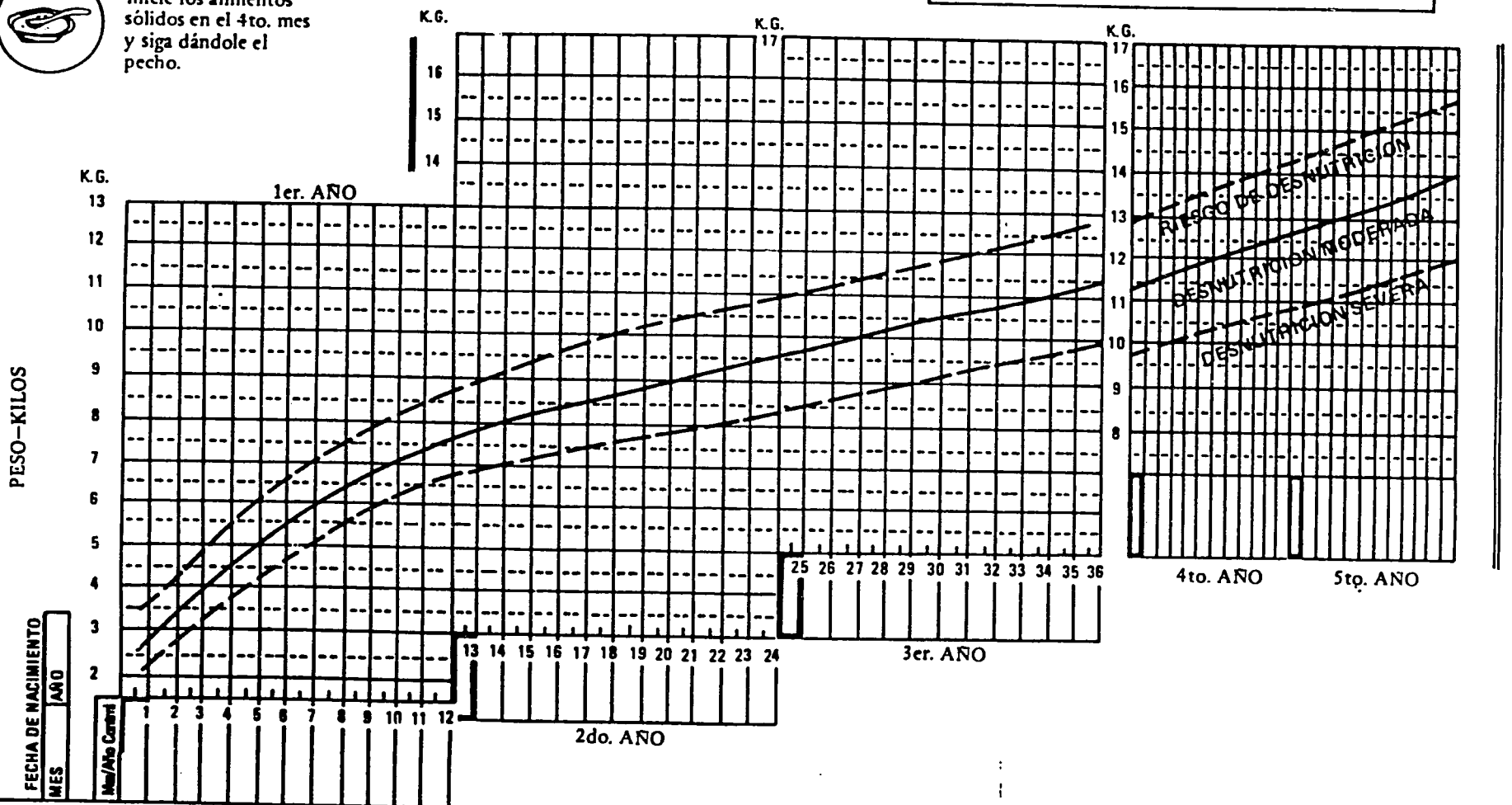
Cómo dibujar la curva



Cómo entender la curva

INTERPRETACION DE LA CURVA DE CRECIMIENTO

CRECIMIENTO
- SU HIJO VA BIEN
- PELIGRO SU HIJO NO PROGRESA
- SU HIJO ESTA MAL



GUARDE ESTA TARJETA Y PRESENTELA EN LA PROXIMA CITA

APPENDIX C

MATERNAL HEALTH CARD

Control post-parto

PROGRAMADO FECHA	REALIZADO FECHA
DIA MES AÑO	DIA MES AÑO

Evolución del Post-Parto

- Involución uterina: Normal ☐ Anormal ☐
- Evolución loquios: Normal ☐ Anormal ☐
- Fiebre: Sí ☐ No ☐

RECIEN NACIDO

- Lactancia materna Sí ☐ No ☐
- Evolución cordón umbilical Normal ☐ Anormal ☐
- Vacuna BCG Sí ☐ No ☐
- Control de crecimiento y desarrollo Sí ☐ No ☐

Por la salud de su hijo, evite un nuevo embarazo antes de los 2 años de edad del niño.

Si usted desea planificar su familia, solicite información a la promotora o personal de la institución de salud cercana.

Ha tenido información sobre planificación familiar? Sí ☐ No ☐

Desea planificar? Sí ☐ No ☐

METODO SELECCIONADO

Anovulatorios orales ☐

Tabletas o espumas vaginales ☐

Esterilización (método definitivo) ☐

DIU: Lippes ☐ T-Cu ☐

Naturales ☐

Condón ☐

Otros ☐ ¿Cual? _____

Fecha de iniciación

DIA	MES	AÑO

RECOMENDACIONES

Usted va a ser madre y es importante que recuerde:

El embarazo no es una enfermedad, pero exige vigilancia del equipo de salud para evitar complicaciones.
Es importante que Ud. acuda a la primera consulta lo más pronto.
Cumpla las citas programadas y siga las recomendaciones que le sean dadas.

Coma alimentos variados durante la gestación. Esto es importante para su salud y la de su hijo.
Apenas nazca su hijo comience a darle leche materna. Es el mejor alimento para él.

La falta de cariño es causa también de enfermedad en su hijo.
Brindele todo su amor, desde el comienzo del embarazo.

Lávese bien las manos, después de estar en contacto con tierra, de ir al baño y de coger carne cruda.
Cocine bien la carne hasta que cambie de color.

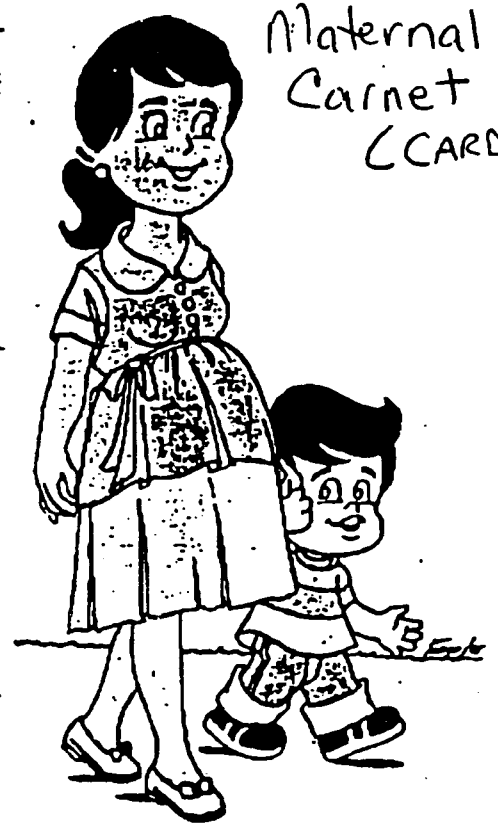
Usted debe recibir ATENCION INMEDIATA en la institución de salud si presenta:

- Salida de sangre o líquido por sus genitales.
- Hinchazón (edema) en los tobillos, las piernas, las manos o la cara.
- Fiebre o escalofríos.
- Dolor de cabeza continuo, si ve candelillas o siente un pito o ruido permanente en los oídos.
- Si presenta señales de comienzo de parto, cualquiera que sea el tiempo de embarazo.

Trazo Ltda./95

MINISTERIO DE SALUD
PROGRAMA MATERNO INFANTIL
UNICEF-OPS/OMS

Carné materno



PLAN NACIONAL PARA LA SUPERVIVENCIA Y EL DESARROLLO INFANTIL

Nombres y Apellidos _____

Dirección _____ Municipio o Dpto. _____

Organismo de salud _____ No. Historia Clínica _____

Este carné contiene información indispensable para su salud y la de su hijo. Llévelo a las citas programadas, al parto, cuando lo solicite el personal de salud y al primer control de crecimiento y desarrollo de su hijo.

Control prenatal

Prenatal Care

Age / Edad	Size / Talla (Cms.)	Blood Type / Grupo Sanguíneo	RH / Rh	Number of / Número de Emb. Anteriores	Partos	Abortos	Cesáreas	Fecha última menstruación (date of last menstruation) DAY / DIA	mo. / MES	yr. / AÑO	Fecha posible de parto (possible birthdate) DIA	MES	AÑO

previous pregnancies — abortions — Caesareans

Hábito de fumar ☐ (Smoking habit)

Estado Nutricional (Nutricional State): Normal ☐ (normal); A riesgo ☐ (risky); Malnutrición ☐ (malnutrition)

programmed controls

CONTROLES PROGRAMADOS

No	FECHA DIA	MES	AÑO	EDAD EMBAR. (Semanas)	PESO (Kgs.)	ALTURA UTERINA (en cms.)	FETO-CARDIA	EDE-MA	T.A.	EDUC. PSICO-AFECTIVA	ALBU-MINA (Orina)	HEMO-GLOBINA	SERO-LOGIA	RIESGO Bajo	Alto
1															
2															
3															
4															
5															
6															
7															
8															
9															

Risk

albumin (urine)

low high

Control No.	TRATAMIENTO Treatment
	? + asphyxiation at birth
	Tetanus Toxoid vaccine Yes No Application date

Vacuna con Toxoide Tetánico Sí ☐ No ☐ Fecha de aplicación: DIA MES AÑO (DAY MONTH YEAR) DIA MES AÑO

Control odontológico Sí ☐ No ☐

CRITERIOS DE RIESGO – RISK CRITERION

- **Para el embarazo –**
  - Hipertensión arterial ☐
  - Amenaza de parto prematuro ☐
  - Paludismo ☐
  - Hemorragia vaginal ☐
  - Rh Negativo ☐
  - Diabetes ☐
  - Retardo del crecimiento fetal ☐
  - Ruptura de membranas antes de la semana 37 de gestación ☐
- **Para la atención del parto**
  - Gestación múltiple ☐
  - Más de 4 partos ☐
  - Cesárea previa ☐
  - Producto en pélvica/transversa ☐
  - Persistencia de cualquiera de los riesgos detectados en el embarazo ☐

Señora: Si este cuadro aparece pintado color rojo, indica que su parto NO puede ser atendido en casa sino en _____

Atención del parto

attention at birth

FECHA DIA MES AÑO

Atendido por (Attended by): Médico Gral. (general practitioner) ☐ Obstetra (Obstetrician) ☐ Enfermera (nurse) ☐

Aux. Enf. (auxiliary nurse) ☐ Partera (midwife) ☐ Otros ☐

Atendido en (attended in): Organismo de salud (Health organization) ☐ Casa (house) ☐ Otros (other) ☐

Forma de terminación – Type of termination

Espontáneo (spontaneous) ☐ Fórceps (forceps) ☐ Cesárea (Cesarean) ☐ Inducido (induced) ☐

Complicaciones (complications)

No ☐ Sí ☐ _____ (Especifique) (specify)

RECIEN NACIDO (newborn)

	Sexo (Sex)	Peso (gms.) (weight)	Talla (cms.) (height)
1.	M. ☐ F. ☐		
2.	M. ☐ F. ☐		

Apgar (APGAR)

Al minuto (immediatly) 1. ☐ 2. ☐

5 minutos 1. ☐ 2. ☐

Risk Criterion for the newborn

Criterios de riesgo para el recién nacido

- Apgar menor de 7 a los 5 minutos (Apgar less than 7 at 5 minutes old) ☐
- Nacimiento prematuro (premature Birth) ☐
- Bajo peso al nacer (Low Birth weight) ☐
- Hipoxia intrauterina y asfixia al nacer ☐
- Infección (neonatal infection) ☐
- Síndrome de dificultad respiratoria (Difficult breathing syndrome) ☐

Alumbramiento – Delivery

Normal ☐ Anormal (Abnormal) ☐ _____ (Especifique) (specify)

Puerperio inmediato

Normal ☐ Anormal ☐ _____ (Especifique)

Observaciones: _____

APPENDIX D

FAMILY CARD

FAMILY CARD

FICHA FAMILIAR

Nombre del Promotor: _____ Región: region Comunidad: community

Fecha: Día: Day / Mes: Month / Año: Year No. de la Casa: House number No. de la Familia: Families number

No.	NOMBRES — Names (Primer nombre y Apellido) then Last (1-Empiece con el jefe o jefa de la familia)	Sex Sexo (M/F)	Fecha de Birth Nacimiento date Día/Mes/Año day month yr	Relación con el Jefe o Jefa	Ocupación occupation	Último curso aprobado	Registro de Sucesos Importantes — Registration Died (Se murió, Se Fue, Vino) — Important events			
							Suceso	Fecha	Suceso	Fecha
1	Begin with head of the family		/ /	relationship to head of family		last grade passed	event	date / /	left	/ /
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8			/ /					/ /		/ /
9			/ /					/ /		/ /
10			/ /					/ /		/ /
11			/ /					/ /		/ /
12	Tell what happened with your		/ /					/ /		/ /
13	last pregnancy if it was within 2 yrs.		/ /					/ /		/ /

HISTORIAL DEL EMBARAZO DE LA MUJER Woman's pregnancy History

Nombre de la Mujer: woman's name No.: number

DIGA QUE PASO CON SU ULTIMO EMBARAZO, SI LO TUVO EN LOS ULTIMOS 2 AÑOS.

- ☐ Está embarazada ahora — is pregnant now
- ☐ Se perdió; a cuántos meses miscarriage at ___ months
- ☐ El niño nació muerto Fecha (Mes Año) month year
- ☐ El niño nació vivo, pero murió child alive at birth but died ¿A qué edad? ___ meses months ___ días days
- Causa: cause
- Fecha de nacimiento ___/___ Fecha muerto ___/___ date date of death
- ☐ El niño nació vivo y sigue vivo

How many pregnancies have you had — Cuántos Embarazos ha tenido: ___

No. de Nacimientos: ___ # of births

No. de Pérdidas: ___ # of losses

No. de Niños vivos ahora: ___ # of children alive now

No. de niños muertos: # of children dead

Cause of death of 1st child

		DATE Fecha (Mes/Año) month/yr	AT what age ¿A qué edad?
Causa de muerte del 1er. niño		/	
Causa de muerte del 2do. niño	2nd	/	
Causa de muerte del 3er. niño	3rd	/	
Causa de muerte del 4to. niño	4th	/	
Causa de muerte del 5to. niño	5th	/	
Causa de muerte del 6to. niño	6th	/	
Causa de muerte del 7mo. niño	7th	/	

	Year AÑO 1991	AÑO 1992	AÑO 1993	AÑO 1994
land — TIERRA	☐ Propia (own) ☑ Prestada (borrowed) ☐ Alquilada (rent) ☑ Arrendada (leased) ☑ No tiene tierra (doesn't have land) ☐ Otro (other)	☐ Propia ☐ Prestada ☐ Alquilada ☐ Arrendada ☐ No tiene tierra ☐ Otro	☐ Propia ☐ Prestada ☐ Alquilada ☐ Arrendada ☐ No tiene tierra ☐ Otro	☐ Propia ☐ Prestada ☐ Alquilada ☐ Arrendada ☐ No tiene tierra ☐ Otro
house — CASA	☐ Propia (own) ☐ Prestada (borrowed) ☐ Alquilada (rent) ☐ Otra (other)	☐ Propia ☐ Prestada ☐ Alquilada ☐ Otra	☐ Propia ☐ Prestada ☐ Alquilada ☐ Otra	☐ Propia ☐ Prestada ☐ Alquilada ☐ Otra
walls — PAREDES	☐ Cemento (cement) ☐ Tajamanil ☐ Cartón (cardboard) ☐ Madera/tabla (wood/planks) ☐ Otro (other)	☐ Cemento ☐ Tajamanil ☐ Cartón ☐ Madera/tabla ☐ Otro	☐ Cemento ☐ Tajamanil ☐ Cartón ☐ Madera/tabla ☐ Otro	☐ Cemento ☐ Tajamanil ☐ Cartón ☐ Madera/tabla ☐ Otro
Floor — PISO	☐ Cemento (cement) ☐ Tierra (land or ground) ☐ Otro	☐ Cemento ☐ Tierra ☐ Otro	☐ Cemento ☐ Tierra ☐ Otro	☐ Cemento ☐ Tierra ☐ Otro
roof — TECHO	☐ Zin ☐ Asbesto (asbestos) ☐ Yagua (palm) ☐ Cemento (cement) ☐ Cana (cane) ☐ Cartón (cardboard) ☐ Otro (other)	☐ Zin ☐ Asbesto ☐ Yagua ☐ Cemento ☐ Cana ☐ Cartón ☐ Otro	☐ Zin ☐ Asbesto ☐ Yagua ☐ Cemento ☐ Cana ☐ Cartón ☐ Otro	☐ Zin ☐ Asbesto ☐ Yagua ☐ Cemento ☐ Cana ☐ Cartón ☐ Otro
no. of bedrooms — No. CUARTOS PARA DORMIR	_____	_____	_____	_____
water — AGUA	☐ Tubería (pipeline) ☐ Camión (truck) ☐ Río/Arroyo (river/stream) ☐ Lluvia (rain) ☐ Llave en la casa (faucet in the house) ☐ Pozo (well) ☐ Otra (other)	☐ Tubería ☐ Camión ☐ Río/Arroyo ☐ Lluvia ☐ Llave en la casa ☐ Pozo ☐ Otra	☐ Tubería ☐ Camión ☐ Río/Arroyo ☐ Lluvia ☐ Llave en la casa ☐ Pozo ☐ Otra	☐ Tubería ☐ Camión ☐ Río/Arroyo ☐ Lluvia ☐ Llave en la casa ☐ Pozo ☐ Otra
sanitary system (where one relieves oneself) SISTEMA SANITARIO (DONDE HACEN SUS NECESIDADES)	☐ En el monte (in the mountain) ☐ Orilla del río (river bank) ☐ Letrina/Sanitario (Latrine/sanitation) ☐ Otro (other)	☐ En el monte ☐ Orilla del río ☐ Letrina/Sanitario ☐ Otro	☐ En el monte ☐ Orilla del río ☐ Letrina/Sanitario ☐ Otro	☐ En el monte ☐ Orilla del río ☐ Letrina/Sanitario ☐ Otro
means of cooking — COCINAN CON:	☑ EstufaLorena (Lorraine stove) ☑ Anafe ☑ Estufa/Gas (gas stove) ☐ Leña/Carbón ☐ Otra (other) (firewood/charcoal)	☐ EstufaLorena ☐ Anafe ☐ Estufa/Gas ☐ Leña/Carbón ☐ Otra	☐ EstufaLorena ☐ Anafe ☐ Estufa/Gas ☐ Leña/Carbón ☐ Otra	☐ EstufaLorena ☐ Anafe ☐ Estufa/Gas ☐ Leña/Carbón ☐ Otra
waste disposal — ELIMINACION DE BASURAS:	☑ Ayuntamiento (town or city responsibility) ☑ Queman (burn it) ☐ La entierran (bury it) ☐ Tiran al patio (thrown into yard) ☐ Otro	☐ Ayuntamiento ☐ Queman ☐ La entierran ☐ Tiran al patio ☐ Otro	☐ Ayuntamiento ☐ Queman ☐ La entierran ☐ Tiran al patio ☐ Otro	☐ Ayuntamiento ☐ Queman ☐ La entierran ☐ Tiran al patio ☐ Otro
Belong to a group or organization — PERTENECEN A ALGUNA ORGANIZACION O GRUPO:	☐ Agricultores (Agricultural) ☐ Amas de Casa (Housewives) ☐ Club de Madres (Mothers Club) ☐ Junta de Vecinos (Neighbors meeting) ☐ Iglesia (Church) ☐ Otro	☐ Agricultores ☐ Amas de Casa ☐ Club de Madres ☐ Junta de Vecinos ☐ Iglesia ☐ Otro	☐ Agricultores ☐ Amas de Casa ☐ Club de Madres ☐ Junta de Vecinos ☐ Iglesia ☐ Otro	☐ Agricultores ☐ Amas de Casa ☐ Club de Madres ☐ Junta de Vecinos ☐ Iglesia ☐ Otro

APPENDIX E

HEALTH WORKERS' NOTEBOOK (sample)

Report of family or person(s) that came to live in your community

INFORME DE FAMILIA O PERSONA (S) QUE VINIERON A VIVIR A SU COMUNIDAD

Promotora: _____

Región: _____

Fecha de la Visita: ___/___/___

Comunidad: _____

same as other side

No. Casa	No. persona	Nombre (s)	Sexo (M/F)	Fecha de Nacimiento	Fecha en que vinieron DATE they came ___/___/___ Día Mes Año	¿Por qué vinieron? Why did they come?
No. de familia				/ /		
				/ /		
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HAGA TARJETAS DE VIGILANCIA PARA LOS NIÑOS QUE VINIERON. make cards for the children that came
LLENE UNA FICHA FAMILIAR PARA LA FAMILIA QUE VINO. Fill out a family card for the family that came.
ANOTE LAS MUJERES Y NIÑOS EN SU CUADERNO. write down the women + children in your notebook
ENTREGUE ESTE INFORME A SU SUPERVISOR.

give this report (hand in) to your supervisor

Report of Family or Person(s) that went to live outside of their community

INFORME DE FAMILIA O PERSONA (S) QUE SE FUERON A VIVIR FUERA DE SU COMUNIDAD

Promotora: Promoter

DATE OF VISIT
Fecha de la Visita: ___/___/___

Región: region

Comunidad: Community

No. Casa House # / No. de familia Family #	No. persona Person #	Nombre (s) Name (S)	Sexo (M/F)	Fecha de Nacimiento. DATE OF BIRTH	Fecha en que se fueron DATE They left ___/___/___ Día Mes Año	Por qué se fueron? Why did they go?
				/ /		
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- ANOTE LA FECHA Y CAUSA DE POR QUE SE FUERON EN SU CUADERNO Y TACHE CON UNA RAYA FINA LA LINEA CON LOS DATOS DEL NIÑO O MUJER.
- ENTREGUE ESTE INFORME A SU SUPERVISOR.

Acuerdo 517-0239, Agencia Internacional para el Desarrollo (AID) y Save The Children - Programa de Supervivencia Infantil.

Compugraf

write down the date and reason why they left in your notebook and crossout with a fine line the line with the facts about the child or woman

Hand in this report to your supervisor

THE RESULT OF PREGNANCY - BIRTH REPORT

RESULTADO DEL EMBARAZO - INFORME DE NACIMIENTO

RESULTADO DEL EMBARAZO Result of the Pregnancy

☐ The woman died
La mujer se murió. (Llene el INFORME DE MUERTE) Fill out the death report

miscarriage

Describa problema con el parto Describe problems with the birth

☐ Se perdió. ¿A los cuántos meses de embarazo? How far along in pregnancy?

☐ Niño nació muerto Child born dead (stillborn)

☐ Niño nació vivo pero murió Child born alive but died

Causa cause (Llene el INFORME DE MUERTE) Fill out death report

☐ Niño nació sano y está vivo todavía (Siga abajo con Informe de Nacimiento) Child born healthy + is still living - continue below with birth report

Cuántas veces visitó la mujer un centro de salud durante este embarazo? How many times did the woman visit health center during this pregnancy

INFORME DE NACIMIENTO Birth Report

No. Casa House #	No. Niño Child #	Nombre del niño: Childs name	Sexo ☐M ☐F	Fecha de Nacimiento date of Birth Día / Mes / Año	Peso al nacer Birth weight Libras pounds / Kilos Kilos
No. Familia Family #	¿Dónde nació? Where was child born	¿Quién lo atendió? Attendant	BCG R.N. ☐Sí ☐No	POLIO R.N. ☐Sí ☐No	

- ANOTE LA INFORMACION SOBRE ESTE NIÑO EN SU REGISTRO DE NIÑOS record the information about this child in your children's registry
- HAGA UNA TARJETA DE VIGILANCIA PARA EL NIÑO make a vigilance card for this child
- ENTREGUE ESTE INFORME A SU SUPERVISOR Give this information to your supervisor (Hand in)

Acuerdo 517-0239, Agencia Internacional para el Desarrollo (AID) y Save The Children - Programa de Supervivencia Infantil-

Compugraf

DEATH REPORT

INFORME DE MUERTE

Promotora: Promoter

Date of the Visit
Fecha de la Visita: ___/___/___

Región: Region

Comunidad: Community

No. Casa House #	No. Persona Persons #	Nombre de la persona que murió Name of the person who died Si es un niño que no tiene nombre, anote "hijo de: _____ (nombre de la mamá)" If it is a child that doesn't have a name Write down "son of (name of mother)"	Sexo (M/F)	Fecha de Nacimiento date of birth ___/___/___ Día Mes Año
No. Familia family #		Causa de la muerte según la familia Cause of death according to the family.		Fecha de Muerte date of death ___/___/___ Día Mes Año

Dónde murió? where did he die?

Persona visitó el centro de salud la semana antes de morir? ☐ Sí ☐ No
Did the person visit the health center the wk before he died?

Edad al morir: Age at death
En días in days si la persona era menor de 1 mes. if person was less than one month
En meses in months si la persona era menor de 1 año. if person was less than one year
En años in years si la persona tenía más de 1 año. if person was older than one year

Comentarios de la promotora sobre la causa de muerte
Promoter's comments about the cause of death

- ANOTE LA FECHA Y CAUSA DE LA MUERTE EN SU CUADERNO Y TACHE CON UNA LINEA write down the date + cause of death in your notebook and cross out the facts about the child or woman with a fine line
- FINA LA LINEA CON LOS DATOS DEL NIÑO O MUJER
- ENTREGUE ESTE INFORME DE MUJER A SU SUPERVISOR
- ENTREGUE AL SUPERVISOR LA TARJETA DE VIGILANCIA, SI ERA UN NIÑO

The line with

Hand in this report about the woman to your Superviser
Hand in the Vigilance Card, if it was a child, to your supervisor

diphtheria / whooping cough / Tetanus / measles

Contestar con la fecha

VACUNACION					COMPLETA	
Difteria	Tosferina		Tétano	Sarampión	NIÑO TIENE B.C.G. POLIO R.N. 1, 2, 3 D.P.T. 1, 2, 3, SARAMPION	
D. P. T. 1	D. P. T. 2	D. P. T. 3	D. P. T. Refuerzo	SARAMPION	MES/AÑO	EDAD
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complete
child has
" "
month/yr | age

inscribir identificación VACUNACION

Contestar con la fecha

VACUNACION					
Tuberculosis	Polio				
B. C. G. R. N.	POLIO R. N.	POLIO 1	POLIO 2	POLIO 3	POLIO Refuerzo
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Answer Yes or No — Base Line — date of Base Line

Contestar con Sí o No — Fecha de Línea Base ___/___/___

LINEA BASE: PRACTICAS EN MANEJO DE DIARREA — Practices in Diarrhea Control

Sabe preparar y usar suero	Usa suero	Sigue seno igual	Sigue alimentándose igual	Toma más líquidos	Usa medicina
Knows how to prepare + use serum	uses serum	continues nursing same amount	continues eating same amount	takes more liquids	uses medicine

4/6

Answer with Yes/No:

Contestar con Sí o No — Base Line

Date of Base Line

Fecha de Línea Base ___/___/___

LINEA BASE: PRACTICAS EN MANEJO DE IRA — Practices in control of Diarrheal Disea[se]

Mamá reconoce signos de IRA grave	Tomando más líquidos	Bien atendido	Sigue seno igual	Sigue alimentándose igual
mother recognizes signs of serious dehydration	drinking more liquids	well cared for	continues nursing same amount	continues eating same amount

Answer with yes or no — Base Line — Date of Base Line

Contestar con Sí o No — Fecha de Línea Base ____/____/____

LINEA BASE: PREVENCION DE DIARREA

Diarrhea prevention

Familia tiene letrina	Familia usa letrina	Letrina está limpia	Buen cuidado del agua	Usa agua purificada	Acostumbra lavarse las manos	Buen cuidado con la comida
Family has a latrine	Family uses latrine	latrine is Clean	good care of the water	Uses purified water	Is used to washing their hands	Good care of their Food

Answer with the date changes in the Practice in the Management of ARI

Contestar con la fecha

same as previous page

CAMBIOS EN LAS PRACTICAS EN MANEJO DE IRA

SALIO DEL PROGRAMA

Left the Program

Mamá reconoce signos de IRA grave	Tomando más líquidos	Bien atendido	Sigue seno igual	Sigue alimentándose igual	Date left Fecha de salida (Día/Mes/Año)	¿Por qué salió? 1. Se mudó 2. Se murió 3. Cumplió 5 años	Estado nutricional al salir o causa de muerte
/ /	/ /	/ /	/ /	/ /	/ /	why did	
/ /	/ /	/ /	/ /	/ /	/ /	child leave	nutritional
/ /	/ /	/ /	/ /	/ /	/ /	moved died	state upon
/ /	/ /	/ /	/ /	/ /	/ /	turned 5yrs old	leaving or cause of
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GROWTH AND DEVELOPMENT

CRECIMIENTO Y DESARROLLO

Fecha de pesada (Día/Mes/Año)	weight Peso	↗ → ↘	Grade Grado (N, 1, 2,3)	Problemas con desarrollo? (Sí/No)	Si ha estado enfermo en los últimos 30 días anotar el tipo de enfermedad	Llevó al centro de salud? (Sí/No)	did child impr... Mejor5? (Sí/No)
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note any sicknesses child has had in the last 30 days

Was child brought to health center Yes/No

developmental problems (yes/no

Answer Yes or No — Maternal Lactation (nurs...

Contestar con Sí o No

LACTANCIA MATERNA

date of birth

No. Casa	No. Niño	Nombre del niño	Sexo (M/F)	Fecha de Nacimiento	Peso al Nacer	Tomó seno el día que nació	Está tomando el seno	Seno como único alimento hasta los 4 meses	Usa biberón	Seno y otros alimentos después de 4 meses
...se	/	Child's name		/ /						breast fed
...ild's #				/ /	birth	began	is breast	breast fed	uses bottle	and other
				/ /	weight	breast	feed-ing	only until 4mo. old		foods after 4 months
				/ /		feeding the				
				/ /		day it				
				/ /		was born				
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PREGNANCY

EMBARAZO

Edad de la mujer	Fecha probable de parto (Día/Mes/Año)	Prenatal Visits / Visitas Prenatales 1	2	3	4	5	Riesgos? (Sí/No)	RESULTADO DEL EMBARAZO: Fecha (Día/Mes/Año)	1-Nació vivo y sigue vivo 2-Nació vivo pero murió 3-Nació muerto 4-Se perdió
	day/mo/yr						risks	/ /	live birth
	/ /							/ /	+ still alive
	/ /							/ /	live birth but died
	/ /							/ /	
	/ /							/ /	still born
	/ /							/ /	miscarrage
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Womans age

(born de

Tetnus Toxoid Vaccines

VACUNAS DE TOXOIDE TETANICO				
TT1 (Día/Mes/Año)	TT2 (Día/Mes/Año)	TT3 (Día/Mes/Año)	TT4 (Día/Mes/Año)	TT5 (Día/Mes/Año)
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PREGNANCY REPORT

INFORME DE EMBARAZO

Promotora: Promoter

Date of Visit
Fecha de la Visita: ___/___/___

Región: region

Comunidad: community

No. Casa House #	No. Mujer woman's #	Nombre de la Mujer woman's name	Fecha de Nacimiento birth date ___/___/___ (Día Mes Año)	Edad age
No. Familia family #	Dosis de TT recibida Doses of TT received ☐ TT1 ☐ TT2 ☐ TT3 ☐ TT4 ☐ TT5		Fecha probable de parto probable birth date ___/___/___ (Día Mes Año)	

Riesgos: Risks

- ☐ Menor de 18 años underage 18
- ☐ Mayor de 35 años older than 35
- ☐ Primer Embarazo First pregnancy
- ☐ Más de 4 partos more than 4 births
- ☐ Ultimo niño menor de 2 años — last child under 2 yrs. old
- ☐ Ultimo parto con niño muerto — last birth was stillborn
- ☑ Ha tenido partos prematurós o pérdidas — has had premature births or miscarriages
- ☐ Tiene enfermedad crónica (del corazón, riñones, hígado, presión alta, diabetes) — has chronic illness (of the heart) (high pressure diabetes)
- ☐ Le dió frenesí o tuvo eclampsia en embarazo anterior (presión alta, hinchazón, o ataque) — Had convulsion or toxemia the last pregnancy (swelling? attack)
- ☐ Transfusión de sangre en embarazo anterior — Blood transfusion during last pregnancy
- ☐ Fuma o toma alcohol — Smokes or drinks alcohol

• ANOTE LA INFORMACION EN SU REGISTRO DE MUJERES record the information in your women's register
• ENTREGUE ESTE INFORME A SU SUPERVISOR Give this report to your supervisor

House number | mothers number | WOMAN'S NAME | DATE OF BIRTH | answer yes or no | Pregnancy Risks

Contestar con Sí o No

RIESGOS DE EMBARAZO

No. Casa	No. Mujer	Nombre de la mujer	Fecha de Nacimiento (Día/Mes/Año)	Tiene más de 4 partos	Tuvo Eclampsia embarazo anterior	Ha tenido prematuros o pérdidas	Tiene enfermedad crónica	Fuma	Toma Alcohol
			DAY, MONTH YR	has more than four deliveries	had toxemia the last pregnancy	has had premature or miscarriages	has chronic illness	smokes	drinks alcohol
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VISITAS A FAMILIAS CON NIÑOS ENFERMOS O DESNUTRIDOS O MUJERES EMBARAZADAS EN RIESGO

DATE OF VIST OR WOMEN WITH PREGNANCY RISKS

Fecha de la visita	Name of child or woman Nombre del niño o mujer	Community Comunidad	No. Casa	House #	Problem Problema	recommendation Recomendación	¿Mejor? (Sí/No)
/ /						¿Better? Yes/No	
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ACTIVITIES

ACTIVIDADES

____/____ A ____/____
MES ANO MES ANO

By Participant

	POR TEMA - by subject					POR PARTICIPANTE		
No. Total	Manejo Diarrea	Prevención diarrea	Manejo de IRA	Vacuna		No. madres	No. niños	No. otros
# Total						# of mothers		
							# of children	
								# others

diarrhea control

diarrhea prevention

control of ARI

Vaccine

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ Cuaderno Promotora ☐ Otro_____

APPENDIX F

AREA COORDINATOR/SUPERVISOR'S NOTEBOOK

Population

POBLACION

mo. / yr.
MES / AÑO

Comunidad	Promotora	Población total	Número familias	Número niños menores 5 años	Número mujeres 15 - 49 años	Total sexo masculino	Total sexo femenino
		total	number	number	number	total	total
Community	Promoter	population	of	of children	of women	male	Female
			families	under 5	between	sex	sex
				yrs of age	ages of 15-49		

PROBLEMA(S) IDENTIFICADO(S):

recognizable problems

PLAN DE ACCION:

plan of action

Source

FUENTE: ☐ **Registro Familiar** ☐ **Otro** _____

Family register other

OF CHILDREN IMMUNIZED

Less than 5 yr old (0-59 months)

< 5 yrs

between 0-12 mo.

NUMERO DE NINOS INMUNIZADOS

Menores de 5 años (0-59 meses)

MES / AÑO

No. Menor 5 Años	No. de 6-12 meses	BCG		POLIO 3		DPT 3		SARAMPION		COMPLETAS	
		Sí	No	Sí	No	Sí	No	Sí	No	Sí	No
								measles			

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ Cuaderno Promotora ☐ Otro _____

60

DIARRHEA CONTROL

(women)
= those that had children with diarrhea
how many did the following?

MANEJO DE DIARREA

MES / AÑO

De los que tuvieron niños con diarrea ¿cuántas hicieron lo siguiente?

Numero de familias visitadas	Numero pudieron explicar uso de suero	Numero de niños tuvieron diarrea	Usaron suero	Siguieron alimentando igual Seno	Siguieron alimentando igual Comida	Dieron más líquidos	Usaron medicina	Llevaron al centro de salud	Tienen diarrea todavía
			used	continued			used		
			serum	feeding			med-		
				the	same		icine		
				breast					
					food				
						gave			
						more			
						liquids			

# of Families visited

able to explain the use of serum

of children that had diarrhea

took them to the health center

still have diarr

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ Cuaderno Promotora ☐ Otro

61

DIARRHEA PREVENTION

PREVENCION DE DIARREA

MES / AÑO

Número de familias	Número tienen letrina	Número que usan letrina	Número que están limpias	Número buen cuidado de agua	Número usa agua limpia o purificada	Número acostumbra lavar las manos	Número con buen cuidado comida
# of families	# that have latrine	# that used latrine	# That are clean	# that take good care of water	# that use clean or purified water	# used to washing their hands	# that care for food properly

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ **Cuaderno Promotora** ☐ **Otro** _____

62

Control of ARI

(women) of those that had children with ARI, how many did the following?

MANEJO DE IRA

MES / AÑO

Número de familias visitadas	Número que supieron reconocer signos de IRA	Número de niños tuvieron IRA	De las que tuvieron niños con IRA ¿cuantas hicieron lo siguiente? Niños tomaron líquidos	Bien atendido	Siguieron alimentando igual	Llevaron al centro de salud	Con IRA todavía
# of			children				still
families			drinking		continued eating		has diarrhea
visited			liquids		same as before		disease
				well cared for		went to health center	

number that knew how to recognize signs of ARI

number of children that had ARI

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ Cuaderno Promotora ☐ Otro

GROWTH AND DEVELOPEMENT

CRECIMIENTO Y DESARROLLO

___/___ MES AÑO

\# of children under 5 yrs old

\# < 24 months

\# of children weighed this month

nutritional grade

\# that have developemental problems

Numero de niños menores 5 años	Numero menores de 24 meses	Número de niños pesaron este mes	GRADO DE NUTRICION Normal N	Grado 1	Grado 2	Grado 3	No. ↗	No. →	No. ↘	Número tienen problemas desarrollo

PROBLEMA(S) IDENTIFICADO(S):

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PLAN DE ACCION:

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____

FUENTE: ☐ **Cuaderno Promotora** ☐ **Otro** ______________________

ILL CHILDREN

NIÑOS ENFERMOS

MES / AÑO

NUMERO CON CADA TIPO DE ENFERMEDAD

Número de enfermos este mes	Número diarrea y/o vómito	Enfermedades prevenibles por vacunas	IRA			

= with each type of illness

children ill this month

with diarrhea and/or vomiting

illnesses preventible by vaccines

diarrheal disease

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ Cuaderno Promotora ☐ Otro _____

Tetanus Toxoid vaccines for women

VACUNAS DE TOXOIDE TETANICO PARA MUJERES

____/____
MES AÑO

Numero de mujeres 15-49	Número falta TT1	Número falta TT2	Número falta TT3	Número falta TT4	Número falta TT5
" "	# needing	# needing			
	1st TT	2nd TT	3rd TT	4th TT	5th TT

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ Cuaderno Promotora ☐ Otro _____

60

MATERNAL NURSING (LACTATION)

LACTANCIA MATERNA

MES / AÑO

Número 4 - 12 meses	Número tomaron el seno como único alimento hasta 4 meses	Número niños menores 1 año	Número menor 1 año están tomando el seno	Número usando biberón	Número seno y otros alimentos después de 4 meses
				# using bottle	# nursing + other foods after 4 months old.

that ~~nurse between~~ between 4-12 months old

nursing (breast feeding) as only food source until 4 months old

children less than 1yr old

children under 1yr old nursing (breast feeding)

PROBLEMA(S) IDENTIFICADO(S):

PLAN DE ACCION:

FUENTE: ☐ Cuaderno Promotora ☐ Otro

Family Planning

codes for types of birthcontrol

P - Pill
C - Condoms
D - IUD
M - vaginal method ovules, tablets, sponges
E - sterilization
V - vasectomy
N - rhythm method
A - abstinence
X - wants to get pregnant
O - other

PLANIFICACION FAMILIAR

CODIGOS DE TIPOS: P - Pastilla; C - Condones; D - DIU/Aparatico; M - Metodos vaginales (óvulos, esponjas, tabletas, esponjas); E - Esterilización; V - Vasectomía; N - Natural/Rítmica; A - Abstinencia; X - Desea embarazarse; O - Otro

MES / AÑO

Número mujeres 15-49 años	Número embarazadas	USANDO METODOS DE PLANIFICACION FAMILIAR										
		P	C	D	M	E	V	N	O	Total	A	X
# of women between ages of 15-49	# of pregnancies											

Typ of birt Con usin

PROBLEMA(S) IDENTIFICADO(S):

identifiable (recognizable) problems

PLAN DE ACCION:

plan of action

FUENTE: ☐ Cuaderno Promotora ☐ Otro

Nombre de la comunidad	No. Casa	No. Fam.	No. Per.	Nombre de la persona que murió	Sexo M/F	Fecha de nacimiento	Fecha de muerte	Edad al morir	Causa de muerte según la familia	Causa principal de muerte	Causa secundaria de muerte
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FUENTE: ☐ Informes de Muertes. ☐ Cuaderno de la Promotora. ☐ Otra

No. del niño	Nombre del niño	Sexo	Fecha de nacimiento	Peso al nacer	Tomó seno al nacer Sí/No	BCG R.N. (Sí/No)	Polio R.N. (Sí/No)	Comunidad	No. Casa	No. Fam	No. Mamá	Nombre de la Mamá	Dosis de IT que ha tenido	Visitas pre-natales
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FUENTE: ☐ Informes de Nacimientos ☐ Cuaderno de la Promotora ☐ Otra

Register of Activities with the Community

REGISTRO DE ACTIVIDADES CON LA COMUNIDAD

Fecha (Día/Mes/Año)	Tipo de participante (madres, líderes niños, etc.)	Número de participantes	Tipo de actividad (charla, demostración, reunión, etc.)	Tema y descripción de la actividad
/ /	Type of		Type of	
/ /	participant	# of	activity	Theme & description of
/ /	(mother,	participants	(chat,	the activity
/ /	leaders,		demonstration	
/ /	children, etc)		meeting etc)	
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APPENDIX G

TECHNICAL COORDINATOR'S NOTEBOOK
(Assisted by the OM)

MONITORING FORM

FORMULARIO DE MONITOREO

Encargado de Salud: Person in charge of Health

Región: region Area: area

period from
Período de: ___/___/___ - ___/___/___
Dia Mes Año Dia Mes Año

POBLACION TOTAL Total Population			
No. Familias # of Familes			
No. de niños menores de 5 años # of children under 5 yrs. of age			
No. Mujeres de 15-49 # of women between ages 15-49			
	Masculino	Femenino	Total
Población al inicio del período reportado pop. at the beginning of the reported period	Male	Female	total.
Número de Nacimientos # of births +			
Número de Muertes # of deaths -			
Número de Emigrantes # of emigrants -			
Número de Inmigrantes # of immigrants +			
Población Total Actual Total current population			

* Fuente Informativa: [ ] Registro Familiar [ ] Informe de eventos vitales [ ] Estimacion - estimate
origin information / [ ] Cuaderno del Promotor o Supervisor [ ] Otro
Family Register / Promoter's or Supervisor's notebook Report of vital events

POBLACION DE NIÑOS MENORES DE 5 AÑOS Population of children under 5 yrs	
No. de niños menores de 1 año # of children less than 1 yr old	
No. de niños de 1 año hasta menores de 5 años # of children between 1-5 yrs	
Total de niños menores de 5 años Total children under 5 yrs.	

* Fuente Informativa: [ ] Registro Familiar [ ] Informe de eventos vitales [ ] Estimacion - estimate
information origin / [ ] Cuaderno del Promotor o Supervisor [ ] Otro
family register / Supervisor's notebook report of vital events

COMENTARIOS:

comments

DEATH INVESTIGATION: THE SUPERVISOR SHOULD FILL OUT THIS SIDE

INVESTIGACION DE MUERTE: EL SUPERVISOR DEBE LLENAR ESTE LADO

Nombre del Supervisor: Supervisor's name

Fecha de la visita: ___/___/___ date of visit

measles in the last 3 months, When? (mo.)

fever the week before dying

other

¿La persona que murió sufría de algunos de estos síntomas? Did the person that died suffer from any of these symptoms?

- ☐ Sarampión en los últimos 3 meses; ¿Cuándo? (mes): _____
- ☐ Embarazada o parida en los últimos 3 meses. – Pregnant or given birth in the last 3 months
- ☐ Fiebre en la semana antes de morir.
- ☐ Diarrea con sangre en las heces. – Diarrhea with blood in the stool
- ☐ Problemas respiratorios (respiración rápida, dificultad respiratoria, signos de neumonía).
- ☐ Otros – Respiratory Problems (rapid breathing, difficult breathing, signs of pneumonia
- ☐ Hinchazón en el cuerpo. swelling in the body
- ☐ Síntomas de Tétano. Symptoms of Tetnus
- ☐ Ataque o convulsiones. Attacks or convulsions
- ☐ Diarrea diarrhea
- ☐ Vómitos. vomiting
- ☐ Piel Amarilla yellow skin

Si la persona que murió era un recién nacido, edad en días: _____ if ~~the~~ it was a newborn that died, how many days old?

Chequee las vacunas de TT recibidas por la madre del niño que murió: – Check the TT vaccines received by mother of this child

☐ TT1 ☐ TT2 ☐ TT3 ☐ TT4 ☐ TT5

Si la persona que murió era un niño, ¿El niño fue vacunado? (Chequee las vacunas recibidas)

If the person that died was a child, was the child vaccinated? Check the vaccines received

- ☐ BCG R.N.
- ☐ DPT1 ☐ DPT2 ☐ DPT3 ☐ DPT-R
- ☐ Polio R.N. ☐ Polio-1 ☐ Polio-2 ☐ Polio-3 ☐ Polio-R
- ☐ Sarampión – measles

Ultimo peso y grado nutricional de este niño: last weight + nutritional grade of this child

Fecha: date ___/___/___

Peso: _____ weight

Grado: _____ grade

Causa de muerte según el supervisor:

Cause of death according to the supervisor

¿Según su opinión, la muerte era prevenible? ☐ Sí ☐ No. Si es afirmativo, ¿Cómo?

IN YOUR OPINION, WAS THIS DEATH PREVENTABLE IF yes, how

Otros comentarios:

Other comments

Acuerdo 517-0239, Agencia Internacional para el Desarrollo (AID) y Save The Children - Programa de Supervivencia Infantil.

Compugraf

CAUSES OF DEATHS

MUERTES POR CAUSAS	less than 1 yr		1-5 yrs. old	
-	Menor de 1 Año (No. ,	%)	1 hasta 5 años (No. ,	%)
Número total de muertes total #	of death	%		%
DIARREA - Diarrea / Vómito VOMITING		%		%
- IRA Diarrhea Disease		%		%
- Fiebre Fever		%		%
- Sarampión/Difteria/ measles diptheria Tosferina/Tétano/Tuberculosis whooping cough tetnus tuberculosis		%		%
- Accidente accident		%		%
- Tétano neonatal neonatal tetnus		%		%
- Bajo peso al nacer low birth weight		%		%
- Brujería witchcraft		%		%
- No sé la causa don't know the cause		%		%
- Otro:		%		%
- Otro:		%		%
- Otro:		%		%
- Otro:		%		%
- Otro:		%		%
- Otro:		%		%

* Fuente Informativa: [ ] Informe de Muertes. [ ] Estimación. [ ] Otro. _____

ORIGIN OF INFORMATION death report Estimate

PROBLEMA(S) IDENTIFICADO(S)

IDENTIFIED problems

PLAN DE ACCION

REGISTRO DE MUERTES

Name of the community Nombre de la comunidad	No. Casa	No. Fam.	No. Per.	Name of the person that died Nombre de la persona que murió	Sexo M/F	date of birth Fecha de nacimiento	date of death Fecha de muerte	age at death Edad al morir	cause of death Causa de muerte según la familia	Causa principal de muerte	Causa secundaria de muerte
						/ /	/ /		according		secondary
house #						/ /	/ /		to the family		cause
Family #						/ /	/ /				of death
person's #						/ /	/ /			principal	
						/ /	/ /			cause	
						/ /	/ /			of death	
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MANEJO DE DIARREA. Control

Población Objetivo o Denominador: # of families visited by the supervisor

Número de familias visitadas por el supervisor: _____

Número de estas familias con niños con diarrea: _____

of these families with children with diarrhea

Numerador = No.	Meta (No. , %)		Sit. Actual (No. , %)		Faltan (No. , %)	
# don't know how to prepare + use No. saben preparar y usar suero		%		%		%
No. usaron suero en la última diarrea # used the last time they had diarrhea		%		%		%
No. siguieron seno igual # that continued breast feeding the same amount		%		%		%
No. siguieron alimentandoce igual # that continued giving them the same amount of food		%		%		%
No. dieron más líquidos # that gave them more liquids		%		%		%
No. que NO usaron medicina # that didn't use medicine		%		%		%
No. llevaron al centro de Salud # that went to the Heath Center		%		%		%
No. siguieron con diarrea # that still have diarrhea		%		%		%

* Fuente Informativa: [ ] Cuaderno del Supervisor. [ ] Estimación. [ ] Otro. _____

MANEJO DE IRA. Control of

Población Objetivo o Denominador:

Número de familias visitadas por el supervisor: above ↑

Número de familias con niños con IRA: _____

of families with children with diarrhea disease

Numerador = No.	Meta (No. , %)		Sit. Actual (No. , %)		Faltan (No. , %)	
# mothers that are able to recognize intense diarrhea Mamás que pudieron reconocer signos de IRA grave		%		%		%
# that drank more liquids No. tomaron más líquidos		%		%		%
# that were well cared for No. atendieron bien		%		%		%
# that continued breast feeding the same No. siguieron seno igual		%		%		%
# that continued eating the same No. siguieron alimentándose igual		%		%		%
# that went to the health center No. llevaron al centro de Salud		%		%		%
# that still have diarrhea disease No. siguieron con IRA		%		%		%

* Fuente Informativa: [ ] Cuaderno del Supervisor. [ ] Estimación. [ ] Otro. _____

PROBLEMA(S) IDENTIFICADO(S)

PLAN DE ACCION

Maternal Lactation or Nursing Mothers / Weaning:

LACTANCIA MATERNA/DESTETE.						
Población Objetivo o Denominador: No. 4 a 12 meses: # 4-12 months						
Population or Denominator - No. menores de 1 año: # < 1yr						
Numerador = No. Numerator	Meta goal (No. , %)		Sit. Actual actual situation (No. , %)		NO. Faltan (No. , %)	
No. tomaron el seo el día que nació # started breast feeding the day it was born		%		%		
No. tomaron único alimento hasta los 4 meses # that only breast fed until 4 months old		%		%		
Número que usaron biberon # that used a bottle		%		%		
No. recibió otros alimentos y seno después de 4 meses # that breast fed + received other food after 4 months		%		%		

* Fuente Informativa: [ ] Cuadernos de las promotoras y supervisores. [ ] Estimación.
[ ] Otro. _____

PREVENCION DE DIARREA. Diarrhea Prevention						
Población Objetivo o Denominador: No. de familias: # of families						
Numerador = No.	Meta (No. , %)		Sit. Actual (No. , %)		Faltan (No. , %)	
No. tienen letrina # that have a latrine		%		%		%
No. usan letrina # that use a latrine		%		%		%
No. tienen letrina limpia # that have a clean latrine		%		%		%
No. tienen buen cuidado del agua # that have good water care		%		%		%
No. usan agua purificada/limpia # that use clean or purified water		%		%		%
No. tienen buen cuidado con la comida # that have good food care		%		%		%

* Fuente Informativa: [ ] Cuaderno del Supervisor. [ ] Estimación. [ ] Otro. _____

PROBLEMA(S) IDENTIFICADO(S)	PLAN DE ACCION

18

FAMILY PLANNING

PLANIFICACION FAMILIAR.

Población Objetivo o Denominador:

Mujeres de 15-49 : Women Ages 15-49

Número de embarazadas: # Women Pregnant

Número con más de 4 partos: # Women with more than 4 births

# that are using Birth control	Meta (No. , %)		Sit. Actual (No. , %)		Faltan (No. , %)	
No. están usando un método		%		%		%
Pastillas Pill		%		%		%
Condones Condom		%		%		%
Vaginales VAGINAL		%		%		%
DIU IUD		%		%		%
Esterilización Sterilization		%		%		%
Natural NATURAL		%		%		%
Abstinencia abstinance		%		%		%
Otro:		%		%		%
Otro:		%		%		%
Otro:		%		%		%

* Fuente Informativa: [ ] Cuadernos de las promotoras y supervisores. [ ] Estimación.
[ ] Otro. _____

PROBLEMA(S) IDENTIFICADO(S)

PLAN DE ACCION

Care during the Pregnancy (Prenatal Care) - action against Low Birth weight

CUIDADO DURANTE EL EMBARAZO - ACCION CONTRA BAJO PESO AL NACER.						
Población Objetivo o Denominador: # of newly pregnant women No. de mujeres recien embarazadas: _____						
	Meta (No. , %)		Sit. Actual (No. , %)		Faltan (No. , %)	
No. fumaban durante el embarazo # that smoked during pregnancy		%		%		%
No. tomaban Alcohol durante el embarazo # that drank alcohol during pregnancy		%		%		%
No. tuvieron TT2 o más # that have 2 TT or more		%		%		%
No. tuvieron 2 visitas prenatales # that had 2 prenatal visits		%		%		%
No. tuvieron 3 visitas prenatales # that had 3 prenatal visits		%		%		%
No. tuvieron 4 visitas prenatales " 4 "		%		%		%
No. tuvieron 5 visitas prenatales " 5 "		%		%		%
No. que perdieron el embarazo # that had a miscarriage		%		%		%
No. que nacieron en bajo peso # that were born with low birth rate		%		%		%

* Fuente Informativa: [ ] Informe de Nacimientos Birth report [ ] Estimación. Estimate [ ] Otro. _____

PROBLEMA(S) IDENTIFICADO(S)	PLAN DE ACCION