

IT 20 8545  
PDC 0500 G 1065 00

**WORLD VISION RELIEF & DEVELOPMENT INC.**

**CHILD SURVIVAL VIII PROJECTS  
QUARTERLY REPORT NO. 3  
APRIL-JUNE 1993**

Submitted to:

**Child Survival and Health Division  
Bureau for Food and Humanitarian Assistance  
Office of Private and Voluntary Cooperation  
515 22nd Street, N.W., Suite 103C  
Washington, DC 20037**

Submitted by:

**World Vision Relief & Development Inc.  
919 West Huntington Drive  
Monrovia, CA 91016**

PVO Headquarters Contact:

**Milton Amayun, M.D., M.P.H.  
Director, International Health Programs Department  
919 West Huntington Drive  
Monrovia, CA 91016**

**This project is funded by the U.S. Agency for International Development, Bureau for Food and Humanitarian Assistance, Office of Private and Voluntary Cooperation, under Grant No. PDC-0500-G-1065-00**

**HONDURAS CHILD SURVIVAL PROJECT  
SAN MIGUEL CHILD SURVIVAL GRANT FY93-95  
3RD QUARTER REPORT FY93**

**Significant Achievements (Year 1):**

1. One hundred-fifty community health volunteers completed their initial training this quarter. The volunteers are made up of mothers, adolescents, and men from the 10 target communities. The training covered the following topics: EPI, ALRI, control of diarrheal diseases, and the health information system. Dr. Osorno, World Vision Honduras Health Coordinator, provided technical assistance and encouraged/praised the volunteers for their involvement in CS activities.
2. The project participated in the development of a new training model for Volunteer Health Workers. The model was developed in collaboration with COHASA (Honduran/German Food Society) and the CESAMO San Miguel.
3. The first of a series of sustainability workshops was successfully hosted and facilitated by the project on June 2-4. There were 60 participants coming from PVOs such as Save the Children, World Relief, ADRA, Project Hope, International Eye Foundation, La Leche League, COHASA, and WV Guatemala. The technical adviser for the Management Sciences for Health and Dr. Stanley Terrell, USAID Mission CS adviser, also came. National, regional, and local staff from the Ministry of Health, as well as community health volunteers from attending PVOs, actively participated. The primary objective of the workshop was to discuss basic concepts of sustainability and look at some critical factors and obstacles to sustainability.
4. Several meetings were held with community leaders to discuss the baseline survey results and the detailed implementation plan. These meetings were undertaken to enable communities to understand their health problems and the importance of a "partnership" relationship with health personnel. Sensitization meetings have also started in the larger communities of La Esperanza and San Miguel.
5. A joint vaccination campaign with MOH yielded the following achievements:

Age	DPT1/Pollo1	DPT2/Pollo2	DPT3/Pollo3	Measles
Infants 0-11 months	45/45	57/57	53/53	53
Children 12-59 months		16/16	11/11	88
TT1	TT2	TT3	TT4	TT5
Pregnant Women	5	7		
Women of Childbearing Age	311	197	220	23

6. The CSP staff facilitated the identification and follow-up of three cholera cases and 3 dengue cases in the target communities.
7. Three meetings were held in association with the Area Staff for the CSP and the MOH to promote and develop better understanding and collaboration between these two parties.
8. Ms. Ritma Cloter, CSP Coordinator, attended the NGO coordination meetings conducted by Dr. Marcelo Castrillo. These meetings were meant to strengthen communication and exchange of experiences among NGOs involved in CS activities.

9. Kimberly Baldwin, CSP intern from Loma Linda School of Public Health, completed her "time allocation" study of core staff at the CESAMO San Miguel.

**Project Staff:**

1. Ms. Cloter, CSP Manager, and Marta Fonseca, Monitoring and Evaluation Coordinator, attended the Third Regional PVO CS Implementation Workshop in Bolivia. They and the CSP Training Coordinator also attended a workshop on breastfeeding, sponsored by La Leche League.
3. Patricia Alvares, a nurse with a master's degree in Social Work, joined the project as area coordinator. Patricia has extensive field experience in maternal and child health with PVOs and the MOH.

**Project Expenditures:**

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenditures	\$39,122	\$137,663	\$191,622
USAID Grant Chargeable	25,406	64,357	93,024

**Project Concerns/Needs:**

1. Two project facilitators—Iris Yolanda Godoy and Edna Ruth Sevilla—resigned. One post has been filled by Italia Valadares, a social worker. The project has difficulty finding capable people who are committed to working at the community level.

**Plan of Action for the Next Quarter:**

1. Continue training of community health workers on CS interventions.
2. Implement in a systematic fashion the Health Information System.
3. Train organized Women's Groups on Family Planning, Maternal Care, and Breastfeeding.
4. Conduct the family census in five of the ten project intervention communities.
5. Coordinate with the MOH/MCH division the training for the project staff on Child Care.
6. Continue networking with PVOs associated with the CSPs to further strengthen communication ties and exchange of experiences.
7. Conduct a training Evaluation Workshop.
8. Write the monthly, quarterly and first annual report.
10. Locate a site for the construction of the multipurpose center and lobby for donation.
11. Repair the Community Center where training is conducted.

**INDONESIA CHILD SURVIVAL PROJECT  
SANGGAU CHILD SURVIVAL GRANT FY93-FY95  
THIRD QUARTER REPORT**

**Significant Achievements:**

1. The Kontak Tani training was from May 23-26 at Padikaye village, Balai subdistrict. The participants were 19 farmer groups (6 groups and 13 beginner groups) who are expected to form and carry on the function of village development facilitators in the future. The participants came from ten villages. Highlights of the training included:
  - The participants (men and women) sat and learned together.
  - The location was appropriate.
  - Session content included problem solving.
  - Methods of training included practice and discussion.
2. The monitoring and evaluation officer conducted the kader evaluation in both impact areas at the end of May. The purpose of the evaluation, which followed three months of training, was to track kader activities in Posyandu and to conduct home visits.
3. The number of household registrations to date is 893. The FY93 target of 3,000 will be reached in July.
4. The technical Advisor for Area B visited remote Sejtang village to investigate a possible Hepatitis B outbreak. Although no cases of Hepatitis B were detected, there is an appeal for facilitating clean water supply by constructing a gravity-flow piped water system to be coordinated with local government officials.
5. Another remote area, Dalam Tayan, was also visited. Eighty infants were brought for weighing, and PMT (extra nutritious food) was provided.

**Project Expenditures:**

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenditure	64,426	190,879	234,042
USAID Grant Chargeable	38,295	106,324	141,175

**Project Needs/Concerns:**

1. Fuel for the speedboat delivered to Puskesmas Kawat is very expensive, limiting its use in project activities.
2. Continuous monitoring of the groups that have been trained is difficult, with resulting concerns about sustainability.

**Plan of Action for the Next Quarter:**

1. A Youth Village Development Training will be held from July 11-15.
2. The water-pipe system, two water harvesting tanks and a latrine will be installed at Beruak sub-village. A latrine and one toilet will be installed in Melugai and Batu Besi village.
3. Field guidance in terms of health care and diarrhea and ISPA treatment will be led by the technical advisory team.
4. Reach the target of household registrations in July.

**NIGERIA CHILD SURVIVAL PROJECT  
OGBOMOSO SOUTH CHILD SURVIVAL PROJECT  
THIRD QUARTER REPORT FY93**

**Project Visitors:**

- Bruce Wilkinson, World Vision West Africa Regional Director, and Dr. Joe Riverson, World Vision Ghana National Director, visited the project to provide administrative support.

**Significant Achievements:**

**1. Training**

- Training sessions for mothers focused on immunization, nutrition, control of diarrheal disease and child spacing.

**2. Health Information System**

- The HIS was enhanced by the successful introduction of EPI Info Software. This software will greatly assist monitoring activities.

**3. Growth Monitoring and Nutrition**

- Twenty-one Salter weighing scales were given to various communities to assist the Village Health workers in monitoring the growth of children under 5 years.
- More than 700 farmers were registered to plant soybeans and shared in the distribution of 650 kgs of soybean seeds.

**4. Immunization**

- Actual service delivery of vaccines began this quarter. A total of 5,828 doses of various antigens were given (see Table 1).
- Surveillance for tracer diseases, neo-natal tetanus, measles and poliomyelitis started. Two new cases of neo-natal tetanus were found, both cases in babies delivered in a private maternity home. Further observations made during investigations led to a decision to train both private and government health facility health providers in the project area on EPI.

Age	BCG	DPT3	OPV3	Measles	Fully Immunized	TT2 & Above
0-11 Months	408	151	141	232	52	
12-23 Months	127	139	139	328	62	
Women 15-45 years	-	-	-	-	-	677

**TABLE 1: IMMUNIZATION STATISTICS—THIRD QUARTER**

**Project Staff:**

- The Health Information Coordinator and Executive Officer for accounts completed computer training this quarter.

- Eleven junior members of the project staff participated in a two-day workshop on monitoring and evaluation organized by the Oyo State MOH.
- Mrs. Titi Oladee, Project Public Health Nurse, completed a six-week course on family planning.
- Mr. Sanyaolu, the Health Information Coordinator, was appointed as part of a team of experts to prepare a technical report on National Statistical and Information Services, a joint project between the Federal government of Nigeria and the United Nations Development program.

**Project Expenditures:**

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenditure	29,738	128,727	175,054
USAID Grant Chargeable	21,219	84,159	115,136

**Project Plans:**

- A local consultant will provide technical assistance on nutrition interventions.
- The project will train staff from private and public health institutions on EPI and safe methods of delivery.
- Routine training of mothers and CHWs/TBAs will continue.
- The first annual report will be completed.
- More income-generating activities for VHWs/TBAs will be established.

**PAPUA NEW GUINEA PROJECT STATUS REPORT  
LUMI CHILD SURVIVAL GRANT FY93-95  
THIRD QUARTER FY93**

**Significant Achievements:**

1. Mr. Steven Toikilik accepted the position of Project Manager and received orientation at the World Vision office in Madang and at Lumi. During the quarter he completed a schedule for implementing project activities. Several meetings to discuss the project and encourage collaboration were held with a variety of key players in the district, including the Department of Health (DOH) staff at Lumi, the Lumi district manager, staff of the Fatima Catholic sub-health center, and all divisional heads.
2. Approximately 60 villages in the project area were visited to raise awareness about the project, build relationships, and select village development committee (VDC) members.
3. Project staff participated in a three-day workshop on the village services scheme, conducted by the Provincial Affairs Division.
4. Construction of staff houses, including the clearing of land, milling of trees, and delivery of supplies, was initiated.

**Project Staff:**

Interviewing of candidates for the Administration and Training Officer position continued.

**Project Expenditures:**

	<b>Quarter</b>	<b>YTD</b>	<b>YTD</b>
	<u>Actual</u>	<u>Actual</u>	<u>Budget</u>
Project Expenditures (inc. indirect)	\$29,744	\$105,261	\$186,919
USAID Grant Chargeable (inc. indirect)	26,464	62,244	87,849

**Problems Encountered:**

1. Heavy rains during the quarter, which resulted in bridges washing away and landslides blocking sections of road, caused delays in the delivery of supplies for construction of the staff houses. Staff movement was also restricted.

6

2. Communication between the project base and other parts of the country remains problematic. A telephone link has been proposed, but it is awaiting the relocation of the main relay tower.

## **HEADQUARTERS**

### **Technical Assistance Administration/Budget Plan of Action**

**TECHNICAL ASSISTANCE:**

1. Dr. Fe Garcia participated in a Sustainability Workshop, the first in a series, hosted by the World Vision Honduras San Miguel CSP. Representatives at the workshop included NGOs such as SCF, ADRA, Project Hope, IEF, World Relief and La Leche League. Health volunteers from these NGOs and the MOH actively participated (see attachment 1 for Dr. Garcia's trip report).
2. Tom Ventimiglia visited the Zimbabwe CSP to provide technical assistance for preparations for the midterm survey and the midterm evaluation. Mr. Ventimiglia also met with the Zimbabwe MOH to discuss survey methodologies.
3. Fifteen technical and informational health-related articles were distributed to each of the CS projects.
4. Feedback on the January-March quarterly reports was given to field staff of each project by the responsible Program Development Officer.
5. Project staff from Mozambique and Zimbabwe presented papers at the 20th Annual National Council on International Health Conference in Washington, D.C. IHPD staff provided editing assistance.
6. Kim Baldwin, an intern from Loma Linda University, assisted the Honduras project in conducting a time allocation survey and documenting the sustainability workshop proceedings.

**ADMINISTRATION/BUDGET:**

1. Pam Kerr participated in the Uganda CS Implementation Workshop pre-planning meeting hosted by JHU/PVO/CSSP in Baltimore in April.
2. Dr. Milton Amayun and Pam Kerr attended the 20th Annual NCIH Conference from June 20-23.
3. IHPD staff have spent a considerable amount of time this quarter assisting projects in arranging consultants for the six midterm and seven final evaluations scheduled for the fourth quarter of FY93.
4. The IHPD quarterly technical review meeting with WVRD Finance Coordinators was conducted to review progress and to discuss financial and programmatic issues pertaining to the CSPs.
5. The headquarters budget and expenditures (including indirect cost) for the 2,042 grants this quarter were:

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Actual</u>
Project expenses (including direct)	11,631	66,826	61,325
USAID Grant Chargeable (including direct)	8,723	50,121	44,304

The headquarters budget and expenditure (including indirect cost) for the 1,065 grants this quarter were:

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Actual</u>
Project expenses (including indirect)	10,350	29,987	106,858
USAID grant Chargeable (including indirect)	7,764	20,241	72,083

**PLAN OF ACTION FOR THE FOURTH QUARTER FY93:**

1. Technical assistance will be provided as follows:

<u>Country project</u>	<u>HQ/Regional Staff</u>	<u>Planned Dates</u>
Dominican Republic	Tom Ventimiglia	August 16-September 2
Bangladesh	Milton Amayun/Sri Chander	September 1-10
Zimbabwe	Tom Ventimiglia	September 13-24
Mali	Pam Kerr	September (dates to be confirmed)

# ATTACHMENT 1

## TRIP REPORT TEGUCIGALPA, HONDURAS May 31, 1993, to June 5, 1993 Fe D. Garcia

---

The objective of my trip was to participate in a sustainability workshop hosted by World Vision Honduras/San Miguel CSP with support from WVI Latin America and WVRD. It was held at the Hotel Plaza Peatonal in Tegucigalpa, Honduras, June 2-4, 1993.

### HIGHLIGHTS

1. The workshop is the first of a series of sustainability workshops lined up by the San Miguel CSP. WVH and the CSP staff thought that "the mere exercise of making the three key players—communities, NGOs, MOH—sit down together" would be an achievement.

The Minister of Health, Dr. Carlos Alirio Cruz, delivered a speech about the MOH's new strategy, "Modernizacion del Sector Salud." Mr. Carlos Hernandez, WVH Director, presented the sustainability challenge to the participants. On the third day, Mr. Stanley Terrell, USAID Resident Adviser for CS, observed the presentations. A copy of the workshop program is appended.

2. The theme of the workshop is "Let Us Unite to Serve." There were about 60 participants each day (I thought for awhile that this number would significantly drop in the afternoon and the next two days, but it didn't). NGOs such as WVH, SCF, ADRA, Project Hope (health volunteers only), IEF, World Relief, and La Leche League were represented at the workshop. CARE was not in attendance. Health volunteers from NGOs and MOH (including government staff from the planning division) actively participated. Three representatives from World Vision Guatemala also attended.

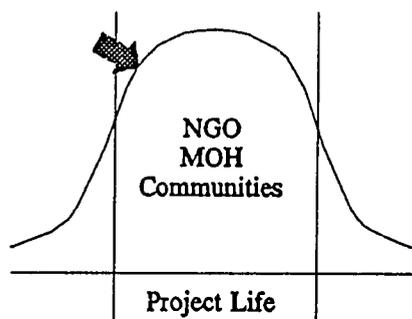
The workshop faculty included David Befus (microenterprise expert and WVI Program Development/Technical Services Director), Carolyn Rose-Avila (WVRD Program Co-Director), Edgardo Vargas (originally with the Instituto de Desarrollo Hondureno and now WVI staff in development), Cesar Lopez (World Vision Dominican Republic Country Director), and Ritma Loida Cloter (CSP Coordinator).

3. The workshop methodology consisted of panel and small group work/discussions; presentations by NGOs, MOH, and volunteers; sharing of experiences; faculty presentations of basic concepts; and development of action plans. The panel discussion by the health volunteers left the participants very appreciative of the sacrifice and importance of volunteers in CS activities. Highly informative were the individual NGO's presentation of their sustainability strategies. The small group discussions made the participants realize the value that each key player has to achieve

sustainability. The groups identified and prioritized obstacles to planning for sustainability and action steps to overcome/reduce them.

4. The following dimensions of sustainability came out of the workshop:

- No. 1** Sustainability must be defined and operationalized by the key stakeholders themselves, not for others to impose upon them.
- No. 2** There are risks or probabilities involved. The important thing is to reduce these risks.
- No. 3** Sustainability does not have a threshold, e.g., only 30 percent sustainable. However, there are degrees of sustainability.
- No. 4** An important factor contributing to sustainability is **community-MOH-NGO partnership/"co-ownership"** from the beginning to the end of project life.
- No. 5** Using David's graphics, planning for sustainability (within the CSP context) must start from the arrowed point as seen below:



#### CONCLUSIONS AND RECOMMENDATIONS:

The participants rated the workshop as "very good" to "excellent." There was a strong request from them to hold follow-up workshops focusing on issues which have not been covered at length. I would like to suggest the next steps:

1. Replicate in a modified and staggered manner the participatory workshop at the community level and ensure that an appropriate action plan for sustainability is developed and implemented.
2. Organize a similar workshop for policy makers from the community, regional, and national levels.
3. Identify and schedule future workshop subjects that were not covered or were inadequately covered during this workshop such as phasing in/out strategies, IGAs as incentives for volunteers, health information system, community-level management of CS interventions, etc.

I consider the workshop a success. Dr. Mirna Lobo, Metropolitan Region #2 Chief, commented, "This is the first time that I have attended a participatory workshop attended by the NGOs, MOH, and community representatives." At the closing ceremony, a representative of the volunteers voiced their appreciation for being invited and heard and for the acknowledgment that they have something to contribute to sustainability even though they are not skilled professionals.