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**WORLD VISION RELIEF & DEVELOPMENT INC.**

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**CHILD SURVIVAL VIII PROJECTS  
QUARTERLY REPORT NO. 5  
OCTOBER-DECEMBER 1993**

Submitted to:

**Child Survival and Health Division  
Bureau for Food and Humanitarian Assistance  
Office of Private and Voluntary Cooperation  
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**HONDURAS CHILD SURVIVAL PROJECT  
SAN MIGUEL CHILD SURVIVAL GRANT FY93-FY95  
FIFTH QUARTER REPORT**

**Significant Achievements (Year 3)**

1. An agreement has been drafted to formalize collaboration between the CS project, MOH's National Center for Training of Human Resources, and Honduras National School of Nursing. The project's ten communities will serve as a training base for auxiliary nursing students and second year nursing students on CS interventions. The agreement is expected to be signed in January 1994.
2. The family census has been completed with assistance from the nursing and auxiliary nursing students in-training at the project site. This exercise enabled CSP staff to define catchment areas (by blocks). Health Committees and Community Volunteers (CVs) find the "block" approach to monitor activities easier to follow. Family data from two communities—Colonia Estados Unidos and 30 de Noviembre—have been inputted into the database.
3. The project staff reviewed the accomplishments for FY93 and worked on FY94 goals and action plans for the first quarter FY94.
4. A number of training sessions/workshops were conducted this quarter, including the following:
  - a. The project successfully hosted a breastfeeding workshop at the project site. Dra. Alas de Chavez/ALATMA (Lactation Group) and Dr. Fidel Barahona/COHASA led the workshop; 20 participants actively participated—CSP staff, teachers and students from the two collaborating nursing schools and personnel from the MOH CESAMO health center.
  - b. Eighty-five CVs from four communities (Estados Unidos, 13 de Julio, 30 de Noviembre and Brisas del Valle) started training on Growth Monitoring (GM). Each CV is assigned to 15 families. The GM curriculum focused largely on practical exercises (correct weighing, logging, and interpretation), counseling techniques and evaluation.
  - c. Two hundred sixty-seven mothers completed their training on EPI, ARI and control of diarrheal diseases.
  - d. Two health committees completed training on the management of community drug funds.
  - e. Seven families (from Colonia 13 de Julio) received training in latrine use and maintenance.
5. There were 2,561 home visits this quarter. These visits provided opportunities for project staff and CVs to reinforce the training given to mothers on CS "protective" behaviors and practices; to counsel child caretakers as needed.
6. Four (out of seven) latrines were built at Colonia 13 de Julio. The project continues to support San Miguel CESAMO's immunization and cholera prevention activities by mobilizing communities and conducting awareness/education sessions on these topics.
7. A potential site for the multipurpose center has been identified at Colonia Travesia, one km. from the MOH CESAMO. Negotiations with the local government will be finalized next quarter. If approved, construction could start in February 1994.

**Project Staff**

1. Ritma Loida Cloter, CSP Coordinator, resigned in December for personal reasons. Dr. Edmundo Osorno, WV Honduras Health Coordinator, took over in the interim.

**Project Expenditures (including indirect)**

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenditure	\$29,701	\$29,701	\$73,624
A.I.D. Grant Chargeable	22,590	22,590	44,522

**Project Concerns**

1. The resignation of the CSP Coordinator could slow down the achievement of project objectives for FY94 unless a replacement is found soon. WV Honduras is actively recruiting for the position. This was further complicated by the resignation of Dr. Jorge Hernandez, CESAMO Director, who has the "institutional" memory for the project.
2. Vaccination activities were temporarily discontinued due to a MOH strike staged nationwide.

**Plan of Action for the Second Quarter FY94**

1. Hire a Project Coordinator.
2. Continue training activities for staff, block leaders and CVs; education of families.
3. Organize 139 "blocks" in the remaining (seven) communities.
4. Continue to support CESAMO's vaccination and cholera prevention activities.
5. Hold exchange visits with other PVOs.
6. Finalize the negotiation for the land which will house the multipurpose center; start construction.

**INDONESIA CHILD SURVIVAL PROJECT  
SANGGAU CHILD SURVIVAL GRANT FY93-95  
5TH QUARTER REPORT\***

**Significant Achievements:**

1. Training activities this quarter included sessions for:
  - Village-based Health Insurance Group cadres in both impact areas.
  - Village Health Services Post cadres.
  - TBAs in Area A received refresher training on normal delivery and post partum nutrition. TBAs also had the opportunity to share their experiences and to discuss difficult deliveries.

Eight new CHWs were trained and placed in villages. The learning process for CHWs was considered more effective than similar training held last year because:

- The participants had on the job experience (unpaid) in the villages for the three months prior to training.
- Availability of equipment such as overhead and slide projectors, enhance the learning process.
- The training sessions were more applicable and included explanations of the DIP and annual action plan.

2. A networking meeting was for representatives from 60 cadres. Training was provided by SCSP and support team, the head of Balai subdistrict and the Family Welfare Organization/Movement. Topics for discussion included:
  - Area development strategy of Balai sub district.
  - Discussion on criteria of active cadres with the methods of groups according to cadre specialization.

3. The first annual report was prepared and submitted.

**Project Staff:**

1. Untung Sidupa and Atred Gontha attended the third Asia/Pacific Regional CS PVO Workshop held in November.

**Project Expenditures:**

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenses	\$36,959	\$36,959	\$76,779
USAID Grant Chargeable	\$26,453	\$26,453	\$55,049

\*This report covers October/November 1993.

**OGBOMOSO SOUTH NIGERIA CHILD SURVIVAL PROJECT**  
**OGBOMOSO SOUTH CHILD SURVIVAL GRANT FY93-95**  
**5TH QUARTER FY94**

**Significant Achievements:**

1. Training

The following training sessions were held this quarter:

Category	Topic	No. of Participants
Mothers	Immunization	738
	Breastfeeding	826
	Child Nutrition	675
Village Health Workers/Traditional Birth Attendants	Breastfeeding	73
	Child Nutrition	75
	Child Spacing	92
Local Government Health Staff	Cold Chain	34
Baptist Medical Center Staff	Cold Chain	37

2. Immunizations

The following immunizations were provided this quarter:

Antigen	Children		WCBA
	0-11 mos.	12-23 mos.	
BCG	207	24	--
DPT3	200	149	--
OPV3	200	148	--
Measles	109	61	--
Fully Immunized	93	119	--
TT2	--	--	313

Of the 146 births recorded during the quarter, 49.3% of mothers had received two doses of tetanus toxoid before delivery.

3. Growth Monitoring and Nutrition

The table below shows the monthly averages for growth monitoring activities during the quarter:

Category	0-23 months	24-59 months	Total
Number weighed	670	305	975
Number (%) with appropriate weight for age	544 (81%)	223 (73%)	767 (79%)
Number (%) of repeat visitors losing weight	96 (17%)	96 (34%)	192 (23%)
Number (%) of repeat visitors lapsing into malnutrition	22 (4%)	8 (3%)	30 (4%)
Previously malnourished children attaining appropriate weight for age	21 (4%)	9 (3%)	30 (4%)

Two communities were provided with weighing scales to enable the Village Health Workers (VHWs) to monitor the growth of infants and children in those communities.

4. Child Spacing

A total of 4,644 condoms and 4,672 vaginal tablets were distributed. One hundred and thirty-nine new acceptors of modern contraceptive methods were registered.

5. Malaria Control

There were 361 cases of malaria among children under five years of age during the quarter. Of these, 215 (60%) received chloroquine treatment at the community level. Fifty-seven pregnant women who reported at the village health posts for the first time received a course of chloroquine, and 59 women in their third trimester also received chemoprophylaxis.

6. Income-Generating Activities

A cassava/corn mill was installed for the Orire VHW/TBA Cooperative Association, bringing to three the number of these mills installed to provide income for VHWs and TBAs. A committee comprising representatives of government, the communities, and the project's collaborating partner is being established to supervise the management of the IGAs.

7. Collaboration

The project manager met with the UNICEF Zonal Coordinator for Information, Education, and Communication to discuss possibilities for collaboration. UNICEF provided the project with 400 copies of the Yoruba version of "Facts for Life" for distribution in the project area.

The project began plans to initiate distribution of ivermectin for control of onchocerciasis, in coordination with several other organizations.

8. Annual Report

The first annual report was prepared and submitted.

**Project Staff:**

1. The project manager and finance/administrative manager attended a World Vision workshop reviewing USAID regulations and compliance requirements. The project manager and a nutritionist participated in the World Vision West Africa Sub-Regional Health Strategy Consultative meeting in Bamako, Mali. Trip reports will be included in the next quarterly report.
2. The health information coordinator participated in a workshop on "Strengthening Indigenous Nigerian Organizations for Self-Reliant Development."

**Project Expenditures (including indirect):**

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenses	\$29,630	\$29,630	\$54,562
USAID Grant Chargeable	\$23,094	\$23,094	\$37,434

**Plan of Action for the Second Quarter FY94:**

1. Hold a series of training sessions for newly selected Village Health Workers, Traditional Birth Attendants, and Nutrition Aides.
2. Establish another IGA for VHWs and TBAs.
3. Continue service delivery.
4. Participate in the second World Vision Global Health Consultation, in Kenya.

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

In spite of considerable constraints (detailed below) which continue to hamper the initiation of project activities, progress is being made.

**Significant Activities:**

1. Curriculum has been developed and completed ready for VHA and VBA training. Names of 100 candidates have been collected, twenty of these will be selected for training.
2. Sr. Wamala conducted a one week women's workshop in Edwali from November 22-26, 1993. The theme of the workshop was Health and Women's Welfare. Subjects discussed were based on project interventions: EPI and how the community should contribute; nutrition - specifically the use of weight charts; ante-natal care; diarrhea-ORS use and sanitation; and sanitation and personal hygiene. The 21 women who participated were much encouraged and went back to their own communities ready to start their own meetings.
3. In October, Mr. Bonny Kinei initiated the organization and implementation of nine clinics which focused on nutrition and growth monitoring, immunization, family planning and health education covering: the importance of clinic attendance; nutrition - specific food groups; family planning; personal hygiene and general village sanitation; and malaria and malaria prevention.

This was the first clinic conducted in ten years but there were few attendees. There were several problems encountered:

- Clinic schedules were sent but few responded.
- Less people came due to irregularities in the clinic being conducted, people have lost confidence in the DOH staff.
- There is a shortage of drugs and common vaccines.
- There is a shortage of manpower, specifically female nurses who would conduct ante-natal clinics. Male staff cannot conduct ante-natal clinics due to strong cultural taboos.

The overall impression is that an increase in the number of clinics conducted will help people gain confidence resulting in increased attendance.

4. Fifteen villages and one aid post were visited during the second/third MCH clinic patrols conducted during November and December. In addition to clinic activities, the DOH was assisted with the updating of records and plans were established with DOH staff for upcoming training. Constraints encountered are similar to those mentioned above. More emphasis will be focused on community education and mobilization particularly:
  - Health education with literacy,
  - Special teams to conduct education awareness programs such as drama, video shows and radio programs.
  - DOH staff will be encouraged during their refresher training to work more closely with communities.

**Project Staff:**

1. A new project manager, Mr. Michael Pagasa, M.P.H., has been appointed and will commence his responsibilities on January 27, 1994. Mr. Pagasa has fifteen years experience with the DOH.

2. Two Community Development Workers (CDW) have been recruited and will commence work in the second quarter. They are Mrs. Alexia Gamando Sonu and Miss Evangeline Kaima.
3. Sr. E. Wamala attended the Child Survival Workshop in Bangladesh.

**Project Expenditures (including indirect):**

	<u>Quarter Actual</u>	<u>YTD Actual</u>	<u>YTD Budget</u>
Project Expenditures	\$71,886	\$71,886	\$66,199
USAID Grant Chargeable	30,900	30,900	43,474

**Problems Encountered:**

1. The previous project manager was suspended awaiting a court trial after misappropriation of project funds. The project is receiving legal counsel on how to speed up this process.
2. There has been difficulty in recruiting the administration and training officer. Recruiting continues.
3. Equipment problems delayed the completion of the staff housing at the project site. The houses (4) will be completed as soon as plumbing materials arrive. There are also delays due to the very bad road conditions and slow delivery of materials. expected assistance for additional staff housing from the DOH as not been forthcoming as the DOH and government are in desperate need of housing to accommodate their own staff. Two houses have been provided but these require a great deal of renovation and repair.
4. Although the curriculum development for the VHAs and VBAs is completed and ready for use, project staff have been asked by the Lumi district manager not to proceed with selection of VDC because the PNG government has established the Village Development Service Scheme which will look into developing VDC in all parts of the country, including Lumi. Project staff/country management have agreed that, if nothing happens within a month, selection and confirmation of VDCs will begin.
5. The Lumi Health Center has been closed for the last two months because of an overflow in the patient septic system. The outpatient department treats/refers the very sick but the only other activities re MCH activities carried out by the project. A request to have center staff increase PHC activities was met with a negative response. The staff would require an extra allowance to go out on patrol.

**Plan of Action for the Second Quarter FY94:**

1. Provide orientation for new project manager.
2. Recruit and hire administration and training officer.
3. Complete staff housing.

**HEADQUARTERS**

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

## Technical Assistance

1. Dr. Fe Garcia facilitated the arrangements for an HIS Consultant to assist the Dominican republic CSP in response to a recommendation by the MTE team.
2. Headquarters staff assisted the field in the preparation of extension/expansion proposals for Bangladesh, Senegal, Haiti, and Dominican Republic.
3. Feedback on the July-September 1993 quarterly reports was given to field staff of each project by the responsible Program Development Officer.
4. Two technical and informational health-related articles were distributed to each of the CS projects.
5. Editing assistance was provided for Annual Reports from the 2042 projects, Honduras, Indonesia, Papua New Guinea, and Nigeria; and for MTE's for the 1065 projects in Bangladesh, Dominican Republic, Haiti, Mali, Senegal, and Zimbabwe.
6. Final Evaluations were edited and submitted for CSPs in India, Malawi, Mauritania, and Mozambique.
7. An end-of-year report for the no-cost extension of the Uganda CSP was written and submitted.
8. ISTI Questionnaires were completed and submitted for all CS Projects.

## Administration/Budget

1. Dr. Larry Casazza, M.D., M.P.H., joined the International Programs Division as Senior Programs Development Officer, with regional responsibilities in Eastern and Southern Africa. Dr. Casazza, after two months orientation in Monrovia, has relocated to the WVRD Washington, D.C., Office.
2. Tom Ventimiglia, who provides technical backstopping to CS projects in West Africa, has also relocated to the D.C. office.
3. The headquarters and budget expenditures, including indirect, for the following grants this quarter were:

<b>3025 Grants</b>			
	<u>Quarter</u>	<u>YTD</u>	<u>YTD</u>
Project Expenses	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>
USAID Grant Chargeable	\$11,635	\$11,635	\$23,437
	11,635	11,635	18,750
<b>2042 Grants</b>			
	<u>Quarter</u>	<u>YTD</u>	<u>YTD</u>
Project Expenses	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>
USAID Grant Chargeable	\$7,186	\$7,186	\$21,871
	5,388	5,388	17,497
<b>1065 Grants</b>			
	<u>Quarter</u>	<u>YTD</u>	<u>YTD</u>
Project Expenses	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>
USAID Grant Chargeable	\$2,459	\$2,459	\$12,310
	1,843	1,843	9,071

**Plan of Action for the Second Quarter (January-March) FY94**

1. Dr. Fe Garcia and Dr. Larry Casazza will attend the PVO/CSSP Workshop.
2. Dr. Fe Garcia will participate in a special task force for ARI assessment prior to the PVO workshop.
3. Dr. Milton Amayun will attend the World Vision Triennial Global Health Consultation in Kenya in January.

4. Technical Assistance/Travel Plans:

<i>Place</i>	<i>Person(s) Responsible</i>	<i>Purpose</i>
• Uganda	Tom Ventimiglia/Larry Casazza	Survey Training Baseline Survey
• Malawi	Larry Casazza/Fe Garcia	DIP Writing
• Zimbabwe	Larry Casazza	DIP Writing
• Bangladesh,	Pam Kerr	Technical Assistance
India,		Technical Assistance
Indonesia, PNG		
• Honduras	Fe Garcia	Technical Assistance