PD-ABH-712

CHILD SURVIVAL 7

Somoto, Madriz

QUARTERLY REPORT

APRIL-JUNE 1993

N I C A R A G U A

SUBMITTED TO
ADRA/INTERNATIONAL
BY
ADRA/NICARAGUA

Prepared by:
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A. ADMINISTRATIVE DATA

1. Project title:	Child Survival 7
2. Agreement Number:	PDC-0500-A00-1097-00
3. Country:	Nicaragua
4. Country Director:	Pr. Gerardo Vásquez
5. Project Director	Dra. Gloria Toruño
6. Implementing Agency:	ADRA/Nicaragua

B. FINANCIAL DATA

7. Authorized Life of Project Amount:	$ 1,059,262.00
8. Cumulative Obligation:	$ 695,447.00
9. Total Expenses to Date:	$ 363,815.04

C. PROGRESS REPORT

10. Objectives for the Quarter:

A. Training

B. Monitor the level of familiarity the volunteers (health committee) have for the Project objectives.

C. Report the community activities on Growth Monitoring and Nutrition (GM/N) in 156 communities.

D. Report the community activities on diarrhea control in the 156 established Project community Oral Rehydration Centers (UROC).

E. Report the community activities on the Family Planning Program (Reproductive Health).

F. Report the community activities on the Immunization Program in the 156 communities.

11. Summary of Activities.

We have had quite an active April-June trimester. To date, the Project has 21 months of service. Despite the end of the accompanying food program the volunteers continue (80%) to work in support of infant and maternal survival.

Throughout this period ADRA/CS has been trying to fine tune the Information System to make it as simple as possible. The idea is that one could get necessary information for the local SILAIS offices exclusively from ADRA volunteers. A copy of this system has already been sent to the central office of ADRA/INTL., and USAID to support the other NGOs that are just starting Child Survival Projects in Nicaragua.

During this trimester (June 3) the personnel of the Project, the Director and the Supervisors, were invited to a technical discussion given by USAID on development possibilities with the DIP. Various NGOs attended and the ADRA staff was able to exchange recommendations on how to better the Project through the use of the DIP.

On June 11th the Project staff had the opportunity to participate in the final evaluation of PL-480. During this evaluation Cristina Stone, an ADRA consultant, was able to share some observations and recommendations to better the activities of the Child Survival Project.

Félix Jímenez from Development Associates of USAID came for a visit the 14th of May to observe project activities at the community level.

June 1st was the first time the entire staff of the Adventist Mission was present at the Project office in Somoto, Madriz. The objective was to resolve some of the problems that arose between PL-480 and ADRA/CS.

On June 2nd, ADRA and PROFAMILIA collaborated to form and develop the Projects Family Planning activities.

Objective A: TRAINING:

A.1 A four-day workshop (April 20-24) on Breast Feeding was given to the Project staff and MINSA/SILAIS personnel by Doctor Argentina Alas de Chavez, consultant for the Honduran Breast Feeding Association (AHLACMA).

A.2 68 workshops on Breast Feeding were given to educate the health committees in which 936 volunteers were trained. The workshops were given and the training manual was designed by the Community Health Workers (CHW) and the Supervisors of the Project. It is our hope that the methodology will facilitate the learning process for the volunteers as well as the mothers groups.

A.3 A workshop on gender and women's issues was given to the Project staff and MINSA/SILAIS personnel by the Ministry of Health.

The following table describes the data collected on the community level for the Growth Monitoring Program (GM/N).

CHARACTERISTICS OF CHILDREN WEIGHED IN THE GM/N INTERVENTION:

	Children < 5 years 8,529									
	Malnourished		At Risk		Normal		Over Weight		Total Weighed	
Age (Months)	N0	%	N0	%	N0	%	N0	%	N0	%
0-11	243	13	385	21	1,190	65	19	1	1,837	25
12-23	478	31	562	36	505	33	6	0	1,551	21
24-59	1,073	27	1,631	42	1,142	30	8	0	3,854	53
Total	1,794	25	2,578	36	2,837	39	33	0	7,242	85

Goals for the April-June reporting period were to lower from 23% to 20% the incidence of malnourished children. Unfortunately the percentage rose two points to 25%.
The intervening factors that prevented us from completing this goals were:
-A high percentage of children with diarrhea which consequently provoked the at-risk cases to fall into the malnourished category.
-The lack of a complimentary food program supplied by ADRA in the months past.
-A high incidence of Dengue which affected 80% of the population.
-The high incidence of Acute Respiratory Infection reported by MINSA/SILAIS in the last few months.
-The high cost of living especially at the community level.

Considering the above factors, ADRA continues to complete the established goals set by the DIP (a drop from 33% to 28%).

For the up-coming trimester (July-September) ADRA/CS has proposed new strategies to succeed in lowering the incidence of malnutrition. The strategies are:
-Give workshops to the mothers groups on how to make better use of the existing foods in the communities.
-Implement, with the help of the winter rains, family gardens. Especially for those families at high risk.

-Increased visits to families at high risk.
-Administer anti-parasite medication to malnourished and at-risk children with the help of MINSA/SILAIS.
-Begin the Upper Respiratory intervention in the form of community workshops.

The goal for the coming trimester July to September in GM/N are as follows:
Decrease the incidence of malnutrition from 25% to 23% by using the above outlined strategies..

Objective B. MONITORING:

B.1 During the month of May ADRA evaluated the community volunteer's basic understanding of the interventions given to see if our work of the past 21 months has had any value. The evaluation indicated to us that the level of understanding among the volunteers is high (80%) from the various interventions. There was a specific monitoring form used to obtain the necessary data. See annex.

B.2 ADRA/CS has designed a monitoring format for the community volunteers work at the level of the mothers groups. The intention is that the volunteers will be able to detect the fundamental aspects of a high risk family and increase the effectiveness of their house visits. See annex.

Objective C. Description of Growth Monitoring and Nutrition (GM/N) activities.

Volunteer Workshops:	68
Trained Volunteers:	936
Mothers trained in food preparation:	1,150
Visits to high-risk families:	738
Nutritional State (percentages):	
a) Malnourished:	25%
b) High-Risk:	36%
c) Normal:	39%
d) Over-Weight:	0%
Total # of Children < 5 attended by the Project:	8,529
Total # of Children weighed during the trimester (April-June):	7,242 (85%)
Family Gardens:	51

ADRA hopes the new monitoring format for the high-risk families will better the nutritional state of the children and make the house visits more effective. It is assumed that the 15% of the children not weighed is due to the heavy rainfall in the Project area and the termination of the food program.

Objective D. Description of community activities for Diarrhea Intervention (CCD).

Workshops given during the trimester:	0
Trained volunteers:	0
Workshops for mothers on diarrhea control (CCD) given by the health committee:	65
# of trained mothers:	385
# of mother trained in basic cereal preparation:	1,556
ORT and CCD talks given to the public:	126
Visits to high risk families:	748
Services offered:	
Plan A: (without dehydration)	2,030
Plan B: (with dehydration)	140
Plan C: (severe dehydration)	1
Total attended:	2,171
ORS used:	591
ORS distributed:	5,442

ADRA/CS considers the increase in diarrhea during the reporting period to be a product of the rainy season, better epidemiological vigilance on the part of the mothers groups and health committees, as well as early recognition by the community in general of the signs and symptoms of dehydration.

The following statistics were collected at the community level and demonstrate the activities of the Oral Rehydration Clinics (UROC) designed for the diarrhea control program.

	Children < 5 years of age: 8,529							
	APRIL		MAY		JUNE		TOTAL	
Indicator	NO	%	NO	%	NO	%	NO	%
Plan A. Diarrhea without dehydration	615	93	641	95	774	93	2,030	94
Plan B: Diarrhea with dehydration	45	7	36	5	59	7	140	6
Plan C: Severe dehydration	0	0	1	0	0	0	1	0
Total	660	8	678	8	883	10	2,171	

During the April-June trimester we had hoped to lower the number of cases of diarrhea by 5% in relation to the previous trimester. In actuality the amount increased by 146 cases. The reason for the increase was explained on the previous page. The most important observation was that the majority of the cases (94%) were satisfactorily taken care of at home and the mothers were able to prevent the progression into a more severe case of diarrhea or worse still dehydration.

We believe the training of the mothers in diarrhea prevention as well as use of cereal-based treatment has had positive effects on the state of severe malnutrition. We cannot be sure that of the 2,171 cases of diarrhea reported, they were all within the five and under child population. With the current reporting system, we receive the number of diarrhea cases rather than the number of children attended.

It is impcrtant to take note of one of the benefits of the community UROC. The department of Somoto was hit with a cholera outbreak and the community volunteers were able to help attend and prevent its spread although the majority of the population was not within the designated project areas.

For the coming trimester (July-September) ADRA plans to decrease the number of diarrhea cases by 5% in the under five population.

The strategies to meet this proposed goal are:

-Give talks on diarrhea prevention to the mothers groups with the support of the health committees.
-Anti-parasite campaign with the help of MINSA/SILAIS.
-Increase the house to house visits with the intention of ensuring basic cleanliness.
-Talks to the general population on appropriate latrine use.

All the above mentioned activities will be carried out with the continued support of the current health committees.

Objective E. Report of Family Planning activities on the community level (Reproductive Health).

Completed workshops:	0
Trained volunteers:	0
Talks given by the health committee to the mothers groups:	60
Number of mothers using family planning in the Project area:	7,250 (25%)
Number of women at reproductive age (10 to 49 years):	13,846
Number immunized (10 to 49 years):	4,480 (32%)
Number of pregnant women during the trimester:	569
Immunized pregnancies:	307 (54%)
Number of women receiving prenatal care:	436 (77%)

With the revised immunization registration we have been able to obtain the exact number of women in reproductive age (13,346) within the Project. As part of a new partnership with PROFAMILIA, we have sent 26 women to Matagalpa for sterilization procedures.

Objective F. Immunization activities completed at the community level.

At the end of the Project our objective, in accord with the DIP, is to increase from 77% to 85% the number of immunized children between the ages of 12-23 months.

The second family census completed in September of 1992 showed us only 54% of the children in the 12 to 23 month age group were immunized. With this in mind, we proposed to increase the 54% to 60% during the April-June trimester.

DEMONSTRATIVE GRAPH ON THE GENERAL STATE OF IMMUNIZATION FOR CHILDREN < 5 YEARS OF AGE

		POLIO				D.P.T				BCG		MEAS		Immunized	
Age group	N0	1	2	3	%	1	2	3	%		%		%	Total	%
0-11 months	1,721	1,603	1,420	1,107	64	1,556	1,428	1,026	59	1,608	93	768	44	768	44
12-23 months *	1,793	1,401	1,372	1,360	75	1,392	1,365	1,382	77	1,447	80	1,473	82	1,360	75
24-59 months	5,015	3,645	3,639	3,407	67	3,620	3,571	3,622	72	3,887	77	3,393	67	3,393	67
Total	8,529	6,649	6,431	5,874	68	6,568	6,364	6,030	70	6,942	81	5,634	66	5,634	66

Taking into account the statistical data from the family census, we have been able to meet to proposed goal for this trimester. That goal being an increase from 54% to 75% the number of children immunized in the 12-23 month age range.

The proposed goal for the July-September trimester will be to increase to 80% the percentage of children immunized under the age of two. This will be possible with the help of vaccination campaigns regularly held by MINSA/SILAIS as well as tighter vigilance by the health committees of high risk families. It is important to note that MINSA/SILAIS only performs vaccination campaigns in the first two trimesters of the year (January-June). For the final 6 months the Ministry of Health searches for and vaccinates the children that were not completed in the first half of the year.

Every month the volunteers inform the Health Centers of the activities they have accomplished at the community level which includes reminding parents of high risk children that their young ones need to be vaccinated.

IMMUNIZED WOMEN OF REPRODUCTIVE AGE

	AGE GROUPS																
	10 to 49 years of age				20 to 34 years of age				35 to 49 years of age								
total women 10-49 years	1	2	3	1	1	2	3	1	1	2	3	1	Total Imm	%	Preg	Preg Imm	%
13,846	2,471	1,647	1,009	1,009	2,669	2,393	2,193	2,193	1,577	1,111	1,314	1,314	4,480	32	569	307	53

The family census done in September of 1992 led us to believe 10,340 women were within reproductive age (15 to 49 years) and that there was a high incidence of teenage (10 to 14 years) pregnancy. The Ministry of Health declared all women starting at the age of 10 were to be included as part of the reproductive population to ensure better control of pregnancies at the national level. This same family census indicated that 40% of the women in their reproductive years were immunized.

It is important to note that our most recent data of the Project area shows 32% of the 13,846 women in reproductive age to be immunized.

With respects to maternal care, the DIP suggests that the activities of the Project staff should be:

- Provide nutritional education for pregnant mothers.
- Closely attend prenatal control.
- Insure immunization completion (3 doses T.T).
- Immediate referral of high risk pregnancies to the closest Health Center.
- Increase the number of women using birth control.

During the July-September trimester we will be sending more complete information on this component. The new information system will undoubtedly help attain the necessary statistics.

G. ENCOUNTERED DIFFICULTIES

1. During this reporting period we have not really had difficulties relevant to the administrative level but more-so the community level. Them being: the continued struggle to get certain mothers to attend weight day, the increase in malnourished children and the high incidence of diarrhea provoked by the winter rains and poor community nutrition.

2. The lack of a complete information system which limited our ability to obtain necessary statistics.

3. The presence of armed groups limited our ability to work in several communities.

H. SUGGESTIONS/NECESSITIES

1. We are in dire need of a consultant for the Information System. As it is now, the mountain of paperwork that this project generates is compiled and input by the Supervisors and Director. This work is in addition to their field responsibilities. If this translator may interject her personal opinion, I don't know how they get it all done! Obviously time spent in the communities suffers for time spent in the office.
2. Send caps and tee-shirts to distribute as incentives for the volunteers.
3. Redistribution of Child Survival funds.
4. Send immediately anti-parasite and antibiotic solicitations.

I. PLANS FOR THE COMING TRIMESTER

1. Mid-term evaluation.
2. Staff vacation.
3. Design the ARI manual for the volunteers.
4. Upper Respiratory Infection workshop for the Supervisors.
5. Initiation of training on ARI for all CS staff provided by medical personnel at the local MINSA/SILAIS.
6. Training workshop on ARI provided by CS staff to all community health committees.
7. Design an operative Information System on ARI for the volunteers and SILAIS.

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