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it's coming...

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September 27, 1994

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Ms. Rose Miles Robinson, Chief
Child Survival Office
FHA/PVC/CSH
Room 729, SA-8
Washington, DC 20523-0804

Dear Rose:

Enclosed is our annual report on the child survival activities made possible by the Cooperative Agreement #FAO-0500-A-00-3019-00. Kurt Henne, Project Director of Esperança's child survival work, will be at the child survival meeting in India and can further describe the program at that time.

If you need any further information, please contact us. We hope your trip to India is a smooth one. Take along a good thick novel - it's a long ride.

Sincerely,

Charles C. Post
Executive Director

CCP:pdr
Enclosures

cc: Mr. Kurt Henne
Dr. Peter Boddy
Dr. Don Whitson

P.S. As specified in the grant, we are sending two copies of this annual performance report to POL/CDIE/DI.

Esperanza/Bolivia
Annual Report of Child Survival IX Activities

Period: August, 1993 - August, 1994
Region: Department of Tarija, Bolivia
Project Director: Kurt Henne, MPH

Overview of Year One:

Esperanza is in its third Child Survival project with the financial assistance of U.S. AID. C.S. II and C.S. V were executed in the Chaco region of Southern Bolivia. The work of C.S. IX is in a new, yet adjacent area called Entre Ríos, and has a new focus in the previous project areas of Villa Montes and Yacuiba. The Esperanza team is executing the project well up to this one year mark. The first year has been a positive challenge in both the new and old work zones. In Entre Ríos we have introduced the project into a new province and formed a good working relationship with the personnel of the health district. In Villa Montes and Yacuiba we have begun a new focus of work, utilizing the science of social marketing to improve the knowledge and practices of the mothers in the area.

An annual evaluation was completed between August 11-13 among Esperanza team members, Kurt Henne, MPH, project director, Dr. Peter Boddy, National Director of Esperanza/Bolivia, and Esperanza's technical assistant Donald Whitson from Esperanza/Brazil.

Further evaluations are planned for the end of the month with MOH District personnel and other collaborators.

Entre Ríos

Training/Supervision of Health Personnel

The training sessions planned for the first year of the project have been completed with the professional and semi-professional health care workers in the province. Participation was good except for the nurses and physician responsible for hospital activities during the workshops. There have been three directors of the local MOH district during the first year of the project, and a period in which there was no physician working in the province. This has resulted in the incompleteness of some training goals, although these changes were out of Esperanza's control.

Community health workers existed prior to Esperanza's entry into the province. After an analysis of their activities and strategic importance, Esperanza began to offer training in small groups in their respective communities. Expecting team members to carry out this relatively long process and also complete the full set of training and supervisions during year one of the project was a misguided goal. Training/supervision of CHW's in the second year of the project is expected to be executed without difficulty now that the identification has been completed.

ALRI

Goal	Trained	% of Goal	Supervised	% of Goal
12 Auxiliary Nurses	11	92%	8	67%
3 Nurses and 1 Physician	3	75%	1	25%
80 CHWs	61	76%	0	

Growth Monitoring

Goal	Trained	% of Goal	Supervised	% of Goal
12 Auxiliary Nurses	11	92	10	83%
3 Nurses and 1 Physician	5	125%	0	

Maternal Health

Goal	Trained	% of Goal	Supervised	% of Goal
12 Auxiliary Nurses	11	92%	8	67%
3 Nurses and 1 Physician	3	75%	1	25%
96 CHW's	61	63.5%	0	

Control of Diarrhea Diseases

Goal	Trained	% of Goal	Supervised	% of Goal
14 Auxiliary Nurses	8	57%	11	79%
3 Nurses and 1 Physician	2	50%	1	25%
96 CHWs	69	72%	12	17%

EPI

Goal	Trained	% of Goal	Supervised	% of Goal
14 Aux. Nurses	11	79%	7	50%
3 nurses and 1 physician	4	100%	0	
60 promoters	0		0	

Supervisions

Auxiliary nurses working in health posts and CHW's report having received very little attention before the project began, and both have expressed their satisfaction with the assistance received through the supervisions in their work sites. The supervisions have proven extremely important in the identification of problems in each program, including the information system, use of medications, and relationship with the community.

Traditional Birth Attendants:

An investigation and analysis was done over the most important TBAs in the province due to the poor coverage of prenatal care, births, and postnatal services by trained health personnel. Esperanza will begin to work with 30 TBAs during the second year of the project.

Healers (Curanderos):

As the traditional healers were recently found to be important in the social marketing investigations of Esperanza in the areas of Villa Montes and Yacuiba, a physician was recently contracted for a period of three months to assist in the identification and analysis of the importance of healers in the Province O'Connor. The decision to work with the local healers is based on Esperanza's CS IX qualitative investigations, and since their importance was not revealed by the Johns Hopkins survey carried out in the beginning of the project, this work will not begin until year two.

Health Committees:

Esperanza helped organize the first health committee in Entre Ríos. This committee is inexperienced but gaining an understanding of their role in the community. The responsibilities of the committee will soon grow exponentially due to the new law of "Participación Popular," or Popular Participation, which will greatly reduce the importance of the regional branch of the MOH, and put the responsibility of health in the hands of the mayor and health committees of each region. Eight health committees exist in the rural areas, but the number of meetings which they have had in the last 90 days is unknown. Their primary activities have been in relation to health posts and auxiliary nurses. Some communities are soliciting an auxiliary nurse, and others are complaining about their auxiliary nurses.

Health Information System

The vaccination coverage rates and other baseline information provided in the MOH's health information system is believed to be false, which does not allow a clear comparison to be made between statistics from the first year of the project with the year before the project started.

Results in EPI

Goals: 90% coverage in Polio 3, DPT 1, and measles
60% coverage of TT2

Area	Coverage of children < 1 year of age										Women reprod age		
	# < 1 year of age	DPT 1			POLIO 3			Measles			TT 2		
		J.H. Surv	SNIS 92-93	SNIS 93-94	J.H. Surv	SNIS 92-93	SNIS 93-94	J.H. Surv	SNIS 92-93	SNIS 93-94	J.H. Surv	SNIS 92-93	SNIS 93-94
E. Ríos	532	76%	118%	97.5%	56%	108%	72.5%	56%	103%	79%	23%	26%	24%

The SNIS (National Health Information System) shows a substantial drop despite the presence of Esperanza, which is explained by the following factors:

1. Before the project began, auxiliary nurses did not know their true populations, so numbers were elevated.
2. Children outside of the age range 0-11 months were placed in the this age bracket by MOH personnel.
3. Children outside of the Province O'Connor were vaccinated and placed in the District's information system.

Esperanza has assisted in the correction of these problems and will now be able to determine and monitor true coverage rates.

Results in CDD

Area	Population < 5 years	Diarrheal Episodes	Initial		Year 1	
			N°	%	N°	%
Entre Ríos	2464	Episodes anticipated	2192		2217	
		Episodes treated	695	32	808	36

Results in ALRI

Area	Population < 5 years	Cases Attended	Initial		Year 1	
			N°	%	N°	%
Entre Ríos	2464	Coverage of pneumonia	94	26	43	11.5
		Cases treated	94	*	43	*

* The reduction in coverage is due to the training in correct diagnosis of pneumonia. The percentage of cases correctly treated with antibiotics has not yet been determined.

Growth Monitoring Program

Area	Population < 2 years	Weighings of < 2 yrs	Initial		Year 1	
			N°	%	N°	%
Entre Ríos	1046	Coverage anticipated	1044		941	
		Coverage achieved	428	41	479	51
		Goal for weighings	4372		4393	
		Weighings achieved	1399	32	1444	33

Children with Inadequate Growth

Area	Population < 2 years	% with Inadequate Growth	
		Initial	Year 1
Entre Ríos	1046	24%	18.5%

Prevalence of Malnutrition

Area	Population < 2 years	Initial %	Year 1 %
E. Ríos	1046	33%	29%

Administration of Vitamin "A"

Area	Pop. 1-4 years	Initial				Year 1			
		Dosis Adm.		%		Dosis Adm.		%	
		1st	2nd	1st	2nd	1st	2nd	1st	2nd
E. Ríos	1932	827	0	43%	0%	1325	0	68.5%	0%

Maternal Health

Area	Pregnancies Expected	Register and Prenatal Controls	Initial		Year 1	
			N°	%	N°	%
Entre Ríos	709	Coverage 1st control	212	30	217	31
		Prenatal before the 5th month	75	35	91	42
		Women with 4 prenatal controls	68	32	54	25

Area	(FeSO4) given to pregnant women	Initial		Year 1	
		N°	%	N°	%
Entre Ríos	Goal Coverage of FeSO4	701		709	
	Coverage achieved	66	9	89	13

Area	Births Expected	Births Attended	Initial		Year 1	
			N°	%	N°	%
E. Ríos	709	Hospital	59	8	45	6
		Health Personnel	57	8	103	14.5
		Trained TBA's	43	6	133	19
		Total Births with Qualified Attention	159	23	181	40

Few changes have been made in the first year of the project in Entre Ríos, because the technical assistance from Esperanza has just begun. Greater changes will be seen during the second year of work.

Sustainability

Team members are concerned with certain sustainability issues. Periodically during the 1st year of work, there has been no MOH counterpart due to their absence from the zone. Although Esperanza has previously been successful in establishing a style of work that was sustainable after the projects, this new province and health district have proven difficult. The staff is very limited, disallowing their full participation in activities such as training courses and supervisions. The position of Director of the Health District has changed three times within the first year of the project, which also negatively affects the shared vision between Esperanza/Ministry of Health. To remedy this problem Esperanza will solicit additional personnel for the province (one nurse and one auxiliary nurse). A proposal will be presented to the Regional MOH office concerning the problem of project sustainability, and how the additional personnel will be able to dedicate themselves to the public health programs. There is a good probability of this being approved, because the structure to be proposed is what actually should already exist in the District MOH. Once the personnel are in place, talks will begin with local groups who might be able to provide the assistance to solve the sustainability problems that Esperanza is now observing.

Training for Project Staff

The Esperanza staff received training in epidemiological surveillance and reproductive health during the first year of the project.

Technical Support

During the first year of the project, Esperanza received technical support during three visits by Dr. Donald Whitson, in-house Child Survival technical expert from Esperança/Brazil.

New Professional Staff

Dr. Ricardo Soruco has recently been contracted for a period of three months. He will have two specific tasks.

1. Identify and evaluate the strategic importance of local healers
2. Identify and offer a workshop to informal drug sellers in the province

There has been no changes in the organizational chart this year.

Villa Montes / Yacuiba

Social Marketing

Esperanza had a very successful start in social marketing. The first work was done in CDD. The team used social marketing research to determine how to expand on the impact which they had in CS V. In very broad terms, the team examined local terminology for diarrhea/dehydration, knowledge and belief systems, care takers' health seeking behaviors, and service providers.

The most pronounced findings of the study were the following:

1. Complex belief system of the mothers living in the area, and their lack of ability to identify signs of dehydration.
2. Extremely strong preference for informal health care providers (healers), in comparison with formal services.
3. Poor treatment of patients, discouraging utilization of formal health services.

Training of Health Personnel in Educational Strategies

Nurses and Physicians

After studying the service providers, two workshops were given to hospital personnel - one on technical aspects of CDD and the other on communication and patient relations. The same workshops were given to the auxiliary nurses working in health posts.

To assist in this process, a small manual was designed on communication of key messages, and based on the home liquids and foods recommended by healers and the mothers themselves. See annex #1 for manual. A workshop was offered to all MOH personnel based on this manual.

A flier was selected to give to care takers which seek assistance in the health services. All care takers are guided to the public health nurses who provide education on signs of dehydration and oral rehydration packages.

Healers:

The Johns Hopkins survey had shown very limited use of healers in the Chaco, but the qualitative investigation revealed that the mothers almost unanimously attempt to cure diarrhea with the local healers before going to formal service providers. The most commonly used healers were identified, and work was begun to learn from them and discover how they would like to help the public health system. A meeting was held with nine healers to discuss the problem of diarrhea, and Esperanza personnel were surprised at the overwhelming willingness of the healers to collaborate with the MOH, by using ORS in addition to home liquids and referring dehydrated children.

Volunteer Health Promoters:

25 promoters in strategic locations were trained and equipped with pitchers and ORS, educational materials, and signs on their houses to identify them as centers of oral rehydration.

Education of the mothers

The most effective way to educate women in the region was determined to be through individual talks in their houses and leaving educational material for their later use. Materials were reviewed and pretested, and an educational campaign was executed with the following coverage:

- 1788 families in the urban area of Villa Montes (89% of total)
- 148 families in the periurban area (84% of total)
- 577 families in the concentrated rural area (80% of total)
- 102 families in the disperse rural area (60% of total)

Teams consisted of a soldier who placed the poster on the wall, and a health professional to educate the caretakers with the poster.

Mass Media work:

Esperanza's radio education team assisted in the campaign by preparing programs and spots based on the findings of the social marketing investigation. TV spots were also developed to assist in the education of the mothers and the promotion of the health services.

*** The educational campaign was financed by the Interamerican Development Bank.

Evaluation of the Efforts in CDD

1. The impact of the workshops on health service providers was measured in two ways.
 - a. Interviews with patients leaving the center concerning the education provided and treatment
 - b. Review of prescriptions given to women and also the review of clinical histories
2. Impact on care takers
A randomized survey was given to allow the team to measure changes in knowledge

<u>Johns Hopkins Survey VM/Yac</u>	<u>Post Survey May '94</u>	<u>Change</u>
Breastfeeding during diarrhea:		
67% recommend continuing/increasing	89%	22%
16% recommend reducing/suspending	11%	5%
Liquids during the diarrhea:		
59% suggest continuing/increasing	78%	19%
25% suggest reducing/suspending	22%	3%
Food during the diarrhea:		
41% suggest continuing/increasing	70%	29%
40% suggest reducing/suspending	30%	10%

Intervenciones in Yacuiba

The same investigative process described above was followed in Yacuiba.

1. Strategies Selected for the Health Services

- a. One workshop over communication and human relations
- b. One workshop over technical aspects of CDD for physicians, nurses and auxiliaries
- c. Training of trainers in three areas
- d. Production of TV and radio spots which promote local health centers and use of home liquids

2. Strategies Selected for the Communities

- a. Training of urban and rural health promoters
- b. Meetings with healers
- c. Distribution of educational materials in areas of high concentration and in health services
- d. Training of food handlers
- e. Analysis of critical areas of the city, and distribution of educational materials
- f. Training of rural professors

ALRI

After the work in CDD, Esperanza began investigations in respiratory infections in general, and specifically in pneumonia. The same steps were followed as noted above, but the results were significantly different.

Analysis of Local Terminology

1. The term pneumonia is little known by the mothers.
2. The term "pulmonía," which is a synonym of pneumonia in most of Latin America, means tuberculosis for the local people.
3. The word tuberculosis is not understood.
4. The word bronquitis means pneumonia

This understanding of local terminology helped the team understand why there has been little success in educating the mothers in the past in ALRI.

Practices:

In contrast to cases of diarrhea, mothers rarely seek the help of healers when their children have respiratory infections, preferring the help of professional medical personnel. The healers themselves refer the mothers to medical personnel. A very positive finding was that the mothers, although very confused with the terminology for pathologies, do know that they need to seek help when they see danger signs such as rapid breathing.

Product Focus:

The decisions were made then, to analyze closely the formal health sector. The investigation of service providers found the diagnosis and treatment to be very poor both by physicians and auxiliary nurses. Workshops were given to improve the situation, and most importantly, a permanent team was formed to periodically review clinical histories and evaluate the medical staff.

A flier and poster are presently being designed to solidify the caretakers' health seeking behavior. The Interamerican Development Bank is financing this work.

Interventions in Villa Montes

- a. 2 workshops given on technical aspects of ALRI (1 for auxiliary nurses and 1 for personnel of the hospital)
- b. 1 workshop planned on key educational messages for mothers concerning signs of pneumonia
- c. Individualized education in health services with the assistance of fliers presently being designed
- d. Formation of a permanent team which will review clinical histories to ensure quality control
- e. Filming of TV spots for recognition of danger signs including rapid/difficulty breathing and retractions.

Strategies for the Community

- a. Trained promoters in the urban/periurban areas
- b. Trained 3 promoters in the very disperse rural areas, which will be able to administer antibiotics
- c. Production of TV and radio spots
- d. Education of groups in key areas (23 grupos)
- e. House to house education in high risk neighborhoods

Interventions in Yacuiba

Strategies in health centers:

- a. 1 workshop to be given over technical aspects in ALRI for physicians and nurses
- b. 6 workshops will be offered to auxiliary nurses
- c. 6 workshops to be given over communication of key messages
- d. Individualized education of patients in health posts/hospital with the use of educational material
- e. Formation of a permanent team for the revision of clinical histories

Strategies in the community

To improve recognition of rapid/difficult breathing and retractions, the following activities will be undertaken:

- a. Development and use of radio and TV spots
- b. Group education in 25 neighborhoods
- c. Group education in 40 rural communities
- d. Training of rural teachers (3 workshops planned)

Epidemiological Surveillance System

At the beginning of the project, the regional office of the MOH provided training on surveillance systems, but the system is not yet functioning. Esperanza has sought detailed information concerning where to send samples for analysis, etc., but even those who were training do not know how the system will work.

After further preparation, and a possible case of polio in the zone, Esperanza will offer training to health personnel in the beginning of year two.

Activities Outlined in DIP	Yacuiba	Villa Montes
Proposed Activities: 1 workshop for MOH personnel 1 workshop for promoters 1 round of supervisions		
Proposed Changes: 1 network of epidemiological surveillance established	September, 1994	Formed
3 workshops over notification	Sept/Oct, 1994	Already carried out
3 workshops concerning interventions	October, 1994	October, 1994
1 round of supervisions	November, 1994	November, 1994

Health Committees:

In Villa Montes there are 6 health committees, but only three are functioning. These three committees have each met 3 times in the last 90 days.

In Yacuiba there are 13 health committees, and all meet monthly. Most of the committees have been working with the problem of cholera, which has been in the zone for about two years.

II. Changes Made in Project Design

There have been no significant deviations from the approved DIP which may affect measurable objectives, child survival interventions, location or number of project beneficiaries, or budget.

III. Constraints, Unexpected Benefits, and Lessons Learned

The most outstanding constraint has been the lack of participation in project activities by the MOH District of ER. This problem is analyzed in response to the DIP critique, and can be reviewed in that section of the report.

The greatest lesson learned was the absolute necessity of doing ethnographic studies before launching Child Survival programs. We can now see why many programs have no impact after years of struggling towards their goals. Esperanza would recommend the financial inversion by all organizations into ethnographic research, and a strong push by U.S. AID to make this work obligatory for future CS projects. Dedicating money early in each project will avoid a great deal of inappropriate goals and misguided actions.

IV. Progress in Health Information System Data Collection

As described in the general overview section earlier in this report, the HIS is effective and sustainable because it is the MOH's own system. The information is collected by the head nurse of each district, and analyzed by MOH and Esperanza staff every three months. Esperanza found that a number of indicators were being calculated wrong in ER, which made the District look relatively strong in many programs. We have assisted them to calculate their coverages correctly and thus be able to better analyze their work.

V. Budget and Expenditures

No major changes have been made in the budget. The only unplanned expenditure is the purchase of blood pressure guages for rural health posts in ER, which will cost less than \$300.

Note:

Certain line items were moved from one category to another between the writing of the original CS IX proposal and the DIP. It appears that the project is going over budget in category B - "Travel/Per Diem," but category E "Other Direct Costs" is very much underbudget. A simple adjustment will be required to rectify the budget allotments. Money from category E "Other Direct Costs" can be shifted to B "Travel/Per Diem," to balance the budget. In overall terms the budget is doing well. The central office of Esperanca, Inc. will inform AID about the above mentioned changes.

VI. Follow-up of DIP Review

See appendix

1994 COUNTRY PROJECT PIPELINE ANALYSIS: PART C - HEADQUARTERS/FIELD

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I. DIRECT COSTS		Actual Expenditures to Date 8/1/93 to 6/30/94			Project Expenditures Against Remaining Obligated Funds 7/1/94 to 7/31/96			Total Agreement Budget (Columns 1 & 2) 8/1/93 to 7/31/96		
		USAID	PVO	TOTAL	USAID	PVO	TOTAL	USAID	PVO	TOTAL
A. PERSONNEL (salaries, wages, fringes)	1. Headquarters - salaries/wages	27.373	1.490	28.863	29.327	17.310	46.637	56.7	18.8	75.5
	2. Field, Technical Personnel - salaries/wages	27.888	2.454	30.342	65.112	16.546	81.658	93.0	19.0	112.0
	3. Field, Other Personnel - salaries/wages	37.987	21.623	59.610	160.013	(7.123)	152.890	198.0	14.5	212.5
	4. Fringes - Headquarters + Field	28.567	2.042	30.609	58.433	10.958	69.391	87.0	13.0	100.0
	SUBTOTAL - PERSONNEL	121.815	27.609	149.424	312.885	37.691	350.576	434.7	65.3	500.0
B. TRAVEL/PER DIEM	1. Headquarters - Domestic (USA)	2.253	0.705	2.958	0.147	0.195	0.342	2.4	0.9	3.3
	2. Headquarters - International		0.745	0.745	7.800	0.755	8.555	7.8	1.5	9.3
	3. Field - In country	19.316	9.226	28.542	7.684	(0.226)	7.458	27.0	9.0	36.0
	4. Field - International	0.558		0.558	5.742		5.742	6.3		6.3
	SUBTOTAL - TRAVEL / PER DIEM	22.127	10.676	32.803	21.373	0.724	22.097	43.5	11.4	54.9
C. CONSULTANCIES	1. Evaluation Consultants - Fees	2.987		2.987	25.613		25.613	28.6		28.6
	2. Other Consultants - Fees									
	3. Consultant travel / per diem	0.612		0.612	8.888		8.888	9.5		9.5
	SUBTOTAL - CONSULTANCIES	3.599		3.599	34.501		34.501	38.1		38.1
D. PROCUREMENT (provide justification/ explanation in narrative)	1. Supplies		0.083	0.083		1.217	1.217		1.3	1.3
	a. Headquarters									
	b. Field - Pharmaceuticals (ORS, Vit. A, drugs, etc.)									
	c. Field - Other		2.602	2.602		8.198	8.198		10.8	10.8
	2. Equipment					2.000	2.000		2.0	2.0
	a. Headquarters									
	b. Field		44.126	44.126		17.674	17.674		61.8	61.8
	3. Training									
	a. Headquarters									
	b. Field	3.576	1.956	1.956	7.224	1.644	8.868	10.8	3.6	14.4
SUBTOTAL - PROCUREMENT	3.576	48.767	52.343	7.224	30.733	37.957	10.8	79.5	90.3	
E. OTHER DIRECT COSTS (provide justification/ explanation in narrative)	1. Communications		0.655	0.655	3.600	1.145	4.745	3.6	1.8	5.4
	a. Headquarters									
	b. Field	5.945	2.089	8.034	29.155	9.611	38.766	35.1	11.7	46.8
	2. Facilities				2.100		2.100	2.1		2.1
	a. Headquarters									
	b. Field		0.298	0.298		34.802	34.802		35.1	35.1
	3. Other									
a. Headquarters	6.319	2.878	9.197	97.581	19.522	117.103	103.9	22.4	126.3	
b. Field	12.264	5.920	18.184	132.436	65.080	197.516	144.7	71.0	215.7	
SUBTOTAL - OTHER DIRECT	12.264	5.920	18.184	132.436	65.080	197.516	144.7	71.0	215.7	
TOTAL - DIRECT COSTS	163.381	92.972	256.353	508.419	134.228	642.647	671.8	227.2	899.0	

II. INDIRECT COSTS		Actual Expenditures to Date 8/1/93 to 6/30/94			Project Expenditures Against Remaining Obligated Funds 7/1/94 to 7/31/96			Total Agreement Budget (Columns 1 & 2) 8/1/93 to 7/31/96		
A. INDIRECT COSTS		USAID	PVO	TOTAL	USAID	PVO	TOTAL	USAID	PVO	TOTAL
1. Headquarters		16.247	9.242	25.489	50.753	13.158	63.911	67.0	22.4	89.4
2. Field (if applicable)										
TOTAL - INDIRECT COSTS		16.247	9.242	25.489	50.753	13.158	63.911	67.0	22.4	89.4

GRAND TOTAL (DIRECT AND INDIRECT COSTS)	179.628	102.214	281.842	559.172	147.386	706.558	738.8	249.6	988.4
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1994 COUNTRY PROJECT PIPELINE ANALYSIS: PART A -- HEADQUARTERS

I. DIRECT COSTS		Actual Expenditures to Date 8/1/93 to 6/30/94			Projected Expenditures Against Remaining Obligated Funds 7/1/94 to 7/31/96			Total Agreement Budget (Columns 1 & 2) 8/1/93 to 7/31/96		
		USAID	PVO	TOTAL	USAID	PVO	TOTAL	USAID	PVO	TOTAL
A. PERSONNEL (salaries, wages, fringes)	1. Headquarters -- salaries/wages	27.373	1.490	28.863	29.327	17.310	46.637	56.7	18.8	75.5
	2. Field, Technical Personnel - salaries/wages									
	3. Field, Other Personnel - salaries/wages									
	4. Fringes - Headquarters + Field	8.266	0.120	8.386	17.834	3.78	21.614	26.1	3.9	30.0
	SUBTOTAL - PERSONNEL	35.639	1.610	37.249	47.161	21.090	68.251	82.8	22.7	105.5
B. TRAVEL/PER DIEM	1. Headquarters - Domestic (USA)	2.253	0.705	2.958	0.147	0.195	0.342	2.4	0.9	3.3
	2. Headquarters - International		0.745	0.745	7.800	0.755	8.555	7.8	1.5	9.3
	3. Field - In country									
	4. Field - International									
	SUBTOTAL - TRAVEL / PER DIEM	2.253	1.450	3.703	7.947	0.950	8.897	10.2	2.4	12.6
C. CONSULTANCIES	1. Evaluation Consultants - Fees	2.987		2.987	25.613		25.613	28.6		28.6
	2. Other Consultants - Fees									
	3. Consultant travel / per diem	0.612		0.612	8.888		8.888	9.5		9.5
	SUBTOTAL - CONSULTANCIES	3.599		3.599	34.501		34.501	38.1		38.1
D. PROCUREMENT (provide justification/ explanation in narrative)	1. Supplies									
	a. Headquarters		.083	.083		1.217	1.217		1.3	1.3
	b. Field - Pharmaceuticals (ORS, Vit. A, drugs, etc.)									
	c. Field - Other									
	2. Equipment									
	a. Headquarters					2.000	2.000		2.0	2.0
	b. Field									
	3. Training									
	a. Headquarters									
	b. Field									
SUBTOTAL - PROCUREMENT		.083	.083		3.127	3.127		3.3	3.3	
E. OTHER DIRECT COSTS (provide justification/ explanation in narrative)	1. Communications									
	a. Headquarters		.655	.655	3.6	1.145	4.745	3.6	1.8	5.4
	b. Field									
	2. Facilities									
	a. Headquarters				2.1		2.100	2.1		2.1
	b. Field									
	3. Other									
a. Headquarters										
b. Field										
SUBTOTAL - OTHER DIRECT		.655	.655	5.7	1.145	6.845	5.7	1.8	7.5	
TOTAL - DIRECT COSTS	3.599	3.798	45.229	90.713	23.680	114.393	136.8	30.2	167.0	
II. INDIRECT COSTS										
A. INDIRECT COSTS	1. Headquarters	4.104	0.378	4.482	4.596	2.722	7.318	8.7	3.1	11.8
	2. Field (if applicable)									
TOTAL - INDIRECT COSTS	4.104	0.378	4.482	4.596	2.722	7.318	8.7	3.1	11.8	
GRAND TOTAL (DIRECT AND INDIRECT COSTS)		4.595	4.176	49.711	95.309	26.402	121.711	145.5	33.3	178.8

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1994 COUNTRY PROJECT PIPELINE ANALYSIS: PART B - FIELD

		Actual Expenditures to Date 8/1/93 to 6/30/94			Projected Expenditures Against Remaining Obligated Funds 7/1/94 to 7/31/96			Total Agreement Budget (Columns 1 & 2) 8/1/93 to 7/31/96		
		USAID	PVO	TOTAL	USAID	PVO	TOTAL	USAID	PVO	TOTAL
I. DIRECT COSTS										
A. PERSONNEL (salaries, wages, fringes)	1. Headquarters - salaries/wages									
	2. Field, Technical Personnel - salaries/wages	27.888	2.454	30.342	65.112	16.546	81.658	93.0	19.0	112.0
	3. Field, Other Personnel - salaries/wages	37.987	21.623	59.610	160.013	(7.123)	152.890	198.0	14.5	212.5
	4. Fringes - Headquarters + Field	20.301	1.922	22.223	40.599	7.178	47.777	60.9	9.1	70.0
	SUBTOTAL - PERSONNEL	86.176	25.999	112.175	265.724	16.601	282.325	351.9	42.6	394.5
B. TRAVEL/PER DIEM	1. Headquarters - Domestic (USA)									
	2. Headquarters - International									
	3. Field - In country	19.316	9.226	28.542	7.684	(0.226)	7.458	27.0	9.0	36.0
	4. Field - International	0.558		0.558	5.742		5.742	6.3		6.3
	SUBTOTAL - TRAVEL / PER DIEM	19.874	9.226	29.100	13.426	(0.226)	13.200	33.3	9.0	42.3
C. CONSULTANCIES	1. Evaluation Consultants - Fees									
	2. Other Consultants - Fees									
	3. Consultant travel / per diem									
	SUBTOTAL - CONSULTANCIES									
D. PROCUREMENT (provide justification/ explanation in narrative)	1. Supplies									
	a. Headquarters									
	b. Field - Pharmaceuticals (ORS, Vit A, drugs, etc.)									
	c. Field - Other		2.602	2.602		8.198	8.198		10.8	10.8
	2. Equipment									
	a. Headquarters									
	b. Field		44.126	44.126		17.674	17.674		61.8	61.8
	3. Training									
	a. Headquarters									
b. Field	3.576	1.956	5.532	7.224	1.644	8.868	10.8	3.6	14.4	
SUBTOTAL - PROCUREMENT	3.576	48.684	52.260	7.224	27.516	34.740	10.8	76.2	87.0	
E. OTHER DIRECT COSTS (provide justification/ explanation in narrative)	1. Communications									
	a. Headquarters									
	b. Field	5.945	2.089	8.034	29.155	9.611	38.766	35.1	11.7	46.8
	2. Facilities									
	a. Headquarters									
	b. Field		0.298	0.298		34.802	34.802		35.1	35.1
	3. Other									
a. Headquarters	6.319	2.878	9.197	97.581	19.522	117.103	103.9	22.4	126.3	
b. Field										
SUBTOTAL - OTHER DIRECT	12.264	5.265	17.529	126.736	63.935	190.671	139.0	69.2	208.2	
TOTAL - DIRECT COSTS		121.890	89.174	211.064	413.110	107.826	520.936	535.0	197.0	732.0

II. INDIRECT COSTS										
A. INDIRECT COSTS		USAID	PVO	TOTAL	USAID	PVO	TOTAL	USAID	PVO	TOTAL
1. Headquarters		12.143	8.864	21.007	46.157	10.346	56.593	58.0	19.3	77.6
2. Field (if applicable)										
TOTAL - INDIRECT COSTS		12.143	8.864	21.007	46.157	10.346	56.593	58.0	19.3	77.6

GRAND TOTAL (DIRECT AND INDIRECT COSTS)	134.033	98.038	232.071	459.267	118.262	577.529	893.300	216.3	809.6
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THE SIX PAGES THAT FOLLOW ARE IN RESPONSE
TO QUESTIONS RAISED BY TECHNICAL REVIEW
COMMITTEE OF OUR CHILD SURVIVAL IX DIP
(CATHY BOWES LETTER OF JUNE 22, 1994)

16

Responses to the Technical Review of Esperanza's CSIX DIP

Guide: VM = Villa Montes (old zone)
Yac = Yacuiba (old zone)
ER = Entre Ríos (new zone)

Concerns and Recommendations

1. The first observation of the review committee concerning the number of MOH personnel in the area of Entre Ríos and their willingness to participate in the project was on target. The MOH does show a strong desire to work with the project, but has had a shortage of personnel which could work with Esperanza this year. To remedy this situation, two additional workers (a nurse and auxiliary nurse) who will be able to dedicate their time to public health will be solicited from the Regional MOH. Since this change will actually provide the District with the personnel which the MOH norms require, we have a high possibility of being accepted.

The regional MOH office has discussed the possibility of Esperanza assisting in the reformulation of the training of physicians before their mandatory rural service. This will allow Esperanza to have a much needed impact on an extremely weak program.

2. Reviewers suggest ethnographic studies to improve communication with mothers. As the proposal and DIP indicates, the results of these very studies are determining our communication plans in VM and Yacuiba.
3. Esperanza has identified high risk neighborhoods for house to house education, and has also helped reformulate the District's home visit plan in VM. In ER Esperanza gave a workshop to begin a plan for home visits.
4. Since Esperanza is assisting the MOH in the overall management of its information system, we help monitor the indicators as presented in the DIP.
5. In VM/Yac Esperanza is designing training materials based on the results of ethnographic studies. The study in CDD resulted in the adaptation of existing material from the MOH. The materials used in ER are a combination of materials developed in VM/Yac which are tested again in this area, and information based on the norms of the MOH, which are in turn from WHO/PAHO.
6. The work in communication began at the beginning of the project in VM/Yac, where Esperanza had already been working. In ER we will begin in the third year, because we do not feel comfortable creating a demand for services before improving the quality of those services.

Immunizations

1. DPT 3 = 50% Complete coverage is 56% in VM/Yac and 43% in ER, using Johns Hopkins Rapid Assessment Survey data (using the strict definition - no immunization card = not vaccinated).
2. The MOH has a definition of high risk, but the vaccination is done for the most part house to house, so prioritizing "high risk" does not determine a specific action. All children are sought out and vaccinated regardless of risk.
3. In VM/Yac Esperanza has helped to establish a norm in which each person goes to the public health room to receive education and vaccination. The team has used the technique of observation and interviews with women leaving the hospitals to determine if this is occurring. In ER this system is now being established. We will not invest a lot of money into monitoring this, because in the end everybody is vaccinated in their homes.

Case Management of Diarrheal Diseases

1. Esperanza utilizes both post-training testing and supervisory visits in the community to ensure that the CHW's teach about home fluids for diarrhea management correctly.
2. The problem of physicians ignoring MOH protocols for case management of diarrheal disease can be divided into two parts.
 - a) One is with the MOH personnel, and especially the physicians completing their obligatory rural service. To change the practices of these physicians, Esperanza is planning to develop a simple manual with MOH norms and also local terminology for health terms and maternal practices. At the present time, physicians arrive with no knowledge of MOH norms, and do not have the custom to read which would be necessary to review the large book of norms that the MOH produces. A permanent team has been formed with the mandate to periodically review clinical histories for accuracy in diagnosis and use of medications, and also to provide education to new physicians.
 - b) Another problem is with private physicians, which are outside the influence of the MOH. Esperanza is planning to develop very brief "technical updates" in the treatment of diarrhea, pneumonia, etc. to distribute to these private physicians who refuse to attend the workshops that we offer.
3. Cholera has been an issue in our area for the last few years, and Esperanza has been assisting the MOH with the problem.

Nutrition

1. The different nutritional messages are goals because each one corresponds to a different stage of the child's life. Esperanza agrees that exclusive breastfeeding should be emphasized, because it is very uncommon in our region. Breastfeeding until 13 months will be emphasized less, because many mothers are already meeting this goal.
2. Radio education is being carried out simultaneously in another project of Esperanza with financing from PROCOSI. In a recent study of the audience, approximately 80% of the women in reproductive age listen to our program - 40% daily and 42% two to three times per week.
3. 64% of the mothers in the area breastfeed for the first 13 months of the child's life.
4. Low birth weight is measured in the hospital and health posts. The activities of Esperanza are not designed to have an impact on low birth weight, so no indicators are being monitored.
5. A control system is in operation at the national level. All granulated salt in Bolivia is iodized.
6. In the area of VM/Yac, Esperanza did a study on Vitamin A in 1992 and found few problems. In the area of ER, the Johns Hopkins survey showed fairly high levels of carrot consumption.

Pneumonia Control

1. Esperanza is investigating mother's use of and attitudes toward the local health service system. It has been found that mothers, although confused with medical terminology such as the word "pneumonia," do know the danger signs of respiratory infections (rapid breathing and retractions) and quickly go to the health service when they are identified.
2. The materials that Esperanza utilizes for the auxiliary nurses and hospital personnel are from PAHO/Unicef, and the materials for CHW's are from PROCOSI. One reason that our training is shorter is that the World Health Organization's standardized materials involve an analysis of national politics concerning antibiotics, etc., which are already defined in Bolivia. It also involves a visit to a hospital to practice counting respiration rates with patients. In our zone there are no hospitals which provide a sufficient frequency of patients to do this, so it has to be done with videos and healthy children.
3. The DIP indicates that 202 CHW's have been trained to diagnose and refer cases of pneumonia. They were trained in the same manner mentioned above. Esperanza offers a yearly training and supervision to ensure that the CHW's

are performing these tasks correctly. Problems are incorporated into later training/supervisory visits.

4. In Yacuiba, 6 promoters in very disperse areas have been trained this year to administer antibiotics, and 3 have been trained in VM. The District MOH in ER has recently accepted that promoters be trained in the use of antibiotics, but the number of promoters has not been determined.
5. The supervisory techniques suggested for ALRI (post-training tests, role playing, and case scenarios) are being utilized in both project zones. This complements the revision of clinical histories which are kept in hospitals and rural health posts.
6. A number of activities are aimed at reducing barriers mentioned in the DIP. To improve the recognition of signs of pneumonia, Esperanza is doing ethnographic studies to design educational materials. Promoters are being trained to diagnose pneumonia and administer antibiotics in the very rural areas, as mentioned in #4. Independent drug sales are a problem in ER, and a physician was contracted this month to identify and offer a workshop on correct use and dangers of the medications which they utilize. Workshops have been offered in VM/Yac on humane treatment of patients, and are planned for year two in ER. The problem of the cost of treatment will not be reduced much, but the government has recently adopted a new law for free medical attention for children under 5 years of age.
7. The supervision instruments used with professional and semi-professional personnel have been utilized throughout Child Survival V, and been found to be thorough. A new reference card will be designed to facilitate supervision of promoters.
8. Esperanza is discovering culturally acceptable home care practices for children without pneumonia through its social marketing studies, and is designing educational material based on these findings.
9. Esperanza is utilizing a system which evaluates case fatality before and after 48 hours, which provides us with information as to the responsibility of the death.

A review of clinical histories is done periodically to evaluate case management of children with pneumonia.
10. Esperanza is educating mothers to recognize rapid and difficult breathing, and is training the MOH to do the same. This indicator is presently being monitored, and is also evaluated in the Johns Hopkins survey.

The volunteer health promoters are trained to incentivate the mother to go to the health posts for prenatal controls.

10. Almost all rural health posts have radios and will use these for emergencies of pregnancy. Each District has an ambulance which is also used for this purpose. In ER Esperanza will meet with community members where there is no health post in order to help them identify emergency transportation plans.
11. A cooperative relationship between the community and the referral system will be developed as indicated in #10.
12. TBAs in our zone occasionally visit the women after birth, which Esperanza will encourage. MOH personnel have the obligation to visit women post-birth.
13. The health posts and hospitals have tape measures, and the project is now purchasing stethoscopes in order to improve prenatal care.
14. Esperanza will be using the ratio (maternal deaths per births).
15. Esperanza is not addressing any family planning aspects of maternal care. CARE International will soon launch a reproductive health project in our CS IX zones.

Sustainability

As the reviewers recommend, in VM/Yac Esperanza is utilizing exit interviews of mothers taking their children for care to evaluate the humane treatment and also educational efforts. In ER Esperanza will do a study on the low use of health system, and offer a workshop based on the results.

In VM/Yac all past activities have already been passed over to the MOH in CS V. The present activities in social marketing are new, but planning is being done together with the MOH Districts, and there is a high acceptance of the efforts. The Directors of both Districts now use the social marketing terminology and critique educational materials that arrive from the National level.

In ER we are in our first year of activities. Esperanza and the MOH frequently discuss issues of sustainability, but it is early to determine results.