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# INCREASING THE DEMAND FOR PREVENTATIVE HEALTH CARE BY STRENGTHENING COMMUNITY AND MINISTRY OF HEALTH KNOWLEDGE AND RESOURCES IN THE DEPARTMENT OF BOACO, NICARAGUA

## MID TERM EVALUATION

**March 1995 - August 1997**

**THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.**
**(Project HOPE)**
**Millwood, Virginia 22646**

**August 1996**

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# I. ACCOMPLISHMENTS

Project HOPE received Child Survival (CS) X financing from USAID as an extension and expansion of a CS VII project. The CS-X project was funded for 30 months, for the period March 1995 to August 1997. At the time of the Mid Term Evaluation (MTE) the project had completed 60% of the funding period or 18 months.

The project site is located in the Ministry of Health (MINSA) region or SILIAS of Boaco, Nicaragua. The project works in approximately 140 communities in four municipalities; Santa Lucia, San Jose de los Remates, Teustepe, and Camoapa, in the department of Boaco in central Nicaragua.

The principal project objectives are: In coordination with MINSA, staff; recruit, train and supervise Brigadistas and midwives, helping them to form community committees and a community surveillance system. The Brigadistas and midwives will teach families basic health messages and lead their communities in identifying and resolving health issues.

The most important weakness in the project is a misdirection of responsibilities of HOPE staff. According to the DIP, the main focus of the Health Educators is to train MINSA and community volunteers to work with mothers and community groups. The activities of the first 18 months of the project show a clear tendency toward providing direct education and services to the communities and not sufficiently focusing on strengthening local human resources.

Information for formulating conclusions and recommendation during the Mid Term Evaluation (MTE) was obtained from a KPC (Knowledge, Practices and Coverage) survey of 300 mothers of children under two years of age which was completed during July of 1996, information obtained during field visits August 8-14, the Health Information System (HIS) of Project HOPE, and review of project documents. A complete outline of activities carried out during the MTE is included in Annex E and results of the KPC survey in Annex D.

The most important inputs and outputs based on the project objectives are summarized on pages 2-5.

PROJECT OBJECTIVES INPUTS AND OUTPUTS-NUTRITION

| PROJECT OBJECTIVE | PLANNED INPUT | ACTUAL INPUT | PLANNED OUTPUT | ACTUAL OUTPUT |
|---|---|---|---|---|
| Increase % of infants receiving exclusive BF for 4 months from 20.4% at baseline to 35% | *Qualitative investigation of practices<br>*Develop teach materials<br>*Training of 325 CHVs and MINSA | *No investigation<br>*No materials developed<br>* 181 CHVs and MINSA trained (1) | *Targeted, appropriate messages and teach materials<br>* Trained CHVs and MINSA staff | * Use of basic messages<br>*181 CHVs and MINSA trained (1) |
| Increase % of mothers who know when to introduce food and other liquids from 23.7% to 40% | *Qualitative investigation of practices<br>*Develop teach materials<br>*Training of 325 CHVs and MINSA | *No investigations<br>*No new materials developed<br>* 181 CHVs and MINSA trained(1) | *Targeted, appropriate messages and teaching materials<br>* Trained CHVs and MINSA staff | * Use of basic messages<br>*181 CHVs and MINSA trained (1) |
| Increase % of mothers who can name foods rich in Vitamin A from 17% to 45% | *Train 250 CHVs<br>*Develop teaching materials | * 178 CHVs trained (1)<br>*Practical materials used | *Trained CHVs<br>*Teaching of mothers | *178 CHVs trained (1)<br>* 186 educational sessions (1) |
| Increase % of children who have been weighed within past 4 months 52.2% to 80% | *Training of 250 CHVs<br>*Develop community surveillance system | *178 CHVs trained (1)<br>* No community surveillance system | *Trained CHVs<br>*Teaching mothers<br>*Family reminded of weighing sessions | *178 trained<br>*186 education sessions (1)<br>*family being reminded but no tracking |
| Increase % women who eat more during pregnancy 34.7% to 55% | *Training of 400 CHVs/TBAs<br>*Develop materials | *178 trained CHVs/TBAs<br>*Informal materials used | *Trained CHVs<br>*Teaching mothers | *178 CHVs/TBAs trained<br>*186 education sessions (1) |

PROJECT OBJECTIVES INPUTS AND OUTPUTS-CDD

| PROJECT OBJECTIVE | PLANNED INPUT | ACTUAL INPUT | PLANNED OUTPUT | ACTUAL OUTPUT |
|---|---|---|---|---|
| Increase % mothers recognizing signs of dehydration from 22.3% to 50% | *Training 445 CHVs including teachers<br>*Form 100 mothers groups<br>*Teach materials | *149 CHV/TBA & others trained<br>*100 Mothers groups formed(4)<br>*No new materials | *CHVs teaching mother danger signs<br>*CHVs & teachers teaching families | *110 education sessions (1)<br>*No tracking of teachers activities |
| Increase % of mothers using ORS from 21% to 65% | *Train 445 CHVs<br>*Demonstration equipment<br>*Establish UROCS | *149CHVs trained<br>*Equipment available<br>* 140 UROCS (3) | *CHVs teaching to use ORS<br>*ORS available in communities | *110 education sessions (1)<br>*ORS in 68% of communities(4) |
| Increase % receiving same or more food during diarrhea 43.2% to 55% | *Train 445 CHVs<br>*Form 100 mothers groups<br>*Teaching materials | *149CHVs trained<br>*100 mothers (4) groups formed<br>*Material from other project | *Trained CHVs<br>*Teaching families | *149 CHVs trained (1)<br>*110 education sessions (1) |
| Increase % receiving additional food after diarrhea 14.7% to 50% | *Train 445 CHVs<br>*Form 100 mothers groups<br>*Teaching materials | *149CHVs trained<br>*100 mothers(4) groups formed<br>*Material from other project | *Trained CHVs<br>*Teaching families | *149 CHVs trained<br>*110 education sessions (1) |
| Decrease the use of antidiarrheal and antibiotics from 50% to 30% | *Train 250 Brigadistas<br>* Develop material/message | *149CHVs trained (1)<br>*Material from other project | *Trained CHVs<br>*Teaching families | *149 CHVs trained<br>*110 education sessions (1) |
| Implement 120 UROCS | *Train 120 CHVs<br>*Demo equipment | *149 CHVs trained (1)<br>*Equipment available | *Trained volunteers<br>*ORS available | *149Volunteers<br>*ORS available in 68% (4) communities |

PROJECT OBJECTIVES INPUTS AND OUTPUTS-ARI & EPI

| PROJECT OBJECTIVE | PLANNED INPUT | ACTUAL INPUT | PLANNED OUTPUT | ACTUAL OUTPUT |
|---|---|---|---|---|
| Increase % of mothers who sought professional help for ARI from 52% to 85% | *Train 445 CHVs<br>*Train 50 MINSA<br>*Develop teaching materials | *221 CHVs trained (1)<br>*10 MINSA trained (2)<br>*No new materials | *CHVs teaching families | *44 education sessions (1) |
| Increase % of mothers who recognize intercostal contractions as sign of risk from 4.7% to 30% | *Train 445 CHVs<br>*Train 50 MINSA<br>*Develop teaching materials | *221 CHVs trained (1)<br>*10 MINSA trained (2)<br>*No new materials | *CHVs teaching families | *44 education sessions (1) |
| Increase the number of children 12-23 m completely immunized from 84.5% to 95% | *Training of 250 Brigadistas<br>*Develop community surveillance system | 70 Brigadistas trained (1), lack system for tracking<br>No surveillance system | *Brigadistas promoting immunizations<br>*Families of infants are reminded of immunizations due | *Brigadistas promoting EPI 67 sessions(1)<br>*No tracking of high risk children at community level |
| Increase the number of WFA immunized with TT2 or more from 15% to 35% | *Training of 150 TBAs and 250 CHVs<br>*Develop community surveillance system | 70 CHVs trained, no tracking system<br>* No surveillance system | Brigadistas and TBAs promoting TT<br>*Women lack TT contacted by CHV or committee | *Brigadistas and TBAs promoting TT 67 sessions(1)<br>*No tracking of high risk women at community |

PROJECT OBJECTIVES INPUTS AND OUTPUTS-Maternal Health

| PROJECT OBJECTIVE | PLANNED INPUT | ACTUAL INPUT | PLANNED OUTPUT | ACTUAL OUTPUT |
|---|---|---|---|---|
| Increase % of mothers with prenatal control cards from 30.7% to 60% | *Train 400 Brigadistas & TBAs<br>*Train 50 MINSA<br>*Communicate with hospital staff | *41 Brigadistas and 203 TBAs trained (1)<br>*6 MINSA trained (2)<br>*Can not measure communication | *Mothers receive and retain cards | *39.7% of mothers with card (5) |
| Increase % of women with one or more prenatal care visits from 29.4% to 60% | *Train 150 TBAs and 250 Brigadistas<br>*Teaching materials<br>*Investigation of current practices | *201 TBAs and 41 Brigadistas trained (1)<br>*Materials from past project used<br>*No investigation | *Trained CHVs promoting prenatal care | *21 education sessions (1) |
| Increase % of women who do not want child within 2 yrs who are using family planning method from 38% to 55% | *Train 400 CHVs<br>*Collaborate with PROFAMILIA to develop distribution system | *72 CHVs trained<br>*Agreement signed with PROFAMILIA | *CHVs trained to promote FP<br>*FP methods available in communities | *48 education sessions (1)<br>*FP methods available at health posts (4) |

1. HOPE's HIS
2. HOPE's HIS but does not include MINSA staff who attended HOPE workshops
3. First Annual Report
4. Self reported during MTE
5. Results of the KPC Survey

## II. EFFECTIVENESS

General observations as to progress towards meeting the project objectives can be drawn from the table on page 9. Some objectives however warrant additional comments.

**NUTRITION**

Percentage of infants who are breastfed exclusively

Some confusion exists in the age definition for this objective. Within the DIP (Detailed Implementation Plan) the age is variably defined as infants at 4 and 6 months. According to the response to the DIP review questions, the project decided to use four months, as this was the most realistic age given the prevailing habits in the project area. The population currently being measured in the KPC survey is infants less than four months i.e. infants between one and three months of age. This should be clarified so that an accurate measurement can be made.

Percentage of mothers who know what foods contain Vitamin A

The method by which this objective is being measured leads to erroneous data and lack of specificity in determining if this objective is actually being met. The interviewers used during the KPC received inadequate orientation as to what foods contain Vitamin A. The interviewer must categorize foods during the interview. The options include: green vegetables, bright yellow fruits, meat and fish, egg yolk, and breastmilk. All of these listed sources were considered by the project as good sources of Vitamin A (meat and fish are not generally considered good sources). The objective states that mothers will be able to identify an unspecified number of food sources. The KPC collects the number of women who can name one source.

Percentage of children weighed within the past four months

The original objective in the DIP is stated as "children", the data being collected is "children with growth cards". According to the KPC, 245 out of 300 children had growth cards. The denominator used to calculate the percentage of children who were weighed was 245, showing 82%. If the denominator of 300 had been used, the percentage is 63%.

**DIARRHEA**

Percentage of mothers who identify the danger signs of diarrhea

In the DIP this objective was stated as "mothers recognizing signs of dehydration". Obviously these two statements measure very different knowledge levels. In the recent KPC survey, 63% could recognize a danger sign i.e. more than 14 days with diarrhea, fever, vomiting, loss of appetite, blood in the

stool, and dehydration. However, only 36% mentioned dehydration as a danger sign. The project needs to clarify what measurement they wish to use and modify the objective and/or indicator accordingly.

Percentage of children treated with antibiotics and antidiarrheals

During the initial analysis of the KPC survey it was found that there was a collection error in measuring this objective. As follow-up to the survey, the 12 women in the municipality of Santa Lucia who responded that they had given antibiotics or antidiarrheal medicines were contacted. They were questioned in greater detail concerning where the medicines had come from, who had recommended them, and use of Oral Rehydration Solution (ORS). A copy of this study is included in Annex D.

Two main problems were revealed:

1. The interviewers had not asked what the drug looked like nor where is was purchased. It was determined that many people call any kind of medicine "antibiotic", including antiparasite pills which they had received from a health post following a positive examination for the presence of parasites.
2. No distinction was made whether or not the antibiotics were given under medical supervision.

During the follow-up interviews it was seen that the women reported first using ORS during the diarrheal episode, then seeking treatment when the diarrhea continued.

**ACUTE RESPIRATORY INFECTION (ARI)**

Percentage of mothers who sought professional help for ARI

What is being collected for measuring this indicator is the percentage of <u>women who sought help</u> who sought this help from a CHV (Community Health Volunteer-Brigadista) or health center. One hundred and seven of the 300 mothers reported a child with respiratory problems, plus difficulty breathing. Of these 107, 71 sought some type of help, but a third sought no help at all. The denominator being used is 71, only those who sought help, showing 84.6%. The CHV is also being included as "professional help", even though they are not normally considered professionals. If the number of total women who reported a child with ARI (107) is compared with the number who sought medical care, the percentage is 50%.

Percentage of mothers who recognize "intercostal contractions" as a danger sign of ARI

The more commonly used sign is cough with rapid breathing which has been shown in other CS projects to be easily recognizable by most mothers. The goal of 30% (with only 14% at MTE) would still leave 70% of women without a good simple method of determining when medical attention is needed. The project should consider modifying this objective to measure a

more readily identifiable danger sign.[1]

**IMMUNIZATION**

Percentage of children 12-23 months old who are completely immunized

The baseline information showed a level of complete coverage of 84.5%, but this information was collected immediately following a major national immunization campaign. The time and investment of resources required to reach the goal of 95% is questionable. This objective should be modified to reflect a realistic prioritization of project interventions and available resources. This suggestions was also made in the technical review of the DIP.

Percentage of mothers between 18-35 who have received two doses of Tetanus Toxoid (TT2)

The KPC found that 40% of women had a maternal care card, but only 19% had TT2. This finding contradicts data from SILIAS/Boaco where directors of the health districts estimate a coverage of 85%. During the MTE it was not possible to determine the cause for this discrepancy but further investigation is needed to determine if a collection error occurred. HOPE staff felt that the interviewers used during the KPC should have been better trained in collecting this information.

High risk groups (children under two and pregnant women) are being reached by the project, however, these groups are not being followed on an individual basis at the community level. Other high risk groups, such as children without all vaccines, have not been clearly defined by project staff.

The project has made progress in meeting the majority of objectives at the time of the MTE. Of concern is the measurability of the objectives and the definition of some terms. If modifications are made in the project, as outlined in the Recommendations section of this report, it is probable that the project can meet it's stated objectives by the end of the funding period.

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[1] This observation was also made in the MTE of HOPE's other CS project in Carazo, Nicaragua. Perhaps the projects could work together in studying the level of recognition of ARI danger signs and adopting a more appropriate one.

## III. RELEVANCE TO DEVELOPMENT

This CS-X project is an extension of a previous CS project in the region which has allowed Project HOPE to develop strong counterpart relationships and to provide a more long term commitment to the area of Boaco. One of the outstanding aspects of the project is the level of coordination with other NGOs and governmental agencies in order to encourage a more integrated approach to development.

HOPE meets monthly at the municipal level with the rural development committees whose focus is on coordinating all developmental efforts at the community and micro-regional level. HOPE works together with MINSA and other governmental agencies, as well as NGOs, on the local level to increase the impact of the CS interventions. Main strategies have included coordination with agricultural, environmental sanitation, educational, community development, and other health organizations.

The project has also utilized existing community resources in order to obtain greater community confidence and sustainability. Many Community Health Volunteers (Brigadistas) have worked in the past, and continue to work with, other NGOs. By focusing on integration, rather than competition, this valuable resource has been enhanced in the community and improved HOPE's reputation at the community level.

One of the project's initial strategies was the formation of health committees at the community level. In many communities a development committee already existed. HOPE again focused on integration of interventions and coordinated with these existing committees. Many of these committees are active in presenting projects to NGOs and governmental agencies and these efforts have been strengthened by HOPE staff.

Integration of the health interventions with agricultural projects such as hydroponic gardens, construction of Lorena stoves (more efficient wood burning stoves), and feeding centers for children has had the positive result of strengthening both the primary focus and these complementary projects.

## IV. DESIGN AND IMPLEMENTATION

### A. DESIGN

No significant changes were made in project design. Strategies have been refined based on experience during the first 18 months of implementation.

### B. MANAGEMENT AND USE OF DATA

A review of the HIS (Health Information System) was included as part of the MTE. A discussion of the HIS will be divided into two primary components; HOPE HIS and the community surveillance system. Obvious overlap exists between the two systems but for clarity the two will be discussed separately.

#### B.1 Project HOPE HIS

The project has a functioning computerized system which was developed from past experience with the CS-VII project and technical assistance from HOPE's health project in Ecuador. A full time HOPE employee is in charge of the HIS and exhibits a good understanding of the system and competence in utilizing it. She has been with the project for one year.

The primary intake forms for quantitative data include monthly reports from the Brigadistas and HOPE's Health Educators. In view of the need to redirect the responsibilities of HOPE staff, modifications should be made in their monthly report to reflect these changes.

Brigadistas were trained in the use of the monthly reporting form, in coordination with HOPE HIS Coordinator, during 22 training sessions. (See training schedule Annex C) During several interviews with MINSA staff as part of the MTE, the observation was made that the Brigadista's report is confusing and the data collected of questionable quality. This report should be reviewed by HOPE, MINSA and the Brigadistas, particularly the table currently being used for recording educational activities. Copies of these instruments as well as reports being generated by the system are included in Annex B.

While the system is functional, there is limited use of the data as a supervisory or monitoring tool. Numerous reports can be generated by the system which show the number of activities by Brigadistas, communities and Educators. The information from the Brigadistas report is also included in the MINSA system. Municipal health centers receive a monthly report summarizing activities from HOPE's HIS. No evidence was seen that analysis of these reports is carried out by either HOPE or MINSA.

Some pertinent errors were discovered during the MTE in terms of

numbers of communities and community volunteers included in the system. It was found that only 71 of the 140 communities have reported educational activities since the beginning of the project. It was impossible to ascertain during the MTE if this was an error in data collection or if indeed only 71 communities have active Brigadistas. At this time there is no feedback mechanism to the communities or staff from information in the HIS making errors difficult to remedy in a timely manner.

The project conducted a baseline and, recently, a mid-term KPC survey utilizing the questionnaire developed by Johns Hopkins University for CS projects. The instrument was modified to meet the needs of the Nicaraguan population. Some problems exist with the use of this instrument which were previously discussed in Section II. The Educators had developed, and were implementing, a mechanism for sharing the results of the MTE survey with communities.

Qualitative information is not being collected in a systematic manner by the project, although staff have been trained in focus group research, some staff members having received this training twice. Little documentation exists as to any efforts by the project to collect qualitative data. The notable exception to this is the follow-up completed after the MTE survey utilizing in-depth interviews with mothers to determine antibiotic use. This investigation is included in Annex B.

Project HOPE Boaco has shared information system development with HOPE's CS project in Carazo, Nicaragua. The technical assistance of the USAID mission called PMU developed a country wide information system based on LOP (Life of Project) indicators, however, this system did not meet the needs of the project and is not being used.

### B.2 Community Surveillance System

This was one of the strategies for sustainability and to enhance community development originally outlined in the DIP, but has not been implemented. During the MTE in focus groups with community committees, the evaluation team looked at the issue of community information. Some interesting observations were made by community members concerning the sharing of information through informal channels within the community. There has been no attempt to formalize these important steps to enhancing community decision making abilities.

MINSA and municipal authorities need to be involved in the development of this system. The evaluation team was told that MINSA was not in favor of a community system as it generated a duplication of information within their reporting system. There is a lack of comprehension on the part of staff as to the power of information as a basis for helping the Brigadistas and communities to prioritize activities, make decisions and motivate action.

## C. COMMUNITY EDUCATION AND SOCIAL PROMOTION

There is no service delivery component in this project. The focus of the project is health education and promotion in the five CS interventions

The project has not developed any additional educational materials during this funding cycle. The main materials used are a series of five manuals for the Brigadista which were developed during the CS VII project. MINSA has adapted these manuals and reprinted them. Currently both editions are being used interchangeably in the communities. Of the 28 Brigadistas interviewed during the MTE 75% have all or some of the manuals. Only 11% had any other materials or visuals which could be used for education. Brigadistas felt that the materials were easy to understand.

The project has sporadically focused on community developed materials. This can be an excellent strategy, if care is taken that messages are clear and understandable. The use of case studies as an educational method is very positive, unfortunately the case studies being used utilize medical terminology not appropriate for use with Brigadistas and the treatment for a child with ARI included; multi-vitamins, bee pollen, soy milk and asthma medicine. The methodology is adequate but staff seems to lack the criteria for correctly focusing the message.

There has been an over-dependence on the use of the basic health messages from the UNICEF Facts for Life book. While this is an excellent resource, educational messages need to be refined based on cultural idiosyncracies and specific barriers to changes in practices. The project has ensured that the messages are consistent by only using the Facts for Life messages, but have failed to take into consideration specific needs of the target population.

Qualitative investigation is needed to pinpoint specific action messages as most project objectives seek to change health practices. Simply having knowledge of positive practices is not enough, the specific action that is required must be clear and based on what the community currently knows and does.

Community education is provided through meetings with mothers groups, home visits, and a few activities in the schools, The activities are conducted by HOPE, MINSA and community volunteers. A strong presence of HOPE personnel was observed throughout the MTE. This directly contradicts the stated strategy of training community volunteers to provide education, resulting in a loss of the multiplier effect outlined in the project proposal and DIP. HOPE staff utilizes a variety of participatory educational methodologies for the training of Brigadistas and the community. Unfortunately, these methods have not been passed on to the community volunteers.

Some creative ideas are being used for motivating the community to attend educational sessions, such as written invitations and reminders, and providing snacks or lunch. While not sustainable, these serve to form positive habits of attendance.

Pre- and post-tests have been developed (and are included in Annex C) for training Brigadistas. There is no evidence that the results of these tests were analyzed and used to improve educational methodologies or in the development of the curriculum. Community evaluation takes place by the use of question and answer games which seem to be effective and should be taught to Brigadistas.

Curriculums have been developed for HOPE-MINSA staff, Brigadistas and Traditional Birth Attendants (TBAs). Copies are included in Annex C. Unfortunately the curriculums are global, including all five interventions, and do not specify how much time will be dedicated to any one topic. As can be seen from the listing of training courses held so far, there is a lack of consistency in the length of training courses for the same type of participant and topic. See Annex C.

The project needs to identify clear understandable materials that can be used by, and are available to, the Brigadistas and TBAs. The curriculum should specify what materials are to be used in order to ensure that all participants receive the same quality of training.

## D. HUMAN RESOURCES FOR CHILD SURVIVAL

The HOPE Boaco CS-X project consists of the following staff: Country Director (67%), Project Coordinator, 2 Supervisors (Vacant), 11 Health Educators, Secretary, Administrative Assistant, HIS Specialist, 2 Drivers, and 2 Janitors. A list of current staff is included in Annex A.

The HOPE staff forms four teams, one for each municipality, coordinating with governmental agencies and NGOs to provide education and follow-up of project activities. The number and type of human resources as planned for the project appears to be adequate for meeting project objectives, however, the two Supervisor positions are vacant. These vacancies are critical and according to the Country Director, will be filled shortly. The Director wanted to wait until after the MTE was completed in order to hire supervisors with the specific skills necessary to work with the staff on strengthening any project weaknesses identified by the evaluation.

The main change in personnel since the DIP was written was the addition of three Educators to improve the ratio of staff to communities. The field staff is qualified for meeting their job requirements and dedicated to doing a good job. The majority (82%) worked on the previous CS project.

HOPE staff has received extensive training both from MINSA, HOPE, and other sources. A complete listing of courses can be found in Annex A.

COMMUNITY VOLUNTEERS

It is impossible to determine the number of community volunteers who are currently collaborating with the project due to the lack of a data base which distinguishes active from inactive workers. HOPE Educators report 286 Brigadistas and 132 TBAs, but the HIS records 329 Brigadistas and 43 TBAs.

71% of the Brigadistas estimated that they spend between 4 to 8 hours per week dedicated to their work in health. 100% of them stated that they felt the amount of time required was not excessive. Most seemed very comfortable with the work load and were very committed to continuing their work in the future without the supervision of Project HOPE. 100% of the Brigadistas felt that their relationship with MINSA was positive and that coordination efforts would continue in the future. The turnover rate for Brigadistas is low, estimated by HOPE staff to be 7%. As a system for tracking Brigadistas does not exist, it is difficult to confirm this figure. It was found during the MTE that 32% of the Brigadistas interviewed had been with the program less than one year, 46% between one to five years, and 22% over five years.

Brigadistas are given free medical care and medicines by MINSA at workshops and usually at the health post nearest them. This serves to motivate the Brigadista and improve relations Brigadista-MINSA.

The original DIP strategy was to establish 120 oral rehydration centers (UROCs) and to train coordinators for these community based centers. This strategy has been modified because most of the Brigadistas were willing to also be the UROC coordinator for their community. This has simplified training and supervision tasks. TBAs and UROC volunteers only work in one intervention. Brigadistas work in all five CS interventions.

As an extensive amount of training was completed, details of all training is included in Annex C along with training curriculums. A summary of the training of counterpart staff and community volunteers is included on the following table.

CHILD SURVIVAL TRAINING PROGRAM SUMMARY

*

| TRAINING TOPIC | NUMBER OF SESSIONS | HOURS PER SESSION | TOTAL NUMBER OF PARTICIPANTS |
|---|---|---|---|
| Information System | 22 | 2-8 | 12 Auxiliaries<br>4 Nurses<br>11 Doctors<br>10 Others<br>320 Brigadistas<br>37 TBAs |
| Nutrition/Breastfeeding | 3 | 8-24 | 1 Nurse<br>2 Doctors<br>2 Others<br>160 Brigadistas<br>18 TBAs |
| EPI | 1 | 8 | 70 Brigadistas |
| CDD | 4 | 4-24 | 36 Others<br>89 Brigadistas<br>24 TBAs |
| Maternal Health | 11 | 3-16 | 1 Auxiliary<br>1 Nurse<br>4 Doctors<br>17 Others<br>203 TBAs<br>41 Brigadistas |
| Family Planning | 3 | 7-8 | 2 Doctors<br>5 Others<br>60 Brigadistas<br>12 TBAs |
| Integrated Maternal-Child Care | 2 | 8-16 | 10 Nurses<br>4 Doctors<br>85 TBAs |
| ARI | 10 | 3-16 | 7 Auxiliary<br>3 Doctors<br>3 Teachers<br>65 Others<br>184 Brigadistas<br>37 TBAs |
| Others-Sanitation and Hydroponics | 2 | 8 | 12 Others<br>45 Brigadistas |

## E. SUPPLIES AND MATERIALS FOR LOCAL STAFF

HOPE staff are provided with the basic materials needed to complete their job. Transportation to isolated communities is essential and a good system has been developed which combines use of 4-wheel drive vehicles, motorcycles and mules. Transportation is also provided to MINSA staff.

Community volunteers receive training and educational manuals. During the MTE, 75% of the Brigadistas interviewed responded that they had received copies of the five basic CS Manuals. 25% had received Facts for Life (UNICEF) and 11% had received other books. All Brigadistas reported having attended one or more HOPE-MINSA training courses. 56% of the TBAs interviewed had received a Maternal Health manual.

During the MTE, of the 7 Health Centers and Posts visited, 71% reported a lack of adequate supplies of antibiotics, but were also aware that antibiotics are being over-prescribed, which results in the shortages. Several of the centers had attended an MSH/USAID sponsored training on management of ARIs, with an emphasis on decreasing the use of antibiotics, and have subsequently reduced prescription of antibiotics to treat ARI by as much as fifty percent. The training course has helped the health centers to prioritize cases, set goals for antibiotic use, and develop instruments for monitoring. MSH is contemplating a similar training for Control of Diarrheal Diseases (CDD) which would be of great value in managing antibiotic use. Other basic supplies for CS interventions were available at the health centers visited.

## F. QUALITY

The level of knowledge and practices of mothers is measured primarily by the use of Baseline and Mid Term KPC surveys, the results of which have been discussed in Section II. There was no documentation of levels of knowledge of MINSA or HOPE staff.

There was a good follow-up investigation carried out after the MTE survey relating to antibiotic use but there was no evidence that this type of in-depth study had been previously completed.

During the MTE no systematic survey of skill levels was completed but specific questions were asked relating to ARI to Brigadistas, CDD to MINSA staff and Vitamin A to HOPE staff. Through informal conversations with all field and community workers knowledge levels were assessed. In general it was felt that MINSA staff are highly qualified professionals with solid knowledge levels.

HOPE staff has good general knowledge but is lacking in specific health information which may make them more prone to sticking so tenaciously to "Basic Messages". During the MTE all HOPE field staff were asked to write down five sources of Vitamin A. 70% were

able to do this but included such foods as lettuce (iceberg lettuce was the predominate type of lettuce seen during the MTE) and liver and other organs. While dark green lettuce is a source of A, iceberg is not; liver is a source, but other organs are not. In view that Nicaragua has many excellent sources of Vitamin A which could be emphasized, the project mentions some borderline food sources.

The level of knowledge and skills of the Brigadistas varies widely as many have received previous intensive training through other NGOs. Other Brigadistas have recently begun working with the CS-X project and many requested that the previous training topics be repeated as clarification was needed. In general the Brigadistas have good knowledge levels of the basic CS interventions. 100% could correctly identify when a child with ARI should be referred to the health center. No tracking system exists for monitoring which Brigadistas have received what training courses. This could easily be incorporated into the HIS currently being used.

## G. SUPERVISION AND MONITORING

The HOPE Educators visit each community monthly but the amount of supervision and monitoring that takes place during these visits is difficult to measure. The focus on site visit reports has been to recount the number of activities performed by the Educator. A copy of the Community Visit form currently being used is included in Annex B. During the MTE workshop this issue was discussed and the Educators began work on redefining the supervisory form for Brigadistas.

Each community is monitored by the Educators using a community file. Each file has a map of the community, a community profile, census, and the Community Visit forms. This is an excellent idea, but could be improved by using this information to track problems and successes rather than just collecting the information to be filed away. In an review of 10 community files, it was found that during half of the visits made to the community, the Brigadista was not present.

Each Educator has an average of 13 communities, 26 Brigadistas, 3 UROC (Oral Rehydration Unit) coordinators, 12 TBAs and 4 Feeding Center coordinators. The number of Brigadistas per educator varies from 9 to 47. The Educators have developed the ability to supervise this amount of communities and volunteers on a monthly basis.

As no HOPE Supervisors are currently on staff, there is a gap in the supervision which is received by the Educators. The project plans to remedy this situation as soon as possible, also addressing the way staff will be supervised, based on the recommended modification of their activities. Supervisory forms used in the past are included in Annex B but should be revised.

The HIS is a valuable tool for supervising and monitoring the activities of both Educators and Brigadistas but is severely under-utilized at this time.

HOPE and MINSA are currently meeting on a regular basis, usually monthly, with Brigadistas and TBAs. This strategy provides an opportunity for indirect supervision of community activities and should be strengthened in the future. As MINSA will always face problems with transportation into the rural areas, the concept of monthly meeting provides the Brigadista/TBA with support, continuing education, and an incentive to report their activities on a regular basis. One of these meetings was observed during the MTE and the feedback from all participants was very positive, as well as from MINSA staff. The scope of these meetings could easily be expanded to support efforts to develop a community surveillance system by providing a format for reporting and receiving feedback. This activity is perhaps the only realistic and sustainable method for supervising Brigadista/TBAs in the future.

At the Health Center in Teustepe, the MTE team was informed of a system which the director uses to solicit feedback from Brigadista/TBAs every six months as to what they liked and disliked about training sessions, other problems, future needs, comments, etc. This strategy could be strengthened and shared with other health centers.

No records are kept by project staff as to which volunteers were attending these meetings, making it difficult to determine the efficacy of this strategy.

## H. REGIONAL AND HEADQUARTERS SUPPORT

HOPE's national staff expressed satisfaction with the quality and quantity of administrative and technical support which they receive from HOPE Center. Some limitations were observed in local budget control but a new computer program (Quickbooks) was being installed during the MTE which promises to improve communication on budgetary issues between the local office and HOPE Center.

Judiann McNulty, HOPE's US based Program Manager for Nicaragua visited the project twice during 1995 and twice during 1996 to provide technical backstopping for the project. Dr. McNulty provides backstopping for six Child Survival projects.

## I. PVO'S USE OF TECHNICAL SUPPORT

International technical assistance received by the Boaco project during the first 18 months of the project included assistance with the HIS by HOPE's computer specialist from Ecuador. Other technical assistance was received from MINSA on a national and regional level for training HOPE and MINSA staff in the basic CS interventions,

and in community organization. All staff also received training from the HQ program manager in qualitative research and from an international consultant on popular education.

The evaluation team identified some areas of needed technical support which are included in the recommendations. Staff identified the greatest need for technical support as the community surveillance system.

## J. ASSESSMENT OF COUNTERPART RELATIONSHIP

The relationship between MINSA and HOPE is one of the most positive aspects of the project. The relationship with the Ministry of Health was established a number of years ago during the previous CS project. The HOPE national office is housed in MINSA headquarters and the Boaco office is located in donated space in the SILIAS/Boaco office. The SILIAS also provides free electricity to the project. This close physical proximity serves to strengthen informal relations and makes coordination much more feasible and productive. A formal agreement was signed between HOPE and MINSA in 1990 and an addendum was signed in 1995 for an additional five year period. All project interventions are in line with national policies.

All MINSA staff interviewed during the MTE expressed satisfaction with the relationship and many mentioned improvements which had been made based on problems in the past. Joint planning was the main area of coordination mentioned by MINSA staff, as well as evaluation, traveling together to the communities, and training opportunities.

HOPE is the local NGO representative on the SILIAS/Boaco Board of Directors.

In the Santa Lucia area, the Educators report coordinating with 7 MINSA staff on a regular basis, San Jose reports coordination with 5, Teustepe with 10 and Camoapa with 13 MINSA workers.

A major issue in terms of sustainability of project activities is MINSA's ability to supervise and provide follow-up due to budgetary limitations. This is a chronic problem and a positive step has been taken in overcoming it by the use of monthly meetings for Brigadista/TBAs. MINSA is capable of assuming all project activities in technical terms. Limitations exist in managerial systems and budgetary constraints.

During the MTE, Brigadistas were asked about their relationship with MINSA. One hundred percent of those interviewed responded that coordination was positive and that they felt part of the MINSA "family".

Other secondary counterpart relationships exist between HOPE and

Ministry of Education (MED), Ministry of Agriculture (MAG), Ministry of Social Affairs (MAS). MAS is particularly important as the project focuses more on community development and strengthening of community committees. These relationships are very positive as the more governmental agencies involved, the greater the likelihood that institution-building will take place.

Local relationships have also been established with the municipal governments. In interviews with representatives of three of the four municipalities, all saw HOPE in a very favorable light and thought that the coordination at the municipal level was very positive. HOPE attends meetings with the Municipal Development Committees to enhance communication and for planning and evaluation purposes.

MINSA and HOPE collaborate on education for primary level rural teachers and share costs for workshops for teachers. Coordination with teachers, while a planned strategy, has been limited and needs to be further strengthened in the future. Naomi Tein, an intern from the University of North Carolina-Chapel Hill, developed educational modules for primary school children in diarrhea and nutrition, which were pilot-tested in three schools in the municipality of Santa Lucia.

HOPE works with a number of NGOs in the Boaco area:

HOPE cooperates with PROSERBI (Program of Integrated Basic Services) in a complimentary project promoting hydroponic gardens. PROSERBI seconds two technicians to HOPE for this effort. HOPE and PROSERBI work together in 19 communities and have a signed agreement.

FONIF, funded by UNICEF and receiving food through PMA (World Food Program-FAO) is establishing feeding centers for children at the community level. Gardens have been implemented as a complementary project with the feeding centers. HOPE coordinates these community based centers, MINSA provides antiparasite medications, and Peace Corps helps with education.

PROFAMILIA- Planned Parenthood's local affiliate provides family planning methods mainly in urban areas with some community outreach. A letter of agreement was signed between HOPE and PROFAMILIA on March 1996, outlining points of coordination between the two organizations.

One Peace Corps volunteer has been involved with the project since it began. Two additional health volunteers just arrived in the Boaco area and are beginning to work with project staff.

A formal agreement exists between HOPE and INTEC (National Institute of Technology) for the training of 80 women in the construction of more efficient wood burning stoves (Lorena stoves) in selected communities.

HOPE staff have a good understanding of integrated development and seek out opportunities for collaboration with other organizations.

## K. REFERRAL RELATIONSHIP

HOPE-MINSA has developed a system of referral between the Brigadistas and TBAs, and health posts/centers. The systems is an excellent example of coordination between the two organizations and has been effective in utilizing the Brigadista/TBA as the first step in primary health care at the community level. According to interviews during the MTE, 96% of the Brigadistas felt that the system was functioning well and meeting the communities' needs. The system consists of the use of a three part form. The first part the Brigadista/TBA keeps for their records, the other two are sent with the patient to the health post. The second part has the reason for the referral filled out by the Brigadista/TBA and the third part or counter referral is filled out by MINSA staff and sent back with the patient to the Brigadista/TBA. Copies of the referral forms, one for children and one for women, are included in Annex B.

MINSA staff also thought that the system was working well, although it was mentioned by some personnel (28%) that the system was somewhat limited in reaching 100% functionality by the low level of literacy, particularly with TBAs.

The referral system has also helped to improve the credibility of the Brigadista/TBA in the communities. In some MINSA centers, preference is given to patients with referral forms and in others, a form is required for non emergency care.

The work of Project HOPE in the Boaco region has served to create a demand for services and an expectation of a certain level of quality from MINSA. The overall feeling in the communities visited is that MINSA serves now, and will serve in the future, as the primary source of health care for the communities. During focus groups in nine communities, 67% stated that they felt MINSA (or a combination of MINSA and the community) could assume the health activities now being carried out by HOPE. Other NGOs are also working in the area to strengthen MINSA in being able to meet these expectations.

## L. PVO/NGO NETWORKING

On a local level the networking between HOPE and many PVO/NGOs is evident. As mentioned in section 4-J, HOPE works with many other private organizations in the Boaco region. Some with written agreements and many with informal understandings.

A consortium of NGOs and government agencies (FONIF, PROSERBI, MAS, MED, MINSA, Municipal Committees, HOPE and other NGOs) was formed

in Boaco by PNDR (Programa Nacional de Desarrollo Rural), a national rural development program sponsored by the Interamerican Development Bank. The objective of this consortium is to avoid duplication of services by analyzing the needs of the communities and providing integrated services by combining the activities of various NGOs.

The level of networking on the national level could be improved, particularly in terms of sharing project strategies and lessons learned. HOPE now has a full time staff member from the Carazo project temporarily located in Managua in order to develop a national health education curriculum. The main task of this person is to investigate what other organizations are doing in the area of health education and what materials they have developed. This information will be very valuable for the Boaco project in receiving fresh input as to methodologies and materials for education.

## M. BUDGET MANAGEMENT

The project has spent 52% of the budget as of 7/29/96. This shows a slower than normal rate of expenditure which should be corrected by minor modifications in line items to reflect the needs of the project during the last 12 months.

With the remaining budget the project should encounter no constraints to meeting project objectives by the end of the funding period. Minor adjustments have been made in the budget during the first 18 months of the project to reflect a shifting in priorities of project strategies.

## V. SUSTAINABILITY

HOPE, in coordination with MINSA, has sought to identify strategies which will lead to sustainable activities after funding terminates. The project is faced with a problem unique to the area. The Boaco area has a long history of external assistance from PVO/NGOs which has lead to an attitude by the communities and government agencies that when HOPE leaves, another NGO will come and take their place. Since Boaco is a prioritized area, this may indeed be the case, which makes it even more important for HOPE to identify concrete strategies for sustainability. These concepts are difficult and the project continues to struggle with these issues.

A positive step taken by the project is the monthly meetings for Brigadistas which serve as low cost, indirect supervision and to strengthen the Brigadista's reporting, use of the referral system, and as an opportunity for continuing education.

A continuing sustainability issue is that HOPE staff is working directly with community groups and individuals, a strategy which will not lead to long term adoption of project goals and objectives. The project needs to focus on teaching (and encouraging) the Brigadistas to teach.

One of the principal strategies being used is to encourage communities to plan projects to present to governmental or private funding sources. This has been quite effective as many communities have already worked with a number of organizations.
Only one out of the nine communities visited during the MTE had not presented a project. Once the communities can see that their decision making results in a positive experience, they will be more inclined to organize and take charge of their own development. HOPE has been instrumental in guiding communities through this process by reinforcing the community structure and human resources.

The committees consist of 5-8 members, elected by the community for an indefinite period of time. A problem identified by the staff is that in many cases the committee makes the decisions, without adequate input from the entire community. In order to assure sustainability, a better developed strategy for involving all community members and leaders in development activities is needed. Coordination with municipal governments and other NGOs has been instrumental in having a positive impact on strengthening community committees.

The sustainability plan presented in the DIP is analyzed on the following pages.

SUSTAINABILITY

| OBJECTIVE | INDICATOR | STEPS TO DATE | MID TERM MEASURE | STEPS NEEDED |
|---|---|---|---|---|
| All community committees functioning independently | -Committee meets regularly<br>-Committee has identified and is resolving related problems<br>-Committee supports work of Brigadista<br>-Committee maintains community surveillance system | -Committees formed in most communities<br>-Some communities have received training<br>-Most communities presenting projects<br>-Brigadista is member of committee | Difficult to measure as no system for tracking community activities exists | -Tracking mechanism for number of meetings and results of meetings<br>-Development of surveillance system |
| Evidence of changes in knowledge and practices | -Improved knowledge & practices identified by KPC surveys<br>-Increase in demand for preventive health services<br>-Decrease in hospitalization of children for DD,ARI | -Training sessions held for CHVs and mothers<br>-Coordination with MINSA | -KPC survey shows improved knowledge & practices in most areas<br>-Hospitalization and demand for services not measured in MTE | -Clarification of terms in objectives |

SUSTAINABILITY

| OBJECTIVE | INDICATOR | STEPS TO DATE | MID TERM MEASURE | STEPS NEEDED |
|---|---|---|---|---|
| MINSA will be capable of assuming project activities | -30 MINSA staff trained in interventions, service delivery, supervision and administration<br>-Qualitative evaluation by the community of service delivery<br>-Regular supervision of Brigadistas and midwives | -MINSA staff trained in interventions<br>-HOPE is regularly supervising<br>-MINSA and HOPE frequently travel together | -MINSA attended training sessions in 5 basic interventions<br>-MINSA providing indirect supervision through monthly meetings | -Training in supervision and administation<br>-Qualitative evaluation by community<br>-Modify supervision form |
| Brigadistas midwives, teaches, and volunteers will conduct health promotion activities on their own | -Personnel trained and supervised: 250 Brigadistas, 150 Midwives, 120 UROC volunteers, 30 teachers, and other volunteers<br>-CHVs provide monthly report of activities to health posts | -Training sessions held<br>-CHVs reporting monthly | Personnel trained: Exact numbers difficult to determine due to lack of a tracking system<br>-Some CHVs reporting monthly, according to HIS only about a third | -CHVs need further training and encouragement in educational methods<br>-Educational materials for CHVs<br>-Improve tracking of CHVs |

## VI. RECOMMENDATIONS

1. The HOPE/Boaco CS-X project has less than one year of funding left, with no possibility of continued funding from USAID. For this reason it is urgent that project managers work closely with the staff to prioritize activities and select a limited number of tasks to focus on during this remaining time in order to consolidate the potential impact of the project. Strong leadership and a clear vision of what the project can accomplish is required if the project is to meet its objectives.

2. The two vacant positions of Supervisor should be filled as quickly as possible to provide the staff with the support needed to implement modifications in the project.

3. HOPE should re-analyze its original strategy for training presented in the DIP and change current methodologies to assure that all direct community training is carried out by community volunteers. This change will necessitate a simultaneous redefinition of the role of HOPE's Educators, including a new job description. Supervisory strategies and activity reports need to be changed to reflect this modification.

4. Modifications need to be made in the project objectives and/or indicators as noted in Section II. Parallel changes need to be made in the KPC survey to reflect the modifications in the project objectives. The project needs to decide if it is more valuable to continue collecting an indicator that does not exactly measure the objective, but which has comparative data from baseline and midterm, or to change the indicator and only have end of project results.

5. Improved training should be given to the interviewers during the final evaluation survey. It was found that some data were questionable based on possible interviewer error. A written guide should be given to the interviewers which contains details required for categorization of responses, i.e. Vitamin A and iron sources. The questionnaire should be modified to read: green <u>leafy</u> vegetables; and meat and fish removed as a source of Vitamin A. Other problems identified relate to the definition of "antibiotics" and review of the mother's health card for tetanus toxoid.

6. A community surveillance system should be developed in conjunction with MINSA and the communities, utilizing simple graphics which can serve both to collect information at the community level and provide feedback to the community concerning health status. Examples of simple collection instruments were introduced during the MTE Workshop. The focus needs to be on how decision making can be enhanced through information. Technical support in helping the staff clarify concepts related to information needs and techniques for using information at the

community level would be valuable.

7. MINSA is currently utilizing the strategy of monthly meetings with Brigadistas and TBAs. This provides an opportunity for indirect supervision of the communities and in view of the limitations of MINSA's budget, may be the only approach for providing supervision which is sustainable. This meeting format should be reinforced by assisting MINSA in identifying improved ways to use these meetings as a tool for monitoring health activities. Simple graphics could be developed to chart Brigadista activities at each health post, both as a means of motivating community workers and also to identify epidemiological trends.

8. Expand the "Basic Messages" to include topics which focus on the unique problems of the area in order to have greater impact on changing health practices. Use focus groups to define perceived barriers to changes in practices and focus educational messages at these barriers.

9. Brigadistas require additional training and encouragement in participatory educational methodologies appropriate for use in the communities. All subject matter that is taught in the future should include a section on how to teach that material in the community.

10. Brigadistas should be provided with basic standardized educational materials for the five CS interventions which insures that a clear, consistent message is received by project participants i.e. flipcharts, pictures. Homemade materials should be encouraged as complementary material i.e. puppets, stories, case studies, songs. Technical assistance should be provided to the staff in assisting them in developing criteria for the selection of educational materials which are appropriate for the Boaco area.

11. Utilize the valuable resource which exists in the communities of well trained, dynamic Brigadistas. Opportunities should be developed which allow the Brigadistas to train their peers and make visits to other communities in order to share positive experiences.

12. Revision of HOPE's HIS to correct errors and develop a way to track which Brigadistas attend trainings, turn in monthly reports, and attend monthly MINSA meetings. If a Brigadista is not active (i.e., reporting, attending meetings) they should be declared inactive and removed from the active roles. This information is available but has not been organized into a utilizable format.

13. Develop a written plan for the transfer of responsibilities for supervision and training to MINSA, looking for strategies to motivate MINSA to assume a more proactive role in planning for realistic, sustainable activities.

14. Increase sharing with other NGOs on a national and international level. HOPE has started to do this by assigning a

staff person in Managua to develop a national curriculum using input from other NGOs. A increased exchange of materials and strategies would lead to improved creativity in finding solutions to project weaknesses. Particular attention needs to be paid to ways in which coordination can take place with PNDR/BID and MSH/PSSD/AID.

15. The student intern from Chapel Hill should be requested to present a workshop for HOPE staff on interactive educational methodologies for use in the schools. The work already completed on the modules and methodologies should be shared with the staff in order to replicate these techniques and improve their abilities for expanding their work with teachers.

16. Use of hydroponic gardens should be tempered by need according to geographical and climactic conditions. Introducing a technology which is dependent on a chemical solution which must be obtained from Managua should be further analyzed. The project is working with farmers who are accustomed to standard farming techniques, this should be taken advantage of and built upon with improved methods of integrated pest control and use of locally available fertilizers, reserving hydroponics for areas and times of the year when water is scarce. A simple pamphlet on gardening would serve to reinforce the practical educational techniques currently being used.

17. Involve all community members, including men and school children, in educational activities.

## VII. SUMMARY

The evaluation team consisted of two representatives from Project HOPE/Nicaragua, a HOPE Headquarters representative, a representative from MINSA, one from PROSERBI (a local NGO), a Peace Corps volunteer working with HOPE, and an external consultant. A complete listing of the evaluation teams, instruments used, activities completed, and results, is included in Annexes E and F. Two days were utilized at the beginning of the evaluation to receive a general orientation from HOPE staff and to develop evaluation instruments and two days at the end to analyze the principal findings from the evaluation, clarify concepts, and begin working on critical modifications, particularly in the role of the HOPE Educators. Focus groups, key informant interviews, and observation were the methodologies utilized during five days of field visits to ten project communities. Additional information was obtained from the KPC survey conducted in July, and review of pertinent documents.

The KPC survey of 300 mothers with children under two years of age was completed prior to beginning the evaluation, and provided valuable quantitative data for measuring project accomplishments. Results of the survey are being shared and analyzed with communities and counterparts. The evaluation report was written by Renee Charleston, External evaluator, with input from the entire evaluation team. Total cost of the evaluation was approximately $11,000, including the KPC survey.

Main project strategies include; recruit, train and supervise Brigadistas and midwives, helping them to form community committees and a community surveillance system. The Brigadistas and midwives will teach families basic health messages and lead their communities in identifying and resolving health issues.

Major project accomplishments include; the development of an excellent referral system between the community health volunteers and MINSA, a strong counterpart relationship with MINSA, and good coordination efforts with other NGOs.

The main recommendations are: to redirect the focus of the project so that volunteers receive sufficient training and encouragement in the use of educational methodologies and have access to adequate educational materials to function as effective educators; realign project objectives with actual measurements being used in the KPC survey; implement a community surveillance system based on simple graphics which focuses on how decision making can be enhanced through information.

ANNEXES

A. HUMAN RESOURCES

B. INFORMATION SYSTEM

C. TRAINING

D. KPC SURVEY

E. EVALUATION METHODOLOGY

F. RESULTS OF THE EVALUATION

G. BUDGET PIPELINE

H. BIBLIOGRAPHY

I. RESPONSE TO MID-TERM RECOMMENDATIONS

## ANNEX A

## HUMAN RESOURCES

1. List of current HOPE/Boaco Personnel
2. Training received by HOPE staff
3. List of Brigadistas and Midwives

PROJECT PERSONNEL
PROJECT HOPE BOACO

| NAME | POSITION | TIME WITH PROJECT |
|---|---|---|
| Manuel García Noguera | Coordinator | 4 years |
| Daisy Downs | Administrative Assist | 4 years |
| Idalia Oporta Buitrago | Bilingual Secretary | 4 years |
| María Angela Donaire Muñoz | Information System Specialist | 1 year |
| Rosa Argentina Rivas Urbina | Health Educator | 4 years |
| Vicente Blandón Castillo | Health Educator | 4 years |
| Carlos Bodán Barquero | Health Educator | 4 years |
| Julio Rojas Cano | Health Educator | 3 years |
| Corina Duarte Molina | Health Educator | 4 years |
| Leonte Castellon | Health Educator | 3 years |
| Victorino Castro Mejía | Health Educator | 3 years |
| Humberto Matus Sobalvarro | Health Educator | 1 year |
| Edmundo Aguilar Ráudez | Health Educator | 3 years |
| Bayardo Gómez Miranda | Health Educator | 3 years |
| Carmen Elena Espinal Rivas | Health Educator | 7 months |
| Javier Arias Suárez | Driver | 4 years |
| Ceferino Ortega Guevara | Driver | 4 years |
| Filonila Urbina Obando | Janitor (Boaco) | 4 years |
| Adriana Reyes Rodríguez | Janitor (Teustepe) | 1 year |

TRAINING RECEIVED BY HOPE STAFF

| COURSE | MONTH /YEAR | # OF DAYS | ORGANIZATION | # OF HOPE STAFF |
|---|---|---|---|---|
| MANAGEMENT OF IMMUNIZATION PROGRAMS (EPI) | 5/95 | 5 | MINSA | 10 |
| CARE OF THE CHILD WITH DIARRHEA (CDD) | 6/95 | 2 | MINSA | 8 |
| BREAST FEEDING | 6/95 | 3 | MINSA | 8 |
| FOODS AND NUTRITION | 6/95 | 3 | MINSA | 8 |
| HYDROPONIC GARDENS | 6/95 | 2 | MINISTRY OF AGRICULTURE | 2 |
| CARE OF THE CHILD WITH RESPIRATORY INFECTION | 6/95 | 3 | MINSA | 8 |
| FOCUS GROUPS | 7/95 | 3 | HOPE-Center | 8 |
| PROMOTION OF COMMUNITY WORK | 9/95 | 3 | MINSA | 9 |
| EVALUATION OF NUTRITIONAL PROBLEMS AND DEVELOPING PROGRAMS | 9/95 | 7 | OPRODE USAID/BHR WORLD RELIEF | 2 |
| HUMAN RELATIONS | 10/95 | 1 | | 9 |
| PROMOTION OF FAMILY PLANNING METHODS | 11/95 | 1 | PROFAMILIA | 6 |
| QUALITY CONTROL | 2/96 | 1 | Dr.Mario Ortega (HOPE) | 11 |
| QUALITY CONTROL IN HEALTH SERVICES | 4/96 | 1 | Dr.Mario Ortega (HOPE) | 11 |
| MANAGEMENT OF PREGNANCY (BIRTH AND POSTPARTUM) | 4/96 | 1 | MINSA | 2 |
| VACCINATION CAMPAIGNS | 4/96 | 1 | MINSA | 5 |
| INTEGRATED ATTENTION FOR MOTHER AND CHILD | 5/96 | 1 | MINSA HOPE | 10 |

TRAINING RECEIVED BY HOPE STAFF

| COURSE | MONTH /YEAR | # OF DAYS | ORGANIZATION | # OF HOPE STAFF |
|---|---|---|---|---|
| COMMUNITY ORGANIZATION | 5/96 | 1 | MINSA | 2 |
| COMMUNITY PARTICIPATION | 9/96 | 2 | HOPE-Center (CRESPO) | 11 |
| GROWTH MONITORING AND PROMOTION (GM/P) | 6/96 | 1 | MINSA | 4 |
| FOCUS ON GENDER | 6/96 | 1 | Manuel García HOPE | 11 |
| INTEGRATED ATTENTION FOR MOTHER AND CHILD | 7/96 | 4 | MINSA | 8 |
| PERINATAL CONTROL | 7/96 | 2 | MINSA | 8 |
| PAP SMEAR TECHNIQUES | 7/96 | 1 | IXCHEN | 4 |
| HYDROPONIC GARDENS | 7/96 | 1 | PROSERBI | 5 |

PROYECTO HOPE - NICARAGUA
SUPERVIVENCIA INFANTIL X - BOACO

# LISTA DE AGENTES COMUNITARIOS
## (Brigadistas, Parteras)

**MUNICIPIO: "TEUSTEPE"**

*09-Ago-96*

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 1 | ANTONIO URBINA | BRIGADISTA | 0 | M | (T)-025 | EL QUEBRACHAL | 28/11/95 |
| 2 | LUIS MANZANAREZ | BRIGADISTA | 0 | M | (T)-027 | EL VENTARRON | 28/11/95 |
| 3 | CANDIDA RODRIGUEZ | BRIGADISTA | 0 | F | (T)-025 | EL QUEBRACHAL | 28/11/95 |
| 4 | EULALIO RODRIGUEZ. | BRIGADISTA | 0 | M | (T)-014 | EL CACAO DE LOS CHAVARRIA | 28/11/95 |
| 5 | SIMONA JARQUIN | BRIGADISTA | 0 | F | (T)-006 | LAS MASIAS | 28/11/95 |
| 6 | MARIA EMILIA RAMIREZ | BRIGADISTA | 30 | F | (T)-012 | EL CRUCERO | 25/08/95 |
| 8 | REYNA SERRANO SOBALVARRO | BRIGADISTA | 30 | F | (T)-009 | LA CRUZ N° 1 | 20/10/94 |
| 9 | JUANA OBANDO | BRIGADISTA | 0 | F | (T)-016 | SAN DIEGO | 28/11/95 |
| 10 | MARIA VELUZ M. | BRIGADISTA | 0 | F | (T)-017 | EL CHILAMATE | 28/11/95 |
| 11 | JACOBA LOAISIGA | BRIGADISTA | 0 | F | (T)-007 | TIERRA COLORADA | 28/11/95 |
| 12 | ANA ISABEL URBINA | BRIGADISTA | 0 | F | (T)-022 | ASEDADES | 25/08/95 |
| 13 | CLEOTILDE MENDOZA | BRIGADISTA | 0 | M | (T)-023 | EMPALME DE BOACO | 25/08/95 |
| 14 | REYNA AMADOR AMADOR | BRIGADISTA | 0 | F | (T)-032 | ASIENTO VIEJO | 25/08/95 |
| 15 | PILAR GONZALEZ LOPEZ | BRIGADISTA | 47 | F | (T)-030 | LOS RANCHOS | 25/08/95 |
| 16 | CESAR GAITAN AVENDAÑO | BRIGADISTA | 27 | M | (T)-032 | ASIENTO VIEJO | 12/01/90 |
| 17 | LEONARDA RAMIREZ | BRIGADISTA | 0 | F | (T)-011 | EL CARACOL | 4/12/95 |
| 159 | RAMON DIAZ | BRIGADISTA | 0 | M | (T)-001 | LA JOYA | 19/12/95 |
| 160 | DOMITILA DIAZ GARCIA | BRIGADISTA | 0 | F | (T)-001 | LA JOYA | 19/12/95 |
| 161 | MARIA CALERO MENESES | BRIGADISTA | 0 | F | (T)-003 | LLANO GRANDE | 19/12/95 |
| 162 | MARIA CONCEPCION MARTINEZ | BRIGADISTA | 0 | F | (T)-003 | LLANO GRANDE | 19/12/95 |
| 163 | JOSE INES GARCIA | BRIGADISTA | 0 | M | (T)-002 | LA CUESTA | 19/12/95 |
| 164 | MARIO RAMIRO BRIZUELA | BRIGADISTA | 0 | M | (T)-002 | LA CUESTA | 19/12/95 |
| 165 | SABINA OBANDO | BRIGADISTA | 0 | F | (T)-002 | LA CUESTA | 19/12/95 |
| 166 | NARCISA OBANDO | BRIGADISTA | 0 | F | (T)-002 | LA CUESTA | 19/12/95 |
| 167 | BRAULIA GOMEZ | BRIGADISTA | 0 | F | (T)-002 | LA CUESTA | 19/12/95 |
| 168 | ISABEL OBANDO SERRANO | BRIGADISTA | 0 | F | (T)-002 | LA CUESTA | 19/12/95 |
| 169 | TRINIDAD POLANCO | BRIGADISTA | 0 | M | (T)-042 | CUSIRISNE | 19/12/95 |
| 170 | MAGDALENA AGUIRRE | BRIGADISTA | 0 | F | (T)-042 | CUSIRISNE | 19/12/95 |
| 171 | IRAYDA ROCHA | BRIGADISTA | 0 | F | (T)-042 | CUSIRISNE | 19/12/95 |
| 172 | MARIA EUGENIA RODRIGUEZ | BRIGADISTA | 0 | F | (T)-040 | AGUAS CALIENTES | 19/12/95 |
| 173 | SELMIRA BRIZUELA | BRIGADISTA | 0 | F | (T)-040 | AGUAS CALIENTES | 19/12/95 |
| 174 | SONIA CASTILLO | BRIGADISTA | 0 | F | (T)-004 | LAS LIMAS | 19/12/95 |
| 175 | JUSTO SILVA | BRIGADISTA | 0 | M | (T)-004 | LAS LIMAS | 19/12/95 |
| 176 | ELIZABETH GUEVARA | BRIGADISTA | 0 | F | (T)-004 | LAS LIMAS | 19/12/95 |
| 177 | MODESTA VALLE GONZALEZ | PARTERAS | 50 | F | (T)-032 | ASIENTO VIEJO | 10/02/94 |
| 178 | AGUSTIN GARCIA | BRIGADISTA | 0 | M | (T)-016 | SAN DIEGO | 19/12/95 |
| 179 | IRENE GONZALEZ | BRIGADISTA | 0 | F | (T)-015 | POTRERITO | 19/12/95 |
| 180 | CARMENZA GONZALEZ | BRIGADISTA | 0 | F | (T)-015 | POTRERITO | 19/12/95 |
| 181 | FELIX OBANDO | BRIGADISTA | 0 | M | (T)-006 | LAS MASIAS | 19/12/95 |
| 182 | MILAN RAMIREZ | BRIGADISTA | 0 | M | (T)-005 | EL ESPINO | 19/12/95 |
| 183 | FORTUNATO VALERIO | BRIGADISTA | 0 | M | (T)-005 | EL ESPINO | 19/12/95 |
| 184 | FRUTO IGNACIO URBINA | BRIGADISTA | 0 | M | (T)-025 | EL QUEBRACHAL | 19/12/95 |
| 185 | CARLOS ARAUZ | BRIGADISTA | 0 | M | (T)-025 | EL QUEBRACHAL | 19/12/95 |
| 186 | JOSE PATRICIO TREMINIO ORDEÑAN | BRIGADISTA | 18 | M | (T)-032 | ASIENTO VIEJO | 25/08/95 |
| 187 | JOSE MARGARITO GAITAN | BRIGADISTA | 19 | M | (T)-032 | ASIENTO VIEJO | 25/10/95 |

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 188 | JUAN CARLOS BERMUDEZ | BRIGADISTA | 0 | M | (T)-027 | EL VENTARRON | 19/12/95 |
| 189 | ANGEL DURAN | BRIGADISTA | 0 | M | (T)-028 | CERRO DE PIEDRA | 19/12/95 |
| 190 | AMPARO VARGAS | BRIGADISTA | 0 | F | (T)-028 | CERRO DE PIEDRA | 19/12/95 |
| 191 | VALENTIN RAMIREZ RAMIREZ | BRIGADISTA | 39 | M | (T)-031 | CANDELARIA | 21/10/94 |
| 192 | JOSE FELICIANO MEJIA | BRIGADISTA | 0 | M | (T)-029 | SONZAPOTE N° 1 | 19/12/95 |
| 193 | JUAN MEJIA | BRIGADISTA | 0 | M | (T)-018 | MONTE FRESCO | 19/12/95 |
| 194 | PEDRO PABLO BERMUDEZ | BRIGADISTA | 0 | M | (T)-017 | EL CHILAMATE | 19/12/95 |
| 195 | OTILIO ORTEGA ARAUZ | BRIGADISTA | 27 | M | (T)-020 | LAS CAÑITAS | 30/10/95 |
| 196 | GENARO ARAUZ | BRIGADISTA | 0 | M | (T)-020 | LAS CAÑITAS | 19/12/95 |
| 197 | MARCIAL DIAZ BERMUDEZ | BRIGADISTA | 26 | M | (T)-020 | LAS CAÑITAS | 30/10/95 |
| 198 | CANDIDO BERMUDEZ | BRIGADISTA | 27 | M | (T)-020 | LAS CAÑITAS | 30/09/95 |
| 199 | PETRONA GONZALEZ | BRIGADISTA | 0 | F | (T)-020 | LAS CAÑITAS | 19/12/95 |
| 200 | SIXTO ZAMORA | BRIGADISTA | 0 | M | (T)-019 | MADERAS NEGRAS | 19/12/95 |
| 201 | PABLO OROZCO | BRIGADISTA | 0 | M | (T)-031 | CANDELARIA | 19/12/95 |
| 202 | FATIMA JARQUIN BELLO | BRIGADISTA | 0 | F | (T)-030 | LOS RANCHOS | 19/12/95 |
| 203 | TERENCIO URBINA | BRIGADISTA | 0 | M | (T)-035 | LOS ARADOS | 19/12/95 |
| 204 | JOSE ORTEGA | BRIGADISTA | 0 | M | (T)-035 | LOS ARADOS | 19/12/95 |
| 205 | JOSE DAVID DELGADILLO | BRIGADISTA | 0 | M | (T)-037 | LAS LAGUNAS | 19/12/95 |
| 206 | JOSEFA GONZALEZ | BRIGADISTA | 0 | F | (T)-037 | LAS LAGUNAS | 19/12/95 |
| 207 | CARLOS DELGADILLO E. | BRIGADISTA | 0 | M | (T)-038 | EL MOJON | 19/12/95 |
| 208 | GELACIO CALDERON | BRIGADISTA | 0 | M | (T)-039 | TIERRA BLANCA | 19/12/95 |
| 209 | SEGUNDO SEVILLA | BRIGADISTA | 0 | M | (T)-039 | TIERRA BLANCA | 19/12/95 |
| 210 | TERESA RODRIGUEZ | BRIGADISTA | 0 | F | (T)-040 | AGUAS CALIENTES | 19/12/95 |
| 211 | MARTHA VALLE SERRANO | BRIGADISTA | 33 | F | (T)-009 | LA CRUZ N° 1 | 24/11/91 |
| 212 | CANDIDA VALLE GUDIEL | BRIGADISTA | 26 | F | (T)-010 | LA CRUZ N° 2 | 10/10/95 |
| 213 | MARIA ROMERO DIAZ | BRIGADISTA | 54 | F | (T)-011 | EL CARACOL | 25/08/95 |
| 214 | VICTORIA RODRIGUEZ | BRIGADISTA | 30 | F | (T)-011 | EL CARACOL | 25/08/95 |
| 215 | LUCILA JARQUIN | BRIGADISTA | 0 | F | (T)-041 | POTRERILLO | 19/12/95 |
| 216 | GUMERSINDA DIAZ | BRIGADISTA | 0 | F | (T)-041 | POTRERILLO | 19/12/95 |
| 217 | JUANA ARTOLA | BRIGADISTA | 0 | F | (T)-043 | SAN JERONIMO | 19/12/95 |
| 218 | CIPRIANO GONZALEZ | BRIGADISTA | 0 | M | (T)-043 | SAN JERONIMO | 19/12/95 |
| 219 | EUSEBIA RODRIGUEZ | BRIGADISTA | 0 | F | (T)-053 | EL BALSAMO | 19/12/95 |
| 220 | RIGOBERTO RODRIGUEZ | BRIGADISTA | 0 | M | (T)-053 | EL BALSAMO | 19/12/95 |
| 221 | DONALD GONZALEZ BERMUDEZ. | BRIGADISTA | 0 | M | (T)-053 | EL BALSAMO | 19/12/95 |
| 222 | NICOLASA URBINA | BRIGADISTA | 0 | F | (T)-036 | LAS JAGUITAS | 19/12/95 |
| 223 | MELESIO ORTEGA | BRIGADISTA | 0 | M | (T)-034 | LOS CARAOS | 19/12/95 |
| 224 | ROSARIO URBINA | BRIGADISTA | 0 | F | (T)-023 | EMPALME DE BOACO | 19/12/95 |
| 225 | SOCORRO LOPEZ | BRIGADISTA | 0 | F | (T)-024 | SANTA RITA | 19/12/95 |
| 226 | MARIA AUXILIADORA HURTADO | BRIGADISTA | 0 | F | (T)-024 | SANTA RITA | 19/12/95 |
| 227 | MARIA LOURDES OPORTA | BRIGADISTA | 0 | F | (T)-022 | ASEDADES | 19/12/95 |
| 228 | CLAUDINA TREMINIO | BRIGADISTA | 0 | F | (T)-073 | ESQUIRIN | 19/12/95 |
| 229 | TOMAS ANTONIO RAMIREZ | BRIGADISTA | 0 | M | (T)-026 | SAN JOAQUIN | 19/12/95 |
| 230 | JOSE RAMIREZ | BRIGADISTA | 0 | M | (T)-026 | SAN JOAQUIN | 19/12/95 |
| 231 | SILVIA DURAN | BRIGADISTA | 0 | F | (T)-013 | LA GUAYABA | 19/12/95 |
| 232 | LILLIANA JIMENEZ | BRIGADISTA | 0 | F | (T)-023 | EMPALME DE BOACO | 19/12/95 |
| 233 | MELANIA OLIVA ALVARADO | BRIGADISTA | 36 | F | (T)-033 | SECTOR N° 3 | 25/08/95 |
| 234 | JOSEFA CASTILLO DE RODRIGUEZ | BRIGADISTA | 51 | F | (T)-033 | SECTOR N° 3 | 25/08/95 |
| 235 | MARTHA PASTORA RODRIGUEZ | BRIGADISTA | 21 | F | (T)-033 | SECTOR N° 3 | 25/08/95 |
| 288 | MARTHA M. JARQUIN O. | BRIGADISTA | 0 | F | (T)-030 | LOS RANCHOS | 27/02/96 |
| 289 | MARTHA L. RODRIGUEZ | BRIGADISTA | 0 | F | (T)-023 | EMPALME DE BOACO | 6/03/96 |
| 290 | MARTHA RODRIGUEZ | BRIGADISTA | 28 | F | (T)-033 | SECTOR N° 3 | 10/10/84 |
| 296 | EUGENIO RAMIREZ | BRIGADISTA | 0 | M | (T)-047 | EL NEGRITO | 28/03/96 |
| 297 | RAYMUNDA RAMIREZ | BRIGADISTA | 0 | F | (T)-063 | LAS JABILLAS | 9/04/96 |
| 298 | MELANIA MARTINEZ | BRIGADISTA | 0 | F | (T)-008 | COYUSNE | 9/04/96 |
| 299 | BLANCA NUBIA JARQUIN | BRIGADISTA | 0 | F | (T)-052 | EL JOCOTE | 9/04/96 |
| 300 | LEONILA RODRIGUEZ | BRIGADISTA | 0 | F | (T)-053 | EL BALSAMO | 9/04/96 |
| 301 | SANTOS VALERIO | PARTERAS | 0 | F | (T)-052 | EL JOCOTE | 9/04/96 |

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 302 | JOSE VICENTE GONZALEZ | BRIGADISTA | 0 | M | (T)-053 | EL BALSAMO | 9/04/96 |
| 303 | HILARIO DIAZ | BRIGADISTA | 0 | M | (T)-060 | CERROS Y ZAPOTES | 9/04/96 |
| 304 | NUBIA MARINA LOPEZ JARQUIN | BRIGADISTA | 0 | F | (T)-043 | SAN JERONIMO | 9/04/96 |
| 305 | AGUSTIN ARTOLA | BRIGADISTA | 0 | M | (T)-044 | EL AGUACATE | 9/04/96 |
| 306 | ELEUTERIO JARQUIN | BRIGADISTA | 0 | M | (T)-029 | SONZAPOTE Nº 1 | 9/04/96 |
| 307 | JOSE ANGEL RODRIGUEZ | BRIGADISTA | 0 | M | (T)-044 | EL AGUACATE | 9/04/96 |
| 308 | PEDRO JOSE GONZALEZ GONZALEZ | BRIGADISTA | 0 | M | (T)-045 | EL BRAMADERO | 9/04/96 |
| 309 | DONALD ANTONIO GONZALEZ | BRIGADISTA | 0 | M | (T)-045 | EL BRAMADERO | 9/04/96 |
| 310 | ARCADIA VALERIO | BRIGADISTA | 0 | F | (T)-044 | EL AGUACATE | 9/04/96 |
| 311 | ISABEL CHAVARRIA DE ALVAREZ | BRIGADISTA | 0 | F | (T)-014 | EL CACAO DE LOS CHAVARRIA | 9/04/96 |
| 312 | MARTHA CASTILLO | BRIGADISTA | 0 | F | (T)-014 | EL CACAO DE LOS CHAVARRIA | 9/04/96 |
| 313 | MATEO SOZA | BRIGADISTA | 0 | M | (T)-014 | EL CACAO DE LOS CHAVARRIA | 9/04/96 |
| 314 | GLORIA GOMEZ | BRIGADISTA | 0 | F | (T)-048 | CONCEPCION ARRIBA | 10/04/96 |
| 333 | PILAR SEQUEIRA | BRIGADISTA | 0 | F | (T)-030 | LOS RANCHOS | 6/05/96 |
| 334 | ARCADIO CASTRO | BRIGADISTA | 0 | M | (T)-030 | LOS RANCHOS | 6/05/96 |
| 335 | AZUCENA VALLE CAMPOS | BRIGADISTA | 0 | F | (T)-009 | LA CRUZ Nº 1 | 6/05/96 |
| 336 | ISABEL MORA | BRIGADISTA | 0 | F | (T)-009 | LA CRUZ Nº 1 | 6/05/96 |
| 337 | CONCEPCION VALLE | PARTERAS | 0 | F | (T)-009 | LA CRUZ Nº 1 | 6/05/96 |
| 338 | MERY REYES DIAZ | BRIGADISTA | 0 | F | (T)-051 | LA FLECHA | 6/05/96 |
| 339 | FLORA DIAZ | BRIGADISTA | 0 | F | (T)-070 | BOQUERON | 6/05/96 |
| 340 | AMALIA MENDOZA | BRIGADISTA | 0 | F | (T)-070 | BOQUERON | 6/05/96 |
| 341 | FRANCISCA MEJIA ORTEGA | BRIGADISTA | 0 | F | (T)-071 | LA EMPANADA | 6/05/96 |
| 342 | MANUEL ANTONIO ICABALZETA | BRIGADISTA | 0 | M | (T)-071 | LA EMPANADA | 6/05/96 |
| 353 | ENA DEL SOCORRO MURILLO | BRIGADISTA | 0 | F | (T)-009 | LA CRUZ Nº 1 | 4/06/96 |
| 354 | PRESENTACION GONZALEZ | BRIGADISTA | 0 | F | (T)-059 | SONZAPOTE N° 2 | 4/06/96 |
| 355 | LORENZA GONZALEZ | BRIGADISTA | 0 | F | (T)-008 | COYUSNE | 27/06/96 |
| 356 | YESSENIA VALERIO ROMERO | BRIGADISTA | 0 | F | (T)-004 | LAS LIMAS | 9/07/96 |
| 357 | MERCEDES | BRIGADISTA | 0 | F | (T)-040 | AGUAS CALIENTES | 9/07/96 |
| 358 | JUSTINA DIAZ | BRIGADISTA | 0 | F | (T)-041 | POTRERILLO | 9/07/96 |
| 359 | MARITZA POLANCO DURAN | BRIGADISTA | 0 | F | (T)-042 | CUSIRISNE | 9/07/96 |
| 360 | JOSE MANUEL SERRANO OBANDO | BRIGADISTA | 0 | M | (T)-002 | LA CUESTA | 9/07/96 |
| 361 | BASILIA JARQUIN | BRIGADISTA | 0 | F | (T)-052 | EL JOCOTE | 9/07/96 |
| 362 | RITO GONZALEZ LOPEZ | BRIGADISTA | 0 | M | (T)-043 | SAN JERONIMO | 9/07/96 |
| 363 | SANDRA CAMPOS | BRIGADISTA | 0 | F | (T)-051 | LA FLECHA | 9/07/96 |
| 364 | ROSA AZUCENA ZAPATA | BRIGADISTA | 0 | F | (T)-056 | VENTARRONES | 9/07/96 |

*Total:* **137**

# PROYECTO HOPE - NICARAGUA
# SUPERVIVENCIA INFANTIL X - BOACO

## LISTA DE AGENTES COMUNITARIOS
### (Brigadistas, Parteras)

**MUNICIPIO:** **"SAN JOSE DE LOS REMATES"**

*09-Ago-96*

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 18 | MARIA VICTORIA ROMERO | BRIGADISTA | 30 | F | (J)-013 | EL COROZO | 11/12/95 |
| 19 | PANFILO GUZMAN | BRIGADISTA | 0 | M | (J)-013 | EL COROZO | 11/12/95 |
| 20 | EMELINA GARCIA FLORES | PARTERAS | 40 | F | (J)-013 | EL COROZO | 11/12/95 |
| 21 | JOSE MANUEL LUNA AMADOR | BRIGADISTA | 23 | M | (J)-004 | BAJOS DE TOMATOYA | 11/12/95 |
| 22 | JOSE ANDRES LUNA | BRIGADISTA | 0 | M | (J)-004 | BAJOS DE TOMATOYA | 11/12/95 |
| 23 | JUAN RAMON SEVILLA | BRIGADISTA | 0 | M | (J)-004 | BAJOS DE TOMATOYA | 11/12/95 |
| 24 | NOEL ALCANTARA BELLO | BRIGADISTA | 38 | M | (J)-002 | SAN BARTOLO | 11/12/95 |
| 25 | RODOLFO ALCANTARA JARQUIN | BRIGADISTA | 19 | M | (J)-002 | SAN BARTOLO | 11/12/95 |
| 26 | ANDREA JARQUIN JARQUIN | PARTERAS | 48 | F | (J)-002 | SAN BARTOLO | 11/12/95 |
| 27 | ISABEL JARQUIN LOAISIGA | PARTERAS | 40 | F | (J)-002 | SAN BARTOLO | 11/12/95 |
| 28 | ARCADIA JARQUIN JARQUIN | BRIGADISTA | 32 | F | (J)-002 | SAN BARTOLO | 11/12/95 |
| 29 | ALBA LUZ TREMINIO CASTILLO | BRIGADISTA | 35 | F | (J)-022 | ZONA Nº 1 | 11/12/95 |
| 30 | MARIA VICTORIA AREAS PEREZ | PARTERAS | 42 | F | (J)-022 | ZONA Nº 1 | 11/12/95 |
| 31 | EDUVIGES TORUÑO TORREZ | BRIGADISTA | 25 | F | (J)-022 | ZONA Nº 1 | 11/12/95 |
| 32 | JOSEFA DOLORES MARTINEZ | PARTERAS | 0 | F | (J)-022 | ZONA Nº 1 | 11/12/95 |
| 33 | DOLORES BRAVO JARQUIN | BRIGADISTA | 0 | F | (J)-018 | CERRO ALEGRE | 11/12/95 |
| 34 | RODOLFO AGUILAR SOLANO | BRIGADISTA | 0 | M | (J)-012 | MALACATOYA Nº 2 | 11/12/95 |
| 35 | ANGELA RODRIGUEZ CHAVARRIA | PARTERAS | 0 | F | (J)-012 | MALACATOYA Nº 2 | 11/12/95 |
| 36 | SOCORRO ORTEGA FIGUEROA | BRIGADISTA | 32 | M | (J)-020 | CUMAICA SUR | 11/12/95 |
| 37 | PAULA ORTEGA FIGUEROA | BRIGADISTA | 30 | F | (J)-020 | CUMAICA SUR | 11/12/95 |
| 38 | DOUGLAS URBINA MARTINEZ | BRIGADISTA | 22 | M | (J)-020 | CUMAICA SUR | 11/12/95 |
| 39 | JAIRO JARQUIN ALCANTARA | BRIGADISTA | 15 | M | (J)-020 | CUMAICA SUR | 11/12/95 |
| 40 | ROBERTO JARQUIN MEJIA | BRIGADISTA | 27 | M | (J)-020 | CUMAICA SUR | 11/12/95 |
| 41 | MARGARITO ALCANTARA JARQUIN | BRIGADISTA | 77 | M | (J)-020 | CUMAICA SUR | 11/12/95 |
| 42 | RAUL GONZALEZ HUETE | BRIGADISTA | 0 | M | (J)-020 | CUMAICA SUR | 11/12/95 |
| 43 | CLAVER FIGUEROA GONZALEZ | BRIGADISTA | 0 | M | (J)-020 | CUMAICA SUR | 11/12/95 |
| 44 | CARMEN VIVAS ESPINOZA | PARTERAS | 0 | F | (J)-020 | CUMAICA SUR | 11/12/95 |
| 45 | ANGELA ALVAREZ URBINA | BRIGADISTA | 30 | F | (J)-009 | EL COYOL | 11/12/95 |
| 46 | RAFAEL ALVAREZ URBINA | BRIGADISTA | 25 | M | (J)-009 | EL COYOL | 11/12/95 |
| 47 | CRISTINO ROBLES OBANDO (MURIO) | BRIGADISTA | 35 | M | (J)-009 | EL COYOL | 11/12/95 |
| 48 | FRANCISCO ADALI ALVAREZ RUGAM | BRIGADISTA | 30 | M | (J)-009 | EL COYOL | 11/12/95 |
| 49 | REYNA DELGADILLO ESCOTO | BRIGADISTA | 27 | F | (J)-009 | EL COYOL | 11/12/95 |
| 50 | MODESTA URBINA | BRIGADISTA | 25 | F | (J)-016 | EL CERRO | 11/12/95 |
| 51 | ADA LIGIA LOPEZ URBINA | PARTERAS | 43 | F | (J)-016 | EL CERRO | 11/12/95 |
| 52 | MYRIAM RAUDEZ MAYORGA | BRIGADISTA | 25 | F | (J)-006 | EL RELOJ | 11/12/95 |
| 53 | ANGEL GONZALEZ JARQUIN | BRIGADISTA | 28 | M | (J)-008 | LA CAÑADA | 11/12/95 |
| 54 | EDUARDO BELLO MENDOZA | BRIGADISTA | 21 | M | (J)-008 | LA CAÑADA | 11/12/95 |
| 55 | EPIFANIA MENDOZA REYES | PARTERAS | 87 | F | (J)-008 | LA CAÑADA | 11/12/95 |
| 56 | ANA ROSA SOLANO GONZALEZ | BRIGADISTA | 52 | F | (J)-001 | LOS TALNITES | 11/12/95 |
| 57 | AGUEDA DE JESUS ESPINOZA | PARTERAS | 73 | F | (J)-001 | LOS TALNITES | 11/12/95 |
| 58 | MEYLING FRANCISCA VELAZQUEZ T | BRIGADISTA | 23 | F | (J)-015 | POZA DE PIEDRA | 11/12/95 |
| 59 | VICTOR MANUEL VELAZQUEZ RIOS | BRIGADISTA | 32 | M | (J)-015 | POZA DE PIEDRA | 11/12/95 |
| 60 | MARIA AUXILIADORA VALERIO PAZ | PARTERAS | 85 | F | (J)-015 | POZA DE PIEDRA | 11/12/95 |
| 61 | JOSE BENITO JARQUIN URBINA | BRIGADISTA | 44 | M | (J)-017 | EL PEÑASCO | 11/12/95 |
| 62 | BERTHA URBINA (MURIO) | PARTERAS | 70 | F | (J)-017 | EL PEÑASCO | 11/12/95 |

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 63 | LUIS ENRIQUE MARTINEZ URBINA | BRIGADISTA | 15 | M | (J)-003 | NACASCOLO | 11/12/95 |
| 64 | JUAN FELIPE MARTINEZ RAMOS | BRIGADISTA | 45 | M | (J)-003 | NACASCOLO | 11/12/95 |
| 65 | JUANA BERMUDEZ GONZALEZ | PARTERAS | 30 | F | (J)-003 | NACASCOLO | 11/12/95 |
| 66 | FAUSTO ADALI SEVILLA BERMUDEZ | BRIGADISTA | 17 | M | (J)-010 | TIERRA BLANCA | 11/12/95 |
| 67 | BERNARDA GONZALEZ | PARTERAS | 46 | F | (J)-010 | TIERRA BLANCA | 11/12/95 |
| 68 | PANTALEON SUAREZ SEVILLA | BRIGADISTA | 54 | M | (J)-010 | TIERRA BLANCA | 11/12/95 |
| 69 | BRAULIO SEVILLA | BRIGADISTA | 0 | M | (J)-010 | TIERRA BLANCA | 11/12/95 |
| 70 | RAMIRO ALARCON URBINA | BRIGADISTA | 0 | M | (J)-007 | LA MAJADA | 11/12/95 |
| 71 | CONSUELO TORREZ URBINA | BRIGADISTA | 0 | F | (J)-005 | CASAS NUEVAS | 11/12/95 |
| 72 | GENARO BELLO JARQUIN | BRIGADISTA | 0 | M | (J)-011 | MALACATOYA Nº 1 | 11/12/95 |
| 73 | ISABEL VALLE BERMUDEZ | PARTERAS | 0 | F | (J)-011 | MALACATOYA Nº 1 | 11/12/95 |
| 74 | BENITO ANTONIO ALCANTARA BELL | BRIGADISTA | 38 | M | (J)-011 | MALACATOYA Nº 1 | 11/12/95 |
| 75 | FELIPA MORALES VALLE | BRIGADISTA | 31 | F | (J)-011 | MALACATOYA Nº 1 | 11/12/95 |
| 76 | CATALINO JARQUIN GARCIA | BRIGADISTA | 30 | M | (J)-019 | CUMAICA NORTE | 11/12/95 |
| 77 | DEMESIO JARQUIN | BRIGADISTA | 49 | M | (J)-019 | CUMAICA NORTE | 11/12/95 |
| 78 | GUILLERMINA LEON CASTILLO | PARTERAS | 43 | F | (J)-019 | CUMAICA NORTE | 11/12/95 |
| 79 | DANIEL JARQUIN GARCIA | BRIGADISTA | 20 | M | (J)-019 | CUMAICA NORTE | 11/12/95 |
| 80 | DIONISIO BELLO ROCHA | BRIGADISTA | 0 | M | (J)-014 | EL ROBLAR | 11/12/95 |
| 81 | ALEJANDRO JOSE MARTINEZ ESCOT | BRIGADISTA | 20 | M | (J)-014 | EL ROBLAR | 11/12/95 |
| 82 | DORA JARQUIN BRAVO | BRIGADISTA | 0 | F | (J)-014 | EL ROBLAR | 11/12/95 |
| 83 | ILDEFONSA BRAVO CHAVARRIA | PARTERAS | 50 | F | (J)-014 | EL ROBLAR | 11/12/95 |
| 84 | RIGOBERTO BURGOS | BRIGADISTA | 14 | M | (J)-003 | NACASCOLO | 11/12/95 |
| 85 | MAURICIA JARQUIN BRAVO | BRIGADISTA | 30 | F | (J)-014 | EL ROBLAR | 11/12/95 |
| 315 | LUIS M. A. | BRIGADISTA | 0 | M | (J)-016 | EL CERRO | 10/04/96 |
| 316 | RAMON SOZA | BRIGADISTA | 0 | M | (J)-001 | LOS TALNITES | 10/04/96 |
| 317 | F. URBINA | BRIGADISTA | 0 | M | (J)-010 | TIERRA BLANCA | 10/04/96 |
| 318 | PAULA JARQUIN | BRIGADISTA | 0 | F | (J)-014 | EL ROBLAR | 10/04/96 |
| 319 | JOSE MANUEL B. | BRIGADISTA | 0 | M | (J)-018 | CERRO ALEGRE | 10/04/96 |
| 320 | EDGARDO MARTINEZ | BRIGADISTA | 0 | M | (J)-020 | CUMAICA SUR | 10/04/96 |
| 321 | LIDIA JARQUIN | BRIGADISTA | 0 | F | (J)-019 | CUMAICA NORTE | 10/04/96 |
| 365 | ARSENIA SEVILLA | BRIGADISTA | 0 | F | (J)-004 | BAJOS DE TOMATOYA | 10/07/96 |
| 366 | ROSALIO JARQUIN CH. | BRIGADISTA | 0 | M | (J)-016 | EL CERRO | 10/07/96 |
| 367 | FELIX P. E. R. | BRIGADISTA | 0 | M | (J)-013 | EL COROZO | 10/07/96 |
| 368 | JUAN LOPEZ | BRIGADISTA | 0 | M | (J)-003 | NACASCOLO | 10/07/96 |
| 369 | MARIA JOSEFA URBINA CAMPOS | BRIGADISTA | 0 | F | (J)-017 | EL PEÑASCO | 10/07/96 |
| 370 | JOSE ELIAS BELLO | BRIGADISTA | 0 | M | (J)-018 | CERRO ALEGRE | 10/07/96 |
| 371 | GEORGINA SOZA | BRIGADISTA | 0 | F | (J)-001 | LOS TALNITES | 10/07/96 |
| 372 | THELMA GARCIA | BRIGADISTA | 0 | F | (J)-017 | EL PEÑASCO | 10/07/96 |
| 373 | ANA LOPEZ | BRIGADISTA | 0 | F | (J)-016 | EL CERRO | 10/07/96 |
| 374 | MARTHA HURTADO | BRIGADISTA | 0 | F | (J)-013 | EL COROZO | 10/07/96 |

*Total:* **85**

# PROYECTO HOPE - NICARAGUA
# SUPERVIVENCIA INFANTIL X - BOACO

## LISTA DE AGENTES COMUNITARIOS
### (Brigadistas, Parteras)

**MUNICIPIO:** **"SANTA LUCIA"**

*09-Ago-96*

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 236 | VILMA FLORES | BRIGADISTA | 20 | F | (L)-001 | LAS LAJAS | 3/07/95 |
| 237 | DOMINGO GUTIERREZ | BRIGADISTA | 28 | M | (L)-002 | OJO DE AGUA | 1/06/95 |
| 238 | YOLANDA ESPINOZA | URO-BRIGADISTA | 21 | F | (L)-002 | OJO DE AGUA | 4/07/95 |
| 239 | JULIO GUTIERREZ | BRIGADISTA | 26 | M | (L)-002 | OJO DE AGUA | 4/07/95 |
| 240 | MARITZA ROSTRAN | URO-BRIGADISTA | 32 | F | (L)-003 | BOAQUITO | 6/10/95 |
| 241 | SARA PATRICIA OBANDO | URO-BRIGADISTA | 21 | F | (L)-004 | LAS PENCAS | 6/07/95 |
| 242 | LESBIA HURTADO | BRIGADISTA | 20 | F | (L)-004 | LAS PENCAS | 6/07/95 |
| 243 | ADELA DIAZ VALLE | URO-BRIGADISTA | 24 | F | (L)-005 | BARRANCO ALTO | 6/06/95 |
| 244 | JOSE ANGEL RIOS | BRIGADISTA | 33 | M | (L)-005 | BARRANCO ALTO | 6/06/95 |
| 245 | JAVIER SOLANO | URO-BRIGADISTA | 29 | M | (L)-006 | EL CHIFLON | 7/06/95 |
| 246 | ELENA RAMIREZ | URO-BRIGADISTA | 31 | F | (L)-007 | EL VENTARRON | 12/07/95 |
| 247 | IRELA RAMIREZ | BRIGADISTA | 22 | F | (L)-007 | EL VENTARRON | 12/07/95 |
| 248 | FLOR DE MARIA JARQUIN | BRIGADISTA | 34 | F | (L)-007 | EL VENTARRON | 12/07/95 |
| 249 | FELIX GOMEZ | PARTERAS | 58 | F | (L)-007 | EL VENTARRON | 12/07/95 |
| 250 | ANTONIA OBANDO | PARTERAS | 32 | F | (L)-007 | EL VENTARRON | 12/07/95 |
| 251 | TEODORA CAMPOS | URO-BRIGADISTA | 38 | F | (L)-010 | SANTO DOMINGO | 18/07/95 |
| 252 | VICTORINO GUZMAN | PARTERAS | 31 | M | (L)-010 | SANTO DOMINGO | 18/07/95 |
| 253 | SALVADOR SALINAS | PARTERAS | 29 | M | (L)-010 | SANTO DOMINGO | 18/07/95 |
| 254 | INES CAMPOS | PARTERAS | 59 | F | (L)-010 | SANTO DOMINGO | 18/07/95 |
| 255 | AIDA GUZMAN | URO-BRIGADISTA | 47 | F | (L)-011 | EL LLANITO | 18/07/95 |
| 256 | CIPRIANA MENDOZA | URO-BRIGADISTA | 53 | F | (L)-011 | EL LLANITO | 18/07/95 |
| 257 | GLORIA URBINA | BRIGADISTA | 19 | F | (L)-011 | EL LLANITO | 18/07/95 |
| 258 | MARINA OBANDO | BRIGADISTA | 23 | F | (L)-012 | LOS GARCIAS | 19/12/95 |
| 259 | CONCEPCION GARCIA | URO-BRIGADISTA | 31 | F | (L)-012 | LOS GARCIAS | 19/12/95 |
| 260 | JUANA ANGULO GARCIA | PARTERAS | 30 | F | (L)-012 | LOS GARCIAS | 19/12/95 |
| 261 | JULIANA ANGULO GARCIA | PARTERAS | 62 | F | (L)-012 | LOS GARCIAS | 19/12/95 |
| 262 | GREGORIA RAMIREZ | BRIGADISTA | 33 | F | (L)-012 | LOS GARCIAS | 19/12/95 |
| 263 | ANGELA JARQUIN | URO-BRIGADISTA | 36 | F | (L)-013 | CHISCOLAPA | 19/12/95 |
| 264 | MILAGROS RIVAS | BRIGADISTA | 19 | F | (L)-013 | CHISCOLAPA | 19/12/95 |
| 265 | LUCRECIA FITORIA BRENES | URO-BRIGADISTA | 39 | F | (L)-014 | LOS RIVAS | 19/12/95 |
| 266 | JUANA MARIA CALERO | PARTERAS | 63 | F | (L)-003 | BOAQUITO | 19/12/95 |
| 267 | MARIA FLORES | PARTERAS | 65 | F | (L)-003 | BOAQUITO | 19/12/95 |
| 268 | MARIA AGUINAGA | PARTERAS | 63 | F | (L)-003 | BOAQUITO | 19/12/95 |
| 269 | DONATILA OBANDO | PARTERAS | 58 | F | (L)-004 | LAS PENCAS | 6/07/95 |
| 270 | ANDREA LIRA | PARTERAS | 48 | F | (L)-024 | LAS TUNITAS | 23/10/95 |
| 271 | MARTHA FABIOLA MENA | BRIGADISTA | 30 | F | (L)-024 | LAS TUNITAS | 23/10/95 |
| 272 | RAMON HURTADO | BRIGADISTA | 30 | M | (L)-024 | LAS TUNITAS | 23/10/95 |
| 273 | JULIO FLORES LIRA | BRIGADISTA | 44 | M | (L)-024 | LAS TUNITAS | 20/11/95 |
| 274 | YOLANDA JARQUIN | BRIGADISTA | 25 | F | (L)-008 | SECTOR Nº 2 | 19/09/95 |
| 275 | JOSE ALVAREZ | URO-BRIGADISTA | 26 | M | (L)-009 | LOS ALVAREZ | 14/07/95 |
| 276 | MODESTO MAYORGA | BRIGADISTA | 27 | M | (L)-009 | LOS ALVAREZ | 14/07/95 |
| 277 | PASTORA MENDOZA | PARTERAS | 63 | F | (L)-009 | LOS ALVAREZ | 14/07/95 |
| 278 | NINOSKA CASTILLO | BRIGADISTA | 20 | F | (L)-014 | LOS RIVAS | 14/07/95 |
| 291 | AURORA GUZMAN | BRIGADISTA | 56 | F | (L)-022 | EL ABRA | 27/03/96 |
| 292 | ADA LUZ SUAREZ | URO-BRIGADISTA | 34 | F | (L)-022 | EL ABRA | 27/03/96 |

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 293 | PEDRO RODRIGUEZ. | URO-BRIGADISTA | 45 | M | (L)-017 | EL OREGANO | 27/03/96 |
| 294 | JUANA JARQUIN | URO-BRIGADISTA | 47 | F | (L)-007 | EL VENTARRON | 27/03/96 |
| 295 | ASUNCION MENDOZA | URO-BRIGADISTA | 38 | F | (L)-015 | LOS RASTROJOS | 27/03/96 |
| 322 | NILDA RIVAS | BRIGADISTA | 36 | F | (L)-014 | LOS RIVAS | 29/04/96 |
| 323 | PETRONA DEL R. GARCIA LOPEZ | BRIGADISTA | 14 | F | (L)-016 | EL RIEGO | 29/04/96 |
| 324 | MAMERTO ROBLES | BRIGADISTA | 31 | M | (L)-016 | EL RIEGO | 29/04/96 |
| 325 | JOSEFA MARTINEZ | BRIGADISTA | 62 | F | (L)-016 | EL RIEGO | 29/04/96 |
| 326 | IGNACIO GRANADOS | URO-BRIGADISTA | 34 | M | (L)-018 | LAS MERCEDES | 29/04/96 |
| 327 | MARIA VALLE | BRIGADISTA | 56 | F | (L)-018 | LAS MERCEDES | 29/04/96 |
| 328 | NARCISA | BRIGADISTA | 64 | F | (L)-015 | LOS RASTROJOS | 29/04/96 |
| 329 | FEDERICO SUAREZ | BRIGADISTA | 42 | M | (L)-018 | LAS MERCEDES | 29/04/96 |
| 330 | FELICIANA MARTINEZ | PARTERAS | 68 | F | (L)-019 | CERRO GRANDE | 29/04/96 |
| 331 | FRANCISCO JOSE SEVILLA | BRIGADISTA | 29 | M | (L)-017 | EL OREGANO | 29/04/96 |
| 343 | AUXILIADORA SALINAS | BRIGADISTA | 49 | F | (L)-003 | BOAQUITO | 10/05/96 |
| 352 | FERNANDA CAMPOS | URO-BRIGADISTA | 46 | F | (L)-016 | EL RIEGO | 4/06/96 |

*Total:* **60**

# PROYECTO HOPE - NICARAGUA
# SUPERVIVENCIA INFANTIL X - BOACO

## LISTA DE AGENTES COMUNITARIOS
### (Brigadistas, Parteras)

**MUNICIPIO: "CAMOAPA"**

*09-Ago-96*

| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 86 | MAGDALENO URBINA MENDOZA | URO-BRIGADISTA | 52 | M | (C)-014 | MATAMBA | 12/12/95 |
| 87 | NICOLAS OPORTA | URO-BRIGADISTA | 45 | M | (C)-014 | MATAMBA | 12/12/95 |
| 88 | ELSA MASIS DUARTE | PARTERAS | 45 | F | (C)-014 | MATAMBA | 12/12/95 |
| 89 | DOMINGA FARGAS | URO-BRIGADISTA | 30 | F | (C)-012 | TOLINAPA | 12/12/95 |
| 90 | FIDELINA MIRANDA | PARTERAS | 69 | F | (C)-012 | TOLINAPA | 12/12/95 |
| 91 | HUMBERTO SANCHEZ PEREZ | BRIGADISTA | 37 | M | (C)-012 | TOLINAPA | 12/12/95 |
| 92 | ANTONIO HERNANDEZ | BRIGADISTA | 32 | M | (C)-012 | TOLINAPA | 12/12/95 |
| 93 | ERNESTINA ARROLIGA | URO-BRIGADISTA | 38 | F | (C)-008 | EL MULERO | 12/12/95 |
| 94 | SANTOS SEQUEIRA | BRIGADISTA | 30 | M | (C)-008 | EL MULERO | 12/12/95 |
| 95 | ROSALINA SOTELO | URO-BRIGADISTA | 24 | F | (C)-010 | LAS LAJAS | 12/12/95 |
| 96 | MARIA LUISA ALVAREZ | PARTERAS | 36 | F | (C)-010 | LAS LAJAS | 12/12/95 |
| 97 | ISIDRO GARCIA AMADOR | BRIGADISTA | 39 | M | (C)-009 | EL SILENCIO | 12/12/95 |
| 98 | ROLANDO MARTINEZ MENDEZ | URO-BRIGADISTA | 16 | M | (C)-009 | EL SILENCIO | 12/12/95 |
| 99 | MARIA POLANCO | BRIGADISTA | 49 | F | (C)-020 | MASIGUITO | 12/12/95 |
| 100 | JULIO LUNA LARGAESPADA | BRIGADISTA | 37 | M | (C)-020 | MASIGUITO | 12/12/95 |
| 101 | JULIA SUAREZ TOLEDO | BRIGADISTA | 36 | F | (C)-020 | MASIGUITO | 12/12/95 |
| 102 | FRANCISCA ROMERO | URO-BRIGADISTA | 25 | F | (C)-020 | MASIGUITO | 12/12/95 |
| 103 | JUANA LANZAS DIAZ | BRIGADISTA | 26 | F | (C)-020 | MASIGUITO | 12/12/95 |
| 104 | JUANA PEREZ ORTEGA | URO-BRIGADISTA | 22 | F | (C)-006 | TESORERO | 12/12/95 |
| 105 | EDUARDO LEZCANO SANDIGO | URO-BRIGADISTA | 40 | M | (C)-006 | TESORERO | 12/12/95 |
| 106 | TIMOTEO MARTINEZ | BRIGADISTA | 46 | M | (C)-006 | TESORERO | 12/12/95 |
| 107 | MAXIMINA TELLEZ ZAMORA | URO-BRIGADISTA | 32 | F | (C)-011 | TRINCHERAS | 12/12/95 |
| 108 | CLAUDIA LISSETH MARTINEZ TELLE | BRIGADISTA | 17 | F | (C)-011 | TRINCHERAS | 12/12/95 |
| 109 | FERMINA MARTINEZ CASTRO | URO-BRIGADISTA | 33 | F | (C)-011 | TRINCHERAS | 12/12/95 |
| 110 | SANTIAGO DIAZ MARENCO | BRIGADISTA | 47 | M | (C)-016 | QUISAURA | 12/12/95 |
| 111 | ROSA MEMBREÑO MIRANDA | URO-BRIGADISTA | 38 | F | (C)-016 | QUISAURA | 12/12/95 |
| 112 | SANTOS DIAZ DIAZ | BRIGADISTA | 32 | M | (C)-016 | QUISAURA | 12/12/95 |
| 113 | ALFREDO URBINA | BRIGADISTA | 45 | M | (C)-016 | QUISAURA | 12/12/95 |
| 114 | RAMIRO MARTINEZ ESPINOZA | BRIGADISTA | 19 | M | (C)-018 | EL SAHINO | 12/12/95 |
| 115 | LAZARO TOLEDO | BRIGADISTA | 40 | M | (C)-018 | EL SAHINO | 12/12/95 |
| 116 | JORGE SUAREZ SANDIGO | BRIGADISTA | 27 | M | (C)-018 | EL SAHINO | 12/12/95 |
| 117 | GREGORIO MALEAÑO RIVAS | URO-BRIGADISTA | 40 | M | (C)-018 | EL SAHINO | 12/12/95 |
| 118 | RONALD JUAREZ MENDOZA | URO-BRIGADISTA | 25 | M | (C)-017 | QUISAURITA | 12/12/95 |
| 119 | HEBERTO SUAREZ RODRIGUEZ | BRIGADISTA | 24 | M | (C)-017 | QUISAURITA | 12/12/95 |
| 120 | PABLO CESAR FLORES DUARTE | BRIGADISTA | 23 | M | (C)-017 | QUISAURITA | 12/12/95 |
| 121 | CIPRIANO SUAREZ TORREZ | BRIGADISTA | 34 | M | (C)-017 | QUISAURITA | 12/12/95 |
| 122 | BAYARDO ORTEGA | URO-BRIGADISTA | 45 | M | (C)-017 | QUISAURITA | 12/12/95 |
| 123 | JOSE BISMARCK JIRON | BRIGADISTA | 29 | M | (C)-017 | QUISAURITA | 12/12/95 |
| 124 | SOCORRO MIRANDA MIRANDA | URO-BRIGADISTA | 37 | F | (C)-013 | EL POCHOTE | 12/12/95 |
| 125 | ISABEL FLORES GARCIA | BRIGADISTA | 38 | F | (C)-013 | EL POCHOTE | 12/12/95 |
| 126 | ESPERANZA FLORES CAMPOS | PARTERAS | 55 | F | (C)-013 | EL POCHOTE | 12/12/95 |
| 127 | AURA LILA UBILLA BARRERA | BRIGADISTA | 29 | F | (C)-013 | EL POCHOTE | 12/12/95 |
| 128 | JULIA JARQUIN REYNA | BRIGADISTA | 48 | F | (C)-013 | EL POCHOTE | 12/12/95 |
| 129 | FLOR DE MARIA MARTINEZ ESPINOZ | PARTERAS | 43 | F | (C)-001 | EL AGUACATE | 12/12/95 |
| 130 | ANTOLIN OJEDA GOMEZ | BRIGADISTA | 43 | M | (C)-001 | EL AGUACATE | 12/12/95 |



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| COD | NOMBRE | CARGO | EDAD | SEXO | COMUNIDAD | | DESDE |
|---|---|---|---|---|---|---|---|
| 131 | ISAI OJEDA MARTINEZ | BRIGADISTA | 16 | M | (C)-001 | EL AGUACATE | 12/12/95 |
| 132 | NOEL OJEDA MARTINEZ | BRIGADISTA | 19 | M | (C)-001 | EL AGUACATE | 12/12/95 |
| 133 | ISIDRO MARTINEZ ESPINOZA | URO-BRIGADISTA | 48 | M | (C)-001 | EL AGUACATE | 12/12/95 |
| 134 | EUGENIO GUZMAN | BRIGADISTA | 46 | M | (C)-001 | EL AGUACATE | 12/12/95 |
| 135 | JOSE NICOLAS PEREZ LOPEZ | BRIGADISTA | 21 | M | (C)-007 | SALINAS | 12/12/95 |
| 136 | JOSE PANTALEON PEREZ ROMERO | BRIGADISTA | 29 | M | (C)-007 | SALINAS | 12/12/95 |
| 137 | AMADA LOPEZ HERNANDEZ | URO-BRIGADISTA | 39 | F | (C)-007 | SALINAS | 12/12/95 |
| 138 | IGNACIA LOPEZ ZAMORA | PARTERAS | 62 | F | (C)-007 | SALINAS | 12/12/95 |
| 139 | JOSE SANTOS HERNANDEZ TELLEZ | BRIGADISTA | 42 | M | (C)-002 | LAS MESAS | 12/12/95 |
| 140 | MARIA FRANCISCA TELLEZ LOPEZ | BRIGADISTA | 38 | F | (C)-002 | LAS MESAS | 12/12/95 |
| 141 | GERMAN FLORES HERNANDEZ | URO-BRIGADISTA | 30 | M | (C)-002 | LAS MESAS | 12/12/95 |
| 142 | MARIA LUISA FLORES GARCIA | BRIGADISTA | 30 | F | (C)-002 | LAS MESAS | 12/12/95 |
| 143 | AGUSTINA CHAVARRIA FIGUEROA | PARTERAS | 50 | F | (C)-015 | LA EMBAJADA | 12/12/95 |
| 144 | ABEL SOTELO MARIN | BRIGADISTA | 48 | M | (C)-003 | MASIGUE | 12/12/95 |
| 145 | JULIAN ROJAS GAITAN | URO-BRIGADISTA | 35 | M | (C)-003 | MASIGUE | 12/12/95 |
| 146 | LUCIA GONZALEZ | PARTERAS | 55 | F | (C)-003 | MASIGUE | 12/12/95 |
| 147 | MARIA LOPEZ AMADOR | PARTERAS | 46 | F | (C)-003 | MASIGUE | 12/12/95 |
| 148 | GILBERTO GAITAN | BRIGADISTA | 22 | M | (C)-005 | YALWAS | 12/12/95 |
| 149 | JUAN GAITAN | BRIGADISTA | 22 | M | (C)-005 | YALWAS | 12/12/95 |
| 150 | ANDRES ROJAS | BRIGADISTA | 33 | M | (C)-005 | YALWAS | 12/12/95 |
| 151 | SILVIA ALVAREZ SALAZAR | BRIGADISTA | 28 | F | (C)-004 | SALGADO | 12/12/95 |
| 152 | VICTORIA GARCIA LOPEZ | BRIGADISTA | 45 | F | (C)-004 | SALGADO | 12/12/95 |
| 153 | LEONARDO PEREZ LOPEZ | BRIGADISTA | 35 | M | (C)-004 | SALGADO | 12/12/95 |
| 154 | MARIA HAYDEE DUARTE PEREZ | BRIGADISTA | 29 | F | (C)-019 | LA CALAMIDAD | 12/12/95 |
| 155 | CARMEN SOLANO LEIVA | URO-BRIGADISTA | 32 | F | (C)-019 | LA CALAMIDAD | 12/12/95 |
| 156 | REYMUNDA FARGAS MENDOZA | BRIGADISTA | 36 | F | (C)-019 | LA CALAMIDAD | 12/12/95 |
| 157 | ANTONIA LUNA LUMBI | BRIGADISTA | 40 | F | (C)-019 | LA CALAMIDAD | 12/12/95 |
| 158 | WILBERT ESPINOZA LEIVA | BRIGADISTA | 33 | M | (C)-019 | LA CALAMIDAD | 12/12/95 |
| 279 | CRESENCIO HERRERA TOLEDO | URO-BRIGADISTA | 25 | M | (C)-023 | SAN ANTONIO | 29/01/88 |
| 280 | RONALDO PEREZ TELLEZ | BRIGADISTA | 26 | M | (C)-023 | SAN ANTONIO | 29/01/93 |
| 281 | GERALD HERRERA SUAREZ | BRIGADISTA | 19 | M | (C)-023 | SAN ANTONIO | 29/01/93 |
| 282 | PETRONA GONZALEZ TOLEDO | BRIGADISTA | 35 | F | (C)-023 | SAN ANTONIO | 29/01/93 |
| 283 | REGINO SOLANO LEON | BRIGADISTA | 30 | M | (C)-023 | SAN ANTONIO | 29/01/94 |
| 284 | NERYS VALENTIN SUAREZ L. | BRIGADISTA | 23 | M | (C)-023 | SAN ANTONIO | 29/01/90 |
| 285 | PABLO POLANCO | BRIGADISTA | 28 | M | (C)-023 | SAN ANTONIO | 29/01/91 |
| 286 | SOFIA DIAZ G. | BRIGADISTA | 30 | F | (C)-026 | MURRA | 8/02/96 |
| 287 | NICANOR CANTILLANO | BRIGADISTA | 35 | M | (C)-028 | AMORES DEL SOL | 8/02/96 |
| 332 | JUANITA R. | BRIGADISTA | 0 | F | (C)-027 | EL CEBOLLIN | 2/05/96 |
| 344 | CORINA SUAREZ | BRIGADISTA | 0 | F | (C)-006 | TESORERO | 3/06/96 |
| 345 | CANDIDA SOZA | BRIGADISTA | 0 | F | (C)-012 | TOLINAPA | 3/06/96 |
| 346 | AMADEO GUZMAN | BRIGADISTA | 0 | M | (C)-021 | MONTES VERDES | 3/06/96 |
| 347 | MARIA LUMBI | BRIGADISTA | 0 | F | (C)-017 | QUISAURITA | 3/06/96 |
| 348 | FIDEL ARROLIGA | BRIGADISTA | 0 | M | (C)-008 | EL MULERO | 3/06/96 |
| 349 | ALBERTO FLORES | BRIGADISTA | 0 | M | (C)-028 | AMORES DEL SOL | 3/06/96 |
| 351 | SOCORRO LOPEZ X. | BRIGADISTA | 0 | F | (C)-012 | TOLINAPA | 3/06/96 |

*Total:* **90**

## ANNEX B

## INFORMATION SYSTEM

1. HOPE's Health Information System
2. Reports which can be generated by system
3. Supervision Forms
4. Community Visit Form
5. Community Profile Form
6. Referral System Forms

PROGRAMA HOPE - NICARAGUA
SUPERVIVENCIA INFANTIL X
SILAIS - BOACO

# SISTEMA

# DE

# INFORMACION

**OCTUBRE, 1995.**

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# FLUJO DE LA INFORMACIÓN

## PERSONAL HOPE

El personal de HOPE deberá presentar un informe de actividades de educación y supervisión, para lo cual tiene que registrar sus actividades en el formulario "Informe Mensual de Actividades", en él se incluirán únicamente las actividades especificadas en la parte inferior.

La persona responsable por la ejecución de un taller de capacitación o de seguimiento a Brigadistas, médicos, maestros, enfermeras, etc., deberá reportar esta actividad en el formulario "Informe de Talleres Impartidos". De tratarse de un taller de capacitación para Brigadistas, además del informe anterior deberá entregar una lista con los nombres de los Brigadistas capacitados durante el taller.

El personal de campo deberá reportar en su narrativo la siguiente información, si es que se presentara y de manera única; deberá incluir cualquier tipo de establecimiento creado (Comité de Salud, Puesto de Planificación Familiar) con la fecha respectiva, comunidad a la que pertenece y número de miembros. Cuando uno de estos establecimientos o un **UROC** o un Brigadista deje de trabajar como parte del programa, también lo debe reportar, con la fecha en que cesó sus actividades.

Toda esta información será necesaria para llevar un control coherente de la información que se genera en el campo.

## BRIGADISTAS

La información de los Brigadistas deberá incluir nombre, comunidad a la que pertenece, edad, sexo, etc. Las actividades que los Brigadistas realizan se deberán reportar mediante el formulario "Informe Mensual del Brigadista", la información que contenga este formulario debe ser revisada por los educadores o supervisores en el momento que recolectan el informe; luego pasa a computación para su almacenamiento en el **SIS**.

## UROC

Las casas UROC van a funcionar, para el manejo de la información, como una sola persona responsable por las actividades que realicen; para lo cual se necesita la información de esta persona, esto es: Nombre, comunidad a la que pertenece, edad, sexo, etc. Las actividades que realice la casa URO se deben reportar en el "Informe de Actividades URO", que debe ser revisado por el educador o supervisor que recolecte este informe, y luego pasará a computación para su almacenamiento en el **SIS**.

# INSTRUCTIVO - SISTEMA DE INFORMACIÓN

## FORMA DE LLENADO DE LOS DIFERENTES FORMULARIOS

**FORMULARIO:** "INFORME DE TALLERES IMPARTIDOS"

**FECHA DE INICIO:** Fecha de inicio del taller.

**FECHA FINAL :** Fecha de finalización del taller.

**Nº DE HORAS:** Duración del taller, en horas (Ej. : 2 días = 16 horas).

**COMUNIDAD:** Código de la comunidad en que se está realizando el taller (Ej. : el taller se realizó en Hope-Boaco, el código correspondiente es B-000).

**AUSPICIA:** Institución - organización que auspicia el taller: HOPE, MINSA, ONU, FONIF, etc.

**TITULO DEL CURSO:** Nombre del taller. (Ej. : "Primer taller de capacitación a Parteras").

**RESPONSABLE:** Código del responsable del taller (Ej.: Código del educador que lo dirige).

**INTERVENCIONES:** Se marcará con una **X** las casillas correspondientes a las intervenciones afectadas por el taller.

**PARTICIPANTES:** En las casillas correspondientes a los participantes, escribir el número de participantes de acuerdo a su tipo. Ejemplo: Participaron 12 Brigadistas, 3 responsables de URO; se procede a escribir dichas cifras en las casillas correspondientes a los elementos en cuestión.

# MINISTERIO DE SALUD
# PROYECTO HOPE - NICARAGUA
# INFORME DE TALLERES IMPARTIDOS

**Fecha Inicio** _____ **Fecha Final** _____ **No. Horas** ___ **Comunidad** _____ **Auspicia** _____

**Titulo del Curso:** _____ **Responsable** _____

**INTERVENCIONES**

| DIARREA | NUTRICIÓN | INMUNIZACION | IRA | S.MATERNA | P. FAMILIAR | ORG.COMUNI. | OTROS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**PARTICIPANTES**

| MÉDICOS | ENFERMERAS | AUXILIARES | PROFESORES | BRIGADISTAS | UROCS | PARTERAS | OTROS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

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# MINISTERIO DE SALUD
# PROYECTO HOPE - NICARAGUA
# INFORME DE TALLERES IMPARTIDOS

**Fecha Inicio** _____ **Fecha Final** _____ **No. Horas** ___ **Comunidad** _____ **Auspicia** _____

**Titulo del Curso:** _____ **Responsable** _____

**INTERVENCIONES**

| DIARREA | NUTRICIÓN | INMUNIZACION | IRA | S.MATERNA | P. FAMILIAR | ORG.COMUNI. | OTROS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**PARTICIPANTES**

| MÉDICOS | ENFERMERAS | AUXILIARES | PROFESORES | BRIGADISTAS | UROCS | PARTERAS | OTROS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |


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**FORMULARIO :** **"INFORME DE ACTIVIDADES URO"**

**MUNICIPIO:** Nombre del municipio (en letras).

**COMUNIDAD:** Código de la comunidad, debe ir solamente el código. Ejemplo: T-003.

**CÓDIGO URO:** Código que se le asignó al responsable de URO.

**NOMBRE:** Nombre del responsable URO.

Tanto los atendidos, SRO utilizados, como los referidos para los distintos grupos etáreos, MEF u otros, serán llenados por el responsable de URO con "palos". Al final éste podrá escribir el total para cada caso (Ej.: Atendidos menores de un año, SRO utilizados en 1<2 años, etc.), en el recuadro inserto. No es obligación del responsable URO realizar el consolidado, es obligación del educador y supervisor el llenado ( en caso de que el resp. URO no lo haya hecho) y verificación de estos consolidados.

**OBSERVACIONES:** Aquí se escribirán cualquier tipo de observaciones que se hayan tenido durante el período de llenado de esta hoja.

## MINISTERIO DE SALUD
## INFORME DE ACTIVIDADES URO

MUNICIPIO: _____ CODIGO URO: _____
COMUNIDAD: _____ NOMBRE: _____
SRO. RECIBIDOS: _____ MES Y AÑO DEL INFORME: _____

### CASOS EDA

| | < 1 AÑO | 1<2 AÑOS | 2<5 AÑOS | MEF | OTROS |
|---|---|---|---|---|---|
| ATENDIDOS | | | | | |
| SRO/UTILIZADOS | | | | | |
| REFERENCIAS | | | | | |

OBSERVACIONES: _____
_____
_____


## MINISTERIO DE SALUD
## INFORME DE ACTIVIDADES URO

MUNICIPIO: _____ CODIGO URO: _____
COMUNIDAD: _____ NOMBRE: _____
SRO. RECIBIDOS: _____ MES Y AÑO DEL INFORME: _____

### CASOS EDA

| | < 1 AÑO | 1<2 AÑOS | 2<5 AÑOS | MEF | OTROS |
|---|---|---|---|---|---|
| ATENDIDOS | | | | | |
| SRO/UTILIZADOS | | | | | |
| REFERENCIAS | | | | | |

OBSERVACIONES: _____
_____
_____

**FORMULARIO: "INFORME MENSUAL DE ACTIVIDADES-PERSONAL DE CAMPO"**

**CÓDIGO Y NOMBRE DEL EDUCADOR:**

Escribir el código del educador y su nombre.

**MES:**

Mes y año en que se realizó la actividad.

**DÍA:**

Día en que se efectuó la actividad.

**CÓDIGO DE LA COMUNIDAD:**

Código de la comunidad. Debe entenderse que nuestros códigos contemplan en el primer caracter del mismo, la descripción del municipio, los números restantes identifican a la comunidad perteneciente a ese municipio. (Ejemplo: T-001 significa : T- Municipio: Teustepe y 001 es una comunidad de Teustepe.)

**CÓDIGO OBJETIVO:**

Escribir el código del objetivo correspondiente. En la parte inferior del formato aparece la tabla "Objetivos" indicando el código y descripción para cada uno, así por ejemplo, si el objetivo abordado fue Nutrición y Control de crecimiento, entonces en esta casilla escribirán simplemente "N".

**CÓDIGO DE ACTIVIDAD:**

En esta casilla debe ir el código de la actividad realizada, así por ejemplo, si la actividad fue supervisión a URO, entonces el código a escribir en esa casilla es "SU". **El código del objetivo y el código de la actividad deben estar siempre llenos paralelamente; no puede haber un objetivo sin una actividad y viceversa.**

# PROYECTO HOPE - NICARAGUA

## Supervivencia Infantil X - Boaco

### *INFORME MENSUAL DE ACTIVIDADES*
### *PERSONAL DE CAMPO*

Código y Nombre Educador :_____

Municipio:_____ Mes:_____

| Día | Código Comunidad | Código Objetivo | Código Actividad | Número Personas |
|---|---|---|---|---|
| | | | | |
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| OBJETIVOS | ACTIVIDADES |
|---|---|
| L : Lactancia Materna<br>I : Inmunizaciones - Toxoide Tetánico<br>D : Diarrea<br>N : Nutrición - Control de Crecimiento<br>IRA : Infección Resp. Aguda<br>PF : Planificación Fam.<br>SM : Salud Materna | RPE: Reuniones de promoción - educación<br>VD : Visitas domiciliares<br>SB : Supervisión Brigadista<br>SU : Supervisión UROC<br>RA : Reuniones actualización |

**FORMULARIO:** **"INFORME MENSUAL DEL BRIGADISTA"**

**NOMBRE:** Nombre del Brigadista.

**CÓDIGO:** Código del Brigadista.

**MES Y AÑO:** Mes y año.

**COMUNIDAD:** Nombre de la comunidad.

**CÓDIGO :** Código de la comunidad.

**ACTIVIDADES:**

Con respecto a las "visitas domiciliares" se informará el número de contactos realizados en todas las visitas y no el número de visitas, por ejemplo: si se realizaron dos visitas domiciliares y abordaron el tema de Nutrición, pero en las visitas participaron 4 personas, entonces en el recuadro (Visitas domiciliares/Nutrición y CCD), se escribirá el número 4.

Para sesiones educativas, se escribirá el número de sesiones realizadas en la intervención correspondiente y en el recuadro "Participantes" se escribirá el número de personas que participaron en esas reuniones.

**Recursos recibidos del MINSA:** Se informará el número de sobres de rehidratación oral recibidos del MINSA; en la casilla "Otros" se informará el número de recursos de cualquier otra índole recibidos del MINSA.

**Entregado a la comunidad:** Se informará el número de sueros orales entregados a la comunidad. En la casilla "Otros" informarán el número de recursos entregados a la comunidad. Estos recursos tipificados como otros son los mismos que se tipifican como tal en la sección "Recursos recibidos del MINSA- Otros".

**Total de partos atendidos:** Se refiere al número de partos que la partera atendió y que ésta reportó al Brigadista.

**Nacimientos ocurridos:** Se llenará el nombre de la madre del recién nacido, lugar en que éste nació (Hospital, C/S, casa, etc.), fecha de nacimiento del niño.

**Muertes de menores de 5 años:** Se indicará el nombre del niño fallecido, la edad que éste tenía, el lugar en que murió (Hospital, casa, etc.) y la fecha del fallecimiento.

**Muertes de mujeres embarazadas o por parto:** Se escribirá el nombre de la mujer fallecida durante el embarazo, así como también el nombre de la mujer muerta por parto, su edad, lugar en que murió ( Hospital, C/S,etc.) y la fecha de muerte.

**Enfermos sospechosos de:** Se indicará el número de sospechosos de Sarampión, Tétanos y Polio. Esto incluye a aquellos casos que bajo esa sospecha fueron referidos a los C/S - P/S.

# MINISTERIO DE SALUD

## *INFORME MENSUAL DEL BRIGADISTA*

| NOMBRE: | | CODIGO: | | MES Y AÑO | |
|---|---|---|---|---|---|

| COMUNIDAD: | | CODIGO: | | REPORTADO A UNIDAD DE SALUD | |
|---|---|---|---|---|---|

| ACTIVIDADES | NUTRICIÓN Y CCD. | LACT. MAT. | DIARREA | INFECCIONES RESPIRATORIAS AGUDAS | PLANIFIC. FAMILIAR | CONTROL EMBARAZO | VACUNAS (INMUNIZACION) |
|---|---|---|---|---|---|---|---|
| VISITAS DOMICILIARES | | | | | | | |
| PERSONAS REFERIDAS | | | | | | | |
| SESIONES EDUCATIVAS | | | | | | | |
| PARTICIPANTES | | | | | | | |

| RECURSOS RECIBIDOS DEL MINSA | | ENTREGADO A LA COMUNIDAD | |
|---|---|---|---|
| SOBRES DE REHIDRATACION ORAL | | SOBRES DE REHIDRATACION ORAL | |
| OTROS | | OTROS | |

| TOTAL DE PARTOS ATENDIDOS | |
|---|---|

**NACIMIENTOS OCURRIDOS**

| NUM. | NOMBRE MADRE | LUGAR | FECHA DE NACIMIENTO |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

# PROYECTO HOPE - NICARAGUA
# SUPERVIVENCIA INFANTIL X
# SILAIS - BOACO

## CONSOLIDADO DE ACTIVIDADES REALIZADAS POR EDUCADORES

**Período: JUNIO 1996.**

*15-Ago-96*

| INTERVENCION | ACTIVIDAD | Nº ACT | # PERSONAS |
|---|---|---|---|
| DIARREA | REUNIONES DE ACTUALIZACION | 24 | 90 |
| DIARREA | REUNIONES DE PROMOCION Y EDUCACION | 35 | 518 |
| DIARREA | SUPERVISION | 72 | 95 |
| DIARREA | VISITAS DOMICILIARES | 56 | 312 |
| INFECCION RESPIRATORIA AGUDA | REUNIONES DE ACTUALIZACION | 13 | 67 |
| INFECCION RESPIRATORIA AGUDA | REUNIONES DE PROMOCION Y EDUCACION | 33 | 525 |
| INFECCION RESPIRATORIA AGUDA | VISITAS DOMICILIARES | 66 | 375 |
| INMUNIZACION Y TOXOIDE TETANICO | REUNIONES DE ACTUALIZACION | 15 | 88 |
| INMUNIZACION Y TOXOIDE TETANICO | REUNIONES DE PROMOCION Y EDUCACION | 33 | 543 |
| INMUNIZACION Y TOXOIDE TETANICO | SUPERVISION | 1 | 2 |
| INMUNIZACION Y TOXOIDE TETANICO | VISITAS DOMICILIARES | 57 | 361 |
| LACTANCIA MATERNA | REUNIONES DE ACTUALIZACION | 21 | 80 |
| LACTANCIA MATERNA | REUNIONES DE PROMOCION Y EDUCACION | 32 | 493 |
| LACTANCIA MATERNA | SUPERVISION | 1 | 1 |
| LACTANCIA MATERNA | VISITAS DOMICILIARES | 69 | 409 |
| NUTRICION Y CONTROL DE CRECIMIENTO | REUNIONES DE ACTUALIZACION | 21 | 91 |
| NUTRICION Y CONTROL DE CRECIMIENTO | REUNIONES DE PROMOCION Y EDUCACION | 34 | 494 |
| NUTRICION Y CONTROL DE CRECIMIENTO | SUPERVISION | 3 | 6 |
| NUTRICION Y CONTROL DE CRECIMIENTO | VISITAS DOMICILIARES | 56 | 369 |
| PLANIFICACION FAMILIAR | REUNIONES DE ACTUALIZACION | 6 | 35 |
| PLANIFICACION FAMILIAR | REUNIONES DE PROMOCION Y EDUCACION | 18 | 263 |
| PLANIFICACION FAMILIAR | VISITAS DOMICILIARES | 45 | 230 |
| SALUD MATERNA | REUNIONES DE ACTUALIZACION | 6 | 51 |
| SALUD MATERNA | REUNIONES DE PROMOCION Y EDUCACION | 31 | 433 |
| SALUD MATERNA | SUPERVISION | 3 | 6 |
| SALUD MATERNA | VISITAS DOMICILIARES | 57 | 291 |
| | | **808** | **6228** |



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PROJECT HOPE

PROYECTO HOPE - NICARAGUA
SUPERVIVENCIA INFANTIL X - BOACO

# ACTIVIDADES EDUCADORES POR COMUNIDAD

**Período: Del 1° al 15 de Marzo 1996.**

*15-Ago-96*

| | | | | | |
|---|---|---|---|---|---|
| (C)-000 | CAMOAPA | **BAYARDO ANTONIO GOMEZ** | | | |
| | | SUPERVISION | DIARREA | 1 | 1 |
| | | REUNIONES DE PROMOCION Y EDUCACION | DIARREA | 1 | 50 |
| | | REUNIONES DE ACTUALIZACION | INFECCION RESPIRATORIA AGUDA | 1 | 2 |
| | | REUNIONES DE PROMOCION Y EDUCACION | INMUNIZACION Y TOXOIDE TETANICO | 1 | 30 |
| | | VISITAS DOMICILIARES | LACTANCIA MATERNA | 1 | 6 |
| | | VISITAS DOMICILIARES | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 5 |
| | | REUNIONES DE PROMOCION Y EDUCACION | PLANIFICACION FAMILIAR | 1 | 25 |
| | | VISITAS DOMICILIARES | PLANIFICACION FAMILIAR | 1 | 4 |
| | | REUNIONES DE PROMOCION Y EDUCACION | DIARREA | 1 | 30 |
| | | | | **9** | **153** |
| (C)-002 | LAS MESAS | **VICTORINO CASTRO MEJIA** | | | |
| | | VISITAS DOMICILIARES | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 5 |
| | | VISITAS DOMICILIARES | PLANIFICACION FAMILIAR | 1 | 2 |
| | | VISITAS DOMICILIARES | LACTANCIA MATERNA | 1 | 5 |
| | | | | **3** | **12** |
| (C)-016 | QUISAURA | **VICTORINO CASTRO MEJIA** | | | |
| | | VISITAS DOMICILIARES | PLANIFICACION FAMILIAR | 1 | 3 |
| | | SUPERVISION | INMUNIZACION Y TOXOIDE TETANICO | 1 | 2 |
| | | SUPERVISION | DIARREA | 1 | 1 |
| | | REUNIONES DE ACTUALIZACION | INMUNIZACION Y TOXOIDE TETANICO | 1 | 2 |
| | | REUNIONES DE PROMOCION Y EDUCACION | INMUNIZACION Y TOXOIDE TETANICO | 1 | 185 |
| | | | | **5** | **193** |
| (C)-019 | LA CALAMIDAD | **BAYARDO ANTONIO GOMEZ** | | | |
| | | VISITAS DOMICILIARES | LACTANCIA MATERNA | 1 | 3 |
| | | REUNIONES DE PROMOCION Y EDUCACION | DIARREA | 1 | 45 |
| | | VISITAS DOMICILIARES | SALUD MATERNA | 1 | 3 |
| | | REUNIONES DE PROMOCION Y EDUCACION | DIARREA | 1 | 45 |
| | | REUNIONES DE ACTUALIZACION | PLANIFICACION FAMILIAR | 1 | 20 |
| | | REUNIONES DE ACTUALIZACION | INFECCION RESPIRATORIA AGUDA | 1 | 21 |
| | | REUNIONES DE ACTUALIZACION | LACTANCIA MATERNA | 1 | 3 |
| | | REUNIONES DE PROMOCION Y EDUCACION | INMUNIZACION Y TOXOIDE TETANICO | 1 | 12 |

**PROYECTO HOPE - NICARAGUA**
**SUPERVIVENCIA INFANTIL X - BOACO**

# Consolidado de Actividades por Educador

**Período: Mayo 1996.**
*15-Ago-96*

| EDUCADOR | INTERVENCION | ACTIVIDADES | # ACT | # PERSONAS |
|---|---|---|---|---|
| **BAYARDO ANTONIO GOMEZ** | | | | |
| | DIARREA | REUNIONES DE PROMOCION Y EDUCACION | 9 | 197 |
| | DIARREA | SUPERVISION | 16 | 21 |
| | DIARREA | VISITAS DOMICILIARES | 3 | 14 |
| | INFECCION RESPIRATORIA AGUDA | REUNIONES DE ACTUALIZACION | 1 | 2 |
| | INFECCION RESPIRATORIA AGUDA | REUNIONES DE PROMOCION Y EDUCACION | 10 | 223 |
| | INFECCION RESPIRATORIA AGUDA | VISITAS DOMICILIARES | 3 | 19 |
| | INMUNIZACION Y TOXOIDE TETANICO | REUNIONES DE ACTUALIZACION | 3 | 12 |
| | INMUNIZACION Y TOXOIDE TETANICO | REUNIONES DE PROMOCION Y EDUCACION | 11 | 242 |
| | INMUNIZACION Y TOXOIDE TETANICO | VISITAS DOMICILIARES | 3 | 24 |
| | LACTANCIA MATERNA | REUNIONES DE PROMOCION Y EDUCACION | 8 | 126 |
| | LACTANCIA MATERNA | VISITAS DOMICILIARES | 4 | 31 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | REUNIONES DE ACTUALIZACION | 3 | 7 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | REUNIONES DE PROMOCION Y EDUCACION | 6 | 87 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | VISITAS DOMICILIARES | 4 | 27 |
| | PLANIFICACION FAMILIAR | REUNIONES DE ACTUALIZACION | 5 | 14 |
| | PLANIFICACION FAMILIAR | REUNIONES DE PROMOCION Y EDUCACION | 6 | 78 |
| | PLANIFICACION FAMILIAR | VISITAS DOMICILIARES | 3 | 15 |
| | SALUD MATERNA | REUNIONES DE ACTUALIZACION | 4 | 31 |
| | SALUD MATERNA | REUNIONES DE PROMOCION Y EDUCACION | 5 | 70 |
| | SALUD MATERNA | VISITAS DOMICILIARES | 4 | 26 |
| | | **BAYARDO ANTONIO GOMEZ** | **111** | **1266** |
| **CARLOS BODAN BARQUERO** | | | | |
| | DIARREA | SUPERVISION | 4 | 13 |
| | DIARREA | VISITAS DOMICILIARES | 8 | 15 |
| | INFECCION RESPIRATORIA AGUDA | REUNIONES DE ACTUALIZACION | 4 | 25 |
| | INFECCION RESPIRATORIA AGUDA | REUNIONES DE PROMOCION Y EDUCACION | 5 | 94 |
| | INFECCION RESPIRATORIA AGUDA | SUPERVISION | 5 | 9 |
| | INFECCION RESPIRATORIA AGUDA | VISITAS DOMICILIARES | 7 | 14 |
| | INMUNIZACION Y TOXOIDE TETANICO | VISITAS DOMICILIARES | 8 | 30 |
| | LACTANCIA MATERNA | VISITAS DOMICILIARES | 9 | 31 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | SUPERVISION | 1 | 2 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | VISITAS DOMICILIARES | 6 | 24 |
| | SALUD MATERNA | VISITAS DOMICILIARES | 4 | 17 |
| | | **CARLOS BODAN BARQUERO** | **61** | **274** |
| **CARMEN ESPINAL RIVAS** | | | | |
| | DIARREA | REUNIONES DE ACTUALIZACION | 1 | 8 |
| | DIARREA | REUNIONES DE PROMOCION Y EDUCACION | 4 | 46 |
| | DIARREA | SUPERVISION | 6 | 6 |
| | DIARREA | VISITAS DOMICILIARES | 7 | 16 |
| | INFECCION RESPIRATORIA AGUDA | REUNIONES DE ACTUALIZACION | 5 | 15 |
| | INFECCION RESPIRATORIA AGUDA | REUNIONES DE PROMOCION Y EDUCACION | 9 | 135 |
| | INFECCION RESPIRATORIA AGUDA | VISITAS DOMICILIARES | 11 | 36 |



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# INFORME ACTIVIDADES URO

**MUNICIPIO: Camoapa.**
**Período: Febrero 1996.**
*15-Ago-96*

| COMUNIDAD | | COD. Y NOMBRE BRIGADISTA | ACTIVIDADES | # SERVICIOS |
|---|---|---|---|---|
| (C)-006 | TESORERO | | | |
| | | 104 JUANA PEREZ ORTEGA | | |
| | | | ATENDIDOS 1<2 AÑOS | 3 |
| | | | ATENDIDOS 2<5 AÑOS | 4 |
| | | | ATENDIDOS MEF | 3 |
| | | | REFERENCIAS <1 AÑO | 1 |
| | | | SRO RECIBIDOS | 20 |
| | | | SRO/UTILIZADOS 1<2 AÑOS | 5 |
| | | | SRO/UTILIZADOS 2<5 AÑOS | 5 |
| | | | SRO/UTILIZADOS MEF | 5 |
| (C)-014 | MATAMBA | | | |
| | | 86 MAGDALENO UREJNA MENDOZA | | |
| | | | ATENDIDOS < 1 AÑO | 1 |
| | | | ATENDIDOS < 1 AÑO | 1 |
| | | | ATENDIDOS 1<2 AÑOS | 1 |
| | | | ATENDIDOS 2<5 AÑOS | 2 |
| | | | ATENDIDOS 2<5 AÑOS | 1 |
| | | | SRO RECIBIDOS | 20 |
| | | | SRO RECIBIDOS | 20 |
| | | | SRO/UTILIZADOS <1 AÑO | 5 |
| | | | SRO/UTILIZADOS <1 AÑO | 3 |
| | | | SRO/UTILIZADOS 1<2 AÑOS | 7 |
| | | | SRO/UTILIZADOS 1<2 AÑOS | 3 |
| | | | SRO/UTILIZADOS 2<5 AÑOS | 4 |
| (C)-023 | SAN ANTONIO | | | |
| | | 279 CRESENCIO HERRERA TOLEDO | | |
| | | | ATENDIDOS < 1 AÑO | 2 |
| | | | ATENDIDOS 1<2 AÑOS | 1 |
| | | | ATENDIDOS 2<5 AÑOS | 2 |
| | | | ATENDIDOS OTROS | 3 |
| | | | SRO RECIBIDOS | 20 |
| | | | SRO/UTILIZADOS <1 AÑO | 4 |
| | | | SRO/UTILIZADOS 1<2 AÑOS | 2 |
| | | | SRO/UTILIZADOS 2<5 AÑOS | 4 |

PROYECTO HOPE-NICARAGUA
SUPERVIVENCIA INFANTIL X - BOACO

# CONSOLIDADO ACTIVIDADES BRIGADISTAS

**Municipio: "SANTA LUCIA "**
**Período: JULIO 1996.**
*13-Ago-96*

| ACTIVIDADES | SumaDeN° ACTIVIDADES |
|---|---|
| COMUNIDAD SRO | 64 |
| MINSA SALES REHIDRATACION | 85 |
| REFERENCIAS LACTANCIA MATERNA | 2 |
| VISITAS CONTROL EMBARAZO | 10 |
| VISITAS DIARREA | 19 |
| VISITAS IRA | 9 |
| VISITAS LACTANCIA MATERNA | 23 |
| VISITAS NUTRICION Y CCD | 13 |
| VISITAS PLANIFICACION FAMILIAR | 19 |
| VISITAS VACUNAS | 2 |



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PROJECT HOPE

**PROYECTO HOPE - NICARAGUA**
**SUPERVIVENCIA INFANTIL X - BOACO**

# CONSOLIDADO REUNIONES EDUCATIVAS BRIGADISTAS

**Municipio: " SANTA LUCIA"**

**Período: JULIO 1996.**

*13-Ago-96*

| INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|
| CONTROL EMBARAZO | 1 | 3 |
| DIARREA | 1 | 5 |
| INFECCION RESPIRATORIA AGUDA | 1 | 4 |
| LACTANCIA MATERNA | 2 | 11 |
| NUTRICION Y CONTROL DE CRECIMIENTO | 6 | 54 |
| | **11** | **77** |



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PROYECTO HOPE - NICARAGUA
SUPERVIVENCIA INFANTIL X - BOACO

## CONSOLIDADO REUNIONES EDUCATIVAS BRIGADISTAS POR COMUNIDAD

**MUNICIPIOS: "CAMOAPA, SAN JOSE DE LOS REMATES, STA. LUCIA, TEUSTEPE"**
**Período: SEPTIEMBRE 1995 - JULIO 1996.**

*15-Ago-96*

| COMUNIDAD | INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|---|
| C-001 | | | |
| | DIARREA | 8 | 49 |
| | INMUNIZACION Y TOXOIDE TETANICO | 5 | 92 |
| | LACTANCIA MATERNA | 4 | 40 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 2 |
| | | **18** | **183** |
| C-002 | | | |
| | DIARREA | 1 | 11 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 10 |
| | LACTANCIA MATERNA | 2 | 12 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 14 |
| | | **6** | **47** |
| C-003 | | | |
| | CONTROL EMBARAZO | 4 | 40 |
| | DIARREA | 2 | 26 |
| | INFECCION RESPIRATORIA AGUDA | 2 | 45 |
| | INMUNIZACION Y TOXOIDE TETANICO | 5 | 445 |
| | LACTANCIA MATERNA | 6 | 108 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 4 | 87 |
| | PLANIFICACION FAMILIAR | 4 | 51 |
| | | **27** | **802** |
| C-006 | | | |
| | DIARREA | 2 | 22 |
| | INMUNIZACION Y TOXOIDE TETANICO | 3 | 42 |
| | LACTANCIA MATERNA | 2 | 16 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 2 |
| | | **8** | **82** |
| C-007 | | | |
| | DIARREA | 1 | 20 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 11 |
| | LACTANCIA MATERNA | 2 | 8 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 3 | 30 |
| | | **7** | **69** |
| C-008 | | | |
| | CONTROL EMBARAZO | 1 | 11 |
| | DIARREA | 1 | 11 |
| | INMUNIZACION Y TOXOIDE TETANICO | 2 | 51 |
| | LACTANCIA MATERNA | 1 | 11 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 4 | 23 |
| | | **9** | **107** |
| C-009 | | | |
| | LACTANCIA MATERNA | 1 | 15 |
| | | **1** | **15** |
| C-010 | | | |
| | DIARREA | 1 | 13 |
| | LACTANCIA MATERNA | 1 | 10 |
| | PLANIFICACION FAMILIAR | 1 | 10 |
| | | **3** | **33** |



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| COMUNIDAD | INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|---|
| C-011 | | | |
| | DIARREA | 2 | 21 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 10 |
| | LACTANCIA MATERNA | 1 | 15 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 6 |
| | | **5** | **52** |
| C-012 | | | |
| | CONTROL EMBARAZO | 1 | 12 |
| | DIARREA | 3 | 28 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 12 |
| | INMUNIZACION Y TOXOIDE TETANICO | 3 | 22 |
| | LACTANCIA MATERNA | 3 | 31 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 8 | 54 |
| | PLANIFICACION FAMILIAR | 1 | 12 |
| | | **20** | **171** |
| C-013 | | | |
| | INFECCION RESPIRATORIA AGUDA | 2 | 16 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 14 | 85 |
| | | **16** | **101** |
| C-014 | | | |
| | DIARREA | 2 | 16 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 4 |
| | INMUNIZACION Y TOXOIDE TETANICO | 7 | 151 |
| | LACTANCIA MATERNA | 2 | 20 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 6 | 52 |
| | PLANIFICACION FAMILIAR | 1 | 4 |
| | | **19** | **247** |
| C-017 | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 18 |
| | | **1** | **18** |
| C-018 | | | |
| | DIARREA | 2 | 14 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 9 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 6 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 3 | 21 |
| | | **7** | **50** |
| C-019 | | | |
| | DIARREA | 1 | 16 |
| | INMUNIZACION Y TOXOIDE TETANICO | 6 | 19 |
| | LACTANCIA MATERNA | 2 | 15 |
| | PLANIFICACION FAMILIAR | 2 | 11 |
| | | **11** | **61** |
| C-020 | | | |
| | CONTROL EMBARAZO | 4 | 56 |
| | DIARREA | 7 | 111 |
| | INFECCION RESPIRATORIA AGUDA | 7 | 87 |
| | INMUNIZACION Y TOXOIDE TETANICO | 4 | 140 |
| | LACTANCIA MATERNA | 10 | 156 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 11 | 150 |
| | PLANIFICACION FAMILIAR | 8 | 54 |
| | | **51** | **754** |
| C-021 | | | |
| | LACTANCIA MATERNA | 1 | 12 |
| | | **1** | **12** |
| C-023 | | | |
| | DIARREA | 6 | 122 |
| | INFECCION RESPIRATORIA AGUDA | 9 | 124 |

| COMUNIDAD | INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|---|
| | INMUNIZACION Y TOXOIDE TETANICO | 6 | 130 |
| | LACTANCIA MATERNA | 2 | 32 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 5 | 35 |
| | PLANIFICACION FAMILIAR | 5 | 84 |
| | | **33** | **527** |
| **C-027** | | | |
| | LACTANCIA MATERNA | 1 | 13 |
| | | **1** | **13** |
| **C-028** | | | |
| | DIARREA | 9 | 28 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 9 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 11 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 4 | 55 |
| | PLANIFICACION FAMILIAR | 1 | 4 |
| | | **16** | **107** |
| **J-001** | | | |
| | CONTROL EMBARAZO | 1 | 5 |
| | DIARREA | 3 | 12 |
| | INMUNIZACION Y TOXOIDE TETANICO | 2 | 14 |
| | LACTANCIA MATERNA | 3 | 43 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 5 | 30 |
| | | **14** | **104** |
| **J-002** | | | |
| | INFECCION RESPIRATORIA AGUDA | 1 | 4 |
| | INMUNIZACION Y TOXOIDE TETANICO | 4 | 36 |
| | LACTANCIA MATERNA | 4 | 17 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 3 | 12 |
| | | **12** | **69** |
| **J-003** | | | |
| | INFECCION RESPIRATORIA AGUDA | 1 | 3 |
| | PLANIFICACION FAMILIAR | 1 | 5 |
| | | **2** | **8** |
| **J-004** | | | |
| | DIARREA | 2 | 13 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 6 |
| | LACTANCIA MATERNA | 7 | 21 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 7 | 25 |
| | PLANIFICACION FAMILIAR | 1 | 8 |
| | | **18** | **73** |
| **J-008** | | | |
| | DIARREA | 1 | 12 |
| | LACTANCIA MATERNA | 1 | 10 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 4 |
| | | **3** | **26** |
| **J-009** | | | |
| | DIARREA | 4 | 27 |
| | INMUNIZACION Y TOXOIDE TETANICO | 2 | 12 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 6 |
| | PLANIFICACION FAMILIAR | 2 | 25 |
| | | **9** | **70** |
| **J-010** | | | |
| | CONTROL EMBARAZO | 1 | 6 |
| | DIARREA | 6 | 45 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 15 |
| | PLANIFICACION FAMILIAR | 1 | 4 |
| | | **9** | **70** |
| **J-011** | | | |



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| COMUNIDAD | INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|---|
| | LACTANCIA MATERNA | 1 | 12 |
| | | **1** | **12** |
| **J-013** | | | |
| | DIARREA | 1 | 5 |
| | | **1** | **5** |
| **J-014** | | | |
| | DIARREA | 2 | 20 |
| | LACTANCIA MATERNA | 7 | 26 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 13 | 50 |
| | | **22** | **96** |
| **J-016** | | | |
| | DIARREA | 1 | 4 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 12 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 6 |
| | PLANIFICACION FAMILIAR | 1 | 7 |
| | | **4** | **29** |
| **J-017** | | | |
| | DIARREA | 1 | 8 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 6 |
| | | **2** | **14** |
| **J-018** | | | |
| | DIARREA | 5 | 30 |
| | | **5** | **30** |
| **J-019** | | | |
| | DIARREA | 1 | 10 |
| | LACTANCIA MATERNA | 2 | 12 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 6 |
| | PLANIFICACION FAMILIAR | 3 | 15 |
| | | **8** | **43** |
| **J-020** | | | |
| | DIARREA | 2 | 9 |
| | INFECCION RESPIRATORIA AGUDA | 3 | 11 |
| | INMUNIZACION Y TOXOIDE TETANICO | 2 | 18 |
| | LACTANCIA MATERNA | 1 | 4 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 9 |
| | PLANIFICACION FAMILIAR | 1 | 10 |
| | | **11** | **61** |
| **L-002** | | | |
| | CONTROL EMBARAZO | 1 | 3 |
| | DIARREA | 1 | 7 |
| | LACTANCIA MATERNA | 3 | 19 |
| | PLANIFICACION FAMILIAR | 1 | 10 |
| | | **6** | **39** |
| **L-003** | | | |
| | INFECCION RESPIRATORIA AGUDA | 3 | 32 |
| | | **3** | **32** |
| **L-005** | | | |
| | INFECCION RESPIRATORIA AGUDA | 2 | 6 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 38 |
| | | **4** | **44** |
| **L-006** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 4 | 21 |
| | | **4** | **21** |
| **L-011** | | | |
| | CONTROL EMBARAZO | 1 | 6 |
| | DIARREA | 2 | 23 |



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| COMUNIDAD | INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|---|
| | INFECCION RESPIRATORIA AGUDA | 3 | 44 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 5 | 33 |
| | | **11** | **106** |
| **L-012** | | | |
| | LACTANCIA MATERNA | 1 | 4 |
| | | **1** | **4** |
| **L-014** | | | |
| | DIARREA | 1 | 15 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 4 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 14 |
| | | **4** | **33** |
| **L-015** | | | |
| | DIARREA | 1 | 13 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 13 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 4 | 28 |
| | | **6** | **54** |
| **L-017** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 3 | 38 |
| | | **3** | **38** |
| **L-018** | | | |
| | DIARREA | 2 | 13 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 4 |
| | LACTANCIA MATERNA | 1 | 6 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 6 | 32 |
| | | **10** | **55** |
| **L-022** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 8 | 76 |
| | | **8** | **76** |
| **T-002** | | | |
| | DIARREA | 3 | 40 |
| | LACTANCIA MATERNA | 1 | 3 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 2 |
| | | **6** | **45** |
| **T-005** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 4 | 25 |
| | | **4** | **25** |
| **T-006** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 5 |
| | | **2** | **5** |
| **T-007** | | | |
| | DIARREA | 1 | 30 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 8 |
| | | **2** | **38** |
| **T-009** | | | |
| | CONTROL EMBARAZO | 1 | 5 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 8 |
| | | **3** | **13** |
| **T-011** | | | |
| | LACTANCIA MATERNA | 1 | 6 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 10 |
| | | **2** | **16** |
| **T-014** | | | |
| | DIARREA | 1 | 12 |
| | LACTANCIA MATERNA | 1 | 12 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 18 |
| | | **3** | **42** |



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| COMUNIDAD | INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|---|
| T-015 | | | |
| | CONTROL EMBARAZO | 1 | 5 |
| | DIARREA | 1 | 4 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 10 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 7 |
| | LACTANCIA MATERNA | 3 | 19 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 5 |
| | PLANIFICACION FAMILIAR | 4 | 26 |
| | | **12** | **76** |
| T-016 | | | |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 8 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 44 |
| | | **3** | **52** |
| T-017 | | | |
| | LACTANCIA MATERNA | 1 | 5 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 0 |
| | | **2** | **5** |
| T-018 | | | |
| | DIARREA | 1 | 8 |
| | LACTANCIA MATERNA | 1 | 10 |
| | | **2** | **18** |
| T-019 | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 15 |
| | | **1** | **15** |
| T-022 | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 3 | 8 |
| | | **3** | **8** |
| T-023 | | | |
| | DIARREA | 1 | 2 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 3 |
| | LACTANCIA MATERNA | 3 | 11 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 6 |
| | PLANIFICACION FAMILIAR | 5 | 28 |
| | | **11** | **50** |
| T-025 | | | |
| | DIARREA | 3 | 25 |
| | LACTANCIA MATERNA | 1 | 10 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 11 | 103 |
| | | **15** | **138** |
| T-027 | | | |
| | DIARREA | 1 | 6 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 13 |
| | | **2** | **19** |
| T-030 | | | |
| | DIARREA | 1 | 10 |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 29 |
| | | **3** | **39** |
| T-032 | | | |
| | DIARREA | 1 | 20 |
| | INFECCION RESPIRATORIA AGUDA | 1 | 20 |
| | LACTANCIA MATERNA | 1 | 12 |
| | | **3** | **52** |
| T-037 | | | |
| | CONTROL EMBARAZO | 5 | 15 |
| | DIARREA | 9 | 42 |
| | INMUNIZACION Y TOXOIDE TETANICO | 5 | 34 |
| | LACTANCIA MATERNA | 7 | 33 |

| COMUNIDAD | INTERVENCION | Nº REUNIONES | Nº PARTICIPANTES |
|---|---|---|---|
| | NUTRICION Y CONTROL DE CRECIMIENTO | 8 | 39 |
| | PLANIFICACION FAMILIAR | 5 | 20 |
| | | **39** | **183** |
| **T-040** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 18 |
| | | **1** | **18** |
| **T-053** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 2 | 24 |
| | | **2** | **24** |
| **T-059** | | | |
| | NUTRICION Y CONTROL DE CRECIMIENTO | 1 | 40 |
| | | **1** | **40** |
| **T-060** | | | |
| | DIARREA | 1 | 20 |
| | | **1** | **20** |
| **T-070** | | | |
| | DIARREA | 1 | 16 |
| | | **1** | **16** |
| **T-073** | | | |
| | INFECCION RESPIRATORIA AGUDA | 1 | 5 |
| | INMUNIZACION Y TOXOIDE TETANICO | 1 | 5 |
| | | **2** | **10** |
| | ***Total :*** | **567** | **5630** |



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PROYECTO HOPE-NICARAGUA
SUPERVIVENCIA INFANTIL

SUPERVIS/

GUIA DE SUPERVISION DE TERRENO

Comunidad: _____
Supervisor: _____ Fecha:
Nombre Empleado _____

*PROYECCION EN SU TRABAJO:*

| | Mucho | Mas o menos | Poco | Nada |
|---|---|---|---|---|
| La comunidad le conoce: | | | | |
| Se relaciona con la comunidad | | | | |
| La comunidad lo respeta | | | | |
| Cumple con los compromisos contraídos con la comunidad. | | | | |

*ACTIVIDADES EN EL TERRENO:*

| | Siempre | Casi-siempre | Algunas veces | Raramente |
|---|---|---|---|---|
| Realiza sus actividades de rutina (VD/REP/ETC) | | | | |
| Emplea materiales y técnicas participativas en sus actividades con la comunidad | | | | |
| Relaciona sus actividades con otras instituciones que trabajan en la comunidad | | | | |

*ORGANIZACION COMUNITARIA:*

| | SI | NO |
|---|---|---|
| Grupo de madres: | | |
| Casa U.R.O | | |
| Otros grupos: | | |

COMENTARIOS DE EMPLEADO:

_____
_____
_____
_____
_____

*OBSERVACIONES DEL SUPERVISOR:*

_____
_____
_____
_____
_____
_____

En escala de 0 - 99; el trabajo realizado por _____, en la comunidad de :_____ es:

0 10 20 30 40 50 60 70 80 90 99

FIRMA DEL SUPERVISOR:

FIRMA DEL EMPLEADO:

PROYECTO HOPE-NICARAGUA
SUPERVIVENCIA INFANTIL

GUIA DE SUPERVISION DE TERRENO A VOLUNTARIO DE SALUD

Comunidad: _____
Supervisor (Educador) _____ Fecha:
Nombre Voluntario _____

***PROYECCION EN SU TRABAJO:***

| | Mucho | Más o menos | Poco | Nada |
|---|---|---|---|---|
| Goza de simpatía en su comunidad : | | | | |
| Se relaciona con la comunidad | | | | |
| Conoce su área de influencia | | | | |

***ACTIVIDADES EN EL TERRENO:***

| | Con Frecuencia | Normal | Poco | Nunca |
|---|---|---|---|---|
| Realiza reuniones de promoción | | | | |
| Realiza visitas domiciliares | | | | |
| Realiza Referencias a U. Salud | | | | |
| Emplea técnicas sencillas en sus capacitaciones con la comunidad | | | | |

***ORGANIZACION COMUNITARIA:***

| | SI | NO |
|---|---|---|
| Grupo de madres: | | |
| Sectores de influencia organizados | | |
| Trabajo en coordinación con otras instituc. | | |

***OBSERVACIONES DEL SUPERVISOR (Educador)***

_____
_____
_____
_____
_____
_____

En escala de 0 a 90; evalúe el trabajo del brigadista en su comunidad:

0 10 20 30 40 50 60 70 80 90 99

FIRMA DEL SUPERVISOR (Educador)

## PROGRAMA HOPE - SUPERVIVENCIA INFANTIL

## INFORME VISITA DE CAMPO

**Nombre:**_____ **Comunidad:** _____

**Hora de Llegada:**_____ **Hora de Salida:** _____

**Fecha visita:** _____/_____/_____ **Fecha Informe:** _____/_____/_____

**OBJETIVOS DE LA VISITA:** **PROXIMA VISITA:** _____/_____/_____

**Actividades Desarrolladas:**

**OBSERVACIONES:**

| **COMPROMISOS Y SUGERENCIAS:** | **PROBLEMAS:** |
| --- | --- |
| | |

PROYECTO HOPE-NICARAGUA
SUPERVIVENCIA INFANTIL-BOACO

# EXPEDIENTE COMUNITARIO

FECHA:_____/_____/_____ Código:_____

1. Nombre de la Comunidad:_____Municipio:_____ Código:_____

2. Población estimada:_____: Menor 1 año:_____ 1-2 años:_____ 2-5 años:_____ MEF:(10-49 años)_____

3. Número de casas:_____

4. Distancia (Kms) a la unidad de salud más cercana:_____ ; Tiempo en llegar:_____;

_____ Tipo: P. Médico:_____; P.Salud:_____; C. Salud:_____;
Nombre de la Unidad de Salud

5. Vías de comunicación: Carretera: Todo tiempo:_____ Verano:_____
Caminos : Todo tiempo:_____ Verano:_____

6. Medios de Transporte:_____

7. Abastecimiento de Agua: Pozo_____; Ríos _____; Puesto Público:_____; Otros:_____

8. Disposición de Basuras y excretas: Letrinas:_____; Inodoros:_____; Entierra:_____; Aire Libre:_____

9 Nivel educacional :_____; Observaciones:_____

10. Autoridades o lideres comunales:

| Nombre | Cargo |
|---|---|
| 1._____ | _____ |
| 2._____ | _____ |
| 3._____ | _____ |
| 4._____ | _____ |
| 5._____ | _____ |
| 6._____ | _____ |

11. Problemas principales de Salud:

11.a. Identificados por la comunidad o sus representantes:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

11.C. Cómo piensan resolverlos (estrategias)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

11.b. Cuáles son los más priorizados:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

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12. Comite comunal de Salud (Estructura)

Presidente: _____

Vice presidente: _____

Secretario: _____

Tesorero: _____

Vocal : _____

13. GAS (Grupos de Acción en Salud)

Agua: _____ Letrinas: _____ Limpieza: _____

Madres: _____ Huertos: _____ Caminos: _____

14. Instituciones con programas de desarrollo comunitario y de salud en la comunidad

| Nombre | Principal Acció |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

15. Principales actividades económicas en la comunidad (Mayor a Menor)

| | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## MINISTERIO DE SALUD

BOLETA DE REFERENCIA MATERNA USADA
POR EL VOLUNTARIO HACIA LAS UNIDADES DE SALUD

### COPIA DEL BRIGADISTA
### REFERENCIA DE MUJERES Nº

Nombre de la madre: _____

Edad: _____

Comunidad: _____

Puesto de Salud: _____

Fecha: _____

Brigadista: _____

### MOTIVO DE LA REFERENCIA

Vacuna TT ( ) Papanicolau ( )

Parto ( ) Control Prenatal ( )

Signos de embarazo de riesgo ( )

Tiene sangrado ( )

Ardor al orinar ( )

Hinchazón en los piés ( )

Infección renal ( )

Dolor de cabeza ( )

Mareo, Visión borroza ( )

OTROS (Especifique):


## MINISTERIO DE SALUD

BOLETA DE REFERENCIA MATERNA USADA
POR EL VOLUNTARIO HACIA LAS UNIDADES DE SALUD


### DEL BRIGADISTA A LA UNIDAD DE SALUD
### REFERENCIA DE MUJERES Nº

Nombre de la madre: _____

Edad: _____

Comunidad: _____

Puesto de Salud: _____

Fecha: _____

Brigadista: _____

### MOTIVO DE LA REFERENCIA

Vacuna TT ( ) Papanicolau ( )

Parto ( ) Control Prenatal ( )

Signos de embarazo de riesgo ( )

Tiene sangrado ( )

Ardor al orinar ( )

Hinchazón en los piés ( )

Infección renal ( )

Dolor de cabeza ( )

Mareo, Visión borroza ( )

OTROS (Especifique):


## MINISTERIO DE SALUD

BOLETA DE REFERENCIA MATERNA USADA
POR EL VOLUNTARIO HACIA LAS UNIDADES DE SALUD


### CONTRA REFERENCIA DEL PACIENTE Nº
### DE LA UNIDAD DE SALUD AL BRIGADISTA

Nombre de la madre: _____

Edad: _____

Atendida por: _____

Cargo/Nombre

Puesto de Salud: _____

Fecha: _____

DIAGNOSTICO: _____

SEGUIMIENTO:

Recibido por el Brigadista en (fecha) _____

ACCION TOMADA POR EL BRIGADISTA:

IMPRESO EN LIT. EL RENACIMIENTO

## MINISTERIO DE SALUD

BOLETA DE REFERENCIA INFANTIL USADA
POR EL VOLUNTARIO HACIA LAS UNIDADES DE SALUD

### COPIA DEL BRIGADISTA
### REFERENCIA DE PACIENTE Nº

Nombre del niño(a): _____

Edad: _____

Comunidad: _____

Puesto de Salud: _____

Fecha: _____

Brigadista: _____

### MOTIVO DE LA REFERENCIA

Vacuna de: BCG ( ) Polio ( ) DPT ( ) Sarampión ( )

DIARREA: ( )

Dos o más signos de Deshidratación ( )
Moco o sangre en las heces ( )
Diarrea por más de 5 días ( )
Vómitos severos o Convulsiones ( )

INFECCION RESPIRATORIA AGUDA (IRA): ( )

Respiraciones aumentadas ( )
Hundimiento de costillas ( )
Dolor de oidos y garganta ( )
Convulciones o somnolencia ( )
No puede mamar o beber ( )

ENVIADO A CCD ( )

FIEBRE O ESCALOFRIO/MALARIA ( )

OTROS (Especifique):

*CCD: Control de Crecimiento y Desarrollo*


## MINISTERIO DE SALUD

BOLETA DE REFERENCIA INFANTIL USADA
POR EL VOLUNTARIO HACIA LAS UNIDADES DE SALUD


### DEL BRIGADISTA A LA UNIDAD DE SALUD
### Nº

Nombre del niño(a): _____

Edad: _____

Comunidad: _____

Puesto de Salud: _____

Fecha: _____

Brigadista: _____

### MOTIVO DE LA REFERENCIA

Vacuna de: BCG ( ) Polio ( ) DPT ( ) Sarampión ( )

DIARREA: ( )

Dos o más signos de Deshidratación ( )
Moco o sangre en las heces ( )
Diarrea por más de 5 días ( )
Vómitos severos o Convulsiones ( )

INFECCION RESPIRATORIA AGUDA (IRA): ( )

Respiraciones aumentadas ( )
Hundimiento de costillas ( )
Dolor de oidos y garganta ( )
Convulciones o somnolencia ( )
No puede mamar o beber ( )

ENVIADO A CCD ( )

FIEBRE O ESCALOFRIO/MALARIA ( )

OTROS (Especifique):


*CCD: Control de Crecimiento y Desarrollo*



## MINISTERIO DE SALUD

BOLETA DE REFERENCIA INFANTIL USADA
POR EL VOLUNTARIO HACIA LAS UNIDADES DE SALUD


### CONTRA REFERENCIA DEL PACIENTE Nº
### DE LA UNIDAD DE SALUD BRIGADISTA

Nombre del niño(a): _____

Edad: _____

Fecha: _____

Comunidad: _____

### Puesto de Salud:

Atendido por:

Cargo/Firma:

DIAGNOSTICO:

SEGUIMIENTO:

RECIBIDO FECHA:

ACCION TOMADA POR EL BRIGADISTA:

# ANNEX C

## TRAINING

1. Training Sessions Conducted

2. Training Curriculums

3. Pre-Post Tests

CHILD SURVIVAL TRAINING
PROGRAM SUMMARY
PROJECT HOPE/BOACO

| Training Topics | Dates | Topic Hours | Participants |
|---|---|---|---|
| INFORMATION SYSTEM | 10/5/95 | 4 | 3 Auxiliary<br>4 Nurses<br>2 Doctors<br>7 Others |
| | 10/10/95 | 4 | 9 Brigadista<br>1 TBA |
| | 10/11/95 | 5 | 1 Auxiliary<br>6 Brigadista |
| | 10/11/95 | 3 | 1 Auxiliary<br>13 Brigadista |
| | 10/16/95 | 3 | 6 Brigadista |
| | 10/19/95 | 4 | 6 Doctors |
| | 10/27/95 | 2 | 55 Brigadista |
| | 11/9/95 | 2 | 14 Brigadista<br>4 TBA |
| | 11/9/95 | 3 | 16 Brigadista |
| | 11/24/95 | 2 | 1 Auxiliary<br>12 Brigadista<br>1 TBA |
| | 2/1/96 | 5 | 1 Auxiliary<br>1 TBA<br>9 Brigadista |
| | 2/1/96 | 4 | 2 Auxiliary<br>4 Brigadista<br>2 TBA |
| | 2/1/96 | 2 | 22 Brigadista<br>2 Doctors |
| | 2/2/96 | 4 | 2 Auxiliary<br>9 Brigadista<br>2 TBA |
| | 2/6/96 | 4 | 11 Brigadista |
| | 2/7/96 | 2 | 40 Brigadista |
| | 2/8/96 | 4 | 12 Brigadista<br>2 TBA |

All training utilized methods of lecture, small group work, and practice sessions.

CHILD SURVIVAL TRAINING
PROGRAM SUMMARY
PROJECT HOPE/BOACO

| Training Topics | Dates | Topic Hours | Participants |
|---|---|---|---|
| INFORMATION SYSTEM | 2/8/96 | 2 | 1 Auxiliary<br>6 Brigadista |
| | 2/14/96 | 2 | 25 Brigadista |
| | 2/23/96 | 2 | 4 Brigadista |
| | 2/23/96 | 2 | 7 Brigadista |
| | 3/23/96 | 8 | 1 Doctor<br>40 Brigadista<br>24 TBA<br>3 Others |
| NUTRITION-BREASTFEEDING | 9/21-22/95 | 24 | 30 Brigadista<br>7 TBA |
| | 10/30-31/96 | 16 | 95 Brigadista |
| BREASTFEEDING | 6/27/96 | 8 | 1 Nurse<br>2 Doctor<br>11 TBA<br>35 Brigadista<br>2 Others |
| IMMUNIZATION (EPI) | 10/26/95 | 8 | 70 Brigadista |
| ENVIRONMENTAL SANITATION | 11/27/95 | 8 | 12 Others |
| HYDROPONIC GARDENS | 12/12/95 | 8 | 45 Brigadista |
| DIARRHEA & ARI | 3/3-4/95 | 24 | 22 Brigadista<br>3 TBA |
| | 3/14/96 | 8 | 40 Brigadista<br>5 TBA |
| DIARRHEA | 3/27/96 | 4.5 | 4 Brigadista<br>36 Others |
| DIARRHEA AND HIS | 2/22/96 | 8 | 23 Brigadista<br>16 TBA |

All training utilized methods of lecture, small group work, and practice sessions.

CHILD SURVIVAL TRAINING
PROGRAM SUMMARY
PROJECT HOPE/BOACO

| Training Topics | Dates | Topic Hours | Participants |
|---|---|---|---|
| MATERNAL HEALTH | 2/23/96 | 8 | 46 TBA<br>1 Doctor<br>1 Other |
| | 6/28/96 | 3 | 12 Others |
| MATERNAL HEALTH AND FAMILY PLANNING | 6/11/96 | 8 | 1 Auxiliary<br>1 Doctor<br>4 TBA<br>16 Brigadista |
| REPRODUCTIVE HEALTH | 3/7-8/96 | 16 | 25 Brigadista<br>13 TBA |
| | 3/27-28/96 | 16 | 46 TBA |
| | 3/5/96 | 8 | 1 Nurse<br>1 Doctor<br>22 TBA<br>2 Others |
| HIGH RISK BIRTHS, PREGNANCY | 3/22/96 | 8 | 1 Doctor<br>16 TBA<br>2 Others |
| LABOR AND DELIVERY | 6/16/96 | 8 | 16 TBA |
| CLEAN HOME BIRTH | 5/15/96 | 8 | 12 TBA |
| | 5/3/96 | 8 | 13 TBA |
| | 5/10/96 | 8 | 15 TBA |
| FAMILY PLANNING | 3/27/96 | 8 | 1 Doctor<br>2 TBA<br>10 Brigadista<br>3 Others |
| | 3/28/96 | 8 | 1 Doctor<br>32 Brigadista<br>2 Others |
| | 4/26/96 | 7 | 10 TBA<br>18 Brigadista |
| INTEGRATED CARE OF MOTHER | 5/20/96 | 8 | 10 Nurse<br>4 Doctor |
| & CHILD | 5/28-29/96 | 16 | 85 TBA |

All training utilized methods of lecture, small group work, and practice sessions.

CHILD SURVIVAL TRAINING
PROGRAM SUMMARY
PROJECT HOPE/BOACO

| Training Topics | Dates | Topic Hours | Participants |
|---|---|---|---|
| ARI | 4/16/96 | 5 | 1 TBA<br>2 Brigadista<br>2 Teacher<br>38 Others |
| | 5/9-10/96 | 10 | 14 Brigadista<br>6 TBA |
| | 5/3/96 | 8 | 2 Auxiliary<br>1 Doctor<br>37 Brigadista<br>6 TBA<br>1 Teacher |
| | 5/16/96 | 2 | 2 Auxiliary<br>11 Brigadista |
| | 5/23-24/96 | 16 | 1 Auxiliary<br>1 Doctor<br>38 Brigadista<br>22 TBA<br>2 Others |
| | 5/10/96 | 8 | 40 Brigadista |
| | 5/15/96 | 8 | 19 Brigadista |
| ARI, DIARRHEA, AND NUTRITION | 6/11/96 | 3 | 1 Auxiliary<br>1 Doctor<br>1 TBA<br>16 Brigadista<br>3 Others |
| ARI AND EPI | 5/9/96 | 4 | 1 Auxiliary<br>1 TBA<br>7 Brigadista<br>1 Other |
| ARI AND NUTRITION | 5/28/96 | 4 | 21 Others |

All training utilized methods of lecture, small group work, and practice sessions.

# PROYECTO HOPE-BOACO-NICARAGUA

## Programa de Supervivencia Infantil X

Teustepe, Sta. Lucia, Sn. José Remates, Camoapa

Curriculum de Capacitación para

# PERSONAL DE SALUD

# 1995

Elaborado por:
Dr. Mario Ortega
Lic. Ritha Cabrera A.
Vo. Bo. Dr. Hugo Barquero

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**PROYECTO HOPE/NICARAGUA**
Supervivencia Infantil X - Boaco
Municipios Teustepe, Sn. José Remates, Sta. Lucia, Camoapa

## CURRICULUM DE CAPACITACION PARA PERSONAL DE SALUD HOPE/MINSA

### I. Descripción:

El Plan de actualización de conocimientos para personal de salud HOPE/MINSA está basado en las normas de los programas del Ministerio de Salud, será adaptados y modificados para que estos conocimientos sean transmitidos al resto del personal de salud, unificando los mensajes básicos que se han de emplear en las actividades educativas para que exista una mejor cobertura y atención a nivel comunitario.

La metodología utilizada será:
1. Participativa
1.1 Recolección del material didáctico a emplearse
1.2 Actualización, unificación, modificación de los mensajes básicos por intervención.
1.3 Discusión de grupos, adiestramiento y manejo por cada intervención que se va a emplear en la promoción de conocimientos a nivel comunitario.

El contenido está dirigido a las siguientes intervenciones:

1. Diarrea / TRO
2. IRAS
3. Inmunizaciones
4. Nutrición/CCD/Lactancia Materna, Vitamina "A"
5. Salud Materna / Planificación Familiar
6. Métodos de educación comunitaria
7. Sistema de Información

Cada intervención tendrá una duración de 8 a 36 horas reforzando con educación contínua al personal con 4 horas mensuales.

El rool del personal de salud está orientado a la promoción de la educación de cada una de las intervenciones en las comunidades de impacto del proyecto, adaptándose a los contenidos científicos a nivel técnico y práctico.

El éxito del programa dependerá del interés y de la participación de los grupos.

II **Metodología**

- Introducción
- Pre-test
- Desarrollo del Tema
- Análisis de materiales educativos
- Conclusiones
- Post-test

II **Glosario del Contenido**

Introducción al curso

Intervenciones

1. Diarrea/TRO

- Conceptos
- Fisiopatología
- Causas
- Prevención de diarrea
- Reconocimientos de signos de deshidratación
- Prevención de deshidratación TRO/SRO, ingestión de líquidos abundantes
- Alimentación durante y después de la diarrea
- Acciones del personal de salud/comunidad: -Promoción educación
  -Organización de comité
  -UROCS
  -Capacitación brigadistas
- Tipos de mensajes básicos

2. Infecciones Respiratorias Agudas

- Conceptos
- Clasificación del niño con tos o dificultad en respirar
- Detección de señales de peligro
- Manejo del niño con dificultad en respirar
  - Alimentación
  - Líquidos abundantes
  - Captación y Referencia Oportuna
- Atención del niño con problemas de oídos y garganta
  - Captación
  - Referencia
- Acciones del personal de salud
  - Promoción educación
  - Captación brigadistas
- Tipos de mensajes básicos

3. Inmunizaciones

- Generalidades de las vacunas
- Importancia de las vacunas (tarjetas)
- Tipos de vacunas; indicaciones, contraindicaciones y reacciones secundarias.
- Esquema de vacunación
- Enfermedades prevenibles por vacunas
- Acciones del personal de salud
  - Promoción educación
  - Capacitación a brigadistas
  - Captación y referencia de niños con esquemas incompletos
- Tipos de Mensajes Básicos

- Cadena de frío dirigido a personal de salud MINSA
  - Tiempo, temperatura y conservación de las vacunas
  - Transporte de unidades de salud a la comunidad
  - Manipulación de las vacunas
    - * Vacunas que se congelan
    - * Vacunas que no deben congelarase

4. Nutrición CCD/Lactancia Materna y Vitamina "A".

a)

- Conceptos
- Grupos básicos de alimentos/disponibilidad
- Alimentación del niño, madre lactante y su importancia
- Enfermedades carenciales
- Alimentos ricos en Vit. "A" disponibles en su comunidad importancia
- Importancia de CCD captación y referencia oportuna
- Importancia del carnet infantil
- Captación y referencia oportuna de niños desnutridos menores de 2 años.

b)

- Importancia de Lactancia Materna (Generalidades)
  - Conceptos
  - Composición
  - Ventajas
  - Mecanismos de producción de leche y succión
  - Preparación de la madre para la lactancia
  - Técnicas y posiciones correctas
  - Cuidado de los pezones

- Importancia de lactancia materna exclusiva y aprovechamiento del calostro.
- Destete apropiado
- Tipo de alimentos adecuados disponibles en la comunidad

5) Salud Materna / Planificación Familiar
- Conceptos del embarazo
- Embarazo normal / ARO
- Importancia del control prenatal, manejo y conservación del carnet
- Tipos de métodos de planificación familiar
- Acciones del personal de salud
  - Promoción educación
  - Capacitación a brigadistas y parteras
  - Tipos de mensajes básicos

6) Métodos de educación comunitaria
- Conceptos
- Cómo organizar la comunidad
- Estímulos a la participación comunitaria
- Promoción y estímulo a los brigadistas y parteras para que sean capacitadores.
- Metodologías de enseñanaza
- Diagnóstico de la comunidad
- Captación de brigadistas y parteras
- Formación de mapas epidemiológicos

7) Manejo del Sistema de Información

- Educador en salud
- Brigadistas y parteras
- Informes Mensuales
- Referencia y Contrarreferencia

IV Plan por Intervenciones

# OBJETIVOS GENERALES

El personal HOPE-MINSA participante será capaz de realizar las siguientes actividades.

a) Promocionar y educar a nivel comunitario en cada una de las intervenciones siguientes:

1) Diarrea/TRO
2) IRA
3) Inmunizaciones
4) Nutrición/CCD/Lactancia Materna
5) Salud Materna / Planificación Familiar
6) Métodos de Educación comunitaria

b) Adiestrar y estimular a brigadistas como capacitadores en su comunidad lo más pronto posible

c) Promocionar y organizar los comités comunitarios de salud y que estos sean los responsables de seleccionar sus problemas de mayor prioridad.

d) Dismunuir la morbi-mortalidad por DIARREA, IRA, DESNUTRICION, ENFERMEDADES INMUNOPREVENIBLES, MUERTE MATERNA.

DIARREA

| DIA FECHA | Objetivos específicos | Tema | Contenido Actividades | Metodología | Material | Responsable Coordinador | Tiem |
|---|---|---|---|---|---|---|---|
| | -Que el personal HOPE-MINSA adquiera o mejore los conocimientos con respecto a: Diarrea, reconocimiento de signos de deshidratación, promoción y uso de TRO y el manejo de dietético del niño con diarrea. | Diarrea | -Concepto<br>-Fisiopatología<br>-Causas<br>-Reconocimiento de signos de deshidratación.<br>-Manejo del paciente según normas.<br>-Medidas Preventivas<br>-Captación y referencia oportuna de casos con EDA. | -Expositiva<br>-Lectura y análisis de normas.<br>-Discusión de grupos.<br>- Video | -Normas Diarrea<br>-Video proyector,<br>-láminas de acetato.<br>-Pizarra<br>-TV,VHS. | Personal MINSA | |
| | -Fortalecimiento y promoción de las medidas preventivas contra el cólera. | | -¿Qué es el Cólera?<br>-¿Cómo se manifiesta?<br>-¿Cómo se transmite?<br>-¿Cómo se previene?<br>-¿Cómo tratar al enfermo de cólera en su casa?<br>-Manejo fallecido por cólera | Sociodrama | Vestuario | Personal HOPE | |
| | Unificar, Modificar y actualizar Mensajes Básicos. | Mensajes Básicos | Tipos de Mensajes Básicos | Trabajo de Grupo | -Papelógrafo.<br>-Crayones | | |

IRA

| DIA FECHA | Objetivos específicos | Tema | Contenido Actividades | Metodología | Material | Responsable Coordinador | Tiem |
|---|---|---|---|---|---|---|---|
| | El personal HOPE-MINSA adquiera o mejore los conocimientos con respecto a: IRA, Neumonía, Manejo alimentación | Atención del niño con infección respiratoria aguda | Concepto<br>-Clasificación del niño con tos y dificultad en respirar<br>-Detección de señales de peligro<br>-Manejo del niño con dificultad en respirar | Expositiva<br>Lectura y análisis de normas.<br>Trabajo de grupo | Normas<br>Video<br>TV<br>VHS<br>Pizarra<br>Papelográfo<br>Crayones<br>Cuadernos<br>Lapíces | Personal MINSA | 24 H. |
| | Captación y referencia oportuna | | -Alimentación<br>-Líquidos abundantes<br>-Captación y referencia oportuna. | Ejercicios<br>Videos | | | |
| | Captar oportunamente a pacientes con afecciones de oído y garganta | Atención del niño con problemas de oido y dolor de garganta. | -Como clasificar la enfermedad<br>-Instrucciones para la captación y referencia. | Exposición | | | |
| | Unificar, modificar y actualizar mensajes básicos | Mensajes Básicos | Tipos de mensajes básicos | Trabajo de grupos | Pepelográfo<br>Marcadores | Personal HOPE | |

| DIA FECHA | *Objetivos específicos* | *Tema* | *Contenido Actividades* | *Metodología* | *Material* | *Responsable Coordinador* | *Tiem* |
|---|---|---|---|---|---|---|---|
| | El personal del MINSA adquiera o mejore los conocimientos respecto a: | Conceptos básicos de inmunidad | Concepto<br>Inmunidad<br>Tipos de vacunas<br>indicaciones<br>*Reacciones secundarias* | Expositiva | Proyector<br>Acetatos | Personal MINSA | |
| | Adquirir conocimientos acerca de enfermedades inmunoprevenibles | Enfermedades del PAI | Tuberculosis<br>Polio<br>Sarampión<br>Difteria<br>Pertusis<br>Tétanos | Filminas | Diapositivas | Personal HOPE-MINSA | |
| | | Vacuna del PAI | Esquema de vacunación<br>Vacunación<br>Tipos de vacunas<br>Edad de aplicación<br>Vía de administración<br>Reactivación | Lectura<br>Trabajo de grupo | Papelográfo | Personal HOPE-MINSA | |
| | | Estrategias | Importancia del manejo y conservación del carnet.<br>Visitas domiciliares | | | | |
| | Reforzar conocimientos sobre el transporte y conservación de las vacunas a nivel comunitario dirigido a personal MINSA. | Cadena de Frío | Tiempo temperatura y conservación de las vacunas.<br>Tipos de termos<br>Manipulación de las vacunas<br>Vacunas que se congelan<br>*Vacunas que no deben de congelarse.* | Práctica grupal | Termos<br>Termostatos<br>Refrigeradores | Personal HOPE-MINSA | |
| | | Programación de actividades de vacunas | Sistema de información y registro.<br>Manejo gráfico de tasas de coberturas. | | | | |
| | | Vigilancia epidemiológica | mapas epidemiológico<br>Cálculos de biológicos | | | | |
| | Unificar, modificar y actualizar mensajes básicos. | Mensajes básicos | Tipos de mensajes básicos | Trabajo de grupo | Papelográfo<br>Crayones | Personal HOPE-MINSA | |

Nutrición, CCD, Lactancia Materna, Vitamina "A".

| DIA FECHA | Objetivos específicos | Tema | Contenido Actividades | Metodología | Material | Responsable Coordinador | Tiem |
|---|---|---|---|---|---|---|---|
| | El personal de salud HOPE-MINSA, adquiera o mejore los conocimientos con respecto a: Nutrición | Nutrición | Conceptos<br>*Grupos de alimentos<br>*Alimentación del niño, madre lactante y su importancia.<br>*Enfermedades carenciales<br>*Captación, referencia oportuna<br>*Utilización de alimentos disponibles en su comunidad<br>*Promoción de huertos familiares. | Expositiva | Acetatos<br>Proyector<br>Pantalla | Personal MINSA | 32h |
| | Conocimientos sobre la importancia del control de crecimiento y desarrollo. | CCD | Importancia de CCD, captación y referencia oportuna.<br>*Importancia del carnet<br>*Captación y referencia oportuna del niño desnutrido.<br>*Importancia sobre número de visitas a CCD. | Lectura y análisis manual operativo de atención integral a la mujer y a la niñez | Manual diapositivas | Personal MINSA | |
| | Vitamina "A" y su importancia en la prevención de la ceguera nocturna. | Vitamina "A" | Alimentos ricos en vitamina "A" disponibles en su comunidad.<br>*Importancia y consumo de vitamina "A". | | | | |

Nutrición

| DIA FECHA | Objetivos específicos | Tema | Contenido Actividades | Metodología | Material | Responsable Coordinador | Tiem |
|---|---|---|---|---|---|---|---|
| | | Importancia de Lactancia Materna | Generalidades<br>Anatomía y fisiología del seno materno.<br>*Mecanismos de producción de leche y succión.<br>*Ventajas<br>*Preparación de la madre para la lactancia materna<br>*Técnicas y posiciones correctas.<br>*Cuidado de los pezones<br>*Importancia de lactancia materna exclusiva y aprovechamiento de calostro.<br>Destete apropiado | Lectura y análisis del manual. | Manual<br>Diapositivas | Personal MINSA | |
| | Unificación, modificación, actualización de mensajes básicos. | Mensajes Básicos | Tipos de mensajes | Trabajo de grupo | Papelográfo<br>Caryones | Personal HOPE | |

Salud Materna

| DIA FECHA | Objetivos específicos | Tema | Contenido Actividades | Metodología | Material | Responsable Coordinador | Tiem |
|---|---|---|---|---|---|---|---|
| | El personal de salud HOPE-MINSA, adquiera o mejore los conocimientos con respecto a:<br>Salud Materna<br>Planificación Familiar | Embarzo | Concepto<br>-Embarazo Normal/ARO.<br>-Importancia del control prenatal, manejo y conservación del carnet.<br>-Alimentación durante el embarazo.<br>-Higiene del embarazo Importancia de la vacunación durante el embarazo.<br>-Capatación y referencia oportuna de embarazadas para control.<br>-Importancia del control puerperal. | Lectura y análisis manual operativo de atención integral a la mujer, la niñez.<br><br>Sociodrama<br><br>Video<br><br>Trabajo y participación grupal. | Videos<br>Vestuario para sociodrama.<br>Marcadores<br>Pepelográfo<br>Proyector acetato. | MINSA - HOPE | 36 h |
| | | Planificación Familiar | Concepto<br>*Importancia de la planificación familiar.<br>*Disponibilidad de métodos<br>*Importancia y control del uso de métodos.<br>*Contraindicaciones<br>*Paternidad responsable<br>*Captación y referencia oportuna | Expositiva<br><br>Trabajo de grupo | Métodos<br>Papelográfo | PROFAMILIA IXCHEN<br><br>Personal HOPE | |
| | Unificación, modificación y actualización de mensajes. | Mensajes Básicos | Tipos de Mensajes Básicos | Trabajo de grupo | Pepelográfo<br>Crayones | Personal HOPE | |

| DIA FECHA | Objetivos específicos | Tema | Contenido Actividades | Metodología | Material | Responsable Coordinador | Tiem |
|---|---|---|---|---|---|---|---|
| | El personal HOPE-MINSA será capaz de promover la organización y participación comunitaria en las actividades de salud. | La Comunidad | Conceptos<br>- Como organizar la comunidad<br>- Como enseñar a la gente en la comunidad.<br>-Como elaborar un diagnóstico comunitario.<br>-Formas y elementos importantes para elaborar un diagnóstico.<br>-Formación de mapa *epidemiológico.* | Participativo<br>Trabajo de grupo<br><br>Lectura de aprendiendo a promover la salud. | Marcadores | | |
| | Demostrar las actitudes de respeto y comprensión hacia las personas familia y comunidad. | Relaciones Humanas | Conceptos<br>Relaciones Humanas<br>* Estímulos a brigadistas<br>* Qué es un lider<br>* Sentido de responsabilidad con los problemas de salud.<br>* Estímulos a lideres para realizar autogestiónes a problemas de salud que ellos consideren priorizados | Trabajo de grupo<br><br>Sociodrama | Papelográfo<br><br>Vestuario | | |

**PROYECTO HOPE - NICARAGUA**
**PROGRAMA SUPERVIVENCIA INFANTIL X**
Teustepe, Sta. Lucía, San José de los Remates, Camoapa.
SILAIS - BOACO.

# CURRICULUM DE CAPACITACION PARA PARTERAS


Elaborado por: Lic. Ritha Cabrera A.
VoBo. Lic. Manuel García N.
VoBo. Directores de Municipio - SILAIS.
VoBo. Dr. Hugo Barquero.

1. OBJETIVO GENERAL:

Reforzar conocimientos a parteras empíricas y adiestradas sobre la importancia en la atención de la mujer embarazada y el parto limpio para disminuir la morbi-mortalidad del binomio madre-niño en las zonas rurales del SILAIS-Boaco.

## INTRODUCCION

Al trabajar en el tema de las parteras empíricas, nos encontramos mucho más amplia que la de la salud. Acercarse a la partera empírica da la oportunidad de familiarizarse con las creencias, los mitos, las estructuras sociales, la religión y el arte, que hacen parte del patrimonio cultural nicaragüense. En particular, lo que es el fondo de la práctica de la partera: la solidaridad entre las mujeres, con otro miembro de la comunidad.

La partera es un personaje esencial en la comunidad, se le debe reconocer VALOR, INTELIGENCIA. La escuela de la partera no es sólo la experiencia propia, sino también toda la tradición que las mismas parturientas están en condiciones de pasarle a otra mujer. En base al valor crece su inteligencia o sea el hecho de entender algo de parto.

**EMBARAZO / C.P.N./ LACTANCIA MATERNA**

| OBJETIVOS | TEMA | Contenido/Actividad | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Conocer qué es el embarazo. | Qué es el embarazo? | • El Trébol del embarazo.<br>• Signos, síntomas normales.<br>• Crecimiento del feto.<br>• Atención de la mujer durante el embarazo.<br>• Maniobras de Leopol (Posición del niño) | Participativa Técnica. | Juego del Trébol. | HOPE-MINSA | 45 min. |
| Conocer los principales factores de riesgo. | Riesgos del embarazo. | • Factores de riesgos del embarazo.<br>• Señales de peligro del embarazo.<br>• Sangrado durante el embarazo. | Participativa | Láminas de Acetato. | HOPE-MINSA | 45 min. |
| Valorar la importancia del control prenatal. | C.P.N. | • Importancia de la atención prenatal en el centro de salud.<br>• Camino del embarazo. | Participativa. | Cartilla camino del embarazo. | HOPE-MINSA | 45 min. |
| Conocer la importancia de la Lactancia Materna. | Lactancia Materna. | • Importancia del Calostro.<br>• Problemas comunes durante la lactancia.<br>• Técnicas y posiciones correctas.<br>• Diez pasos para una lactancia feliz. | Participativa. Técnicas demostrativas. | Maniquí del pecho materno. | HOPE-MINSA | 45 min. |

**PARTO**

| OBJETIVOS | TEMA | Contenido/Actividad | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Enseñar a la partera que debe tener todo preparado para el parto. | Preparación de la partera. | Cómo debe prepararse la partera:<br>• Limpieza del equipo.<br>• Limpieza de las manos.<br>• Duración del trabajo de parto. | Participativa práctica. | Equipo de parto. | HOPE-MINSA | 45 min. |
| Conocer la duración del trabajo de parto. | Trabajo de parto. | • Duración del trabajo de parto.<br>•Actividad muscular durante el parto.<br>•Calidad, duración y frecuencia de las contracciones.<br>•La fuente.<br>•Dilatación completa del cuello.<br>•Canal por donde nace el niño.<br>•Alegría del parto. | Participativa demostrativa | • Láminas de Acetato<br>* Trabajo de grupo. | HOPE-MINSA | 60 min. |
| Conocer las etapas del parto. | Etapas del parto. | • 1ra. etapa: Dolores de parto (dilatación).<br>•2da. etapa: Nacimiento de la criatura.<br>•3era. etapa: Alumbramiento. | Participativa | • Láminas de Acetato.<br>• Rotafolios.<br>* Diapositivas. | HOPE-MINSA. | 45 min. |
| Identificar emergencias en el parto. | Emergencias en el parto. | • Hemorragia vaginal.<br>•Cómo actuar si hay hemorragia vaginal.<br>•Si la placenta no ha nacido. | Participativa | * Papelógrafo.<br>* Crayones | HOPE-MINSA | 45 min. |
| Valorar las complicaciones del parto prolongado. | Parto prolongado. | • Cómo actuar.<br>•Presentación anormal de la criatura. | Participativa.<br>Trabajo grupal. | * Papelógrafo.<br>* Crayones | HOPE-MINSA | 45 min. |

**ATENCION DEL NIÑO / PUERPERIO.**

| OBJETIVOS | TEMA | Contenido/Actividad | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Valorar los cuidados del recién nacido. | Atención del niño al nacer. | • Cuando nace el niño.<br>•Cuidado del cordón umbilical.<br>•Cuidado de los ojos.<br>•Revisión de todo el cuerpo.<br>•Peso.<br>•Qué hacer si el niño no respira.<br>•Malformaciones que necesitan ser tratadas. | Participativa práctica. | * Maniquí.<br>*Participativa. | HOPE-MINSA. | 45 min. |
| Conocer las características del Puerperio y emergencia. | Puerperio. | •Atención de la mujer durante el puerperio.<br>•Emergencias de la mujer durante el puerperio. | Participativa Trabajo grupal. | • Papelógrafo.<br>*Crayones. | HOPE-MINSA | 45 min. |

## BIBLIOGRAFIA


- Manual práctico para parteras.
  Esther Gally.

- Libro universal de ilustraciones del parto.
  Frank p. Hosken.

- Atención a la mujer en la comunidad.

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|---|---|---|---|---|---|---|---|
| PROYECTO HOPE-NICARAGUA | | | | | | | SUPERVISA |
| SUPERVIVENCIA INFANTIL | | | | | | | |
| | | | | | | | |
| GUIA DE SUPERVISION DE TERRENO | | | | | | | |
| | | | | | | | |
| Comunidad: | | | | | | | |
| Supervisor: | | | | Fecha: | | | |
| Nombre Empleado | | | | | | | |
| | | | | | | | |
| PROYECCION EN SU TRABAJO: | | | | | | | |
| | | | Mucho | Mas o menos | Poco | Nada | |
| La comunidad le conoce: | | | | | | | |
| Se relaciona con la comunidad | | | | | | | |
| La comunidad lo respeta | | | | | | | |
| Cumple con los compromisos contraídos | | | | | | | |
| con la comunidad. | | | | | | | |
| | | | | | | | |
| ACTIVIDADES EN EL TERRENO: | | | Siempre | Casi-siempre | Algunas veces | Raramente | |
| Realiza sus actividades de rutina | | | | | | | |
| (VD/REP/ETC) | | | | | | | |
| Emplea materiales y técnicas participativas | | | | | | | |
| en sus actividades con la comunidad | | | | | | | |
| Relaciona sus actividades con otras | | | | | | | |
| instituciones que trabajan en la comunidad | | | | | | | |
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| ORGANIZACION COMUNITARIA: | | | | COMENTARIOS DE EMPLEADO: | | | |
| | SI | NO | | | | | |
| Grupo de madres: | | | | | | | |
| Casa U.R.O | | | | | | | |
| Otros grupos: | | | | | | | |
| | | | | | | | |
| OBSERVACIONES DEL SUPERVISOR: | | | | | | | |
| | | | | En escala de 0 - 99; el trabajo realizado por | | | |
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| FIRMA DEL SUPERVISOR: | | | | FIRMA DEL EMPLEADO: | | | |
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**PROYECTO HOPE - NICARAGUA**
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# CURRICULUM DE CAPACITACION PARA BRIGADISTAS DE SALUD
**1996**


Elaborado por: Lic. Ritha Cabrera A.
VoBo. Lic. Manuel García N.
VoBo. Directores de Municipio - SILAIS.
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1. **OBJETIVO GENERAL:**

Reforzar conocimientos a brigadistas voluntarios de salud en las intervenciones de Promoción y prevención del área Materno Infantil para disminuir la morbilidad del binomio madre-niño a nivel comunitario.

**CONTENIDO:**

Participación Comunitaria.

DIARREA

IRA

INMUNIZACIONES

NUTRICION Y LACTANCIA MATERNA

SALUD MATERNA Y PLANIFICACION FAMILIAR

SISTEMA DE INFORMACION

**DIARREA**

| OBJETIVOS | TEMA | CONTENIDO/ACTIVIDAD | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Desarrollar habilidades específicas que son necesarias para el manejo efectivo de pacientes con enfermedad. | Diarrea. | • Concepto<br>• Frecuencia<br>•Causas<br>•Lavado de manos | Participativa | * Dibujos.<br>* Rotafolios. | HOPE-MINSA | |
| Los participantes serán capaces de identificar señales de peligro para el tratamiento y referencia oportuna. | Señales de peligro o señales de alarma. | • Causas de deshidratación.<br>•Complicaciones.<br>•Clasificación del estado de deshidratación.<br>•Cómo tratar un caso, Plan A,B,C.<br>A= Bien hidratado.<br>B= Deshidratado.<br>C= Schock Hipovolémico. | Participativa | * Video<br>* Carteles | HOPE-MINSA | |
| Orientar al Brigadista de Salud sobre medidas de prevención y actividad en la comunidad. | Medidas Preventivas. | • Lavado de manos.<br>•Higiene Personal y de la casa. | Participativa | Láminas. | HOPE-MINSA | |
| Reforzar conocimientos sobre la preparación del suero oral. | Preparación del Suero Oral (PAQUETES Y SUERO CASERO). | • Prevención de la deshidratación.<br>• Mostrar a la madre como preparar sales de rehidratación oral (sobre y casero).<br>• Entrenamiento de tratamiento de rehidratación oral. | Participativa. | * Video<br>* Suero oral | HOPE-MINSA | |
| Enseñar a los participantes cómo tratar la Diarrea en el hogar. | ¿Cómo tratar al paciente en el hogar? | • 3 reglas de oro.<br>•Dar más líquido.<br>•Dar más alimentos.<br>• Regrese donde el trabajador de salud si no mejora. | Participativa. | Carteles | HOPE-MINSA | |
| Conocer la importancia por qué debe alimentarse al niño con Diarrea. | Alimentación apropiada del niño con Diarrea. | • Manejo dietético y frecuencia de la alimentación, cómo utilizar los alimentos de la comunidad. | - Participativa<br>- Trabajo de grupo. | * Papelógrafo<br>* Crayones | HOPE-MINSA | |
| Conocer la importancia de la existencia de UROCS en la comunidad. | ¿Qué son las URO? | • Recomendaciones para instalación de UROCS.<br>•Manejo de equipo UROCS.<br>•Carteles de información (Plan A)<br>•Promoción de uso de paquetes de SRO.<br>• Promoción de disponibilidad de azúcar y sal en la comunidad para la elaboración de suero casero.<br>•Distribución de suero.<br>•Registros.<br>•Referencias. | Participativa | * Equipos URO<br>* Formatos de registros y referencias. | HOPE-MINSA | |

**SALUD REPRODUCTIVA**

| OBJETIVOS | TEMA | CONTENIDO/ACTIVIDAD | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Conocer mejor nuestro cuerpo. | Conocimientos sobre el aparato reproductor, masculino y femenino. | • Aparato reproductor masculino.<br>•Aparato reproductor femenino.<br>•Menstruación. | Participativa. | Láminas de Acetato. | HOPE-MINSA | |
| Identificar las señales del embarazo y riesgo. | ¿Qué es el embarazo? | •Desarrollo del embrión.<br>•Signos y síntomas normales .<br>•Signos de riesgo (anormales)<br>• Factores de riesgo reproductivo (Clasificación) | Discusión participativa. | Láminas de cartulinas. | HOPE-MINSA | |
| Conocer la importancia del cuidado de la mujer embarazada. | Cuidado de la mujer embarazada.<br>C.P.N. | • Educación y promoción a la mujer embarazada.<br>• Alimentación de la embarazada (Importancia)<br>•C.P.N.<br>•Identificación de grupos de riesgo.<br>•Visitas domiciliares.<br>•Referencia oportuna.<br>•Mensajes Básicos. | - Participativa<br>- Trabajo de grupo. | * Papelógrafo<br>* Crayones | HOPE-MINSA | |
| Contribuir a que el participante comprenda la importancia de dar educación a las madres sobre el cuidado materno. | Atención a la mujer en edad fértil. | •P.A.P.<br>•E.T.S.<br>•Importancia T.T.<br>•Preparación lactancia.<br>•Preparación parto.<br>•Control Puerperal.<br>•Alimentación gestante.<br>•Cuidado del R.N. y lactancia. | - Participativa<br>- Práctica de grupo | * Papelógrafo<br>* Crayones | HOPE-MINSA | |

**PLANIFICACION FAMILIAR**

OBJETIVO GENERAL: Disminuir la mortalidad materna infantil en los grupos de población más susceptibles a la enfermedad o a la muerte.

| OBJETIVOS | TEMA | CONTENIDO/ACTIVIDAD | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Garantizar una comunicación adecuada. | Comunicación adecuada Pilar de una buena consejería. | • Importancia de la comunicación en la consejería.<br>•Qué es la comunicación?<br>• Incidencia de la autoevaluación sobre la comunicación. | - Participativa<br>- Lluvia de ideas<br>- Trabajo de grupo | * Papelógrafo<br>* Crayones | MINSA-HOPE | 45 min. |
| Disminuir la mortalidad materno infantil. | Planificación Familiar. | • Qué es Planificación Familiar?<br>•Beneficios para la pareja.<br>• Planificación: lujo o necesidad. | - Participativa<br>- Lluvia de ideas<br>- Trabajo de grupo | * Papelógrafo<br>* Crayones | MINSA-HOPE | 45 min. |
| Profundizar conocimientos sobre métodos anticonceptivos. | Métodos anticonceptivos. | Esquema de métodos anticonceptivos disponibles.<br>1. Métodos temporales.<br>2. Anticonceptivos hormonales (pastillas).<br>3. Dispositivos intrauterinos.<br>4. Métodos de barrera.<br>5. Métodos permanentes. | Participativa | * Métodos<br>* Participativa<br>* Demostrativa | MINSA-HOPE | 60 min. |
| Conocer las creencias de los usuarios. | Realidad, Creencias y Mitos sobre métodos anticonceptivos. | • Realidad, Creencias y Mitos. | Lluvia de ideas | * Papelógrafo<br>* Crayones | MINSA-HOPE | 30 min. |
| Asegurar el abastecimiento de métodos anticonceptivos en la comunidad. | Abastecimiento de métodos anticonceptivos | • Nombrar los métodos que deben existir en la comunidad. | Lluvia de ideas | * Papelógrafo<br>* Crayones | MINSA-HOPE | 35 min. |
| | La calidad en la Planificación Familiar. | • ¿Qué es calidad?<br>•Disponibilidad de métodos.<br>•Sistema de referencia. | Participativa | * Papelógrafo<br>* Crayones | MINSA-HOPE | 45 min. |

**INMUNIZACION**

| OBJETIVOS | TEMA | CONTENIDO/ACTIVIDAD | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Reconocer características de las enfermedades de PAI en los grupos de mayor susceptibilidad. | Enfermedades prevenibles por vacunas. | • Poliomielitis.<br>•Tuberculosis.<br>•Difteria.<br>•Tétanos.<br>•Sarampión.<br>•Tétanos neonatal.<br>•Tosferina. | - Participativa<br>- Experiencias propias. | Diapositivas con cassettes | HOPE-MINSA | |
| Interpretar la importancia de las vacunas. | Vacunas del P.A.I. | • ¿Qué son las vacunas?<br>•Vacunación e Inmunización.<br>•Vacunas del P.A.I.<br>•Nº vacunas que el niño debe recibir.<br>•Interpretación del carnet.<br>•Mensajes básicos. | - Participativa<br>- Trabajo grupal | * Papelógrafo<br>* Crayones<br>* Carnet<br>* Rotafolios | HOPE-MINSA | |
| Enseñar a los participantes la importancia de una buena cadena de frío. | Práctica de aplicación de las vacunas.<br><br>Mensajes sobre cadena de frío. | • Polio, D.P.T., Sarampión, T.T.<br><br>• Traslado, conservación y manipulación de vacunas. | Participativa | * Naranjas<br>* Jeringas<br><br>* Termos<br>* frascos de vacunas | HOPE-MINSA | |
| Los Brigadistas de salud serán capaces de identificar los niños con esquemas incompletos. | Acciones en la comunidad. | • Revisar tarjetas de vacuna.<br>•Reconocer qué vacunas faltan.<br>•Referencia oportuna. | - Práctica<br>- Participativa<br>- Discusión de trabajo de grupo. | * Tarjetas<br>* Papelógrafo<br>* Crayones | HOPE-MINSA | |

**NUTRICION, MICRONUTRIENTES Y VITAMINA "A"**

| OBJETIVOS | TEMA | CONTENIDO/ACTIVIDAD | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Valorar la importancia de una buena alimentación. | Nutrición. | •Concepto Básico.<br>•¿Por qué nos alimentamos? | Participativa | Cuadro de reflexión. | HOPE-MINSA | |
| Clasificar los alimentos según sus funciones en los cuatro grupos básicos. | Grupos de Alimentos. | •Básicos<br>•Formadores<br>•Protectores<br>•Energéticos | - Participativa<br>- Demostrativa | * Frutas,<br>* Vegetales Verdes y amarillos,<br>* Dibujos. | HOPE-MINSA | |
| Identificar enfermedades carenciales. | Problemas nutricionales. | •Desnutrición infantil.<br>•Deficiencia de Vitamina "A"<br>•Deficiencia Hierro.<br>•Deficiencia Yodo. | Participativa | Cuadro de reflexión. | HOPE-MINSA | |
| Conocer la importancia del control de crecimiento y desarrollo. | CCD | • Relación entre crecimiento, desarrollo y nutrición. | Participativa | Cuadro de reflexión. | HOPE-MINSA | |
| •Promover la alimentación adecuada de la madre durante el embarazo y la lactancia.<br>•Promover la alimentación adecuada del niño. | Alimentación de la madre y el niño. | • Alimentación de la madre durante el embarazo y la lactancia.<br>•Alimentación del niño menor de un año.<br>•Mensajes básicos. | Participativa | Cuadro de reflexión. | HOPE-MINSA | |
| Identificar alimentos ricos en hierro, vitamina "A", yodo, calcio (micronutrientes) | Algunos consejos para la cocina. | • Verduras ricas en Vitamina "A" y hierro.<br>•Hojas verdes ricas en Vitamina "A". | - Participativa<br>- Práctica | * Hojas verdes<br>* Verduras<br>* Ingredientes | HOPE-MINSA | |
| Proponer algunas alternativas que faciliten la obtención de alimentos para mejorar la dieta en el hogar. | ¿Cómo aumentar la disponibilidad de alimentos en el hogar? | • Recomendaciones sobre la economía en el hogar.<br>• Recomendaciones relacionadas a la producción de alimento, hortalizas, frutas, granos básicos, animales. | - Participativa<br>- Demostrativa | * Semillas<br>* Dibujos | HOPE-MINSA | |

**ATENCION AL NIÑO CON INFECCION RESPIRATORIA**

| OBJETIVOS | TEMA | CONTENIDO/ACTIVIDAD | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Conocer las partes que componen el aparato respiratorio. | I.R.A.<br>Partes que componen el aparato respiratorio. | •Concepto<br>•Vías respiratorias superiores.<br>•Vías respiratorias inferiores. | - Participativa<br>- Cuadro de reflexión. | • Gráficos<br>* Ejercicios. | HOPE-MINSA | |
| Identificar las señales de peligro en los niños con I.R.A. | Señales de peligro. | •Evalúe, observe, escuche.<br>•Respiración rápida.<br>•Tipos de respiraciones.<br>• Clasificación de la enfermedad (tos o resfriado, Neumonía)<br>•Referencia oportuna. | - Participativa<br>- Cuadro de reflexión. | Videos | HOPE-MINSA | |
| Conocer cuidados especiales que se le deben brindar al niño en casa. | Educación en salud a la madre a cuidar a su niño en casa. | •Alimentación del niño.<br>•Aumente líquidos.<br>•Suavícele la garganta.<br>•Vigile señales de peligro.<br>•Mensajes básicos. | - Participativa<br>- Cuadro de reflexión. | Dibujos | HOPE-MINSA | |
| Conocer medidas importantes para prevenir las I.R.A. | Factores predisponentes.<br><br>Medidas preventivas. | • ¿Por qué los niños chiquitos se enferman seguido de tos y catarro.<br><br>• Medidas de saneamiento.<br>•Estado nutricional. | - Participativa<br><br>- Discusión de grupo. | Dibujos<br><br>Video | HOPE-MINSA<br><br>HOPE-MINSA | |
| Orientaciones generales sobre el manejo de I.R.A. en la comunidad. | Mensajes básicos. | • Libro para la vida. | - Sociodrama<br>- Títeres. | Títeres. | HOPE-MINSA | |

**LACTANCIA MATERNA**

| OBJETIVOS | TEMA | CONTENIDO/ACTIVIDAD | METODOLOGIA | MATERIAL | RESPONSABLE | TIEMPO |
|---|---|---|---|---|---|---|
| Conocer la importancia de la Lactancia Materna. | Lactancia Materna. | • ¿Por qué es importante la Lactancia Materna?<br>•Aprovechamiento del Calostro.<br>•Ventajas.<br>•Estructura de la mama. | Participativa | * Diapositivas<br>* Dibujos<br>* Mantas<br>* Crayones | HOPE-MINSA | |
| Identificar tipos de pezones y problemas en los pezones durante el amamantamiento. | Tipo de pezones y problemas en los pezones. | •Pezones grandes.<br>•Pezones pequeños.<br>•Pezones invertidos. | Participativa | * Maniquí<br>* Coliflor<br>* Seno Materno<br>* Naranja | HOPE-MINSA | |
| Promocionar el conocimiento de algunos consejos básicos para superar problemas de amamantamiento por pezones. | Cuidado de los pezones. | •Consejos y cuidados de los pezones. | Participativa | * Diapositivas<br>* Dibujos<br>* Mantas<br>* Crayones | HOPE-MINSA | |
| Identificar la técnica para el amamantamiento según condición de la madre. | Posiciones de amamantamiento. | •Técnicas correctas de amamantamiento. | Participativa | * Diapositivas<br>* Dibujos<br>* Mantas<br>* Crayones | HOPE-MINSA | |
| Señalar prácticas adecuadas para un destete oportuno. | Destete apropiado. | •Destete apropiado. | Participativa | * Diapositivas<br>* Dibujos<br>* Mantas<br>* Crayones | HOPE-MINSA | |
| Promoción de mensajes básicos para la Lactancia Materna Exclusiva. | | • Mensajes Básicos:<br>Diez pasos para una Lactancia feliz. | Participativa | * Diapositivas<br>* Dibujos<br>* Mantas<br>* Crayones | HOPE-MINSA | |

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|---|---|---|---|---|---|---|---|
| PROYECTO HOPE-NICARAGUA | | | | | | | BRIGADIS |
| SUPERVIVENCIA INFANTIL | | | | | | | |
| | | | | | | | |
| GUIA DE SUPERVISION DE TERRENO A VOLUNTARIO DE SALUD | | | | | | | |
| | | | | | | | |
| Comunidad: | | | | | | | |
| Supervisor (Educador) | | | | Fecha: | | | |
| Nombre Voluntario | | | | | | | |
| | | | | | | | |
| PROYECCION EN SU TRABAJO: | | | | | | | |
| | | | Mucho | Más o menos | Poco | Nada | |
| Goza de simpatía en su comunidad : | | | | | | | |
| Se relaciona con la comunidad | | | | | | | |
| Conoce su área de influencia | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ACTIVIDADES EN EL TERRENO: | | | Con Frecuencia | Normal | Poco | Nunca | |
| Realiza reuniones de promoción | | | | | | | |
| Realiza visitas domiciliares | | | | | | | |
| Realiza Referencias a U. Salud | | | | | | | |
| Emplea técnicas sencillas en sus | | | | | | | |
| capacitaciones con la comunidad | | | | | | | |
| | | | | | | | |
| ORGANIZACION COMUNITARIA: | | | | | | | |



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| | | | | | | | |
| | SI | NO | | | | | |
| Grupo de madres: | | | | | | | |
| Sectores de influencia | | | | | | | |
| organizados | | | | | | | |
| Trabajo en coordinación | | | | | | | |
| con otras instituc. | | | | | | | |
| | | | | En escala de 0 a 90; evalúe el trabajo del | | | |
| OBSERVACIONES DEL SUPERVISOR (Educador) | | | | brigadista en su comunidad: | | | |
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| | | | | | | | |
| FIRMA DEL SUPERVISOR (Educador) | | | | | | | |
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**PROYECTO HOPE-NICARAGUA**
**PROGRAMA SUPERVIVENCIA INFANTIL X**
**SILAIS BOACO**

NOMBRE Y APELLIDOS: _____
COMUNIDAD: _____ PRE-TEST: _____ POS-TEST: _____
FECHA: _____

## DIARREA, IRA

Encierre en un círculo la respuesta que considere correcta

1. Qué es Diarrea?

   a) Es dolor en la garganta.
   b) El niño ha obrado más veces de lo normal, muy líquida.
   c) Lavarse las manos antes de comer.

2. Cuáles son las señales de deshidratación en un niño con Diarrea?

   a) Mollera y ojos hundidos, pliegue de la piel, llanto sin lágrimas, mucha sed.
   b) Mollera normal y llanto con lágrimas.
   c) Sed normal y orina normal.

3. Si su niño tiene diarrea

   a) No da suero oral y casero.
   b) Le da más líquidos, suero oral + lactancia materna más alimentos en menor cantidad más veces al día.
   c) Le da menos líquidos.

4. Escriba cómo se prepara el suero casero:

   _____

   _____

5. Qué son las Casas Bases (URO)?

   a) Son los Centros de salud.
   b) Son casas en la comunidad para llevar al niño que tiene Diarrea.
   c) Son los puestos de salud.

6. Qué son las IRAS?

a) Son las enfermedades que afectan las vías respiratorias.
b) Son enfermedades que efectan el estómago.
c) Son enfermedades que afectan la cabeza.

7. Qué personas son las que más se enferman de IRA?

a) Los adultos y viejitos.
b) Los niños menores, desnutridos, no vacunados.
c) Los niños de 5 años.
d) b y c son correctas

8. Cuales son las señales de peligro de IRA?

a) Piel pegada a los huesos.
b) El niño respira rápido, no puede comer y se le hunden las costillas.
c) Le duele la barriga y la cabeza.

9. Cuidado que se debe dar al niño en casa, si tiene tos y catarro.

a) Quite los líquidos y dele tratamiento.
b) Ayúdelo a comer más y que tome más líquido de lo normal.
c) Debe mantenerlo abrigado, pero sin que sienta calor.
d) Las respuestas b y c son correctas.

10. Por qué se enferman los niños con IRA?

a) No están vacunados, desnutridos, cambios de temperatura, polvo, humo.
b) Está limpia la casa, están vacunados.
c) El niño está activo, no pierde el apetito.

BUENA SUERTE!!!

**PROYECTO HOPE-NICARAGUA**
**PROGRAMA SUPERVIVENCIA INFANTIL X**
**SILAIS BOACO**

Nombre y Apellidos: _____
Comunidad: _____ Pretest: _____ Postest: _____
Fecha: _____

## INMUNIZACIONES

Encierre en un círculo la respuesta que considere correcta

1. Cuáles vacunas conoce Usted?

   a) Rubeola.
   b) Anti-poliomielítico, D.P.T.
   c) Anti-sarampionosa, B.C.G.
   d) Fiebre amarilla.
   e) b y c son correctas.

2. Cuáles vacunas se aplican a los niños?

   a) Anti-poliomielítico, fiebre amarilla.
   b) D.P.T. + T.T.
   c) Antipolio, antisarampión, D.P.T., B.C.G.

3. A quiénes se aplica la Toxoide Tetánica?

   a) A los hombres.
   b) A las mujeres (MEF).
   c) A los niños menores de 2 años.
   d) a y b son correctas.

4. A qué edad se inicia la vacuna T.T.?

   a) A los 2 años.
   b) Al mes de nacido.
   c) Entre los 10 y 49 años.
   d) a y b son correctos.

5. Conoce Usted cuáles son las enfermedades que se previenen por vacuna?

_____

_____

_____

_____

_____

6. Qué mensaje daría Usted a una madre sobre las vacunas?

_____

_____

_____

_____

_____

**BUENA SUERTE!!!**

**PROYECTO HOPE-NICARAGUA**
**PROGRAMA SUPERVIVENCIA INFANTIL X**
**SILAIS BOACO**

Nombre y Apellidos: _____
Comunidad: _____ Pretest: _____ Postest: _____
Fecha: _____

NUTRICION Y LACTANCIA MATERNA

Encierre en un círculo la respuesta que considere correcta

1. Qué entiende por Nutrición?

   a) Alimentarse bien y comer algo sabroso.
   b) Alimentarse para transformar alimentos para el crecimiento, desarrollo y mantenimiento del cuerpo.
   c) Ninguna de las anteriores.
   d) Las respuestas buenas son a y b.

2. Qué alimentos produce su comunidad?

   a) Caramelos.
   b) Arroz, Frijoles, Maíz.
   c) Verduras.
   d) Hojas verdes.
   e) Gaseosas y meneitos.

3. Cuáles son los grupos de alimentos?

   a) Grupos formadores, para comer y trabajar.
   b) Grupos básicos, formadores, protectores y energéticos.
   c) Grupos básicos, para bailar y crecer.

4. Enfermedad común por falta de alimentos:

   a) Enfermedades respiratorias.
   b) Desnutrición.
   c) Enfermedades diarreicas.

5. Qué debe comer la madre embarazada y el niño?

   a) De todo lo que encuentre en su comunidad.
   b) Sólo arroz y frijoles con sopa.
   c) Sólo carne y leche.

6. Conoce algunos alimentos de hojas verdes? Escriba 5 de ellos:

_____
_____
_____
_____
_____

7. A qué edad debe comenzar a dar el pecho materno?

a) A los 2 meses.
b) En cuanto nace.
c) A los 4 ó 6 meses.

8. Conoce algunos problemas de las madres en los pechos?

a) Dolor de espalda.
b) Dolor de cabeza.
c) Dolor en pezones y pechos.
d) Catarro o tos.

9. A qué edad debe comenzar a dar otros alimentos al niño, además del pecho materno?

a) A los 2 meses.
b) A los 6 meses.
c) A los 4 meses.

10. De qué se manera aumentaría usted los alimentos para que no falten en el hogar?

a) No haría nada.
b) Sembrando huertos familiares.
c) Sembrando milpas y frijoleras.
d) b y c son correctas.

**BUENA SUERTE!!!**

**PROYECTO HOPE-NICARAGUA**
**PROGRAMA SUPERVIVENCIA INFANTIL X**
**SILAIS BOACO**

NOMBRE Y APELLIDOS: _____
COMUNIDAD: _____ PRE-TEST: _____ POS-TEST: _____
FECHA: _____

PLANIFICACION FAMILIAR

1. Qué entiende usted por Planificación Familiar?

2. Mencione algunas ventajas de la Planificación Familiar:

_____

_____

_____

3. Mencione algunos métodos de Planificación Familiar que usted conoce:

_____

_____

_____

4. ¿Qué mensaje daría usted a su comunidad sobre Planificación Familiar?

_____

_____

_____

BUENA SUERTE!!!

**PROYECTO HOPE-NICARAGUA**
**PROGRAMA SUPERVIVENCIA INFANTIL X**
**SILAIS BOACO**

NOMBRE Y APELLIDOS: _____
COMUNIDAD: _____ PRE-TEST: _____ POS-TEST: _____
FECHA: _____

## SALUD REPRODUCTIVA

Encierre en un círculo la respuesta que considere correcta

1. **Qué es el embarazo?**

   a) Tener hijos sin riesgos.
   b) Es planificar su familia.
   c) Es la unión de la semilla del hombre con la de la mujer.

2. **Cuáles son las señales de peligro durante el embarazo?**

   a) Muerte materna.
   b) Sangrado, pies hinchados, dolor de cabeza, etc.
   c) Es la operación a las mujeres.

3. **Los cuidados de la mujer embarazada deben ser:**

   a) Dormir bastante.
   b) Alimentarse, descansar, vacunarse, control prenatal.
   c) Tener tos y fiebre.

4. **Explique con sus palabras por qué es importante visitar el centro de salud para su control prenatal?**

   _____

   _____

5. **Qué es el parto?**

   a) Es el nacimiento del bebe a su tiempo completo.
   b) Dolor de barriga.
   c) Hinchazón del estómago.

6. **Qué es el Puerperio?**

   a) Es el período durante el embarazo.
   b) Es el período de recuperación de la mujer después del parto o sea 40 días.
   c) Son ataques al corazón.

7. **Mencione los métodos anticonceptivos que usted conoce:**

   _____

   _____

**BUENA SUERTE!!!**

# ANNEX D

## KPC SURVEY

1. Survey Methodology and Results

2. Followup Investigation on Antibiotic Use

# MID-TERM SURVEY

## I. INTRODUCTION

### A. BACKGROUND

The Child Survival X (CS-X) Project began their activities starting March 1995 as a continuation of the effort carried out in the CS-VII Project (1992-1994).

The focus of the project is educational and promotes change of attitudes and health practices in four municipalities of the department of Boaco: Camoapa, Santa Lucía, San José de los Remates and Teustepe.

Diarrhea, ARI, Nutrition, Family Planning and Maternal Health are the interventions that the project approaches in their educational work towards HOPE's philosophy; "*good health is essential for the social and economical development and the dignity of each human being.*"

### B. OBJECTIVES OF THE STUDY

*1. To measure the changes in knowledge and practice of mothers with children under two years of age with regard to the interventions:*

- *Nutrition, Growth monitoring , Exclusive Breastfeeding, and Appropriate Weaning*
- *Management of Acute Respiratory Diseases*
- *Management of DIARRHEA, ORT, feeding during and after diarrheal episodes*
- *Maternal health: Pre-natal Control*
  *Nutrition during pregnancy*
  *Family planning*
  *Tetanus toxoid immunization*
- *Immunizations*

*2. To compare the results of the present study with the baseline study and the indicators suggested in the Detailed Implementation Plan for the mid-term of the CS-X Project.*



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## C. GEOGRAPHICAL AREA AND POPULATION

The Impact area selected will be the municipalities of Camoapa, Santa Lucía, San José de los Remates, and Teustepe belonging to the department of Boaco with a territorial extension of 4.365 [km²] and a total population of 76.143 inhabitants.

**Teustepe:**

Extension: 669 [km²]
Population: 25.965 [inha].
Health Services : 1 Health center , 2 medical post, 3 Health post .

**Sta. Lucia:**

Extension: 120 [km²]
Population: 11.802 [Inha].
Health Services : 1 Health center , 1 Health post.

**Sn. José de Los Remates:**

Extension: 254 [km²]
Population: 5.776 [inh].
Health Services: 1 Health center , 2 medical post.

**Camoapa:**

Extension: 1.498 [km²]
Population: 32.600 [inh].(10,545 [inh].)*
Health Services: 1 Health center , 3 medical post.

Among the services in health a hospital is located in the city of Boaco with 72 beds, offering the services of Pediatrics, Neonatology, Gynecology-obstetric, Internal Medicine, Surgery, Traumatology, Emergency, Observation and UTC.

50% of the population correspond to the Economical Active Population (PEA), being 70% men and 30% women.

The 65% of the PEA is absorbed for the agricultural sector, most of the population has very limited resources an economic activity of subsistence is marked more in the area of Teustepe due to their geography (arid zone) where the population is more affected. Another part of the population is devoted to economic informal works, such as workers in the urban areas. The revenues per-capita is below $50 dollars monthly .

The index of illiteracy according to sources from the local Ministry of Education is estimated at 45%, at the National level the index of illiteracy is estimated at 31.6% (Source: MED Central Offices ).

The impact area for their geographical relief is a very difficult access with dispersed communities and extreme poverty with roads of penetration in their majority for summer, time of hindering the access in the rainy period (winter) forcing a mobilization by foot or beasts.

**• The HOPE Project doesn't assist all the communities of this municipality.**
The data populations were obtained of the National Census of Population and Housing 1995.



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## D. CRONOGRAMA OF ACTIVITIES

| DATE | ACTIVITIES |
|---|---|
| 08-09/ 07/ 96 | Review of the objectives of the Study (Mid term Survey )<br>Training of Supervisors and Interviewers.<br><br>• Revision and modification of questionnaire.<br>• Procedure for preparing the survey.<br>• Selection of conglomerates.<br>• Determination of the size of the sample: 300 |
| 10/ 07/ 96 | Cont. with Training<br><br>• Pilot test in near communities.<br>• Final Revision of survey.<br>• Planning of routes to communities for interviews.<br>• Reproduction of questionnaire.<br>• Supply of necessary materials for the survey. |
| 11-12-13/ 07/ 96 | • Execution of interviews in the 30 conglomerates<br><br>• Data entered in Epi-Info for analysis.<br><br>• Summons the team of work for revision to obtained information and begin the computerized introduction of the same.<br><br>• Analysis of the results, conclusions and recommendations.<br><br>Elaboration of Report of the present study.<br><br>• Presentation of results to communities, and organizations involved in CS activities; Ministry of Health. |



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## II. METHODOLOGY

### A. QUESTIONNAIRE

The questionnaire (see appendix) consists of 54 questions. It was designed to collect relevant information for the project baseline and to facilitate the development of the of DIP by providing important data with direct significance to the project's interventions.

The questions were developed and selected by the Office of Program Support in Child Survival to Private Voluntary Organizations at the Johns Hopkins University, with the participation of CS experts in each of the interventions.

The first two questions cover information about the mother and the child under two years to be interviewed; questions 3-6 are to elicit data about the mother's activities and about who takes care of the child during the mother's absence; questions 7,8,9,10,11,12 and 13 are about breastfeeding and weaning practices; questions 14 and 15 are to gather information about vitamin "A" knowledge; 16-19 refer to child's growth monitoring card; 20-29 provide information about the mother's knowledge of diarrhea and management of children with diarrhea; 30-34 are questions related to the mother's practices with respect to ALRI. Questions 35-40 examine mothers' knowledge about immunization of children under 2 years of age; questions 41-54 provides information about pre-natal care, delivery practices and family planning.

### B. DETERMINATION OF SAMPLE

The sample size was selected following the requirements of the intervention that needs the largest sample. The following formula was used to calculate sample size:

$$n= [z^2pq]/ [d^2]$$

Where n= size of the sample; z= 95% confidence limit, which is equal to 1.96; p= the rate of coverage or prevalence; Q= 1-p; and D= the desired precision which usually is somewhere between 5% and 10%.

The standardized method was used as sample for conglomerates of 30.

The 30 clusters chosen to conduct this survey were selected in the following manner :

1) A list of 141 communities in the project area (Camoapa, Teustepe, Santa Lucía and San José de los Remates) (see appendix) including another column with the cumulative total was constructed. The selection process resulted from the cumulative population column.

2) The total population is taken and divided by the quantity of clusters (in this case 30 (54,088/ 30= 1,802.933); this is the sample interval.

3) The number of communities in the column of cumulative values that had values less than the size of the interval were randomly chosen, thus choosing the first community selected.

4) The total of the first community was added to the value of the interval size to find the second community to be interviewed. Later the sampling interval was added to the third and succeeding figures until 30 communities or clusters were chosen in a similar manner.

## C. SELECTION OF COMMUNITIES

The selected communities, using the method previously described were the following:

| COMMUNITY | ZONE | MUNICIPALITY |
|---|---|---|
| *La Joya* | *Rural* | *Teustepe* |
| *Asiento Viejo* | *Rural* | *Teustepe* |
| *Montes Frescos* | *Rural* | *Teustepe* |
| *Las Cañitas* | *Rural* | *Teustepe* |
| *Los Ranchos* | *Rural* | *Tuestepe* |
| *Cruz No. 1* | *Rural* | *Teustepe* |
| *Potrerillos* | *Rural* | *Teustepe* |
| *Santa Rita* | *Rural* | *Teustepe* |
| *El Espino* | *Rural* | *Teustepe* |
| *Potrerito* | *Rural* | *Teustepe* |
| *Sector No.3* | *Peri-urbano* | *Teustepe* |
| *El Ventarrón* | *Rural* | *Teustepe* |
| *Los Guásimos* | *Rural* | *Teustepe* |
| *Las Jabillas* | *Rural* | *Teustepe* |
| *Los Talnites* | *Rural* | *San José de los Remates* |
| *La Cañada* | *Rural* | *San José de los Remates* |
| *Bajos de Tomatoya* | *Rural* | *San José de los Remates* |
| *El Bijagual* | *Rural* | *Santa Lucía* |
| *Barranco Alto* | *Rural* | *Santa Lucía* |
| *El Riego* | *Rural* | *Santa Lucía* |
| *El Llanito* | *Rural* | *Santa Lucía* |
| *El Abra* | *Rural* | *Santa Lucía* |
| *Los Alvarez* | *Rural* | *Santa Lucía* |
| *Chiscolapa* | *Rural* | *Santa Lucía* |
| *Masigue* | *Rural* | *Camoapa* |
| *Salinas* | *Rural* | *Camoapa* |
| *El Aguacate* | *Rural* | *Camoapa* |



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| | | |
|---|---|---|
| *Las Lajas* | *Rural* | *Camoapa* |
| *San Antonio* | *Rural* | *Camoapa* |
| *El Cebollín* | *Rural* | *Camoapa* |

## D. TRAINING OF SUPERVISORS AND INTERVIEWERS

The training of the field supervisors and interviewers was accomplished in three consecutive days. Project HOPE selected 23 interviewers and 22 supervisors.

The interviewers were selected from among Project HOPE staff, MINSA staff and from the target communities. The selection of supervisors for the study was done in the same manner.

The supervisors of the study were: María Martínez, Victorino Castro, Vicente Blandón, Virgenza Marenco, Javier Arias, Orlando Mena, Lesbia Hurtado, Oswaldo Obando, Carlos Bodán, Freddy Pérez, Jaime Duarte, Mercedes Valle, Haydee Reyes, Hipólito Figueroa, Julio Rojas, Mognabell Gómez, Martha Alvarado, Abel Urbina, Rosa Argentina Rivas, Susan Cameron, Silvio Acevedo y Reyna Jirón. They were chosen from among HOPE and MINSA staff.

The first three days consisted of a training for the field interviewers and Project HOPE personnel discussing the methodology of the survey extensively, and the logic of each one of the questions, focusing both on the questionnaire and how to fill it out.

Lic. Manuel García, Project HOPE CS Coordinator, was in charge of the coordination, the training and general supervision of this study. He was trained in the survey methodology by Johns Hopkins PVO-CSSP staff.

**Pre-testing:**

The pre-testing of the questionnaire was scheduled the fourth day of the training in communities of San Lorenzo with distances of approximately 15 kms from Teustepe in peri-urban districts and rural zones. Each interviewer conducted 3 interviews. The supervisors had the opportunity to detect the difficulties of the interviewers and to make clarifications and to resolve problems in the field as deemed necessary.

Once the interview team arrived at the community, the first house to be targeted for interviewing was selected in one of the following ways:

1- If the community has approximately 150 houses or less, walk to the center of the community; choose a direction randomly, counting the number of houses in each direction and choosing the first house randomly.

2- If the community has more than 150 houses, divide it into one or more parts, using multiples of approximately 150. The first house is chosen randomly as described previously.

In both cases once the first house has been selected to be interviewed, continue with the closest door of the next house until 10 surveys have been completed.

## E. SURVEY IMPLEMENTATION

Interviews were scheduled on two consecutive days, July 11-12, 1996. Specific routes were established for delivering interviewers. The time allocated for each community took into account the distance between houses and the rough terrain.

The first day of the interview was reserved for interviewing the communities of the municipality of San José de los Remates and Santa Lucía and the second day to survey the communities of the municipality of Teustepe.

A total of 10 interviews were carried out by each interviewer, for a total of 300 interviews. The supervisor's task at the end of the day was to review each of the interviews before returning from the communities, and to assure that they were properly completed.

## F. METHOD FOR ANALYSIS OF THE RESULTS

As soon as the questionnaires arrived at the Project HOPE offices in Teustepe, a work team entered the data into the computer with the EPI/INFO program software 5.1; this required three consecutive days after surveying. EPI/INFO is a special software package designed to conduct epidemiological studies. It is low cost, easy to manage and provides a simple analysis appropriate for this kind of survey. It is a user friendly software, even for those with little experience with computers.

An essential component of the Project HOPE staff training was learning to tabulate the data and to formulate the study conclusions immediately afterwards.

The first draft of the survey report used the frequency distributions for each of the questions. In some cases two-by-two tables were constructed in EPI/INFO for the age of the children, to obtain indicators of the second order.

Once the frequency distributions and the cross-tabs were constructed, several other tables were printed to be included in the report.

## III. RESULTS

### Distribution of Ages

1. Of the 300 mothers interviewed the average age is of 30.12 years. Among the group of women of reproductive age 242 (80.9%); the high-risk groups are distributed in the following manner: 11 mothers (3.6%) are young women between 14 and 17 years; 47 women (15.5%) between 35 and 48 years.

2. Of the 300 children involved, the average age is 11.5 months. 157 children (52.3%) are under 1 year; 143 children (47.7%) are over 1 year.

### Education and Activities of the Mother

3. With regard to the educational level, of 300 mothers interviewed 140 (46.7%) are illiterate; 141 (47%) received primary education and know how to read; and 19 (6.3%) have secondary education or more.

4. Of the 300 mothers interviewed, 23 mothers (7.7%) reported that they carry out activities outside of their homes; 277 (92.3%) remain in their homes.

5. Of the 300 mothers interviewed, 235 (78.3%) have no income generating activity; 6 (2%) are artisans; 4 (1.3%) are hired farm laborers; 7 (2.3%) are vendors of agricultural products; 16 (5.3%) are vendors of milk products; 24 (8%) are domestic employees; 4 (1.3) are store owners or street vendors; 8 (2.7%) are formal workers; and 3 (1%) have other activities.

6. Of the 300 mothers interviewed, 53 mothers (17.7%) stated that their children remain at home with them; 35 (11.7%) leave them with their husband; 99 (33.%) leave them with older siblings; 122 (40.7%) leave them with other relatives; 8 (2.7%) with their neighbors or friends.

### Breastfeeding and Weaning Foods

7-8. Of the 300 mothers interviewed, 227 mothers (75.7%) stated that they were breastfeeding at the time of the study; 72 (24%) were not doing so at the time of the study but have breastfed in the past; and only 1 (0.3%) never breastfed their child.

9. 212 mothers (70.9%) stated that they began breastfeeding during the first hour after birth; 25 (8.4%) during the first 8 hours; 59 (19.7%) after the first 8 hours; and 3 (1%) do not remember.

## Nutrition

10. From a total of 61 children under four months; their mothers stated that: (54%) received exclusive breastfeeding; (36.1%) received water, (26.2%) received bottle, (24.6%) received sugar in their food; (3.3%) cheese and eggs; (6.6%) fruits or juices; (8.2%) cereals; (6.6%) food cooked with oil or shortening; (11.5%) use iodized salt in the child's food, and (3.3%) are given green vegetables.

11. Of the 300 mothers interviewed, when asked about practices to help maintain breastfeeding during the first four months of the child's life, 67 (22.3%) said they do not know what to do; 34 (11.3%) breastfed as soon as possible; 2 (0.7%) care of breast and nipples; 48 (16%) frequent breastfeeding to stimulate the production; 56 (18.7%) exclusive breastfeeding in the first four months of the child's life; 4 (1.3%) avoid the bottle; 3 (1%) relactation; and 175 (59%) responded other actions (eat well, eat vegetables, hygiene, drink liquids).

12. With respect to the age at which food should be given to an infant, 15 (5%)responded don't know; 50 (16.7%) between the 4-6 months; 76 (25.3%) before 4 months; 159 (53%) after 6 months or later.

13. In relation to the type of foods that should be given the child; 21 (7%) responded do not know ; 4 (1.3%) add oil to the foods; 146 (48.7%) food rich in vitamin "A"; 151 (50.3%) food rich in iron; and 136 (46%) other foods (potato, cookie, rice or potato, corn starch, meat, eggs, tortilla, baby food, etc).

## Knowledge about Vitamin "A"

14. Of the 300 mothers interviewed 224 (74.7%) do not know the name of the vitamin that prevents night blindness (vitamin "A"); 76 (25.3%) know the name of the vitamin.

15. 168 (56%) responded that they do not know the foods containing vitamin "A"; 55 (18.3%) mentioned green vegetables; 107 (35.7%) fruits of yellow color; 19 (6.3%) yolk of egg; 7 (2.3%) meat or fish; 2 (0.7%) breastfeeding.



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## Growth Control

16. Of the 300 mothers interviewed 245 (81.7%) have a growth monitoring card for their child; 55 (18.3%) do not have a card or lost it.

17. Of the 245 children with growth monitoring card, 188 (76.7%) attended a growth monitoring session in the last four months and 57 (23.3%) did not attend a monitoring session in the last four months.

## Diarrheal Disease:

20. 99 mothers (33%) stated that their children had diarrhea in the last 2 weeks.

21. Of the 99 mothers that said their child had had diarrhea in the last two weeks: 22 (22.2%) breastfed more than the usual; 41 (41.4%) breastfed the usual amount; 13 (13.1%) breastfed less than the usual amount; 3 (3.0%) did not continue breastfeeding; 20 (20.2%) were not breastfeeding at the time of the study.

22. Of the 99 children with diarrhea in the two weeks preceding the study, 20 (20.2%) received more liquid then usual; 26 (26.3%) received an equal amount; 14 (14.1%) less than the usual; 5 (5.1%) did not receive any liquid; and 34 (34.3%) received exclusive breastfeeding.

23. Of the 99 children with diarrhea, 10 (10.1%) received bland foods in more than the usual amount; 28 (28.3%) the usual amount, 20 (20.2%) less than the usual, 4 (4%) did not feed or stopped the feeding; and 37 (37.4%) exclusive breastfeeding.

24. Of the children with diarrhea, the mothers interviewed reported (45.5%) giving ORS; (11.1%) did not give any treatment; (8.1%) gave them homemade ORT, (1%) gave them liquids or teas; (6.1%) other liquids; (50.5%) received antidiarrheal treatment or antibiotics

25-26. Of the mothers with children that were sick with diarrhea, (53.5%) stated that they requested help or advice for their sick child, and it was done in the following manner: (54.7%) visited the Health Center; (7.5%) requested help from Brigadista; (3.8%) from midwives; and (32.1%) from relatives, friends; and (5.7%) from a pharmacy.

27. Of the 300 mothers interviewed on the recognition of signs of danger in diarrhea: (36.3%) recognized signs of dehydration; (3%) vomiting; (3.3%) fever; (27.7%)

prolonged diarrhea; (15.7%) weakness; (0.7%) blood in the stool; (19.3%) loss of appetite; (15%) reported other symptoms; and (14%) reported that they do not know how to recognize the danger signs when their child has diarrhea.

28. When questioned about what a mother should do when their child has diarrhea; (59.3%) would administer ORS; (43%) would take the child to the a Health Center; (1.7%) would give more liquid than the usual; (1.7%) reported that they don't know what to do; (0.3%) would give more foods of the usual; (1%) feed more after diarrheal episodes ; (5%) give liquids; (14%) another kind of practice.

29. When the mothers reported what they would do while their child is recovering from diarrhea; (20.7%) would feed frequently but in smaller amount; (36.5%) would give foods more than the usual; (9.7%) would give foods with high content in calories; (16.7%) do not know what to do; (25%) other types of activities.

## Respiratory Disease

30-31. Of the 300 mothers interviewed, 138 (46%) said that their children had respiratory problems. 107 (77.5%) said that their children presented difficulty in breathing in the last two weeks prior to the interview.

32-33. Of the 138 mothers whose children had had respiratory problem, 71 (66.4%) sought advice or help. Of these mothers, 45 (63.4%) sought it from health Center; 6 (8.5%) from brigadista; 7 (9.9%) from private doctor; 14 (19.7%) from relatives or friends; 2 (2.8%) from hospital; 1 (1.4%) from midwives.

34. Of the 300 mothers interviewed about recognizing the symptom of severity if their children has a breathing problem they responded in the following manner: (53%) rapid and agitated breathing; (14%) intercostal retraction; (7%) fever; (13.7) cough; (13.3%) loss of appetite; (13%) did not know; and (16.6%) other symptoms (fretful, pale, sad, restless, bothersome).

## Immunizations

35. Of the 300 mothers interviewed, 282 (94%) said that they had their children vaccinated at some time; 18 (6%) said that they did not know.

36. Of the 300 mothers interviewed, 187 (62.4%) responded that the vaccine against the measles should be given at nine months; 22 (7.3.%) gave other dates; and 91 (30.3%) said they did not know.

37. Of the 300 mothers interviewed, 106 (35.3%) responded that the tetanus vaccine is to protect the mother and the child; 16 (5.3%) to protect only the mother; 90 (30%) to protect only the child; and 88 (29.3%) did not know.

38. Of the 300 mothers interviewed about the number of TT doses that a pregnant woman should receive, 86 (28.7%) more than two doses; 72 (24%) two doses; 37 (12.3%) one dose; and 105 (35%) did not know.

39. Of the 300 mothers interviewed, 262 (87.3%) showed their children's vaccination cards; 14 (4.7%) lost the card; and 24 (8%) didn't have a card at the time of the interview.

40. The OPV coverage for the group of children between 12 to 23 months of age is as follows (9.1%) did not have dose of OPV; and (90.9%) had received a third dose.

For the DPT vaccine (9.1) of the children between 12 to 23 months of age, did not have the first dose; (1.4%) never received the second dose; and the (89.5%) have the third dose.

For measles (86.7%) of the children between 12 to 23 months of age have their vaccination; and (90.9%) have BCG.

Complete coverage of children between 12 to 23 months of age (3 OPV, 3 DPT measles and BCG) is (85.3%).

## Maternal Health

41. Of 300 mothers interviewed, 119 (39.7%) had their prenatal card; 57 (19%) mislaid it; 124 mothers (41.3%) did not have a maternal health card.

42. Of the 119 mothers interviewed with a maternal health card, 59 (49.6%) had two doses or more; 42 (35.3%) received one dose of TT; and 18 (15.1%) had not received TT.

43 44. Of the 119 mothers with prenatal cards; 20 (16.8%) had one pre-natal visit; 99 (83.2%) had two or more visits.

45. Of the 300 mothers interviewed, 28 (9.3%) were pregnant at the time of the interview.



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46. Of 272 mothers that were not pregnant at the time of the interview, 218 (80.1%) responded that they do not want to have another child in the next two years; 16 (5.9%) responded that they don't know; 38 (14%) want to have another child in the next two years.

47. Of 234 mothers that do not wish to have a child in the next two years or don't know; 123 (52.6%) are using some kind of modern birth-control method; 111 (47.4%) are not using any modern method of family planning.

48. Of the 123 mothers that are using any family planning method, (25.2%) use oral contraceptive; (23.6%) have had surgical sterilization; (9.8%) are using intra-uterine device, (2.4%) condoms; (8.9%) injections; (0.8%) rhythm method; (28.5%) exclusive breastfeeding; (0.8%) other.

49. In regards to the period in which a pregnant woman should visit a health professional for the first time for prenatal control; 235 (78.3%) responded during the first trimester; 13 (4.3%) between 4 and 6 months; 7 (2.3%) during the last trimester; 45 (15%) responded don't know.

50. In relation to the type foods that are good to prevent anemia for a pregnant woman, they responded: 130 (43.3%) proteins rich in iron; 126 (42%) vegetables rich in iron; 111 (37%) responded don't know; and 15 (5%) responded other types of food (rice, tortilla).

51. Of 300 mothers interviewed about the weight a woman should gain during pregnancy, 231 (77%) responded don't know; 38 (12.7%) between 10 and 12 kilos; and 31 (10.3%) other weights.

52. Of the 300 mothers interviewed, 236 (78.7%) visited a Health Center for their prenatal control.

53. Of the 300 mothers interviewed in regards to the amount of foods eaten during their pregnancy, 110 (36.7%) manifested that they have eaten more than the usual; 120 (40%) same amount; 30 (10%) less than the usual; and 40 (13.3%) responded don't know.

54. Of the 300 mothers interviewed, 106 (35.3%) of deliveries were assisted by health personnel (nurses and/ or doctors); 153 (51%) were assisted by midwives; 35 (11.7%) by a member of the family; 3 (1%) by other people; 3 (1%) herself.



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## COMPARISON BETWEEN BASE LINE AND MID-TERM SURVEYS

INTERVENTION OBJETIVES

| NUTRITION | BASE LINE | MID-TERM | FINAL OBJECTIVE |
|---|---|---|---|
| % of Children/infants (less than four months) breastfeeding exclusively. | 20.4% | 54% | 35% |
| % of mothers who identify the appropriate age for introducing solid foods . | 23.7% | 53% | 40% |
| % of children with growth monitoring cards who were weighed and measured within the past four months. | 62% | 76.7% | 80% |
| % of mothers eating more during their pregnancies. | 34.7% | 36.7% | 55% |
| % of mothers who know what foods contain vitamin "A". | 17% | 44% | 45% |

| DIARRHEA | BASE LINE | MID-TERM | FINAL OBJECTIVE |
|---|---|---|---|
| % of children receiving oral rehidration solution. | 37.2% | 45.5% | 65% |
| % of children/infants with diarrhea in the past two weeks who were given the same amount or more food. | 30.8% | 63.6% | 55% |
| % of children who received more food after an episode of diarrhea. | 22.7% | 36.5% | 50% |
| % of mothers who identify the danger signs of diarrhea. | 22.3% | 63% | 50% |
| % of children treated with antibiotics and antidiarrheal medicines. | 50% | 50.5% | 30% |

| ARI | BASE LINE | MID-TERM | FINAL OBJECTIVE |
|---|---|---|---|
| % of mothers who sought a community healtlh volunteer or health professional for a child with ARI. | 69.5% | 84.6% | 85% |
| % of mothers who recogize "intercostal contractions" as a danger sign. | 4.7% | 14% | 30% |
| **IMMUNIZATION** | **BASE LINE** | **MID-TERM** | **FINAL OBJECTIVE** |
| % of children between 12-23 months who are completely immunized. | 84.5% | 85.3% | 95% |
| % of mothers between 18-35 years who have received two doses of the Tetanus Toxoid. | 15% | 19% | 35% |
| % of mothers who know the age to administer the measles vaccine. | 37.3% | 62.4% | 60% |
| % of mothers who recognize that the Tetanus Toxoid protects mother and child. | 14.3% | 35.3% | 40% |

| MATERNAL HEALTH | BASE LINE | MID-TERM | FINAL OBJECTIVE |
|---|---|---|---|
| % of mothers who have their maternal care cards. | 30.7% | 39.7% | 60% |
| % of mothers who have had atleast one or more pre-natal visits. | 29.4% | 39.6% | 60% |

| | | | |
|---|---|---|---|
| % of mothers using modern family planning methods. | 38% | 52.6% | 55% |

**PROYECTO HOPE-NICARAGUA**
**SUPERVIVENCIA INFANTIL X-BOACO**

PROJECT HOPE

MUNICIPIO: **SANTA LUCIA**

# ESTUDIO REALIZADO ACERCA DE LAS MADRES QUE SUMINISTRARON ANTIBIOTICOS Y/O ANTIDIARREICOS A SUS NIÑOS AL MOMENTO DE LA ENCUESTA DE MEDIO TERMINO.

**Realizado por Educadores en Salud: Rosa Argentina Rivas.**
**Humberto Matus S.**

Agosto 2, 1996.

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En la encuesta de Medio Término, un total de 66 madres fueron entrevistadas en el Municipio de Santa Lucía, de éstas 28 tuvieron a su niño con Diarrea al momento de la entrevista o dos semanas anteriores.

De las 28 madres, 12 dijeron haber suministrado algún tipo de antidiarréico y/o antibiótico al ser entrevistadas; por lo cual, se hizo un estudio para verificar el tipo y el por qué del suministro de estos medicamentos a los niños.

El coordinador y el equipo de campo del Proyecto HOPE, elaboramos 6 preguntas dirigidas a estas madres, obteniendo el siguiente resultado:

- Se verificó la accesibilidad de las madres hacia el Centro de Salud en tiempo, siendo únicamente dos madres las que tardan 2 horas en llegar al C/S.

- Del total de 12 madres a las que se les preguntó si hay ventas o alguien vende remedios, sólo en 2 comunidades existe este tipo de ventas.

- Del total de madres entrevistadas, una mayoría respondió haber suministrado Suero Oral antes de haber dado algún tipo de medicamento. En esta pregunta hubo una gran variedad de respuestas donde se comprobó que la mayoría de las madres entrevistadas no distinguen los tipos de medicamentos, ya que algunas madres que respondieron en la encuesta de medio término haber dado antibiótico y/o antidiarréico, en realidad lo que suministraron fueron desparasitantes y remedios caseros en gran mayoría a estas 12 madres.

- Las madres que suministraron antibióticos y/o antidiarréicos, que fue una minoría, asistieron al Centro de Salud siendo recetados por la Doctora de dicho centro asistencial.

- En relación a lo que pensaban del Suero Oral, el 100% de las madres involucradas en este estudio respondieron que es de gran ayuda, pero que en algunos casos tienen que hacer uso de medicamentos o remedios caseros, ya que el Suero Oral no para la Diarrea. Una madre dijo: "Le doy Suero Oral para la Diarrea y el vómito, aunque no la quita, es sólo para mantenerlo".

- Acerca de los consejos que daría la madre entrevistada a su amiga o vecina respecto a la Diarrea dijeron lo siguiente:

  - ☞ Un 80% respondió darle Suero Oral mientras acuden a alguna unidad de salud.

  - ☞ Dos madres aconsejarían dar remedios.

# ANNEX E

## EVALUATION METHODOLOGY

1. Calendar of Activities

2. Evaluation Team

3. Evaluation Activities

SCHEDULE OF MID TERM EVALUATION ACTIVITIES

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|
| 5<br>Travel Miami-Nicaragua, Visit to Managua Office, Planning with National staff | 6<br>Meeting with Boaco HOPE staff: Orientation of project, objectives of the evaluation, select communities | 7<br>Meeting with 6 HOPE staff: formulate interview and focus group questions | 8<br>FIELD VISITS | 9<br>FIELD VISITS | 10<br>Document review and begin writing report |
| 12<br>FIELD VISITS | 13<br>FIELD VISITS | 14<br>FIELD VISITS | 15<br>Analysis of data and review of project documents Interviews with HOPE staff re: information system and budget | 16<br>Workshop with HOPE staff: Auto-evaluation analyze specific topics indicated by the evaluation | 17<br>Writing of draft report |
| 19<br>Workshop of Results: Evaluation Team and HOPE staff | 20<br>Travel to Managua Meetings with HOPE national staff, MSH, AID | | | | |

# EVALUATION TEAM MEMBERS

August 5 - 20, 1996

TEAM 1

Renee Charleston, Consultant
Manuel Garcia, HOPE Boaco Project Coordinator
Dr. Pedro Sanchez, MINSA Dept of Epidemiology

TEAM 2

Judiann McNulty, Headquarter's Representative
Dr. Hugo Barquero, HOPE Country Director for Nicaragua
Xiomara Romano, PROSERBI
Susan Cameron, Peace Corps Volunteer

Due to time constraints, not all team members were available for the full 5 days of field visits.

Each team member assumed primary responsibility for conducting the interviews and/or focus group discussions. There was some overlap depending on the human resources available at each specific community. The responsibilities were divided as follows:

TEAM 1

Renee Charleston, Brigadistas, UROC, Midwives, Health Centers, Municipalities
Manuel Garcia, Community Committees, Teachers
Dr. Pedro Sanchez, Community Committees, Feeding Centers

TEAM 2

Judiann McNulty, Brigadistas, UROC, Feeding Centers, Health Centers
Dr. Hugo Barquero, Community Committees, Teachers
Xiomara Romano, Community Committees, Midwives
Susan Cameron, Feeding Centers, Midwives

COMMUNITIES VISITED DURING THE
MID TERM EVALUATION
AUGUST 1996

| DATE | MUNICIPALITY | COMMUNITY | TRAVEL TIME | SCHOOL | HEALTH POST | UROC | FEEDING /GARDEN |
|---|---|---|---|---|---|---|---|
| 8/8 | Santa Lucia | 1. Rastrojos | 1:30 h | YES | NO | YES | NO |
| 8/8 | Santa Lucia | 2. Boaquito | 30 m | YES | YES | YES | NO |
| 8/9 | Camoapa | 3. Tolinapa | 1:15 h | YES | NO | YES | YES |
| 8/9 | Camoapa | 4. Pochote | 45 m | YES | YES | YES | NO |
| 8/12 | San Jose | 5. Malacatoya | 1:30 h | YES | NO | YES | NO |
| 8/12 | San Jose | 6. El Cerro | 1:30 h | YES | NO | YES | YES |
| 8/13 | Teustepe | 7. Bajo de las Rameriz | 1:30 h | YES | NO | NO | YES |
| 8/13 | Teustepe | 8. Candelaria | 2 h | YES | NO | YES | NO |
| 8/14 | Teustepe | 9. Acedades | 30 m | YES | NO | YES | YES |
| 8/14 | Teustepe | 10. El Empalme | 30 m | YES | YES | YES | YES |

COMMUNITY VISITS
MID TERM EVALUATION

TEAM 1

| | | | |
|---|---|---|---|
| 8/8 | 2 PM | Rastrojos | (AM Las Lajas, Health Center of Santa Lucia) |
| 8/9 | 10 PM | Pochote | (PM Health Post, Mayor of Camoapa) |
| 8/12 | 2 PM | Malacatoya # 1 | (AM Mayor of San Jose) |
| 8/13 | 2 PM | Bajo de las Ramirez | (AM El Crucero) |
| 8/14 | 2 PM | Acedades | (AM Health Center San Jose, Mayor of Teustepe) |

TEAM 2

| | | | |
|---|---|---|---|
| 8/8 | 11 AM | Boaquito | (AM Health Post) |
| 8/9 | 10 AM | Tolinapa | (PM Cebollin) |
| 8/12 | 2 PM | El Cerro | (AM La Canada) |
| 8/13 | 2 PM | Candelaria | (AM Health Center in Teustepe) |
| 8/14 | 2 PM | El Empalme | (AM Puesto) |

All community meetings were held in either the school or local health post. Each team visited one community per day to complete the in-depth analysis and one secondary visit, listed in parenthesis. The secondary visits to communities were unannounced in order to observe HOPE staff during their regularly scheduled activities.

## INTERVIEWS

Ministry of Health (MINSA)

- Laura Luisa Castrillo, Director, Camoapa Municipal Health District
- Carmen Gonzalez, Auxiliary Nurse, Pochote Health Post
- Silvia Quezada, Director, Santa Lucia Municipal Health District
- Dinora Diaz, Director, Teustepe Municipal Health District
- Salome Garcia, Auxiliary Nurse, El Empalme Health Post
- Deysi Navarro, Director, San Jose Municipal Health District
- Lucia Salinas, Doctor, Boaquito Health Post
- Silvia Alvarez, Auxiliary Nurse, Boaquito Health Post

Municipal Authorities

- Santiago Urbina, Municipal Development Committee, San Jose
- Oscar Barquero, Director of Municipal Services, Camaopa
- Yolanda Arrolega, Legal Advisor, Camoapa
- Miriam Largaespada, Mayor, Teustepe

Project HOPE

- Hugo Barquero, Country Director
- Manuel Garcia, Boaco Program Coordinator
- Maria Angela Donaire, HIS Coordinator
- Idalia Oporto, Administrative Assistant
- Gabriela, HOPE Carrazo Health Supervisor
- 11 Health Educators

Other NGOs

- Xiomara Romano, Coordinator, PROSERBI
- Peter Boody, Director, Management Sciences for Health

Others

- Karen Hillary, Director, Office of Social Investment, USAID
- John Sullivan, Assistant Director, Office of Social Investment, USAID

## COMMUNITIES

Santa Lucia

- 1 Brigadista
- 2 Midwives
- 19 Members of Community Development Committee
- 3 Teachers
- 1 Feeding Center Coordinator

San Jose de los Remates

- 3 Brigadistas
- 2 Midwives
- 7 Members of Community Development Committee
- 2 Teachers
- 1 Feeding Center Coordinator

Camoapa

- 16 Brigadistas
- 1 Midwife
- 10 Members of Community Development Committee
- 1 Teacher

Teustepe

- 8 Brigadistas
- 4 Midwives
- 21 Members of Community Development Committee
- 3 Teachers
- 3 Feeding Center Coordinators

Total

- 28 Brigadistas
- 9 Midwives
- 57 Members of Community Development Committee
- 9 Teachers
- 5 Feeding Center Coordinators
- 10 Communities Interviewed
- 4 Additional Communities Visited

ORIENTATION MEETING WITH HOPE STAFF
6 August 1996

Present:
Hugo Barquero
Manuel Garcia
11 Educators
Renee Charleston
Judiann McNulty
Susan Cameron, PCV

Introduction of objectives and methodologies of the MTE

Presentation by each of the 4 municipal teams as to strengths and strategies with positive results, plus general information about each area

Selection of communities and travel arrangements for each team

Review of educational materials of the project

WORK SESSION TO DEVELOP INTERVIEW INSTRUMENTS
AND FOCUS GROUP QUESTIONS

7 August 1996

Present:
Hugo Barquero
Manuel Garcia
Corina Duarte
Carlos Bodan
Julio Rojas
Victorino Castro
Renee Charleston
Judiann McNulty

Discussion of types of information which was needed; AID specific, project needs, problem areas to investigate based on the survey and project inputs and products

Developed interview forms for CHVs, TBAs, teachers, coordinators of feeding centers, health post/center staff, municipal authorities, and community committees

WORKSHOP WITH HOPE STAFF
16 August 1996

Present:
Renee Charleston
Hugo Barquero
Manuel Garcia
11 Educators
Susan Cameron, PCV
Quentin, PCV

Update on progress of the evaluation

Analysis of specific issues:
- Knowledge of Vitamin A sources
- Supervisory responsibilities
- Turnover rate of CHVs
- Phase 2 expansion into new communities

Self Evaluation on Quality and Quantity of Completion of Project Inputs and Outputs

Definition and Description of Aspects of Project

TOPICS:
- Self sufficient Communities
- Community Information System
- Sustainability
- Transfer of Responsibility

Small group work to develop the following:
- Definition
- Objectives
- Components of an ideal system/situation

WORKSHOP WITH HOPE STAFF
19 August 1996

Present:
Hugo Barquero
Manuel Garcia
Jack Blanks
Judiann McNulty
Xiomara Romano, PROSERBI
Maria Angela, HIS
Susan Cameron, PCV
11 Educators
Renee Charleston

| | |
|---|---|
| Introduction | Hugo Barquero |
| Methodology of the KPC Survey | Manuel Garcia |
| Methodology of Field Visits | Xiomara Romamo |
| Five Stars | Renee |

PRINCIPAL AREAS OF FOCUS:

| | |
|---|---|
| Training | Renee |
| Supervision | Judiann |
| Information | Renee |

Analysis in Groups — All Participants

Presentation of Conclusions

Closing — Jack Blanks, Director Regional de las Americas y Africa, Project HOPE Center

## ANNEX F

## EVALUATION RESULTS

1. Interviews with Brigadistas
2. Interviews with Midwives (TBA)
3. Interviews with Health Center Staff
4. Interviews with Teachers
5. Interviews with Feeding Center Coordinators
6. Interviews with Municipal Representative
7. Focus Groups with Community Committees
8. Instruments Used

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Others

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Total

- 28 Brigadistas
- 9 Midwives
- 57 Members of Community Development Committee
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- 10 Communities Interviewed
- 4 Additional Communities Visited

INFORMATION FROM INTERVIEWS WITH BRIGADISTAS (CHVS)

| | CAM # 4 | SJ # 5 | SJ # 6 | SL # 2 | CAM # 3 |
|---|---|---|---|---|---|
| TIME AS CHV | 6=<1YR<br>8=1-5 YRS | 1=<1YR<br>1=5-10YR | 1=>10YR | 1=1-5 YR | 1=<1YR<br>1=5-10YR |
| TIME WORK | 8 HRS/WK | 4 HRS/WK | NR | 3 DAYS/WK | 4 HRS/WK |
| WORKLOAD | MINIMAL | NORMAL | MINIMAL | NORMAL | MINIMAL |
| ACTIVITIES | Hygiene,CDD, BF,ARI,EPI,MH Education | Hygiene,CDD, MH Traditional Medicine, Education | VACCINE CAMPAIGN, GM/P, Education | VAC CAMP, Hygiene,MH inject,ARI suture,nutr | Projects, ORS,Refer, Education |
| ED TECHNIQ | Meetings, talks, home visits | Talks, home visits | Talks, home visits, games | Games, talks,home visits | Meetings, talks,home visit, games posters |
| ED MATER | Hope-MINSA 5 Modules, some-Facts for life | 1=none<br>1=10 posters | WTIND, 5 modules, borrow flipchart | 5 modules | 1=5 modules<br>1=none |
| TRAIN BY | HOPE-MINSA | HOPE-MINSA | HOPE-MINSA | HOPE-MINSA | HOPE-MINSA |
| TOPICS | MH, OTHERS IN MEETINGS | Nut, FP,1st Aid,CDD | CDD, ARI | Nutr,CDD,FP ARI, | BF,ARI,CDD MH,Nutr,FP |
| COORDIN | MINSA | MINSA | MINSA | MINSA | MINSA |
| SUPERVI | YES HOPE MONTHLY | HOPE MINSA | HOPE-MINSA MONTHLY | HOPE-MINSA MONTHLY | HOPE-MONTH MINSA-VACC |
| PROBLEM | DIARRHEA,ARI | ARI | DIARRHEA, ARI | MALNUTRI, DIARRHEA | WATER & LATRINES |
| ORS | YES SOME OCCASIONALLY LACK | YES ALWAYS | YES ALWAYS | YES ALWAYS | SOMETIMES LACKING |
| ARI | REFER | REFER | REFER | REFER | REFER |
| REFER | YES | YES | YES | YES | YES |
| FUTURE TOPICS | BIRTHS, INJECT, SUTURE, 1ST AID,REPEAT PREVIOUS | REPEAT SAME TOPICS BUT WITH MORE TIME | OTHER DISEASES, GAMES | HYGIENE, ARI, MOTIVATION OF COMMUNITY | TB, Inject, BF, teaching methods, EPI |

INFORMATION FROM INTERVIEWS WITH BRIGADISTAS (CHVS)

| | T # 7 | T # 8 | T # 9 | T # 10 |
|---|---|---|---|---|
| TIME AS CHV | 1=5-10 YRS | 1=<1YR<br>1=1-5YR | 1=1-5YR<br>2=>10YR | 2=1-5 YR |
| TIME WORK | NR | 2 HRS/WK | NR | 4 HRS/WK |
| WORKLOAD | NORMAL | NR | NORMAL | NORMAL |
| ACTIVITIES | Vac Cam, Cleanup,ORS, Chlorine,1st Aid,Refer | ORS,Refer, Education | ORS,Motivate PNC & FP, Refer, Education | Education Refer,FP Vac Cam ORS PNC & TT Cleanup |
| EDUCATION TECHNIQUES | Talks, Meetings, Home Visits, Posters | Talks, Home Visits, Games planned by HOPE | Home Visits, Games, Talks | Roleplaying Demonstra-tions,Talks Posters |
| ED MATERIA | Buscando Remedios, 5 modules, posters | 5 modules | 5 Modules Buscando Remedios | 2 Modules ORS Manual Facts For Life |
| TRAIN BY | HOPE-MINSA | HOPE-MINSA | HOPE-MINSA | HOPE-MINSA |
| TOPICS | CDD,ARI,BF,FP MH | Prevention, MH,Games | Malaria,ARI CDD,FP, Nutrition | Nutrition, MH,CDD, Malaria |
| FUTURE COORDIN | MINSA | MINSA | MINSA & NGOs | MINSA |
| SUPERVI | HOPE-Monthly MINSA-Vaccine | HOPE-Monthly MINSA-Vaccine | HOPE-Monthly MINSA-Vaccine | HOPE-Month MINSA-Post |
| PROBLEM | Diarrhea, ARI | Diarrhea, ARI | Diarrhea,ARI | Malaria CDD |
| ORS | YES ALWAYS | YES ALWAYS | YES ALWAYS | YES ALWAYS |
| ARI | REFER | REFER | REFER | REFER |
| REFER | CONTRA-NO | YES | YES | YES |
| FUTURE TOPICS | TRADITIONAL MEDICINE | REPEAT SAME TOPICS AGAIN | INJECT,REPEAT TOPICS AGAIN EDUCATIONAL TECHNIQUES | MALARIA INJECT, FP |

VAC CAMP= VACCINATION CAMPAIGN
CDD=CONTROL OF DIARRHEAL DISEASE
ARI= ACUTE RESPIRATORY INFECTION
MH= MATERNAL HEALTH
EPI= EXPANDED PROGRAM OF IMMUNIZATIONS
WTIND= WHERE THERE IS NO DOCTOR (Werner)
BF= BREASTFEEDING
NR= NO RESPONSE
GM/P=GROWTH MONITORING/PROMOTION
FP= FAMILY PLANNING

INFORMATION FROM INTERVIEWS WITH
MIDWIVES (TBAS)
PROJECT HOPE MIDTERM EVALUATION

| | SL # 2 | SL # 2 | CAM # 3 | SJ # 6 |
|---|---|---|---|---|
| TIME AS TBA | 1=>10YR | 1=1-5YR | 1=5-10YR | NR |
| TRAIN-WHO | NO | HOPE-MINSA | HOPE-MINSA | HOPE-MINSA |
| TRAIN-WHAT | NO | 1ST AID, FP,REFER | FP,BF | MH,ARI, CDD |
| ADVICE GIVEN | USE OF HERBS | USE OF HERBS, MASSAGE | NUTRITION BF | RISK FACTORS-AGE |
| EDUCATIONAL MATERIAL | NO | HOPE-MINSA MANUAL | HOPE-MINSA MANUAL | HOPE-MINSA MANUAL |
| SUPERVISION | NO | HOPE-MINSA | HOPE-MONTH | HOPE-MINSA |
| HEALTH PROBLEM | ARI | CHOLERA, CDD | CHOLERA ARI | CDD |
| # BIRTH/6MONS | 4 | 6 | 3 | 0 |

| | SJ # 6 | T # 7 | T # 8 | T # 9 |
|---|---|---|---|---|
| TIME AS TBA | 1=>10YR | 1=5-10YR | 1=>10YR | 2=>10YR |
| TRAIN-WHO | HOPE-MINSA PROSERBI | HOPE-MINSA | NO | MINSA |
| TRAIN-WHAT | FP,CDD,ARI Nutrition | MH,CDD,ARI | NO | NUTRITION MH |
| ADVICE GIVEN | NEED FOR PRENATAL CARE | RISK FACTORS, REFER FOR PNC | USE OF HERBS | NO DRUGS W/OUT SCRIPT, BF NUTRITION |
| EDUCATIONAL MATERIAL | MANUAL, BOOK, KIT | MANUAL | NONE | POSTERS |
| SUPERVISION | HOPE-MINSA PROSERBI | HOPE-MONTH MINSA X3M | NO | HOPE-MONTH MINSA-SOME |
| HEALTH PROBLEM | DIARRHEA | DIARRHEA ARI | ARI,CDD | CDD,FEVER MALARIA |
| # BIRTH/6MONS | 4 | 2 | 2 | 3 |

INFORMATION FROM INTERVIEWS WITH
HEALTH POSTS/HEALTH CENTERS
PROJECT HOPE MIDTERM EVALUATION

| | SANTA LUCIA | CAMOAPA | CAMOAPA #4 | LUCIA #2 |
|---|---|---|---|---|
| INTERVIEWED | DIRECTOR | DIRECTOR | AUXILIARY | DOC & AUX |
| WHAT TO DO WHEN HOPE GONE | ASK OTHER NGOS, FISE | NO PROBLEM | NO PROBLEM | GETTING PEOPLE TO MEET |
| REFER | GIVE PRIORITY | CONTRA-NOT ALWAYS DONE | NOT ALL ARE LITERATE | GOOD AT ALL LEVELS |
| MONTHLY REPORT | DON'T ALWAYS TURN IN IF NO MEETINGS | FORMAT TOO DIFFICULT, HAVE DONE 3 TRAININGS | TURN IN AT MONTHLY MEETING | MONTHLY REVIEW FOR CORRECTNESS |
| HOW IS INFORMATION USED | PROGRAM VISITS | ID AREAS FOR IMMEDIATE ACTION | DOCTOR USES BUT NOT SURE HOW | SEND TO STA LUCIA, DON'T USE |
| IN POSITION | 4 YR | 3 YR | 2 YR | D-2M A-2YR |
| TRAINING RECEIVED FROM HOPE | EVERYTHING IN ONE | FP, PLANNING | FP,MH, COUNSELING ADMINISTRAT | A-YES |
| CRITERIA FOR USE OF ANTIBIOTICS | Blood,>7D Cholera, Have Lab, Emerg stock Prioritize | Observe 6HR W/ Rehydra Have Lab, Antiparasite | # Days, Fever, don't use much | BLOOD |
| SUPPORT RECEIVED FROM HOPE | TRAINING TRAVEL PG Tests, Supplies | Donations for UROC, TRAINING | NONE | TRAINING, TRAVEL, MEDS, GET GROUPS TOGETHER |
| BASIC EQUIPMENT LACKING | NONE | BP CUFF, MH CARD, ANTIBIOTICS | ANTIBIOTICS | ANTIBIOTIC |
| COORDIN-ATION WITH HOPE | 80% Travel together, Program together | VAC CAMP Program together plans for Brigadistas | VAC CAMP, TRANSPORT, HOPE does vaccines | HOPE Announces MINSA's visits |
| PROBLEM | ARI CDD | ARI,Parasit | ARI,Parasit | ARI,CDD |

INFORMATION FROM INTERVIEWS WITH
HEALTH POSTS/HEALTH CENTERS
PROJECT HOPE MIDTERM EVALUATION

| | TEUSTEPE | SAN JOSE | T # 10 |
|---|---|---|---|
| INTERVIEWED | DIR & NURSE | DIRECTOR | NURSE |
| WHAT TO DO WHEN HOPE GONE | FINANCING FOR TRAINING & MATERIALS | FINANCING FOR TRAINING & MATERIALS FOLLOWUP WILL BE DIFFICULT | TRANSPORT-ATION |
| REFER | EXCELLENT | FUNCTIONING BUT NOT 100% DUE TO LOW LEVEL OF LITERACY | GOOD,AT EACH MONTHLY MTG THE SYSTEM IS REVIEWED |
| MONTHLY REPORT | NEED TO IMPROVE FORM, RECEIVE MONTH | RECEIVE MONTHLY AT MEETINGS | RECEIVE MONTHLY AT MEETING |
| HOW IS INFORMATION USED | See what activities were done, incidence of disease | Program visits based on risks or problems | Program visits to communities with CHV |
| IN POSITION | 4 YR | 4.5 YR | 14 YR |
| TRAINING | EVERYTHING | NR | ARI,CDD,EPI |
| CRITERIA FOR ANTIBIOTICS | BLOOD, COURSE ON USE | DYSENTERY, CHRONIC | ACCORDING TO LAB RESULTS |
| SUPPORT FROM HOPE | TRANSPORT TRAINING MOTIVATION IN PREVENTION | TRANSPORT TRAINING VAC CAM EPIDEMICS | TRAINING TRANSPORT |
| EQUIPMENT LACKING | ANTIBIOTICS | SCALES, BP CUFF | BP CUFF ANTIBIOTICS |
| COORDIN-ATION WITH HOPE | NR | TRAVEL TOGETHER, EVALUATIONS | EVALUATIONS TRAINING VAC CAM PLANNING |
| PROBLEM | ARI, PARASIT | ARI,PARASIT | CDD,ARI |

NR= NO RESPONSE

INFORMATION FROM INTERVIEWS WITH TEACHERS
PROJECT HOPE MIDTERM EVALUATION

| | SL # 2 | C # 3 | SJ # 6 | SJ # 5 |
|---|---|---|---|---|
| TIME IN COMMUNITY AS TEACHER | 2=1-5YR 1=5-10YR | 1=1-5YR | 1=<1YR | 1=1-5YR |
| TRAINING -WHO | HOPE-MINSA | HOPE-MINSA | HOPE-MINSA MAG | HOPE-MINSA |
| TRAINING -WHAT | ARI,CDD, CHOLERA, HYGIENE | ARI,CDD | LEADERSHIP STD, COMMUNITY DEVELOP | CDD,FP, CHILD DEVELOP-MENT |
| COORDINATION WITH HOPE | EDUCATION VACCINE CAMPAIGN | VAC CAM MEETINGS W/ CHV CLEANUPS | EDUCATION CLEANUP | VACCINE CAMPAIGN |
| EDUCATIONAL MATERIAL RECEIVED | FACTS FOR LIFE | FACTS FOR LIFE, MANUAL, PAMPHLET | PAMPHLET ABOUT CHOLERA | NONE |
| ADDITIONAL EDUCATION | ARI,CDD | CHOLERA | ARI | NATURAL MEDICINE |
| COMMUNITY PROJECTS | CLEANUP REFOREST VACCINE CAMPAIGN | CLEANUP, BUILD SCHOOL, LATRINES, CHLORINE | HYDROPONIC GARDENS, FEEDING CENTER, CLEANUP | VACCINE CAMPAIGN, DENTIST, CLEANUP |
| HEALTH PROBLEMS | ECONOMY MALNUTRIT HYGIENE | MAL-NUTRITION | ARI | ARI,CDD |

INFORMATION FROM INTERVIEWS WITH
TEACHERS
PROJECT HOPE MIDTERM EVALUATION

| | T # 7 | T # 9 | T # 10 |
|---|---|---|---|
| TIME TEACHER | 1=1-5YR | 1=1-5YR | 1=5-10YR |
| TRAINING -WHO | HOPE-MINSA UNIVERSITY | HOPE-MINSA | HOPE-MINSA MED |
| TRAINING -WHAT | CDD,MH, CHOLERA, PREVENTION | CDD,MH HYGIENE | BF,ARI,CDD AIDS,STD, DENTAL |
| COORDINATION WITH HOPE | VACCINE CAMPAIGN | MOTHERS CLUBS | CLEANUP VAC CAM TRAINING FLUORIDE |
| EDUCATIONAL MATERIAL RECEIVED | PAMPHLETS, FLIPCHARTS POSTERS | PAMPHLETS POSTERS | PAMPHLETS |
| ADDITIONAL EDUCATION | HEALTH FOR OLDER CHILDREN | PAMPHLETS FOR MOTHERS | POSTERS, FLIPCHARTS MEGAPHONE |
| COMMUNITY PROJECTS COMPLETED | VACCINE CAMPAIGN, HELP CHV | COMMUNITY MEETINGS FOR EDUCATION, WATER COMMITTEE | CLEANUP VACCINE CAMPAIGN, DIAGNOSIS OF THE COMMUNITY, EDUCATION |
| HEALTH PROBLEMS | CDD,DENGUE PARASITES | CDD,ARI | CDD, MALARIA |

INFORMATION FROM INTERVIEWS WITH
COORDINATOR OF FEEDING CENTERS/GARDENS
PROJECT HOPE MIDTERM EVALUATION

| | SL # 1 | SJ # 6 | T # 7 | T # 9 | T # 10 |
|---|---|---|---|---|---|
| TIME AS CENTER | NO | 9 M | 3 YR | 3 YR | 5 YR |
| # CHILDREN | PLAN 40 | 15 | 42 | 94 2Centers | 53 |
| TRAIN-WHO | NO | NO | PROSERBI SUSAN | FONIF | FONIF HOPE |
| TRAIN-WHAT | NO | NO | ORGANIZ-ATION,USE OF PRODUCT | HYGIENE | HYGIENE NUTRITION CDD |
| NEEDS | MORE FOOD | CHICKENS PLATES BENCHES | POTS & PANS | DISHES INFO ABOUT SOY, SECURITY IN RECEIVING FOOD | OTHER SOURCES OF FOOD, DISHES, TABLES & CHAIRS |
| MALNOURISHED CHILD | PROTEIN FOOD, BF, INCREASE FOOD | REFER GIVE FOOD | REFER, GIVE VITAMINS & VEGETABLES | REFER | WEIGH REFER |
| SOURCES OF A | NR | NO | PARTIAL | PARTIAL | NO |
| GARDEN HELPS NUTRITION | NO GARDEN | YES | TOO EARLY | NO GARDEN | NO GARDEN |
| COMMUNITY PARTICIPATE | NO | SOME FAMILIES | MOTHERS | NO | NO |
| HEALTH PROBLEMS | ARI | ARI | ARI,CDD | CDD,FEVER MALARIA | CDD, MALARIA |

NR=Question not asked or no response

# MID TERM EVALUATION
# INTERVIEW RESULTS

## MEETINGS WITH MUNICIPAL REPRESENTATIVES

Municipality: Camoapa

Persons Interviewed: Community Development Committee Coordinator and Legal Advisor

Objectives of HOPE: Objectives not clear, more focus on donations which HOPE has made in the past.

Coordination:in training courses, planning and work with INIFOM-Nicaraguan Institute of Municipal Support, who is responsible for the coordination of NGO projects

Municipality:San Jose

Person Interviewed:Coordinator of Community Development and Education

Objectives of HOPE:Clear understanding of project objectives- the municipality had a structure before but no way to support the communities, HOPE has reinforced the structure and is helping the communities to participate more fully.

Coordination:With gardens and feeding centers, HOPE participates in Municipal Committee meetings and shares their planned activities. Together conduct trimestral evaluations and annual prioritization of projects. The Mayor's office sees HOPE as an entity which can help to organize the communities.

Municipality:Teustepe

Person Interviewed:Mayor

Objectives of HOPE:Good understanding of what activities HOPE is involved with in the field

Coordination: Transportation, participates in the Municipal Development Committee, HOPE has good contacts in the field and knowledge of the conditions in the rural area. Collaborates with vaccination campaigns and training.

# INFORMATION OBTAINED FROM FOCUS GROUPS IN NINE COMMUNITIES WITH COMMUNITY COMMITTEES

1. Activities completed by the Committee to improve the health of the community:

| | |
|---|---|
| Educational Activities | 5 |
| Cleanup Campaigns | 4 |
| Feeding Centers | 4 |
| Vaccine Campaigns | 3 |
| Water Project | 2 |
| School Improvement | 2 |
| Gardens | 2 |
| Chlorination | 2 |
| Latrine Use | 2 |

2.,3.,4. These questions were somewhat confusing for the communities as they are not accustomed to thinking in terms of information and use of information for decision making. In general the main conclusions were:

- -The Brigadista is part of the committee so information is shared i.e. vaccine coverage, cases of diarrhea, patients referred, births
- -Decisions in the community are made based on experience and observation, i.e. cases of diarrhea
- -Information is given to MINSA but no feedback is given to the community
- -Information is used to take actions (tomar medidas y gestionar actividades) and focus educational messages

5. Projects completed or in process by the communities

| | |
|---|---|
| Feeding Center | 6 |
| Water | 5 |
| School | 5 |
| Latrines | 4 |
| Agricultural | 3 |
| Roads | 2 |

Only 1 community did not mention any projects, 7 mentioned between 1 and 5 projects and 1 community more than 5.

6. When HOPE leaves the area the community will continue health activities by:

| | |
|---|---|
| Organizing the community and coordinating with MINSA | 4 |
| MINSA | 2 |
| Other NGOs | 2 |
| Committee | 2 |
| Brigadista | 2 |

7.Five of the 9 communities said that the community was utilizing the UROC for obtaining ORS. Three communities said there was little use, but 2 of the 3 had a health post in the community. One community reported that there was no UROC.

8. Principal Health Problems

| | |
|---|---|
| Malnutrition | 5 |
| Diarrheas | 4 |
| ARI | 3 |
| Sanitation | 3 |
| Malaria | 2 |

Instruments used during community visits Project HOPE/Boaco
CHV's

BRIGADISTAS
ENCARGADOS DE UROC

Nombre_____Comunidad_____

Entrevistador_____

1. Desde hace cuanto tiempo es usted brigadista de salud? Que lo motivo?

2. Cuanto es el tiempo que Ud dedica a la comunidad como Brigadista/Encargado de salud? Considera Ud. este tiempo como mucho, poco o normal?

3. Cuales son las actividades que Ud. realiza como Brigadista de Salud/ Encargado de UROC?

4. Utiliza algún tipo de material educativo en sus actividades de salud? Cuales son estos materiales? Piensa que son adecuados?

5. Que formas de enseñanza utiliza en sus actividades como Brigadista?

6. Ha sido capacitado en salud? Por quienes?

7. Cual o cuales son los temas que mas les ha gustado?

8. Siente conforme con las capacitaciones? Tiene algún tema o necesidad de capacitación para el futuro?

9. Una vez que el Proyecto Hope se vaya de su comunidad, como va a ser su trabajo? Con quien va a coordinar?

10.Si siente Ud. parte de la familia MINSA?

11. Cada cuanto es visitado en su comunidad por personal de MINSA o Hope? Que es el motivo de estas visitas?

12.Cual considera Ud. es el principal problema de salud en su comunidad?

13. Maneja sobre de rehidratación oral en su comunidad? Donde los consigue?

14. Siempre tiene en existencia SRO?

15.Podría decirnos cuantos niños recibieron tratamiento en diarrea el mes pasado? Cuantos con IRA? U otros problemas de salud?

16.Que lo motiva a continuar trabajando como Brigadista de salud?

17. Cuando un niño de su comunidad esta con tos o respiración rápida, que hace Ud.?

18.Refiere Ud. personas de la comunidad al Centro de Salud? Le devuelven a Ud. la contra-referencia? Que hace?

19.Con que organismos, además de Proyecto Hope, coordina Ud. o la comunidad en actividades de salud.

Instruments used during community visits Project HOPE/Boaco Health Center/Post

PUESTO/CENTRO DE SALUD

Nombre_____ Cargo_____

Nombre_____Cargo _____

Comunidad_____

Entrevistador_____

1. Cuales serían las dificultades para seguir capacitando a la comunidad (Brigadistas, Parteras) una vez que el Hope no este trabajando en la zona?

2. Como esta funcionando en esta unidad de salud el sistema de referencia y contra-referencia que utilizan los Brigadistas y Parteras?

3. Con que frecuencia reciban informes de los Brigadistas y Parteras? Son estos bien elaborados?

4.Como esta utilizando la información de estos informes para programar sus actividades y prioridades?

5. Cuanto tiempo ha permanecido en este unidad de salud?

6. Que capacitaciones ha recibido de parte de Hope/MINSA?

7.Que parámetros utilizan para tratar al niño con diarrea con antibióticos?

8. Que apoyo a recibido del Proyecto Hope?

9. Que actividades de coordinacion ha llevado a cabo con Hope?

10. Cual considera Ud. que es el principal problema de salud que enfrenta esta unidad?

Tiene actualmente:

Tensiometro _____
Balanza de pie_____
Balanza Salter _____
Carnet de CCD _____
Carnet Control Materno _____
SRO _____
Antibióticos _____

Instruments used during community visits Project HOPE/Boaco
Municipal Representative

ALCALDE

Nombre_____

Cargo_____

Nombre_____

Cargo_____

Comunidad_____ Entrevistador_____

Da una introducción de los objetivos de la evaluación.

1. Que conoce a cerca del trabajo del Proyecto Hope en las comunidades?

2. Cuales son las coordinaciones que realizan con Hope?

Instruments used during community visits Project HOPE/Boaco
Community Development Committees

COMITE DE DESARROLLO COMUNAL
ALCALDITO

Comunidad_____

Entrevistador_____

1. Que actividades realiza el comite para mejorar la salud en su comunidad.

2. Tiene el Comite información del estado de salud de la comunidad?

3. Como están usando esta información para priorizar proyectos o tomar decisiones?

4. Si no tienen información, que información les gustaría tener?

5. Que proyectos han gestionado y de estos cuantos han logrados? (Piden detalles de los proyectos, quien ayudo, como hicieron los gestiones, etc.)

6. Como piensan Uds. mantener las actividades de salud cuando el Proyecto Hope deje de trabajar en la comunidad?

7. Esta utilizando la comunidad los servicios de las casas UROC? Si no, por que?

8. Cual consideran Uds que es el principal problema de salud en su comunidad?

Detrás de la hoja anota el nombre y cargo de cada participante en el grupo.

# ANNEX G

# BUDGET PIPELINE

PVO/COUNTRY: PROJECT HOPE/NICARAGUA
COOPERATIVE AGREEMENT NO.: FAO-0500-A-00-4047-00

DATE PIPELINE PREPARED: 10/15/96
DATE SUBMITTED TO USAID: 10/31/96

## 1996 PIPELINE ANALYSIS: PART C-HEADQUARTERS/FIELD BUDGET

CHECK ONE: ORIGINAL _____ REVISED XXXX

| | Actual Expenditures to-date (3/1/95 to 8/31/96) | | Projected Expenditures Against Remaining Obligated Funds (9/1/96 to 8/31/97) | | Total Agreement Budget (3/1/95 to 8/31/97) | | |
|---|---|---|---|---|---|---|---|
| I. DIRECT COSTS | USAID | PVO | USAID | PVO | USAID | PVO | TOTAL |
| A. PERSONNEL | | | | | | | |
| 1. Headquarters-salaries/wages | 26,832 | 0 | 18,087 | 0 | 44,919 | 0 | 44,919 |
| 2. Field, Technical Personnel-salaries/wages | 88,917 | 3,513 | 66,341 | (3,513) | 155,258 | 0 | 155,258 |
| 3. Field, Other Personnel-salaries/wages | 41,332 | 0 | 28,033 | 0 | 69,365 | 0 | 69,365 |
| 4. Fringes-Headquarters + Field | 14,036 | 0 | 35,973 | 0 | 50,009 | 0 | 50,009 |
| SUBTOTAL-PERSONNEL | 171,117 | 3,513 | 148,434 | (3,513) | 319,551 | 0 | 319,551 |
| B. TRAVEL/PER DIEM | | | | | | | |
| 1. Headquarters-Domestic (USA) | 594 | 0 | 906 | 0 | 1,500 | 0 | 1,500 |
| 2. Headquarters-International | 3,613 | 0 | 2,482 | 0 | 6,095 | 0 | 6,095 |
| 3. Field-In country | 41,028 | 0 | 3,287 | 0 | 44,315 | 0 | 44,315 |
| 4. Field-International | 0 | 0 | 4,872 | 0 | 4,872 | 0 | 4,872 |
| SUBTOTAL-TRAVEL/PER DIEM | 45,235 | 0 | 11,547 | 0 | 56,782 | 0 | 56,782 |
| C. CONSULTANCIES | | | | | | | |
| 1. Evaluation Consultants-Fees | 0 | 0 | 13,120 | 0 | 13,120 | 0 | 13,120 |
| 2. Other Consultants-Fees | 1,958 | 0 | 12,030 | 0 | 13,988 | 0 | 13,988 |
| 3. Consultant travel/per diem | 9,157 | 0 | 9,217 | 0 | 18,374 | 0 | 18,374 |
| 4. Lessons Learned Workshop | 4,937 | 0 | 674 | 0 | 5,611 | 0 | 5,611 |
| SUBTOTAL-CONSULTANCIES | 16,052 | 0 | 35,041 | 0 | 51,093 | 0 | 51,093 |
| D. PROCUREMENT | | | | | | | |
| 1. Supplies | | | | | | | |
| a. Headquarters | 0 | 54 | 0 | 446 | 0 | 500 | 500 |
| b. Field-Pharmaceuticals | 0 | 0 | 0 | 29,198 | 0 | 29,198 | 29,198 |
| c. Field-Other | 0 | 7,990 | 0 | 4,289 | 0 | 12,279 | 12,279 |
| 2. Equipment | | | | | | | |
| a. Headquarters | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Field | 0 | 38,742 | 0 | 3,758 | 0 | 42,500 | 42,500 |
| 3. Training | | | | | | | |
| a. Headquarters | 0 | 0 | 0 | 749 | 0 | 749 | 749 |
| b. Field | 0 | 3,513 | 0 | 8,890 | 0 | 12,403 | 12,403 |
| SUBTOTAL-PROCUREMENT | 0 | 50,299 | 0 | 47,330 | 0 | 97,629 | 97,629 |
| E. OTHER DIRECT COSTS | | | | | | | |
| 1. Communications | | | | | | | |
| a. Headquarters | 1,666 | 0 | 2,585 | 0 | 4,251 | 0 | 4,251 |
| b. Field | 3,127 | 0 | 3,315 | 0 | 6,442 | 0 | 6,442 |
| 2. Facilities | | | | | | | |
| a. Headquarters | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Field | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Other | | | | | | | |
| a. Headquarters | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b. Field | 41,219 | 0 | 12,343 | 0 | 53,562 | 0 | 53,562 |
| SUBTOTAL-OTHER DIRECT COSTS | 46,012 | 0 | 18,243 | 0 | 64,255 | 0 | 64,255 |
| TOTAL-DIRECT COSTS | 278,416 | 53,812 | 213,265 | 43,817 | 491,681 | 97,629 | 589,310 |
| II. INDIRECT COSTS | | | | | | | |
| A. INDIRECT COSTS | | | | | | | |
| a. Headquarters | 0 | 20,642 | 4,260 | 4,499 | 4,260 | 25,141 | 29,401 |
| b. Field | 56,175 | 36,692 | 21,683 | 31,804 | 77,858 | 68,496 | 146,354 |
| TOTAL-INDIRECT COSTS | 56,175 | 57,334 | 25,943 | 36,303 | 82,118 | 93,637 | 175,755 |
| GRAND TOTAL (DIRECT & INDIRECT) | 334,591 | 111,146 | 239,208 | 80,120 | 573,799 | 191,266 | 765,065 |

Minor computational differences may occur due to rounding

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# ANNEX H

# BIBLIOGRAPHY

## BIBLIOGRAPHY


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# ANNEX I

# RESPONSE TO MID-TERM RECOMMENDATIONS

## RESPONSE TO MID-TERM EVALUATION RECOMMENDATIONS

1. The HOPE/Boaco CS-X project has less than one year of funding left, with no possibility of continued funding from USAID. For this reason it is urgent that project managers work closely with the staff to prioritize activities and select a limited number of tasks to focus on during this remaining time in order to consolidate the potential impact of the project. Strong leadership and a clear vision of what the project can accomplish is required if the project is to meet its objectives.

*The project staff spent several days immediately following the evaluation, prioritizing activities based on the evaluator's recommendations, and developing a time-line for accomplishment of activities during the remaining year of the project. Thanks to their orientation during the evaluation process, certain members of the project staff, including the three promoted to supervisory roles, are actively assuming leadership. Project HOPE headquarters staff are currently making decisions to strengthen overall leadership in Nicaragua.*

2. The two vacant positions of Supervisor should be filled as quickly as possible to provide the staff with the support needed to implement modifications in the project.

*Within two weeks of the mid-term evaluation (September 1), the supervisor positions were filled by promoting three of the current health educators to serve as half-time supervisors. Half of their previously assigned communities were redistributed among the other health educators and one new health educator. The staff chose this solution rather than bringing in new supervisors from outside the project this late time.*

3. HOPE should re-analyze its original strategy for training presented in the DIP and change current methodologies to assure that all direct community training is carried out by community volunteers. This change will necessitate a simultaneous redefinition of the role of HOPE's Educators, including a new job description. Supervisory strategies and activity reports need to be changed to reflect this modification.

*The HOPE staff have re-committed to the original strategy laid out in the DIP to have CHWs assume responsibility for all direct teaching in the communities. The health educators have written a new job description for themselves, a new work plan, and new forms for supervision and reporting, clearly reflect their roles as trainers and supervisors of CHWś and as facilitators of community participation.*

4. Modifications need to be made in the project objectives and/or indicators as noted in Section II. Parallel changes need to be made in the KPC survey to reflect the modifications in the project objectives. The project needs to decide if it is more valuable to continue collecting an indicator that does not exactly measure the objective, but which has comparative data from baseline and midterm, or to change the indicator and only have end of project results.

*These decisions and changes will be made during the program manager's next visit to the project site. It is unfortunate that staff carelessness created these discrepancies, but it appears that modifications can be made which will still allow the project to measure objectives.*

5. Improved training should be given to the interviewers during the final evaluation survey. It was found that some data were questionable based on possible interviewer error. A written guide should be given to the interviewers which contains details required for categorization of responses, i.e. Vitamin A and iron sources. The questionnaire should be modified to read: green leafy vegetables; and meat and fish removed as a source of Vitamin A. Other problems identified relate to the definition of "antibiotics" and review of the mother's health card for tetanus toxoid.

*It may be necessary for project staff members to do all of the interviewing in order to assure reliability of the data. MINSA staff and some CHWs participated in the baseline and mid-term surveys as interviewers and received considerable training in use of the instrument, but this was apparently not adequate. There has been an emphasis on trying to complete the entire survey of 300 in a minimum number of days. It may be better to use only staff and do the interviews over the course of an entire week. Being under less time pressure, would also enable the interviewers to wait while the mother searches the house for her maternal care card or the child's health card. It is also possible that mothers are reluctant to show an incomplete card to interviewers they recognize from the health center, but would show the card to a HOPE staff member. The project staff has already conducted some investigations into the definition of "antibiotics" and will clarify the questions used in the final survey.*

6. A community surveillance system should be developed in conjunction with MINSA and the communities, utilizing simple graphics which can serve both to collect information at the community level and provide feedback to the community concerning health status. Examples of simple collection instruments were introduced during the MTE Workshop. The focus needs to be on how decision making can be enhanced through information. Technical support in helping the staff clarify concepts related to information needs and techniques for using information at the community level would be valuable.

*A consultant was sent to Nicaragua in late October to assist the project in developing the community surveillance system and to train them in the use of information collected at the community level. The consultant was also to assist the project in improving the HIS and utilization of the information in programming. See attached scope of work.*

7. MINSA is currently utilizing the strategy of monthly meetings with Brigadistas and TBAs. This provides an opportunity for indirect supervision of the communities and in view of the limitations of MINSA's budget, may be the only approach for providing supervision which is sustainable. This meeting format should be reinforced by assisting MINSA in identifying improved ways to use these meetings as a tool for monitoring health activities. Simple graphics could be developed to chart Brigadista activities at each health post, both as a means of motivating community workers and also to identify epidemiological trends.

*Project supervisors have met with MINSA to discuss ways to enhance the monthly meetings. Discussions will continue and HOPE staff will continue to take an active role in helping to plan the monthly meetings.*

8. Expand the "Basic Messages" to include topics which focus on the unique problems of the area in order to have greater impact on changing health practices. Use focus groups to define perceived barriers to changes in practices and focus educational messages at these barriers.

*The program manager is working with project staff in modifying messages based on the Health Belief Model, which includes identifying perceived barriers. This process actually started with the initiation of this project, but due to lack of support from the project director and coordinator, the staff did not follow through. By January, a list will be developed of specific messages to focus on during the remainder of the project.*

9. Brigadistas require additional training and encouragement in participatory educational methodologies appropriate for use in the communities. All subject matter that is taught in the future should include a section on how to teach that material in the community.

*Project staff received training in participatory education methodologies from and international specialist shortly before the MTE. They are now incorporating these methods into their training as a model for the brigadistas. Bridgadistas will receive this training during the coming months and will be encouraged by the health educators to use only this methodology in teaching the community.*

10. Brigadistas should be provided with basic standardized educational materials for the five CS interventions which insures that a clear, consistent message is received by project participants i.e. flipcharts, pictures. Homemade materials should be encouraged as complementary material i.e. puppets, stories, case studies, songs. Technical assistance should be provided to the staff in assisting them in developing criteria for the selection of educational materials which are appropriate for the Boaco area.

*An international consultant was sent to Nicaragua in late October to assist the project in the selection of appropriate materials, pre-testing, and appropriate use of educational materials. The project has budgeted for acquisition of materials, which will be stored at the health centers and available to all brigadistas in each area on a check-out basis. This system was already functioning effectively in San Jose de los Remates.*

11. Utilize the valuable resource which exists in the communities of well trained, dynamic Brigadistas. Opportunities should be developed which allow the Brigadistas to train their peers and make visits to other communities in order to share positive experiences.

*One of the priorities established in the strategic planning session held immediately after the MTE is to focus on enabling the brigadistas to become true community leaders, and to identify those brigadistas who have particular skills to train others. An example is that two women, who were previously trained by another project in using soy, are now being asked to train volunteers in other communities.*

12. Revision of HOPE's HIS to correct errors and develop a way to track which Brigadistas attend trainings, turn in monthly reports, and attend monthly MINSA meetings. If a Brigadista is not active (i.e., reporting, attending meetings) they should be declared inactive and removed from the active roles. This information is available but has not been organized into a utilizable format.

*Revision of the HIS began immediately after the MTE. New reporting forms have been developed and an international consultant was sent to help train the staff in collecting useful information, organizing and analyzing information, and in how to use the information in programming and decision-making.*

13. Develop a written plan for the transfer of responsibilities for supervision and training to MINSA, looking for strategies to motivate MINSA to assume a more proactive role in planning for realistic, sustainable activities.

*A plan, called the "New Model for Inter-institutional Cooperation" has been developed jointly with MINSA. The plan calls for greater involvement of MINSA in all aspects of the project, and especially in planning for sustainability.*

14. Increase sharing with other NGOs on a national and international level. HOPE has started to do this by assigning a staff person in Managua to develop a national curriculum using input from other NGOs. A increased exchange of materials and strategies would lead to improved creativity in finding solutions to project weaknesses. Particular attention needs to be paid to ways in which coordination can take place with PNDR/BID and MSH/PSSD/AID.

*This process is on-going, being spear-headed by the former supervisor who has been assigned to the Managua office. She is in continual contact with other PVOs, NGOs, and programs in her quest of materials and curriculum in-put. She channels information and materials to both of HOPE's projects.*

15. The student intern from Chapel Hill should be requested to present a workshop for HOPE staff on interactive educational methodologies for use in the schools. The work already completed on the modules and methodologies should be shared with the staff in order to replicate these techniques and improve their abilities for expanding their work with teachers.

*This is the ultimate goal of the intern's efforts. She will provide training and share the materials developed before finishing her one-year internship in January.*

16. Use of hydroponic gardens should be tempered by need according to geographical and climactic conditions. Introducing a technology which is dependent on a chemical solution which must be obtained from Managua should be further analyzed. The project is working with farmers who are accustomed to standard farming techniques, this should be taken advantage of and built upon with improved methods of integrated pest control and use of locally available fertilizers, reserving hydroponics for areas and times of the year when water is scarce. A simple pamphlet on gardening would serve to reinforce the practical educational techniques currently being used.

*During the MTE, the staff members responsible for the gardening component had the opportunity to observe dramatic examples of conventional gardening being more successful than hydroponics. These examples allowed them to reflect on their push for hydroponics and change the strategy to promote conventional gardening for families, reserving the hydroponic methodology for the feeding centers to assure a year-round production of vegetables for the centers. Funding has been allocated for development of pamphlets on gardening.*

17. Involve all community members, including men and school children, in educational activities.

*During the planning session immediately after the MTE, this recommendation was adopted as a strategic objective. The project will train MINSA staff (at MINSA's expense) to work with other NGOs and school teachers. Brigadistas will invite all community members to attend educational sessions and participate in activities.*

# SCOPE OF WORK

Consultant:
Project: Boaco, Nicaragua CSX
Dates: October 8 - 29 (tentative)
Eighteen days in-country and one additional day for preparation

Purpose: To strengthen two of the areas in need of technical assistance as identifed by the mid-term evaluation: use of information in programming and decision making by the educators and the communities, and improvement of educational materials.

## Health Information System

Lead the health educators in learning what type of information is available from the HIS and how they might use it to enhance their work.

Assist the educators and community representatives in developing a system for tracking epidemiological information at the community level including training in how this information could be used by the community and by MINSA in decision-making, monitoring improvements, and creating awareness of health issues in the community.

## Educational Materials

Assist the staff to set up a system for reviewing and discarding existing materials.

Establish with the staff a criteria for the selection of appropriate materials.

Train staff in the need for pilot-testing and adapting materials.

With the staff, review materials available from other NGOś and agencies in Nicaragua to select those most appropriate for use by the volunteers in the communities.

Assist the staff to develop a methodology for teaching CHVś appropriate use of visual aids.

The consultant will prepare a written report at the completion of the assignment for submission to HOPE Center. This report is due no later than November 10 and should be based on the scope of work and contain recommendations for future program activities.