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REPORT ON SURVEY ASSISTANCE TO FREEDOM FROM HUNGER-BOLIVIA KNOWLEDGE AND PRACTICE SURVEY

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I. EXECUTIVE SUMMARY

A knowledge and practice study of the Freedom from Hunger/Bolivia Child Survival Project was conducted from October 14 to 26, 1991. The project is located in the Province of Manco Kapac, Department of La Paz, Bolivia. This study was carried out with the cooperation of Freedom from Hunger and the PVO CSSP (Private Voluntary Organization Child Survival Support Program) of the International Programs Institute of the School of Public Health, Johns Hopkins University.

The purposes of the study were: a) to provide information concerning the child survival project-related knowledge and practices of mothers living in rural communities and who have children under the age of two years; and b) to identify the person or persons in charge of providing health care to the family for the most common problems of infancy.

This Child Survival Project was implemented by Freedom from Hunger/Bolivia. The project has received a $460,000 grant from U.S.A.I.D. financed by the Bureau for Food for Peace and Voluntary Assistance/Office of Private and Voluntary Cooperation (FVA/PVC) to carry out the project from October 1, 1987 through September 30, 1991. A no-cost extension for an additional three months to December 31, 1991 was granted by the contracts office to allow the scheduling of PVO CSSP participation in the final evaluation. Project objectives emphasize growth monitoring and promotion, improvement of the immunization rate, increased use of oral rehydration therapy, and a program for the promotion of family gardens and solar greenhouses.

The questionnaire used was first designed by the PVO CSSP in Baltimore, Maryland, and was later refined in consultation with Freedom from Hunger staff in Bolivia. Freedom from Hunger staff received training in the 30-cluster-sample survey technique so that they will be able to conduct such studies in the future. The study was completed in two weeks. The field team discussed the results extensively in order to draw conclusions for the final survey report.

II. INTRODUCTION

A. Background Information

The Freedom from Hunger Child Survival Project was originally located on the central part of the Altiplano in 14 rural communities of Camacho Province and in 16 rural communities of Manco Kapac Province. Both provinces are on the shores of Lake Titicaca and border the frontier of Peru. The program functioned in Camacho up to the end of 1990 but was forced to retire from that province because of the dangerous situation created by political refugees. The *Sendero Luminoso* (Shining Path), a group of Peruvian activists, took "possession" of the zone to escape Peruvian authorities. In one incident, group members murdered a driver of another nongovernment organization (NGO). Because of these circumstances, the government of Bolivia ordered the evacuation of all voluntary groups working in the area. As a result, Freedom from Hunger's Child Survival activities have been concentrated in Manco Kapac.

The project period covered four years, October 1987 through September 1991. During this period, additional activities that complemented the Child Survival project were financed by a matching grant from the Office of Private and Voluntary Cooperation, Bureau for Food for Peace and Voluntary Assistance, U.S.A.I.D.

The population of the project area is predominantly Aymara. Many communities have existed since pre-Columbian times in rural enclaves. The economy of the zone is self-contained. The infant morbidity and mortality rates in this area are very high. According to the 1989 statistics of the Ministry of Health, the mortality rate is estimated at 112 per thousand live births in rural areas. There is also a high level of malnutrition. The major causes of death for children under the age of five years in Bolivia are acute diarrhea and dehydration, acute respiratory infections, and malnutrition. The principal causes of illness among children under the age of five are also acute respiratory infections and acute diarrhea.

The Ministry of Health conducts some health activities in this area. In this region there is one health center and one hospital with two doctors, one nurse, one dentist, and various other support service personnel. There are also two health posts staffed by auxiliary health personnel in the Manco Kapac Province.

B. Purpose of the Study

Child Survival projects have been encouraged by A.I.D. to conduct studies of their target population to initiate and then evaluate their work. Recently, the PVO CSSP has recommended the use of a thirty-cluster-sample methodology based on a generic questionnaire. Data are collected on indicators related to Child Survival. These indicators are related to relevant, local, vital statistics and are important in the follow-up and evaluation of any project. This study was conducted to provide evaluative information for Freedom from Hunger/Bolivia on the following subjects.

1. The knowledge of mothers of children under two years about major threats to their children's health, and ways to prevent illness or practices to limit its consequences. Practices include immunizations, appropriate treatment of diarrhea, growth monitoring, and appropriate weaning foods and practices.

2. The actual practices of the mothers with respect to interventions previously mentioned.

3. Key community groups on which to focus educational messages and actions.

4. Immunization coverage levels for children under one year and children between 12 and 23 months old.

5. Estimate of the incidence of diarrheal diseases in the two weeks previous to the study.

6. Practices of the mother with respect to the treatment of dehydration.

7. Practices with respect to breastfeeding and weaning foods.

8. Program participation—who assisted the mother during childbirth.

9. The use of family gardens and solar greenhouses in program communities.

Collection of this information will help Freedom from Hunger/Bolivia's field team complete the evaluation of project activities by determining the extent of the progress in the executions of these activities during the life of the project.

Finally, the current study is part of the effort of the PVO CSSP at Johns Hopkins University to develop a simple methodology of demonstration studies that can be administered by field offices of NGOs at a low cost and with little or no help. Consequently, one of the primary objectives of this study was the training of the Freedom from Hunger/Bolivia staff to prepare and carry out this technique. The analysis of the information and the presentation of the report is an integral part of the study and was an objective to be carried out during the consultancy.

C. Geographic Area and Population

Because of circumstances already described, the project was concentrated in one province rather than two during the final year. Since the program population consists of only about 202 mothers of children under 24 months old, the decision was made to conduct the study with the entire target population of the program communities in Manco Kapac rather than with a sampling of the population. The impact area at the conclusion of Freedom from Hunger/Bolivia Child Survival Project included 17 communities in one province in the Department of La Paz.

The total population according to local statistics for 1990 is:

Community	0–11 months	12–23 months	Total Children	Total Population
Belén	–	4	4	260
Capurita	6	12	18	355
Chachapoya	6	9	15	325
Huayllani	6	4	10	450
Hueko	8	10	18	285
Calata Grande	5	21	26	1,020
C. San Martín	3	11	14	330
Collasuyo	1	3	4	120
Marca Kosco	4	7	11	360
Sicuani	–	1	1	175
Siripaca	8	7	15	375
Sopocachi	7	10	17	340
Titicachi	8	4	12	465
V. Copacabana	7	–	7	140
Villa Nieves	–	1	1	75
V. San Martín	3	11	14	330
Yampupata	6	9	15	425
TOTAL	81	121	202	5,830

D. Timetable of Evaluation Activities in Bolivia

14 Oct.	Arrival of Dr. Caris in La Paz, Bolivia.
15 Oct.	Final arrangements for Spanish interviews; creation of a work plan with Eduardo Bracamonte, Program Director, Ellen Vor der Bruegge, Vice President for Programs, and Martha Clavijo, Technical Chief.
16-17 Oct.	Travel to Copacabana and conduct training for the supervisors and interviewers on the knowledge and practice questionnaires on child survival practices.
18 Oct.	Field test in the community of Sehuiya, near Copacabana, but a nonparticipant in the project.
19 Oct.	Preparation for travel to the communities for the interviews; duplication of questionnaires.
20-21 Oct.	Conduct interviews in the 17 project communities.
22 Oct.	Return to La Paz for synthesis of information collected from the field.
23-24 Oct.	Manual tabulation of data and computer data entry of information in a personal computer.
25 Oct.	Analysis of data and preparation of study report. Presentation of the results to participants.

III. METHODOLOGY

A. The Questionnaire

The questionnaire (see Annex I) consists of 35 questions. It was designed to capture information relevant to the evaluation of direct health interventions provided by Freedom from Hunger staff working for the Child Survival Project. The questions were developed and selected by the PVO CSSP with the help of experts in the child survival interventions to be studies, along with experts in the creation of this type of methodology (see Annex II).

The questionnaire was originally created in English and sent to the Freedom from Hunger office in Davis, California. It was subsequently translated into Spanish by the PVO CSSP and sent to the La Paz office of Freedom from Hunger. The day after Dr. Caris's arrival was spent explaining the purpose of the questions, responding to questions of the Bolivia management team, and making adjustments to the Spanish version. One section not relevant to the Freedom from Hunger program was removed, and questions on program interventions missed by the original instrument were inserted. Further refinements were based on the results of the field test.

It was determined that about 70% of the mothers in the communities did not speak Spanish; their only language is Aymara. The questionnaire was reviewed and adapted by the local team, who also translated the questions into Aymara, also the mother tongue of many of the Freedom from Hunger

staff. Because Aymara is basically a spoken language, and has many local variants in different communities, it was difficult to find people who could both read and write Aymara to do a homogeneous translation. Therefore, most of the interview staff members were needed to assist in the translation, a task which occupied a significant portion of the time devoted to training and preparation for the interviews.

The first two questions concern data on the mother being interviewed and her family; questions three to six are intended to collect information on the activities of the mother as well as information on persons who are the primary caretakers of children in the family while the mother is working or away from the home; questions seven to eleven are concerned with breastfeeding and other nutritional practices; questions 12 to 21 are to determine the mother's response to diarrhea and methods of treating children who suffer from diarrhea; questions 22 to 27 concern the status of immunizations of the children in the family; questions 28 to 31 relate to growth and development; and questions 32 to 35 ask about the level of participation in and the use of home gardens and solar greenhouses that have been promoted by the program staff over the last four years.

B. Determination of the Target Population and Study Sample

The requirements for sample size had to take into account the multiple interventions conducted in the Child Survival Project. According to locally collected statistics, the total number of mothers with children under 24 months old in the target area was 202. It was therefore decided to conduct the questionnaire with the entire population of mothers of children under the age of two years. In any event, the subject of sample sizes was described to the field team supervisors in accordance with the following formula used to calculate the sample: $n = z^2 pq/d^2$.

- $n =$ Sample size
- $z =$ Value of z taken from the Normal Probability Distribution table atchosen level of statistical certainty (1.96 at 95%, two-sided)
- $p =$ Estimated prevalence/coverage rate/level of knowledge
- $q =$ 1-p
- $d =$ precision desired

Please refer to Annex II for a complete description of the statistical methodology.

C. Determination of the Data Analysis Method

Tabulation of the data was done by hand as well as with the statistical computer packet, EPI/INFO, created by the CDC (Centers for Disease Control) and the World Health Organization for field personnel use in the analysis of more complex data that requires the use of a computer. Freedom from Hunger/Bolivia also has a personal computer and personnel who are trained in using computer programs.

IV. THE STUDY

A. Training the Supervisors and the Interviewers

Four interview teams were selected; three composed of three interviewers and a supervisor, and one comprising two interviewers and a supervisor. Each interviewer in the group contacted an average of twenty mothers in the 17 communities, which resulted in interviews with 220 mothers with children under the age of two.

Training for the interviewers and their supervisors took place over two consecutive days. Freedom from Hunger/Bolivia had already selected 11 interviewers from the salaried personnel in the field and from other local people capable of conducting the interviews. The supervisors for the study were:

- Martha Clavijo, Technical Chief;
- Dr. Jose Carreño, Representative of PROCOSI (*Programas de Coordinación en Supervivencia Infantil*);
- Nelly Salgueiro, Nurse from the Health Center of the Hospital for the Area of Copacabana;
- Nieves Quino, Coordinator of the Regional Office in Copacabana; and
- Walter Sandy, Coordinator of the Regional Office in Tiquina.

The first day was devoted to training the four supervisors and Freedom from Hunger's technical chief. The questionnaire was discussed extensively during the first day in order to understand the logic behind each question, and to begin the translation into Aymara. A few questions were added and others subtracted at this point.

The second day of the training was spent instructing the supervisors and the interviewers on how to fill out the forms and on completing the translation of the forms into the Aymara language. The training was conducted using the Spanish and the Aymara versions, which took more time than had been anticipated because the interviewers, although their mother tongue was in most cases Aymara, were not accustomed to reading in that language. Fortunately, almost all the interviewers had experience in conducting interviews for questionnaires. The training was conducted without problems and the margin of errors committed was within acceptable limits. The morale and attitude of both the supervisors and the interviewers was high, the teams demonstrating good team spirit and willingness to work.

The field test was conducted on the third day in a pilot area near Copacabana, in Sehuiya. Each interviewer completed at least two questionnaires. That afternoon, a discussion was held on lessons learned, including the doubts and difficulties experienced in filling out the questionnaires.

B. The Interviews

Interviews were conducted on two consecutive days, Sunday and Monday, October 20 and 21, 1991. Selection of the communities each interview team would visit was determined by the supervisors. A high level of motivation was evident on the part of both the supervisors and interviewers, which enabled them to cover more territory and to conduct more interviews than anticipated. It was discovered that since the last census taken by the organization, more children had entered the sample population by virtue of recent birth than had left the sample group by reaching age of 24 months.

All of the program area was covered. Even though the houses were widely scattered, the weather uncooperative (rain or snow every day of the interviews), and one vehicle had its electrical system burn out, the interviews were accomplished efficiently and effective solutions were found for problems that arose.

C. Statistical Analysis

One day was dedicated to the manual tabulation of the statistics. The questionnaires were divided among six people—the supervisors and two of the interviewers, who each tabulated the responses to seven questions. The entire process took about eight hours. After this process was completed, two Freedom from Hunger staff members assumed responsibility for entering statistics into the computer, using the EPI/INFO program to enable further analysis later; this process took about ten hours.

Tabulation of data formed part of the training offered to the field personnel, along with methods to analyze the data, to draw conclusions, and to make immediate recommendations. The aim is to provide field staff with necessary tools to make decisions concerning program development and implementation based on the results of the study.

V. RESULTS

What follows are summaries of the responses to the thirty-five questions asked. 220 subject responses were entered into EPI/INFO. No questionnaire had to be disqualified.

A. ***Age of Mothers and Children Studied:*** The results of the study indicated that the age range for the respondents was between 17 to 45 years.

1. Average age of the mother (in years) was calculated using:

Total Responses	220
Sum of Ages	6508.00
Mean Age	29.58
Standard Deviation	7.22

2. Average age of the child under two years old (in months):

Total Responses	213
Sum of Ages	2625.00
Mean Age	12.32
Standard Deviation	6.99

B. Education Level of the Mother:

	EDUCATION	Frequency	Percent	Cumulative
1	None	38	17.3%	17.3%
2	Some - but cannot read	47	21.4%	38.6%
3	Some - and can read	129	58.6%	97.3%
4	Post-Primary	6	2.7%	100.0%
	Total	220	100.0%	

This data indicates that:

1. 38.6% of those interviewed have no education and/or cannot read.
2. 58.6% have received some basic education, and are able to read.
3. Only 2.7% interviewed had any education beyond primary school.

C. Income-Generating Activities: The breakdown on questions regarding the mothers' income is as follows:

	INCOME	Frequency	Percent	Cumulative
1	Sales	52	23.6	23.6
2	Harvest	30	13.6	37.3
3	Foods	26	11.8	49.1
4	Weaving	57	25.9	75.0
5	Other	12	5.5	80.5
6	None	43	19.5	100.0
	Total	220	100.0	

1. 37.3% of the mothers interviewed earned income from the production and sale of food stuffs.
2. 25.9% work at weaving *aguayos* for personal use and for sale at local community fairs.
3. 5.5% conduct other activities to earn money, such as the creation and sale of fireworks and arts and crafts at local community markets.
4. 19.5% indicated that they did not engage in any economic activities.

D. Location where income-generating activities are conducted: 56.5% of the mothers interviewed conducted their income-generation activities at their homes, 43.5% conducted them away from their homes.

	CARETAKER	Frequency	Percent	Cumulative
1	Mother	62	62	62%
2	Husband	13	13	75%
3	Siblings	17	17	92%
4	Grandmother	5	5	97%
5	Friend	2	2	99%
6	Other	1	1	100%
		100	100.%	

1. Based upon information gathered, 62% of the mothers who work away from home take their young children with them on their backs to their places of work.

2. The rest generally leave them in the care of close family members, such as older children, the husband, or the grandmother.

E. Breastfeeding Practices and Beliefs

1. Are you currently breastfeeding (name of child)?

Responses	Frequency	Percent	Cumulative
1. Yes	190	86.4	86.4%
2. No	30	13.6	100.0%
Totals	220	100%	

a. 86.4% of mothers interviewed are breastfeeding their children. This is noteworthy, since the average age of the children in question is between 11 and 12 months of age.

b. 13.6% indicated that they do not breastfeed their children. It therefore appears that breastmilk is an important component of the children's diet.

2. **Have you ever breastfed?** Only 3.2% (seven) respondents had never breastfed their children. The rest of the mothers had breastfed their children when the children were younger.

3. How long after the birth of your child did you begin to breastfeed?

	Responses	Frequency	Percent	Cumulative
1	less than 10 minutes	73	34.3	34.3%
2	less than one hour	37	17.4	51.6%
3	less than eight hours	37	17.4	69.0%
4	8-24 hours	37	17.4	86.4%
5	more than 24 hours	25	11.7	98.1%
6	doesn't remember	4	1.9	100.0%
	Total	213	100%	

The greatest number of mothers, 34.3%, indicated that they commenced breastfeeding immediately after the birth of the child; 17.4% started within eight hours of the birth; and 17.4% within 8 to 24 hours of the birth.

4. What is the first breastmilk that comes in after birth called?

89.2% of the mothers, a great majority, mentioned the name colostrum, or *pocke* in the Aymara language, as the correct name of the first milk to come in after the birth of a child; 10.3% indicated that they did not know the name, and 5% indicated that it was "dirty milk."

5. *Pocke* is a _____ milk: (good, all right, bad, do not know):

67.7% of the mothers considered *pocke* to be a good milk, 9.5% did not know the benefits that colostrum offers to the newborn; 6.8% classified it as "all right"; and only 5% indicated that it was "bad" for the health of the newborn.

F. Types of foods given to the child by age:

Age Group	Water	Soup	Milk (other than mother's)	Gruel	Vit. A	Veg.	Meat	Sugar	TOTAL
0-2 mos	50%	14%	24%	7%	11%	0%	4%	21%	28
3-5 mos	69%	30%	23%	19%	15%	8%	19%	46%	26
6-8 mos	90%	100%	15%	95%	70%	25%	75%	90%	20
9-11 mos	100%	100%	40%	97%	94%	54%	94%	97%	35
12-23 mos	100%	99%	37%	99%	93%	65%	91%	88%	111
TOTAL									220

1. From this table, one can see that children begin drinking water very late and that they begin drinking soup (broth) early; by the age of six months, 100% are drinking soup (broth).

2. It can be observed here that there is a diet change at six months, when a high percentage begin to take in semi-solid foods, vitamins, and sugar.

3. The low percentages for vegetables can be attributed in part to the fact that the interviews did not take place during the harvest season for vegetables on the Altiplano.

G. Type of foods given to infants 0 to 2 months:

Age Group	Water	Soup	Milk (Other than mother's)	Gruel	Vit. A	Veg.	Meat	Sugar	TOTAL
Less 1 month	33%	0%	33%	8%	0%	0%	0%	0%	12
1 month	50%	0%	50%	0%	50%	0%	0%	50%	2
2 months	42%	14%	14%	0%	0%	0%	0%	28%	7
TOTAL									32

The above table shows that babies take in very little food other than breastmilk before two months of age. Beginning at two months, they begin to consume soup.

H. Diarrheal Diseases

1. **Instances of Diarrhea**

Age Group	Yes	No	Total
< 2 Months	2	26	28
percent under two months	7.1%	92.9%	12.7%
percent of total	2.7%	17.8%	
3-5 Months	7	19	26
percent 3-5 months	26.9%	73.1%	11.8%
percent of total	9.5%	13.0%	
6-11 Months	7	13	20
percent 6-11 months	35%	65.0%	9.1%
percent of total	9.5%	8.9%	
12-17 Months	14	20	34
percent 12-17 months	41.2%	58.8%	15.5%
percent total	18.9%	13.7%	
18-24 Months	44	68	112
percent 18-24 months	39.3%	60.7%	50.9%
percent total	59.5%	46.6%	
Total	74	146	220
	33.6%	66.4%	

a. 33.6% of the children under 24 months of age had suffered an episode of diarrhea within the two weeks previous to the interview.

b. The most vulnerable groups were those over the age of six months, especially those between the ages of 12 and 17 months.

2. **Did you breastfeed (name of child) during the episode of diarrhea?**

58.1% of the mothers interviewed indicated that they breastfed their children during their episodes of diarrhea in the same manner as usual; 13.5% breastfeed more than usual; 12.2% less than usual; 4% ceased breastfeeding, and 12.2% indicated that their children had already been weaned.

3. **During the attack of diarrhea, did you give (name of child) any liquids other than breastmilk?**

52% of the mothers interviewed give their children liquids in the same quantity as when there is no diarrhea present; only 42.3% give more liquids than usual; 9.5% stopped giving liquids; 2.7% gave only breastmilk.

4. **During the attack of diarrhea, did you give (name of child) any bland foods, such as pabulums or gruels?**

44.6% of the mothers of children under two years interviewed indicated that they gave bland foods, such as pabulums and gruels, to their children during episodes of diarrhea; 17.6% gave more than usual; 13.5% gave less than usual.

5. **When (name of child) had diarrhea, what treatment did you give the child?**

45.9% of the mothers of children who had suffered from diarrhea during the two weeks prior to the interview gave their children oral rehydration therapy.

6. **If you gave your child ORT, how did you prepare it?**

The mothers interviewed whose children suffered from diarrhea, and for whom they had prepared ORT, totaled 34, all of whom (100%) measured water to make the ORT solution; 63.6% indicated correctly that they had used an entire envelope in one liter of boiled water.

7. **When (name of child) had diarrhea, did you seek treatment or advice?**

54% of the mothers indicated that they had asked for advice or help from another person during the child's bout of diarrhea; 46% indicated that they did not need to do so.

8. **From whom did you seek advice or treatment during your child's episode of diarrhea?**

Of the mothers who asked for assistance, 57.5% asked the community health promoter for help, 35% asked for help from family members, and 12.5% asked for help from the *curandero* (healer).

9. **If (name of child) had diarrhea, what is the most important thing you should do?**

26% of the mothers interviewed indicated that they would take their child to a health center, if there was one available; 40% would administer teas or household remedies; 24.3% would increase the intake of liquids; and only 1.4 % would suspend provision of liquids to their children.

10. If (name of child) had diarrhea, what symptoms or severity would cause you to seek medical help?

The symptom that signals severity sufficient to seek medical help that was most often cited was diarrhea lasting more than one day, after which 29% cited dehydration, and 29% cited fever.

I. Immunizations

1. Has (name of child) every been immunized?

Responses	Frequency	Percent	Cumulative
1. Yes	156	70.9%	70.9%
2. No	62	28.2%	99.1%
3. Don't Know	2	0.9%	100.0%
Total	220	100.0%	

a. 70.9% of the mothers interviewed indicated that their children had received at least one immunization; 28% had never had their children immunized.

b. Part of the reason 28% of the respondents had never had their children immunized can be attributed to lack of accessibility to immunization opportunities, but another part must be attributed to the mothers' unwillingness to take their children to a health center to be vaccinated.

2. At what age should (name of child) receive the measles vaccination?

Months/Measles	Frequency	Percent	Cumulative
1 month	3	1.4%	1.4%
2 months	1	0.5%	1.8%
3 months	4	1.8%	3.6%
5 months	4	1.8%	5.5%
6 months	4	1.8%	7.3%
7 months	1	0.5%	7.7%
8 months	4	1.8%	9.5%
9 months	55	25.0%	34.5%
10 months	17	7.7%	42.3%
11 months	4	1.8%	44.1%
12 months	16	7.3%	51.4%
14 months	2	0.9%	52.3%
15 months	2	0.9%	53.2%
no response	103	46.8%	100.0%
Total	220	100.0%	

a. As is indicated in the above table, 55% knew the exact age their child should receive this vaccination.

b. 46.8% of the mothers did not know the correct age a child should receive the measles vaccine, and indicated an age range from one to 15 months.

3. Do you know why a pregnant woman should receive a vaccination against tetanus?

a. Only 17.3% of the mothers interviewed knew that the tetanus vaccine protects both the mother and the child against tetanus.

b. 43.6% of the mothers interviewed indicated that they did not know what the vaccine was for.

c. Only four mothers, 1.8%, said that they did not get vaccinated for fear of sterility, a popularly held belief.

4. How many vaccines should an expectant mother receive to protect herself and her baby against tetanus?

	Frequency	Percent	Cumulative
1. Zero	16	7.3%	7.3%
2. One	10	4.5%	11.8%
3. Two	34	15.5%	27.3%
4. > Two	76	34.5%	61.8%
5. Don't Know	84	38.2%	100.0%
Total	220	100.0%	

a. 50% understood that it took at least two vaccinations; 34.5% knew the exact number of vaccinations necessary to achieve immunity.

b. 38% of the women did not know the number of tetanus vaccinations.

5. Do you have a health card or CSI for (name of child)?

a. Of the total number of mothers interviewed, 49.5% indicated that they had immunization or health cards for their children.

b. 15.9% indicated that they had cards, but could not show them to the interviewer. Many times the interviews took place outside the home, in the garden, or away from their houses.

c. 27% indicated that they never had health cards, and 7.7% indicated that they had lost them.

6. Oral Polio Vaccine status among children under 24 months old by age group in months.

Age Groups	1st vaccination	2nd vaccination	3rd vaccination	Total
0–11 months	44 (20%)	19 (9%)	9 (4%)	109
12–23 months	63 (29%)	49 (22%)	35 (16%)	111
Total	96 (44%)	68 (31%)	44 (20%)	220

7. DPT (diphtheria/tetanus/pertussis) immunization status among children under 24 months by age group in months.

Age Group	1st vaccination	2nd vaccination	3rd vaccination	Total
0–11 months	36 (16%)	15 (7%)	6 (3%)	1)09
12–23 months	60 (27%)	44 (20%)	28 (13%)	111
Total	96 (44%)	59 (27%)	34 (16%)	220

8. Measles immunization status among children under 24 months by age group in months.

Age Group	Number (Percent) receiving vaccination	Total
0–11 months	11 (10%)	109
12–23 months	50 (45%)	111
Total	61 (28%)	220

9. BCG immunization status among children under 24 months by age group in months.

Age Group	Number (Percent) receiving vaccination	Total
0–11 months	26 (24%)	109
12–23 months	41 (37%)	111
Total	67 (31%)	220

10. Fully immunized (DPT3, OPV3, and one dose of measles vaccine and BCG) immunization status among children under 24 months old by age group in months.

Age Group	Number (Percent) receiving vaccination	Total
0–11 months	5 (5%)	109
12–23 months	23 (21%)	111
Total	28 (13%)	220

Note: fully immunized = OPV3, DPT3, measles, and BCG

The results presented here, as previously stated, are the data we were able to review on the health cards the women were able to show to the interviewers.

The anti-tuberculin vaccine was not administered because the Ministry of Social Welfare and Public did not made this vaccine available to NGOs. For this reason, rates of coverage in this area are much lower than in other areas.

J. Growth Monitoring

1. Does (name of child) have a growth monitoring card?

Response	Frequency	Percent	Cumulative
1. Yes	107	48.6%	48.6%
2. Yes, but not avail.	30	13.6%	62.3%
3. Have lost it	14	6.4%	68.6%
4. Never had one	69	31.4%	100.0%
Total	220	100%	

48.62% of the mothers had cards in their possession at the time of the interview and could show that their children had been weighed within the last six months. 31.4% indicated they never had cards. The rest could not show the interviewer their cards, because they were not in their homes at the time of the interviews.

2. What does the red wool indicate on the growth monitoring card?

RED WOOL	Frequency	Percent	Cumulative
1. Well	12	5.5%	5.5%
2. Ill	156	71.6%	77.1%
3. Need to eat	7	3.2%	80.3%
4. Don't know	43	19.7%	100.0%
Total	218	100.0%	

Mothers received instruction on the significance of the colors of wool; 71.6% understood the meaning of the red wool, and only 19.7 did not know the meaning.

3. Why should you monitor the weight of your child?

63.2% of the mothers knew the reason for periodic weighing of their children; 21.8% indicated that it was to know the health status of the children; and 11.8% did not know why.

K. Family Garden

1. Do you have a family garden?

FAMILY GARDEN	Frequency	Percent	Cumulative
1. Yes	73	33.2%	33.2%
2. No	147	66.8%	100.0%
Total	220	100.0%	

33.2% of the women interviewed had family gardens, either outside or in a solar greenhouse; 66.8% do not have family vegetable gardens.

This is an activity that was promoted in an effort to get families to consume more vegetables.

2. What do you use your garden's produce for?

Of the women interviewed who had family gardens, 100% indicated that they used the produce in their families' meals, and 15% indicated that it also could be sold to increase available income for the family.

L. Miscellaneous

1. Do you participate in Freedom from Hunger activities?

64.% of the women interviewed indicated that they did participate in Freedom from Hunger activities; the rest did not.

2. When your child was born, who cut the umbilical cord?

72.% indicated that the umbilical cord had been cut by a family member, 16% had a midwife cut it, and 15% were assisted by a health care worker.

VI. CONCLUSIONS

1. With reference to the educational aspects of the intervention, it should be noted that this effort was made more difficult by the fact that although many of the women had received some schooling a large majority could not read without assistance. This made it necessary to adapt the education to accommodate for this reality.

2. A very high percentage of the women interviewed (70%) knew only Aymara, which meant that the interview had to be conducted in this language.

3. A high percentage of the women worked in order to have a source of income; in other words, in addition to having many children, the tradition in the area, they also had to work, generally in agricultural areas or in weaving.

4. Women who work outside the home generally take their children to their fields or workplace, and when they do not, they leave them with family members, such as older children or the husband.

5. In reference to breastfeeding, it was observed that this is a very generalized activity in the Aymara culture, even when the median age of the children was 11-12 months. Promotion of breastfeeding was an objective of the program, and was observed frequently in these communities.

6. A significant percentage (more than 30%) of the mothers interviewed began breastfeeding their infants within 10 minutes of the child's birth. Furthermore, a majority of the women interviewed knew the Aymara name for colostrum (*pocke*), and were aware that it was "good milk." This is one of the most valuable educational lessons that the staff of Freedom from Hunger/Bolivia were able to impart to the target population.

7. The nutritional intake survey showed that many mothers provide a diet of good nutritional quality to their families.

8. A low percentage of consumption of green vegetables, especially leafy green vegetables, was noted. This could be because of climatic factors and because the interviews took place in the planting season, not in the harvest season.

9. 33.6% of the mothers interviewed indicated that their children had suffered a bout of diarrhea within the last two weeks. This is a very high percentage, more than the average indicated by the WHO. This could be attributed to the fact that the local population does not have plumbing, and the use of sanitary latrines has not been established.

10. 46% of the women interviewed use oral rehydration salts to treat the diarrhea of their children under two years of age. A high percentage of the women interviewed also used herbal medicines.

11. The percentage of children immunized is low. One explanation given related the low rate to cultural factors that do not hold vaccination in high repute. Furthermore, the staff of Freedom from Hunger/Bolivia has followed the standards put forth by the Ministry of Social Welfare and Public Health, which have made many changes in these standards during the course of the project. Initially, the targeted population was children under the age of five years. Later, based on recommendations from OMS/UNICEF, the target population was limited to children under the age of three, with evaluation emphasis being placed on the immunization of children

under the age of two, which does not reflect the total number of children immunized during the life of the project. Immunization data concerning the coverage of the program, prepared by the La Paz and Copacabana staff, is attached here.

12. Knowledge about the connection between growth and development was demonstrated in the colored-wool system used to indicate to the mother whether or not there was a problem with the growth of the child being monitored.

13. Planting season coincided with the interview period. Many interviews were conducted in the fields and gardens of interviewees. For this reason, more complete data was not available for review by the interviewers on the immunization records or the growth records of the children of the women being interviewed.

14. Women have been trained in the production of vegetables, demonstrated by a significant percentage (33%) who have an outdoor vegetable garden and/or a greenhouse.

15. A high percentage of those interviewed indicated that they had participated in the activities sponsored by Freedom from Hunger/Bolivia.

Finally, the Freedom from Hunger/Bolivia team and the consultant expressed satisfaction with the training process and the results of the interviews, which had been conducted in accordance with the guidelines agreed upon. This process provides the Freedom from Hunger/Bolivia staff with an experience that will be useful to them in the future.

ANNEX I

Child Survival Knowledge & Practices
Survey Questionnaire Freedom From Hunger/Bolivia

Identification

All questions are to be addressed to the mother (women 15-49 years old) with a child under two (24 months old or less)

1. Name and age of the mother

   Name _____ Age (years)_____

2. Name and age of the child under two

   Name _____

   Birth date __/__/__ (dd/mm/yy) Age in months_____

   Community: _____

Mother's Education/Occupation

Allow us to know about your occupation .....

3. What was the highest educational level you attained?
   1. none [ ]
   2. primary does not read [ ]
   3. primary reads [ ]
   4. other [ ]

4. Do you do any income generating work?
   (multiple answers possible; record all answers)
   1. selling agricultural products [ ]
   2. harvesting agricultural products [ ]
   3. selling foods (bread, drinks candies, etc) [ ]
   4. weaving [ ]
   5. Other (specify) _____ [ ]
   6. none [ ] (go to 7)

5. Is your main income generating work done at home or away from home?
   1. away from home [ ]
   2. at home [ ] **(go to 7)**

6. Who takes care of (name of child) while you are working away from home? (multiple answers possible; record each one)
   1. mother takes child with her [ ]
   2. husband/partner [ ]
   3. older children [ ]
   4. grandmother [ ]
   5. friend [ ]

6. other(specify) _____ [ ]

Breastfeeding/Nutrition

Now, allow us to ask you about your child's diet

7. Are you breastfeeding (name of child)?
   1. yes [ ] (go to 9)
   2. no [ ]

8. Have you ever breastfed (name of child)?
   1. yes [ ]
   2. no [ ] (go to 11)

9. After the delivery, when did you breast-feed (name of child) for the first time?
   1. immediately after birth (10 minutes) [ ]
   2. during the first hour after delivery [ ]
   3. during the first 8 hours after delivery [ ]
   4. from 8 to 24 hours after delivery [ ]
   5. more than 24 hours after delivery [ ]
   6. do not remember [ ]

10a. What is the name of the milk that come just after (name of child) delivery?
   1. colostrum [ ]
   2. dirty milk [ ]
   3. milk (yellow) [ ]
   4. other (specify) [ ] _____
   5. don't remember [ ]

10b. Is colostrum good for your baby?
   1. Good [ ]
   2. All right [ ]
   3. Bad [ ]

11a. Are you giving (name of child) water?
   1. yes [ ]
   2. no [ ]
   3. don't know [ ]

b. Are you giving (name of child) juices or soups?
   1. yes [ ]
   2. no [ ]
   3. don't know [ ]

c. Are you giving (name of child) bottle milk?
   1. yes [ ]
   2. no [ ]
   3. don't know [ ]

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d. Are you giving (name of child) gruels?
1. yes [ ]
2. no [ ]
3. don't know [ ]

e. Are you giving (name of child) plantain, carrots or squash?
1. yes [ ]
2. no [ ]
3. don't know [ ]

f. Are you giving (name of child) leafy green vegetables, such as Quinoa leaves, radish leaves, or lettuce?
1. yes [ ]
2. no [ ]
3. don't know [ ]

g. Are you giving (name of child) beef, eggs or fish?
1. yes [ ]
2. no [ ]
3. don't know [ ]

Diarrheal Diseases

12. Has (name of child) had diarrhea during the last two weeks?
1. yes [ ]
2. no [ ] (go to 20)
3. do not know [ ] (go to 20)

13. During (name of child)'s diarrhea did you breast-feed (read the choices to the mother):
1. more than usual? [ ]
2. same as usual? [ ]
3. less than usual? [ ]
4. stopped completely? [ ]
5. not breastfeeding? [ ]

14. During (name of child)'s diarrhea, did you provide (name of child) with fluids other than breast-milk? (read the choices to the mother)
1. more than usual? [ ]
2. same as usual? [ ]
3. less than usual? [ ]
4. stopped completely? [ ]
5. exclusively breastfeeding [ ]

15. During (name of child)'s diarrhea, did you provide (name of child) with solid/semisolid foods? (read the choices to the mother)
1. more than usual [ ]
2. same as usual? [ ]

3. less than usual? [ ]
4. stopped completely? [ ]
5. exclusively breastfeeding [ ]

16. When (name of child) had diarrhea, what treatments, if any, did you use? (multiple answers possible; record all answers)
1. ORS packet [ ]
2. sugar-salt solution [ ] specify_____
3. anti-diarrhea medicine or antibiotics [ ] specify_____
4. other fluids [ ] specify_____
5. other [ ] specify_____
6. nothing [ ]

17. If you gave (name of child) an ORS packet, how did you prepare it?
1. measured a liter of water [ ]
2. solved the entire envelop [ ]
3. none of the above [ ]

18. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?
1. yes [ ]
2. no [ ] (go to 20)

19. From whom did you seek advice or treatment for the diarrhea of (name of child)? (multiple answers possible; record each answer)
1. health center [ ]
2. community health volunteer [ ]
3. traditional healer [ ]
4. traditional birth attendant [ ]
5. relatives (specify) [ ]_____
6. other (specify) [ ]_____

20. What are important actions you should take if (name of child) had diarrhea? (multiple answers possible; record all answers)
1. take the child to the aid post or health center [ ]
2. give the child more to drink than usual [ ]
3. give the child smaller more frequent feeds [ ]
4. withhold fluids [ ]
5. withhold foods [ ]
6. other (specify)_____ [ ]
7. do not know [ ]

21. What signs/symptoms would cause you to seek advice or treatment for (name of the child)'s diarrhea? (multiple answers possible; record all answers)
1. vomiting [ ]
2. fever [ ]
3. dry mouth, sunken eyes, decreased urine

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output (dehydration) [ ]
4. diarrhoea continues for more than one day [ ]
5. blood in stool [ ]
6. other (specify)_____ [ ]
7. do not know [ ]

Immunizations

22. Has (name of child) ever received any immunizations?
1. yes [ ]
2. no [ ]
3. don't know [ ]

23. At what age should (name of child) receive measles vaccine?
1. specify in months [____]
2. don't know [ ] (99)

24. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?
1. to protect the woman against tetanus [ ]
2. to protect the newborn against tetanus [ ]
3. to protect both mother/newborn against tetanus [ ]
4. other (specify) _____ [ ]
5. do not know [ ]

25. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?
1. none [ ]
2. one [ ]
3. two [ ]
4. more than two [ ]
5. do not know [ ]

26. Do you have an immunization card for (name of child)?
1. yes [ ] (must see card)
2. lost it [ ] (go to 32)
3. never had one [ ] (go to 32)

27.

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Look at the vaccination card and record the dates of all the immunizations in the space below (dd/mm/yy)

BCG		_ _/_ _/_ _
OPV	1st	_ _/_ _/_ _
	2nd	_ _/_ _/_ _
	3rd	_ _/_ _/_ _
DPT	1st	_ _/_ _/_ _
	2nd	_ _/_ _/_ _
	3rd	_ _/_ _/_ _
Measles		_ _/_ _/_ _

Growth Monitoring

28. Do you have a growth monitoring card for (name of child)?
    1. yes [ ] (must see card) [ ]
    2. lost it [ ] (go to 34) [ ]
    3. never had one [ ] (go to 34) [ ]

29. Look at the growth monitoring card of (name of child) and record the following information: Has the child been weighted during the last six months?
    1. yes [ ]
    2. no [ ]

30. What does the red wood mean on a child's growth card?
    1. The child is doing well [ ]
    2. The child is ill [ ]
    3. The child should eat more [ ]
    4. Don't know [ ]
    5. Other (specify) _____ [ ]

31. Why do you think that your child's weight should be monitored?
    1. To observe his growth [ ]
    2. To see if he is sick or well [ ]
    3. Don't know [ ]
    4. Other (specify) _____ [ ]

32. Do you have a family garden?

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1. yes [ ]
2. No [ ]

33. How do you use the harvest from your garden?
1. Family eats it [ ]
2. sell it [ ]
3. Don't know [ ]

34. Did you participate in Meals for Millions activities?
1. yes [ ]
2. No [ ]
3. Don't know [ ]

39. At the delivery of (name of child), who tied and cut the cord?
1. yourself [ ]
2. family member [ ]
3. traditional birth attendant [ ]
4. health professional (physician, nurse, midwife) [ ]
5. other (specify) _____ [ ]
6. do not know [ ]

<<<<<<<<<<<<<<<<<<<<>>>>>>>>>>>>>>>>>>>>

Interview date __/__/91 (dd/mm) Rescheduled interview __/__/91 (dd/mm)

Interviewer name _____

Supervisor _____

THANK YOU FOR YOUR COOPERATION

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INVESTIGACIÓN FINAL, AÑO 1991
SOBRE CONOCIMIENTOS Y PRACTICAS
PROYECTO DE SUPERVIVENCIA INFANTIL
FREEDOM FROM HUNGER BOLIVIA

Identificación

Las siguientes preguntas son para madres de niños menores a dos años (24 meses).

1. Nombre y edad de la madre

   Nombre _____ Edad (años) _____

2. Nombre y edad del niño menor de 2 años

   Nombre _____

   Fecha de nacimiento __/__/__(dd/mm/aa) Edad en meses ___

   Comunidad _____

Ocupación de la madre

Permítanos saber un poco sobre sus ocupaciones ....

3. ¿Cual es el grado de educación más alto que alcanzó?
   1. ninguno [ ]
   2. básico y no lee [ ]
   3. básico y si lee [ ]
   4. otro [ ]

4. ¿Realiza Ud. actividades que le dan ingresos económicos?
   1. vendiendo productos agrícolas [ ]
   2. cosechando productos agrícolas [ ]
   3. vendiendo alimentos (pan, refrescos, dulces, etc.) [ ]
   4. tejedora [ ]
   5. otro (especifique) _____ [ ]
   6. no, ninguna [ ]——> **PASE A LA 7**

5. ¿Esta actividad que le da ingresos económicos, la realiza en su casa o fuera de la casa?
   1. en la casa [ ]——> **PASE A LA 7**
   2. fuera de la casa [ ]

6. ¿Quien cuida de **(nombre del niño)** mientras trabaja afuera?
   (puede marcar más de una respuesta)
   a. el niño va con la mamá [ ]

b. el esposo/compañero [ ]
c. hermanos mayores [ ]
d. abuela [ ]
e. comadre [ ]
f. otro (especifique) [ ] _____

Lactancia Materna

Ahora déjenos preguntarle acerca de la alimentación de su niño

7. ¿Está Ud. dando pecho a **(nombre del niño)**?
   1. si [ ]———> **PASE A LA 9**
   2. no [ ]

8. ¿Ha dado pecho alguna vez a **(nombre del niño)**?
   1. si [ ]
   2. no [ ]———> **PASE A LA 11**

9. ¿Después del parto, cuando le dió de mamar por primera vez a **(nombre del niño)**?
   1. inmediatamente después del parto (10 minutos) [ ]
   2. durante la primera hora después del parto [ ]
   3. durante las primeras 8 horas después del parto [ ]
   4. durante las 8 a 24 horas después del parto [ ]
   5. después de 24 horas [ ]
   6. no se acuerda [ ]

10.a. ¿Como se llama la primera leche que le salió después del parto de **(nombre del niño)**?
   1. Calostro/pocke [ ]
   2. Leche sucia [ ]
   3. Leche (amarilla) [ ]
   4. otro (especifique) [ ] _____
   5. no sabe [ ]

b. El pocke como es para su hijo?
   1. buena [ ]
   2. regular [ ]
   3. mala [ ]

11. a. ¿ Le está dando agua a **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

b. ¿ Le está dando caldos a **(nombre del niño)**?
   1. si [ ]

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2. no [ ]
3. no sabe [ ]

c. ¿ Le está dando leche en mamadera a **(nombre del niño)**?
1. si [ ]
2. no [ ]
3. no sabe [ ]

d. ¿ Le está dando papilla o pures a **(nombre del niño)**?
1. si [ ]
2. no [ ]
3. no sabe [ ]

e. ¿ Le está dando plátanos o , zanahoria, zapallo a **(nombre del niño)**?
1. si [ ]
2. no [ ]
3. no sabe [ ]

f. ¿ Le está dando vegetales verdes como hojas de quinua, hojas de rabano, lechugas a **(nombre del niño)**?
1. si [ ]
2. no [ ]
3. no sabe [ ]

g. ¿ Le está dando carne, huevos o pescado a **(nombre del niño)**?
1. si [ ]
2. no [ ]
3. no sabe [ ]

h. ¿ Le está endulzando con azucar o chancaca en los desayunos a **(nombre del niño)**?
1. si [ ]
2. no [ ]
3. no sabe [ ]

Enfermedades diarreicas

12. ¿Ha tenido **(nombre del niño)** diarrea en las dos últimas semanas?
1. si [ ]
2. no [ ]———> **PASE A LA 20**
3. no sabe [ ]———> **PASE A LA 20**

13. Durante la diarrea de **(nombre del niño)**, le dió pecho .....
(lea las opciones a la madre)
1. más de lo acostumbrado? [ ]

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2. igual a lo acostumbrado? [ ]
3. menos de lo acostumbrado? [ ]
4. dejó de darle completamente? [ ]
5. ya no recibía pecho? [ ]

14. Durante la diarrea de **(nombre del niño)**, le dió líquidos, además de la leche materna .....
(lea las opciones a la madre)
1. más de lo acostumbrado? [ ]
2. igual a lo acostumbrado? [ ]
3. menos de lo acostumbrado? [ ]
4. dejó de darle completamente? [ ]
5. solo recibe pecho materno [ ]

15. Durante la diarrea de **(nombre del niño)**, le dió alimentos blandos, papillas o pures ....
(lea las opciones a la madre)
1. más de lo acostumbrado? [ ]
2. igual a lo acostumbrado? [ ]
3. menos de lo acostumbrado? [ ]
4. dejó de darle completamente? [ ]
5. solo recibe pecho materno [ ]

16. ¿Cuando **(nombre del niño)** tuvo diarrea que tratamiento le dió?
(puede marcar más de una respuesta)
a. Sobre de rehidratación [ ]———> **RESPONDA LA 17**
b. suero casero [ ](especifique) _____
c. medicinas anti-diarreicas o antibiótico (especifique) [ ](especifique) _____
d. líquidos [ ](especifique) _____
e. otro (especifique) [ ](especifique) _____
f. nada [ ]

17. **Si le dió Sobre de rehidratación,** ¿Como lo preparó?
a. midió un litro de agua [ ]
b. vacío todo el contenido de un sobre [ ]
c. nada de lo anterior [ ]

18. ¿Cuando **(nombre del niño)** tuvo diarrea, pidió consejo o tratamiento?
1. si [ ]
2. no [ ]———> **PASE A LA 20**

19. ¿De quien recibió el consejo o tratamiento para la diarrea de **(nombre del niño)**?
(puede marcar más de una respuesta)
a. puesto de salud [ ]
b. trabajador voluntario

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de salud (RPS) [ ]
c. curandero [ ]
d. partera empírica [ ]
e. pariente [ ](especifique) _____
f. otro [ ](especifique) _____

20. ¿Si (nombre del niño) tuviera diarrea, que es lo más importante que debería hacer? (puede marcar más de una respuesta)
    a. llevar al niño a un puesto de salud [ ]
    b. dar al niño más líquidos de lo usual [ ]
    c. alimentar con más frecuencia, pero en menor cantidad [ ]
    d. detener la ingestión de líquidos [ ]
    e. detener la ingestión de alimentos [ ]
    f. otro (especifique) _____ [ ]
    g. no lo sabe [ ]

21. ¿Si (nombre del niño) tuviera diarrea, ¿que síntomas de gravedad le harían buscar consejo o tratamiento?
    (puede marcar mas de una respuesta)
    a. vómitos [ ]
    b. fiebre [ ]
    c. boca seca, ojos hundidos, mollera hundida y orina poco (deshidratación) [ ]
    d. si la diarrea continúa por mas de un día [ ]
    e. sangre en la heces [ ]
    f. otros (especifique) _____ [ ]
    g. no sabe [ ]

Inmunizaciones

22. ¿Ha sido vacunado alguna vez (nombre del niño)?
    1. si [ ]
    2. no [ ]
    3. no sabe [ ]

23. ¿A que edad (nombre del niño) debería recibir la vacuna contra el sarampión?
    1. especifique en meses [____]
    2. no lo sé [ ] (99)

24. ¿Sabe Ud. porque una mujer embarazada necesita ser vacunada contra el tétanos?
    1. para proteger a la mujer contra el tétanos [ ]
    2. para proteger al recién nacido contra el tétanos [ ]
    3. para proteger madre y niño contra el tétanos [ ]
    4. otro (especifique) _____ [ ]
    5. no sabe [ ]

- 3

25. ¿Cuantas vacunas contra el tétanos debe recibir una mujer embarazada, para proteger al recién nacido contra el tétanos?
    1. ninguna [ ]
    2. una [ ]
    3. dos [ ]
    4. más de dos [ ]
    5. no sabe [ ]

26. ¿Tiene Ud. el carnet de vacunación o el CCI de (nombre del niño)?
    1. si, tiene carnet [ ] (pida que se lo muestre!)
    2. perdió el carnet [ ]———> PASE A LA 28
    3. nunca tuvo uno [ ]———> PASE A LA 28

27.

Mire el carnet de vacunación y registre las fechas de las inmunizaciones en el espacio correspondiente

		(día/mes/año)
ANTIPOLIO	1a	___/___/___
	2a	___/___/___
	3a	___/___/___
DPT (TRIPLE)	1a	___/___/___
	2a	___/___/___
	3a	___/___/___
ANTISARAMPION		___/___/___
BCG		___/___/___

Control del Crecimiento

28. ¿Tiene (nombre del niño) su carnet, o gráfica, para el control del peso?
    1. si, tiene carnet [ ] (pida que se lo muestre!)
    2. perdió el carnet [ ]——> PASE A LA 30
    3. nunca tuvo uno [ ]——> PASE A LA 30

29.

Mire la gráfica de (nombre del niño) y registre la siguiente información: ¿fué a su control del peso en los últimos 6 meses?
    1. si [ ]
    2. no [ ]

32

30. ¿Qué significa la lana roja en el carnet de su niño?
   1. que el niño está bien [ ]
   2. que el niño está enfermo [ ]
   3. necesita comer más [ ]
   4. no sabe [ ]
   5. otro especifique [ ]________________

31. ¿Por qué cree que hay que controlar el peso de tu niño?
   1. para ver su crecimiento [ ]
   2. para si está sano o enfermo [ ]
   3. no sabe [ ]
   4. otro especifique [ ]____________

32. ¿Tiene huerto familiar?
   1. si [ ]
   2. no [ ]

33. ¿En que emplea sus cosechas?
   1. consumo [ ]
   2. venta [ ]
   3. otros especifique [ ]_______________________

34. ¿Participó en las actividades de Meals for Millions?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

35. ¿Cuándo nació (nombre del niño), quién le cortó el ombligo?
   1. ella misma [ ]
   2. un miembro de la familia [ ]
   3. personal de salud (RPS) [ ]
   4. otro especifique [ ]_____________
   5. no sabe [ ]

>>>

Fecha de la encuesta __/__/91 Fecha de reencuesta __/__/91
(dd / mm) (dd / mm)

Nombre del encuestador: _______________________

Supervisor: __________________________________

GRACIAS POR SU COOPERACION

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Form D.

ESTIMATED CHILD SURVIVAL BUDGET - NEPAL

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		TOTAL			
	AID	FFH	AID	FFH	AID	FFH	AID	FFH	AID	FFH	TOTAL	p.m.
PERSONNEL												
Medical/Health												
Ins/ORT Prog.	2,250		2,470		2,720		1,500		8,940	0	8,940	42
Dev. Officer (2)	735		810		890		490		2,925	0	2,925	14
Ag. Exec. Officer	190		210		230		255		885	0	885	4
Jr. Nutritionist	1,150		1,270		1,400		1,020		4,840	0	4,840	22
Staff Nurse (2)	801		880		960		1060		3,700	0	3,700	22
Clinical Asst. (2)	570		630		690		500		2,390	0	2,390	22
Administration												
Director	1,500		1,160		1,275		700		4,735	0	4,735	3
Program Officer	470		370		410		225		1,675	0	1,675	3
AVP Manager	2,150		1,130		960		950		5,140	0	5,140	17
SIP Coordinator	1,150		1,240		1,385		760		4,555	0	4,555	42
Accountant	330		230		250		140		940	0	940	
Support												
Secretary	170		105		115		125		515	0	515	9
Driver/Porter (4)	655		630		695		760		2,740	0	2,740	49
Subtotal	12,410	0	11,205	0	11,880	0	8,485	0	43,980	0	43,980	245
CONSULTANTS												
Local												
ORT	3,000	0	0	1,000	0	1,000	0	1,000	3,000	3,000	6,000	6.00
Social Marketing	3,000	0	0	1,000	0	1,000	0	1,000	3,000	3,000	6,000	6.00
Evaluator	0	0	0	0	0	0	0	2,000	0	2,000	2,000	1.00
Expatriate												
Info. Systems	9,000	0	0	3,000	0	3,000	0	0	9,000	6,000	15,000	5.00
Evaluator	0	0	0	0	0	3,000	0	3,000	0	6,000	6,000	2.00
Subtotal	15,000	0	0	5,000	0	8,000	0	7,000	15,000	20,000	35,000	20
TRAVEL AND PER DIEM												
International	6,500	0	4,780		9,950	0	5,000		26,140	0	26,140	
In-country	8,850		5,620		8,500	0	5,440	0	29,410	0	29,410	
Subtotal	15,350	0	10,400	0	18,350	0	11,440	0	55,550	0	55,550	
EQUIPMENT AND SUPPLIES												
Technical Equipment	0	17,000	0	1,500	0	1,200	0	1,500	0	21,200	21,200	
Office Equipment	0	3,500	0	200	0	200	0	200	0	4,100	4,100	
Supplies	1,422	0	1,000	50	700	350	1,000	50	4,122	450	4,572	
Subtotal	1,422	20,500	1,000	1,750	700	1,750	1,000	1,750	4,122	25,750	29,872	
OTHER DIRECT COSTS	0	1,850	0	2,450	1,528	922	2,450	0	3,978	5,322	9,300	
TOTAL FIELD COSTS	44,182	22,450	22,605	9,200	32,348	10,672	23,375	8,750	122,630	51,072	173,702	
OVERHEAD ON FIELD COSTS	6,550		7,430		4,320		3,210		17,370	0	17,370	
HEADQUARTERS COSTS												
Personnel	20,833		17,815		20,116		20,241		79,106	0	79,106	
Consultants		6,350	2,425			4,140			2,625	10,390	13,015	
Travel/Per Diem	6,289			5,609	6,111			6,155	12,400	11,764	24,164	
Equipment/Supplies	1,519	982	550	250		900		950	2,169	2,982	5,150	
Subtotal	28,741	7,332	21,091	5,859	26,227	5,040	20,241	7,105	96,299	25,136	121,435	
OVERHEAD ON HQ COSTS		7,500		2,700	971	2,159	2,730		3,701	9,449	13,150	
GRAND TOTAL	79,523	33,172	46,876	17,759	63,986	17,871	49,556	15,855	240,000	84,657	324,657	

INVESTIGACIÓN FINAL, AÑO 1991
SOBRE CONOCIMIENTOS Y PRACTICAS
PROYECTO DE SUPERVIVENCIA INFANTIL
FREEDOM FROM HUNGER BOLIVIA

Identificación

Las siguientes preguntas son para madres de niños menores a dos años (24 meses).

1. Cuna sutimajja? Kjaukja maranitasa?

   Nombre _____ Edad (años) ____

2. cuna sutinissa wawamajja?

   Nombre _____

   Cuna fechans wawamajj yuri?__/__/__(dd/mm/aa)Edad en meses___

   Comunidad _____

Ocupación de la madre

Permítanos saber un poco sobre sus ocupaciones ....

3. ¿Cuna curso camas sarta escuelaru?
   1. ninguno [ ]
   2. básico y no lee [ ]
   3. básico y si lee [ ]
   4. otro [ ]

4. ¿Kaukits jumajj kolque jekjattaja?
   1. vendiendo productos agrícola [ ]
   2. cultivaldo productos agricolas [ ]
   3. vendiendo alimentos (pan, refrescos, dulces, etc.) [ ]
   4. tejedora [ ]
   5. otro (especifique) _____ [ ]
   6. no, ninguna [ ]——> **PASE A LA 7**

5. ¿Aca apnakahuinahjja utanti lurta o yakhsa chekancha lurtaja?
   1. en la casa [ ]——> **PASE A LA 7**
   2. fuera de la casa [ ]

6. ¿Khitis **(nombre del niño)** uñjaraptamjja irnakhawiru sarkta uckajja?
(puede marcar más de una respuesta)
   1. el niño va con la mamá [ ]
   2. el esposo/compañero [ ]
   3. hermanos mayores [ ]
   4. abuela [ ]
   5. comadre [ ]
   6. otro (especifique) [ ] _____

Lactancia Materna

Ahora déjenos preguntarle acerca de la alimentación de su niño

7. Jumaj ñuñuyasxtati **(nombre del niño)**?
   1. si [ ]——-> **PASE A LA 9**
   2. no [ ]

8. May cutis churtati ñuñu **(nombre del niño)**?
   1. si [ ]
   2. no [ ]——> **PASE A LA 11**

9. Usuk'asta ukhajja cunaratuts ñuñu churtaj **(nombre del niño)**?
   1. inmediatamente después del parto (10 minutos) [ ]
   2. durante la primera hora después del parto [ ]
   3. durante las primeras 8 horas después del parto [ ]
   4. durante las 8 a 24 horas después del parto [ ]
   5. después de 24 horas [ ]
   6. no se acuerda [ ]

10. a. Cuna sutinis naiyriri leche mistkam usuk'asjta uckajja **(nombre del niño)**?
   1. Calostro/pocke [ ]
   2. Leche sucia [ ]
   3. Leche (amarilla) [ ]
   4. otro (especifique) [ ]_____
   5. no sabe [ ]——> **PASE A LA 11**

   b. Cunjamapchas aca pokej
   1. buena [ ]
   2. regular [ ]
   3. mala [ ]
   4. no sabe [ ]

11. a. Uma churasktati **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

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b. Calditumaka churasktati **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

c. Mamaderat leche churasktati **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

d. Churasktati jasa mank'etanaca **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

e. Churasktati pok'ota, zanahoria, zapallo a **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

f. Churasktati chojjña laphinaka sañani: chojjña juira, laphinaca, rabano, laphi lechug laphi a **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

g. Churasktati ayhcha, khauna, chaulla **(nombre del niño)**?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

h. Usktati junthumaparu azucar o chancaca **(nombre del niño)** churañataquijja?
   1. si [ ]
   2. no [ ]
   3. no sabe [ ]

CURSY USUNCA

12. **(nombre del niño)** cursy usumpinati aca pha kjepa aemananjja?
    1. si [ ]
    2. no [ ]———> **PASE A LA 20**
    3. no sabe [ ]———> **PASE A LA 20**

13. **(nombre del niño)** cusyampican uca pachajj ñuñu churescacktati? .....
    (lea las opciones a la madre)
    1. más de lo acostumbrado? [ ]
    2. igual a lo acostumbrado? [ ]
    3. menos de lo acostumbrado? [ ]

4. dejó de darle completamente? [ ]
5. ya no recibía pecho? [ ]

14. **(nombre del niño)** cursiya usumpicanjja ukjajja umanaca churtati? y ñuñu churascayatati? .....
(lea las opciones a la madre)
1. más de lo acostumbrado? [ ]
2. igual a lo acostumbrado? [ ]
3. menos de lo acostumbrado? [ ]
4. dejó de darle completamente? [ ]

15. Cursiya usumpicana ukjnjja mank'anaca **(nombre del niño)** churtati blandos, papillas o pures ....
(lea las opciones a la madre)
1. más de lo acostumbrado? [ ]
2. igual a lo acostumbrado? [ ]
3. menos de lo acostumbrado? [ ]
4. dejó de darle completamente? [ ]
5. solo recibe pecho [ ]

16. **(nombre del niño)** cursiya usunijana cunjamsa kholltaja ?
(puede marcar más de una respuesta)
1. Sobre de rehidratación [ ]———> **RESPONDA LA 17**
2. suero casero [ ](especifique)_____
3. medicinas anti-diarreicas o antibiótico (especifique) [ ](especifique) _____
4. líquidos [ ](especifique) _____
5. otro (especifique) [ ](especifique) _____
6. nada [ ]

17. **Sobre de rehidratación**, churtajja, kunjams ·vaquicharaptaja?
1. midió un litro de agua [ ]
2. vacío todo el contenido de un sobre [ ]
3. nada de lo anterior [ ]

18. **(nombre del niño)** cuaiya usumpikana ukajja jisthasiritati khollañataquija
1. si [ ]
2. no [ ]———> **PASE A LA 20**

19. Q'itithsa amuyttwi katokajja **(nombre del niño)** kollañataquijja cursia usumpicanjja ukapachajj q'itimpita?
(puede marcar más de una respuesta)
1. puesto de salud? [ ]
2. trabajador voluntario de salud (RPS) [ ]
3. curandero [ ]
4. partera empírica [ ]
5. pariente [ ](especifique) _____
6. otro [ ](especifique) _____

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20. **(nombre del niño)** cursiya usumpispajja kuns nairakata lurasmaja.
(puede marcar más de una respuesta)

1. llevar al niño a un puesto de salud [ ]
2. dar al niño más líquidos de lo usual [ ]
3. alimentar con más frecuencia, pero en menor cantidad [ ]
4. detener la ingestión de líquidos [ ]
5. detener la ingestión de alimentos [ ]
6. otro (especifique) _____ [ ]
7. no lo sabe [ ]

21. **(nombre del niño)** cursiya usu catuspaja, cunjamats amuyasmaja kollañataqui?
(puede marcar mas de una respuesta)

2. vómitos [ ]
3. fiebre [ ]
4. boca seca, ojos hundidos, mollera hundida y orina poco (deshidratación) [ ]
5. si la diarrea continúa por mas de un día [ ]
6. sangre en la heces [ ]
7. otros (especifique) _____ [ ]
8. no sabe [ ]

Inmunizaciones

22. **(nombre del niño)** maycutis vacunayasiti,

1. si [ ]
2. no [ ]
3. no sabe [ ]

23. Khaukha pajsirus sarampion vacun katokkejja? ó katokkañapajja

1. especifique en meses [____]
2. no io sé [ ] **(99)**

24. Juma yattati cuats ma usuri warmijja vacunayasi tétanos uka usutaqui ?

1. para proteger a la mujer contra el tétanos [ ]
2. para proteger al recién nacido contra el tétanos [ ]
3. para proteger madre y niño contra el tétanos [ ]
4. no se ha vacunado porque temia quedar esteril [ ]
5. otro (especifique) _____ [ ]
6. no sabe [ ]

25. Khawjka cutis ma usur warmijj tétanos vacuna katokkañapajja usu jarkh'eñatacui asu wawaru ?

1. ninguna [ ]
2. una [ ]
3. dos [ ]
4. más de dos [ ]
5. no sabe [ ]

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26. (nombre del niño) vacunacion carnetepaj utjiti, o carnet de salud infantilach utji.

1. si, tiene carnet [ ] (pida que se lo muestre!)
2. si, tiene carnet [ ] no lo tiene —> PASE A LA 28
2. perdió el carnet [ ]——> PASE A LA 28
3. nunca tuvo uno [ ]——> PASE A LA 28

27.

Uñjam CCI vacunanaca, y kellkkam cuna fechans vacunanaka katokkatayna

		(día/mes/año)
POLIO	1a	___/___/___
	2a	___/___/___
	3a	___/___/___
DPT (TRIPLE)	1a	___/___/___
	2a	___/___/___
	3a	___/___/___
SARAMPION		___/___/___
TUBERCULOSIS		___/___/___

Control del Crecimiento

28. (nombre del niño) peso controlañataqui carnetepaj utjiti ?

1. si, tiene carnet [ ] (pida que se lo muestre!)
2. si, tiene carnet [ ] no lo tiene PASE A LA 30
2. perdió el carnet [ ]——> PASE A LA 30
3. nunca tuvo uno [ ]——> PASE A LA 30

29.

MUñjatam CCI pesayasitaynati febrero paisi aca marata

1. si [ ]
2. no [ ]

30. Cun saña muni wila ckanckha chinuta carnetepanja (nombre del niño)

1. que el niño está bien [ ]
2. que el niño está enfermo [ ]
3. necesita comer más [ ]
4. no sabe [ ]
5. otro especifique [ ] _____

31. Cunataquis controlaytajja peso (nombre del niño)?

1. para ver su crecimiento [ ]

2. para si está sano o enfermo [ ]
3. no sabe [ ]
4. otro especifique [ ] ____________________

32. Utjtamti huerto familiar o carpa solar ?
    1. si [ ]
    2. no [ ]

33. Cuns camacht'ajja uca cosechamampejja
    1. consumo [ ]
    2. venta [ ]
    3. otros especifique [ ] ____________________

34. Juma ukantati progama Meals for Millions ukanja
    1. si [ ]
    2. no [ ]
    3. no sabe [ ]

35. (nombre del niño), yurqui ukhajja, k'itis cururu kh'uchu kejja
    1. ella misma [ ]
    2. un miembro de la familia [ ]
    3. personal de salud (RPS) [ ]
    4. otro especifique [ ] ____________________
    5. no sabe

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Fecha de la encuesta __/__/91 Fecha de reencuesta __/__/91
(dd / mm) (dd / mm)

Nombre del encuestador: ________________________________

Supervisor: ________________________________

GRACIAS POR SU COOPERACION

ANNEX II

SAMPLE SIZES FOR POPULATION BASED SAMPLE SURVEYS
A GUIDE FOR FIELD-LEVEL SURVEY PARTICIPANTS

Denis M. Holdenried, M.D., M.P.H.

The purpose of a sample survey is to select a number of individuals who are typical for the entire population with regard to an aspect of interest.

Because of time and budgetary constraints, it is usually preferable to limit the size of the sample to as few individuals as possible. In a perfect world, one could imagine a sample of a few individuals drawn completely at random that would precisely represent the entire community. Unfortunately, even in samples properly drawn at random there is some variation in the individuals selected, and a second sampling will not represent an identical set of individuals.

However, the more persons included in a sample, the less variability, independent of the total size of the target population.[1]

The laws of statistics and probability allow an exact expression of this concept in formulas. In the easiest case, we want to look at a situation in which a sample is drawn at one point in time to estimate a level of a certain variable in the total population, such as immunization coverage or level of knowledge about health behavior. Given a complete randomness of sampling, the results of this survey do not reflect the precise truth for the entire population, because of the sampling variation. This means that even if another sample is drawn perfectly at random immediately after the first survey, we could still expect results to be different. In order to find out the extent of the difference, we can use the following formula:

$p = p' +/- z_\alpha \sqrt{pq/n}$ (Formula 1)

p represents the real level of the aspect under study in the total population; p' is the level found in the survey; z_α expresses the level of confidence one can have that the actual p falls within the interval provided by this formula; $q' = 1 - p'$; n is the sample size used.

Example: In a survey on mothers' knowledge about tetanus vaccine, interviewing 196 of 19,000 mothers in the community, we find that 78% knew that the vaccine protects mothers and newborns against tetanus.

If we had interviewed all 19,000 mothers, the 78% found would represent the exact level of knowledge. However, since we took a subsample of the total target population, we must expect some statistical variability; i.e., if we repeated the survey right away, we could expect slightly different results, even if the selection process was perfectly at random.

[1] A correction factor for finite populations has to be taken into account if the sample size exceeds 10% of the total target population. In this case the sampling variation will decrease.

Influence of $z\alpha$: Using formula 1 and choosing $z_\alpha = 1.96$, we can calculate the upper and lower limits of an interval about which we are 95% sure covers the real, actual level of knowledge (in a statistical z table we see that for α=95% z_α= 1.96). The level of α=95% certainty is chosen arbitrarily and follows an internationally common practice. We could also choose e.g. α=99% (which would give us a z_α of 2.58). Choosing an α of 95% then means that in 95 of 100 cases (=surveys) our confidence intervals contain the real value we would find if we interviewed all 19,000 women. In 5 of 100 cases we will find a result that lies outside the interval.

With this knowledge and formula 1, the confidence interval for the previous example can be calculated:

$p = p' +/- z_\alpha \sqrt{p'q'/n}$;
$p = 0.78 +/- 1.96\sqrt{0.78x0.22/196}$;
$p = 0.78 +/- 1.96\sqrt{0.0008755}$;
$p = 0.78 +/- 1.96x0.0296$;
$p = 0.78 +/- 0.06$;
$0.72 \leq p \leq 0.84$

This means that we are 95% confident that based on our survey the real level of knowledge lies between 72 and 84%. If we use the same survey and decide that we want to be 99% sure that the interval covers the real value, we would set the following limits:

$p = 0.78 +/- 2.58\sqrt{0.78x0.22/196}$;
$p = 0.78 =/- 0.08$;
$0.70 \leq p \leq 0.86$

So now we are 99% confident that the real level of knowledge lies between 70% and 86%.

Influence of n: Now we alter the previous example: let us say the 78% level of mothers' knowledge was found in a survey based on interviewing not 196 mothers, but 500 mothers. The level of confidence will be back at 95% (i.e., z_α =1.96). The confidence interval would then be:

$p = 0.78 +/- 1.96\sqrt{0.78x0.22/500}$;
$p = 0.78 +/- 1.96x0.0185$;
$p = 0.78 +/- 0.04$;
$0.74 \leq p \leq 0.82$

In other words, we are now 95% confident that the real value lies between 74% and 82%.

Influence of p': If the p' we find in a survey lies in the periphery of a normal distribution—i.e., close to 0% or 100%— then the laws of statistics expressed in the above formula tell us that we can narrow down our interval more than in a case where p' lies around 50%; we use the same example as before, z_α = 1.96 (95% confidence) and sample size = 196. First let us assume the level p' of knowledge found = 94%.

$p = 0.94 +/- 1.96\sqrt{0.94x0.06/196}$;
$p = 0.94 +/- 0.03$;
$0.91 \leq p \leq 0.97$ (we are 95% confident that the real level of p lies between 91% and 97%).

Now we assume that we found a knowledge level of 50%:

$p = 0.5 +/- 1.96\sqrt{0.5x0.5/196}$;
$p = 0.5 +/- 0.07$;
$0.43 \leq p \leq 0.57$; (we are 95% confident that the real value lies between 43% and 57%).

We can see that the interval about which we are 95% confident is more than twice as wide in the second case.

Let us now back up one step. When doing a survey we are usually confronted with the problem of sample size before we worry about confidence limits and intervals. In order to plan and allocate our resources, we need to know how many mothers we should interview. For this purpose we transform formula 1 to isolate n. We get:

$n = z_\alpha^2 \times pq/d^2$ (Formula 2)

z and n are the same as in Formula 1. p here represents an estimated level of the aspect of interest, based on previous findings, general knowledge, etc. d is the allowable error, i.e. the upper limit of the amount of error which can be tolerated in the survey. In other words, if we choose $z_\alpha = 1.96$, $p = 0.7$ and $d = 0.1$, we want to be 95% sure that the value we find is not more than +/- 10% different from the actual value in the population, assuming an approximate level of 70%. d again is arbitrary and must be chosen according to the objectives and needs of the survey. If we seek information for the management of a project, we might be content with an error of +/- 10%; if we do an epidemiological study about the influence of a risk factor on health outcomes, we may not be able to allow an error of more than +/-2%.

For our survey we want to use $z=1.96$ (95% sure). Our sample size n now depends on p and d:

sample sizes needed at various levels of p, d:

TABLE 1

d	p=0.25	p=0.4
0.05	288	367
0.06	200	256
0.075	128	164
0.10	72	92

Example: We want to find out the immunization coverage for measles in infants under two years, looking at their road-to-health cards. We think we can tolerate an error of +/- 7.5%, and we assume that the coverage must be around 60% (based on an earlier survey in a close-by area with similar structure and population); we need a sample size of:

$n = 1.96^2\ (0.6x0.4/0.075);$
$n = 3.84\ (0.24/0.0056);$
$n = 165;$

We need to see a sample of 165 randomly selected road-to-health cards to be 95% sure that the result we find is true (+/- 7.5%) for the total population of infants under two.

If we do another survey for the same population in the same area at a later point in time we can use the same formula. It will again provide us with the sample size we need to estimate a certain level +/-*d* at a later time. However, the formula does not provide us with information about the sample size we need to detect a certain difference between the two surveys. In order to use two independent surveys for comparison with each other, we need to take into account that both of them have a statistical variability, and that their statistical variabilities do not simply add up arithmetically. The new formula we now need is as follows:

$n = (z_\alpha + z_\beta)^2\ (p_1q_1+p_2q_2)/(p_2-p_1)^2$ (Formula 3)

p_1 is the estimated level in sample 1; $q_1 = 1 - p_1$;
p_2 is the estimated level in sample 2; $q_2 = 1 - p_2$;
p_2-p_1 is the difference we at least want to discover between the two surveys.

Without going into the exact details of statistics, we want to try to understand ß (z_β is again a value we can look up in a statistical *z* table, as with z_α). ß stands for the probability to detect a really existing difference between the two samples. For example, if we choose ß=0.8, this means that we want to have 80% probability to detect a real difference.

Example: We estimate the level of knowledge about ways to contract the HIV virus as 70% now. We want to repeat the current survey in one year and hope to increase the knowledge to 85%. We want to be 95% sure that our results (+/- confidence limits) cover the real level (α=95%; z_α=1.96) and we want to have 80% probability that we will detect a really existing 15% difference between the two surveys (ß=0.8; z_β=0.97). Using formula 3, our required sample size is:

$n = (1.96+0.97)^2(0.7x0.3+0.85x0.15)/(0.85-0.7)^2;$
$n = 8.6\ (0.21+0.13)/0.15^2;$
$n = 2.9/0.0225;$
$n = 129;$

We need a sample size of 129 interviews in each survey to detect a real difference with 80% probability in 95% of the cases.

TABLE 2

P_2 \ P_1	5	10	15	20	25	30	35	40	45	50
5	--									
10	436	--								
15	142	687	--							
20	77	201	907	--						
25	51	101	252	1096	--					
30	37	63	122	295	1253	--				
35	28	44	74	140	330	1378	--			
40	23	33	51	83	154	358	1473	--		
45	19	26	37	56	90	164	377	1535	--	
50	16	21	29	40	59	95	171	389	1567	--
55	14	17	23	31	42	62	98	175	393	1567
60	12	15	19	24	31	44	63	99	175	389
65	10	13	16	19	25	32	44	63	98	171
70	9	11	13	16	20	25	32	44	62	95
75	8	10	11	13	16	20	24	32	42	59
80		8	10	11	13	16	19	24	31	40
85			8	10	11	13	15	19	23	29
90				8	10	11	13	15	17	21

Table 2 shows other sample sizes deriving from this formula, for a probability of 80% to detect a real difference (ß=0.8; statisticians also say there is a power of 80% to detect a difference at a significance level of 95%) and for an α of 95%.

If one compares the sample sizes resulting from formula 3 (see table 2) and from formula 2 (see table 1) one can see that in order to be able to compare two surveys and to detect differences, one sometimes needs bigger sample sizes than when trying to estimate just a certain level of knowledge or coverage at one time. This is especially the case at prevalence levels around 50%.

Thirty cluster sample surveys, following WHO standard methodology for quick EPI coverage surveys, mostly use formula 2 to keep sample sizes small. Looking at both formulas and at tables 1 & 2, we see that by using formula 2 we often do not have sufficient sample sizes to detect real differences when comparing results between surveys. In other words, we may find results in two surveys that are not significantly different, i.e., their 95% confidence intervals overlap, and yet in reality there is a difference. After doing one baseline survey we can use the p' we found to estimate our probability ß (power) for detecting an anticipated difference (p_2-p_1) in the following survey (keeping sample size constant).

Example: We use formula 2 for an α of 95%, an estimated p of 0.7 and a tolerable error of 10%:

$n = 1.96^2(0.7x0.3/0.1^2)$;
$n = 3.84\ (0.21:0.01)$;
$n = 81$;

We find that we need a sample size of 81 to fulfil the requirements.

Using formula 3 we can estimate the sample size we need to detect a 10% difference in a repeat survey, keeping all other variables constant, and specifying a power of 80%:

$n = (1.96+0.97)^2(0.7x0.3+0.8x0.2)/0.8-0.7)^2$;
$n = 8.6\ (0.21+0.16)/0.01$;
$n = 318$;

We can see that we would need sample sizes of 318 in each survey to detect the difference of 10% with a probability of 80%. If we use a sample size of only 81, as calculated according to formula 2, we consequently have a much lower probability than 80% to detect a real difference.

In order to allow sufficient sample sizes for subgroups, the sample 30 cluster surveys are usually executed with a sample size of at least 210, which is substantially more than the numbers usually required according to formula 2. Therefore, sample sizes for questions that are being answered by all interviewees are often large enough to fulfil requirements according to formula 3, i.e., large enough to have sufficient power to detect real differences.

However, some questions are answered by only a few individuals, for example, only the interviewees who gave a certain answer to a previous question. In these cases it should be clearly understood that sample sizes, although sufficient for a cross-sectional estimate within certain confidence limits, are not large enough to detect real differences.

Finally, a word about sample sizes in cluster surveys: All formulas used above are statistically correct and adequate for simple random samples. Cluster samples have the same statistical variation as simple random samples only in the ideal case that clusters are as diverse as possible inside, while they are equal compared to each other. In any other case the statistical variation of cluster surveys is lower. There are no formulas that would allow the calculation of the exact extent of statistical variation, but experienced statisticians suggest to use a larger sample size (about 20-25% larger) in cluster surveys in order to have the same precision estimated through simple random sampling formulas.

For more detailed information about the statistical background, see a statistics textbook, such as Snydecor, George; Cochran, William; *Statistical Methods*; Iowa State University Press/Ames; 1989; e.g., pages 52 following; 128 following;

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CHILD SURVIVAL III

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Attachment I

FINAL REPORT
SUSTAINABILITY QUESTIONS AND ISSUES
FREEDOM FROM HUNGER/BOLIVIA
CHILD SURVIVAL III

A. Sustainability Status

A1. Phaseover Schedule

The scheduled completion date for the Freedom from Hunger project in Bolivia was 30 September 91. However, events in recent months made a change in schedule necessary. In order to respond to the required Knowledge and Practice survey which was announced in June 91 and to work through a scheduling problem for the Johns Hopkins consultant assigned to assist with the survey, Freedom from Hunger applied for a three-month extension to the end of December 1991. As it turns out, the phaseover of service delivery responsibilities to local organizations will also coincide with the 31 December 91 conclusion date. Total phaseover of the Child Survival program is scheduled for this date.

A2. Phaseover Status

A series of unanticipated events (described later in this report) during the four years of the Child Survival III grant changed the conclusion strategy of the program. The most recent and, perhaps, dramatic change for the program sustainability purposes was the decentralization of the health service delivery away from the national Ministry of Health (MOH) control to district-level government health units and international NGOs. Unable to phase over program responsibilities for national level MOH management as planned, new arrangements are in process and will be completed by the scheduled ending date of 31 December 91.

Project Pucharani, a Danish-supported, district-wide, health service delivery program, will assume responsibility for Child Survival activities in the bulk of the active communities in the Freedom from Hunger program. The work will be done through the local MOH hospital and health extension network in Copacabana. Phase over to Project Pucharani will be complete by the end of October.

Six of the Freedom from Hunger program communities will be phased over to World Vision. The staffs of World Vision and Freedom from Hunger will work together in the identified communities during the months of November and December. At the end of December, the Freedom from Hunger program responsibilities will be turned over to World Vision.

B. Sustainability Plan

B1. Initial Sustainability Plan

The sustainability strategy laid out in the proposal and D.I.P. for the Bolivia Child Survival program addressed the issue at two levels. Support for program sustainability was to be drawn at the community level through community health promoters (CHPs), women's groups, young women's groups, and community leaders. Delivery of services at the community level was to be promoted, coordinated, and managed by the CHPs, women's group leaders, and community leaders. A local nongovernment organization, ASCONA (Association of Communities for Applied Nutrition), was to be formed to coordinate activities in each community.

Support for the program sustainability at the government level was to be drawn from the MOH, the Ministry of Agriculture (MOA), and the Ministry of Education and Culture (MEC). Government services and personnel were to be brought into the program as they became available and were appropriate. The district hospital would provide vaccines, ORS packets, growth monitoring cards, and other materials. It was anticipated that the MOH personnel would be placed within each of the project areas to assume service delivery responsibilities. Adult educators seconded by the MEC would be utilized for the training of CHPs and community groups and for supervision of activities. Agreements were signed with each of these three government ministries.

B2. Original Sustainability Aspects Implemented

Following the program's original design, community leaders involved in the initial "encounter" meetings were officially formed into two associations of ASCONA—one in each of the two program areas. These organizations were designed to be the self-help backbone of all program activities. Health Promoters and Agriculture Promoters were chosen by each community to work with and receive training from Freedom from Hunger, and to provide training and services to their respective communities. Promoters became part of ASCONA leadership. Monthly meetings to discuss plans and achievements of the program were scheduled. The purpose of ASCONA and the promoters was to actively involve communities in the decision-making process of activity selection and, consequently, ensure their active participation.

The Midterm Evaluation of the FFH/Bolivia program represented an important opportunity to assess the progress of the program to make strategy adjustments. As a result of the evaluation exercise, significant changes were made in the overall program design (Child Survival and Applied Nutrition projects). It was the consensus of the evaluation team that the program was implementing too many activities, some of which were costly per beneficiary and/or did not demonstrate significant impact on the causes of health and nutrition problems of the participants. The main finding of the evaluation team for the Child Survival interventions was that while some progress had been made in regard to improving the nutrition of children as well as

immunization coverage and use of ORT, the failure to effectively use community promoters had hampered the development of more effective strategies.

In the weeks immediately following the evaluation, staff members in Bolivia and the U.S. worked to redesign the program. The number of program activities was reduced by transferring them to community members or groups, turning the activities over to government or other service delivery agencies, or by simply stopping the activity. Child Survival activities were focused on immunization, ORT, and nutrition components implemented with the MOH and MEC. By working with government ministries and local government staff, activities could be phased over to sustain program benefits.

B3. Counterpart Institution Contributions

Key government agencies actively contributing to the program included the MOH, MEC, and CORDEPAZ. Agreements were signed with both ministries at the national level, and operational agreements were signed at the appropriate functional level. The MOH contributed medical supplies (vaccines, ORT packets, etc.) and personnel for service delivery and training on an "as available" basis until the resources for permanent government positions could be arranged. MEC seconded ten vocational/technical teachers to the program. These adult teachers have a variety of skills including health, nutrition, and agriculture backgrounds but also have professional training ability as well. CORDEPAZ, a department-wide agricultural extension agency, took over the greenhouse and family gardening aspects of the program.

Freedom from Hunger/Bolivia negotiated agreements with CARE, UNICEF, and the MOH to install water systems in a number of the communities in the program area. In a few cases electrification systems were also installed. CARE has done extensive latrine installation work in the program area as well.

B4. Counterpart Commitments Complete and Incomplete

Presidential elections took place in May 1989 and a run-off in August of the same year. Many decisions and activities were interrupted or put on hold until it could be determined which party would be in office. Surprising events put a new party in control. The new government installed different staff at all levels resulting in the interruption of program integration continuity and different directions and strategies for implementation.

ASCONA, conceived as a network of community-based organizations that would sustain the program benefits, fell prey to political complications. Its local leadership was unable to disassociate itself from political entanglement. The purpose and membership of ASCONA became clouded and confused. As a result, the staff felt that it was best to "dissolve" the structure that it had formed and to approach communities separately.

Since the beginning of 1990, the program area of Camacho, and particularly the project headquarters in the community of Iquipuni, has been a center for Peruvian agitators know as the "Sendero Luminoso." The disturbances and confrontations which the agitators mounted against Freedom from Hunger activities and personnel became so troublesome that in August 1990 the FFH director was forced to evacuate program staff and equipment from the town of Iquipuni and transfer them to a larger, better protected city near the program area. Program activity was suspended in all but five communities which were outside the area of greatest danger. Finally, Bolivian and U.S. authorities advised Freedom from Hunger and other NGOs working in Camacho that the area was too dangerous to continue program activities. (Please see Attachment 1.) Thus, more than half of the program communities were officially "off-limits" and had to be abandoned. At the time of the final Child Survival report, the area was still off-limits.

At the beginning of the final year of the Child Survival program, the government of Bolivia announced plans to decentralize the MOH. The new system will maintain the staff of the hospitals and health centers in rural areas, but international NGOs have been invited to support and manage health extension services in rural communities. Since the plan has been to phase the program over to government staff for implementation, this new government strategy created an unanticipated, last minute challenge to identify and implement a different phaseover strategy in the remaining months of the program. The solution is described in Section A2.

C. Community Participation and Perception of Project Effectiveness

C1. Community Participation

The Bolivia Applied Nutrition Program began in late 1985 by holding two provincial level "diagnostic" or "encounter" meetings with 48 representatives from 21 communities in Manco Kapac and 73 representatives from 21 communities in Camacho. These were both areas selected by the Ministry of Health as "in need of development assistance." These meetings were followed with an investigation to verify and set priorities among the needs expressed by community leaders during the diagnostic meetings. The result was a program design that highlighted health and agriculture activities with growth monitoring and promotion (GMP) sessions as the focal point.

The political leaders who attended the diagnostic meetings became the members of ASCONA, a regional level organization intended to guide and eventually sustain the community development activities. At the local level, mothers' groups and community organizations were developed to involve the community members, especially mothers with children less than five years old, in a participatory process of decision making and implementation. Promoters for health and agriculture were selected by participation communities and trained by FFH/Bolivia staff to become the contact persons between Freedom from Hunger and the communities.

In each community a meeting center called the CENA ("Centro de Nutricion Applicada" or Center for Applied Nutrition) was constructed as a joint effort between Freedom from Hunger and the community. Freedom from Hunger provided building materials and equipped it with a child weighing scale and height measuring board, a sewing machine, cooking equipment, and gardening tools. Construction of and equipment for the CENAs were funded through grants by the British Embassy and the Emergency Social Fund of Bolivia. The community provided the site for the building, labor to construct the building, and furniture.

C2. Functioning Health Committees

In the Manco Kapac program area, there are seven active health committees. The committees meet every two months. The leadership includes the Secretary General (the highest official community representative), the health and agriculture promoters, and a representative from the mothers' club. The secretary general is a government appointed representative, but the other members of the committee are selected by the community.

C3. Health Committee Discussion Topics and Decisions

The health committees meet on the dates scheduled for growth monitoring and/or immunization sessions in the community. The discussions of the committees usually focus on the health needs of the children and participation in the services. The meetings are an opportunity to announce the number of children vaccinated, the number of children weighed, and to discuss problems with attendance or service delivery.

In recent months there have been cases of cholera reported in Bolivia. The health committees have been active in notifying community members of the danger, precautions they should take, and distributing ORS packets in case there is a need.

C4. Community Leaders' Perceptions of Child Survival Activity

During the Knowledge and Practice Survey, the supervisors took advantage of the opportunity to look for and interview as many of the Secretary Generals as could be found. These are the official leaders in each community. In general, the leaders consistently indicated their satisfaction with the program. The importance of growth monitoring, good nutrition, and immunization was expressed by all of them. Likewise, they all wanted the program to continue. They will continue to work with their health promoters and cooperate with the MOH or other agency service providers.

C5. Community Contributions to Sustainability

The major resource contributed by the communities is their personal service in the design, implementation, and maintenance of the program and its activities. In many

communities, the Secretary General put his political power behind the program to mobilize community resources. Land was made available for health centers (CENAs), and community members contributed their labor for the construction of the buildings. Health promoters were designated by the community and trained by the program. Female health volunteers assist with the growth monitoring and immunization sessions. It is anticipated that this type of community involvement will continue with the phaseover to the new health service delivery agents in the communities.

D. Institutional Sustainability—Strengthening Local Management

D1. Linkages with Development Agencies

A substantial amount of activity with other development agencies at many levels has occurred during the life of the Child Survival grant. The interface with the MOH and MEC and the sizable financial implications of the collaboration with them, especially MEC, has already been described in Section B3. Likewise, the linkages and resulting activities of collaboration with UNICEF, CARE, the British Embassy, and the Emergency Social Fund were also described in Section B3. Finally, linkages are in the process of being finalized with Project Pucharani and World Vision to maintain the Child Survival activities in the Freedom from Hunger program area after the grant ends. The phase-over is described in Section A2.

During the grant period, Freedom from Hunger has formed a close association with PROCOSI, a local NGO formed to provide technical and financial assistance for Child Survival activities in Bolivia. Dr. Eduardo Bracamonte, the Freedom from Hunger/Bolivia Director, has been a member of the Rotating Executive Committee for PROCOSI and was a key player in the registration and formation of PROCOSI as a local NGO. PROCOSI also provided Freedom from Hunger a grant of approximately $60,000 for its credit-with-education project that involves the promotion of Child Survival interventions among the members of the community banks.

D2. Local Institution Management Strengthening

A large portion of the project communities will be phased over to the local MOH who will be supervised by the director of Project Pucharani who also serves as the District Health Director. During the period of the Child Survival grant, personnel of the local hospital and health posts have participated in training courses for growth monitoring and promotion and for cold chain management.

Freedom from Hunger and the MOH have collaborated closely to develop and implement training courses for the CHPs or RPS (Public Health Promoters), as became their official title after the decentralization took place. As part of the program phaseover activities, the Freedom from Hunger staff has introduced the MOH staff to the community leaders and groups and will continue to provide the

MOH staff with an orientation to community extension work. The same will be done for the staff of World Vision that will assume responsibility for the Freedom from Hunger communities.

Freedom from Hunger has also used available opportunities to involve local MOH of health staff in surveys and evaluations. For example, a nurse at the hospital in Copacabana was a supervisor in the final Knowledge and Practice survey that was facilitated by the consultant assigned by the Johns Hopkins Child Survival Support Group.

D3. Perception of Child Survival Activities by Local Institutions

As part of the final evaluation, the District Health Officer, Dr. Juan Antezana, was interviewed. Dr. Antezana is also the Director of Project Pucharani. By virtue of the dual positions he holds, Dr. Antezana is in a position to speak with authority about the perception of child survival activities and the importance of the strategies in the health service delivery scheme for the district. He said Maternal and Child Health has been assigned top priority by the MOH. The MOH has also ruled that all such services are to be available free of charge. Dr. Antezana indicated that the work being done by Freedom from Hunger in the rural communities of Manco Kapac is very important and effective. He is committed to sustaining the delivery of health services in the rural communities of the district.

D4. Ability of Phaseover Institutions to Maintain Child Survival Activities

The decentralized system designed by the MOH expects each district to become self-financed by charging fees for services. However, the MOH policy does not allow for fees to be charged for any maternal or child survival type services such as ante- and post-natal check-ups, immunizations, or ORT packets. The MOH will continue to provide supplies for Child Survival interventions (vaccines, ORT packets, etc.) and will continue to cover the personnel costs for the professional staff at hospitals and health centers. Still, the ability to finance and maintain the Child Survival interventions at the district level, especially the rural outreach system, will depend on skilled leadership and financial management by the district director to make ends meet.

World Vision has indicated its desire and ability to incorporate the Freedom from Hunger communities that are contiguous to their current program in the area. It is expected that they have the means available to maintain the program activities, and it is likely that they will add a few.

D5. Project Components That May Be Terminated

There are project components that have been provided by Freedom from Hunger that are likely to be terminated by Project Pucharani and the MOH. Transportation, especially the replacement of vehicles, is usually a problem for local government-

funded organizations. The continuation of refresher training and other support activities for community promoters is also difficult to predict. It is highly unlikely that nutrition education or cooking demonstrations will continue. The extra education material and resource information may also be less than with the Child Survival grant support. Finally, it is certain that the home visits to follow-up on cases of severe malnutrition and diarrhea will not be continued by MOH staff.

E. Monitoring and Evaluation of Sustainability

E1. Sustainability Indicators

The Freedom from Hunger program design included five intermediate indicators toward sustainability. These are:

1. monitoring the number and type of community decisions and activities,
2. promoter activity reports,
3. number and results of local community and general community assemblies,
4. number and content of training seminars and workshops, and
5. number and content of interinstitutional meetings.

The information on these indicators was included in quarterly summary and other reports. Their value as real indicators of sustainability is marginal. They served to demonstrate that many of the activities leading toward sustainability were being implemented, but that does not guarantee success. At this point, the real indicators of sustainability are the agreements with Project Pucharani, the MOH, and World Vision.

E2. Documentation of Sustainability

The indicators used by the program document many of the problems encountered in the effort to implement a sustainable program. Although attempts were made to adapt the program to the changing political and cultural situation, local sustainability eventually became impossible when the MOH announced its decentralization policy.

E3. In-Country Evaluation Participants

Freedom from Hunger was pleased that the local MOH hospital that will be taking on program responsibilities assigned a nurse to participate in the Knowledge and Practice survey. The final survey was an excellent introduction to the communities and participants in the program and close exposure to data about the program progress and areas that need special attention or continued support.

PROCOSI, the A.I.D.—initiated local child survival technical support NGO, assigned an epidemiologist to participate as a supervisor in the Knowledge and Practice survey. Dr. Jose Carreno joined the Freedom from Hunger team through every step of the

process and made substantial contributions to the successful implementation of the survey. Other than developing the questionnaire, PROCOSI now has on staff a professional capable of repeating the Knowledge and Practice survey process in other projects in Bolivia.

F. Calculation of Recurrent Costs

F1. DIP and Total Expenses Comparison

Although A.I.D. reporting guidelines have changed during the life of the project, and some categories of expenditures for the current reporting period do not match those required for the DIP, comparisons are possible, as the following tables indicates:

	FIELD - DIP			FIELD - ACTUAL		
Category	**FFH**	**A.I.D.**	**Total**	**FFH**	**A.I.D.**	**Total**
Supplies	78,105	15,420	93,525	18,155	1,667	19,822
Personnel	-0-	199,233	199,233	771	196,833	197,604
Travel	45,793	49,097	94,890	10,672	63,343	74,015
Other Direct	18,390	41,430	59,730	19,565	55,742	75,307
All Others	20,190	19,180	39,370	55,892	42,415	98,307
Grand Total	162,478	324,270	486,748	105,055	360,000	465,055

	HQ - DIP			HQ - ACTUAL		
Category	**FFH**	**A.I.D.**	**Total**	**FFH**	**A.I.D.**	**Total**
Supplies	-0-	3,432	3,432	1,677	707	2,384
Personnel	-0-	93,330	93,330	14,174	82,751	96,925
Travel	22,262	-0-	22,262	15,972	3,655	19,627
All Others	13,153	-0-	13,153	46,536	12,887	59,423
Grand Total	35,415	96,762	132,177	78,359	100,000	178,359

A major difference in projected versus actual expenditures reflects the fact that duties that were originally designated for an external consultant were actually performed by Freedom from Hunger staff. These budget alterations were explained and delineated in the annual reports submitted for this project.

F2. Projected Costs and Revenues to be Maintained

All field costs including field staff salaries and maintenance (per diem and other expenses), transportation, education materials, training for promoters, and supplies (vaccines, injection equipment, ORT packets, etc.) will need to be maintained. Support costs, such as maintenance for the cold chain and the costs to support supervisors, will also have to be covered if service delivery is to continue and be effective. Since the district health service cannot charge for maternal and child health services, the cost of the Child Survival-type services will have to be covered by revenues generated by fees for other health services delivered by the MOH staff in their clinic-based operations.

F3. Recurrent Costs Calculation

A calculation of recurrent costs would need to include all of the items mentioned in Section F2. Expenditures for each line item over a several year period could be averaged and an inflation/COLA increase could be factored into the estimate. Freedom from Hunger did not attempt to separate the local headquarters costs from the field implementation costs. Neither did we attempt to work with the phaseover institution to develop the accounting system or recurrent costs analysis capability.

F4. Recurrent Costs Amount

As indicated in the section above, Freedom from Hunger did not maintain a bookkeeping system that allows for easy calculation of recurrent cost amounts. The process is further complicated because two very different organizations will be continuing the work started by Freedom from Hunger. Each organization may choose a different approach or mix of Child Survival activities. It is also possible that they may operate on a different cost basis than Freedom from Hunger.

F5. Costs not Likely to be Sustained

The activities outlined in Section D5. are not likely to be maintained because of the additional cost. These include: refresher training and incentives for promoters, nutrition education and extra education materials, and home visits for identified cases of severe malnutrition and diarrhea. In addition, it is likely that transportation (vehicles and fuel) for rural outreach will be less.

G. Cost Recovery Attempts

G1. Cost Reduction Strategies

The midterm evaluation included an extensive exercise in cost per beneficiary analysis for each of the program activities. The results are recorded on a chart in the midterm evaluation report. The second annual report describes the process implemented by

Freedom from Hunger staff to use the evaluation conclusions and recommendations, to reassess the impact of the individual program activities, and select only those that had the significant impact potential for program focus. The result was the reduction in the number of activities being implemented by Freedom from Hunger. A reduction in the number of field staff was another outcome of the evaluation. Thus, the focusing of the activities implemented by the program resulted in a reduction of cost but, at the same time, improved the ability of the staff to deliver high impact child survival interventions.

G2. Specific Cost-Recovery Mechanisms

None.

G3. to G6. are not applicable.

H. Income Generation

H1. Income-Generating Activities

The MOH policy is that all Maternal and Child Health activities (including Child Survival-type activities) must be free of charge. Therefore, there was no possibility of implementing a fee-for-service charge for the services offered in the rural communities. Freedom from Hunger did sell iodized salt in the program communities but "at cost" so that no profit was generated from this small activity. No other income-generating activities for child survival service delivery were attempted.

Freedom from Hunger, like others in the development community, is concerned with issues of cost recovery and self sustaining programs. In April 1990, Freedom from Hunger began the implementation of a poverty-lending program in Bolivia using a village banking model. This partnership grant-funded project is called "Credit-with-Education." One of the primary purposes of the project is to increase the knowledge about and use of child survival interventions by mothers of infants and small children. Resources and information are offered in a way intended to empower participants to help themselves. One of the major features of the project is a mechanism to recover the costs of the implementing agency. Freedom from Hunger plans in the next few years to demonstrate a self-sustaining program that promotes child survival strategies on a large scale.

H2. to H4. are not applicable.

Attachment I

FUERZAS ARMADAS DE LA NACION
ARMADA BOLIVIANA
LA PAZ - BOLIVIA

Departamento: V-Adm. s.g. *Nº* 238/91

Objeto: Hacer conocer

Anexos s/a.

MEALS FOR MILLIONS
RECIBIDO
Fecha ..... Hrs .....
Registro No. 883/91
03 OCT. 1991
Firma .....

La Paz 3 de octubre, 1991

Al señor
Dr. Eduardo Bracamonte
DIRECTOR MEALS FOR MILLIONS

Presente.-

Señor Director:

Mediante la presente, nos cumple, informarle que como emergencia de actos delictivos ocurridos por la provincia - Camacho durante los últimos meses, recomendamos adoptar sus máximas previsiones de seguridad con su personal así como con los -- bienes de su institución tales como oficinas, vehículos, embarcaciones, etc.

Por informaciones de nuestro servicio de inteligencia tenemos conocimiento de la presencia de elementos terroristas que poniendo como pretexto una lucha racial predican la destrucción de Instituciones foráneas tales como Ordenes Religiosas, Policiales e Instituciones No Gubernamentales, así como de personas que no correspondan a la raza aymara.

Por lo manifestado, comunicamos a ustedes para que instruyan a las ORGANIZACIONES que trabajan dentro del área considerada como zonas altamente peligrosas a Achacahi, Ancoraimes, Carabuco, Escoma, Puerto Acosta, Ulla-Ulla, Tajani y poblaciones aledañas a las mismas, para que tomen las precauciones necesarias.

Con este motivo saludo a usted, con las consideraciones mas distinguidas.

"EL MAR NOS PERTENECE POR DERECHO,
RECUPERARLO ES UN DEBER"

EL JEFE DEL DEPARTAMENTO V-"ADMINISTRATIVO" EMGAB.

LUIS DAZA MONTERO
CAP. NAV. DAEN.

ARMADA BOLIVIANA
DEPTO V - ADM
BOLIVIA

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FREEDOM FROM HUNGER
1991 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT BOLIVIA

HEADQUARTERS	ACTUAL EXPENDITURES TO DATE (10/1/87 TO 9/30/91)			PROJECTED EXPENDITURES AGAINST REMAINING OBLIGATED FUNDS (10/1/90 TO 12/31/91)			TOTAL AGREEMENT BUDGET (COLUMNS 1 & 2) (10/1/87 TO 12/31/91)		
	AID	FFH	TOTAL	AID	FFH	TOTAL	AID	FFH	TOTAL
A. PROCUREMENT									
Equipment	1,664	69	1,733	0	0	0	1,664	69	1,733
Supplies	707	1,677	2,384	0	0	0	707	1,677	2,384
Consultants/Service									
1)Local	0	1,258	1,258	0	0	0	0	1,258	1,258
2)Expatriate	3,719	2,270	5,989	0	0	0	3,719	2,270	5,989
SUBTOTAL	6,090	5,274	11,364	0	0	0	6,090	5,274	11,364
B. EVALUATIONS	3,120	3,813	6,933	0	0	0	3,120	3,813	6,933
C. INDIRECT COSTS	2,000	19,502	21,502	0	0	0	2,000	19,502	21,502
D. OTHER PROGRAM COSTS									
Personnel									
1)Health									
Director, PAE	9,599	0	9,599	0	0	0	9,599	0	9,599
Tech Adv, Health	30,715	2,180	32,895	0	0	0	30,715	2,180	32,895
2)Administration									
Pres & CEO	4,993	1,340	6,333	0	0	0	4,993	1,340	6,333
VP, Programs	7,764	1,000	8,764	0	0	0	7,764	1,000	8,764
Reg. Director	9,598	0	9,598	0	0	0	9,598	0	9,598
Oper. Mgr.	2,789	0	2,789	0	0	0	2,789	0	2,789
Oper. Asst.	6,151	1,273	7,424	0	0	0	6,151	1,273	7,424
Controller	1,145	510	1,655	0	0	0	1,145	510	1,655
3)Other									
Support	3,684	1,170	4,854	0	0	0	3,684	1,170	4,854
4)Benefits	6,313	6,701	13,014	0	0	0	6,313	6,701	13,014
Sub-Total Personnel	82,751	14,174	96,925	0	0	0	82,751	14,174	96,925
Travel									
1)In-country	466	1,312	1,778	0	0	0	466	1,312	1,778
2)International	3,189	14,660	17,849	0	0	0	3,189	14,660	17,849
Other Direct Costs	2,384	19,624	22,008	0	0	0	2,384	19,624	22,008
D. SUBTOTAL	88,790	49,770	138,560	0	0	0	88,790	49,770	138,560
TOTAL HEADQUARTERS	**100,000**	**78,359**	**178,359**	**0**	**0**	**0**	**100,000**	**78,359**	**178,359**

FREEDOM FROM HUNGER
1991 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT BOLIVIA

	ACTUAL EXPENDITURES TO DATE (10/1/87 TO 9/30/89)			PROJECTED EXPENDITURES AGAINST REMAINING OBLIGATED FUNDS (10/1/89 TO 9/30/91)			TOTAL AGREEMENT BUDGET (COLUMNS 1 & 2) (10/1/87 TO 9/30/91)		
FIELD	AID	FFH	TOTAL	AID	FFH	TOTAL	AID	FFH	TOTAL
A. PROCUREMENT									
Other Equip.	3,784	25,600	29,384	0	0	0	3,784	25,600	29,384
Supplies	1,667	18,155	19,822	0	0	0	1,667	18,155	19,822
Consultants									
1)Local	3,489	5,050	8,539	0	0	0	3,489	5,050	8,539
2)Expatriate				0	0	0	0	0	0
SUBTOTAL	8,940	48,805	57,745	0	0	0	8,940	48,805	57,745
B. EVALUATIONS	5,000	0	5,000	0	0	0	5,000	0	5,000
C. INDIRECT COSTS	30,142	25,242	55,384	0	0	0	30,142	25,242	55,384
D. OTHER PROGRAM COSTS									
Personnel									
1)Health									
Sr. Nutritionist	44,293	0	44,293	0	0	0	44,293	0	44,293
Nutritionist	14,577	0	14,577	0	0	0	14,577	0	14,577
Agriculture Aux.	794	487	1,281	0	0	0	794	487	1,281
Health/Nutr. Aux.	6,121	0	6,121	0	0	0	6,121	0	6,121
Agronomist	1,627	284	1,911	0	0	0	1,627	284	1,911
2)Administration									
Director	46,148	0	46,148	0	0	0	46,148	0	46,148
Admin. Aux.	9,800	0	9,800	0	0	0	9,800	0	9,800
Coordinator	14,735	0	14,735	0	0	0	14,735	0	14,735
Accountant	11,339	0	11,339	0	0	0	11,339	0	11,339
3)Other									
Secretary	6,809	0	6,809	0	0	0	6,809	0	6,809
Driver/Delivery	9,817	0	9,817	0	0	0	9,817	0	9,817
MOH Secunded	6,827	0	6,827	0	0	0	6,827	0	6,827
4)Benefits	23,946	0	23,946	0	0	0	23,946	0	23,946
Sub-Total Personnel	196,833	771	197,604	0	0	0	196,833	771	197,604
Travel									
1)In-country	63,343	9,288	72,631	0	0	0	63,343	9,288	72,631
2)International	0	1,384	1,384	0	0	0	0	1,384	1,384
Other Direct Costs	55,742	19,565	75,307	0	0	0	55,742	19,565	75,307
SUBTOTAL	315,918	31,008	346,926	0	0	0	315,918	31,008	346,926
TOTAL FIELD	**360,000**	**105,055**	**465,055**	**0**	**0**	**0**	**360,000**	**105,055**	**465,055**
GRAND TOTAL	**460,000**	**183,414**	**643,414**	**0**	**0**	**0**	**460,000**	**183,414**	**643,414**

1991
USAID Health and Child Survival Project Questionnaire

with AIDS/HIV Activities Reporting Schedule

PVO Grant

Pages

Main Schedule..... 1 – 6
Schedule 1 – Demographic.....7
Schedule 2 – Diarrheal Disease Control.....8 – 9
Schedule 3 – Immunization.....10 – 11
Schedule 4 – Nutrition.....12 – 13
Schedule 5 – High Risk Births.....14 – 15
Schedule 6 – AIDS/HIV Activities.....16 – 17
Schedule 7 – Other Health and Child Survival.....18 – 19

Country Bolivia

Project Title FY 87 Child Survival Grant to FFH

Project Number 9380528.01

Name(s) of Person(s) responding to the questionnaire: Martha Clavijo E., Technical Director/Bolivia

Title(s) Ellen Vor der Bruegge, VP for Programs/US Date: October 1991

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USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE – FY 91

Where available, information for questions 1 through 7 has been supplied. Please carefully check the supplied information for accuracy and make any corrections necessary. Where questions are left blank, please supply the requested information. If the Project Number is incorrect, or if the project is new, please write the correct number here and in the spaces provided at the bottom of each page of the questionnaire.

PROJECT IDENTIFICATION

CIHI USE ONLY
I.D.: 01.87
Number: E90441
Region: LA
Emphasis: T

1. Project Number: 9380528 2. Subproject Number: 01
3. Country: Bolivia
4. a. Project Title: FY 87 Child Survival Grant to FFH
   b. Subproject Title:
5. a. Beginning FY: 87 (Fiscal Year) b. Beginning FY of Subproject (if appropriate): _____ (Fiscal Year)
6. a. Project Assistance Completion Date (PACD): 09/30/91 (MM DD YY) b. Termination Date of Subproject (if appropriate): _____ (MM DD YY)
7. Current Status: (CIRCLE ONE ANSWER) O

1 - New, no activity yet 2 - Ongoing 3 - Discontinued (4) - Completed

PARTICIPATING AGENCIES

8. For each contract or grant, please provide the complete name of the contractor or grantee, the subcontractors working on the project, the host country counterpart(s) and the organization(s) responsible for implementation. Assign a type to each agency named as per the codes indicated below. Use additional sheets if necessary.

		Organization Type
a. Prime Contractor/Grantee or Partner in Cooperative Agreement	Freedom from Hunger/Davis	1
b. Subcontractors		
c. Host Country Counterpart(s)	Unidad Sanitaria La Paz	5
d. Organization(s) with Major Implementing Responsibility	Freedom from Hunger/Bolivia	1

Codes for Organization Type (PLACE THE NUMBER CORRESPONDING TO THE CODE IN THE SPACES ABOVE.)

1 – Private Voluntary Organizations (U.S.)
2 – Private Voluntary Organizations (Local)
3 – Universities (all countries)
4 – Government (U.S.)
5 – Government (Host Country)
6 – Other Non-profit Organization (U.S.)
7 – Other Non-profit Organization (host and other countries)
8 – Multilateral Agencies
9 – For-profit Firms (all countries)
10 – Other _____ (Please Specify)

e. Provide the name and mailing address of the person or office that should receive relevant technical information from USAID. (PLEASE PRINT CLEARLY)

Name: Ellen Vor der Bruegge
Mailing Address: Freedom from Hunger
P.O. Box 2000
Davis, CA 95617

9. Percentage Attributions to Program Functions

This question should be answered in two steps. **First complete Column A, and then complete Column B.** This list of program functions is nearly compatible with the "Activity Codes" in the Agency's AC/SI system. If you are reporting attributions in this questionnaire which are different from those reported in the FY 1993 ABS, please note the reason for the discrepancy. The "AC" code corresponding to the USAID Health Information System category is displayed in parentheses for each program function.

This year, the questionnaire includes a new category for **Environmental Health** which does not correspond exactly to any of the activity codes available for attribution through the AC/SI system. In this questionnaire, environmental health refers to activity encompassing those diseases and health problems caused by or aggravated by environmental degradation. Activities in the following areas pursued for specific health objectives may be attributed to **Environmental Health:** wastewater management; solid waste management; air pollution control; toxic radiological and hazardous waste management; occupational health; injury prevention and control, and food hygiene. (Water and sanitation for health and vector-borne disease control should be attributed to the codes established specifically for those activities.)

Step 1 – In **Column A** write the percent of the **Life-of-Project** authorized budget (from all USAID dollar funding accounts) that is attributable to each of the functions listed below. The percentages in Column A should sum to 100%.

Step 2 – If the project has a child survival component complete **Column B.** The entry in Column B should be the percentage of the entry in Column A devoted to Child Survival; for example, if 40% of the project is to Immunization/Vaccination and all of that attribution is for child survival, enter 100% in Column B.

PLEASE REVIEW THE EXAMPLE BELOW BEFORE COMPLETING THE TABLE.

EXAMPLE

	Column A Total Percent Attribution	Column B Percent for Child Survival	Complete Schedule 1 and. . .
a. Diarrheal Disease/Oral Rehydration.....(HEDD)	40%	100%	▸ Schedule 2
-	-	-	-
-	-	-	-
-	-	-	-
m. Water and Sanitation for Health.....(HEWH)	60%	20%	▸ Schedule 7
-	-	-	-
-	-	-	-
-	-	-	-
TOTAL, All Functions	**100%**		

This means that 20% of the water and sanitation component of the project is attributed to child survival.

9. **Life-of-Project** Percentage Attributions to Program Functions – Continued (See instruction guide for definit

	Column A Total Percent Attribution	Column B Percent for Child Survival
a. Diarrheal Disease/Oral Rehydration.....(HEDD)	15	
b. Immunization/Vaccination.....(HEIM)	10	
c. Breastfeeding.....(NUBF)	5	
d. Growth Monitoring.....(NUGM)	25	
e. Targeted Child Feeding and Weaning Foods.....(NUGM)	10	
f. Vitamin A.....(NUVA)	5	
g. Women's Health..... (HEMH)	2	
h. Women's Nutrition (including iron).....(NUWO)	3	
i. Nutrition Mangement, Planning and Policy.....(NUMP)		
j. Other Nutrition _____ (e.g., iodine fort. food tech.) (Please Specify)	5	
k. Child Spacing/High Risk Births.....(HECS)		
l. HIV/AIDS.....(HEHA)		
m. Water and Sanitation for Health.....(HEWH)	8	
n. Environmental Health _____ (See guidance on previous page) (Please Specify)		
o. Acute Respiratory Infections.....(HERI)	2	
p. Malaria.....(HEMA)		
q. Other Vector-borne Disease Control... .....(HEVC)		
r. Health Care Finance.....(HESD)		
s. Health Systems Development.....(HESD)		
t. Other Health and Child Survival Family Gardens (including: aging, prosthetics, essential drugs,orphans) (Please Specify)	10	
u. All Non-Health.....		
TOTAL, All Functions	**100%**	

Project Number: 9380528.0

Subproject Number: _____

USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE – FY 91

FUNDING INFORMATION

10. What is the total USAID authorized **LIFE-OF-PROJECT** funding for this project or subproject (authorized dollar funds from ALL USAID funding accounts)? $ 360,000

11. Does this project receive PL 480 funding (for example, for commodities or ocean freight).
    1 - Yes → ANSWER ITEM 12 AND 13
    (2) - No
    9 – Don't Know
    } SKIP NOW TO ITEM 14

12. In the spaces provided, indicate the total PL 480 funding received by the project or subproject during FY 91 (Oct. 1, 1990 to Sept. 30, 1991).

	AMOUNT
a. PL–480, Title I	$
b. PL–480, Title II (including the value of food and monetization)	$
c. PL–480, Title III	$

13. Please describe briefly how the PL 480 funding was used in the project during FY 91. (Use separate sheet if necessary).

14. Activities Involving the Private Sector of the Host Country

a. What type(s) of initiatives to stimulate or support the **local private sector** are a part of this project?

(CIRCLE ALL THAT APPLY)

1 – Private production of health care goods or commodities.
2 – Assistance to privatize public health programs or services.
3 – Assistance to regulate private sector health services or commodity production and distribution.
4 – Training of private sector health care providers.
5 – Involvement of for-profit businesses in project activities.
6 – Other _____ (Please specify)

b. Of the total USAID Life-of-Project funding, estimate the percentage for the activities circled in question 16-a. -0- %

*Codes for "Source": **DC:** Data Collection System; **BG:** Best Guess; **DK:** Don't Know

15. Research Activity

a. Estimate the percent of Life-of-Project funds available to this project for research activities related to health and child survival.....➧ -0- % IF 0%, SKIP TO ITEM 18

b. Which program functions does this research address? (CIRCLE ALL THAT APPLY)

1 – ORT/Diarrheal Disease
2 – Immunization/Vaccination
3 – Breastfeeding
4 – Growth Monitoring
5 – Targeted Feeding and Weaning Foods
6 – Vitamin A
7 – Maternal Health
8 – Women's Nutrition
9 – Nutrition Mgmt/Planning
10 – Other Nutrition
11 – Child Spacing/High Risk Births
12 – HIV/AIDS
13 – Water and Sanitation
14 – Water Quality Improv.
15 – Acute Resp. Infection
16 – Malaria
17 – Other Disease Control
18 – Health Care Financing
19 – Health Systems Devel.
20 – Other Health

c. What type(s) of research are addressed? (CIRCLE ALL THAT APPLY)

1 – Biomedical
2 – Vaccine Development
3 – Behavioral/Social Science/ Communication
4 – Policy, Economic and Development
5 – Epidemiologic
6 – Operational Research
7 – Other_____ (Please Specify)

d. Please list descriptive titles of research being done under this project. For each title, also provide the years of the research and the name, affiliation and address of the primary researcher. (Use a separate sheet if necessary.)

Title:_____

Year: BEG:_____ END:_____
Name:_____
Affiliation:_____
Address:_____

TRAINING

16. During FY 91 how many persons involved in health services received training through this project?

	SHORT-TERM (< 1 Mo.)	LONG-TERM (> 1 Mo.)	Source of Information
Physicians	3		•DC BG DK
Nurses	3		•DC BG DK
Community Health Workers	21		•DC BG DK
Traditional Healers	70		•DC BG DK
Community Leaders and Family Members	844		•DC BG DK

TECHNICAL ASSISTANCE

17. How many long-term expatriate advisors, classified by the description of their training, were supported by the project in FY 91? Include individuals supported by this project (A long-term advisor is one assigned to the project for 12 months or longer who was in-country for a part of FY 91.) (WRITE THE NUMBER OF ADVISORS IN THE SPACE PROVIDED)

0 Physician
0 Nurse
0 Midwife
0 Nutritionist
0 Demographer
0 Epidemiologist
0 Malariologist
0 Economist
0 Social Scientist
0 Information Management Specialist
0 Communications/Education
0 Engineer_____
_____ (e.g. Sanitary) (Please specify)
0 Other_____
_____
_____ (Please specify)

18. Local vs. Expatriate Technical Assistance

During FY 91, how many person-months of technical assistance (both short-term and long-term) were provided by local (host country) advisors and by expatriate advisors?

Local Person-Months	Expatriate Person-Months
0	1

USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE – FY 91

HIGHLIGHTS

19. The primary uses of project highlights are for Congressional and other reporting. Please take a few minutes to make your project come alive for that reporting. Lively descriptions of specific project activities from FY 91 enhance the likelihood that your project will be described in reports such as the annual Report To Congress on Child Survival. Use the examples below as starting points for your description. (Attach additional sheets if necessary.)

a. **Significant Success Stories:** (Example: Involving a locally based firm with expertise in social marketing strengthened the demand for ORS packets, resulting in an increase in the ORT USE RATE from 10% in 1990 to 25% in 1991...)

b. **Lessons Learned:** (Example: An operations research study showed that one incentive to continuing participation in the formal health sector was a "successful" first encounter; therefore, health workers were trained to spend extra time with new clients...)

c. **Anecdotes:** (Example: During a visit to a remote village, the young daughter of the village chief interrupted her mother to explain the proper technique for preparing ORS. This reflects the effect of training students in the use of ORS...)

d. **Policy Change:** (Example: Data from a major survey showed a shift in dietary practice to less nutritious foods leading the government to modify its pricing policy...)

e. **Relation to Country Programs/Strategy:** (Example: The project's major accomplishment is strengthening of the MOH's Family Health Division. In addition to the development of a strong financial control and accounting system, the project supported supervisory training which has facilitated the integration of services in health centers...)

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20. Because photographs can often communicate important concepts to busy decision makers much more quickly than words, can you include photographs to supplement the above text? (If yes, please include credit/caption information, including the location and year of the photo on a separate sheet and place picture, slide, or negative in and evelope.) **Do not write on photos.**

Photographs included? 1 - Yes (2) No

Schedule 1 DEMOGRAPHIC CHARACTERISTICS/PVO SCHEDULE

1 – 1 What is the geographical area in which this project is delivering and/or promoting health or child survival services? (CIRCLE ONE ANSWER)

1 – The entire country
(2) – A geographical area smaller than the entire country
} COMPLETE ITEMS 1 – 2 THROUGH 1 – 7

3 – None. The project does not deliver or promote services
9 – Don't Know
} SKIP NOW TO NEXT SCHEDULE

1 – 2 What is (are) the particular name(s) of the major or political subdivisions (for example, St. John's Province or Isatoyl Department) in which project activities are being carried out? (If entire country, write "ALL".)

1 – Department of La Paz
2 – Province of Manco Kapac
3 – _____
4 – _____
5 – _____

1 – 3 To which of the following subgroups are services targeted? (CIRCLE ALL THAT APPLY)

(1) – Children < 12 mos.
(2) – Children 12 – 23 mos.
(3) – Children 24 – 59 mos.
4 – Other children
(5) – Lactating or pregnant women
(6) – Other women of reproductive age
(7) – All other women
8 – Men
9 – The elderly (age 60 & older)
10 – Other _____ (Specify)

1 – 4 Does this project attempt to serve all members of the targeted subgroups that live within the project area? (CIRCLE ONE)

(1) – Yes, attempts to serve all members of targeted subgroups in project area.
2 – No, attempts to serve only a portion of the targeted subgroups that live within the project area. (COMPLETE COLUMN B IN ITEM 1 – 5 BELOW)
3 – Other (Please explain) _____

1 – 5 Population

In Column A, enter the number of people in the following subgroups who live in the entire project area. In Column B, enter the number of people in each subgroup that the project is actually targeting. If it is the same as Column A, write "same" in Column B.

	Column A Entire Project Area	Source of Information*	Column B Target Population	Source of Information*
a. Total Population	6000	DC (BG) DK	SAME	DC (BG) DK
b. Number of children aged < 12 months	125	DC (BG) DK	"	DC (BG) DK
c. Number of children aged 12 - 23 months	110	DC (BG) DK	"	DC (BG) DK
d. Number of children aged 24 - 59 months	350	DC (BG) DK	"	DC (BG) DK
e. Number of children 0 – 6 years (0 – 72 months)	650	DC (BG) DK	"	DC (BG) DK
f. Women aged 15 - 19 years	300	DC (BG) DK	"	DC (BG) DK
g. Women aged 35 - 49 years	775	DC (BG) DK	"	DC (BG) DK
h. Women aged 15 - 49 years	1000	DC (BG) DK	"	DC (BG) DK
j. Approximate number of births during FY 1990	100	DC (BG) DK	"	DC (BG) DK

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

1 – 6 Is the population served living primarily in an urban or rural environment? (CIRCLE ONE)

1 - Primarily urban
(If project serves primarily urban population or peri urban, please describe strategies employed).....

2 - Primarily rural
3 - Mixed
4 - Don't know

1 – 7 If you use a demographic data collection system, please describe how data are collected and analyzed.

Schedule 2 DIARRHEAL DISEASE CONTROL

Important: Complete this schedule only if this project provides funding or otherwise supports activities in Diarrheal Disease Control.

COMMODITIES

2 – 1 During FY 91, were **project funds** committed for the purchase of ORS packets with the intention of distributing them to consumers? (CIRCLE ONE)

1 – Yes → COMPLETE ITEM 2 – 2
(2) – No
9 – Don't Know
} SKIP NOW TO ITEM 2 – 3

2 – 2 If yes, write the number of packets purchased with USAID funds.

No. of Packets [ ] *DC BG DK Source of information

[ ] PACKET SIZE (in CCs or Liters)

2 – 3 Did the project support or promote the **distribution** of ORS packets (USAID, gov't or other donor purchased) through the national CDD program or through some other diarrheal disease control project or program?

(1) – Yes, the national CDD
2 – Yes, an independent program
} COMPLETE ITEM 2 – 4

3 – No
9 – Don't Know
} SKIP NOW TO ITEM 2 –5

2 – 4 As part of that program, have packets been sold or are there plans to sell them?

1 – Have been sold
2 – Plans exist for sales
} PLEASE DESCRIBE IN ITEM 2 –12

(3) – Sales not envisioned
9 – Don't Know

2 – 5 Did the project sponsor or promote the **production** of ORS packets within the participating country?

1 – Funds have been commited
2 – Promoted, but funds not commited
} COMPLETE ITEM 2 – 6

(3) – No involvement with production
9 – Don't Know
} SKIP NOW TO ITEM 2 – 7

2 – 6 Did the project sponsor or promote **production of ORS packets** by any of the following organizations or businesses? (CIRCLE ALL THAT APPLY)

1 – Governmental organizations
2 – Private, commercial businesses
3 – Joint governmental/commercial ventures
4 – Other organizations

TRAINING

2 – 7 During FY 91, were project funds committed to support **training** in the control of diarrheal disease?

(1) – Yes → COMPLETE ITEM 2 – 8
2 – No
9 – Don't Know
} SKIP NOW TO ITEM 2 – 9

2 - 8 Which of the following types of people received training as a consequence of project support? (CIRCLE A RESPONSE FOR EACH CATEGORY)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Physicians	1	2	(3)	9
b. Nurses	1	2	(3)	9
c. Community Health Workers	1	(2)	3	9
d. Traditional Healers	1	(2)	3	9
e. Community Leaders and Family Members	1	(2)	3	9
f. Others (specify)_____	1	2	(3)	9

***Source Codes:** **DC:** Data Collection System; **BG:** Best Guess; **DK:** Don't Know

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Schedule 2 DIARRHEAL DISEASE CONTROL
(Continued)

STRATEGIES

2 – 9 During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities designed to prevent or treat diarrheal diseases or dehydration? (PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW.)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Free distribution of ORS packets through the public sector	1	(2)	3	9
b. The selling of ORS packets through the public sector	1	2	(3)	9
c. Marketing of ORS packets through commercial outlets or private health care providers	1	2	(3)	9
d. Promotion of sugar/salt solution prepared in the home	1	(2)	3	9
e. Promotion of other home-based solutions	1	(2)	3	9
f. Promotion of continued breastfeeding during diarrhea	1	(2)	3	9
g. Promotion of other appropriate feeding during and after diarrhea	1	(2)	3	9
h. Hygiene education	1	(2)	3	9
i. Improved water or sanitation	1	2	(3)	9
j. Modification of curriculum in medical or nursing schools	1	2	(3)	9

TECHNICAL ASSISTANCE

2 – 10 During FY 91, did the project provide technical assistance for improving diarrheal disease control programs? (CIRCLE ONE)

1 – Yes, Substantial Activity
(2) – Yes, Minor Activity
3 – No
9 – Don't Know

CHILD SURVIVAL INDICATORS

2 – 11 What is the ORT Use Rate (see the Instructions for Information on definitions) in the project area?

a. ORT Use Rate	59.4%
b. Date (mo/yr) data was collected	9/91
c. Source of the data used to make the estimate	(*DC) BG DK

d. If a data collection system was used, please describe it. If possible, please include in the description the agency responsible for the system (MOH, WHO, UNICEF), the scope of the system (national or project area specific), the permanence of the system (special study or ongoing monitoring system), the methodology of collection (sample survey, clinic-based statistics, village-based statistics), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.). (Attach additional sheets if necessary.)

The information was collected for the final Child Survival evaluation. The project staff used a 30-cluster sample for the Knowledge and Practice survey in the program catchment area.

ADDITIONAL BACKGROUND INFORMATION

2 – 12 Please provide any other background information which would enable us to understand better the unique nature of the diarrheal disease control component of the project including a description of any activities not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary.)

Home visits to follow-up on identified cases of severe dehydration.

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

Schedule 3 IMMUNIZATION

Important: Complete this schedule only if this project provides funding or otherwise supports activities in Immunization.

COMMODITIES

3 – 1 During FY 91, were project funds committed for the purchase of vaccines? (CIRCLE ONE ANSWER)

1 – Yes → COMPLETE ITEM 3 – 2
2 – No
9 – Don't Know } SKIP NOW TO ITEM 3 – 3

3 – 2 How many doses of each vaccine were purchased with USAID funds?

	BCG	DPT	Polio	Measles	Tetanus
Source of information (CIRCLE ONE)	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK

3 – 3 Did the project support or promote the distribution of vaccines (USAID, gov't or other donor purchased) through the national EPI program or some other vaccine distribution program or project? (CIRCLE ONE)

1 – Yes, the national EPI
2 – Yes, another prgram or project } COMPLETE ITEMS 3–4 THROUGH 3–6
3 – No
9 – Don't Know } SKIP NOW TO ITEM 3–7

3 – 4 During FY 91, how many children were vaccinated as part of that program?

	BCG	DPT1	DPT3	Polio1	Polio3	Measles
a. Children of all ages	106	147	61	175	106	391
b. Infants under one year	23	76	28	101	58	54
c. Source of information	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK

3 – 5 During FY 91, how many women were vaccinated with tetanus toxoid as part of that program? 277

Source of information (CIRCLE ONE) *DC BG DK

3 – 6 At any time during FY 91, were fees charged for vaccinations during that program?

1 – Yes → PLEASE DESCRIBE IN ITEM 3–12
2 – No
9 – Don't Know

TRAINING

3 – 7 During FY 91, were project funds committed to support training in immunization? (CIRCLE ONE)

1 – Yes → COMPLETE ITEM 3 – 8
2 – No
9 – Don't Know } SKIP NOW TO ITEM 3 – 9

3 – 8 Which of the following types of people received training as a consequence of project support? (CIRCLE A RESPONSE FOR EACH CATEGORY)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Physicians	1	2	3	9
b. Nurses	1	2	3	9
c. Community Health Workers	1	2	3	9
d. Traditional Healers	1	2	3	9
e. Community Leaders and Family Members	1	2	3	9
f. Others _____ (Please Specify)	1	2	3	9

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

Schedule 3 IMMUNIZATION
(Continued)

STRATEGIES

3 – 9 During FY 91, did the project sponsor, promote or participate in any of the following vaccination strategies or activities?
(CIRCLE THE CHOICE THAT MOST NEARLY APPLIES FOR EACH STRATEGY)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Mass Immunization Campaigns	1	2	3	9
b. Fixed Immunization Center(s)	1	2	3	9
c. Mobile Vaccination Team(s)	1	2	3	9
d. Social Marketing to Stimulate Demand	1	2	3	9
e. Local Production of Vaccines	1	2	3	9

TECHNICAL ASSISTANCE

3 – 10 During FY 91, did the project provide technical assistance for improving immunization programs? (CIRCLE ONE)

1 – Yes, Substantial Activity
2 – Yes, Minor Activity
3 – No
4 – Don't Know

CHILD SURVIVAL INDICATORS

3 – 11 a. What is the vaccination coverage rate (see instruction guide for information on definitions) in the project area?

	BCG	DPT3	Polio3	Measles	Tetanus
Percent of fully vaccinated children, 12 – 23 mos. of age	42%	44%	55%	81%	60%
Date (mo/yr) data was collected	9/91	9/91	9/91	9/91	9/91
Source of information (CIRCLE ONE)	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK

b. If a data collection system was used, please describe it. If possible, please include in the description the agency responsible for the system MOH, WHO, UNICEF), the scope of the system (national or project area specific), the permanence of the system (special study or ongoing monitoring system), the methodology of collection (sample survey, clinic-based statistics, village-based statistics), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc). (Attach additional sheets if necessary.) The Freedom from Hunger project maintains a register of infants, children and women in the project area involved in the immunization program. The data are taken from the register and computed in a running list of different cohort groups (0-11, 12-23, ...). This is an ongoing monitoring system.

ADDTIONAL BACKGROUND INFORMATION

3 – 12 Please provide any other background information which would enable us to understand better the unique nature of the immunization component of the project including a description of any activities not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc. **Due to the newly announced measles initiative, we are particularly interested to hear about any measles activity undertaken through this project.** (Attach additional sheets if necessary.)

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

Schedule 4 NUTRITION

Important: Complete this schedule only if this project provides funding or otherwise supports activities in Nutrition.

COMMODITIES

4 – 1 During FY 91, were project funds committed for the purchase of any of the following:
(CIRCLE THE CHOICE THAT MOST NEARLY APPLIES)

	YES	NO	DON'T KNOW
a. Food	1	2	9
b. Vitamin A	1	2	9
c. Iron	1	2	9
d. Weighing Scales	1	2	9
e. Growth Monitoring Charts	1	2	9
f. Other (specify)_____	1	2	9

STRATEGIES

4 – 2 During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities designed to improve nutrition?
(PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Infant and Child Feeding Practices				
1. Increased duration of breastfeeding	1	2	3	9
2. Exclusive breastfeeding	1	2	3	9
3. Proper weaning and child feeding	1	2	3	9
4. Hospital practices supporting breastfeeding	1	2	3	9
5. Other approaches promoting initiation of breastfeeding	1	2	3	9
6. Modification of curriculum in Medical or Nursing Schools	1	2	3	9
b. Breastfeeding in the context of other interventions				
1. Breastfeeding during diarrhea	1	2	3	9
2. Contraceptive practices that preserve breastfeeding	1	2	3	9
c. Growth Monitoring				
1. Community-based	1	2	3	9
2. Clinic-based	1	2	3	9
3. Promoting the concept	1	2	3	9
d. Nutrition Surveillance				
1. Identification of nutrition problems	1	2	3	9
2. Monitoring the impact of economic policy	1	2	3	9
e. Vitamin A				
1. Assessment of levels of deficiency	1	2	3	9
2. Supplementation (capsules or liquid)	1	2	3	9
3. Food fortification	1	2	3	9
4. Home and community gardens	1	2	3	9
f. Private Sector				
1. Commercial production/marketing of weaning foods	1	2	3	9
2. Commercial production/marketing of Vitamin A	1	2	3	9
3. Other (specify)_____	1	2		
g. Supplementary Feeding Programs				
1. Food for work	1	2	3	9
2. Food in support of Maternal Child Health Programs	1	2	3	9
3. Emergency Food Relief	1	2	3	9
4. Other (specify)_____	1	2		

4 – 3 If the project sponsored supplemental feeding during FY 91, which groups were targeted? (CIRCLE ALL THAT APPLY)

Children:
1 – Under 12 mos.
2 – 12 - 23 mos.
3 – 24 - 35 mos.
4 – 36 - 60 mos.
5 – Lactating women
6 – Pregnant women
7 – Other _____
8 – None
9 – Don't know

Schedule 4 NUTRITION
(Continued)

TRAINING

4 – 4 During FY 91, were project funds committed to support training in **infant and child feeding practices and/or growth monitoring?** (CIRCLE ONE)

1 – Yes → COMPLETE ITEM 4 - 5
2 – No
9 – Don't Know
} SKIP NOW TO ITEM 4 - 6

4 – 5 Which of the following types of people received training as a consequence of project support? (CIRCLE ALL THAT APPLY)

	Infant and Child Feeding Practices				Growth Monitoring			
	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Physicians	1	2	3	9	1	2	3	9
b. Nurses	1	2	3	9	1	2	3	9
c. Community Health Workers	1	2	3	9	1	2	3	9
d. Traditional Healters	1	2	3	9	1	2	3	9
e. Community Leaders and Family Members	1	2	3	9	1	2	3	9
f. Other _____	1	2	3	9	1	2	3	9

TECHNICAL ASSISTANCE

4 – 6 During FY 91, were project funds committed to the provision of technical assistance in support of nutrition activities? (CIRCLE ONE ANSWER)

1 – Yes, Substantial Activity
2 – Yes, Minor Activity
3 – No
9 – Don't Know

CHILD SURVIVAL INDICATORS

4 – 7 a. What is the **rate of malnutrition** (see instruction guide for clarification of definitions) in the target group served by the project?

	Group 1	Group 2	Group 3	Group 4
Target Group	Children 0-11 mos.	Children 12-23 mos.	Other 24-59 (Specify)	Other (Specify)
Estimated Rate of Malnutrition	35	46	45	
Date (mo/yr) of estimate	9/91	9/91	9/91	
Source of Information (CIRCLE ONE)	*DC BG DK	*DC BG DK	*DC BG DK	*DC BG DK

b. If a data collection system was used, please describe it. If possible, please include in the description the agency responsible for the system (MOH, UNICEF, WHO), the scope of the system (national or project area specific), the permanence of the system (special study or ongoing monitoring system), the methodology of the collection (sample survey, clinic-based statistics or village-based statistics) and the **computation procedures** (weighting in a sample, weighting of data from clinics or villages, etc.) (Attach additional sheets if necessary) The Freedom from Hunger staff maintain an ongoing monitoring system in the program area. Village-based statistics are compiled into the report. There is no weighting--the results reflect the actual weight for age data collected.

ADDITIONAL BACKGROUND INFORMATION

4 – 8 Please describe any other background information which would enable us to understand better the unique nature of the nutrition component of the project including a description of any activities not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc. (Attach additional sheets if necessary.)

Home visits to follow-up on severely malnourished children.

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

Schedule 5 HIGH RISK BIRTHS

Important: Complete this schedule only if this project provides funding or otherwise supports activities to prevent High Risk Births.

COMMODITIES

5 – 1 During FY 91, were project funds committed for the purchase of contraceptives with the specific intention of distributing them to prevent high risk births? Please refer to page 3 of the instruction guide for the definition of high risk births. (CIRCLE ONE)

1 – Yes
2 – No
9 – Don't Know

5 – 2 Did the project support or promote the distribution of contraceptives to prevent High Risk Births (USAID, Government or other donor purchased) through a national program or some other program or project? (CIRCLE ONE)

1 – Yes, a national program } COMPLETE ITEM 5 – 3
2 – Yes, another program or project } COMPLETE ITEM 5 – 3
3 – No } SKIP NOW TO ITEM 5 – 4
9 – Don't Know } SKIP NOW TO ITEM 5 – 4

5 – 3 At any time during FY 91, were fees charged for contraceptives during that program? (CIRCLE ONE ANSWER)

1 – Yes → PLEASE DESCRIBE IN ITEM 5 – 11
2 – No
9 – Don't Know

TRAINING

5 – 4 During FY 91, were project funds committed to support training focused on the high risks of closely spaced births, births to very young or old women, or to high parity women in the project area?

1 – Yes → COMPLETE ITEM 5 – 5
2 – No } SKIP NOW TO ITEM 5 – 6
9 – Don't Know } SKIP NOW TO ITEM 5 – 6

5 – 5 Which of the following types of people received training as a consequence of project support? (CIRCLE A RESPONSE FOR EACH CATEGORY)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Physicians	1	2	3	9
b. Nurses	1	2	3	9
c. Community Health Workers	1	2	3	9
d. Traditional Healers	1	2	3	9
e. Community Leaders and Family Members	1	2	3	9
f. Others_____ (Please Specify)	1	2	3	9

STRATEGIES

5 – 6 During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities for the purpose of delaying conception or spacing births? (PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Breastfeeding	1	2	3	9
b. Other Natural Family Planning	1	2	3	9
c. Sterilization	1	2	3	9

*Source Codes: DC: Data Collection System; BG: Best Guess; DK: Don't Know

Schedule 5 HIGH RISK BIRTHS
(Continued)

5 – 7 Did the project sponsor or participate in activities to promote child spacing or family planning specifically directed at one or more of the following high risk groups? (CIRCLE A RESPONSE FOR EACH CATEGORY)	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Women under age 18	1	2	3	9
b. Women age 35 or older	1	2	3	9
c. Women who have given birth within the previous 15 months	1	2	3	9
d. Women with 3 or more children	1	2	3	9

TECHNICAL ASSISTANCE

5 – 8 During FY 91, did the project provide technical assistance for improving high risk birth programs? (CIRCLE ONE ANSWER)

1 – Yes, Substantial Activity
2 – Yes, Minor Activity
3 – No
9 – Don't Know

CHILD SURVIVAL INDICATORS

5 – 9 What is the **Contraceptive Prevalence Rate** (see instruction guide for information on definitions) in the project area.

a. Contraceptive Prevalence Rate in area ____

b. Date (mo/yr) data was collected ____

c. Source of the data used to make the estimate ____ *DC BG DK

d. If a data collection system was used, please describe it. If possible, please include in the description the **agency** responsible for the system (MOH, WHO, UNICEF), the **scope** of the system (national or project area specific), the **permanence** of the system (special study or ongoing monitoring system), the **methodology** of collection (sample survey, clinic-based statistics, village-based statistics), and the **computational** procedure (weighting in a sample, weighting of data from clinics or villages, etc). (Attach additional sheets if necessary.)

5 – 10 a. Estimate the percentage of total births in your project area during the reporting period that were high risk (see definition on page 3 of instruction guide.) _____%

b. Please indicate the source of the data. (CIRCLE ONE) *DC BG DK

ADDITIONAL BACKGROUND INFORMATION

5 – 11 Please provide any other background information which would enable us to understand better the unique nature of the high risk births component of the project including a description of any activities not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc. Please give special attention to activities designed specifically to the identification of candidates for high risk pregnancies and any particular steps taken to avert those pregnancies. (Attach additional sheets if necessary.)

*Source Codes: **DC:** Data Collection System; **BG:** Best Guess; **DK:** Don't Know

Schedule 6 HIV/AIDS ACTIVITIES

Important: Complete this schedule only if this project provides funding or otherwise supports activities in HIV/AIDS prevention.

6 – 1 During FY 91, if the project sponsored, promoted or participated in HIV/AIDS activities, please provided a brief description of the objectives and methodology of those activites. (Attach additional sheets if necessary.)

6 – 2 Please summarize the lessons learned from the AIDS activities funded under this project. (Attach additional sheets if necessary.)

6 – 3 From the organizations listed on page 1 of the Main Schedule, please indicate which organizations were involved in HIV/AIDS prevention activities supported under this project, and list a contact person for each. (Note: this information will be used to identify which PVOs and NGOs are involved in USAID HIV/AIDS prevention activities and to compile a listing of US Goverment-sponsored international AIDS activities which will be disseminated to facilitate inter-agency coordination.

ORGANIZATION	CONTACT PERSON
1 –	
2 –	
3 –	
4 –	
5 –	
6 –	
7 –	
8 –	
9 –	

Schedule 6 HIV/AIDS ACTIVITIES

6 – 4 The table below is to be used to summarize the scope of the HIV/AIDS activities supported under this project.

The following are guidelines to be applied for completing information in the columns in the table starting with Column A.

Column - A. Use Activity codes listed below to describe the nature of the HIV/AIDS activities.

Column - B. Show the percent of total AIDS activity, as reported in question 9, of the Main Schedule, attributed to each activity reported in Column A. Column B should add to 100%.

Column - C. Estimate the percent of resources supporting research for each activity reported in Column A.

Column - D. List the organization(s) by number from question 6 -3 on page 16 which support each activity listed in Column A.

Column - E. Cite target population for each activity listed in Column A. Use Population Code(s) listed below as appropriate for each activity.

Column - F. Indicate by Y or N (Yes or No) whether activities listed in Column A are community-based with target community involvement in the design, implementation, and /or evaluation of the activities.

Column - G. Please cite the number of individuals reached by prevention efforts in each activity area and indicate in Column H the source of the data by circling one of the the following: DC (Data Collection), BG (Best Guess), or DK (Don't Know).

A Activity	B % of AIDS Attribution	C % Research	D Organizations Supported	E Population Targets	F Comm. Based	G Nos. Reached FY91	H Data Sources
BTS							DC BG DK
CSP							DC BG DK
CPD							DC BG DK
HSV							DC BG DK
PNR							DC BG DK
STD							DC BG DK
PDM							DC BG DK
OA1							DC BG DK
	100%						

ACTIVITY CODES:

Blood Transfusion Screening..... BTS
Condom Supply..... CSP
Condom Promotion and Distribution..... CPD
HIV Surveillance..... HSV
Partner Number Reduction..... PNR
STD Diagnosis Treatment Services..... STD
Policy Dialogue/Modelling..... . PDM
Other_____..... OA1
(Please specify)

TARGET POPULATION CODES:

General Public..... GPU
Children (0-8 years)..... CHI
Youth (9-14 years)..... YOU
Female Sex Workers..... FSW
Male Sex Workers..... MSW
Other Women at Risk..... OWR
Other Men at Risk..... OMR
IV Drug Users..... IDU
Clinic/Hospital-based
Health Service Providers..... HSP
Traditional Healers..... TRH
Other Service Providers..... OSP
Community Leaders..... CML
Other_____..... OTH
(Please specify)

6 – 5 What percentage of the condoms being supplied by USAID are used for AIDS prevention (rather than family planning)? _____%

Schedule 7 OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES

This schedule is designed to record information about health and child survival interventions other than those identified in schedules 2 through 6.

IDENTIFICATION OF OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES

7 – 1 What type(s) of "other" health and child survival interventions received funding or other support through this project? (CIRCLE ALL THAT APPLY)

1 – Acute Respiratory Infections
2 – Health Care Financing (answer 7-6)
3 – Water and Sanitation
4 – Malaria (answer 7-7)
5 – Maternal Health
6 – Elderly/Adult Health
(7) – Other Family Garde (Please Specify)

7 – 2 Please describe each of these "other" health and child survival interventions; for example, "The malaria program is supporting the development of surveillance based on passive case detection in health clinics and using data from the surveillance to target spraying in areas of high endemicity." (Attach additonal sheets of necessary.)

Family gardens and greenhouses are promoted to increase local production and consumption of vegetables.

COMMODITIES

7 – 3 During FY 91, were project funds for any of the interventions circled in item 7 – 1 above committed to the purchase of any of the following? (PLEASE CIRCLE THE LETTER PRECEDING EACH TYPE OF COMMODITY FOR WHICH FUNDS WERE COMMITTED.)

a. Essential drugs
b. Laboratory equipment
c. Medical equipment
d. Clinic/office furnishings
e. Construction materials for water/sanitation and other activities.
f. Vehicles or other transport equipment
g. Educational materials
h. Audio-visual equipment
i. Computers–hardware or software
j. Prosthetics
l. Other_____ (Please Specify)
m. Other_____ (Please Specify)

TRAINING

7 – 4 During FY 91, were project funds committed to support training in any of the types of interventions circled in item 7 – 1?

(1) – Yes → COMPLETE ITEM 7 – 5
2 – No
9 – Don't Know
} SKIP NOW TO ITEM 7 – 6

7 – 5 Which of the following types of people received training as a consequence of project support? (CIRCLE A RESPONSE FOR EACH CATEGORY)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Phsicians	1	2	(3)	9
b. Nurses	1	2	(3)	9
c. Community Health Workers	1	2	(3)	9
d. Traditional Healter	1	2	(3)	9
e. Community Leaders and Family Members	1	(2)	3	9
f. Others (specify) _____	1	2	(3)	9

STRATEGIES

PLEASE ANSWER 7 – 6 **ONLY IF YOU CIRCLED "2 – Health Care Financing" IN RESPONSE TO ITEM 7 – 1.**

7 – 6 **Health Care Financing Strategies**

During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities in the area of Health Care Financing? (PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Cost containment	1	2	3	9
b. Public sector cost-recovery or cost-sharing	1	2	3	9
c. Demand analysis for health activities	1	2	3	9
d. Private insurance companies or other pre-paid health providers (e.g. HMOs)	1	2	3	9
e. Social insurance funds provided through the public sector or parastatal organizations	1	2	3	9
f. Other_____ (Please Specify)	1	2	3	9

Schedule 7 OTHER HEALTH AND CHILD SURVIVAL ACTIVITIES
(Continued)

PLEASE ANSWER 7 – 7 ONLY IF YOU CIRCLED "4 – Malaria" IN RESPONSE TO ITEM 7 – 1.

7 – 7 **Malaria Strategies.**
During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities for the purpose of malaria control?
(PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW.)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Malaria surveillance and/or treatment	1	2	3	9
b. Surveys for chloroquine sensitivity/resistance	1	2	3	9
c. Mosquito control:				
1. Against adult mosquitos	1	2	3	9
2. Against larvae	1	2	3	9
3. Environmental modification (including source reductions)	1	2	3	9
d. Public education to promote:				
1. Anti-malarial treatment	1	2	3	9
2. Anti-mosquito measures	1	2	3	9
3. Impregnated bednets	1	2	3	9
4. Other _____ (Please Specify)	1	2	3	9

TECHNICAL ASSISTANCE

7 – 8 During FY 91, did the project provide technical assistance in any of the types of interventions circled in item 7 – 1?

1 – Yes → COMPLETE ITEM 7 – 9
2 – No
9 – Don't Know
} SKIP NOW TO ITEM 7 – 10

7 – 9 For each type of intervention circled in item 7 – 1 above, indicate the level of technical assistance provided.
(CIRCLE ONE RESPONSE FOR EACH INTERVENTION)

	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Acute Respiratory Infection	1	2	3	9
b. Health Care Financing	1	2	3	9
c. Water and Sanitation	1	2	3	9
d. Malaria	1	2	3	9
e. Maternal Health	1	2	3	9
f. Elderly/Adult Health	1	2	3	9
g. Other _____ e.g. ophans, etc. (Please Specify)	1	2	3	9

ADDITIONAL BACKGROUND INFORMATION

7 – 10 Please provide any other background information which would enable us to understand better the unique nature of any or all of the other health and child survival components of the project including a description of any activities not identified above, any specific lessons learned, any special steps taken to promote long-term sustainability, etc.
(Attach additional sheets if necessary.)