

PROJECT HOPE

**IMPROVING MATERNAL CHILD-HEALTH
IN THE HUALLAGA VALLEY OF PERU:
A COLLABORATIVE PROJECT WITH
THE CENTER OF PUBLIC HEALTH OF THE
UNIVERSIDAD PERUANA CAYETANO HEREDIA AND
THE MINISTRY OF HEALTH-REGION SAN MARTIN**

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ACRONYMS

AB PRISMA	Asociación Benéfica - Project in Information, Health, Medicine, and Agriculture
ARI	Acute Respiratory Infection
BF	Breastfeeding
CEDISA	Agro-Social Research Center
CORU	Community Oral Rehydration Unit
DDC	Diarrheal Disease Control
CHV	Community Health Volunteer
CPH	Center of Public Health
CS	Child Survival
DD	Diarrheal Diseases
DIP	Detailed Implementation Plan
DIRES-SM	Regional Health Office-San Martín, Ministry of Health
FP	Family Planning
GALMEs	Exclusive Breastfeeding Mother's Groups
GM	Growth Monitoring
HKI	Helen Keller International
HIS	Health Information System
ITDG	Intermediate Technology Development Group
KPC	Knowledge, Practice, and Coverage
MCH	Maternal and Child Health
MINSA or MOH	Ministry of Health
NGO	Non-Governmental Organization
ORT	Oral Rehydration Therapy
ORS	Oral Rehydration Salt
PANFAR	Program of Food & Nutrition for High Risk Families
PASA	Program for Support of Food Security
PRONAA	National Program of Food Support
PVO	Private Voluntary Organization
RSM	Region San Martín
SAIZADIP	Integrated Management of Highly Dispersed Population Program
TBA	Traditional Birth Attendant
UBASS	Administrative Basic Unit for Health Services
UNSM	Universidad Nacional San Martín
UPCH	Universidad Peruana Cayetano Heredia

**CS-XII Perú - Third Annual Report
Project HOPE**

October 1996 - September 1999

A. PROGRAM OBJECTIVES

Project HOPE's Child Survival XII project has continued the implementation of its activities in Region San Martin (RSM) as scheduled. The project has accomplished the majority of its objectives as described in the Detailed Implementation Plan (DIP) and has covered all target communities (162) by the end of the third year, leaving the last twelve months to consolidate the work done in the three target provinces of RSM: El Dorado, Lamas, and San Martin (UBASS Banda of Shilcayo).

An estimated beneficiary population of 39,813—13,293 children under five years of age and 24,520 women of childbearing age—have been reached by a variety of community activities that include the establishment of oral rehydration units (CORUs), exclusive breastfeeding mother's groups (GALMEs), growth monitoring (GM) sessions, among others. The regional Ministry of Health (DIRES-SM) and local governments have played a key role for the successful implementation and coordination of project activities.

DIRES-SM has become a real partner of the CS-XII project in the last 12 months. DIRES-SM is actively participating in the planning, implementation, supervision, and evaluation components of the project. DIRES-SM recognizes the importance of the strategies developed by the project at the community level—especially in the areas of community participation and nutritional education— and is planning to replicate these experiences in the rest of the Region. Due to the close relationship with this partner, the project has become a key advisor for nutritional aspects and community participation strategies within DIRES-SM.

In addition, the Universidad Peruana Cayetano Heredia (UPCH), a partner in the implementation of this CS-XII project, has continued its technical support to the project, and has facilitated students rotations from the schools of medicine and public health to support field activities and operational research—nineteen students performed elective rotations in the project area in 1999 and have learned about the importance of work at the community level.

The project has continued to work together with local NGOs like AB PRISMA, CEDISA, ITDG, and CARITAS in a variety of tasks that includes technical assistance for the HIS used by the project, strategies and criteria for cooperation with other nutritional programs in RSM, supporting complementary activities for nutritional education sessions in remote areas, among others.

The following chart lists the program objectives, including capacity building and sustainability, and provides estimates as to whether or not the progress towards achieving the objectives is on target, as well as comments for each objective.

Table 1: Program Goals and Objectives

Objectives	Progress On Target	Comments
1. Increase from 0% to 20 % exclusive breastfeeding for the first 6 months of age of children.	YES	<ul style="list-style-type: none"> - GALMEs have shown to be an effective tool to organize mother's groups in the community and promote exclusive breastfeeding for the first six months - There is still a strong tradition of introduction of liquids during the first weeks - The project has started strategies to teach mothers to postpone introduction of liquids for the first six months of age of children
2. Increase from 3 to 5 the average number of meals offered daily to children less than 2 years of age.	YES	<ul style="list-style-type: none"> - According to the food consumption survey, the average number of meals offered daily to children under two is 4.4
3. Decrease prevalence of growth faltering from 55% to 40%	YES	<ul style="list-style-type: none"> - Chronic malnutrition was decreased to 50.4% at midterm - Growth monitoring sessions have helped to identify cases on a timely basis and provide adequate counseling to prevent growth faltering
4. Increase number of children with a diet that includes adequate proteins (5/week or 1/day) and calories	YES	<ul style="list-style-type: none"> - The food consumption survey showed that 73% of children under three are consuming the required amount of proteins daily - The project is promoting the intake of local products rich in proteins
5. Increase dietary intake of micronutrients, including Vit. A and iron sources to 3 times per week.	YES	<ul style="list-style-type: none"> - The project is still promoting the intake of local foods rich of vitamin A - Through "Contests in Balanced Diets," the project has promoted the intake of local foods rich of iron
6. Decrease the prevalence of anemia in children under 3 yrs from 44%; and 3-6 yrs from 52% to 35%	YES	<ul style="list-style-type: none"> - Prevalence of anemia in children less than 3 years of age has decreased from 52% to 48.6% - The project will measure the prevalence of anemia in children under 3 during final evaluation - The project has distributed, through DIRES-SM, 202,000 doses of deworming medicines (i.e., mebendazole, tiabendazole, etc.)
7. Decrease the prevalence of serum retinol deficiency from 7.6% to 4.0% for <10 µg/dl, from 68% to 50% for	YES	<ul style="list-style-type: none"> - Through HOPE, DIRES-SM is obtaining a donation of 162,000 doses of Vitamin A supplementation caps for its distribution in target communities of RSM

Objectives	Progress On Target	Comments
8. Increase number of mothers using ORS from 19% to 30%	YES	<ul style="list-style-type: none"> - The number of mothers giving ORS to children under two during a diarrhea episode increased to 26% at midterm (KPC survey) - CORUs have been revitalized and supported by CHVs and DIRES-SM
9. Increase number of mothers who give more liquids during a diarrhea episode from 25% to 60%	YES	<ul style="list-style-type: none"> - The number of mothers giving more liquids during a diarrhea episode has increased to 41% at midterm - The project is successfully training community health promoters and CHVs responsible for the CORUs to promote the intake of more liquids during a diarrhea episode - DIRES-SM is actively supporting CORUs and provides continuous monitoring
10. Increase number of mothers who give equal or more food during a diarrhea episode from 63% to 80%	NO	<ul style="list-style-type: none"> - Midterm revealed that fewer mothers (51%) give equal or more food during diarrhea - Mothers strongly believe that their children should have less food during a diarrhea episode - The project will emphasize more food and soft food intake practices during a diarrhea episode in the summer when diarrhea rates are higher
11. Increase number of mothers who give food more often and in smaller feedings after a diarrhea episode from 34% to 50%	NO DATA	<ul style="list-style-type: none"> - The program has been unable to measure changes in this practice since quantitative dietary surveys started at midterm - Food consumption component of final evaluation will attempt to quantify this objective
12. Decrease prevalence of diarrhea in children between 6-36 months from 67% to 50%	MAYBE	<ul style="list-style-type: none"> - The prevalence of diarrhea has decreased to 63% among children between 12 and 24 months - Number of mothers who seek help from a community health promoter has increased from 16% at baseline to 38% at midterm - Through local health committees the project has introduced an educational component at the community level that includes improvement of hygiene practices and the use of latrines
13. Increase child spacing to 2 years in families with children less than 3 years	NO	<ul style="list-style-type: none"> - Use of FP methods among women who do not want to have children in the next two years has remained steady (59%) despite controversial FP campaigns dictated by Central MOH

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Table 2: Capacity Building and Sustainability

Objectives	Progress On Target	Comments
1. Health promoters working for their communities	YES	<ul style="list-style-type: none"> - 265 health promoters trained - Health promoters have gained more visibility and respect by the community and DIRES-SM
2. Sustainable community health committees conducting health-related activities	YES	<ul style="list-style-type: none"> - 92 community health committees organized - The project is training members of the community health committees in community diagnosis and local health planning - The project is incorporating support from local governments in monitoring and supervision
3. MOH staff involved in community work	YES	<ul style="list-style-type: none"> - 69 MOH staff trained in different project interventions - Strong support from DIRES-SM facilitating resources and personnel time to attend training sessions organized by the project
4. Fortified food on sale	YES	<ul style="list-style-type: none"> - The fortified product (fortified cocoa with heme iron) validated by the project is being introduced in the market by a local company - The project is providing information to all private and public organizations interested in the fortified product
5. CORUs functioning	YES	<ul style="list-style-type: none"> - 57% of communities have a functioning CORU - Health promoters working in the CORUs are trained in nutritional management of children with diarrhea - Every MOH health network receives CORU reports for monitoring, needs assessments, and implementation in new communities
6. Support groups or BF counselors	YES	<ul style="list-style-type: none"> - 42% of communities with GALMEs groups - The project has been strengthening the GALMEs established since midterm - With support from DIRES-SM, the project will increase the number of GALMEs in other communities during the remainder of the project
7. Continuing growth monitoring	YES	<ul style="list-style-type: none"> - 78% of communities have carried out GM sessions - DIRES-SM facilities provide quality control and monitoring of GM sessions organized by the project - 43% of children who participated in the GM sessions have been referred to PANFAR (food program)

		<ul style="list-style-type: none"> - During the first two years, the project has been able to establish that GM sessions become a part of regular activities mandated by DIRES-SM
Objectives	Progress On Target	Comments
8. School teachers spreading basic messages	NO	<ul style="list-style-type: none"> - The project did not work with schools teachers during the first three years - Preliminary coordination and planning has started to include school teachers in the project activities during the fourth year
9. Adequate sanitary practices in communities	YES	<ul style="list-style-type: none"> - The decline in DD is probably related to improvement in hygiene practices at home - The project has carried out demonstration sessions on how to follow hygiene practices when cooking at home - However, poor community and household level hygiene practices are still the norm - Coordination with local governments is being established to support training sessions for local community health committees.
10. Participation of birth attendants in the promotion of BF and FP	NO	<ul style="list-style-type: none"> - The project has not been working with TBAs so far - With the support from DIRES-SM a number of activities have been scheduled for TBAs during the fourth year
11. Improved dietary practices	YES	<ul style="list-style-type: none"> - The project is improving the introduction of semi-solid foods at six months of age - The food consumption survey shows an increase in the intake of micronutrients - Only 22.5% of children less than six months of age eat banana or semisolid food during the first month of age, compared to 32% at baseline

See Annex 1 for detailed indicators for health and nutrition with their respective 95% confidence intervals. See Annex 2 for results of the food consumption survey. In an effort to improve its evaluation design, the project is monitoring the progress of its activities by stratifying communities into two groups: target communities (those served by July 1998) and comparison communities (those served after July 1998). The project expects to use the same evaluation design for the final evaluation.

B. CONSTRAINTS

There have been no major technical or administrative obstacles for programmed activities during the third year of project implementation. The CS-XII project has been implemented on target and according to the schedule. However, the main constraint of the project is still the difficulty to reach target communities due to their rural and remote location. In order to overcome this main obstacle, the project decided to hire more local staff in an effort to provide support to the original staff of nurses, health educators and nutritionist. In addition, more coordination with DIRES-SM was acquired to maximize resources for the project activities.

At per HOPE's request and with the authorization of USAID/BHR/PVC, on January 1999 the project increased its technical staff by hiring the following additional staff: one nutritionist, two registered nurses, and three auxiliary nurses. Due to cost sharing with the project partners (DIRES-SM, and UPCH) and support from local governments, during the first two years of project implementation, the hiring of these additional staff did not affect the total budget of the project.

Another strategy that the project has been using successfully is the coordination and involvement of local governments in the implementation of project activities such as training sessions for health promoters, GM sessions, and establishment of CORUs. This coordination has also helped to reduce some of the costs associated with this type of activities.

The project has also started to participate in local programs implemented by DIRES-SM. The Integrated Management for Highly Dispersed Population Program (SAIZADIP) is being coordinated with CS-XII, although primarily in two target communities. This program was started by the MOH in 1998 in an effort to provide integral services to rural communities.

In addition, Sandra E. Contreras, R.N., M.P.H.(cand.), a nurse formerly working for DIRES-SM, was hired as the new Program Director for the project since the original Director was hired by Project HOPE Headquarters office—see Annex 3 for a complete list of project staff. The hiring of Sandra Contreras as a full-time employee based in RSM has helped the program to further increase the participation and coordination of activities with the regional MOH, thus creating more ownership of the project by DIRES-SM. Sandra Contreras has received orientation at HOPE's Headquarters and had the opportunity to interact with other HOPE's Program Directors during the Fall Leadership Conference held in Millwood, VA during the third week of September 1999.

C. TECHNICAL ASSISTANCE REQUIRED

The project staff feels the need for additional technical support in the area of monitoring and evaluation of CS projects, as well as training in management information systems. The project is currently using ANA II, a health information system that is used by DIRES-SM for the monitoring of multiple activities. Some training and technical assistance in the use of this HIS has been provided by AB PRISMA, the

institution that designed and created this system. However, the project is generating a significant amount of additional data that are stored outside this HIS.

In addition, two field staff—the Program Coordinator and one Nurse/Health Educator—are currently enrolled in a two-year part-time MPH program at the Universidad Nacional San Martin (UNSM) in Tarapoto, RSM. This is a new MPH program designed for professionals, and is offered jointly with UPCH, a partner of this CS-XII project.

D. SUBSTANTIAL PROJECT CHANGES

The list of target communities was revised by HOPE and DIRES-SM during the third year of implementation. Since other projects are being executed by the regional MOH and local NGOs started to implement similar interventions in some of the CS-XII target communities, a change was made to avoid duplication of efforts. This change in communities was submitted to USAID.

Starting in May 1999, sixteen communities from the districts of Tabalosos, Pinto Recodo, and Shanao were included, while some communities from the districts of Huimbayoc and Chazuta were taken out. Such a change, which increased the estimated beneficiary population by almost 5%, was approved by USAID/BHR/PVC on May 1999. Table 3 shows the revised total estimated beneficiary population as a result of changes in target communities. This change did not affect the overall budget approved by USAID, and no modification to the cooperative agreement was necessary.

Table 3

Population by Age Group	Estimated Beneficiary Population
Total Number of Children Under 5 Years of Age	13,293
Women of Childbearing Age	26,520
TOTAL	39,813

The following table shows the number of communities served by CS-XII by the end of its third year. Annex 4 shows a detailed list of communities served by province.

Table 4
Target Communities by Province and Year

Provinces: # of communities	Year 1	Year 2	Year 3	Total
Lamas: 21	20	1	0	21
El Dorado: 63	29	21	13	63
B. of Shilcayo: 78	35	28	15	78
Total: 162	84	51	28	162

There have been no other changes during the third year of CS-XII implementation.

E. RESPONSE TO MIDTERM RECOMMENDATIONS

Coordination with DIRES-SM authorities

The project has not become a part of the planning activities of the DIRES-SM. For sustainability, it is necessary that the project activities are included in the maternal and child health strategy of the DIRES-SM.

The project has revised its activities in an effort to support the priorities of DIRES-SM, without altering CS-XII project objectives. The project has incorporated its specific objectives in the area of integrated management of the child within DIRES-SM. This particular area has been assigned to coordinate the nutrition and micronutrient activities of the project. The CS-XII project has become part of the committee of the management of the child health within DIRES-SM. During the fourth year, the project will participate in workgroups in the area of integrated management of women's health.

The project has also increased the dissemination of strategies and achieved goals among decision makers within DIRES-SM. At the same time, the project staff is strengthening their technical skills in the area of community health, and sharing these skills with DIRES-SM staff.

Monitoring

The project has a weak monitoring system for monitoring progress. There have been some isolated efforts, but to date the HIS is not a tool for management.

The project has identified and built a set of processes for each activity, identifying critical processes in the implementation of project activities. These processes, which are used on a daily basis, have increased staff performance and have optimized resources. The project has also adopted a new tool to collect and summarize information in the form of process indicators and output indicators. This tool is prepared on a quarterly basis. See Annex 5.

In addition, a set of goals for each target province is reviewed on a quarterly basis under the supervision of the project coordinator. Each target zone has a project staff responsible for the achievements of goals in that zone. Also, a tool for improved performance and supervision has been strengthened for monitoring purposes, along with regular field visits by the project coordinator.

Finally, the Program Manager from HOPE's Headquarters office visited the site for overall program reviews in January and July during the third year as planned.

Target communities

The participation of the community in the maternal and child health activities is constrained by the authorities, CHVs, members of the support groups and some families. In some cases, there is some confusion about the objectives, and groups are waiting the moment when HOPE starts to distribute gifts (food, medicine, etc.). The project needs to consolidate the importance of community participation in a health or development program, as the true owner of the intervention.

The project has strengthened the work with local community health committees establishing alliances with them. The project has also been able to strengthen the coordination with local governments and the prioritization of the nutritional component on the local governments' agendas.

The project is also establishing alliances with radio stations in order to disseminate basic health messages among target communities when possible.

A committee of health promoters has been formed in an effort to monitor the health situation in their communities as well as to coordinate efforts with other local organizations in their communities.

Information system

Process information is incomplete. Sometimes non-useful information is recorded. There were neither protocols nor indicators. The project lacks a responsible person for the management of the information system.

As stated before, the project has adopted a new tool to collect and summarize information in the form of process indicators and output indicators on a quarterly basis. In addition, the project has created a database to collect information about target communities and health promoters.

The project is currently using ANA II as the HIS to gather information for different types of activities, including GM sessions.

The project has now identified one staff member as the responsible person in charge of the management of the HIS for each activity implemented.

Definition of goals and objectives

Some of the goals and objectives proposed in the DIP were not supported by data from the baseline survey. Some objectives cannot be monitored since the measurement instruments have changed and now do not include the necessary information.

The project has started to include supporting data for objectives proposed in the DIP that lack baseline information. The final evaluation survey will be used to compare and monitor objectives that could not be supported by appropriate data at baseline.

Special attention will be given to exclusive breastfeeding practices among children less than six months of age.

F. IMPORTANT ISSUES

The baseline survey found that most of samples of table salt had no iodine at all, or iodine concentrations below the recommended level. When the project shared this information with DIRES-SM, the first reaction was denial and anger, since they just had finished a survey of iodine in salt in the main markets of San Martin, showing an overall good quality.

Soon DIRES-SM realized that there is an important methodological difference between market surveys and household survey, since many poor and rural families buy food in the informal sector. Since the project used DIRES-SM own public health laboratory to perform quantitative assays of iodine in salt, the results were not questioned.

As a result, DIRES-SM successfully applied two strategies to improve the quality of table salt at the household level:

- 1) To persuade the main distributors to stop selling batches with lower concentration of iodine. Distributors complied, because of the risk of being fined (MOH has the capability of doing so).
- 2) To start selling iodized salt at health centers, without a profit. Prices, one third of the market prices, helped to lower the cost of iodized salt at stores and to displace entirely non-iodized salt.

The baseline survey also found a large proportion of children with anemia. HOPE decided to address this problem integrating several strategies, since isolated interventions (as shown by trials made by UPCH students in the project area) had a limited success. The strategies were:

- a) reduce iron losses: improve sanitation (latrines), reduce parasite loads (deworming)
- b) improve iron intake (increase the consumption of heme iron) in the diet
- c) improve iron absorption (increase the consumption of Vitamin C and other enhancers, reduce consumption of inhibitors such as teas)
- d) increase the coverage of iron supplementation among pregnant women

- e) explore the acceptance and impact of local foods fortified with iron (cocoa)
- f) explore traditional medicines being used to reduce the prevalence of anemia (geophagia)

Project HOPE's team tried the acceptance of cocoa fortified with hemoglobin concentrate.

Acceptability results were very good among children, good among women and regular among adult men. Later, field trials were conducted by UPCH medical students providing fortified cocoa and/or mebendazole to anemic adults. The recovery rate from anemia was over 50% within 2-3 months of treatment. When compared with iron sulfate, those receiving fortified cocoa had fewer side effects.

Today, the fortified cocoa is being produced and marketed by a private local enterprise. See Annex 7 for results of fortified cocoa analysis.

Since the government is providing albendazole free of charge to all school children, our project continue providing deworming treatments to all other age groups. Besides, DIRES-SM has been successful in increasing the coverage of iron supplements from 9% (baseline) to 40% (midterm) in pregnant women. As a result, we expect to reduce the prevalence of anemia in children further by the end of the project.

ANNEX 1

DETAILED INDICATORS FOR HEALTH NUTRITION STATUS

ANNEX 2

FOOD CONSUMPTION SURVEY RESULTS

ANNEX 3

LIST OF HOPE CS-XII FIELD STAFF

PROJECT HOPE CS-XII FIELD STAFF

Names	Titles
Lic. Sandra Contreras	Program Director
Lic. Milagros Mendoza	Program Coordinator
Karem Delgado	Nutritionist
Catherine Rengifo	Nutritionist
Nancy Garcia	Nursing Resident/Health Educator
Katia Flores	Nursing Resident/Health Educator
Maria del Pilar Guardamino	Nursing Resident/Health Educator
Ana Maria Quijano	Nursing Resident/Health Educator from DIRES-SM
Azucena Rios	Auxiliary Nurse/Health Educator Assistant
Eda Huanca	Auxiliary Nurse/Health Educator Assistant
Nelly Yshuiza	Auxiliary Nurse/Health Educator Assistant
Karina Diaz	Auxiliary Nurse/Health Educator Assistant
Gisela Perez	Auxiliary Nurse/Health Educator Assistant
Claudia Bartra	Administrator
Gilma Saavedra	Administrative Assistant
Miguel Tejada	Driver

All employees are salaried, full-time, host country nationals, and based in RSM

ANNEX 4

DETAILED LIST OF COMMUNITIES SERVED BY THE PROJECT

ALL COMMUNITIES SERVED BY PROVINCE

Lamas	El Dorado		UBASS Banda of Shilcayo	
Alto Shimboyacu Ahushillo Aucaloma Aviacion Bellavista Boca de Shamboyacu Chunchihui Chiricyacu Cochapata Chirapa Chontal Huapo La Libertad Naranjal Pamashto Pacchilla Pampayacu Shapumba Shucshuyacu Urco Pata Yurilamas	Agua Blanca Alto Algarrobo Aminio Bajo Algarrobo Cashnahuasi Centro America Cesar Vallejo Chaqishca Constancia Huancabamba Incaico Maray Miraflores Mishiquiyacu Nauta Nuevo Arica Nuevo Huamcabamba Nuevo Porvenir Nuevo Pucacaca Pacasmayo Pebas Requena San Isidro San Juan de Miraflores San Juan de Pao San Juan Salado Sanango Santa Cruz Shucshuyacu Sinami Zelandia	Alto Reque Alto Tullishama Barranquita Berlin Chambira/Integracion Chaquishca El Dorado Eladio Tapullima Fausa Lamista Florida Huaja Ishanga Isichiwi La Union Machu Picchu Nueva Barranquita Nueva Santa Rosa Nuevo Pacaipampa Nuevo Piura Nuevo Tacabamba Nuevo Triunfo Nuevo Trujillo Ponciano Reategui Santa Elena Santa Marta Santa Rosa Tangamana Tierra Palestina Tres Reyes Yanayacu 20 de Mayo	Asuncion Bonilla Chumbaquihi Convento Davicillo El Piñal Grau Juan Santos Atahualpa Kunamoto Leoncio Prado Metilluyoc Naranjal Nuevo Ica Nuevo Junin Nuevo Libertad Nuevo San Juan Nuevo Alegria Palmeras Pamplora Pantoja Puerto Alegre Puerto Mercedes Puerto Pizarro Reforma San Antonio San Fernando San Juan San Luis San Martin Sangamayoc Santa Clara Santa Elena Santa Rosa de Tioyacu Santiago de Borja Shapajilla Sinchiu Solo Tipishca Yumbatos	Alfonso Ugarte Alianza Almendrillo Alto Palmiche Cachizapa Carachamayoc Charapillo Churuzapa Copal Dos de Mayo Estancia J. Chavez (Barr.) J. Chavez (Pongo) Machingao Mishquiyacu Mishquiyaquillo Nazaret Nuevo Lamas Palmiche Pampamonte Panjuy Pintuyacu Pintuyaquillo Ponazapa Pucayoc Pueblo Joven 28 de Julio Pueblo Nuevo San Hilarion San Juan de Pacchilla San Juan de Shanusi San Miguel de Achinam San Miguel de Shanusi San Miguel del Rio Sanango Santa Rosa Santa Sofia Sargento Lores Sta. Rosa de Cachiz Vista Alegre
21 Communities	63 Communities		78 Communities	

ANNEX 5

PROCESSES BY INTERVENTIONS

ANNEX 6

PIPELINE ANALYSIS

ANNEX 7

RESULTS OF FORTIFIED COCOA ANALYSIS

ANNEX 8

PHOTOS FROM THE FIELD



Community Oral Rehydration Unit



Exclusive Breastfeeding Mother's Group (GALMEs)