

WORLD RELIEF CORPORATION
NICARAGUA CHILD SURVIVAL VIII PROJECT

Rio San Juan, Tipitapa, Managua, District VI
Nicaragua

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1. OVERVIEW OF YEAR ONE

A. Accomplishments

Project staff had planned, as outlined in the DIP, to finish training the 14 promoters in all three project areas by the end of September, 1993. However, the project faced various obstacles which made it difficult to accomplish this within this time frame. In Managua and Tipitapa, the 14 promoters thus far have been trained in how to conduct a baseline study, EPI, Diarrhea Control and ALRI. The remaining interventions, Maternal Health, Growth Monitoring, Nutrition, Vitamin A and Malaria Control will be covered by January, 1994 when the first year promoters will take on an additional 6 brigadistas and new promoters will be hired.

In Rio San Juan, the 7 promoters have been trained in conducting a baseline, Growth Monitoring, EPI, Diarrhea Control and Maternal health. In the upcoming three months they will finish their training in Nutrition, ALRI, Vitamin A and Malaria Control. The project will also wait until the first year promoters finish their training before taking on additional brigadistas and before hiring new promoters.

The project faced many obstacles in trying to collect information for the HIS system and therefore, is currently unable to draw any comparisons on actual percentages versus the Year 1 goals. These obstacles are outlined in the constraints section.

B. Training Activities

Health Coordinators

A training workshop for 3 Health Area Coordinators was held October 5-9, 1992 with the attendance of three CSP Area Coordinators whose content covered an overall description of the CSP. The workshop gave participants an explanation of the organizational structure of the CSP, several administrative aspects of World Relief, the strategy and methodology of CSP training, coordination relationships with MINSA and the churches, a revision of the educational materials to be used, and the plans for activities to be carried out in the next quarter. The workshop was led by the 3 WR Nicaragua CS administrative staff and the administrator/accountant.

Another training workshop covering the same topics was held on January 11-14, 1993 for the 2 new area coordinators working in the Managua and Tipitapa project areas. The workshop was led again by the WR Nicaragua CS administrative staff.

On June 14, 1993 all administrative personnel received a training session on vehicle maintenance and repair.

Health Promoters

From October 15-17, 1992, 14 health promoters were trained regarding the methodology and execution of the baseline survey to be carried out in Rio San Juan.

Training was held from November 2-6, 1992 in San Carlos, Rio San Juan, for 7 health promoters and the area coordinator in Growth Monitoring and Child Development. The health educator of the regional Ministry of Health (MINSa) was present. The following topics were covered: overview of the CSP, importance of participatory educational techniques, activities and strategies for community development, coordination with MINSa and evangelical churches in the zone, and the content of the intervention of Growth Monitoring and Development.

A second training for 7 health promoters and the area coordinator for the Rio San Juan region was held from January 17-23, 1993. The topics covered were EPI (Expanded Program of Immunization), population census taking, and discussion over the results of the baseline survey.

The first training session for the 14 health promoters from District VI (Managua) and Tipitapa was held January 25-29, 1993. The topics covered included an introduction and overview of the CSP program, population census taking, and EPI.

From February 11-13, 1993, 14 health promoters were trained in the process and methodology of the baseline survey.

A training session was given by WRN CS Administrative staff in Rio San Juan on April 26-30, 1993 on participatory training methods.

Training sessions were also given by WRN CS Administrative staff to the 14 health promoters and brigadistas in Managua and Tipitapa on May 10 and 11, 1993 on participatory training methods.

A training seminar was held from May 24-27, 1993 for all 21 promoters from the three program areas covering the participatory methodology and the health information system.

A training session was given by WRN CS Administrative staff to the 7 promoters in Tipitapa and the 7 promoters in Managua from June 16-22, 1993 on Diarrhea Control and the use of ORT. Two MINSa health workers from the health center in Tipitapa also attended.

A training session was given by WRN CS Administrative staff to the 7 promoters in Rio San Juan from June 28-July 3, 1993 on Diarrhea Control and the use of ORT.

From August 16-20, 1993, the 7 promoter in Rio San Juan, along with 4 nutrition promoters received training in Maternal Health.

The 14 promoters in Managua and Tipitapa received training in ALRI August 24-27, 1993.

Health Volunteers ("Brigadistas")

On February 15, 1993, 42 Brigadistas in Rio San Juan were trained in the methodology for the community diagnostic. The community diagnostic was performed from February 22-March 12, 1993.

From March 15-19, 1993, 42 Brigadistas in Rio San Juan were trained in the implications of the baseline survey and EPI. The training included prevention of contagious diseases and the vaccination schedule for a child's first year of life.

Training sessions were given by the promoters to the brigadistas in Rio San Juan at various times during April 18-24, 1993 on Growth Monitoring.

Training sessions were given by the promoters to the brigadistas in Tipitapa and Managua at various times during April 17-May 11, 1993 on EPI.

Training sessions were given by the promoters to the brigadistas in Rio San Juan during the week of May 17-21, 1993 on EPI.

Training sessions were given by the promoters to the brigadistas in Rio San Juan in September, 1993 on Maternal Health.

Training sessions were also given by the promoters to the brigadistas in Managua and Tipitapa in September, 1993 on ALRI.

C. Technical Support

From October 11-24, 1992, Dr. Orestes Zúniga, Director of the Honduras CSP visited and participated in the methodological training of the health promoters and in the execution of the baseline survey carried out in Rio San Juan.

From October 21-November 11, 1992, Lisa Filoramo, HQ CS Administrative Coordinator advised in the manual tabulation and computer analysis of the data from the baseline survey done in Rio San Juan.

From February 7-March 12, 1993, Lisa Filoramo, HQ CS Administrative Coordinator advised and coordinated, together with the CS Nicaragua staff, the baseline surveys done in Managua and Tipitapa and the writing of the Detailed Implementation Plan (DIP).

From April 12-16, 1993, Jim Becht, consultant for our HIS system and Muriel Elmer, HQ Child Survival Director met with WRN CS Administrative staff to discuss the information needs and design the HIS system to be used in the project.

D. Community Health Committees

In Rio San Juan there are 30 active community health committees (CHCs). Since 2 of the current 7 promoters began working in August, an additional 12 committees will be in place by the end of September, 1993. The committees have been closely supporting the brigadista's activities in each of the communities. If a brigadista resigns her position, a member of the committee immediately takes her position. Committee members also assist in filling out the health information system forms and also participate in the mothers' training workshops.

In the last 90 days, each committee has met at least twice. Their meetings include time to coordinate the distribution of reporting responsibilities and a time to plan how to involve more mothers in the group meetings.

In Tipitapa, there are currently 7 active CHCs. These committees have met at least once in the last 90 days. Currently they are assisting the promoter to collect data for the health information system on diarrhea.

In Managua District VI, there are currently 7 active CHCs. These committees have met approximately 6 times in the last 90 days and have assisted the brigadista in completing the community census and in the promotion of the CSP.

E. Linkages with the MOH and Other Agencies

MINSAs

On November 7 and December 2, 1992, WRN administrative staff met with MOH personnel at the central level to define a new project work area, since it was no longer possible to coordinate with the Regional MINSAs office in Chontales and Nueva Guinea. On December 2, 1992 a work agreement was signed with MINSAs SILAIS Oriental to work in a portion of District VI in Managua and Tipitapa.

Meetings with MINSAs Area Directors from Silvia Ferrufino and Villa Venezuela (District VI) were held January 5, 12, and 15, 1993 and in Tipitapa on January 6, 13 and February 2, 1993 to discuss the selection of brigadistas, CHCs, the baseline survey and the organizational strategies of the CSP. Also present in the meetings were specialists from CIES (Center for Investigation and Studies on Health) who were interested in the development of the CSP.

On January 22, 1993, a meeting was held with the MINSAs SILAIS director in Rio San Juan to discuss the results of the baseline survey and the development of the project and the strategies for execution.

On April 11, 1993, the entire WRC project staff participated in decorating an office vehicle with measles vaccination promotion banners and drove around Tipitapa and Managua distributing educational materials developed by MINSAs.

On April 26, 1993, Dr. Alberto Araica and Juanita Schoenich met with Dr. Ortiz, the MINSAs SILAIS director in Rio San Juan to discuss the program's progress. Another meeting was scheduled for May 3, 1993 to discuss better coordination with MINSAs.

On June 11, 1993, Dr. Zorayda Gomez, Dr. Alberto Araica and Kevin Sanderson, WRN personnel met with Dr. Olga Chavez, Director of MINSAs SILAIS Oriental to discuss with her the progress of the CS project and the agriculture project.

On July 8, 1993, WRC administrative staff participated in a conference sponsored by MINSAs SILAIS Oriental entitled "An Interinstitutional Encounter." The purpose of this

conference was for the PVOs to exchange field experiences and to promote a better coordination amongst themselves.

On August 19, 1993, Dr. Araica met with Dr. Ortiz, Regional MINSA Director for Rio San Juan to introduce Dr. Nancy Cano, WRN's new area coordinator for the Rio San Juan project area.

On September 4, 1993, MINSA invited our project personnel and other PVOs working in Rio San Juan to an encounter with all the brigadistas working in this region.

Other Organizations or PVOs

On numerous occasions, beginning on November 27, 1992, WRN administrative staff met with the Project Hope CS Director and staff to review and produce joint educational materials to be used in the two projects.

On March 2, 1993, a meeting was held with Profamilia to discuss their education program and the coordination possibilities.

On April 29, 1993, project staff met with personnel from the Peace Corps to discuss the outcomes of the baseline surveys, and to discuss the possibilities of using Peace Corps volunteers in the project.

On July 21, 1993, project staff met with Mauricio Manzanares, Director of ANDAME (Opportunity International), to discuss possibilities of implementing a community banking program.

On July 26, 1993, project staff met with Harry van Schooten, Director of GTZ and Ada Soza, Director of SOYNICA to discuss establishing supplementary feeding centers in the Tipitapa area.

On August 11, 1993, project staff again met with Mr. van Shooten to discuss ways to support MINSA's upcoming anti-measles immunization campaign.

On September 29, 1993, project staff met with personnel from Profamilia, Dr. Sergio Sanchez and Felipe Correa, to coordinate the distribution of family planning methods in Rio San Juan.

WRN personnel have also met in numerous occasions with personnel from Save the Children, Catholic Relief Services and World Vision to assist them with project implementation.

Additionally, WRN personnel have attended number round table discussions Development Associates has held for all PVOs on different topics pertaining to Child Survival. In December, 1992, WRN personnel were asked to give a presentation to all the PVOs and AID personnel with regard to the baseline study conducted in Rio San Juan.

F. Staffing

Dr. Nancy Cano joined the WRN staff on August 1, 1993 as the new area coordinator for the Rio San Juan project area replacing Juanita Schoenich. Her biodata information sheet is included in Appendix A. See Appendix B for an updated organizational chart.

II. CHANGES MADE IN PROJECT DESIGN

A. Measurable objectives

The following highlighted adjustments in the wording of the objectives were made in order to facilitate the reporting process:

Objective 1: Children 12-23 months with complete immunization coverage **before age one**. This excludes children older than one year who finished their immunization coverage after their first birthday.

Objective 2 remains the same.

Objective 3: Mothers of children 0-23 months who administer **ORT** when their children have diarrhea. This change was made to include home fluids and cereal-based solutions as well as oral rehydration salts.

Objective 4 remains the same.

Objective 5: Children 12-23 months **weighed 6 or more times a year**. This change allows project staff to concentrate more directly on children 0-23 months.

Objective 6: Children 0-23 months who **attend growth monitoring sessions and show adequate weight gain during the last 6 months**. This change was made due to enable the project staff to more easily measure children who are nutritionally at risk. Also project staff plan to focus their efforts more on the 0-23 months and not as much on the 24 - 35 month children.

Objective 7: Mothers of **children under 2** who exclusively breastfed their children until the fourth month. This change in wording was made because this will ultimately be measured in the final K & P survey which only surveys mothers with children in this age group.

Objective 8: Mothers of children **under 2** who know to introduce appropriate weaning foods from the fourth to sixth month. This change was also made because it will be measured in the final K & P survey which only surveys mothers with children in this age group.

Objective 9: Children 6-59 months who received a Vitamin A supplement **in the last six months**. The change in wording from twice annually was made to include children who have reached six months of age within the last reporting period.

Objective 10: Mothers of children **under 2** who know to give Vitamin A rich foods to their children. This change in wording was made also because this will ultimately be measured in the final K & P and only mothers with children under 2 will be interviewed.

Objective 11: Post-partum mothers who received a Vitamin A supplement in the first two months after delivery. The wording "who attend growth monitoring sessions" was removed in order to encompass all the women in the beneficiary population. Post-partum home visits will be made by the brigadistas in which the Vitamin A supplements will be given.

Objective 12: **NEW OBJECTIVE:** Mothers of children 0-23 months with rapid respiration who went to a health center. This was added to measure the mothers's actions and the effectiveness of the referral system in response to a recommendation in the DIP technical review.

Objectives 13 and 14 remain the same.

Objective 15: Mothers of children **0-23 months** who use a modern method of family planning. This change was made because this will ultimately be measured in the final K & P and only mothers with children under 2 will be interviewed. Also, the project wants to focus its efforts on promoting child spacing.

Objective 16: Mothers of children **under 2** who use at least one method of malaria prevention. This change was also made because this will be measured in the final K & P and only mothers with children under 2 will be interviewed.

Objective 17: **26** health promoters in M6/TPT and **9** in RSJ trained.

Objective 18: **312** brigadistas in M6/TPT and **108** in RSJ trained.

Objective 19: **312** CHCs in M6/TPT and **108** in RSJ trained.

B. Type or Scope of Child Survival Interventions

Remains the same.

C. Location or Number of Project Beneficiaries

Due to budget restrictions, the project reduced the number of beneficiaries in Managua, District VI from 39,027 to 19, 302 and in Rio San Juan from 21,332 to 12, 519.

D. Budget Changes

No major changes have occurred since the writing of the DIP.

III. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED

A. Constraints

Though extensive groundwork had been laid in the pre-implementation stage in the Chontales/Nueva Guinea project area to begin in October, 1992, WRN was forced to withdraw its activities from this area, due to the inability to coordinate efforts adequately with the regional MINSA office. However, WRN was able to move its project location to Managua and were able to begin project activities there on January 1, 1993.

The change in the DIP due dates from June to April, 1993 has affected considerably the start-up activities in all three regions, as key training personnel were heavily involved in gathering information for the DIP rather than providing support to the field staff.

The project in the Rio San Juan region has and will continue to face difficulties in the recruitment and retention of trained personnel due to its location and difficult terrain.

A major delay in the training workbooks, which were being reproduced in Honduras and were finally delivered in July, made it difficult for the brigadistas to train and motivate the mothers to come to the initial meetings.

Heavy and frequent rains, lasting from May-October, 1993, have kept many women from attending the educational sessions. This has been especially a problem in several communities where there is no enclosed meeting place available.

Political factors have added to the difficulties in trying to obtain community participation, particularly in the Managua and Tipitapa project areas. Many people are afraid to attend group meetings for fear that they will be associated with a certain political party. Various community groups have threatened to boycott and undermine our project activities if we also associate with community groups who may have differing political affiliations. This was true particularly in one area of the Managua project where the community was not responsive to the project because of high level of political activity in the area. At various times, the promoter working in this area was mistaken as being from the mayor's office and was threatened. With MINSA's full support, project staff thereupon decided to move the promoter to another community within the Managua project area where the community was open to involvement and the political situation was less tense. This change, however, has caused a setback in the proposed project goals for this area.

In an effort to develop a strong coordination with MINSA, the project has faced numerous problems in trying to implement the HIS. The project has sought to use MINSA brigadistas in places where they were already working. However, many of these brigadistas are burned out from the load MINSA has placed on them and have quit soon after they were contracted by WRN. This has caused a high turnover rate of brigadistas (67% in Tipitapa and 26% in Managua). Data collection has also been impeded by frequent MINSA and transportation strikes paralyzing any field work. The promoters have had to carry the load of performing a community census and data on the interventions. Due to these setbacks, we are currently

unable to provide accurate reporting percentages for the achieved goals, but will do so once the information is complete.

B. Strategies to Overcome Constraints

With the change in location, project staff were faced with re-laying the groundwork for the new project area. This effort was facilitated with the good coordination made with the MINSA director. She held meetings with health center directors to present the project objectives and to introduce the field personnel. Also all project personnel for the new area were hired effective January 1, 1993 and underwent extensive training within the first two months. This enabled the project to begin program implementation in this new area fairly rapidly.

Overall, the project in Managua and Tipitapa has met with an extreme apathy and lack of interest by the local community. This is largely believed to be the result of an overexposure to misuse of organization, mobilization and community conscientization by the past government. Given that the project in Managua and Tipitapa was originally designed for a rural area, new strategies are being developed to deal with these difficulties manifested in the inability to get the women to come to group meetings and with the high brigadista turnover rate. These strategies still involve use of the brigadistas, but more effort is concentrated in locations where the women already meet such as the schools and churches. More effort will also be placed on training teachers to teach their students the health messages as many of these children are caregivers to younger siblings (68% in Managua and 69% in Tipitapa of children were reported to be caregivers on the baseline survey). Project personnel will also be holding a special retreat in October for all the brigadistas to reward them for their efforts as well as to determine the cause and ways to lessen the high drop-out rate.

Project staff have had to work extra hard to "catch up" with the proposed training plan, because of the time they expended away from the field during the writing of the DIP. Because of this delay, it was also decided that not all the interventions could be covered within the first year and therefore several would need to be postponed until the following year.

To deal with the high turnover of personnel in Rio San Juan, project staff has seen the need to, first of all, condense the project area and to concentrate on the areas with less difficult access. Secondly, because many of the promoters are from a lower educational level, it is necessary to follow up with them individually to ensure their understanding of the material and methodology. Thirdly, they require more constant supervision on the field and disciplinary measures will be inflicted as soon as irresponsible behavior is demonstrated. The plan is to have the area coordinator make surprise visits to the promoters training sessions to check on their work, as well as interview the volunteers and community members about the promoters behavior and work. Lastly, an incentive plan will be instilled for both the promoters and the volunteers to reward their work.

With the start up of the WRN agriculture project in the area, staff began to coordinate efforts more closely with that project. Thus, several changes were made with regard to the CS

project. First, it was decided that the CS project would only continue in the communities where the agriculture project was also working. Second, both projects would work with the same families within each community. Third, a nutritionist working under the agriculture project has agreed to also work with the CS project to provide the women with nutritional recipes. Fourth, the agricultural staff will take advantage of the women's group meetings to promote the agriculture project. Fifth, in order to save on money and time, it was decided that personnel from both projects will coordinate their trips to the field and supervise personnel together. Sixth, all of the agriculture personnel are also being trained in the same participatory interactive teaching methodology that the CS personnel were trained in. Finally, a team of 3 individuals composed of a CS promoter, an agriculture promoter and a nutrition promoter will enter new communities together and present the projects together.

In July, several months after the expected due date, WRN staff obtained 10,000 educational manuals which were being revised and published in Honduras. This has proved to be an important incentive for the promoters as well as the volunteers.

The problem with not having a suitable meeting site that provides protection from the rain has occurred primarily in new settlement areas where adequate structures have not been completed yet. In the community of Tangara, where this is a problem, project staff have selected alternative meeting times and places. Other strategies, such as focusing on teaching the school children in this area has also been considered.

In dealing with different political parties within a community, project staff have seen the importance of remaining neutral on political issues and working with the groups and individuals that demonstrate the most willingness to promote community participation.

C. Unexpected Benefits

Project staff in the Rio San Juan area were able to involve the nursing director from the local nursing school in the promoter training workshops. She was so impressed with the participatory methodology used and the teaching materials that she wants to incorporate this same training as part of the curriculum. This could have a great impact on the implementation of the project as graduating nurses will already be trained in the participatory teaching methods and will be better equipped to work with the volunteer women.

D. Lessons Learned

Project staff has seen the importance of developing a strong coordination with MINSA at all levels and demonstrating a willingness to support them in areas of concern which may not be directly related to our program objectives, though not deviating from the main goals (i.e. supporting them in the anti-rabies campaign). MINSA, in turn, has given our project credibility in the communities and supports the involvement of the brigadistas.

Project staff has also learned the importance of area coordinators involving themselves directly in the work the promoters are doing in the community both to provide support and encouragement, as well as supervision. Being that not all the promoters may have the same

level of self-initiative, it is important to find out from the brigadistas and the community how effective their work has been.

IV. PROGRESS IN HEALTH INFORMATION DATA COLLECTION

A. Characteristics and Effectiveness of the HIS

The HIS system this project is currently using is a household registry system that was designed jointly by WR administrative staff and an outside consultant in April, 1993. The project reporting needs, as well as the current MINSA system was thoroughly analyzed in order to determine the best, most concise forms of reporting. Each objective was analyzed also to see when and how information needed to be gathered to report on these (i.e. baseline survey, focus groups, monthly reports, etc.). Project personnel also reviewed and implemented most of the recommendations for implementation outlined by the HIS consultant.

Once this was all defined, separate forms were designed on the computer for the block representatives, promoters, area coordinators and the project director. It was decided to simplify the block representative's form by using pictures drawn by hand, in order to provide a less threatening means of reporting. This was done also because many of these have poor reading and writing skills. These forms were then analyzed with project personnel and MINSA representatives and revisions were made accordingly.

In July, project personnel began the 3 month trial of the HIS system. Administrative staff encountered various delays with the implementation of the system due to a large percentage of personnel being on vacation or attending conferences, MINSA utilizing the brigadistas for other purposes, and a lack of proper equipment to mass produce all the forms needed initially. Once this trial period is completed in September, the system's effectiveness will be discussed and analyzed.

B. Data Collection

The HIS was designed to gather all pertinent information the project would need for reporting and evaluation purposes. To do this, each level of the project staff has a series of forms for gathering information which it needs to fill out. The first step in the process is for the block representatives and brigadistas to do a household census. This information is then transferred to other forms for women 15-49 (SI-04), children 0-23 months (SI-02), and children 24-59 months (SI-03).

Each block representative is also responsible for filling out a form (SI-05) which includes information about the 10 or so families they are responsible for. This form includes a register of children 0-23 months with ARI and diarrhea, pregnancies, newborns, people with fevers and chills, number of deaths by age, number of emigrations and immigrations and the number of activities they have done. Each brigadista then consolidates the information from all her block reps and fills out another form (SI-05/C). The promoter then consolidates all the information of all of his/her brigadistas and pass this information to the area coordinator, who in turn, consolidates information from all its promoters and passes it on to the area

coordinator. The area coordinators compile this information and pass it on to the project director who compiles all information for all project areas and writes a quarterly report for the WRC HQ and the USAID Mission.

High risk women and children are identified on these forms by placing a circle around any problem areas or placing a check in a specific column. The brigadistas and promoters use this information to know when individuals require a home visit and further follow-up.

C. Needs for Further Refinement of the HIS

Once the trial period is completed in September, actions will be taken to make further revisions, if necessary, to discuss the difficulties with its implementation, and discuss ways to simplify and facilitate its future implementation. A detailed instruction manual will be developed for each level (block representative, brigadista, promoter and area coordinator). Also, staff will be working on a plan of analysis as an integral part of the HIS. In addition to presenting the indicators and formulas for calculation, the plan will indicate who will do the analysis and with what frequency.

Once the system is established and tested, project staff will determine the feasibility of computerizing most aspects of the system, in particular, the processing and analysis of the data. Since all the forms, except for the block representatives form (SI-05) with hand-made pictures, were done on the Lotus program, the computerizing of the results and the analysis of the data should not require too much additional work.

V. BUDGET AND EXPENDITURES

A. Major Budget Revisions

The major changes that have been made with regard to the cooperative agreement budget are also described in Section 2.D and are as follows:

1. A reduction in the WRC match from \$356,000 (42%) to \$167,000 (25%).

This reduction is based on the fact that we received USAID Mission funding to add a third area back into the project. In a letter sent to Sally Montgomery on May 1, 1992 we reserved the right to reduce the match should we receive an additional grant and use the funds in excess of the 25% required match for the other grant. This reduction was approved by USAID Washington.

2. Due to the requirement that the headquarters (HQ) budget not exceed more than 15% of the total budget, a total of \$38,769 was removed from the HQ budget under technical and administrative salaries, and indirect costs. These costs will now be paid by the USAID Mission.

3. As the staff began to implement the project it has become apparent that the project was underbudgeted with a cost per beneficiary of \$2.30 which is below the recommended amount. Thus, the number of beneficiaries was cut by 34,130 and the current cost per beneficiary for USAID/Washington funds is \$4.36 which is within the recommended range.
4. The overall administrative salary line item decreases in Year 3 due to the fact that it will be covered by other funds.
5. Other changes in line item amounts were made based on program strategy developed for the detailed implementation plan (DIP).

B. Pipeline Analysis

See Project Pipeline Analysis for Year 1 project expenditures in Appendix C.

C. Quantifiable Data Related to Cost Data

The cost to train 1 Health Promoter is \$221.23 (14 Promoters @ \$3,097). The cost per intervention per promoter is \$110.62.

The cost to train 1 Volunteer is \$77.94 (84 Volunteers @ \$6,547). The cost per intervention per volunteer is \$38.97.

D. Explanation of Cost Overruns or Higher Unit Costs

1. The training supply kits line item was overspent (Budgeted Yr 1 - \$3,476), because all the training materials for all the interventions were purchased in advance.
2. The technical personnel line item was underspent (Budgeted Yr 1 - \$70,380), due to the delay in contracting personnel for Managua region until January, 1993.
3. The Domestic travel line item was underspent (Budgeted Yr 1 - \$24,217), due to a delay in contracting personnel for Managua region until January, 1993.

VI. FOLLOW-UP OF DIP REVIEW

1. Compensation for Constraints.

Political Instability: The political instability will continue to have an effect on the project though the project will seek to take a neutral stand and work with whatever community groups are most willing to participate, regardless of their political standing.

Frequent Strikes: In regard to dealing with frequent MINSA strikes, the project staff feel that the project will be less affected by these strikes given the new strategy of working with the schools and churches. Schools are rarely affected by strikes, except in the case of the recent transportation strike which paralyzed all activity.

Migration: In the entire area of Managua, District IV, the migration rate is about 20%. This migration is mainly caused by the government relocating entire communities to other parts of the city and to families that relocate temporarily to the agricultural areas during harvest time between October and February. Neither of these causes, however, have had an effect on the project to date. If the project does see a large migration of families in its project area during the harvest months, the brigadistas will most likely continue their work with the remaining families and continue with the returning families where they left off.

In the area of El Castillo in Rio San Juan, the migration rate is about 50% during harvest time between October and February. The project is hoping that the involvement of the agriculture project in this area will provide more jobs for the families in this area and therefore diminish the migration problem.

2. Addressing problems of access by setting lower objectives in Rio San Juan.

Many of the health problems in the Rio San Juan area are due to the extremely difficult access to a health center or hospital. Transportation is either very expensive or very difficult due to continually rainy conditions. Because of this the project, faced with its budget limitations and the realities of the environment, has chosen to maintain the realistic goals is set forth earlier.

3. Ways in which the project will use qualitative data such as focus groups.

The project will be using qualitative data from focus groups, as well as a qualitative Vitamin A assessment developed by Helen Keller International to answer questions raised by survey findings. Other qualitative methods such as in depth exit interviews with brigadistas will also be used to determine the reasons for the attrition of brigadistas.

4. Addressing the issue of different EPI cards used in Tipitapa.

The project has dealt with the issue of a different EPI card in the Tipitapa project area by including in the health information system an area where the brigadista fills in the entire date that the immunization was given. This ensures that the same information is kept throughout the entire project area.

5. Need for controlling the use of antidiarrheal medicines.

There are no laws in Nicaragua controlling the widespread use of antidiarrheal medicines and antibiotics to treat diarrhea among children and MINSA itself does not distribute these. Many of these medications are obtained on the black market by MINSA workers or by the mothers to treat childhood diarrhea. The project staff therefore feel that the project's greatest asset will be to train mothers in the prevention of diarrhea and not to use medications. Brigadistas will also be trained to spot trouble areas where antibiotics are used so they may focus their efforts in these areas.

6. Assumption that money earned through income generation activities will be used to purchase nutritious foods.

It has been seen that in Central America, women are very focused on the needs of their family. Any income generation project implemented by WRC will monitor the women's spending and encourage them through educational messages given at the weekly meetings to use their money to provide more nutritious foods for their family. Many of these women will probably also be attending growth monitoring sessions with their children in which they will be encouraged by the weight increase they see in their children due to adding nutritious foods to the diet.

7. Concerns regarding the ALRI intervention.

Action Objectives: The project has added a new objective to measure the mother's actions in regard to ALRI: "Mothers of children 0-23 months with rapid respiration who went to a health center."

Antibiotic Supply and Affordability: The primary objective of the ALRI intervention is to stress prevention methods such as the promotion of complete immunizations, breastfeeding, proper nutrition and avoidance of smoke. The project staff believe that the need for treatment will diminish if prevention is practiced by mothers. Additionally, by teaching mothers the early detection signs of pneumonia, it can be treated quicker with less need for antibiotics.

The project will also focus on training health personnel by providing an ALRI workshop led by Dr. Orestes Zúniga, World Relief Honduras CS Director. The project has also obtained the WHO video through PAHO and will be using it to train promoters, brigadistas and mothers. Due to the constraints of the budget and time limitations of project personnel, additional training for health center personnel will not be provided through our project. Project personnel, however, will be trained to identify and report health centers in most need of antibiotics. If possible, WRN may seek to identify sources of potential donations from outside sources to help supplement their supply.

8. Concerns regarding the Maternal Care Intervention.

Obstetric Emergencies: Since the project focuses primarily on educating mothers in prevention strategies, it is beyond the scope of this project to provide transport for obstetrical emergencies, or to educate referral site staff. However, the brigadistas will discuss the issue of transport with the CHCs to see if they may be able to find a solution for this problem.

Prenatal Care: The purpose of emphasizing the message that women make their first prenatal care visit in the first trimester is that during this time those who are high risk can be identified and monitored throughout their pregnancy. There is also a greater likelihood that the woman will return for future checkups, since they are told when they should return for another checkup at their first visit. The reason that many women do not return for future checkups is that many times they are given a lists of tests they will

need to have done during their next visit, which most cannot afford. Many women come in for prenatal checkups only to get the free prenatal vitamins. When the health center supply runs out, the women do not return. Another reason why women do not go in for prenatal checkups is that they do not know all the risks associated with pregnancy. Project staff, therefore, see the importance of focusing their efforts on educating the women on the risks involved in pregnancy and the purpose that prenatal visits play in identifying and controlling those risks.

Reasons why women eat less during pregnancy: In Nicaragua, there are various reasons why women eat less during pregnancy. One is that many simply do not have more to eat or do not know that they should eat more. Many may have several other children to feed already and do not have enough for themselves, or much time to eat. Second, many who experience nausea believe that eating more will cause them to feel sicker or cause vomiting. Third, some deliberately eat less to give birth to low birth weight babies and ensure easier deliveries.

Abortions as an important cause of maternal mortality: Abortions are not legal in Nicaragua, though there are many hidden, private clinics which perform them illegally. Maternal mortality is secondary to both hemorrhage and infection. The project will educate mothers on the dangers of abortions and emphasize the importance of using a modern method of birth control instead.

Postnatal Care: If a home delivery is done by a TBA who is registered with MINSA, she is required to report the birth and a date is given to the mother when she should go to the health center for her postnatal checkup. If she does not go in for her checkup, MINSA personnel are expected to visit the mother's home, administer postpartum Vitamin A and register the newborn in the health information system.

The Family Planning Objective: The family planning objective has been revised to include only mothers of children 0-23 months regardless of whether or not they desire contraception. The objective of 45% for Rio San Juan is not considered to be too high since 37% were using modern contraception at the time of the baseline survey and since mothers of children 0-23 months should have a greater motivation to space births than fertile aged women who do not have children (included in the former objective).

9. Concerns regarding the Malaria Intervention.

Project staff will seek to obtain a consultant, possibly an entomologist, to assist with improving the malaria intervention.

VII. OTHER

See Annual Workplan in Appendix D.

APPENDIX A

Form Approved
OMB No. 24-R0064

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

INSTRUCTIONS:

Submit in triplicate to contracting officer. See reverse for Contractor Certification.

1. Name (Last, First, Middle) () Mr. () Mrs. () Miss () Ms.
Cano Collado, Nancy del Socorro

2. Contractor's Name
World Relief Corporation

3. Address (include ZIP Code)
Managua, Nicaragua

4. Contract No.
**FAO-0500-A
 00-2029-08**

5. Position Under Contract
Area Coordinator - CSP

6. Proposed Salary
\$396

7. Country of Assignment
Nicaragua

8. Duration of Assignment
2 años

9. Telephone Number (include area code)
01-501-3491160

10. Marital Status
 Married Single Other (specify)

11. Number and Ages of Dependents to Accompany Individual (if applicable)

12. Date of Birth
Feb 28, 1967

13. Place of Birth
Managua, Nicaragua

14. Citizenship (if non-U.S. citizen, give visa status)
non-U.S.

15. EDUCATION (include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed		Type of Degree	Date of Degree
		Semester Hours	Quarter Hours		
Instituto Ramirez Guevara - Managua	General				
Instituto Enriquez Fibres Guevara - Managua	General - high school			H.S. Dip.	
UNAN - Managua	Medicine			M.D.	2/90

16. EMPLOYMENT HISTORY

- Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
- Salary definition - basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr.)		Salary	
		From	To	Dollars	Per.
M.D.	MINSA - San Francisco Libre - Managua	2/91	5/93	\$316	mo.

17. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Dec., Yr.)		DAILY RATE
		From	To	

18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.
Spanish			X			X			X			X

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary)

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee

[Handwritten Signature]

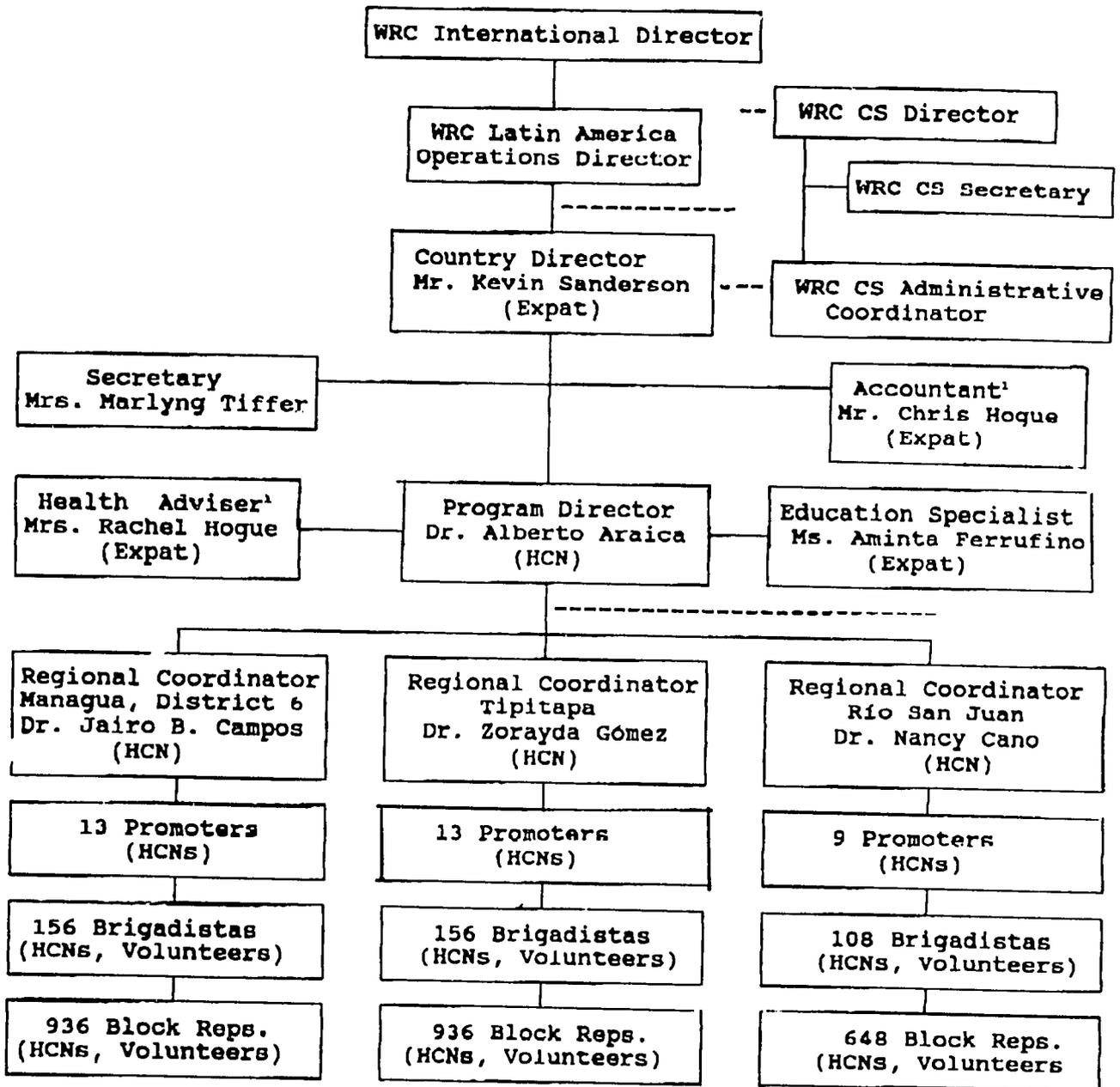
Date

October 14, 1993

ID 1420-17 (3-80)

APPENDIX B

WORLD RELIEF - NICARAGUA
CHILD SURVIVAL VIII PROJECT
ORGANIZATIONAL CHART



HCN = Host Country National
Expat = Expatriate

¹Part-time positions (20 hours/week).
All other positions are full-time salaried positions.
The Brigadistas will be responsible for liaisons with the Block Representatives (HCNs) and mothers' groups in the community.

Printed 09-Nov-83

CS NICARAGUA COUNTRY PROJECT PIPELINE ANALYSIS

FIELD	ACTUAL EXPENDITURES TO DATE WRN COUNTRY EXPENSE OCT/1/82-SEP/30/93			PROJECTED EXPENSES AGAINST REMAINING OBLIGATED FUNDS			TOTAL AGREEMENT BUDGET OCT/1/82-SEP/30/95		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
PROCUREMENT									
A. Office Equipment									
Office Equipment	0.00	8,587.46	8,587.46	0.00	(2,937.46)	(2,937.46)	0.00	5,650.00	5,650.00
EPI	0.00	2,406.60	2,406.60	0.00	(322.60)	(322.60)	0.00	2,084.00	2,084.00
ORT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	16,984.02	13,295.17	30,279.19	(3,397.02)	2,067.83	(1,329.19)	13,587.00	15,363.00	28,950.00
Subtotal Equipment	16,984.02	24,239.23	41,273.25	(3,397.02)	(1,192.23)	(4,589.25)	13,587.00	23,097.00	36,684.00
B. Supplies									
Office	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EPI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ORT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	13,586.81	28.74	13,615.55	(1,316.81)	(28.74)	(1,345.55)	12,270.00	0.00	12,270.00
Subtotal Supplies	13,586.81	28.74	13,615.55	(1,316.81)	(28.74)	(1,345.55)	12,270.00	0.00	12,270.00
C. Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CONSULTANTS									
Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
External	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EVALUATION									
Mid-Term									
Consultant/Contract	0.00	0.00	0.00	0.00	15,000.00	15,000.00	0.00	15,000.00	15,000.00
Staff Support	0.00	0.00	0.00	0.00	2,540.00	2,540.00	0.00	2,540.00	2,540.00
Other	0.00	0.00	0.00	0.00	3,900.00	3,900.00	0.00	3,900.00	3,900.00
Total Evaluation	0.00	0.00	0.00	0.00	21,440.00	21,440.00	0.00	21,440.00	21,440.00
PERSONNEL									
Technical	56,586.53	0.00	56,586.53	140,553.47	41,889.00	182,442.47	197,140.00	41,889.00	239,029.00
Administration	4,350.19	0.00	4,350.19	1,797.81	0.00	1,797.81	6,148.00	0.00	6,148.00
Clerical	0.00	0.00	0.00	(0.00)	0.00	(0.00)	0.00	0.00	0.00
Other	96.07	0.00	96.07	(96.07)	0.00	(96.07)	0.00	0.00	0.00
Total Personnel	61,032.79	0.00	61,032.79	142,255.21	41,889.00	184,144.21	203,288.00	41,889.00	245,177.00

Printed 09-Nov-93

CS NICARAGUA COUNTRY PROJECT PIPELINE ANALYSIS

TRAVEL/PER DIEM									
Domestic-	7,579.74	0.00	7,579.74	88,268.26	0.00	88,268.26	95,848.00	0.00	95,848.00
International	0.00	3,143.55	3,143.55	0.00	3,790.45	3,790.45	0.00	6,934.00	6,934.00
Total Travel/Per Diem	7,579.74	3,143.55	10,723.29	88,268.26	3,790.45	92,058.71	95,848.00	6,934.00	102,782.00
COMMUNICATIONS									
Printing	(0.00)	0.00	(0.00)	0.00	0.00	0.00	0.00	0.00	0.00
Postage/Delivery System	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Telephone	0.00	0.00	0.00	0.00	(0.00)	(0.00)	0.00	0.00	0.00
Fax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Communications	(0.00)	0.00	0.00	0.00	(0.00)	(0.00)	0.00	0.00	0.00
FACILITIES									
Equipment Rentals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facilities Rentals	860.69	0.00	860.69	1,514.31	1,225.00	2,739.31	2,375.00	1,225.00	3,600.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Facilities	860.69	0.00	860.69	1,514.31	1,225.00	2,739.31	2,375.00	1,225.00	3,600.00
OTHER DIRECT COSTS	12,380.87	0.00	12,380.87	14,119.13	6,198.00	20,317.13	26,500.00	6,198.00	32,698.00
INDIRECT COSTS @ 24.7%	34,551.95	0.00	34,551.95	77,747.05	0.00	77,747.05	112,299.00	0.00	112,299.00
TOTAL FIELD EXPENSES	146,976.87	27,461.52	174,438.39	319,190.13	73,321.48	392,511.61	466,167.00	100,783.00	566,950.00

Printed 26-Oct-93

CS NICARAGUA COUNTRY PROJECT PIPELINE ANALYSIS

TRAVEL/PER DIEM									
Domestic	3,247.05	0.00	3,247.05	55,847.95	0.00	55,847.95	59,095.00	0.00	59,095.00
International	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Travel/Per Diem	3,247.05	0.00	3,247.05	55,847.95	0.00	55,847.95	59,095.00	0.00	59,095.00
COMMUNICATIONS									
Printing	729.80	(0.00)	729.80	1,270.20	0.00	1,270.20	2,000.00	0.00	2,000.00
Postage/Delivery System	431.86	0.00	431.86	3,168.14	0.00	3,168.14	3,600.00	0.00	3,600.00
Telephone	3,546.64	0.00	3,546.64	7,253.36	0.00	7,253.36	10,800.00	0.00	10,800.00
Fax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Communications	4,708.30	(0.00)	4,708.30	11,691.70	0.00	11,691.70	16,400.00	0.00	16,400.00
FACILITIES									
Equipment Rentals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facilities Rentals	5,651.51	0.00	5,651.51	348.49	12,000.00	12,348.49	6,000.00	12,000.00	18,000.00
Other	0.00	10,088.23	10,088.23	0.00	(88.23)	(88.23)	0.00	10,000.00	10,000.00
Total Facilities	5,651.51	10,088.23	15,739.74	348.49	11,911.77	12,260.26	6,000.00	22,000.00	28,000.00
OTHER DIRECT COSTS									
	4,315.50	0.00	4,315.50	17,284.50	602.00	17,886.50	21,600.00	602.00	22,202.00
INDIRECT COSTS @ 24.7%									
	37,646.51	0.00	37,646.51	67,997.49	0.00	67,997.49	105,644.00	0.00	105,644.00
TOTAL FIELD EXPENSES									
	90,900.37	99,161.13	190,061.50	284,542.63	58,748.87	343,291.50	375,443.00	157,910.00	533,353.00

CS NICARAGUA COUNTRY PROJECT PIPELINE ANALYSIS

FIELD - MISSION GRANT	ACTUAL EXPENDITURES TO DATE WRN COUNTRY EXPENSE OCT/1/92-SEP/30/93			PROJECTED EXPENSES AGAINST REMAINING OBLIGATED FUNDS			TOTAL AGREEMENT BUDGET OCT/1/92-SEP/30/95		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
PROCUREMENT									
A. Office Equipment									
Office Equipment	(0.00)	0.00	(0.00)	0.00	0.00	0.00	0.00	0.00	0.00
EPI	0.00	6,916.00	6,916.00	0.00	0.00	0.00	0.00	6,916.00	6,916.00
ORT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	1,189.75	57,808.87	58,998.62	(1,189.75)	(808.87)	(1,998.62)	0.00	57,000.00	57,000.00
Subtotal Equipment	1,189.75	64,724.87	65,914.62	(1,189.75)	(808.87)	(1,998.62)	0.00	63,916.00	63,916.00
B. Supplies									
Office	0.00	1,594.92	1,594.92	0.00	6,505.08	6,505.08	0.00	8,100.00	8,100.00
EPI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ORT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	3,718.85	0.00	3,718.85	10,439.15	0.00	10,439.15	14,158.00	0.00	14,158.00
Subtotal Supplies	3,718.85	1,594.92	5,313.77	10,439.15	6,505.08	16,944.23	14,158.00	8,100.00	22,258.00
C. Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CONSULTANTS									
Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
External	0.00	4,120.25	4,120.25	0.00	(120.25)	(120.25)	0.00	4,000.00	4,000.00
Total Consultants	0.00	4,120.25	4,120.25	0.00	(120.25)	(120.25)	0.00	4,000.00	4,000.00
EVALUATION									
Baseline Survey									
Consultant/Contract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff Support	7,187.93	2,449.20	9,637.13	47.07	65.80	112.87	7,235.00	2,515.00	9,750.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Baseline Survey	7,187.93	2,449.20	9,637.13	47.07	65.80	112.87	7,235.00	2,515.00	9,750.00
Final Evaluation									
Consultant/Contract	0.00	0.00	0.00	4,000.00	9,455.00	13,455.00	4,000.00	9,455.00	13,455.00
Staff Support	0.00	0.00	0.00	700.00	1,694.00	2,394.00	700.00	1,694.00	2,394.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Final Evaluation	0.00	0.00	0.00	4,700.00	11,149.00	15,849.00	4,700.00	11,149.00	15,849.00
Total Evaluation	7,187.93	2,449.20	9,637.13	4,747.07	11,214.80	15,961.87	11,935.00	13,664.00	9,750.00
PERSONNEL									
Technical	20,009.18	0.00	20,009.18	108,306.82	(0.00)	108,306.82	128,316.00	0.00	128,316.00
Administration	3,117.46	12,334.01	15,451.47	9,177.54	21,865.99	31,043.53	12,295.00	34,200.00	46,495.00
Clerical	0.00	3,249.65	3,249.65	0.00	8,178.35	8,178.35	0.00	11,428.00	11,428.00
Other	108.33	600.00	708.33	(108.33)	(600.00)	(708.33)	0.00	0.00	0.00
Total Personnel	23,234.97	16,183.66	39,418.63	117,376.03	29,444.34	146,820.37	140,611.00	45,628.00	186,239.00

Printed 09-Nov-93

CS NICARAGUA HEADQUARTERS PROJECT PIPELINE ANALYSIS

HEADQUARTERS	ACTUAL EXPENDITURES TO DATE HEADQUARTERS EXPENSE OCT/1/92-SEP/30/93			PROJECTED EXPENSES AGAINST REMAINING OBLIGATED FUNDS			TOTAL HQ AGREEMENT BUDGET OCT/1/92-SEP/30/95		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
PROCUREMENT									
Office Equipment	0.00	0.00	0.00	0.00	500.00	500.00	0.00	500.00	500.00
Office Supplies	58.66	0.00	58.66	841.34	0.00	841.34	900.00	0.00	900.00
Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Procurement	58.66	0.00	58.66	841.34	500.00	1,341.34	900.00	500.00	1,400.00
CONSULTANTS	0.00	0.00	0.00	750.00	0.00	750.00	750.00	0.00	750.00
EVALUATION									
Baseline Survey	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Midterm Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Final Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PERSONNEL									
Technical	0.00	2,009.26	2,009.26	0.00	10,557.74	10,557.74	0.00	12,567.00	12,567.00
Administration	0.00	18,307.95	18,307.95	0.00	15,571.05	15,571.05	0.00	33,879.00	33,879.00
Clerical	0.00	7,784.07	7,784.07	0.00	9,036.93	9,036.93	0.00	16,821.00	16,821.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Personnel	0.00	28,101.28	28,101.28	0.00	35,165.72	35,165.72	0.00	63,267.00	63,267.00
TRAVEL/PER DIEM									
Domestic	1,068.26	0.00	1,068.26	11,297.74	0.00	11,297.74	12,366.00	0.00	12,366.00
International	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Travel/Per Diem	1,068.26	0.00	1,068.26	11,297.74	0.00	11,297.74	12,366.00	0.00	12,366.00
COMMUNICATIONS									
Printing	0.00	0.00	0.00	0.00	600.00	600.00	0.00	600.00	600.00
Postage/Delivery System	0.00	64.63	64.63	0.00	1,435.37	1,435.37	0.00	1,500.00	1,500.00
Telephone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Communications	0.00	64.63	64.63	0.00	2,035.37	2,035.37	0.00	2,100.00	2,100.00
FACILITIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER DIRECT COSTS	0.00	85.74	85.74	0.00	264.26	264.26	0.00	350.00	350.00
INDIRECT COSTS @ 24.7%	7,256.51	0.00	7,256.51	12,560.49	0.00	12,560.49	19,817.00	0.00	19,817.00
TOTAL HQ EXPENSES	8,383.43	28,251.65	36,635.08	25,449.57	37,965.35	63,414.92	33,833.00	66,217.00	100,050.00

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CS NICARAGUA HEADQUARTERS PROJECT PIPELINE ANALYSIS

HEADQUARTERS	ACTUAL EXPENDITURES TO DATE HEADQUARTERS EXPENSE OCT/1/92-SEP/30/93			PROJECTED EXPENSES AGAINST REMAINING OBLIGATED FUNDS			TOTAL HQ AGREEMENT BUDGET OCT/1/92-SEP/30/95		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
TOTAL FIELD EXPENSES	146,976.87	27,461.52	174,438.39	319,190.13	73,321.48	392,511.61	466,167.00	100,783.00	566,950.00
TOTAL MISSION FIELD EXPENSES	90,900.37	99,161.13	190,061.50	284,542.63	58,748.87	343,291.50	375,443.00	157,910.00	533,353.00
TOTAL HQ EXPENSES	8,383.43	28,251.65	36,635.08	25,449.57	37,965.35	63,414.92	33,833.00	66,217.00	100,050.00
TOTAL HQ MISSION EXPENSES	0.00	0.00	0.00	7,679.00	31,090.00	38,769.00	7,679.00	31,090.00	38,769.00
GRAND TOTALS	246,260.66	154,874.30	401,134.96	636,861.34	201,125.70	837,987.04	883,122.00	356,000.00	1,239,122.00

COUNTRY PROJECT SCHEDULE OF ACTIVITIES
(Check box to specify Quarter and Year)

PVO: World Relief Corporation

Country: NICARAGUA

	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
1. Personnel in Position												
a. Project Coordinator	X											
b. Health Educator	X											
c. Accountant/Controller	X											
d. Community Health Promoters	X	X				X						
e. Community/Health Volunteers		X				X			X			

2. Health Information System												
a. Baseline Survey												
- Design/preparation	X											
- Data collection and analysis	X											
- Dissemination and feedback to community and project management		X										
b. Consultants/contract to design HIS			X									
c. Develop and test HIS				X								
- Implementation					X							
- Development and feed back to community and project management						X						

COUNTRY PROJECT SCHEDULE OF ACTIVITIES

PVO: World Relief Corporation

Country: NICARAGUA

	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
J. Training												
a. Design	X	X										
b. Training of trainers	X	X	X	X	X	X	X	X	X		X	
c. Training sessions		X	X	X	X	X	X	X	X	X	X	X
d. Evaluation of knowledge of skills			X	X	X	X	X	X	X	X	X	X

4. Procurement of Supplies	X	X	X	X	X					X		
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5. Service Delivery to be initiated												
a. Area 1 (Rio San Juan)												
- Control of Diarrheal Diseases			X									
- Immunization		X										
- Nutrition:					X							
Breastfeeding				X								
Maternal Nutrition				X								
Vitamin A					X							
Growth Monitoring/Promotion	X											
- Control of Pneumonia					X							
- Family Planning/Maternal Care				X								
- Other (Malaria)					X							

COUNTRY PROJECT SCHEDULE OF ACTIVITIES

PVO: World Relief Corporation Country: NICARAGUA	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
	b. Area 2 (District 6/Tipitapa)											
- Control of Diarrheal Diseases			X									
- Immunization		X										
- Nutrition:					X							
Breastfeeding					X							
Maternal Nutrition					X							
Vitamin A					X							
Growth Monitoring/Promotion					X							
- Control of Pneumonia				X								
- Family Planning/Maternal Care					X							
- Other (Malaria)					X							
6. Technical Assistance												
a. HQ/HO/Regional office visits	X	X	X				X					X
b. Local Consultants												
c. External technical assistance	X		X									
7. Progress Reports												
a. Annual project reviews				X								X
b. Annual reports				X								X
c. Mid-term evaluation							X					