

SAVE THE CHILDREN/US

**CHILD SURVIVAL 5
HEADQUARTERS PROJECT
ANNUAL REPORT**

October 1993 - September 1994

Cooperative Agreement No. OTR-0500-A-00-9149

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COOPERATIVE AGREEMENT NO OTR-0500-A-00-9149
CHILD SURVIVAL 5 HEADQUARTERS PROJECT
FY94 ANNUAL REPORT
(October 1, 1993 - September 30, 1994)

BACKGROUND

This annual report follows the 1994 Annual Report Guidelines for First Annual Reports for CSIX projects distributed by USAID/W in July 1994. Since these guidelines were written for field projects, they have been slightly modified to correspond to our headquarters project.

The CS5 Headquarters project (initiated 9/1/89) received a one year no-cost extension (from 8/31/94 to 8/31/95) per Amendment No. 4 dated 8/17/94. The project has three components:

- 1. Technical Assistance:** to provide technical backstopping to the five CS5 field projects in order to upgrade the technical quality of the field programs. During this fiscal year, ongoing field projects were in Bolivia (through 3/31/94) and in Burkina Faso (extended through 8/31/95). This TA component is provided by the USAID/W PVC Office to all centrally funded CS PVO projects to enhance the institutional capacity of each implementing PVO headquarters.
- 2. Special Project:** to develop and implement a computerized health information system (based on a manual information system) and to inform other agencies about the system; and, to produce and transfer manuals, working papers, and other information within SCF and to interested PVOs.
- 3. Workshops:** to facilitate and/or provide support to the USAID/W and JHU/CSSP Regional Workshop in Mali per amendment 2 dated 7/29/91 entitled *Child Survival - Long Live the African Child; October 15-19, 1991*; and the Worldwide Conference in Bangalore, India per amendment 3 dated 10/8/93 entitled *Community Impact of PVO Child Survival Efforts: 1985-1994; October 2-7, 1994*. The Mali workshop was completed and reports distributed to all relevant funding and participating agencies in 1991. The workshop in India was recently completed.

I. OVERVIEW OF YEAR FIVE

A. ACTUAL ACCOMPLISHMENTS VERSUS OBJECTIVES

1. Technical Assistance

Funds were used to provide basic administrative support as well as at least one technical assistance visit to each of the ongoing CS5 field projects. Three of the five field projects ended in previous fiscal years (Indonesia and Sudan: 8/31/92, Malawi: 8/31/93). Please refer to Appendix 1 for a list of planned versus actual activities for FY94 and previous years of the grant.

The two ongoing field projects each received at least one TA visit from an HQ staff. Bolivia received TA to close out their grant activities during a two part evaluation. Dr. Marcello Castrillo, JHU/CSSP, and Karen LeBan, SCF/HQ facilitated the final KPC survey team activities February 16-28, 1994. Dr. Eric Roth facilitated the qualitative survey team activities during early March with participation from Joan Jennings, SCF/Nicaragua Health Advisor. Dr. Ahmed Zayan, SCF/HQ assessed the health program in Burkina Faso 1/10-19, 1994.

2. Special Project

2.A. ProMIS Development

At the beginning of the 1994 fiscal year, ProMIS had been installed and operational in 5 countries: Mali, Burkina Faso, Indonesia, Bolivia and Haiti. The principal objective for ProMIS development in FY94 was to utilize field recommendations to enhance and complete the software version 2.0. A field test of the new software was conducted in Haiti. Ken Herman, MIS Manager, installed the new version in Haiti April 3-15, 1994. Based on the field test, the software underwent further modification and a final version was completed in the last quarter of FY94. Please refer to Appendix 2 for the planned versus actual activities related to the upgrading of the computerized Health Information System, ProMIS.

1) ProMIS Enhancements Achieved During FY94

The new version of ProMIS, version 2.0, was to differ from version 1 in three principal ways. First, the new version was to include an exporting capacity. Two, the new software was to include a generic module capability. Three, the new system was to eliminate memory problems when working with large populations. All three of these goals were met.

The export facility included in version 2 of the software will allow users to selectively extract data from the ProMIS files. Since ProMIS uses dBase-type files the data has always been available to those with the technical skills to access them. The export capability obviates the need for these skills by presenting ProMIS users with a menu-driven method of identifying the data of interest. This data is compiled from the various ProMIS files and a single dBase file is created.

This file can be directly imported into Epi-Info, SPSS or any one of many data analytical packages.

The generic module facility allows the users in the field to define their own data items. ProMIS is an individual-based system, meaning that data is stored per individual enrolled in the system. All installations of ProMIS provide for the ability to store the basic demographic data about an individual; i.e. name, sex, date of birth, etc. Each installation, however, has different needs regarding anything else they might want to maintain. For example, one field office might be interested in family planning method usage while another is more interested in literacy activities. Using the generic module capability, the field office can determine what their data needs are and create their own modules for storing that data without having to contact the home office for modifications to the system.

The memory problems that developed in version one of ProMIS limited some office's ability to manage large amounts of data. The new version of ProMIS is written using a newer version of the programming language Clipper which manages memory much better than the older version. Consequently, these memory limitations have been eliminated.

2) Additional ProMIS Installations in FY94

Installation of beta test version in Haiti

In April of 1994 the first installation of version 2 of ProMIS was accomplished in Haiti. Ken Herman traveled to Haiti for two weeks to install the software and train the staff on its use. This installation was to be a "Beta Test" of the new software. Several problems with the new version were uncovered during the test, many of which were corrected on-site. Part of the installation was the first creation of a field-office specific module using the generic module capability of version 2. This new module was to hold information about the participation of women in "Women's Groups". The module was created and information was entered into the system.

Installation of version 2 in a new site - Malawi

In August of 1994 a new ProMIS site, Malawi, was installed. Ken Herman traveled to Malawi for one week to configure and install the software and train the local staff in its use. A field-office specific module containing women's fertility history was created for this field office by the local staff after training by Ken. This field installation was notable on two counts. First, it was done in record time. In less than 5 days the system was installed and the staff trained. Second, the field office took advantage of the export capability and was able to transfer data easily from ProMIS to Epi-Info for analysis.

Installation of version 2 in PMIS conversion site - Bangladesh

The final installation of the year took place in Bangladesh the last two weeks of September, 1994 in order to convert PMIS data to the ProMIS system. This office is making exceptional use of both the generic module and the export capability. In addition, this field office collects and maintains detailed socioeconomic data for each family grouping, a feature that ProMIS version 2 has enhanced.

3) ProMIS Information Transfer

Information about both the manual information system and ProMIS version 2 was presented by staff of the MIS and H/P/N Units to the following people and institutions:

- * NCIH Conference June 26-29, 1994, Arlington, VA
- * Meeting of June 28, 1994 with USAID/W PVC Staff (Rose Robinson, Kathy Bose, Julia Escalona) and Dr. Dory Storms, JHU/CSSP.
- * Jim Setzer, Emory University, July 1994
- * Dr. James Hadler, Director, Dept. of Epidemiology, Connecticut Dept. of Health
- * Roslyn Hamilton, Director, Bridgeport Department of Health
- * Bill Quinn, Director, New Haven Department of Health
- * Dr. Carmen Ramos, Deputy Director, Bureau of Child Health, NYC Dept. of Health
- * Sally Findley, Professor, Columbia University

Dr. Loren Galvao, SCF HQ Primary Health Care Coordinator, presented the HIS and ProMIS to SCF Field Office Directors and Health Advisors and staff from Population Council, JHPIEGO, PAHO, USAID/Honduras and the MOH/Honduras at the SCF Latin America Regional Health Workshop in September 1994. Please refer to Appendix 9 for copies of trip reports.

A brochure advertising the characteristics of ProMIS was completed in September 1994. It will be distributed to all SCF field offices, all participants at the Bangalore, India Impact Conference in October 1994, and other PVOs and interested agencies. Please refer to Appendix 3 for a copy of the brochure.

2.B. Working Papers

In addition to ProMIS enhancement, several working papers were developed and distributed during FY94 according to plan. A list of these working papers can be found in Appendix 4.

Based on field need, H/P/N also initiated the preparation of a manual entitled *A Guide to the Collection, Analysis, Use and Presentation of Quantitative and Qualitative Health Data*. Please refer to Appendix 5 for the proposed Table of Contents. Several individuals have contributed sections or comments to the manual, including Dr. Henry Perry/ ARHC, Dr. Joe Wray/Columbia U, Dr. Dory Storms, Dr. MaryAnn Mercer, David

Newberry, Dr. Henry Kalter, Cynthia Carter/JHU-CSSP, Dr. Stanley Foster/CDC, Dr. Aminul Islam, JHU, and Dr. John Wyon/Harvard University.

Two summer MPH interns, Caroline Connolly of Columbia University and Jessica Rose of Harvard University, worked with H/P/N throughout the summer to research the information systems used by various organizations. Their findings will be incorporated into the above manual

3. Workshops

SCF participated at the Bangalore, India Conference in several ways. H/P/N staff presented the manual and computerized HIS (please refer to Appendix 3, ProMIS brochure and presentation), facilitated nightly sessions on ProMIS, and presented papers that were selected by the JHU/CSSP abstract competition review committee.

Abstracts of papers for presentation at the Worldwide Conference on the impact of nine years of PVO Child Survival efforts were submitted and accepted for Bangladesh, Haiti, Honduras, Malawi, and Nepal. Papers were prepared and presented at the Bangalore, India conference, *Community Impact of PVO Child Survival Efforts: 1985 - 1994* on October 2-7, 1994. Papers available include:

Bangladesh

*Kirk Dearden, Dr. PH and Nazmul Khan, *Do Women's Savings and Credit Programs Affect Fertility?*

*Katherine Kaye and Nazmul Khan: *Effect of Nutrition Education Program on the weight of Younger Siblings of Malnourished Children in Bangladesh*

*Kirk Dearden & Nazmul Khan, *Do Women's Savings Groups Affect Child Health?*

*Katherine Kaye, MD, MPH Afzal Hussain, MD, MPH,, Najma Khatun, MD: *Impact of a Community-Based Information/Education/Communication Campaign on Knowledge and Practice of Prenatal and Postpartum Care*

Haiti

* St. Elie Dubuisson, MD, MPH, S. Ludzen, MD, A Zayan MD, MPH, E. Swedberg, MPH, *Impact of Sustainable Behavior Change on the Nutritional Status of Children and their Siblings*

Honduras

*Luis Amendola & Rebecca Lundgren, *Sustainability of Child Survival Activities in 54 Rural Communities in Honduras: The Impact of Decreasing Institutional Resources*

*Luis Amendola, MD, MPH and Rebecka Lundgren, MPH, *Impact of the Integration of Reproductive Health Strategies Within Child Survival Programs: Changes in Knowledge, Attitudes and Practices*

Malawi

* Stan Jere, Paula Tavrow and Marcie Rubardt, *The Malawi Drug Revolving Fund Experience: Impact, Sustainability and Lessons Learned*

Nepal

*Chandra Rai, Rabindra K. Thapa, Dhana Malla, Jennifer Day, *The Impact of Village Management Committees on Service Delivery in Rural Nepal*

B. TRAINING ACTIVITIES FOR PROJECT STAFF

Marcie Rubardt, CS Coordinator in Malawi assisted in the Mali and Burkina Faso CS 8 midterm evaluations. Dr. Sylvestre, Haiti CS Coordinators traveled to Mali to participate in the CS 8 midterm evaluation. Joan Jennings, Nicaragua CS Coordinator traveled to Bolivia to participate in the CS5 final evaluation. Dr. Sonia de Mena, El Salvador Health Coordinator traveled to Honduras to learn more about CS project activities. Dr. Loren Galvao presented and participated in the SCF Latin America Health Regional Workshop entitled "Reproductive Health: Expansion of Strategies with Emphasis on Family Planning" September 10-18, 1994 in Honduras. Naramaya Limbu and Dhana Malla, health specialists from Nepal participated in the NCIH Conference and the Safe Motherhood Meetings in Virginia.

C. TECHNICAL SUPPORT RECEIVED

No technical support from outside agencies was received during this FY.

D. HEALTH COMMITTEES: N/A

E. LINKAGES

In FY '94, SCF remained an active and networking member of the American Public Health Association, the National Council on International Health and the American Association for World Health. H/P/N staff are currently performing ongoing lectures on the *Role of PVOs in International Health* at Yale University. In addition, H/P/N maintained professional relationships with Columbia University School of Public Health, Georgetown University, University of Malawi at Blantyre, and University of Witwaterstrand in South Africa. Jim Sarn participated in the World Bank Health Development Workshops and PAHO meetings on polio eradication. Midterm evaluations in Mali and Burkina Faso were performed by staff from the Harvard Institute for International Development, while the Bangladesh midterm evaluation was conducted by staff from Emory University.

Other workshops and presentations this year include the annual meeting of the American Public Health Association in November, with Dr. Luis Amendola presenting a paper

entitled *Reaching Rural Couples: Lessons Learned from the Incorporation of Reproductive Health Services into NGO Child Survival Programs*. H/P/N staff also attended the annual meeting of the National Council on International Health, and Jean-Pierre Bembamba of our Burkina Faso field office presented *Qualitative Analysis of HIV Transmission in Rural Burkina Faso*. Staff from the Haiti field office presented *Multiple Approaches to Vitamin A* at the 16th IVACG group in Chiang Rai, Thailand. The Co-Director of Bolivia field office presented WARMI and PROCOSI activities to the USAID Office of Health and Population Global Affairs Bureau in February. Katherine Kaye of H/P/N presented *Urban Health from the Perspective of an NGO: Planning and Implementing Programs in Indonesia and the Philippines* at the INMED meeting and at Columbia University School of Public Health.

In June, H/P/N presented *A Community-Based Health Information System* to USAID PVC/CS office. Dr. Loren Galvao of HQ attended a WHO Workshop on women's health problems in sub-Saharan Africa in September, as well as *Breastfeeding as a Women's Issue: A Dialogue on Health, FP and Feminism*, a conference sponsored by the Institute for Reproductive Health at Georgetown University. SCF also hosted the third Asia/Pacific Regional PVO Child Survival Implementation Workshop, *Child Survival: People Making a Difference* in Bangladesh in November financed by the Child Survival 4 cooperative agreement. SCF representatives also attended the Latin America/Caribbean Regional PVO Child Survival Workshop in Guatemala in June, which was hosted by CARE and funded by USAID, titled *HIV/AIDS/STDs in Latin America: a Time to Act*. And finally, Jim Sarn, H/P/N director, attended the Cairo Population Conference in September, as well as the preceding PrepCom meetings in New York.

F. PROFESSIONAL STAFF

The following professional staff were totally or partially funded by CS5 (TA and Special Project) during FY94:

50% Dr. Jim Sarn, Director
70% Dr. Katherine Kaye, Epidemiologist
70% Dr. Loren Galvao, Primary Health Coordinator
49% Dr. Ahmed Zayan, Primary Health Coordinator
12.5% Karen LeBan, Manager
46% Chris Burns, Technical Support Assistant
30% Carmen Weder, Grants Support Unit Manager
67% Nazmul Khan, HIS Specialist
38% Ken Herman, MIS Manager

Nazmul Khan resigned his post on May 31 and Dr. Katherine Kaye resigned her post on 8/12/94. Recruitment for a full time staff or a temporary consultant for FY95 was initiated in September. During this period, administrative staff were also funded through this cooperative agreement. An organizational chart of the Program Development Department and the Office of H/P/N can be found in Appendix 6.

II. CHANGES MADE IN PROJECT DESIGN

A one year no-cost extension was received which will permit distribution of the upgraded version 2 software to former ProMIS users, to additional SCF field offices and to interested organizations. The health data manual will also be completed and distributed to interested agencies and SCF field offices.

III. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED

A. CONSTRAINTS

Technically, ProMIS is constrained by the equipment available to the field. Many offices continue to use older PC's for their data entry (80386-based computers) which limit SC's ability to take advantage of newer technology. Since the system has to work in all field offices in the same way, we need to develop the software to meet this "minimum" configuration. Consequently, the system will not be as efficient as it could be.

H/P/N and MIS staff presented ProMIS to several US based public health institutions. The issue of confidentiality of information was cited as the major constraint to adopting this type of system.

B. STRATEGIES TO OVERCOME CONSTRAINTS

Every effort has been made to develop the software to take advantage of enhanced computer technologies - for example, to use additional memory where available. But by and large there isn't much that can be done. The system will have to continue to run on DOS-based PC's until all field offices can afford the newer technology (i.e. Windows).

C. UNEXPECTED BENEFITS

The level of interest in ProMIS was very high during the Bangalore, India Impact Conference. Twelve mini sessions of thirty minutes each were held during evenings of the conference, averaging four participants/session. The sessions were hands-on interactive demonstrations which allowed participants to enroll data, change family information, add vital events and health data, and print reports and rosters. We learned that most PVOs have no way to manage data they collect. Most participants rely on Epi Info software to meet their needs even though its capability can not do everything they wish. PVOs that worked with full populations were very interested in obtaining more information about ProMIS and the software package when it is ready for distribution.

D. LESSONS LEARNED

ProMIS currently calculates EPI coverage rates based on percent of children 12-23 months (or other specified age group) who have received vaccinations specified by antigen and/or complete series. It has been suggested that it would be helpful to have a second indicator which shows percent of children "appropriately" immunized defined as children 12-23 months that received vaccinations for an antigen or series of antigens according to the correct interval schedule.

Many individuals have expressed the desire for a clinic based data system and have asked whether ProMIS could be modified for clinic based use. ProMIS was developed to track full populations. The program searches geographically for information about family clusters, rather than solely be individuals. In order to enhance the capacity of ProMIS to serve clinic based populations, additional development work would be needed.

IV. PROGRESS IN HIS DATA COLLECTION

Please refer to specific field project annual reports and midterm evaluations. An article by Drs. Loren Galvao and Katherine Kaye entitled "*Using lot quality assessment techniques to evaluate quality of data in a community-based health information system*" was published in Tropical Doctor, 1994, v. 24, p 149-159. Please refer to Appendix 10 for a copy of the article.

V. BUDGET AND EXPENDITURES

Please refer to Appendix 7 for the pipeline analysis of this cooperative agreement and for summaries of all CS grants that were ongoing during FY94.

VI. FOLLOW-UP DIP Review: N/A

VII. OTHER

A. FY95 ACTION PLAN

The FY95 principal objectives include:

- 1) packaging of ProMIS so that users can install the system themselves with minimal technical assistance from SCF/Westport. Installation software, instructions and configuration guidelines will be developed.
- 2) distribution of the ProMIS package to interested users.

- 3) at least one new installation at an SCF field office, and upgrading to the new version for SCF users in West Africa.
- 4) finalization and distribution of the manual on data management.
- 5) continued distribution of working papers.
- 6) final evaluation of the cooperative agreement. The final evaluation terms of reference will be developed in collaboration with USAID/W. Topics under consideration include use of the system, maintenance of data, quality control of manual and computerized data, feedback systems, problems encountered, recommendations and next steps.

B. CENTRALLY FUNDED CS GRANTS

During FY95, the CS5 Headquarters Grant was part of a larger institutional effort to increase SC's capacity to design, implement and evaluate integrated child survival programs. Please see Appendix 8 for a list of all central child survival grants received to date with an updated status of each and a summary sheet of expenditures per cooperative agreement.

APPENDIX 1

Technical Assistance Planned vs. Actual Activities

**CHILD SURVIVAL 5 HEADQUARTERS
IMPLEMENTATION OF DIP SCHEDULED ACTIVITIES***

TECHNICAL ASSISTANCE TO FIELD PROJECTS

ACTIVITY	FY 90		FY 91		FY 92		FY 93		FY 94		FY 95
	PLANNED	ACTUAL	PLANNED								
1. Countries Visited	5	4	5	5	5	4	3	3	2	2	1
2. Project & DIP Design	-	4	-	1	-	-	-	-	-	-	-
3. Selection of Health Personnel	-	2	-	3	-	-	-	1	1	1	-
4. Report Preparation	-	5	-	5	-	5	-	3	3	3	1
5. Networking Activities	-	-	-	-	-	-	-	-	2	2	1
6. Implementation of HIS	-	4	-	1	-	2	-	3	2	2	1
7. Training & Orientation	-	5	-	5	-	5	-	3	-	-	-
8. Mid-term & Final Evaluations	-	-	-	4	-	4	-	2	2	1	1
9. Lessons Learned Conferences	-	-	-	-	1	1	-	-	1	-	1
10 Other	-	1	-	4	-	4	-	2	3	3	1

*Chart prepared by MTE team; taken from DIP and Annual Reports, supplemented by discussions with SCF HQ Personnel.

APPENDIX 2

ProMIS Planned vs. Actual Activities

CHILD SURVIVAL 5 HEADQUARTERS
UPGRADING OF HEALTH INFORMATION SYSTEM (ProMIS)

	FY 90		FY 91		FY 92		FY 93		FY 94		FY 95
	PLANNED	ACTUAL	PLANNED								
1. Completion of Software Package for Demographic Core	X	X									
2. Testing in field office with manual system	X	X									
3. Testing in field office with computerized system			X	X							
4. Refinement of software package			X	X							
5. Orientation & Training in field offices			X	X							
6. Follow up support for field adaptation			X	X							
7. Evaluation & Refinement of system					X	X	X	X	X	X	
8. Additional field installations					X	X	X	X	X		X

*Taken from DIP and Annual Reports, supplemented by discussions with SCF HQ Personnel

APPENDIX 3

ProMIS Brochure and Presentation

THE **PrOMIS** PACKAGE

• **SOFTWARE VERSION 2.0 • INSTALLATION INSTRUCTIONS • USER'S MANUAL**

The ProMIS system is due to be released by January 1995

A nominal fee for disks, manual, packaging and shipping is expected to approximate U.S. \$35
For additional information on the ProMIS system or to reserve a copy of the ProMIS package, please complete the following:

Name: _____ Fax or mail this
Title: _____ completed form to:
Company: _____
Address: _____ Save the Children
City: _____ Office of
Country: _____ Health/Population/Nutrition
P.O. Box 950
Westport, CT 06881
Telephone: _____ Fax: (203) 454-3914

THE
PrOMIS
PACKAGE

System design,
programming and manual
by
Save the Children
Office of
Health/Population/Nutrition
and
Management Information Systems

with partial funding from
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BHR/PVC/CS/H
Cooperative agreement OTR-0500-A-00-9149

The program and the manual are in the
public domain and may be freely copied.

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Save the Children Federation
54 Wilton Road
Westport, CT 06880

September 1994

 Save the Children.

PrOMIS

Program
Management
Information
System

A Health
Information
System
Software
Package

 Save the Children®

The Problem

Future gains in child survival and reproductive health depend on the use of accurate information to plan and implement programs. One population-based approach to gathering information is to conduct a complete census of the population with periodic monitoring of longitudinal data, especially for high-risk groups. Without a proper tool, management and analysis of this data can prove to be a difficult task.

The Solution: ProMIS

ProMIS is a computerized population-based tool for managing census data and monitoring indicators. Data collected using a family enrollment process is entered into ProMIS, allowing the user to maintain and access demographic data over time. Built into ProMIS are capabilities permitting the creation of reports and rosters of individuals. Non-demographic data concerning individuals enrolled in the system, indicators such as health and economic development, can also be defined by the users and entered into the system.

ProMIS Requirements

The ProMIS system requires:

- a fully functioning manual family enrollment system
- an IBM compatible computer system (286 or better)
- a person familiar with the family enrollment system to enter the data into the computer

ProMIS does not require a computer programmer to be on staff

ProMIS

How does ProMIS work?

ProMIS consists of a core of demographic data, or *kernel*, which contains all the detailed information about each individual enrolled in the system. The essential data consists of each individual's location ID, full name, date of birth, sex and relationship in the family. Vital events (births, deaths and migrations) are entered into the system in order to track population movement. ProMIS has the ability to produce statistical reports, such as demographic distributions and rates (birth, death, fertility and mortality) based on the demographic data.

In addition to the demographic core, ProMIS has the ability to store other information specific to individuals in the population. This information is accessed in a modular approach, with the user able to define the nature of these modules. Examples of current modules include child immunization, growth promotion, pregnancy monitoring and cause of death. A number of statistical reports based on these health indicators are already available in ProMIS, including immunization rates, and cause-specific mortality and malnutrition rates.

Rosters

An important feature of ProMIS is its ability to produce rosters (lists of individuals) that meet specific criteria. For example, ProMIS can generate a list of children under 5 and their vaccination history or a list of women between the ages of 15 to 49 and their pregnancy status outcome. These lists are frequently used for follow-up of interventions.

ProMIS Features:

- **EASY TO LEARN AND USE:**
ProMIS takes advantage of the latest in user interface technology by presenting the user with pull-down menus and on-screen windows. Training time is short, with most staff learning the system and producing reports after one or two days of training.
- **ACCESSIBLE DATA:**
Since ProMIS data is stored in "dBase-type" files, it is very accessible to those comfortable with database systems. ProMIS includes a data exporting utility which provides the capability of exporting the data managed by ProMIS into most statistical software packages (SPSS, Epi-Info, etc.)
- **LANGUAGE INDEPENDENCE:**
ProMIS's unique messaging system allows for easy conversions into other languages. French, Spanish and English language files already exist and by using a word processor and the ProMIS Message Utility program, the system can be run in any language.
- **USER-DEFINABLE MODULES:**
ProMIS comes with the ability to store standard demographic and health-related data for individuals. ProMIS also includes a utility which allows users to define additional variables which may be maintained just like the standard data.
- **ERROR CHECKING:**
ProMIS periodically checks the validity of the data being entered. For example, all individuals must have full demographic data or they cannot be entered into the system and all vital events are checked for consistency.

Save the Children

Presentation of a Community-Based Health Information System

Funded in part by USAID Child Survival
Cooperative Agreement OTR-0500-A-00-9149

June, 1994



Equity

- ◆ To identify members of the community - regardless of their socioeconomic, ethnic, gender and age status - in need of information and services to meet basic health needs
- ◆ To provide management with timely information to allocate resources to priority health problems and underserved populations



Neglected Groups

- ◆ Women and girls
 - In Bangladesh, the CBHIS demonstrated that the risk of dying from severe malnutrition is twice as high among girls compared to boys



Rationale for a Community-Based Health Information System (CBHIS)

- ◆ Equity
- ◆ Effectiveness
- ◆ Empowerment
- ◆ Efficiency and Cost Effectiveness



Why Worry About Equity?

- ◆ In every community, there are groups likely to be neglected. Health care providers must be concerned and capable of rapidly responding when this neglect manifests itself as excess mortality and morbidity



Neglected Groups

- ◆ The poorest
 - In a Jakarta slum, the CBHIS documented that 37% of children from poor families are moderately to severely malnourished vs. 19% children from more affluent families



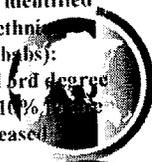
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18

Neglected Groups

♦ Ethnic groups

With institution of a community-based system in Sudan, serious health and nutritional conditions were identified in previously underserved ethnic minorities (Nubans and Duhabs): treatment reduced 2nd and 3rd degree malnutrition from 40% to 10% in one year and dramatically increased immunization coverage



Developing High-Impact Interventions for Neglected Groups

- ♦ Previously neglected groups can be readily identified by Save the Children's community-based system, and enrolled on rosters for the introduction of timely and appropriate health, family planning, and nutrition education and collaborative interventions



Effectiveness

- ♦ Community-Based Systems continually improve the quality and coverage of service delivery interventions to increase program impact and decrease morbidity and mortality

* In Sudan, a community-based information system facilitated the targeting of child survival services (nutrition, immunizations, diarrheal disease control and malaria treatment) to dramatically reduce child mortality (86/1000 in CS target areas)



Neglected Groups

♦ Ethnic groups

The same information system demonstrated that other, more favored, groups had routinely been given by officials 120% of the standard nutrition ration. The CBHS assisted program managers to introduce reforms to equitably allocate rations (Family Enrollment Survey, 1987)



Developing High-Impact Interventions for Neglected Groups

- ♦ In densely populated slum areas in Jakarta, high risk/low coverage populations were identified by neighborhood zones, and within one year:

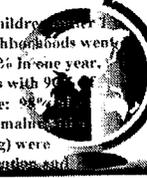
- * complete immunization coverage of under-fives' increased from 15% to 66%
- * eligible couples utilizing family planning by as much as 23% in one year of interventions (Child Survival Final Evaluation, August 1989)



Effectiveness

- ♦ Community-Based Systems continually improve the quality and coverage of service delivery interventions to increase program impact and decrease morbidity and mortality

* In Indonesia, regular weighing of children under 5 year of age by mothers in poor neighborhoods went from less than 1% at baseline to 23% in one year, and to 42% of children in two years with 90% children being weighed at least once: 98% children identified with 3rd degree malnutrition (many moribund on initial weighing) were successfully rehabilitated with education and

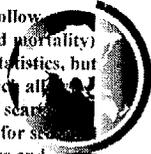


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Effectiveness

- ♦ A population-based HIS facilitates continual focus on impact, assessment of health needs and targeting of services and resources

* In Bangladesh, managers can follow program impact (morbidity and mortality) not only in terms of "annual" statistics, but in ongoing analysis of data, which allows more effective programming of scarce financial and human resources for specific program interventions, activities and objectives



Efficiency and Cost Effectiveness

- ♦ Community-Based Systems permit improved targeting of financial and human resources. They place greater responsibility on managers for planning and achieving efficient, cost-effective and timely programs at local, regional and national levels

* In an HIS-enrolled population in Mali, the immunization coverage rate was 23% higher among women and 4% higher among children than it was in an unenrolled population

* In Mali, the cost of achieving complete immunization (of vaccines not included in calculation) was \$1,700 for 1000 people in an enrolled community and \$2,800 for 1000 people in an unenrolled community



Empowerment

- ♦ In Save the Children's Bangladesh program area, the poorest women are eligible to become members of Women's Savings Groups. SC community-based information systems have documented that WSG members, even the poorest, have higher levels of contraception than non-members, and their girl children are more likely to survive.



Effectiveness

- ♦ A population-based HIS facilitates continual focus on impact, assessment of health needs and targeting of services and resources

* The CBHIS also provided a highly reliable measure of maternal mortality in Sudan and highlighted the weakness of maternal mortality interventions, which needed to be greatly strengthened to reduce an unacceptable level of 1300/100,000 maternal deaths per live births per year (UNICEF estimates 550/100,000).



Empowerment

- ♦ Community-based systems best enable communities to determine problems, establish priority interventions, evaluate effectiveness of programs and engage local and governmental support to sustain key health initiatives
- ♦ Management and technical skills of community and government personnel are rapidly enhanced by being trained (5 days) to manage CBHIS and PROMIS (EDP) and sustainably operating CBHIS



Empowerment

- ♦ Women's Savings Groups are convinced of these relationships, and are utilizing these findings to lobby government officials for support



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Empowerment

- ◆ New technologies such as PROMIS software and laptops are continually improving community capabilities to develop and operate sustainable community Health Information Systems and to utilize data to achieve equitable, effective and efficient health, nutrition and population interventions



ProMIS - Program Management Information System

A Data Management Tool

Family enrollment creates quantities of data:

- ◆ Census
- ◆ Vital events
- ◆ Interventions

Without a proper tool, managing the data can be a problem

ProMIS: A computerized system for the management of information from CHRS

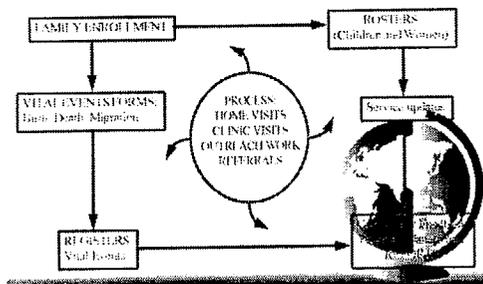


Benefits of ProMIS

- ◆ Easy to use
- ◆ Very flexible
- ◆ Powerful



SC's Health Information System



Process

- ◆ Configuration
- ◆ Installation
- ◆ Training
- ◆ Technical Support



Easy to Use

- ◆ Available in several languages
- ◆ Computer expertise required is minimal
- ◆ Short training time
- ◆ Easy to operate if manual system is well understood



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APPENDIX 4

List of FY94 Working Papers

Health Unit Working Papers, FY 94

Reaching Rural Couples: Lessons Learned from the Incorporation of Reproductive Health Services into NGO Child Survival Programs. Dr. Luis Amendola, SC/Honduras and Rebecka Lundgren, Population Council, Honduras. January 1994.

Understanding Cultural Obstacles to HIV/AIDS Prevention in Africa. Sally J. Scott, MA and Mary Anne Mercer, Dr.P.H. In AIDS Education and Prevention, 6(1) 81-89, 1994.

Do Women's Savings and Credit Programs Affect Fertility and Health? A Case from Bangladesh. Kirk Dearden, DrPH and Nazmul Khan, SC/USA, June 1994.

Urban Health from the Perspective of an NGO: Lessons Learned from a Case Study in Jakarta, Indonesia. Katherine Kaye, MD, MPH, SC/USA, June 1994.

Community-Based Health Information Systems. Slide presentation. Jim Sarn, Ken Herman, Ahmed Zayan, SC/USA, September 1994.

Impact of Sustainable Behavior Change on the Nutritional Status of Children. Saintely Dubuisson, MD, MPH, Ludzen Sylvestre, M.D., Eric Swedberg, MPH and Ahmed Zayan, MD, MPH, SC/Haiti, September 1994.

Impact of Village Management Committees on Service Delivery in Rural Nepal. Chanda Rai, Rabindra Thapa, Dhana Malla, Jennifer Day, SC/Nepal, September 1994.

Effect of a Nutrition Education Program on the Weight of Younger Siblings of Malnourished Children in Bangladesh. Katherine Kaye, MD, MPH, Nazmul Khan, MBA and Afzal Hossain, MD, MPH, SC/Bangladesh, September 1994.

Sustainability of Child Survival Activities in 54 Rural Communities in Honduras: The Impact of Decreasing Institutional Resources on Knowledge, Practices and Coverage. Luis Amendola, MD, MPH, SC/Honduras and Rebecka Lundgren, MPH, The Population Council, September 1994.

The Malawi Drug Revolving Fund Experience: Impact, Sustainability and Lessons Learned. Stan Jere, SC/Malawi, September 1994.

Impact of Community-Based IEC Campaign on Knowledge and Practice of Prenatal and Postpartum Care in Bangladesh. Poster Session. Afzal Hossain, MD, MPH, Najma Khatun, MD and Katherine Kaye, MD, MPH, SC/Bangladesh, September 1994.

Manuals

Christensen, M. *ProMIS v.2 User's Manual*. Save the Children, 1994.

Swedberg, C. *The Nutrition Demonstration Foyer Guide*. Save the Children/Haiti, 1994.

In addition, this fiscal year H/P/N initiated the *Save the Children Health/Population/Nutrition Working Paper Series*. Printed titles to date are as follows:

The Price of Immunization and the Value of Information. Ahmed Zayan, MD, MPH, Warren Berggren, MD, DrPH and Fode Doumbia, MD. Volume 1, No. 1.

Do Women's Savings and Credit Programs Affect Fertility? Nazmul Khan, MBA and Kirk Dearden, DrPH. Volume 2, No. 1.

Urban Health from the Perspective of an NGO: Lessons Learned from a Case Study in Jakarta, Indonesia. Katherine Kaye, MD, MPH. Volume 2, No. 2.

Using Lot Quality Assessment Techniques to Evaluate Quality of Data in a Community-Based Health Information System. Loren Galvao, MD, MPH and Katherine Kaye, MD, MPH. Volume 2, No. 3.

Reaching Rural Couples: Lessons Learned from the Incorporation of Reproductive Health Services into NGO Child Survival Programs. Luis Amendola, MD and Rebecka Lundgren, MPH. Volume 3, No. 1.

Do Women's Savings and Credit Programs Affect Child Health? Nazmul Khan, MBA and Kirk Dearden, DrPH. Volume 3, No. 2.

APPENDIX 5

Table of Contents/Manual on Quantitative and Qualitative Health Data

DRAFT

A Guide to the Collection, Analysis, Use and Presentation
Of Quantitative and Qualitative Health Data

Table of Contents

I. Introduction: Strengths and limitations of population-based and service-based epidemiologic and demographic systems

- A. basic functions required of epidemiologic and demo-graphic systems:
 - 1. needs assessment
 - 2. planning of services
 - 3. monitoring of service delivery and community health
 - 4. program evaluation
 - 5. research
- B. criteria according to which epidemiologic and demographic systems must be evaluated:
 - 1. effectiveness in accomplishing the above functions
 - 2. potential for eliciting community participation and support from service providers (sustainability)
 - 3. cost (with separate consideration of costs of computerization, where computerization has occurred)

II. Population-Based Approaches

- A. approaches based on census and periodic monitoring of entire program population or sentinel site populations
 - 1. descriptions of programs which use population-based information systems
 - a. Andean Rural Health Care
 - b. Save the Children: Mali (monitoring of entire program population) and Bangladesh (monitoring of sentinel populations)
 - c. HIID program in Burkina Faso
 - 2. working papers derived from programs with census-based HIS
 - a. analysis of growth among siblings of malnourished children to assess effectiveness of nutrition education
 - b. analysis of effect of Women's Savings Group membership on fertility and child mortality
 - c. use of longitudinal data to complement survey data in evaluations of Child Survival programs
 - 3. tools to improve quality of data in census-based systems, including verbal autopsies to improve cause-of-death reporting
 - 4. methods to encourage use of population-based data by community-residents and service providers
 - 5. development of computerized systems for collection and analysis of population-based data: costs, maintenance and programming
 - 6. summary: evaluation of census-based systems according to effectiveness, cost and community participation

B. approaches based on surveys

1. Child Survival Knowledge/Practice/Coverage surveys and surveys used in Combatting Childhood Communicable Diseases Programme (to measure coverage and changes in mortality)
 - a. description of development (time, expense, field testing)
 - b. quality and comparability of survey data
 - c. computerization of survey data to facilitate analysis: Epi-info's track record
2. summary: evaluation of survey approaches according to effectiveness, cost and community participation

C. qualitative approaches

1. description of methods (focus group discussions, participatory rapid appraisal, key informant interviews)
2. guidelines for application
3. examples of how SC has used qualitative approaches for program planning and evaluation
 - a. "positive deviance" nutrition study in Vietnam
 - b. nutrition study in Malawi
 - c. "autodiagnostico" in Bolivia
4. summary: evaluation of qualitative approaches according to effectiveness, cost and community participation

III. Service-based approaches

- A. types of service statistics (including institution-based sentinel surveillance)
- B. methods to improve quality of service-based data
- C. Save the Children's use of service-based data in program planning, implementation, monitoring and evaluation: examples from Cameroon and Pakistan
- D. use of service-based data to assess population needs in emergency situations
- F. summary: evaluation of service-based approaches re effectiveness, cost and community participation

IV. Summary

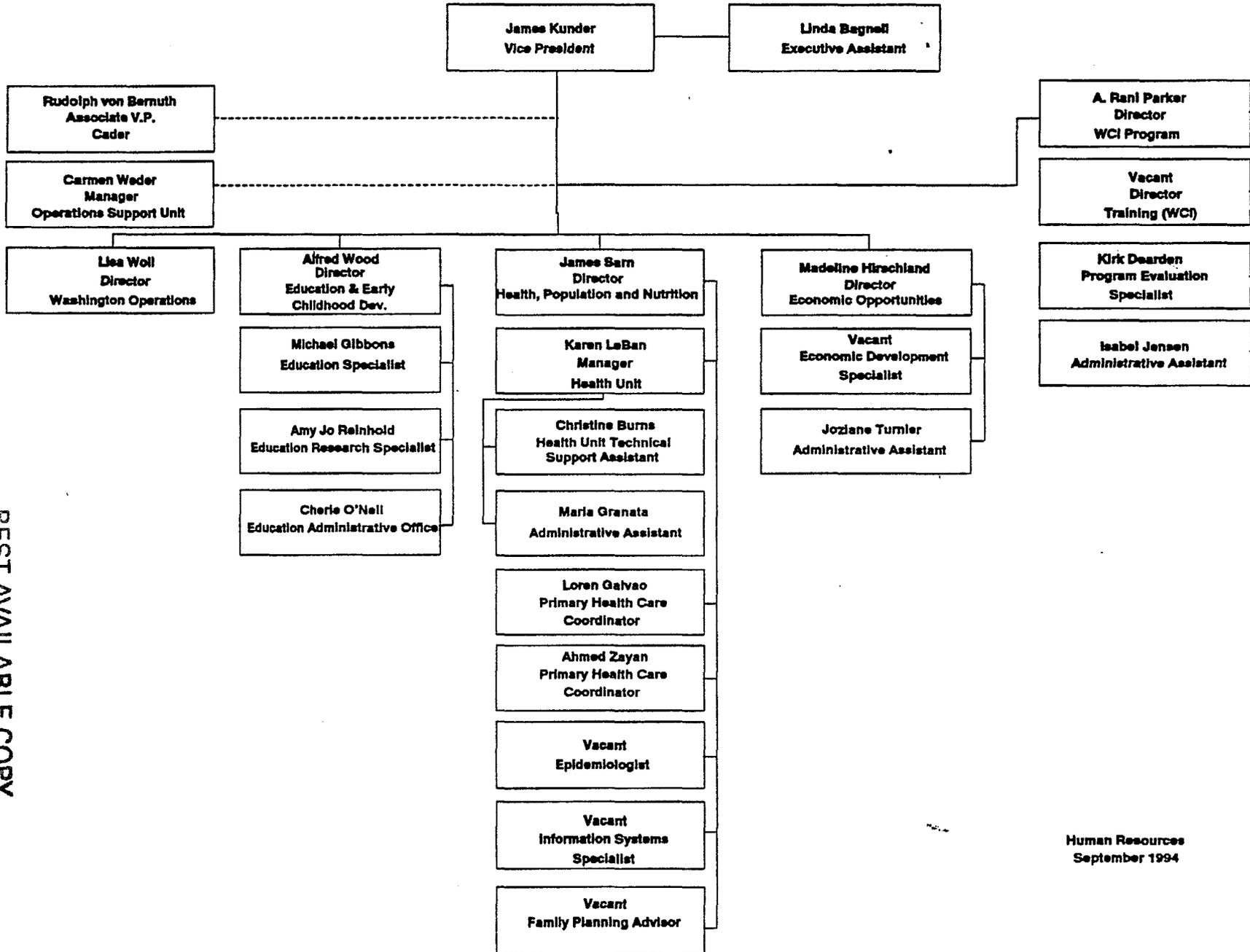
- A. population- and service-based approaches relative to effectiveness, cost and community participation
- B. recommendations to NGOs on
 1. strengthening their own epidemiologic/demographic capacities as well as the capacities of partner agencies (governmental and non-governmental)
 2. implementing population- and service-based epidemiologic/demographic systems as partners

APPENDIX 6

Organizational Charts

DB

**SAVE THE CHILDREN
PROGRAM DEVELOPMENT DEPARTMENT
OFFICE OF THE VICE PRESIDENT**



Human Resources
September 1994

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APPENDIX 7

Pipeline Analysis

BUDGET VS. ACTUALS FOR YEAR 6 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

	YEAR 6: EXPENSES VS. PLANNED BUDGET *									LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *			
	EXPENSES YEAR 1	EXPENSES YEAR 2	EXPENSES YEAR 3	EXPENSES YEAR 4	EXPENSES YEAR 5	EXPENSES 09/30/94	PLANNED BUDGET**	BALANCE	% SPENT	CUMULATIVE ACTUALS	TOTAL BUDGET***	BALANCE	% SPENT
HQ Special Projects	52,189.00	152,012.76	77,029.38	125,034.22	198,498.72	0.00	107,981.92	107,981.92	0.0%	602,762.08	710,739.00	107,976.92	84.8%
HQ Tech. Assistance	22,831.48	72,637.06	54,132.06	66,169.56	86,159.28	0.00	19,932.56	19,932.56	0.0%	301,929.44	321,862.00	19,932.56	93.8%
Bolivia	80,513.07	112,056.93	99,220.03	99,082.96	52,606.26					443,479.25	443,419.00	(60.25)	100.0%
Burkina Faso	117,943.80	188,010.75	144,912.88	170,252.24	101,406.70	0.00	107,423.63	107,423.63	0.0%	722,526.37	829,950.00	107,423.63	87.1%
Indonesia	57,752.18	86,437.14	117,926.18	840.44	0.00					282,955.94	301,669.00	38,733.06	87.2%
Malawi	100,746.66	153,724.95	108,044.07	127,892.51	(5,345.49)					485,062.70	494,307.00	9,244.30	98.1%
Sudan	123,689.31	255,560.66	37,174.14	49,827.53	0.00					466,251.64	497,116.00	30,864.36	93.8%
Mali Workshop	0.00	0.00	33,400.47	1,992.39	0.00					35,392.86	42,195.00	6,802.14	83.9%
Bangalore Workshop	0.00	0.00	0.00	0.00	0.00	0.00	50,000.00	50,000.00	0.0%	0.00	50,000.00	50,000.00	0.0%
Sub-Total:	555,665.50	1,020,440.25	671,839.21	641,091.85	431,323.47	0.00	285,338.11	285,338.11	0.0%	3,320,360.28	3,691,277.00	370,916.72	90.0%
Indirect Costs - ##	70,579.47	123,704.36	93,374.78	82,794.07	55,452.13	0.00	12,818.19	12,818.19	0.0%	425,904.81	438,723.00	12,818.19	97.1%
TOTAL	626,244.97	1,144,144.61	765,213.99	723,885.92	486,775.60	0.00	298,156.30	298,156.30	0.0%	3,746,265.09	4,130,000.00	383,734.91	90.7%

* Year 5 expenses through: 08/31/94

** Revised Field Office budgets from DIPs.

*** 18.5% of ICR applies only to Mali Workshop.

Year 1 = Sept 1, 1989 - Aug. 31, 1990

Year 2 = Sept 1, 1990 - Aug. 31, 1991

Year 3 = Sept 1, 1991 - Aug. 31, 1992

Year 4 = Sept 1, 1992 - Aug. 31, 1993

Year 5 = Sept 1, 1993 - Aug. 31, 1994

Year 6 = Sept 1, 1994 - Aug. 31, 1995 NO-COST EXTENSION TO 8/31/95 PER MODIFICATION 4.

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BUDGET VS. ACTUALS FOR YEAR 6 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

HEADQUARTERS SPECIAL PROJECTS

LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *

Procurement	YEAR 6: EXPENSES VS. PLANNED BUDGET *						LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *						
	EXPENSES YEAR 1	EXPENSES YEAR 2	EXPENSES YEAR 3	EXPENSES YEAR 4	EXPENSES YEAR 5	EXPENSES 09/30/94	PLANNED BUDGET **	BALANCE	% SPENT	CUMULATIVE TOTAL ACTUALS	TOTAL PLANNED BUDGET ***	BALANCE	% SPENT
Supplies**	2,772.08	2,448.32	1,643.98	1,051.55	3,293.76	0.00	22,290.69	22,290.69	0.0%	11,209.67	33,495.36	22,285.69	33.5%
Assets**	4,422.00	10,790.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	15,212.00	15,212.00	0.00	100.0%
Consultants	4,770.50	2,001.73	10,520.00	5,162.00	0.00	0.00	44,838.41	44,838.41	0.0%	22,454.23	67,292.64	44,838.41	33.4%
Sub-Total:	11,964.56	15,240.05	12,163.98	6,213.55	3,293.76	0.00	67,129.10	67,129.10	0.0%	48,875.90	116,000.00	67,124.10	42.1%
Evaluation	0.00	0.00	3,200.91	51.91	0.00	0.00	3,747.18	3,747.18	0.0%	3,252.82	7,000.00	3,747.18	46.5%
Other Program Costs													
Personnel	34,504.37	115,201.03	43,518.39	93,969.80	177,226.58	0.00	22,810.62	22,810.62	0.0%	464,420.17	487,230.79	22,810.62	95.3%
Travel	479.00	4,303.96	10,875.70	15,581.30	7,626.74	0.00	11,791.96	11,791.96	0.0%	38,866.70	50,658.66	11,791.96	76.7%
Other	5,241.07	17,267.72	7,270.40	9,217.66	8,349.64	0.00	2,503.06	2,503.06	0.0%	47,346.49	49,849.55	2,503.06	95.0%
Sub-Total:	40,224.44	136,772.71	61,664.49	118,768.76	193,202.96	0.00	37,105.64	37,105.64	0.0%	550,633.36	587,739.00	37,105.64	93.7%
TOTAL SPECIAL PROJ.	52,189.00	152,012.76	77,029.38	125,034.22	196,496.72	0.00	107,981.92	107,981.92	0.0%	602,762.08	710,739.00	107,976.92	84.8%
Other Program Costs													
Personnel	2,341.97	32,301.21	36,446.52	41,041.12	66,556.43	0.00	10,163.45	10,163.45	0.0%	178,687.25	188,850.70	10,163.45	94.6%
Travel	19,908.53	36,583.63	17,236.36	22,030.14	13,905.11	0.00	10,064.75	10,064.75	0.0%	109,663.77	119,728.52	10,064.75	91.6%
Other	580.98	3,752.22	449.18	3,098.30	5,697.74	0.00	(295.64)	(295.64)	0.0%	13,578.42	13,282.78	(295.64)	102.2%
TOTAL TECH. ASST.	22,831.48	72,637.06	54,132.06	66,169.56	86,159.28	0.00	19,932.56	19,932.56	0.0%	301,929.44	321,862.00	19,932.56	93.8%
GRAND TOTAL HQ	75,020.48	224,649.82	131,161.44	191,203.78	282,658.00	0.00	127,914.48	127,914.48	0.0%	904,691.52	1,032,601.00	127,909.48	87.6%

* Year 5 expenses through: 08/31/94

** Assets are individual items \$500 and over. Supplies are individually under \$500 per item.

*** LOG Revised Budget approved 4/28/92. Year 4 includes balances from Year 3.

Year 1 = Sept. 1, 1989 - Aug. 31, 1990

Year 2 = Sept. 1, 1990 - Aug. 31, 1991

Year 3 = Sept. 1, 1991 - Aug. 31, 1992

Year 4 = Sept. 1, 1992 - Aug. 31, 1993

Year 5 = Sept. 1, 1993 - Aug. 31, 1994

Year 6 = Sept. 1, 1994 - Aug. 31, 1995 NO-COST EXTENSION TO 8/31/95 PER MODIFICATION 4.

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BUDGET VS. ACTUALS FOR YEAR 5 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

Procurement	EXPENSES					LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *			
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	CUMULATIVE ACTUALS	TOTAL BUDGET***	BALANCE	% SPENT
Supplies***	3,428.00	5,877.98	2,739.05	5,236.93	1,010.22	18,292.18	19,059.00	766.82	96.0%
Assets***	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Consultants	0.00	757.82	1,000.00	0.00	2,767.00	4,524.82	3,758.00	(766.82)	120.4%
Sub-Total:	3,428.00	6,635.80	3,739.05	5,236.93	3,777.22	22,817.00	22,817.00	0.00	100.0%
Evaluation	0.00	911.30	1,742.84	0.00	1,999.86	4,654.00	4,654.00	0.00	100.0%
Other Program Costs									
Personnel	67,843.54	86,061.48	82,829.05	77,932.16	42,643.08	357,309.31	358,141.00	831.69	99.8%
Travel	4,535.66	3,684.44	417.86	3,119.38	1,808.36	13,565.70	13,200.00	(365.70)	102.8%
Other	4,705.87	14,763.91	10,491.23	12,794.49	2,377.74	45,133.24	44,607.00	(526.24)	101.2%
Sub-Total:	77,085.07	104,509.83	93,738.14	93,846.03	46,829.18	416,008.25	415,948.00	(60.25)	100.0%
TOTAL	80,513.07	112,056.93	99,220.03	99,082.96	52,606.26	443,479.25	443,419.00	(60.25)	100.0%

* Year 5 expenses through: 08/31/94

** Year 2 Planned Budget per F.O.'s Annual Report. Year 4 includes balances from year 3. Revised LOG Budget approved 4/28/92.

*** Assets are individual items \$500 and over. Supplies are individually under \$500 per item.

**** Grant year 4 and 5 budgets revised 5/21/93; No-cost extens. to 3/31/94 approved.

Year 1 = Sept. 1, 1989 - Aug. 31, 1990

Year 2 = Sept. 1, 1990 - Aug. 31, 1991

Year 3 = Sept. 1, 1991 - Aug. 31, 1992

Year 4 = Sept. 1, 1992 - Aug. 31, 1993

Year 5 = Sept. 1, 1993 - Aug. 31, 1994 PROJECT ENDS 3/31/94

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BUDGET VS. ACTUALS FOR YEAR 6 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

	YEAR 6: EXPENSES VS. PLANNED BUDGET *									LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *			
	EXPENSES YEAR 1	EXPENSES YEAR 2	EXPENSES YEAR 3	EXPENSES YEAR 4	EXPENSES YEAR 5	EXPENSES 09/30/94	PLANNED BUDGET	BALANCE	% SPENT	CUMULATIVE ACTUALS	TOTAL BUDGET***	BALANCE	% SPENT
Procurement													
Supplies***	8,049.52	16,835.35	12,561.07	10,805.79	4,421.48	0.00	17,937.79	17,937.79	0.0%	52,673.21	70,611.00	17,937.79	74.6%
Assets***	3,076.17	(66.17)	0.00	0.00	0.00	0.00	(0.00)	(0.00)		3,010.00	3,010.00	0.00	100.0%
Consultants	7,166.73	2,196.13	0.00	0.00	140.28	0.00	1,859.86	1,859.86	0.0%	9,503.14	11,363.00	1,859.86	83.6%
Sub-Total:	18,292.42	18,965.31	12,561.07	10,805.79	4,561.76	0.00	19,797.65	19,797.65	0.0%	65,186.35	84,984.00	19,797.65	76.7%
Evaluation	2,155.17	(2,155.17)	1,540.02	3,000.00	0.00	0.00	5,459.98	5,459.98	0.0%	4,540.02	10,000.00	5,459.98	45.4%
Other Program Costs													
Personnel	50,413.69	106,917.00	93,835.84	101,249.60	70,683.73	0.00	45,846.14	45,846.14	0.0%	423,099.86	468,946.00	45,846.14	90.2%
Travel	31,159.83	12,225.93	3,585.10	2,376.81	2,466.83	0.00	4,720.50	4,720.50	0.0%	51,814.50	56,535.00	4,720.50	91.7%
Other	15,922.69	52,057.68	33,390.85	52,820.04	23,694.38	0.00	31,599.36	31,599.36	0.0%	177,885.64	209,485.00	31,599.36	84.9%
Sub-Total:	97,496.21	171,200.61	130,811.79	156,446.45	96,844.94	0.00	82,166.00	82,166.00	0.0%	652,800.00	734,966.00	82,166.00	88.8%
TOTAL	117,943.80	188,010.75	144,912.88	170,252.24	101,406.70	0.00	107,423.63	107,423.63	0.0%	722,526.37	829,950.00	107,423.63	87.1%

* Year 5 expenses through: 08/31/94

** Revised budget from DIP. Year 4 includes balances from Year 3.

*** Assets are any individual items \$500 and over. Supplies are individually under \$500 per item.

Year 1 = Sept. 1, 1989 - Aug. 31, 1990

Year 2 = Sept. 1, 1990 - Aug. 31, 1991

Year 3 = Sept. 1, 1991 - Aug. 31, 1992

Year 4 = Sept. 1, 1992 - Aug. 31, 1993

Year 5 = Sept. 1, 1993 - Aug. 31, 1994

Year 6 = Sept. 1, 1994 - Aug. 31, 1995 NO-COST EXTENSION TO 8/31/95 PER MODIFICATION 4.

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BUDGET VS. ACTUALS FOR YEAR 5 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

	EXPENSES YEAR 1	EXPENSES YEAR 2**	EXPENSES YEAR 3	ADJUST'S MADE IN YR4	LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *				
					CUMULATIVE ACTUALS	TOTAL BUDGET***	BALANCE	% SPENT	
Procurement									
Supplies****	9,347.28	18,341.48	18,540.74	(649.35)	45,580.15	51,968.58	6,388.43	87.7%	
Assets****	3,309.30	0.00	0.00	0.00	3,309.30	4,005.00	695.70	82.6%	
Consultants	175.00	4,699.21	11,813.13	0.00	16,687.34	15,000.00	(1,687.34)	111.2%	
Sub-Total:	12,831.58	23,040.69	30,353.87	(649.35)	65,576.79	70,973.58	5,396.79	92.4%	
Evaluation	0.00	2,206.81	7,997.61	0.00	10,204.42	10,916.80	712.38	93.5%	
Other Program Costs									
Personnel	34,656.24	43,876.50	54,500.34	0.00	133,033.08	153,298.62	20,265.54	86.8%	
Travel	2,507.71	4,161.44	14,492.50	1,487.50	22,649.15	21,500.00	(1,149.15)	105.3%	
Other	7,756.65	13,151.70	10,581.86	2.29	31,492.50	45,000.00	13,507.50	70.0%	
Sub-Total:	44,920.60	61,189.64	79,574.70	1,489.79	187,174.73	219,798.62	32,623.89	85.2%	
TOTAL	57,752.18	86,437.14	117,928.18	840.44	282,955.94	301,689.00	38,733.06	87.2%	

* Year 5 expenses through: 08/31/94

** Year 2 Planned Budget per F.O.'s annual report; "Personnel" increased to include charges applied at Home Office.

*** Revised Year 3 Budget approved 4/28/92. LOG Budget per DIP. Year 4 includes balances from Year 3.

**** Assets are individual items \$500 and over. Supplies are individually under \$500 per item.

Year 1 = Sept. 1, 1989 - Aug. 31, 1990

Year 2 = Sept. 1, 1990 - Aug. 31, 1991

Year 3 = Sept. 1, 1991 - Aug. 31, 1992 PROJECT ENDED 8/31/92

Year 4 = Sept. 1, 1992 - Aug. 31, 1993

Year 5 = Sept. 1, 1993 - Aug. 31, 1994

BUDGET VS. ACTUALS FOR YEAR 5 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

	EXPENSES YEAR 1	EXPENSES YEAR 2	EXPENSES YEAR 3	EXPENSES YEAR 4	ADJUST'S MADE IN YRS	LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *				
						CUMULATIVE ACTUALS	TOTAL BUDGET**	BALANCE	% SPENT	
Procurement										
Supplies***	17,158.84	31,700.86	20,633.93	12,696.15	(125.55)	82,064.23	88,346.09	6,281.86	92.9%	
Assets***	0.00	23,723.85	603.83	(275.17)	0.00	24,052.51	23,723.85	(328.66)	101.4%	
Consultants	1,473.54	0.00	(1,374.93)	0.00	4,860.00	4,958.61	7,798.61	2,840.00	63.6%	
Sub-Total:	18,632.38	55,424.71	19,862.83	12,420.98	4,734.45	111,075.35	119,868.55	8,793.20	92.7%	
Evaluation	344.33	595.07	1,300.67	3,543.95	5,409.16	11,193.18	11,644.33	451.15	96.1%	
Other Program Costs										
Personnel	34,098.63	50,211.97	45,808.28	60,971.68	376.44	191,467.00	191,773.60	306.60	99.8%	
Travel	12,638.47	12,099.91	23,650.66	12,077.64	0.00	60,466.68	67,638.38	7,171.70	89.4%	
Other	35,032.85	35,393.29	17,421.63	38,878.26	(15,865.54)	110,860.49	103,382.14	(7,478.35)	107.2%	
Sub-Total:	81,769.95	97,705.17	86,880.57	111,927.58	(15,489.10)	362,794.17	362,794.12	(0.05)	100.0%	
TOTAL	100,746.66	153,724.95	108,044.07	127,892.51	(5,345.49)	485,062.70	494,307.00	9,244.30	98.1%	

* Year 5 expenses through: 08/31/94

** Year 4 includes balances from Year 3. LOG Revised Budget approved 4/28/92.

*** Assets are individual items \$500 and over. Supplies are individually under \$500 per item.

Year 1 = Sept. 1, 1989 - Aug. 31, 1990

Year 2 = Sept. 1, 1990 - Aug. 31, 1991

Year 3 = Sept. 1, 1991 - Aug. 31, 1992

Year 4 = Sept. 1, 1992 - Aug. 31, 1993 PROJECT ENDED 8/31/93

Year 5 = Sept. 1, 1993 - Aug. 31, 1994

BUDGET VS. ACTUALS FOR YEAR 5 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

Procurement	EXPENSES YEAR 1	EXPENSES YEAR 2	EXPENSES YEAR 3	EXPENSES YEAR 4	LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *			
					CUMULATIVE ACTUALS	TOTAL BUDGET***	BALANCE	% SPENT
Supplies***	5,110.52	13,421.21	2,965.09	5,273.50	26,770.32	26,728.00	(42.32)	100.2%
Assets***	0.00	0.00	0.00	0.00		0.00	0.00	0.0%
Consultants	0.00	895.06	2,002.73	3,250.68	6,148.47	7,000.00	851.53	87.8%
Sub-Total:	5,110.52	14,316.27	4,967.82	8,524.18	32,918.79	33,728.00	809.21	97.6%
Evaluation	0.00	869.07	4,158.68	(1,911.75)	3,116.00	3,116.00	0.00	0.0%
Other Program Costs								
Personnel	83,311.02	143,036.56	53,434.71	22,399.70	302,181.99	309,677.00	7,495.01	97.6%
Travel	15,162.41	16,513.13	5,516.78	7,605.37	44,797.69	60,560.00	15,762.31	74.0%
Other	20,105.36	80,825.63	(30,903.85)	13,210.03	83,237.17	90,035.00	6,797.83	92.4%
Sub-Total:	118,578.79	240,375.32	28,047.64	43,215.10	430,216.85	460,272.00	30,055.15	93.5%
TOTAL	123,689.31	255,560.66	37,174.14	49,827.53	466,251.64	497,116.00	30,864.36	93.8%

* Year 5 expenses through: 08/31/94

** Revised budget from DIP. Year 4 includes balances from Year 3. No-cost extension thru 11/30/92 approved on 8/18/92. Year 4 budget per FO

*** Assets are individual items \$500 and over. Supplies are individually under \$500 per item.

Year 1 = Sept. 1, 1989 - Aug. 31, 1990

Year 2 = Sept. 1, 1990 - Aug. 31, 1991

Year 3 = Sept. 1, 1991 - Aug. 31, 1992

Year 4 = Sept. 1, 1992 - Aug. 31, 1993 PROJECT ENDS 11/30/92

Year 5 = Sept. 1, 1993 - Aug. 31, 1994

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BUDGET VS. ACTUALS FOR YEAR 5 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT *

	EXPENSES				LIFE OF GRANT: CUM TOTAL VS. TOTAL GRANT *			
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	CUMULATIVE ACTUALS	TOTAL BUDGET***	BALANCE	% SPENT
Other Program Costs								
Personnel	0.00	0.00	0.00	0.00		0.00	0.00	0.0%
Travel	0.00	0.00	25,780.26	0.00	25,780.26	30,350.00	4,569.74	84.9%
Other	0.00	0.00	7,620.21	1,992.39	9,612.60	11,845.00	2,232.40	81.2%
Sub-Total:	0.00	0.00	33,400.47	1,992.39	35,392.86	42,195.00	6,802.14	83.9%
Total Direct Costs	0.00	0.00	33,400.47	1,992.39	35,392.86	42,195.00	6,802.14	83.9%
Total Indirect Costs ***			6,179.09	0.00	6,179.09	7,805.00	1,625.91	79.2%
TOTAL	0.00	0.00	39,579.56	1,992.39	41,571.95	50,000.00	8,428.05	83.1%

* Year 5 expenses through: 08/31/94

** Assets are individual items \$ 500 and over. Supplies are individually under \$500 per item.

*** 18.50% of ICR applies only to Mali Workshop, per Amendment authorized by AID.

Year 1 = Sept. 1, 1989 - Aug. 31, 1990

Year 2 = Sept. 1, 1990 - Aug. 31, 1991

Year 3 = Sept. 1, 1991 - Aug. 31, 1992 PROJECT ENDED

Year 4 = Sept. 1, 1992 - Aug. 31, 1993

Year 5 = Sept. 1, 1993 - Aug. 31, 1994

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BUDGET VS. ACTUALS FOR YEAR 3 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT

	<u>YEAR 3: EXPENSES VS. PLANNED BUDGET *</u>							<u>LIFE OF GRANT CUMULATIVE EXPENSES VS. TOTAL GRANT</u>			
	EXPENSES YEAR 1	EXPENSES YEAR 2	EXPENSES 08/31/94	PLANNED BUDGET	BALANCE	% SPENT	BUDGET YEAR 4	CUMULATIVE ACTUALS	TOTAL GRANT	BALANCE	% SPENT
Headquarters											
Salaries	8,540.79	12,046.88	11,867.66	13,216.00	1,348.34	89.8%	5,283.33	32,455.33	39,087.00	6,631.67	83.0%
Fringe	1,281.12	2,908.99	3,610.28	4,938.00	1,127.72	77.2%	1,033.89	8,000.39	10,162.00	2,161.61	78.7%
Travel	996.27	4,911.43	5,531.51	10,496.00	4,964.49	52.7%	9,575.30	11,439.21	25,979.00	14,539.79	44.0%
Other Direct Costs	50.55	383.86	2,358.52	2,750.00	391.48	85.8%	1,755.59	2,792.93	4,940.00	2,147.07	56.5%
Subtotal Headquarters:	10,868.73	20,251.16	23,567.97	31,400.00	7,832.03	75.1%	17,648.11	54,687.86	80,168.00	25,480.14	68.2%
Nepal	88,567.31	87,211.12	100,640.95	116,212.28	15,571.33	86.6%	49,781.29	276,419.38	341,772.00	65,352.62	80.9%
Total Direct Costs:	99,436.04	107,462.28	124,208.92	147,612.28	23,403.36	84.1%	67,429.40	331,107.24	421,940.00	90,832.76	78.5%
Indirect Costs	18,395.66	19,838.95	22,978.76	39,825.39	16,846.63	57.7%	0.00	61,213.37	78,060.00	16,846.63	78.4%
TOTAL COSTS	117,831.70	127,301.23	147,187.68	187,437.67	40,249.99	78.5%	67,429.40	392,320.61	500,000.00	107,679.39	78.5%

* Final Field Office, Home Office and Overhead through

08/31/94

** Budget per DIP

*** Supplies are individually under \$500 per item.

Year 1 = August 27, 1991 - September 30, 1992.

Year 2 = October 1, 1992 - September 30, 1993.

Year 3 = October 1, 1993 - September 30, 1994.

Year 4 = October 1, 1994 - December 30, 1994

NO-COST EXTENSION THROUGH 12/30/94 APPROVED- MODIFICATION NO. 03

CHILD SURVIVAL VIII: SUMMARY

YEAR 2: EXPENSES VS. PLANNED BUDGETLOG: CUMULATIVE EXPENSES VS. TOTAL GRANT

	<u>EXPENSES</u> <u>YEAR 1</u>	<u>EXPENSES</u> <u>08/31/94</u>	<u>PLANNED</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>	<u>BUDGET</u> <u>YEAR 3</u>	<u>CUMULATIVE</u> <u>ACTUAL</u>	<u>TOTAL</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
Bangladesh	83,436.74	170,476.77	212,490.00	42,013.23	80.2%	339,983.26	253,913.51	635,910.00	381,996.49	39.9%
Burkina Faso	131,670.86	135,015.26	228,341.05	93,325.79	59.1%	192,386.09	266,686.12	552,398.00	285,711.88	48.3%
Home Office	70,038.83	53,714.20	66,303.00	12,588.80	81.0%	237,448.17	123,753.03	373,790.00	250,036.97	33.1%
Mali	227,565.98	182,254.04	172,218.02	(10,036.02)	105.8%	186,386.17	409,820.02	587,157.00	177,336.98	69.8%
Nepal	84,058.12	84,765.27	148,116.88	63,351.61	57.2%	110,510.00	168,823.39	342,685.00	173,861.61	49.3%
Total Direct	596,770.53	626,225.54	827,468.95	201,243.41	75.7%	1,066,713.69	1,222,996.07	2,491,940.00	1,268,943.93	49.1%
Indirect	122,092.48	107,707.18	211,390.52	103,683.34	51.0%	172,381.00	229,799.66	505,864.00	276,064.34	45.4%
TOTAL	718,863.01	733,932.72	1,038,859.47	304,926.75	70.6%	1,239,094.69	1,452,795.73	2,997,804.00	1,545,008.27	48.5%

Year 1 = Sept.30,1992 - Sept. 30, 1993

Year 2 = Oct. 1, 1993 - Sept. 30, 1994

Year 3 = Oct. 1, 1994 - Sept. 30, 1995

Budgets revised to Amendment 3

*Supplies are individually under \$500 per item.

CHILD SURVIVAL VIII: HEADQUARTERS

YEAR 2: EXPENSES VS. PLANNED BUDGETLOG: CUMULATIVE EXPENSES VS. TOTAL GRANT

	<u>EXPENSES</u> <u>YEAR 1</u>	<u>EXPENSES</u> <u>08/31/94</u>	<u>PLANNED</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>	<u>BUDGET</u> <u>YEAR 3</u>	<u>CUMULATIVE</u> <u>ACTUAL</u>	<u>TOTAL</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
Evaluation	0.00	0.00	0.00	0.00		0.00		0.00		
Personnel	56,431.78	33,999.44	34,268.00	268.56	99.2%	172,296.22	90,431.22	262,996.00	172,564.78	34.4%
Travel	12,678.20	18,003.81	28,210.00	10,206.19	63.8%	44,645.80	30,682.01	85,534.00	54,851.99	35.9%
Communications	928.85	609.78	1,000.00	390.22	61.0%	13,834.15	1,538.63	15,763.00	14,224.37	9.8%
Facilities	0.00	0.00	0.00	0.00		0.00	0.00	0.00		
Other direct	0.00	916.17	1,000.00	83.83	91.6%	5,722.00	916.17	6,722.00	5,805.83	13.6%
Procurement										
Supplies*	0.00	185.00	1,825.00	1,640.00	10.1%	950.00	185.00	2,775.00	2,590.00	6.7%
Consultants	0.00		0.00	0.00		0.00	0.00	0.00		
Services	0.00		0.00	0.00		0.00	0.00	0.00		
sub-total Procurement	0.00	185.00	1,825.00	1,640.00	10.1%	950.00	185.00	2,775.00	2,590.00	6.7%
Total Direct	70,038.83	53,714.20	66,303.00	12,588.80	81.0%	237,448.17	123,753.03	373,790.00	250,036.97	33.1%

Year 1 = Sept.30,1992 - Sept. 30, 1993

Year 2 = Oct. 1, 1993 - Sept. 30, 1994

Year 3 = Oct. 1, 1994 - Sept. 30, 1995

Budget revised to Amendment 3

*Supplies are Individually under \$500 per item.

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CHILD SURVIVAL 9: SUMMARY BY LOCATIONYEAR 1: EXPENSES VS. PLANNED BUDGET

	<u>EXPENSES</u> <u>8/31/94</u>	<u>PLANNED</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
HEADQUARTERS	33,342.23	84,801.00	51,458.77	39.3%
CAMEROON	30,307.48	182,892.00	152,584.52	16.6%
MALAWI	156,528.90	185,391.00	28,862.10	84.4%
HONDURAS	84,536.66	141,005.00	56,468.34	60.0%
TOTAL DIRECT	304,715.27	594,089.00	289,373.73	51.3%
INDIRECT AT 21.06%	56,568.12	125,115.14	68,547.02	45.2%
TOTAL GRANT	361,283.39	719,204.14	357,920.75	50.2%

YEAR 1 = 09/30/93 - 09/30/94

YEAR 2 = 10/01/94 - 09/30/95

YEAR 3 = 10/01/95 - 09/30/96

LOG: CUMULATIVE EXPENSES VS. TOTAL GRANT

	<u>CUMULATIVE</u> <u>ACTUAL</u>	<u>TOTAL</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
HEADQUARTERS	33,342.23	267,470.00	234,127.77	12.5%
CAMEROON	30,307.48	564,226.00	533,918.52	5.4%
MALAWI	156,528.90	597,221.00	440,692.10	26.2%
HONDURAS	84,536.66	354,203.00	269,666.34	23.9%
TOTAL DIRECT	304,715.27	1,783,120.00	1,478,404.73	17.1%
INDIRECT AT 21.06%	56,568.12	375,525.07	318,956.95	0.15
TOTAL GRANT	361,283.39	2,158,645.07	1,797,361.68	16.7%

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CHILD SURVIVAL 9: SUMMARY BY LINE-ITEM

YEAR 1: EXPENSES VS. PLANNED BUDGET

	<u>EXPENSES</u> <u>8/31/94</u>	<u>PLANNED</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
Personnel	153,412.85	316,140.00	162,727.15	48.5%
Travel	73,169.20	112,898.00	39,728.80	64.8%
Consultants--fees	1,944.64	13,700.00	11,755.36	14.2%
Consultants--travel	707.84	4,000.00	3,292.16	17.7%
sub--total Consultants	2,652.48	17,700.00	15,047.52	15.0%
Procurement--supplies	17,404.86	31,495.00	14,090.14	55.3%
Procurement--training	7.96	9,650.00	9,642.04	0.1%
sub--total Procurement	17,412.82	41,145.00	23,732.18	42.3%
Other direct	58,067.92	106,206.00	48,138.08	54.7%
TOTAL DIRECT	304,715.27	594,089.00	269,373.73	51.3%
Indirect Costs at 21.06%	56,568.12	125,115.14	68,547.02	45.2%
GRAND TOTAL	361,283.39	719,204.14	357,920.75	50.2%

LOG: CUMULATIVE EXPENSES VS. TOTAL GRANT

	<u>CUMULATIVE</u> <u>ACTUAL</u>	<u>TOTAL</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
	0.00	0.00	0.00	
Personnel	153,412.85	1,037,360.00	883,947.15	14.8%
Travel	73,169.20	252,123.00	178,953.80	29.0%
Consultants--fees	1,944.64	53,950.00	52,005.36	3.6%
Consultants--travel	707.84	42,300.00	41,592.16	1.7%
sub--total Consultants	2,652.48	96,250.00	93,597.52	2.8%
Procurement--supplies	17,404.86	59,784.00	42,379.14	29.1%
Procurement--training	7.96	14,204.00	14,196.04	0.1%
sub--total Procurement	17,412.82	73,988.00	56,575.18	23.5%
Other direct	58,067.92	323,399.00	265,331.08	18.0%
TOTAL DIRECT	304,715.27	1,783,120.00	1,478,404.73	17.1%
Indirect Costs at 21.06%	56,568.12	375,525.07	318,956.95	15.1%
GRAND TOTAL	361,283.39	2,158,645.07	1,797,361.68	16.7%

Supplies are items under \$500 each.

YEAR 1 = 09/30/93 - 09/30/94

YEAR 2 = 10/01/94 - 09/30/95

YEAR 3 = 10/01/95 - 09/30/96

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CHILD SURVIVAL 9: HEADQUARTERS

YEAR 1: EXPENSES VS. PLANNED BUDGET

	<u>EXPENSES</u> <u>8/31/94</u>	<u>PLANNED</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
Personnel	22,006.59	64,742.00	42,735.41	34.0%
Travel	11,184.38	13,999.00	2,814.62	79.9%
Consultants—fees		0.00	0.00	
Consultants—travel			0.00	
sub—total Consultants	0.00	0.00	0.00	
Procurement—supplies		1,500.00	1,500.00	0.0%
Procurement—training		1,000.00	1,000.00	0.0%
sub—total Procurement	0.00	2,500.00	2,500.00	0.0%
Other direct	151.26	3,560.00	3,408.74	4.2%
TOTAL DIRECT	33,342.23	84,801.00	51,458.77	39.3%

LOG: CUMULATIVE EXPENSES VS. TOTAL GRANT

	<u>BUDGET</u> <u>YEAR 2</u>	<u>BUDGET</u> <u>YEAR 3</u>	<u>CUMULATIVE</u> <u>ACTUAL</u>	<u>TOTAL</u> <u>BUDGET</u>	<u>BALANCE</u>	<u>%</u> <u>SPENT</u>
Personnel	67,979.00	71,379.00	22,006.59	204,100.00	182,093.41	10.8%
Travel	14,782.00	15,633.00	11,184.38	44,414.00	33,229.62	25.2%
Consultants—fees	0.00	0.00	0.00	0.00	0.00	
Consultants—travel			0.00	0.00	0.00	
sub—total Consultants	0.00	0.00	0.00	0.00	0.00	
Procurement—supplies	1,578.00	1,655.00	0.00	4,731.00	4,731.00	0.0%
Procurement—training	1,000.00	1,000.00	0.00	3,000.00	3,000.00	0.0%
sub—total Procurement	2,578.00	2,655.00	0.00	7,731.00	7,731.00	0.0%
Other direct	3,737.00	3,928.00	151.26	11,225.00	11,073.74	1.3%
TOTAL DIRECT	89,074.00	93,595.00	33,342.23	267,470.00	234,127.77	12.5%

Supplies are items under \$500 each.

YEAR 1 = 09/30/93 - 09/30/94
 YEAR 2 = 10/01/94 - 09/30/95
 YEAR 3 = 10/01/95 - 09/30/96

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APPENDIX 8

Centrally Funded USAID Child Survival Grants

CENTRALLY FUNDED AID CHILD SURVIVAL GRANTS

Update for FY94

During FY94 Save the Children was the recipient of an AID three year centrally funded Child Survival 10 grants for its Haiti field office. A brief description of all AID centrally funded grants received by the health unit can be found on the next page.

The following country projects have been funded through central AID Child Survival grants since 1985:

<i>Year Funded</i>	<i>Country</i>	<i>Impact Areas</i>	<i>Est. Population</i>
1985	Zimbabwe	3	37,000
	Mutema, Muusha, Mupedzanhamo		
	Bangladesh	4	51,905
	Ghior, Mirzapur, Rangunia, Nasirnagar		
	Indonesia	1	18,304
	Jakarta (Duri Utara)		
	Bolivia	1	11,873
(Inquisivi, Licoma, Circuata)			
Ecuador	2	37,700	
	Quito, Portoviejo		
1986	Malawi	1	40,000
	Mbalachanda		
	Cameroon	3	60,000
	Doukoula, Ntui, Yokadouma		
	Sudan	2	517,800
UmRuwaba (471,000), Showak (46,800)			
1987	Honduras	2	26,689
	Esperanza, Pespire		
	Bolivia	1	10,655
	(Quime, Ichoca)		
Nepal	1	109,193	
	Gorkha		
1988	Bangladesh	4	75,132
	Ghior, Mirzapur, Rangunia, Nasirnagar		
	Mali	1	116,000
	Kolondieba		
Zimbabwe	3	51,235	
	Mutema, Muusha, Mupedzanhamo		
1989	Bolivia	1	16,115
	Inquisivi, Licoma, Circuata		
	Burkina Faso	1	87,445
	Dori		
Indonesia	1	62,000	
	Jakarta (Duri Utara, Duri Selatan)		

	Malawi	2	124,000
	Mbalachanda, Mkhota		
	Sudan	2	500,000
	UmRuwaba, Showak		
1991	Nepal	1	103,542
	Siraha		
1992	Bangladesh	2	150,000
	Nasirnagar, Rangunia		
	Burkina Faso	1	25,000
	Sapone & Ipelce Dept.		
	Mali	1	137,900
	Kolondieba & Bougouni Districts		
	Nepal	1	48,235
	Nuwakot, Central District		
1993	Cameroon	1	330,000
	Mayo Danay and Mayo Kani Divisions		
	Far North Province		
	Honduras	4	43,024
	Tegucigalpa (5 barrios)		
	La Esperanza, Intibuca Dept. (20 villages)		
	San Lorenzo, Valle Dept. (20 villages)		
	Malawi	1	40,000
	Chilipa & Phililongwe, Mangochi Dist.		
1994	Haiti		175,000
	Central Plateau		

Country projects funded with other AID central health funds have included:

Vitamin A	1988	Haiti
MotherCare (JSI)	1989	Bangladesh, Bolivia

The Vitamin A Haiti project focused on the commune of Maissade reaching approximately 40,000 persons.

The MotherCare project in Bangladesh is located in Nasirnagar reaching 10,000 women; The MotherCare project in Bolivia is located in Inquisivi, Licoma and Circuata reaching a total population of 13,084, which includes 2,634 women.

Ongoing country projects funded with other AID central funds include:

AIDS (AIDSCAP)	1993	Haiti
AIDS (AIDSCAP)	1993	Cameroon

The AIDS project in Haiti works with partner institutions to reach approximately 500,000 individuals in the Central Plateau with HIV/AIDS prevention projects.

The AIDS project in Cameroon will reach an estimated 486,000 individuals with community-based AIDS education interventions.

**CENTRALLY FUNDED AID GRANTS SUPPORTED BY THE HEALTH UNIT
IN FY94**

1. Child Survival Grants

Child Survival I (9/85-8/88, extended to 8/89)
\$2,904,471
Grant No. PDC 0502-A-00-5095-00

A three year grant was awarded to SC to demonstrate and document the methods which protect the life and health of children. Specifically, SC sought to a) conduct "child protective" training for families and communities in ten categories of behavior to protect their children from illness and death, and b) to support families in the practice of these behaviors by assisting communities to organize, implement and monitor primary health care. Country projects in Bangladesh and Zimbabwe ended 8/31/88, while projects in Bolivia, Ecuador, and Jakarta were extended and completed in 8/31/89.

Child Survival II (8/86 - 7/89, extended to 9/30/91)
\$1,270,000
Grant No. PDC-0524-A-60-6147-02

As with CSI, the objective of this grant was to train families in three countries of sub-Saharan Africa in practices which will protect child health, and to support child protective behavior by assisting communities to organize, implement and monitor primary health care. Country projects in Cameroon and Malawi were completed 7/31/89. The Sudan project was extended and completed by 2/28/90. An Inter-PVO workshop on Nutrition was conducted in Bangladesh in February, 1990, and follow-up meetings to the workshop were conducted in August 1991.

Child Survival III (8/87 - 7/91, extended to 1/93)
\$1,850,000
Grant No. OTR-0535-A-00-7215-00

The goal of this program was to enhance SC's organizational commitment to Child Survival, and to improve the health conditions among the most vulnerable population groups by reducing mortality and morbidity of women of childbearing age and children under age five through an integrated set of child survival interventions. Program activities were shifted from the Yucumo Impact Area to the Ichoca Impact Area in Bolivia in 1/90 and this project had been extended to 1/31/93. The Nepal and Honduras projects underwent final evaluations in July of 1992; Bolivia underwent a final evaluation in January 1993.

Child Survival IV (9/88 - 8/92)
\$2,742,697
Grant No. PDC-0502-A-00-5095-00

CSIV's (an extension of CSI) major objective was to initiate and enhance previously established program activities in Bangladesh and Zimbabwe and establish a new program in Mali, helping to protect the health and survival of children through family and community training. Zimbabwe's project was completed in August 1991, Mali's program underwent a final evaluation in June 1992 and Bangladesh received a one year no-cost extension through 8/93 to focus on sustainability in the impact areas of Ghior and Mirzapur; a final evaluation was conducted in August 1993. The overall project was extended for an additional one year to 8/31/94 in order to support an Asia PVO

Workshop in Bangladesh in November 1993, and to extend the Bangladesh final reporting date due to floods in Bangladesh. Funds were used in FY93 to partially support an Asia Regional Health Workshop entitled "New Directions" in Nepal, May 2 - 6, 1993.

Child Survival V (9/89 - 8/94) \$4,030,001
Grant No. OTR-0500-A-00-9149-0

Child Survival projects were expanded in Sudan, Indonesia, Malawi and Bolivia and initiated in Burkina Faso. The Sudan project received a 123 E Waiver to begin spending funds from 12/19/89. The home office also received funds to further develop our computerized health information system and to document our initiatives and lessons learned. Sudan and Indonesia projects underwent a final evaluation in July of 1992, the Burkina Faso Project a midterm evaluation in May of 1992 and the Headquarters project a midterm evaluation in July/August 1992 and another midterm evaluation sponsored by AID and JHU in January 1993. Malawi received a one year no-cost extension through 8/93; a final evaluation was conducted in August. The Bolivia project received a no-cost extension through March 1994; the final evaluation took place in February/March 1994. A one-year no-cost extension was granted for Headquarters Special Projects and Burkina Faso through 8/31/95.

Child Survival VII (10/91-9/94) \$666,350
Grant No. PDC-0500-G-00-1077-00

The primary goal of this project is to reduce infant and child mortality in Ilaka 4 and 5 of Siraha District in Nepal through strengthening the Ministry of Health system and mobilization of the community. The project emphasizes the role of the female Community Health Volunteers and mothers groups in training families. Key interventions include: Diarrheal Disease Management, Immunization, Nutrition, Maternal Health, Literacy Training, ARI and Health Education. A 3-month no-cost extension was granted through 12/31/94 in order to conduct the final evaluation after the rains subside.

Child Survival VIII (10/92-9/95) \$2,997,805
Grant No. FAO-0500-A-00-2034

Child Survival projects were expanded in Mali and Bangladesh; will be strengthened in the Sapone area of Burkina Faso building on lessons learned from our CS5 project in the Dori area; and a new impact area in the Central Region of Nepal was opened. Building on existing strengths, this grant cycle will concentrate on empowerment of families, sustainability of CS activities through integration with a broad range of nonformal education activities, local institution capacity building, and maternal and adolescent health to reduce infant and child mortality. All 4 country projects underwent midterm evaluations in May, 1994.

Child Survival IX (10/93-9/96) \$2,214,970
Grant No. FAO-0500-A-00-2034-00

Child Survival projects were expanded in Honduras to include three new areas including periurban and urban sites, scaled up in Cameroon to reach a significant number of beneficiaries, and begun in a new underserved area of Malawi. This grant cycle broadens institutional building efforts with Ministry of Health and community partnerships.

Child Survival X (10/94-9/97) \$980,418

Save the Children/Haiti will form a coalition of NGO's to create a district-wide maternal and child survival/nutrition project. The NGO coalition (WAND - Women's Action for Nutrition and Development) will complement and enhance existing Child Survival activities by addressing the problem of malnutrition, which affects all other CS interventions.

2. Other Ongoing USAID/W Grants

AIDSCAP Haiti (5/93 - 5/96) \$396,485
Grant No. AID/DPE-5972-A-00-1031-00

The goal of this project is to stabilize or reduce STD prevalence in Haiti's Central Plateau region through increased safer sexual behavior among adolescents and women in the region. The project will establish a coalition of NGO's to coordinate HIV/STD prevention activities in the region; establish a peer educator training program for behavior change in women living in the region; improve STD service delivery; and establish a condom logistics system in the region.

AIDSCAP Cameroon (11/1/93 - 8/26/95) \$399,996
Grant No. AID/DPE-5972-A-00-1031-00

The overall goal of this project is to reduce the spread of HIV/STD among sexually active adults in northern Cameroon. A Community-Based integrated AIDS intervention will reduce risk-associated sexual behavior among target populations. An existing training of trainers program will be expanded and maintained through quarterly refresher training sessions held throughout the life of the project. Once the TOT phase is completed, participants will operationalize the project by establishing a community outreach and education system.

APPENDIX 9

Trip Reports

original - Karen
cc - circulate JS/ KKAZ/UG

Karen LeBan
Bolivia Trip Report: 2/14/94 - 3/1/94

PURPOSE OF TRIP: To participate in Child Survival 5 Final Evaluation Knowledge, Practice and Coverage (KPC) survey.

ITINERARY:

2/14	Departure from NYC
2/15	Arrival in LaPaz, Initial Planning Meeting (SC/B Health Advisor & JHU Team Leader)
2/16	Evaluation Planning Meeting, (SC/B staff & Team Leader)
2/17	Evaluation Team Meeting, (all team members)
2/18 - 2/25	Evaluation Activities: Inquisivi
2/26-27	Analysis and Report preparation
2/28	Report Preparation & Debriefing
3/1	Departure from LaPaz, Arrival NYC

RESULTS:

The Field Office Co-Directors, the External Evaluator, Dr. Marcello Castrillo, and the SC/B Health Advisor, Dr. Fernando Gonzalez, along with all of the SC/B staff did an excellent job in organizing and conducting the evaluation in a collaborative fashion with the Ministry of Health, PROCOSI and CARITAS colleagues. The overall evaluation was very positive; the majority of planned targets/interventions were achieved. Dr. Gonzalez is editing the draft report (in Spanish) for finalization in mid-March. Please refer to the attached documents for an overview of the Child Survival 5 project (DRAFT executive summary, key child survival indicators, and a list of objectives vs. achievements).

PERCEPTIONS:

All staff spoke very highly of the impact that the quality circles (integrated quarterly planning sessions) have had on program performance and staff motivation. It would be interesting to share this methodology with other field offices.

According to staff who were with the project since its initiation in 1986, the most dramatic changes that have occurred in the impact area include the changed practice of growing and consuming vegetables (especially those rich in Vitamin A), the openness of the communities to discussing their health with outsiders, and the pride of individual families in their public health practices (such as immunization).

Staff spoke positively about the changes in the health strategy made for reasons of sustainability and cost effectiveness-- from household visiting to integrated community fairs where public health is celebrated as a community concern in addition to a private concern.

FOLLOW-UP:

Fernando will complete the draft KPC survey report and send it to Marcello Castrillo and Karen LeBan for their comments before finalization. Bolivia SC will translate report into English; upon completion HU will submit document to JHU. The qualitative evaluation team will use KPC results and recommendations to help focus their part of the evaluation.

Karen will request Ken Herman to send Bolivia a copy of ProMIS Version 2 so they can test the system and decide if it meets their M&E needs.

Loren Galvao
Trip Report: September 10 - September 18, 1994
Save The Children/Honduras
CS 5 Grant

Purpose of the Trip: (I) To organize, to attend and to provide technical presentations on the Save The Children Latin America and Caribbean Workshop "Reproductive Health: Expansion of Strategies with Emphasis on Family Planning" One of the technical presentations will be "An overview of the SC Community-Based HIS and PROMIS Version 2"

(II) To meet with staff from El Salvador and Honduras FO to discuss the possibility of installing PROMIS Version 2.

(I) Reproductive Health Workshop

Summary of Recommendations:

The following is the summary of the recommendations from the workshop participants, that include some recommendations by Loren Galvao. A detailed report of this workshop is under final editing and it will be forwarded to SC Field Offices and to other institutions.

- 1) SC/Headquarters should explore opportunities for collaboration with JHPIEGO that will benefit the SC Field Offices of LAC region as well as the other regions where SC works. Educational materials about Reproductive Health should be sent to all SC Field Offices (SC FOs).
- 2) SC/Headquarters should continue the collaboration with Georgetown University, Institute of Reproductive Health, to expand Breastfeeding, Lactation Amenorrhea Method and other PostPartum Family Planning interventions.
- 3) Each SC Field Office should review with their staff and collaborating institutions the existing SC/Health Strategy and adapt to their own setting to present in the next LAC meeting. The definition of "Reproductive Health" provided in that strategy should be revised and adapted as needed according to each country.
- 4) A "Follow-Up" Workshop should be scheduled for next year. One of the main objectives would be to review the Health Strategy (including Reproductive Health) by country. Other themes for the workshop should be refined by a "Workshop Planning Committee" which will include SC Field and Headquarters staff.
- 5) The LAC FOs should explore different possibilities of collaborating in program design and in proposal development at national as well as at regional level. One example of regional collaboration could be to further explore opportunities with the FAO program on Population, Nutrition

and Environment targeting adolescents in rural areas presented during this workshop.

6) The LAC FOs should intensify their efforts to acquire funds for Reproductive Health and Family Planning from local institutions. Several donor institutions were discussed and prioritized during this workshop.

7) In countries where there are few available local consultants in Reproductive Health and Family Planning, with adequate qualifications, FOs should explore and use regional consultants from neighboring countries. A list of regional consultants is provided in the workshop report.

8) The models, methodologies and educational materials on Reproductive Health discussed in this workshop should be further revised by each FO to consider their introduction in their program design.

9) LAC FOs should plan ahead on how to cover cost for technical exchange trips and meetings at regional and international levels. For example, the costs for continued education, improvement of technical quality and representation should be included in budget proposals.

10) LAC FOs should follow up with IMIFAP (Mexico) the opportunities for training, technical assistance and provision of educational materials in the area of Adolescent Health.

11) Each FO should explore and/or expand collaborations with local institutions such as governmental, non-governmental and academic to improve program quality, increase coverage, and chances for long-term sustainability.

12) LAC FOs should review the PROMIS version 2 and continue their discussions with SC/Headquarters to develop a plan for follow-up steps if there is interest in installing it.

List of Workshop Participants:

Save The Children Field Office Directors and Health Representatives from Honduras, Bolivia, Republic Dominican, Mexico, El Salvador, Nicaragua and Colombia.

Save The Children Headquarters Representatives: Loren Galvao, PHC Coordinator, and Vivian Weiner, LAC Desk Officer.

Population Council/Mexico (INOPAL): Ricardo Vernon

Population Council/Honduras: Rebecka Lundgren

USAID/Honduras: Ma. del Carmen Miranda

PAHO-WHO/Honduras, Jose Ochoa

IHSS Honduras: Arnulfo Carcamo

Instituto Mexicano de Investigacion De Familia Y Poblacion (IMIFAP): Angela Martinez

MOH/Honduras: Edgardo Umana (AIDS/STDs Program) and Maribel Lozano (Gender Program)
JHPIEGO/Guatemala: Jorge Solorzano

Visits:

- * ASHONPLAFA (Honduran Association of Family Planning): contact person Maria Helena de Perez.
- * Save The Children Honduras Impact Areas for CS 9 project, including a visit to selected Community-Based Drug Revolving Funds sites.

(II) PROMIS (One-day meeting)

The main objectives of the meeting were: (a) to clarify the objectives of El Salvador and Honduras FO for using PROMIS. (b) To review HIS instruments used by each FO to serve as the basis for the "configuration". (c) To clarify the necessary follow-up steps if FOs are interested in installing PROMIS version 2.

Meeting participants: Loren Galvao, Health Managers and HIS staff from Honduras and El Salvador Field Offices: Luis Amendola, Sonia de Mena, Rafael Ayala and Mario Mata

Impressions and Recommendations:

(1) El Salvador provided a presentation of their Health Strategy and their current HIS and HIS instruments. This FO is not using currently a population-based information system. The data collected is entered in FoxPro. They are also currently re-evaluating their Health Strategy and they did not decide yet if they will implement a Community-based HIS (CBHIS).

El Salvador FO should clarify first what will be their overall strategy and decide if they are going to implement a CBHIS. After those decisions are made, the FO should consider if they are going to install PROMIS or not.

(2) Honduras FO is already using a population-based HIS. A manual system has been implemented and the family enrollment was entered in EPIINFO during February and March of 1994. A detailed discussion followed on the HIS forms used by Honduras and their objectives to use PROMIS version 2.

Based on our discussion, Honduras FO is a potential candidate to use PROMIS and may strongly benefit from its use. Luis Amendola should meet with Ken Herman during the Bangalore Conference in September. He should take with him a sample of filled HIS forms so Ken Herman can start the process of "configuration". Additional questions about the software should be clarified with Ken Herman in the same opportunity. The training for Honduras staff and installation could be done either in Westport or in Honduras depending on the availability of time of Ken Herman.

KEN HERMAN
TRIP REPORT: April 3-15, 1994
Haiti Field Office
Cooperative Agreement OTR-0500-A-00-9149

PURPOSE OF TRIP: To install beta-test version 2 of ProMIS and train staff in its use.

ITINERARY:

4/3/94	Arrival
4/4/94	Briefings with SCF staff in Port-au-Prince
4/5-12/94	Field work in Maissade impact area with SCF field staff
4/13/94	Return to Port-au-Prince; debrief SCF senior staff
4/15/94	Departure

RESULTS:

Field staff training time was accomplished within 3 days, much shorter than anticipated. Training and use of the system was conducted in French.

During the installation, I was able to work with staff to develop a field-office specific module on women's group participation utilizing the new generic module capability of ProMIS version 2.

Several problems were uncovered during the beta test which were corrected on site. Because of the beta test, modifications will have to be made to the system before installation in additional field offices. These modifications relate to enhancing the memory capacity, facilitating generic module set-up, and simplifying the export capacity to other data analysis type software programs.

Trip Report
Save the Children/Malawi Field Office
August 1994
Ken Herman

Purpose of Trip

From the period of August 16 to August 28, 1994 I traveled to the Malawi field office. The primary activity of the trip was to install ProMIS. This installation includes configuring the software, installing the software and training the staff on how to use ProMIS. Secondary activities that I should accomplish as time permitted was the installation of E-Mail and general computing consulting for the field office. I was able to complete the primary tasks of the visit without any problems.

In a lot of ways, this has been my most successful trip in a long time. And it's a coming of full circle of sorts. ProMIS had its beginnings with a trip in 1988 to Malawi to install PMIS. It was after that trip - after 5 weeks and a lot of headaches - that I came to the conclusion that PMIS was not going to be viable for the agency. Thus began the long road to a new system, which ultimately resulted in ProMIS. Now, 6 years later, ProMIS is installed in Malawi, complete with staff training, in about 4 days.

For a variety of reasons I could only spend one week in-country. This would be the quickest ProMIS installation ever attempted. Usually, we like to install in two weeks where the first week was configuration and training and the second week devoted to problem solving. However, since this installation was to be a simple one I felt that the second week was not as essential as usual.

Itinerary

I departed from Westport on the evening of Tuesday August 16th and arrived in Amsterdam on the morning of August 17th. That evening I boarded a KLM flight to Malawi, arriving in the morning of Thursday, August 18th. I was met at the airport and taken to the main field office in Lilongwe where I met with Ken Rhodes the field office director to discuss the installation. Early that afternoon I was driven out to the program area, Mangochi, arriving late in the afternoon. My main contact in Mangochi was to be Marcie Rubardt and Khozapi, the data entry specialist. Unfortunately, Marcie needed to be in Blantyre for a meeting, so after seeing her at the airport she was to meet me in the evening in Mangochi, which she did. Even though it was late in the afternoon I was able to be introduced to Khozapi. We became acquainted and began discussing the strategy of the installation. As with all such discussions we began by centering on the geographic structure to be used. Once that was settled I could get down to configuring and installing the software.

This was to be a simple installation since Marcie wasn't interested in storing a lot of module data. She basically wanted to use the system to maintain the demographic census data and a limited amount of module data.

While in Mangochi I stayed with Marcie and her family, of which I am very appreciative. Rarely have I felt so comfortable on a field trip and I want to thank Marcie, her husband, Charlie Pieterick, and their children for a wonderful stay.

Comments and Results

The first night I configured the software and by Friday I was able to complete the configuration and installation. In that way I could begin training and entering data within a day of arriving. During the next few days (i.e. through the weekend) the staff and I worked at learning how to use ProMIS.

In addition to simply learning how to use the software, I worked with Khozapi on a number of other ProMIS-related activities. The first was to review the structures of the ProMIS files. Understanding how the data is stored in the files is key to understanding how to get at the data and how ProMIS works. We began by going over the ProMIS kernel files, the location, individual and vital event files, and then moved on to the module files. Khozapi has some basic understanding of how to use dBase so while the structure of the ProMIS files is not simple, I had the impression that Khozapi was at least getting an idea of how these files are put together.

All of this file reviewing was a prologue for reviewing the module structure that the new version of ProMIS uses. In order to effectively create new modules, it's useful to understand the underlying structure of ProMIS. During the course of this module training, we actually created a new module that the field office would use. The module was to contain information on a woman's fertility history. This was information collected during the census. During the training, Khozapi and I reviewed the steps necessary to create a new module. In the future, a software utility will be created to automate this process, but since this utility was not ready we created the module by hand. There are three steps to creating the module (after deciding what data will be contained in the module). The first step is to create the dBase file that will hold the data. For this, dBase or Foxpro could be used. We used dBase. The next step is to create the text file that defines to ProMIS the characteristics of the module. We used the DOS 6.2 Edit command to do this. Finally, the module files need to be indexed using the index command in ProMIS.

After reviewing the steps and practicing them, Khozapi went off on his own to create the module. When he was done I reviewed his work, which only needed minor corrections. While I think that in the future Khozapi could probably create additional modules as needed, this is in truth an activity that needs to be practiced. However this is not the kind of activity that is done very often. Usually, the system will be set up at the beginning and then not changed very much - i.e. it's unlikely that additional modules will be created very often.

The final ProMIS-related activity we practiced was data exporting. After creating the fertility module we exported data from the ProMIS, using the ProMIS export command, and imported the data into Epi-Info. Once there, we were able to do some analysis on the data. All of this was for practice, since by this time there wasn't a lot of data in the system, Khozapi only having a few days in which to enter the data.

On early Wednesday morning, August 24th, I was driven from Mangochi back to Lilongwe, arriving there late in the morning. Since I was to leave the next day at about 3:00pm for the airport this would give me about a day to bring Ken up to date on the ProMIS activities and to install E-Mail in the field office. This field office has one machine that is running Windows, so I installed a copy of MS-Mail remote for Windows.

I left Malawi on Thursday evening, August 25th on the overnight KLM flight to Amsterdam which put me in-country for one week.

I have only one recommendation for the field office with regards to ProMIS and that is the installation of a UPS device for the ProMIS computer. We did not have many hardware problems during my stay and the power seems to be very good in Mangochi, however it is expected that power outages will occur and so for the safety of the ProMIS files a UPS device would prove useful.

As I mentioned, this was a very successful trip even though it was short. I was able to arrive in the country and get right to work. I certainly appreciate the dedication of the staff for their willingness to work through the weekend. Within a day of arriving I was able to configure the software, install the software and train the staff on how to enter data. It certainly helped that Khozapi and Marcie are very familiar with how computers work (i.e. they know a enter key from a backspace) but mostly they know how the census was done. They know a family enrollment form from a vital event, which is really all that matters. In addition, we were able to create a field-office specific module which the staff will use to store collected data. Finally, we were able to export the data from ProMIS for analysis in Epi-Info. That we were able to cover all of this material in so short a time sometimes strikes me as incredible. Of course, the problem with covering so much material is knowing if it sticks. In this case it will be necessary to follow-up with the field office on regular intervals to discuss any problems they might be having and to provide them with additional training as necessary.

I want to thank Ken Rhodes, Marcie and her family, Khozapi and the entire staff of the Malawi field office for their support. Even though the trip was short, it seemed all that much shorter since I enjoyed myself so much.

KEN HERMAN
TRIP REPORT: September 16-30, 1994
Bangladesh Field Office
Cooperative Agreement OTR-0500-A-00-9149

PURPOSE OF TRIP: To install ProMIS and train staff in its use.

ITINERARY:

9/18/94	Arrival
9/18-20/94	Debrief Dhaka senior staff Install ProMIS Convert demographic data from existing system
9/21-22/94	Meetings with senior field staff in Nasirnagar Impact Area to inspect data collection system and tools
9/25-29/94	Continue working with senior MIS staff to convert system Create modules to hold field-office specific data Convert socio-economic data to ProMIS Continue training MIS staff on use of ProMIS
9/30/94	Depart for Child Survival World Impact Conference in India

RESULTS:

Staff were very receptive to the new system because of the capability of the system to incorporate field office specific generic modules. Bangladesh collects and analyzes detailed demographic, health and socioeconomic data for each family grouping in its impact area. The new system, ProMIS, requires much less staff resource time than the former system, PMIS, to make changes in the way data is analyzed.

APPENDIX 10

Tropical Doctor, 1994, 24: 149-159

Using lot quality assessment techniques to evaluate quality of data in a community-based health information system

Loren Galvao MD MPH
Katherine Kaye MD MPH

Save the Children, Office of Health, Population and Nutrition,
54 Wilton Road, Westport, Connecticut 06880, USA

TROPICAL DOCTOR, 1994, 24, 149-151

SUMMARY

We report here on the application of lot quality assessment (LQA) techniques by managers of a Save the Children (SC) Child Survival Project in Mbalachanda, Malawi, to evaluate data contained in a community-based health information system. By defining 'lots' as the health records for all households with children under 5 years old which were listed on the rosters of village health promoters supervised by a given community health supervisor, and by establishing criteria for 'acceptability' of samples drawn from these lots, we were able to identify and offer additional supervision to health workers (supervisors as well as village health promoters) who were not performing adequately. As LQA sampling procedures require that only a small sample be drawn from each lot, the assessment could be conducted easily and quickly. Health workers were found to have the greatest need for help in updating demographic data and information about home-based oral rehydration therapy (ORT) training sessions, and the least for help in recording children's immunization status. We conclude that LQA can be a useful supervisory tool for health programme managers.

INTRODUCTION

LQA, a technique for stratified random sampling originally developed by industry, has been adapted in the health care field to evaluate the quality of health care interventions^{1,2}. Unlike other techniques for rapid evaluation (e.g., cluster sampling techniques), LQA's main usefulness is not for evaluating coverage but rather for quickly determining where

problems lie and identifying workers who need further supervision.

Save the Children (SC)/US has implemented community-based, integrated rural development projects in Malawi since 1983. In the area of Mbalachanda, the agency has since 1986 operated a USAID-funded Child Survival Project. Currently, this programme covers a population of approximately 28 100. Primary health care activities are planned and implemented using data from a population-based health information system (HIS). The HIS requires complete enrolment of all community residents and periodic updating by village health promoters (VHPs) of health data for the targeted population (children younger than 5 years): as data in rosters maintained by VHPs are used for service delivery, programme evaluation and epidemiologic studies, it is important that they be of high quality. VHPs are supervised by community health supervisors (CHSs); on average, one CHS supervises six to eight VHPs.

In Mbalachanda, LQA was used to determine whether or not VHP rosters were up-to-date and accurate, and to identify VHPs and CHSs needing further supervision. This pilot test allowed us to learn whether LQA might be a useful supervisory tool for health programme managers in other primary care programmes.

METHODS

This assessment took place in March 1992. A 1-day 'trainer of trainers' session was conducted for the Mbalachanda Health Programme Manager and the Health Programme Supervisor; they were trained in each step of the LQA technique by a public health coordinator/physician from Save the Children's US office. CHSs conducted the household interviews: their 1-day training session, which included pre-testing of the questionnaire, was conducted in the Mbalachanda programme area. The evaluation team spent 2 days in the villages: approximately 80% of this time was spent on the LQA, the remainder was devoted to a survey designed to assess the completeness of family enrolment.

Definition of 'lots'

In the LQA method, small samples or 'lots' are judged acceptable or unacceptable according to previously set criteria. In Mbalachanda, lots were defined as the health records for all households with children younger than 5 years which were listed on the rosters of VHPs under the supervision of a given CHS. These records are listed in VHP rosters. Thus,

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the 14 lots sampled here consisted of the VHP rosters which fell under the supervision of each of 14 CHSs.

Sampling procedure

A random sample was drawn from each lot, with the size of the sample determined by the answers to three questions: (1) what proportion of data on each record had to be correctly entered in order for that record to be considered 'acceptable'? (we selected 85%); (2) did we think there was a large difference in the proportion of up-to-date records between CHSs? (yes); and (3) did we wish to focus our efforts on finding CHSs who needed help? (yes).

A standardized table has been developed to facilitate determination of sample size once the answers to these three questions are known²: in our case, 19 records were drawn from each of the 14 lots.

The standardized table is also used to determine how many of the selected items in each sample must be acceptable if we are to be satisfied with the lot: in our case, it indicated that the minimum number of sampled records which each CHS had to have correct (or at least 85% correct) in order to be considered as performing adequately was 17.

Assessment of data 'acceptability'

Each interviewer visited 19 households selected randomly from the rosters in each CHS's territory and used a questionnaire to assess the quality of data recorded for each household. Questions were designed to ascertain the following: whether the family was still present; whether all children younger than 5 years who lived in the household were in fact recorded on the VHP roster; whether there had been any unrecorded births, deaths and/or in- or out-migrations; whether information on the children's immunization card matched that recorded in the roster; and whether information given by the parents about training in ORT agreed with that recorded in the roster.

Family enrolment survey

As the rosters of the VHPs provided the sampling frame, the LQA could not be used to evaluate the completeness of family enrolment. Although the questionnaire used to ascertain data acceptability enquired whether a family listed on the roster was still present, it could not be used to determine whether a household was missing from the VHP roster.

A special survey was therefore designed to determine the proportion of families living in the programme area who had not been enumerated during enrolment: the evaluation team checked whether families living in the 10 houses to the right of the main entrance of the nineteenth household visited for the LQA were listed on enrolment forms.

ANALYSIS

As a result of overseas travel time constraints, the results of this LQA were hand-tabulated at SC Headquarters. Results from LQAs subsequently conducted at other field offices have quickly and easily been tabulated in the field. Data about each of the three questionnaire topics (demographics, immunization and ORT training) were analysed separately.

RESULTS

Fifty per cent of CHSs had 85% or more of the demographic data in their rosters correctly updated. Thirteen of 14 CHSs (93%) had 85% or more of the immunization data in their rosters correctly updated. Only five of 14 CHSs (36%) had acceptably updated information about ORT training. Of the 149 households surveyed for family enrolment, 143 (96%) were enrolled.

Those CHSs who had fewer than 17 acceptable records for any of the three topics have received additional supervision, as have their VHPs. A repeat LQA will determine whether improvement in the skills of gathering data and maintaining records has been sustained.

The ease with which Mbalachanda health staff learned and implemented LQA techniques suggests that these techniques can serve as supervisory tools for management and health personnel in non-government agencies as well as in ministries of health and local health departments¹.

In another instance where LQA was used to assess quality of health system information¹, census maps rather than health worker rosters provided the sampling frame: use of such maps obviates the need for a survey to check household enrolment status.

Although LQA is a sensitive test for poor performance, it is not very specific³. Programme managers must consider whether costs of providing increased supervision to health workers who in fact may *not* be performing so poorly outweigh the benefits. In our case, where the health information system was critical to achievement of objectives set in a Child Survival Programme, investment in increased supervision was warranted. Costs of

supervision may be minimized if instruments used to evaluate worker performance yield information which will allow supervision to be focused on specific tasks.

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