

PA - AISL - 281

ISN 77227

1991 USAID Health and Child Survival Project Questionnaire

with AIDS/HIV Activities Reporting Schedule

PVO Grant

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Country Nepal

Project Title FY 87 Child Survival Grant to FFH

Project Number 9380528.02

Name(s) of Person(s) responding to the questionnaire: Yam Kulung, Field Program Manager/NEPAL
 Title(s) Ellen Vor der Bruegge, VP for Programs/ Date: September 1991
USA

USAID HEALTH AND CHILD SURVIVAL PROJECT QUESTIONNAIRE - FY 91

9. Percentage Attributions to Program Functions

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

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

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

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

PLEASE REVIEW THE EXAMPLE BELOW BEFORE COMPLETING THE TABLE.

EXAMPLE

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

↓

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

USAID HEALTH AND CHILD SURVIVAL PROJECT QUESTIONNAIRE – FY 91

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

	Column A Total Percent Attribution	Column B Percent for Child Survival	Complete Schedule 1 and . . .
a. Diarrheal Disease/Oral Rehydration.....(HEDD)	25	100	♦ Schedule 2
b. Immunization/Vaccination.....(HEIM)	30	100	♦ Schedule 3
c. Breastfeeding.....(NUBF)	5	100	♦ Schedule 4
d. Growth Monitoring.....(NUGM)	15	100	♦ Schedule 4
e. Targeted Child Feeding and Weaning Foods.....(NUGM)	8	100	♦ Schedule 4
<hr/>			
f. Vitamin A.....(NUVA)	2	100	♦ Schedule 4
g. Women's Health.....(HEMH)	2	100	♦ Schedule 7
h. Women's Nutrition (including iron).....(NUWO)	3	100	♦ Schedule 4
i. Nutrition Mangement, Planning and Policy.....(NUMP)			♦ Schedule 4
j. Other Nutrition _____ (e.g., iodine fort. food tech.) (Please Specify)			♦ Schedule 4
k. Child Spacing/High Risk Births.....(HECS)	10	100	♦ Schedule 5
<hr/>			
l. HIV/AIDS.....(HEHA)			♦ Schedule 6
m. Water and Sanitation for Health.....(HEWH)			♦ Schedule 7
n. Environmental Health _____ (See guidance on previous page) (Please Specify)			♦ Schedule 7
o. Acute Respiratory Infections.....(HERI)			♦ Schedule 7
p. Malaria.....(HEMA)			♦ Schedule 7
<hr/>			
q. Other Vector-borne Disease Control... (HEVC)			♦ Schedule 7
r. Health Care Finance.....(HESD)			♦ Schedule 7
s. Health Systems Development.....(HESD)			♦ Schedule 7
t. Other Health and Child Survival _____ (including: aging, prosthetics, essential drugs,orphans) (Please Specify)			♦ Schedule 7
u. All Non-Health.....			♦ None
<hr/>			
TOTAL, All Functions	100%		

Project Number: 9380528.02

Subproject Number: _____

USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY 91

FUNDING INFORMATION

10. What is the total USAID authorized LIFE-OF-PROJECT funding for this project or subproject (authorized dollar funds from ALL USAID funding accounts)? \$ 140,000

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

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

a. PL-480, Title I.....▶		\$ <u>-0-</u>
b. PL-480, Title II (including the value of food and monetization).....▶		\$ <u>-0-</u>
c. PL-480, Title III.....▶		\$ <u>-0-</u>

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

14. Activities Involving the Private Sector of the Host Country

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

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

-0- %

b. Of the total USAID Life-of-Project funding, estimate the percentage for the activities circled in question 14-a.

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

USAID HEALTH AND CHILD SURVIVAL QUESTIONNAIRE - FY 91

HIGHLIGHTS

19. The primary uses of project highlights are for Congressional and other reporting. Please take a few minutes to make your project come alive for that reporting. Lively descriptions of specific project activities from FY 91 enhance the likelihood that your project will be described in reports such as the annual Report To Congress on Child Survival. Use the examples below as starting points for your description. (Attach additional sheets if necessary.)
- a. **Significant Success Stories:** (Example: Involving a locally based firm with expertise in social marketing strengthened the demand for ORS packets, resulting in an increase in the ORT USE RATE from 10% in 1990 to 25% in 1991...)
 - b. **Lessons Learned:** (Example: An operations research study showed that one incentive to continuing participation in the formal health sector was a "successful" first encounter; therefore, health workers were trained to spend extra time with new clients...)
 - c. **Anecdotes:** (Example: During a visit to a remote village, the young daughter of the village chief interrupted her mother to explain the proper technique for preparing ORS. This reflects the effect of training students in the use of ORS...)
 - d. **Policy Change:** (Example: Data from a major survey showed a shift in dietary practice to less nutritious foods leading the government to modify its pricing policy...)
 - e. **Relation to Country Programs/Strategy:** (Example: The project's major accomplishment is strengthening of the MOH's Family Health Division. In addition to the development of a strong financial control and accounting system, the project supported supervisory training which has facilitated the integration of services in health centers...)

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

Photographs included? 1 - Yes (2) No

Schedule I DEMOGRAPHIC CHARACTERISTICS/PVO SCHEDULE

- 1-1 What is the geographical area in which this project is delivering and/or promoting health or child survival services? (CIRCLE ONE ANSWER)
- 1 - The entire country
 - 2 - A geographical area smaller than the entire country
 - 3 - None. The project does not deliver or promote services
 - 9 - Don't Know
- } COMPLETE ITEMS
1 - 2 THROUGH 1 - 7
- } SKIP NOW TO NEXT SCHEDULE

- 1-2 What is (are) the particular name(s) of the major or political subdivisions (for example, St. John's Province or Isatoyl Department) in which project activities are being carried out? (If entire country, write "ALL".)
- 1 - Eight (8) Village Development
 - 2 - Committees of Sindhupalchok
 - 3 - District of the Central
 - 4 - Development Region of Nepal
 - 5 - _____

- 1-3 To which of the following subgroups are services targeted? (CIRCLE ALL THAT APPLY)
- 1 - Children < 12 mos.
 - 2 - Children 12 - 23 mos.
 - 3 - Children 24 - 59 mos.
 - 4 - Other children
 - 5 - Lactating or pregnant women
 - 6 - Other women of reproductive age
 - 7 - All other women
 - 8 - Men
 - 9 - The elderly (age 60 & older)
 - 10 - Other Children 24-35 months old (Specify)

- 1-4 Does this project attempt to serve all members of the targeted subgroups that live within the project area? (CIRCLE ONE)
- 1 - Yes, attempts to serve all members of targeted subgroups in project area.
 - 2 - No, attempts to serve only a portion of the targeted subgroups that live within the project area. (COMPLETE COLUMN B IN ITEM 1 - 5 BELOW)
 - 3 - Other (Please explain) _____

1-5 Population

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

	Column A Entire Project Area	Source of Information*	Column B Target Population	Source of Information*
a. Total Population.....	22,000	DC <input checked="" type="radio"/> BG DK	SAME	DC <input checked="" type="radio"/> BG DK
b. Number of children aged < 12 months.....	800	DC <input checked="" type="radio"/> BG DK	"	DC <input checked="" type="radio"/> BG DK
c. Number of children aged 12 - 23 months.....	700	DC <input checked="" type="radio"/> BG DK	"	DC <input checked="" type="radio"/> BG DK
d. Number of children aged 24 - 59 months.....	1,300	DC <input checked="" type="radio"/> BG DK	"	DC <input checked="" type="radio"/> BG DK
e. Number of children 0 - 6 years (0 - 72 months).....		DC BG <input checked="" type="radio"/> DK		DC BG <input checked="" type="radio"/> DK
f. Women aged 15 - 19 years.....	850	DC <input checked="" type="radio"/> BG DK	"	DC <input checked="" type="radio"/> BG DK
g. Women aged 35 - 49 years.....	1,450	DC <input checked="" type="radio"/> BG DK	"	DC <input checked="" type="radio"/> BG DK
h. Women aged 15 - 49 years.....	5,000	DC <input checked="" type="radio"/> BG DK	"	DC <input checked="" type="radio"/> BG DK
i. Approximate number of births during FY 1990.....	800	DC <input checked="" type="radio"/> BG DK	"	DC <input checked="" type="radio"/> BG DK

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

Schedule 1 DEMOGRAPHIC CHARACTERISTICS/PVO SCHEDULE

(Continued)

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

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

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

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

A census of the project area was performed at the start of the Child Survival program, and it serves as the basis of the data system.

Schedule 2 DIARRHEAL DISEASE CONTROL

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

COMMODITIES

- 2-1 During FY 91, were project funds committed for the purchase of ORS packets with the intention of distributing them to consumers? (CIRCLE ONE) 1 - Yes → COMPLETE ITEM 2-2
2 - No } SKIP NOW TO ITEM 2-3
9 - Don't Know }
-
- 2-2 If yes, write the number of packets purchased with USAID funds. No. of Packets
1,000 1 ltr.
*DC BG DK PACKET SIZE
Source of information (in CCs or Liters)
-
- 2-3 Did the project support or promote the distribution of ORS packets (USAID, gov't or other donor purchased) through the national CDD program or through some other diarrheal disease control project or program? 1 - Yes, the national CDD } COMPLETE ITEM 2-4
2 - Yes, an independent program }
3 - No } SKIP NOW TO ITEM 2-5
9 - Don't Know }
-
- 2-4 As part of that program, have packets been sold or are there plans to sell them? 1 - Have been sold } PLEASE DESCRIBE IN ITEM 2-12
2 - Plans exist for sales }
3 - Sales not envisioned
9 - Don't Know
-
- 2-5 Did the project sponsor or promote the production of ORS packets within the participating country? 1 - Funds have been committed } COMPLETE ITEM 2-6
2 - Promoted, but funds not committed }
3 - No involvement with production } SKIP NOW TO ITEM 2-7
9 - Don't Know }
-
- 2-6 Did the project sponsor or promote production of ORS packets by any of the following organizations or businesses? (CIRCLE ALL THAT APPLY)
- 1 - Governmental organizations
 - 2 - Private, commercial businesses
 - 3 - Joint governmental/commercial ventures
 - 4 - Other organizations

TRAINING

- 2-7 During FY 91, were project funds committed to support training in the control of diarrheal disease? 1 - Yes → COMPLETE ITEM 2-8
2 - No } SKIP NOW TO ITEM 2-9
9 - Don't Know }
-
- 2-8 Which of the following types of people received training as a consequence of project support? (CIRCLE A RESPONSE FOR EACH CATEGORY)
- | | YES
Substantial
Activity | YES
Minor
Activity | NO | DON'T
KNOW |
|--|--------------------------------|--------------------------|----|---------------|
| a. Physicians..... | 1 | 2 | 3 | 9 |
| b. Nurses..... | 1 | 2 | 3 | 9 |
| c. Community Health Workers..... | 1 | 2 | 3 | 9 |
| d. Traditional Healers..... | 1 | 2 | 3 | 9 |
| e. Community Leaders and Family Members..... | 1 | 2 | 3 | 9 |
| f. Others (specify)..... | 1 | 2 | 3 | 9 |

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

Schedule 2 DIARRHEAL DISEASE CONTROL

(Continued)

STRATEGIES

2-9 During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities designed to prevent or treat diarrheal diseases or dehydration? (PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW.)	YES Substantial Activity	YES Minor Activity	NO	DONT KNOW
a. Free distribution of ORS packets through the public sector.....▶	1	5	3	9
b. The selling of ORS packets through the public sector.....▶	1	2	3	9
c. Marketing of ORS packets through commercial outlets or private health care providers.....▶	1	2	1	9
d. Promotion of sugar/salt solution prepared in the home.....▶	1	2	3	9
e. Promotion of other home-based solutions.....▶	1	2	3	9
f. Promotion of continued breastfeeding during diarrhea.....▶	1	2	3	9
g. Promotion of other appropriate feeding during and after diarrhea.....▶	1	5	3	9
h. Hygiene education.....▶	1	2	3	9
i. Improved water or sanitation.....▶	1	2	3	9
j. Modification of curriculum in medical or nursing schools.....▶	1	2	3	9

TECHNICAL ASSISTANCE

2-10 During FY 91, did the project provide technical assistance for improving diarrheal disease control programs? (CIRCLE ONE)	1 - Yes, Substantial Activity	3 - No
	2 - Yes, Minor Activity	9 - Don't Know

CHILD SURVIVAL INDICATORS

2-11 What is the ORT Use Rate (see the Instructions for Information on definitions) in the project area?	
a. ORT Use Rate.....▶	39%
b. Date (mo/yr) data was collected.....▶	9/91
c. Source of the data used to make the estimate.....▶	DC BG DK
<p>d. If a data collection system was used, please describe it. If possible, please include in the description the agency responsible for the system (MOH, WHO, UNICEF), the scope of the system (national or project area specific), the permanence of the system (special study or ongoing monitoring system), the methodology of collection (sample survey, clinic-based statistics, village-based statistics), and the computational procedure (weighting in a sample, weighting of data from clinics or villages, etc.). (Attach additional sheets if necessary.)</p> <p style="text-align: center;">The information was collected for the final Child Survival evaluation. The project staff used a 30-cluster sample for the Knowledge and Practice survey in the program catchment area.</p>	

ADDITIONAL BACKGROUND INFORMATION

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

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

Schedule 3 IMMUNIZATION

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

COMMODITIES

3-1 During FY 91, were project funds committed for the purchase of vaccines? (CIRCLE ONE ANSWER) 1 - Yes → COMPLETE ITEM 3-2
2 - No } SKIP NOW TO ITEM 3-3
9 - Don't Know

3-2 How many doses of each vaccine were purchased with USAID funds?	BCG	DPT	Polio	Measles	Tetanus
Source of information (CIRCLE ONE)	*DC BG DK				

3-3 Did the project support or promote the distribution of vaccines (USAID, gov't or other donor purchased) through the national EPI program or some other vaccine distribution program or project? (CIRCLE ONE) 1 - Yes, the national EPI } COMPLETE ITEMS 3-4 THROUGH 3-6
2 - Yes, another program or project
3 - No } SKIP NOW TO ITEM 3-7
9 - Don't Know

3-4 During FY 91, how many children were vaccinated as part of that program?	BCG	DPT1	DPT3	Polio1	Polio3	Measles
a. Children of all ages.....	555	538	482	538	482	532
b. Infants under one year.....	553	527	425	527	425	342
c. Source of information.....	<input checked="" type="radio"/> DC BG DK					

3-5 During FY 91, how many women were vaccinated with tetanus toxoid as part of that program? 542
 Source of information (CIRCLE ONE) DC BG DK

3-6 At any time during FY 91, were fees charged for vaccinations during that program? 1 - Yes → PLEASE DESCRIBE IN ITEM 3-12
2 - No
9 - Don't Know

TRAINING

3-7 During FY 91, were project funds committed to support training in immunization? (CIRCLE ONE) 1 - Yes → COMPLETE ITEM 3-8
2 - No } SKIP NOW TO ITEM 3-9
9 - Don't Know

3-8 Which of the following types of people received training as a consequence of project support? (CIRCLE A RESPONSE FOR EACH CATEGORY)	YES Substantial Activity	YES Minor Activity	NO	DONT KNOW
a. Physicians.....	1	2	<input checked="" type="radio"/> 3	9
b. Nurses.....	1	2	<input checked="" type="radio"/> 3	9
c. Community Health Workers.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
d. Traditional Healers.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
e. Community Leaders and Family Members.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
f. Others.....	1	2	<input checked="" type="radio"/> 3	9

(Please Specify)

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

Schedule 3 IMMUNIZATION

(Continued)

STRATEGIES

3-9 During FY 91, did the project sponsor, promote or participate in any of the following vaccination strategies or activities?

(CIRCLE THE CHOICE THAT MOST NEARLY APPLIES FOR EACH STRATEGY)

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

TECHNICAL ASSISTANCE

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

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

CHILD SURVIVAL INDICATORS

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

	BCG	DPT3	Polio3	Measles	Tetanus
Percent of fully vaccinated children, 12 - 23 mos. of age...	54.6%	51.0%	51.0%	48.4%	26.1%
Date (mo/yr) data was collected.....	9/91	9/91	9/91	9/91	9/91
Source of information (CIRCLE ONE).....	<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK	<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK	<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK	<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK	<input checked="" type="radio"/> DC <input type="radio"/> BG <input type="radio"/> DK

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

The FFH/FPAN project maintains register of infants/children and females in the project area involved in the immunization program. The data are taken out of the register and compiled in a running list of different cohort groups (0-11, 12-23, ...). This is an ongoing monitoring system.

ADDITIONAL BACKGROUND INFORMATION

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

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

Schedule 4 NUTRITION

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

COMMODITIES

4-1 During FY 91, were project funds committed for the purchase of any of the following:

(CIRCLE THE CHOICE THAT MOST NEARLY APPLIES)

	YES	NO	DONT KNOW
a. Food.....	1	6	9
b. Vitamin A.....	1	6	9
c. Iron.....	1	2	9
d. Weighing Scales.....	1	2	9
e. Growth Monitoring Charts.....	1	2	9
f. Other (specify).....	1	2	9

STRATEGIES

4-2 During FY 91, did the project sponsor, promote or participate in any of the following strategies or activities designed to improve nutrition?

(PLEASE CIRCLE A RESPONSE FOR EACH OF THE STRATEGIES LISTED BELOW)

	YES Substantial Activity	YES Minor Activity	NO	DONT KNOW
a. Infant and Child Feeding Practices				
1. Increased duration of breastfeeding.....	1	3	3	9
2. Exclusive breastfeeding.....	1	3	3	9
3. Proper weaning and child feeding.....	1	3	3	9
4. Hospital practices supporting breastfeeding.....	1	2	3	9
5. Other approaches promoting initiation of breastfeeding.....	1	3	3	9
6. Modification of curriculum in Medical or Nursing Schools.....	1	2	3	9
b. Breastfeeding in the context of other interventions				
1. Breastfeeding during diarrhea.....	1	2	3	9
2. Contraceptive practices that preserve breastfeeding.....	1	2	3	9
c. Growth Monitoring				
1. Community-based.....	5	2	3	9
2. Clinic-based.....	1	3	3	9
3. Promoting the concept.....	1	3	3	9
d. Nutrition Surveillance				
1. Identification of nutrition problems.....	1	2	3	9
2. Monitoring the impact of economic policy.....	1	2	3	9
e. Vitamin A				
1. Assessment of levels of deficiency.....	1	2	3	9
2. Supplementation (capsules or liquid).....	1	2	3	9
3. Food fortification.....	1	2	3	9
4. Home and community gardens.....	1	2	3	9
f. Private Sector				
1. Commercial production/marketing of weaning foods.....	1	2	3	9
2. Commercial production/marketing of Vitamin A.....	1	2	3	9
3. Other (specify).....	1	2	3	9
g. Supplementary Feeding Programs				
1. Food for work.....	1	2	3	9
2. Food in support of Maternal Child Health Programs.....	1	2	3	9
3. Emergency Food Relief.....	1	2	3	9
4. Other (specify).....	1	2	3	9

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

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

Schedule 4 NUTRITION (Continued)

TRAINING

- 4-4 During FY 91, were project funds committed to support training in **infant and child feeding practices and/or growth monitoring?** (CIRCLE ONE)
- 1 - Yes →
 2 - No
 9 - Don't Know
- COMPLETE ITEM 4 - 5
 SKIP NOW TO ITEM 4 - 6

4-5 Which of the following types of people received training as a consequence of project support? (CIRCLE ALL THAT APPLY)	Infant and Child Feeding Practices				Growth Monitoring			
	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW	YES Substantial Activity	YES Minor Activity	NO	DON'T KNOW
a. Physicians	1	2	<input checked="" type="radio"/> 3	9	1	2	<input checked="" type="radio"/> 3	9
b. Nurses	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
c. Community Health Workers.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
d. Traditional Healers.....	1	2	<input checked="" type="radio"/> 3	9	1	2	<input checked="" type="radio"/> 3	9
e. Community Leaders and Family Members.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
f. Other	1	2	<input checked="" type="radio"/> 3	9	1	2	<input checked="" type="radio"/> 3	9

TECHNICAL ASSISTANCE

- 4-6 During FY 91, were project funds committed to the provision of technical assistance in support of nutrition activities? (CIRCLE ONE ANSWER)
- 1 - Yes, Substantial Activity
 2 - Yes, Minor Activity
 3 - No
 9 - Don't Know

CHILD SURVIVAL INDICATORS

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

	Group 1	Group 2	Group 3	Group 4
Target Group.....	Children 0-11 mos.	Children 12-23 mos.	Other <u> </u> (Specify)	Other <u> </u> (Specify)
Estimated Rate of Malnutrition.....				
Date (mo/yr) of estimate.....				
Source of Information (CIRCLE ONE)	*DC BG <input checked="" type="radio"/> DK	*DC BG <input checked="" type="radio"/> DK	*DC BG <input checked="" type="radio"/> DK	*DC BG <input checked="" type="radio"/> DK

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

ADDITIONAL BACKGROUND INFORMATION

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

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

Schedule 5 HIGH RISK BIRTHS

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

COMMODITIES

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

1 - Yes
 2 - No
 9 - Don't Know

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

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

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

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

TRAINING

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

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

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

	YES Substantial Activity	YES Minor Activity	NO	DONT KNOW
a. Physicians.....	1	2	<input checked="" type="radio"/> 3	9
b. Nurses.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
c. Community Health Workers.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
d. Traditional Healers.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
e. Community Leaders and Family Members.....	1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	9
f. Others.....	1	2	<input checked="" type="radio"/> 3	9

(Please Specify)

STRATEGIES

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

	YES Substantial Activity	YES Minor Activity	NO	DONT KNOW
a. Breastfeeding.....	1	<input checked="" type="radio"/> 2	3	9
b. Other Natural Family Planning.....	1	2	<input checked="" type="radio"/> 3	9
c. Sterilization.....	1	<input checked="" type="radio"/> 2	3	9

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

Schedule 6 HIV/AIDS ACTIVITIES

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

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

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

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

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