

Appendix I Baseline EWB Community and Health Assessment Survey

Project: Malingua Pamba

Chapter: Denver Professional

Date of survey: November 7-11, 2006

Location & Source of Information:

Rocia, the teacher in Tunguiche, was interviewed in her apartment. She has resided and taught in the community for ten years.

Group of 8 Tunguiche women interviewed in the community commons.

Four families from Malingua Pamba interviewed in their homes.

Section One: Regional Demographics Tunguiche

***How many people will benefit from this project? 650*

For the entire community:

***Number of families: 120*

***Number of adult men (16 years or older): 195*

***Number of adult women (16 years or older): 273*

***Number of children ages:*

< 1 year: 29

1-4 years: 40

5-15 years: 113

***Number of elders greater than 50 years*

***What ethnic groups or tribes live in the area that will be served by the project and the approximate size of each group: Quechua*

What is the average age that women start to have children:

13-15

Average number of children per woman of childbearing age.

7-8

Number of disabled persons in the community (mental and physical):

~1%

Section 2: Community Illness / Injury Information

***What are the 5 most important illnesses/injuries affecting people in the community?*

1. Illness or injury: gastrointestinal issue, termed parasites or amoebas.

Estimate the number/percentage w/ this problem every year:

Children: 100%
 Younger adults: 100%
 Older adults: 100%

Is this illness/injury gender specific? If so, does it affect more men or women? NA

What do people think is the cause of this illnesses/injury or condition in the community? The teacher in Tunguiche is aware of water quality issue, particularly when water supply is interrupted and the village is forced to pull water from the stream. The other individuals were not sure the source. There was not one belief, many did not know, some thought the wetter or colder seasons others thought the windier and hotter seasons brought sickness.

How is it treated? By whom? Where?

It is treated locally with teas and herbs. If unusually bad, those affected may approach the village shaman who diagnoses and treats health issues with a guinea pig. Once a year the Federal government provides anti-parasite pills.

2. Illness or injury: arthritis

Estimate the number/percentage of population with this problem each year:

Children: 0%
 Younger adults: very few, if any
 Older adults: vast majority.

Is this illness/injury gender specific? If so, does it affect more men or women?

Although it affects both genders, the impact on women appears to be greater.

What do people think is the cause of this illnesses/injury or condition in the community?

Women appear to suffer from osteopathic issues much more often than men. The majority of older women, those approx 40+, were severely stooped with marginalized mobility.

How is it treated? By whom? Where?

Herbal treatments if any.

3. Illness or injury: headaches & nose bleeds (Tunguiche only)

Estimate the number/percentage of population with this problem every year:

Children: 50%
 Younger adults: 50%

Older adults: Not sure, teacher was only able to observe the symptoms in the younger population as she is with them on a daily basis. The other adults interviewed did not mention headaches and nose bleeds as reoccurring health issues.

Is this illness/injury gender specific? If so, does it affect more men or women?

NA

What do people think is the cause of this illnesses/injury or condition in the community? “Seasonal illness” but those interviewed were not able to clarify when pressed to decide in which seasons the symptoms were most acute, identifying the colder and wetter seasons.

How is it treated? By whom? Where?

If treated, it is treated locally with herbal remedies.

Note: Per information provided to the team by the NGO, the most common maladies reported by the nurse at the Isinlivi clinic are listed below. As is evidenced by this report, please note that this listing does not correlate directly with the maladies reported by those individuals interviewed by EWB team members.

skin fungus

granos escabiosis (which we think means acne)

malnutrition

diarrhea

pneumonia

***Is there a difference between the overall health of women and the health of men?*

See #2 above

Is malaria considered a problem in the community?

NO (high altitude, temperate climate)

Is HIV/AIDS considered a problem in the community?

NO

Is testing for HIV/AIDS available?

NO

Is tuberculosis (TB) considered a problem in the community?

Not a constant threat, however a 23 year old person died due to no treatment approximately one year ago.

Where do most of those with TB go for treatment?

Treatment would be sought from Isinlivi, a 5-6 hour, round trip walk.

Section 3: Morbidity / Mortality Information

***What is the average life span of women?*

60, it used to be 70; however Rocia believes that the increase of processed, non-locally grown foods in the community’s diet has decreased the lifespan. She also was concerned that the hormones injected into the chicken affect lifespan, a farming practice which began in the last 5-10 years.

Men?

60, see above.

***Total number of births in the community each year*

10

****Total number of deaths in the community each year**

11

****Number of children less than 1 year old that die each year:**

1 or less

****Most common causes of death**

- : #1 age
- #2 untreated injuries
- #3 _____
- #4 _____
- #5 _____

****Are there certain diseases that always occur at specific times of the year? Explain.**

See #2 and 3 above.

Number of children from 1 to 5 years old that die each year

<1%

<1 year: approx 5

Stillbirth: <1%

Number of women who die during childbirth each year.

2-3

Section 4: Daily living information

Water

****Where do people get water (streams, springs, household taps, community taps, rainwater, wells)?**

Drinking:

If the water system is working, water is pulled from taps at the village center.

Cooking:

See above.

Bathing:

See above

Hand-washing:

See above

Animals and Livestock:

The stream or river

Irrigation:

The village's irrigation system does not work. Irrigation water is pulled from drinking water taps or from the stream.

****On average, how far do people have to travel to get to their drinking water source?**

Onsite to ¼ mile

****Is there enough water during all times of the year? If not, during which season(s) is there not enough?**

No, draught punctuates the year, with the most severe from June through September in Tinguiche and July through August in Malingua Pamba.

If wells are used, how many are there?

NA

Where are the water sources located?

The five springs to which the region maintains water rights are located above Malingua Pamba.

What are the methods of water purification used in the area?

None

Food

****Describe a typical meal.**

Tinguiche: Fava beans, corn-porridge beverage, with meat approximately once a month.

Malingua Pamba: Potatoes, favas, rice, soup, with meat approximately once a week.

****Is there enough food for everyone during all times of the year?**

Tinguiche: No

Malingua Pamba: Generally yes

****Is malnutrition a problem?**

Yes in Tinguiche, less apparent in Malingua Pamba.

What are the problems:

Distended stomach (not sure if this symptom is due to malnutrition or gastrointestinal issues), low birth weights of babies, fatigue, decreased learning aptitude

Where and how do people get food? What ways are used to acquire food (e.g. grazing, hunting, farming, brought into local market from outside the community, etc.)?

Farming success is limited in Tinguiche, locally grown food must be supplemented with food brought in from local markets.

Malingua Pamba has a solid and relatively successful growing season that allows for the majority of their food to be grown locally and supplemented with salt, rice, oil and beef (rarely).

How many meals a day do people eat?

2-3

How does a child's diet differ from an adult?

All diets are the same

How does a woman's diet differ from a man's?

See above.

Does this change when the woman is pregnant?

The same diet is available, however, in Tinguiche women tend to eat less due to nausea and in Malingua Pamba women generally eat more milk and meat during pregnancy.

What, if any foods are considered taboo?

None

What percentage of women breastfeed their children?

100%, through 1 ½ to 2 years old.

Sanitation

***What do people use for bathroom facilities and what is the approximate percentage of each?*

Flush toilet:

In Tinguiche, almost every household has a flush toilet on septic, shower and sink, however none has ever been functional. The same situation is in Malingua Pamba, however, not every household has modern (albeit unplumbed) facilities.

Indoors See above

Outdoors 100%

Pit latrines 0

Neighboring fields: likely

Other, describe

***How do people dispose of their garbage?*

The school in Tinguiche manages the village's composting.

Generally, organic waste goes to the animals, non-organic waste is either burned or dumped in the neighboring ravines.

What percentage of homes has bathroom facilities (either indoors or outdoors)?

About 80% have facilities, however none of them are fully functional work.

Are there community bathroom facilities? How many and where are they?

Tinguiche: 6 stalls at the school, rarely functional.

Malingua Pamba: 1 composting toilet in the village commons

Are bathroom facilities of some sort available to all community members?

No

Are there community garbage dumps? If so, where are they located?

See above.

Section 5: Community Health Resources

****What is the nearest health facility? Is this an in-patient facility (people spend the night like in a U.S. hospital) or outpatient only?**

Isinlivi, approximately a 5-6 hour, round-trip walk, provides outpatient services. The nearest hospital is the Claudio Benati Hospital in Zumbahua, a 2 ½ hour drive with a good car. The hospital has 35 beds, including an isolation unit for TB patients, an outpatient clinic, an emergency room, and surgical, labor, and delivery rooms. It is staffed by three to four full-time doctors, two midwives, two dentists, and six to eight nurses. They also have a small cadre of nursing students. The hospital serves a population of about 50,000 and has about 1,100 hospital visits and 12,000 outpatient visits per year.

****Who staffs this facility? (physician, nurse, health aide, traditional healer)**

A traveling nurse is stationed in the Isinlivi clinic and is in the office approximately 2 days per week.

****Does the health facility have constant, reliable electricity (24/7)?**

Yes, the power is as reliable as it is in other village centers, which means that multiple day outages are considered normal.

****How do most people get to this facility?**

Walk, or occasionally if the medical issue is severe, an Italian expat may pick up the injured/ill. However, Tunguiche does not maintain phone service, so community members rarely connect with the expat.

****What types of traditional health care providers are in the community?**

Tunguiche: a traditional healer

Malingua Pamba: One of the locals has some medical training from the secondary school in Latacunga and he is who usually provides medical advice and treatment.

How many of each type are there?

1

****What percentage of children in the community is immunized?**

Very few children are immunized in Tunguiche, however almost all infants from Malingua Pamba are immunized.

100% of 18-45 year olds have been immunized for tetanus, a federally funded campaign came through 6 months prior.

****What are the barriers to immunization? (cost, transportation, availability, lack of electricity, cultural taboos, other...)**

Cost, transportation, availability – immunizations are available in Isinlivi.

****What public health programs are functioning in the community?**

Tunguiche: The teacher teaches some basic health classes and is hoping to start to offer family planning classes in the near future.

Malingua Pamba: The village president is trying to coordinate a day during which a doctor would come to evaluate the health of the community. As of the time of this report, the event had not been coordinated.

How far is it from the community?

The Isinlivi clinic is the nearest, approximately a 5-6 hour round trip walk.

Is transportation a barrier to obtaining medical treatment?

Yes

Is cost a barrier to obtaining medical treatment?

In some cases; however access appeared to be the driving issue.

Where do these traditional health care providers receive their training and what sort of training do they receive?

Some are “gifted” some study with an older healer.

Where do the children receive immunizations?

Isinlivi

What immunizations are available for children (Measles, Mumps, Rubella, tetanus, polio, pneumovax, influenza, Hepatitis A, Hepatitis B, other?)

Unsure, our NGO is trying to find this information out.

Who provides the vaccines/immunizations?

The Isinlivi clinic.

Do parents pay for the vaccines?

Yes

Where do people get their medications?

If they are pursued, medications are provided by the Isinlivi clinic.

How do they pay for their medications?

With income from farming, or they go without meds if they do not have funds.

Section 6: Education / Health Education

***Is there a school(s) in the community? (how many and what types, and how many students in each)*

Primary

of schools: 2

of students in each: 70 (Tunguiche) and 61 (MP)

Secondary

of schools: 1

of students in each: Unknown, the school is located in Latacunga and serves the mountain secondary schools for the region.

University / Technical college / Vocational

of schools: 1
 # of students in each: unknown

Religious

of schools unknown
 # of students in each

****What is the literacy rate in the region?**

Percentage of those who can read

80% of men can read, fewer women can read

Few can write

Some can sign their name only

At least one person per household cannot read or write

****To whom does the community turn for health information / education? (family, village nurse, traditional healers, teachers, radio, TV)**

Tunguiche: The traditional healer and the teacher

Malingua Pamba: See above

Is there a health educator in the community?

Tunguiche: The teacher provides instruction classes on general health to the children.

Malingua Pamba: no

If they are not the same person, do the health educators have a good relationship with the health care providers in the community?

The turnover of the nursing position is relatively high, so there is no relationship between the nurse and the outlying communities.

Section 7: Transportation / Communication

****Does public transportation go into the community?**

Tunguiche: No, a bus goes by on the highway approx 4 miles away.

Malingua Pamba is served by a daily bus route.

****How many households have, or have regular, unlimited access to:**

Tunguiche:

Radio: 50% of households

Television: 10 households

Telephone (cellular or landline): NO

Access to a newspaper: NO

Vehicle: NO

Malingua Pamba:

Radio: 100%

Television:

Telephone (cellular or landline): Yes, at least six people have cell phones

Access to a newspaper: NO

Vehicle: one