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**FINAL REPORT OF THE EVALUATION  
OF THE CRS/CARITAS EL SALVADOR MOTHER-INFANT PROGRAM  
MODIFIED FOR FISCAL YEARS 1990 - 1991**

**C.R.S. CONTRACT**

**CONSUSALUD MIP/EV AGREEMENT**

**No. 01-01-90**

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## A C K N O W L E D G E M E N T S

CONSUSALUD, S.A. DE C.V. hereby express its gratitude to CATHOLIC RELIEF SERVICES for the distinction and confidence demonstrated while carrying out the important study: "Evaluation of the CRS/Cáritas El Salvador Mother-Infant Program Modified for Fiscal years 1990 - 1991".

Likewise, expresses the gratitude, they earned, to CARITAS staff as they gave us their essential assistance with good will and timely.

Last, we mention our gratitude to technical and auxiliary staff for the persevering job and specifically to the secretaries for their patience and diligence demonstrated in the preparation of this report.

## ABBREVIATIONS USED

<b>A.I.D.</b>	<b>Agency for International Development</b>
<b>B.C.G.</b>	<b>Anti-tuberculosis vaccine</b>
<b>K.A.P.</b>	<b>Knowledge, Attitudes and Practices</b>
<b>C.R.S.</b>	<b>Catholic Relief Services</b>
<b>D.P.T.</b>	<b>Vaccine against Diphtheria, Polio and Tetanus</b>
<b>I.N.C.A.P.</b>	<b>Nutrition Institute of Central America and Panama</b>
<b>N.C.H.S.</b>	<b>National Center Health Statistics</b>
<b>D N/N A</b>	<b>Doesn't know or no answer</b>
<b>W.H.O.</b>	<b>World Health Organization</b>
<b>M.I.P.</b>	<b>Mother-Infant Program</b>

## EXECUTIVE SUMMARY

### 1. GENERALITIES

Catholic Relief Services hired the services of CONSUSALUD, S.A. DE C.V. to realize the Evaluation of the C.R.S./Cáritas El Salvador Mother-Infant Program, Modified Operations Program for Fiscal Years 1990-1991.

The study was realized in three stages, in accordance to its design: the first one to establish the frame of reference, was realized in two phases due to reasons arising from the situation, the first one starting March 26 ending April 7 and the second one starting April 23 ending May 6, 1990.

The second stage was realized from May 7th to 28th, 1990 and the third and last stage, in its field part, from January 7th to 24th, 1991.

### 2. HEALTH OF THE INFANT BENEFICIARY POPULATION

#### 2.1 General Health Conditions

- The general health conditions, estimated on an direct personal observation basis, showed that skin and teeth general conditions improved from May 90 to January 91.
- The infant vaccination covering is kept at satisfactory levels.
- Presuming a possible influence of some seasonal factor, an improvement on the prevailing morbidity from May 90 to January 91, was observed.
- From one survey to another, the number of infant whose weight was registered in the corresponding cards, since 50% already benefit from this measure.

## 2.2 Nutritional Condition

- Comparison of information collected in Survey I and II with respect to percents of adequacy of the weight of children applying the Gómez classification, shows that in Survey III there is an increase in the group classified as normal and in a parallel direction a decrease of the group classified as malnourished level II; after submitting these data for statistic difference test between the two proportions it was concluded that the last data has some statistic significance.
- Information related to Weight-Height-Age indicators, in accordance to N.C.H.S. classification in general shows some improvement, which is consistent with information collected in the Gomez classification.
- In relation with the protein adequacy as well as the caloric, percentages obtained in the III Survey point in general towards an improvement of nutritional conditions, having some significance the ones related two the age groups of 1 year old to younger than 3 years old, and the one of 3 to 6 years old in the caloric adequacy and in the age group of 3 to 6 years old in the protein adequacy.

## 3. SOCIO-ECONOMIC LEVEL OF BENEFICIARY FAMILIES

- The occupation of day/unskilled labourer prevails, followed by farm worker/peasant. The percent difference between occupations in both Surveys reflect labor movement natural of unskilled labor.

- Salary levels have no relation with number of family members. 15% of heads of families earn the minimum wage; and 37% earns between "20" and "2300" in an aleatory way. We deal with a precarious population.
- The monthly economic contribution of other family members for family sustainability is low, since in 64% of homes they make no contributions or is not known. The remaining 36% of contributors are distributed in percentages without mayor statistic significance.
- Comparing percentages of Survey I and III an increase is noticed in the number of families which produce their own food, in 8 of the 9 items considered. But the reduction of the number of families who do not produce any food from 38% (I) to 20% (III), shows that the increase noticed in production could be due to sample differences.
- In relation to housing, three fourths have soil floors; only 14% have water in their houses, but more than 65% have latrines; only 3% benefit from the garbage trucks.
- More than 62% of the families produce some of their own food.

#### 4. KNOWLEDGE, ATTITUDES AND PRACTICES ABOUT HEALTH AND FOOD OF BENEFFICIARY MOTHERS.

They show a moderately open attitude towards change, considering:

- The form they use to choose the names of their children,
- around 12% look for them in the almanac, 52% are named by the father and 25% are named because she likes the name or

because it is in fashion.

As can be expected, attitudes Traditionallism-Transition

- Progress applied to the percentages mentioned (Almanac, named by the father, it is in fashion) remained constant in the 2 Surveys. This attitude is not significantly modified by the mother's age.
- What they do when someone at home gets sick, about 75% consults the Health Center and 18% receive home treatment.
- The percentage of the ones who consult Health Centers increased from the I to the III Survey from 73% to 83%.
- The diet they impose children when sick, 7% suppress all food, 32% special diet and 61% eats all food. As expected, Traditionallism-Transition-Progress attitudes applicable to percentages mentioned remain constant for Surveys I and II.
- Food provided to pregnant and nursing mothers, as appears they give them all kinds of food. They give mainly soups and "atoles" to sick children.
- For the practice of nursing, since only 5 to 6% does not nurse their children. About 60% of the mothers nurse their children for a year or more.

Further, the demographic characteristics, it is deduced that

- The civil status distribution of mothers interviewed correspond to national traditional distribution; in other words, predominance of living together over married, 46% against 30% and 15% divorced/separated. This is the typical distribution of civil status in a "macho" society. However, calls for attention the distribution of civil status by age, since

widows are almost a third of each age group -condition that could be related with the current civil war in El Salvador.

The civil status distribution of a "macho" derivation does not contradict the moderately open change detected in other studies.

- Actively participates in some activities of the N.C. just in an approximately 25%. The other three quarters limit themselves to receive the food granted.
- Has reduced her active participation in activities of the M.I.P. from Survey I to III.
- Applies knowledge offered on food in a 50% and about hygiene in a 25%.
- Identifies subjects addressed in the Nutritional Centers just in a 25%. As per her opinion, subjects more frequently addressed refer to the use, preparation and quality of food and hygiene.
- 60% interviewed mothers identify Caritas as the donor institution of food received.

##### 5. IN RESPECT DIRECTLY TO THE M.I.P.

- For the admission of beneficiaries to the program, there is no religious discrimination.
- The Operations Manual is obsolete.
- The program suffers of quantifiable goals, which makes it difficult to measure possible achievements.
- The monthly deliver of individual food ration, which in practice is consumed by all the members integrating the home of the beneficiary, makes it less possible to reach a true im-

pact in the children's nutritional status.

- Supervision and/or visits to N.C. are not realized with the necessary frequency, among other causes because of lack of personnel, transportation, trip expenses and/or per diem.
- All records related to food control, are adequately handled both at Diocesan and Nutritional Center level.
- In other aspects, records are not satisfactory, e.g.: weight curve, training received and given, etc.
- Activities tending to verify in the beneficiaries domicile, the final use of food granted, has not yet been realized.
- The necessary educational guides are not available yet and new scales and cards have not been delivered.
- Agriculture production and development activities have not reached foreseen percentages, but it is considered this is an entry which shows promising in the near future.

## I N T R O D U C T I O N

This document contains the Final Report of the Evaluation of the C.R.S./Caritas El Salvador Mother-Infant Program Modified for - Fiscal Years 1990-1991.

Technical and auxiliary personnel mentioned in the respective Plan participated in the Evaluation task.

The Evaluation Plan was designed to be carried out in three stages. The first will consist of acquiring basic information about the health situation, emphasizing the nutritional condition of children under 6 years of age and the socio-economic situation of the families who benefit from the program, including the study of the K.A.P. (Knowledges, Attitudes and Practices) of participating mothers.

In other words, the first stage of the Evaluation will establish a frame of reference which will be used afterwards to measure the program's achievements.

The first stage was programmed to be carried out during the last two weeks of March and the first week of April, but due to several circumstantial factors it had to be carried out in two stages: the first stage from March 26 to April 7 and the second stage from April 23 to May 6, 1990.

In accordance to the Operations Plan of the Evaluation, the second stage's purpose was to know the level of implementation reached by the modified M.I.P. and was carried out during the period from May 7 to May 28, 1990.

A questionnaire and its respective instructive was used during this period, which was prepared to be filled in personal interviews to members of the boards of agriculture or development projects.

Because the modified M.I.P., could not start in October, 1989, has was anticipated, but until February, 1990, the Consultant firm timely proposed that to be able to measure a complete year of Work, the Third Stage (Survey) of the Evaluation Plan will be carried out in February and March 1991, instead of October 90 as was originally programmed, but in consideration to urgency stated by AID to know about the results and consequently take pertinent decisions about the future of the program, it was agreed to advance the date proposed and in this way it was realized, in its field part, from January 7 to January 24, 1991.

The information corresponding to the section "Devolement of the modified M.I.P.", was collected by Supervisors by interviewing: the different Volunteer of Nutritional Centers visited, the Tea chers-Promoters and the Directors of the respective Dioceses, for the III Stage (Survey).

The investigation was designed as an Opinion Poll and as an in site recollection of nutritional anthropometric data, as well as administrative data.

The information (First and Third Stage) was collected in pre-codified cards designed for each evaluation entry, by for temas of interviewers formed by 18 people: 10 graduated nurses and a graduate in Psychology, all of them from the staff of CONSUSA-LUD and 7 promoters from the respective Dioceses, both groups were previously trained. Each team had a Supervisor.

For the First Stage (Survey) the pretest of the questionnaires was given in two Nutritional Centers which were not included in the sample.

The information collected is presented in the parragraph: Field Results, divided in the two following sub-sections:

1. Comparison of data collected in Surveys I and III.  
The corresponding analysis are presented in this section, in groups as per the two main objectives of the Evaluation.
2. Development of the modified M.I.P.  
The contents of this section is presented linked with the four new or restructured elements of the modified M.I.P. and in relation to the third objective of the Evaluation.

The analysis and discussion of the information collected was carried out framed in the three objectives of the evaluation. The corresponding recommendations are presented below.

The annexes of this Final Report are presented in a separate volume, comprising the following:

- Statistical comparative charts in a correlative numerical order, each of these has enclosed the one corresponding to the III Survey.
- The card used in the Third Stage (Survey) and its corresponding Instructive.
- Forms to know about Nutrition Centers visited and/or supervised in each Dioceses, each month starting October 89 up to January 91.
- Form to know about training received by teachers-promoters 1990.
- Form to know about training given by teachers-promoters to Board Volunteers of the Nutrition Centers in 1990.

San Salvador, April 19, 1991

## I. THE C.R.S./CARITS MOTHER-INFANT PROGRAM

### 2.1. BACKGROUND

The C.R.S./Caritas El Salvador Mother-Infant Program, started in 1962 with the Infant Feeding Program, which with the sponsorship of the Agency for International Development, established and runned the office of Catholic Relief Services in El Salvador. In 1963 the administrative responsibility of this activity was delegated in Cáritas de El Salvador, through an agreement signed April 30, 1963.

The original activity was re-structured in 1974 as the Mother-Infant Program and in April 1978, Caritas El Salvador published the document, "Operations Mannual for the Mother-Infant Program", in which the final part of the introduction says:

"To reach a good operation of the program, an instrument is necessary to clearly define activities to be realized, to guide and coordinate work, to establish supervision criteria and rules, to provide guides on nutrition education and to point out evaluation and planning mechanisms. This instrument to badly needed is the "Operations Mannual for the Mother-Infant Program", which we present to all the people related with the program, hoping its indications will be put on practice".

It is possible that the mentioned Operations Mannual for the M.I.P. satisfactorily met its purpose in the years following to its publication, but without doubt, it sufered the deterioration of age since there is no evidence of neither a review nor an actualization.

## 2.2. OPERATION ELEMENTS

Problem to be solved.

Malnourishment is a serious manifestation of chronic maladjustments faced by salvadorean society. More than 70% of the infant population suffer of a level of malnourishment and approximately 35% of this population unders 6 years suffers of second or third level malnourishment. The causes of the manifestation of this social injustice are typified as of a multifactorial nature, and the responsibility of solving this involves many sectors. Thereof we can list the conditioning factors, which since many years ago determine the nutrition condition of the population, considering three categories: socio-political and economical, education-culture, demographic and ecological.

### a. Socio-Political and Economical.

The failure of reformist policies (agrarian reform and bank nationalization) and the maintenance of the war for more than 10 years, create the conditions which cause that more than 60% of the population is in extreme poverty: increased unemployment rates, speedily inflation, makes that majority of families lack of acquisition power to satisfy basic sustenance needs.

### b. Education-Culture.

Before the inefficiency of a food-nutrition policy; our population continues making wrong use of scanty resources intended for feeding and health: lack of adequate knowledge about health

and nutrition education prevents them to consume a balanced - diet based in available resources, likewise a maximum biological use of food. Likewise, wrong beliefs on nutritional properties of food frequently prevents an adequate nutrition.

c. Demographic and Ecological.

A fast population growth (more than 3% annually) in a country with decreasing and limited resources, dramatically increase poverty circles, not only in marginal urban areas, but also in rural areas; increasing more and more the difficulties of the heads of family to satisfy the health and food needs of their families. Likewise the use of the best land for export crops, the destruction of large extensions of farming land to be used for the building industry; maladjust even more the scarce possibilities for food of our population.

2.3 THE SPECIFIC OBJECTIVES OF THE M.I.P. ARE THE FOLLOWING:

- a) Improve nutrition and health conditions of 104,000 children under six years of age and of 26,000 pregnant and nursing women in participant communities of the 8 Dioceses, providing them with a ration of food as a diet supplement.

Depending on availability, the basic food ration will consist in:

- |         |            |
|---------|------------|
| * Oil   | 1/4 bottle |
| * Beans | 2 pounds   |

* Rice	3 pounds
* Corn flour	4 pounds
* Soybean flour	2 pounds

- b) Establish a growth oversight system in all the participant centers, to regularly supervise the weight of the 104,000 beneficiary children under six years of age; providing them with scales, growth cards and training for the use and interpretation of the same.
- c) Promote nutrition training programs for mothers providing them with technical, humanitarian and financial assistance - through the participant centers.
- d) Promote income generating and food production activities, specially soybean and other basic grains.

#### 2.4 MODIFIED OPERATIONS PLAN

The M.I.P. strictly speaking, has more than 16 years of existence and being born as a merely charitable assistance program, since 5 years ago attempts are being made to orient it in order to serve as phocus point to develop other different projects which Caritas presently realizes, such as Development, mainly agricultural type, infant survival, vocational attitudes, Medical Care Activities, etc.; attempting to "improve the health and nutrition condition of the participant population, in this

way favouring its administration towards a development more humanitary".

By the end of 1989, the M.I.P. was redesigned in accordance to the modified Operations Plan for the Fiscal Years 1990-1991, which precisely is the subject of the Evaluation.

The redesigned M.I.P. combines traditional activities with the new or restructured elements to improve its impact on the economic and health conditions of the beneficiaries and their families.

The new or restructured elements are identified as follows:

- a. Increase in the No. of beneficiaries.
- b. Improvement in the follow-up of the program.
- b. Training in Nutrition and Health.
- d. Food production and income generation activities.

References: The contents of this chapter was textually prepared from the following documents:

- Catholic Relief Services - United States Catholic Conference Program in El Salvador. Modified Operations Plan for Fiscal Years 1990-1991.
- CARITAS DE EL SALVADOR  
Operations Manual for the Mother-Infant Program (M.I.P.)  
San Salvador, April 1978.
- Action Plan for the Mother-Infant Program for the years 1991-1992.
- CARITAS DE EL SALVADOR  
"Yesterday and Today"

## II. PURPOSE AND OBJECTIVES OF THE EVALUATION

### I. PURPOSE

Asses the efficiency of the Mother-Infant Program redesigned by C.R.S./CARITAS.

### 2. OBJECTIVES

1. Asses the health conditions of children under six years of age and the socio-economic level of the families participating in the Program.
2. Carry out an investigation on the knowledges, attitudes, . and practices (K.A.P.) of mothers participating in the Program.
3. Determine if activities of the Modified Operations Plan and the administrative, educative, and agriculture production resources are adequate and sufficient to enhance the economic and health conditions of families participating in the Program.

### III. METHODOLOGY

#### I. The Sample

The sample size for I and III Survey were originally estimated to be 1,500 beneficiaries, including mothers and children.

The number of interviewers was determined with 95.0% reliability, with a distribution of 50.0% to each side of the normal curve and with a margin of error of 5.0%.

The sample was selected from a universe of 77,425 beneficiaries and was distributed according to the proportion of beneficiaries in each of the four Dioceses included in the evaluation.

The mothers and children who participated were selected at random in each Nutritional Center on the day of the monthly distrib

bution of foodstuffs. The respective Nutritional Centers were selected according to previous scheduling, given that each Center has a pre-established day for distribution.

#### DISTRIBUTION OF THE SAMPLE

DIOCESE	BENEFICIARIES		INTERVIEWS		% OF THE SAMPLE
	No.	%	Planned	- Carried Out	
ZACATECOLUCA	10,000	13	195	201	103
SAN VICENTE	15,000	19	285	358	125.6
SGO. DE MARIA	24,925	32	480	501	104
SAN SALVADOR	27,500	36	540	538	99.6
TOTAL	77,425	100	1,500	1,598	106.5

#### COMPARATION OF THE SAMPLE DISTRIBUTION OF I AND III SURVEY Chart 2

DIOCESE	INTERVIEWS		% OF THE SAMPLE	
	I	III	I	III
ZACATECOLUCA	130	201	67	103
SAN VICENTE	250	158	88	125.6
SGO. DE MARIA	490	501	102	104
SAN SALVADOR	578	538	107	99.6
TOTAL	1,448	1,598	97	106.5

In the I Survey 1,448 mothers were interviewed and 1,448 children were studied; in the III Survey 1,598 mothers and 1,598 children, which ensures a high level of exactitud in final results. Efficiency of sample I ws of 97% and of III of 106%.

#### 2. Study of K.A.P.

In accordance with the goals of the evaluation and the approved design, we studied the knowledge, attitudes and practices (K.A.P.) of mothers participating in the program.

The K.A.P. is an investigation of the mental structure of people. It is divided in the variable material life conditions (socio-economic status) way of thinking (ideology) and behaviour habits - which in this case it was deduced from the quality of participation in the tasks of the N.C. In operative terms the following scheme was followed:

K.A.P.:	Conditions	:	Social origin
	Socio-economic	:	Place within the labor market
	: Ideology	:	Idiological concept of family
		:	Attitude before scientific medicine
	: Participation in	:	Passive
	Community	:	Active

The complete scheme of which it forms part can be seen in Annexes.

Based in this scheme about 25 questions were included in the respective questionnaires (I, III Stage) which tried to collect the ideological spectrum of the mothers interviewed, which oscilate between Conservative and Progressist poles.

The placing of the answers of the interviewed in this scale was made based in percentages reached by some typical answers already used by Elisa Vásquez (1983) in her U.C.A. Thesis "Study of moral values of two generations" and by Ignacio Martín Baro (1986) in his U.C.A. essay "The ideology of the family in El Salvador".

Nevertheless, the questionnaire was not able to cover all the questions due to the fact that the Diocese of Zacatecoluca flatly refused to include any question relating to the number of pregnancies, spacing of the children, opinions on family planning, etc. Even though questions related to how they name their children, ethnomedic and feeding practices remained. The part the Diocese refused to include was decisive for the analysis of the ideological structure referred to in the K.A.P.

In spite of that, the data collected allows the formulation of a reliable approximation.

### 3. Health Conditions of the Infant Beneficiary Population.

#### 3.1 General Health

This was studied through personal appreciation conditions such as: physical aspect, state of skin, hair and teeth.

It was also tried to learn about the situation of illness that may be prevented by vaccination, as well as the prevailing morbidity, through characteristic signs and symptoms.

#### 3.2 Nutritional State

As in the First, in the Third Stage for the determination of the nutritional state of the infant population included in the study, the following anthropometric indicators were used: Weight/Age, Height/Age and Weight/Height and the dietetic analysis of its normal eating patterns.

### 3.2.1 Anthropometricity

The anthropometric evaluation was carried out by recording the age of the children in years and months, the height and length in centimeters, and the weight in pounds, which was translated into kilos in order to process the information for the NCHS - classification.

For the children's weight record, Borg brand bathroom scales were used, calibrated in pounds and ounces, with 280-pounds capacity. In situations where children refused to stand on the scale, an indirect method was used: mother and child were weighed together, then the mother was weighed alone, in order to obtain the child's weight by the arithmetic difference.

To measure the child's height, metric tape measures calibrated in centimeters were used, attached to wooden yardsticks in order to avoid distortion, leaning against a vertical surface using the specific technique recommended for this activity (INCAP publication L-38).

For children under one year of age, their length was measured with a metric tape measure in a horizontal position, resting on a flat surface, using a wooden triangle similar to the infantmeter. The age of the child was determined by asking the birth date in order to calculate years and months of age.

The magnitude of nutritional deficiency was determined mainly through the Gomez classification, as explained below under the heading a).

On a second occasion the information was processed again to be used according to the NCHS classification.

The indicators selected to evaluate the Nutritional State were: the Weight for age (W/E), weight for height (W/H) and height - for age (H/A) and specifically the last two (W/E and H/A) were used to determine the children's emaciation and stunted growth, respectively.

For the processing and analysis of information, the statistical program EPI-INFOR, version 5, was used, which allowed the calculation of the following indices: weight/age, height/age, and weight/height, expressed in Z score and % of fitness with respect to the mean of the reference population recommended by WHO (NCHS) (WHO Measurement of Change in Nutritional State - Appendix No.3, pp. 67-105).

It is important to point out that the exclusive use of the percentage of fitness with respect to the mean of the reference population is a method no longer recommended by the WHO for evaluating nutritional states. This study includes the Gomez classification to serve as a comparison with studies carried out previously on CRS/Caritas MIP.

For the presentation of the anthropometric data, six age groups were established, as recommended by the WHO (WHO measurement of Change in Nutritional State. Appendix No. 3 pp 67-105):

0	-	5 months
6	-	11 months
12	-	23 months
24	-	47 months
48	-	71 months
72 months & over		

To establish cutoff points in the classification of the children's Nutritional state, the following criteria were used:

- a) In the percentage of fitness of the Weight/Age indicator, the Gómez classification was used, with the following terms:

Normal : Greater than or equal to 90% fitness.  
 Malnourishment Level I : 89 - 75% fitness.  
 Malnourishment Level II : 74 - 60% fitness.  
 Malnourishment Level III : less than 60% fitness.

- b) For the standard deviations (S.D.) or Score Z, with respect to the referred population (NCHS), the following cutoff points were used for the three indicators (W/E, W/H, H/A):

Normal : Greater than or equal to  
 S.D. to-1.  
 Moderate risk of malnourishment: Between - 1 S.D. and - 2 S.D.

High risk of Malnourishment: Between -2 S.D. and -3 S.D.

Severely affected: Less than -3 S.D.

### 3.2.2 Dietetic Analysis.

The child's food consumption was studied using the 24-hour remembrance method, also called food anamnesis, method guaranteed by the Nutrition Institute of Central America and Panamá (INCAP), because its technical use provides reliable results, similar to the ones obtained by the methods of direct Inventory and Weight of foodstuffs, which are very difficult to use.

The remembrance method consists in an interview with the mother or guardian of the child, by way of which it may be determined the kind and quantity of food consumed by the child at each meal and between meals on the previous day.

To obtain the information mentioned above, an environment of confidence is first prepared, which allows to remember and express without fear and in a reliable way the data required, being careful in not suggesting names of specific food; further explaining the objectives pursued with such activities, thus avoiding uncertainty.

The technic establishes the need to obtain information on the type of food consumed, how it was cooked, amount of food offered and amount leftover in order to determine the net consumption of food.

To facilitate the quantification of food portions consumed by the child, a home measurement equivalence chart was pre

viously prepared, which was used as guide for the dietetic analysis, which was presented as appendix of the Report on the I Stage (Survey).

The amount of protein and calories contained in the food consumed was determined using as a reference tool the food composition table for Central America and Panama both compiled by INCAP.

The purpose of learning the calorie-protein intake of the child, was to compare it with the recommendations established for his/her age and sex by INCAP - OPS and to obtain the percentage of fitness which is a very valuable indicator, since it provides valuable information about the feeding habits of the family and so, serving as a complement for the child's nutritional diagnosis.

For purpose of analysis it is advisable to distinguish the percentage of children who get more than 90% of the recommended caloric-protein intake as a parameter of fitness, in contrast with the percentage of children who get less than 90% of the calorie-protein intake; the latter are classified as risk groups, which do not provide for a normal growth and development process in the child.

It is important to point out, that were excluded of this analysis the children which were being exclusively nursed or with a mixed diet (nursing and solid food), due to the imposition of truly determining the amount of maternal milk consumed.

#### 4. Study of the Development of the M.I.P.

This was directly obtained from the Supervisors of the four pollster teams, through interviews made to Board volunteers, Teachers-Promoters and members of the Board of the Dioceses, made for the III Stage (Survey).

#### 5. Statistical Treatment

The information gathered in the field during the I and III Stage (Survey) was edited, coded and later tabulated by computer.

The information corresponding to the II Stage (Survey) about agriculture and development and in relation to the development of the M.I.P., was processed manually.

**IV. F I E L D     R E S U L T S**

- 1. COMPARISON BETWEEN I and III SURVEY**
- 2. DEVELOPMENT OF THE MODIFIED M.I.P.**

## **1. COMPARISON OF RESULTS I AND III SURVEY**

**FOR PRACTICAL PURPOSES IT IS PRESENTED  
FOLLOWING THE SAME NOMENCLATURE USED IN  
THE REPORT OF THE 1 STAGE (SURVEY)**

## 1. MOTHERS INTERVIEWED ( OBJECTIVE 1 )

The universe of the evaluation was made up of all women who accompanied their beneficiary child up to the age of six years, during the distribution of foodstuffs on the date of the interview, as long as they were registered as such in the Nutritional Center

The demographic characteristics of the population are defined in the M.I.P. specifications. In other words, we deal with a population of pregnant women, nursing mothers and children from 0 to 6 years old.

In the tables of this heading 1 it has been tried to define, exactly how the demographic characteristics are distributed in

the samples of Survey I and III. The demographic variables considered are age, school level, civil status and physiological state.

a) Age Groups (Table 11)

In survey I the population of beneficiary mothers was located in a 92% between the ages of 15 and 44 years, that is, within the fertile period of gynecological life. Only 1% was younger than 15 years and 7% was 45 years old or more.

In Survey III it was found that the structure of age distribution was identical in both. That is, about 90% of the population of mothers is between the ages of 15 and 44 years old.

b) School Level (Table 12)

In Survey I one third of the beneficiary population, 35%, was illiterate; approximately half, 54%, have completed Elementary Education; 7% knew how to read without any formal education; and the rest, 7%, have completed secondary education, 5%, and 2% have even had some higher education. In Survey III it was found that the structure for School Level is practically the same in both, with insignificant percentage variation.

c) Civil Status (Table 13)

In Survey I the predominant marital status of the beneficiary mothers was in 47% living together, followed by 30% married; which means that 76% have a sexually active life. Only 5% were single women and the remaining 19% were widows, divorced or separated.

In Survey III it was found that the civil status structure resulted practically identical in both, with insignificant percentage variation.

d) Physiological State of the mothers (Table 14)

In Survey I 90% of women who accompany beneficiary children at the N.C. were their mothers. 63% of them were pregnant or nursing; a little more than one third, 37%, were "normal" at the time of the interview.

While comparing figures of Surveys I and III we find that the structure of physiological state of mothers interviewees is practically identical in both, with insignificant differences.

**SUMMARY OF DEMOGRAPHIC CHARACTERISTICS OF MOTHERS**

- They are in a 90% between the ages of 15 and 44 years. The proportion between age groups considered has not changed from May 1990 to January 1991.
- They are illiterate in a 30% and about 55% had relation with Elementary Education. The proportion between the different education levels had no variance between one Survey to the other.
- They live together in a 4/5. Married in a 30% and Divorced/ Separated in a 15%. The relation between civil status had no variance between one Survey to the other.

- 50% are nursing, 38% are normal (not pregnant or nursing) and 15% are pregnant. The relation between these figures had no variance from one survey to the other.
  
- 50% of the nursing mothers are between the ages of 15 and 29 years; and 37% of the normal are in the ages of 30 and 44 years.

## 2. FEEDING THE FAMILY (Objective I)

In this section we summarize information about people's access to food, by donation, production or purchase, the period of permanence in the M.I.P., the covering of the institutions who give foodstuffs, the number of people who consume those rations and the length of time the food rations provided by CARITAS last.

### a) Food received from CARITAS and food they produce or purchase monthly (Table 21).

According to Survey I, the usual ration of rice, corn flour, oil and soy flour was mentioned by the interviewers between 95% and 98%; two thirds, (66%) purchase rice; and less than half, around 45%, flour and corn tortillas; beans are present in a significant way in the three entries included, received-produced-purchased.

According to data, 90% buy sugar; and about two thirds, between 60% and 72%, buy eggs, meat and vegetables. More than a third, 39%, buy milk and cheese.

The food they produce have the lowest percentage and cover some food that they neither receive as donation nor they buy.

Comparing figures of May 1990 with the ones of January 1991 we find that proportions among the 3 food sources remain parallel, with percentage differences that could be credited to sample differences.

b) Length of Time they have Benefit from the M.I.P. (Table 22)

In the I Survey we found that 40% of beneficiary have been receiving food from CARITAS for a term between 3 to 12 months; 59%, for 1 to 5 years. The mean, 26%, is found in those who have been in the program for 1 or 2 years; followed by the ones who have been for 3 or 4 years, 21%. In Survey III it was found that the structure of time they have been receiving food from CARITAS is practically identical in both, with small differences.

The M.I.P. operates as a demographic process, in which some beneficiary enter the program and others graduate from it, so it is not possible to know exactly how many beneficiaries there are in a time given.

The flow of beneficiaries in the M.I.P. is as follows: Each 3 months the program adds a new number of beneficiaries equal to a 9% of its population; after 7 or 9 months a desertion of beneficiaries is produced; however after 10 months attendance is stabilized; and it is until the first year that it slowly starts to decrease, so by the 4th or 5th year the initial 9% is out.

Permanence in the M.I.P. is as follows: around one third of the beneficiaries have from 3 to 5 years of receiving food.

c) Beneficiaries of the M.I.P. who receive food from other institutions (Table 23)

Searching the grade in which the beneficiaries depend on the food received from CARITAS and if duplicity exists in the distribution it was found that 98% receives food only from the M.I.P. and only 2% receives from the M.I.P. and members of their family also are beneficiaries of CARITAS.

d) Number of family members and number of persons who consume food received (Table 24 and 24 bis)

Searching for a consumption pattern for the food received from CARITAS we found two variables, the number of family members and the number of persons who consume the food.

In accordance to figures of Survey I, we find that when there are three persons living in a home, in a 10% the three are consumers, 71% if there are four persons; and for 5 members, consumer percentages are very high; 76% of the cases the supplementary food is consumed by 5 members, and in 83% by 6.

So, there is a clear trend to increase consumers as the number of persons living in the home increases. From this it can be deduced that in 80% of the homes food received from CARITAS is consumed by all the persons living at home. Only in a 2% of homes the beneficiary is the sole consumer.

Information found in Survey III does not vary from the information collected in survey I.

e) Length of Time Food Donations Last (Table 25 and 25 bis)

The length of time food provided by CARITAS last is quite uniform. According to the weighted averages of consumption time, the food ration lasts between 8 and 11 days. The first to run out is oil and the last is corn flour.

Examining the duration of each food item, we see that none lasts longer than 15 days for 73.0% of the beneficiary. Which means that within 15 days after the food distribution, 73.0% of the beneficiary have consumed the food. Lets see the detail:

15 days or less	: Flour	78.8%
	Rice	85.3%
	Vetch	73.0
	Oil	89.9
	Soy	75.4

Only beans are consumed at a different pace; while 22% state that they use up what they receive in less than 10 days, 68% could not estimate the time it took to eat them. It is possible that the various sources of bean, made estimating their consumption more difficult, since in information given before it appears that they receive beans from CARITAS, are produced by the family group and are also purchased.

Comparing time consumption figures from May 1990 and January 1991 we should note a parallelism between them. In fact, information is concentrated in duration periods ("less than 5" to "15 days") and when added by food item they are of the same order.

For example: Flour 79% (I) and 75% (III), Rice 85% (I) and 83% (III), etc. Except in the case of beans which from 29% (I) increases to 89% (III). Could be a seasonal difference.

## SUMMARY OF FAMILY FEEDING IN THE POPULATION

## INTERVIEWED

- Food monthly received from CARITAS is a supplementary ration to the ones they produce and purchase. The only food they receive, produce and purchase simultaneously are corn and beans.
- About 60% of the beneficiary have been receiving food for 1 to 5 years.
- The time of permanence of the family group in the M.I.P. remained practically the same in the I and III Survey, although it appears to have a trend to percentage increases 60% and 65%.
- CARITAS is the only source of donated food for 98% of the beneficiaries. Food received from other institutions does not exceed 3% of the beneficiaries.
- Only 14% of the beneficiaries interviewed had another member of his/her family as beneficiary of CARITAS in Survey I, proportion that increased to 31% for Survey III.
- All family members consume the food received from CARITAS in a 80% of the homes, almost without caring about the number of members. The consumer percentage was not modify in any of the surveys.
- Food monthly received from CARITAS is consumed in a period not less than 8 days and not more than 11. According to the average, the first food to be used out is oil, and the one lasting more is corn flour.

**3. KNOWLEDGE, ATTITUDES AND PRACTICES (K.A.P.)  
IN RELATION TO HEALTH AND FOOD (Objective 2)**

In this section of the report we summarize information on family ideology of the beneficiaries through their Knowledge, Attitudes and Practices in relation to health and food, which are the main interests for the M.I.P.

The variables in investigation are how they choose the name of their children, behaviour followed with an ill person at home and with pregnant and nursing mothers, the practice of maternal nursing and the distribution of civil status by ages.

The K.A.P. is an ideological spectrum in which persons and communities are located in accordance with their way of thinking and their opinions, conservative or progressive.

A complete table of the variable which integrate it is offered as an appendix.

In this case, conservative is understood to mean an attitude which favors vertical social relations (authoritarian, paternalistic, etc.) based on traditional values within the society and opposed to social change.

Progressive is understood to mean an attitude favorable to horizontal social relations (relationship among equals) and social change, expressed in terms of participation in communal activities, preference for scientific medicine, acceptance of new food customs, etc.

Conclusions stated about the K.A.P. in this section of the report have been reached considering not only data mentioned in this particular section, but also data obtained from other sections, such as socio-economic conditions of the family.

In this study, Conservative-Progressive are estimated based on 3 or 4 questions concerning a behavior put into practice. Two of the questions are considered to be at extreme of the scale, one is considered intermediate between those extremes and the other looks for unforeseen behaviors.

The tables show the behavior of the variables in Survey I and III and since dealing with components of cultural patterns variations were not expected.

a) How they name their children (Table 31)

The form used to name children was interpreted in the surveys as empiric variable of the "Family Ideology" indicator. As is traditional in the search of the K.A.P., it is based on the supposition that how children are named reflects traditionalism or progressivism of the family.

According to this criteria, in survey I 13% is truly traditional, and 25% is progressive; between these figures there is a 51% which oscillates between the two positions (They neither use the almanac, but the father names the children). There is an 11% of ways to name the doubtful classification between the ones mentioned.

Comparing the figures of Surveys I and III no significant difference was found.

b) What does when someone in the house gets sick? (Table 32)

Investigating the beneficiaries attitude towards scientific medicine, the mothers were asked what they do when someone in the house gets sick.

According to information gathered in Survey I, mothers have a favourable attitude towards scientific medicine, since 73% consult the Health Clinic when there is illness; only 21% - cure them at home without medical help.

There was a favorable increase of 10% towards scientific medicine in Survey III, confirming a truly favorable attitude of the population.

c) What they feed their children when they are sick? (Table 33)

With this question we look for conservative-progressive attitudes through feeding practices. The answer "No feeding is given" was taken as completely conservative; and "Feed them any kind of food" as progressist.

In this III Survey, food used in the section "Feed them any kind of food" was investigated under the heading Special Diet, and the following results were obtained, presented in decreasing order of the frequency in which they were mentioned:

TYPE OF FOOD	N
Soups	23
Corn Drink	22
Vegetables	13
Cookies/Bread	7
Refreshments	6
Cheese	4
Corn tortillas	2
Chicken	1
N =	1198

d) What type of food is given to sick children, pregnant mothers and nursing mothers? (Table 34).

With these questions an attempt was made to investigate feeding patterns as an expression of conservative-progressive attitudes.

According to information collected food preference for all 3 si

tuations given are soups, "atoles" (corn drinks) and vegetables.

For pregnant and nursing mothers rice, meat, beans, eggs and dairy products are given in proportions around 10%; and in lowest proportion corn tortillas, 50%.

Comparing information gathered in Survey I and III we find that most percentages in Survey III are higher than in Survey I, but they remain parallel. It is a reasonable supposition that this parallelism reflects a feeding cultural pattern and that the differences are product of the income level and purchase ability.

c) Duration of Nursing (Table 35)

The length of time maternal nursing lasts was investigated looking for a feeding behavior pattern, in first place; and indirectly, looking of the influence the education componentes of the program exercise over the mothers.

Answers registered show a favorable attitude towards long lasting maternal nursing. In fact, in Survey I 94% nurse their children, 48% for a year and more. Only 6% do not nurse their children.

Comparing the figures of Surveys I and III we found that in there is no significant variation in the percentages of the periods.

There is no doubt the general tendency is toward maternal nursing; and the most frequent nursing period is for a year or more. It is reasonable to suppose that this attitude may be influenced by the CARITAS training program.

**SUMMARIZING, THE INTERVIEWED POPULATION:**

Shows an attitude moderately open to change, because:

- How they choose the name of their children, around 12% by the almanac, 52% choosed by the father and 25% because they like it or it is in fashion.

As is expected, Conservative-Transition attitudes

- Progressive attitude applied to the percentages mentioned (almanac, named by the father, it is in fashion) remain constant in both Surveys. This attitude is not significantly modified by the mother's age.
  - What they do when someone at home gets sick, around 75% consults the Health Clinic and 18% cures them at home.
  - The percentage of persons consulting the Health Clinics increased from the I to the III Surveys from 73% to 83%.
  - By the diet they give to sick children, 7% gives them no food, 32% gives them a special diet and 61% eats all kinds of food.
- As expected, conservative-transition-progressive attitudes apply
- ables to the percentages mentioned remain constant in both Survey I and III.
- By the food given to pregnant and nursing mothers, as it appears they give them all kinds of food. Mainly, they give soups and "atoles" to sick children.
  - By the practice of maternal nursing, as only 5 to 6% does not nurse. Around 60% of the mothers nurse their children for a year or more.

Further, from the demographic characteristics we can deduce:

- The distribution of civil status of the mothers interviewed corresponds to the national traditional distribution; that is, predominance of 46% living together over 30% married and 15% divorced/separated. This is the typical distribution of civil status in a "macho" society. However, it calls for attention the distribution of civil status by ages, since widows are almost a third of each of the age groups -situation which could be related to the present war in El Salvador.

The civil status distribution which is mainly "machista" does not contradict the moderately open-to-change attitude noted in other schemes.

#### **4. SOCIO-ECONOMIC CONDITIONS OF THE FAMILY (Objective 1)**

This section summarizes the information about the socio-economic level of the family, related to the social class to which it belongs. It is expressed in various ways, including education level, food and health care and is determined by economic earnings and occupation.

As something has been mentioned in other sections about education level, food and health care, in this section we will examine occupation and economic earnings.

##### **a) Main occupation of the head of household (Table 41)**

Within the occupations of the head of household the highest fi-

figures correspond to day workers and farmworkers, which are non-specialized labor.

All occupations which appear in the survey are subsistence occupations; that is, they are neither highly productive nor very well-paid. For example: the "laborer" category includes construction laborer, carpenter, tailor, etc., the "services" category includes employee, salesmen, washerwoman, etc.

Comparing the figures of survey I and III we find that its distribution is crossed, as an entry goes up while the other decreases: farmworker goes from 14% to 25%, laborer goes from 6% to 11%, services from 11% to 7%, dayworker from 18% to 38% and others from 28% to 13%. This crossed difference between both surveys is the reflect of labor movement characteristic of non-specialized labor.

b) Monthly economical earnings of heads of household (Table 42)

The monthly economic earnings of the heads of household are in accordance with the main occupations.

In Survey I only 9% receives minimum wage, around ₡600 per month; 40% earn ₡301 or more per month but less than minimum wage, 15% earn less than ₡150 per month; the rest, 18%, receives between ₡151 and ₡300 per month.

If we study these figures in relation to the number of persons who live in the home and with the fluctuating availability of work, we must conclude that the economic conditions are truly precarious.

This population is a precarious one.

Comparing figures of both Surveys I and III we find that the distribution is the same: the mean is in the range of "ø301 and more", followed by "ø 0 to ø150" and by the minimum wage.

c) Families with more than one member earning money (Table 42 bis)

Trying to exact the economical income of the household we asked how much does other family members who work contribute to the household.

According to figures, in 64% of households no member of the family earns money, or the interviewee did not know. Only the remaining 36% contributes and from this 36%, 19% contributes "less than ø100" up to "less than ø300".

**SUMMARIZING, THE POPULATION INTERVIEWED:**

- The occupation as day worker predominates, followed by the farm worker. The percentage difference between this occupations in both Surveys reflect the labor movement characteristic of non-specialized labor.
- The salary level does not have any relation with the number of members of the household. The minimum wage is earned only by 15% of the heads of household; and 37% earn between "ø0 and ø300" in the fluctuating availability of work. This is a precarious population.
- The monthly economic contribution made by other members for the sustainability of the household is very low, as in 64% of the household no contributions are made or they do not know how much it is.

The remaining 36% who contribute are distributed in percentage of no major statistic significance.

## 5. HEALTH OF THE INFANT BENEFICIARY POPULATION (Objective 1)

The general state of health of beneficiary children was studied through conditions visible in each person, including physical appearance and condition of the skin, hair and teeth.

We attempted to learn the presence of diseases which may be prevented with vaccines, as well as prevalent illness, which were studied through the most conspicuous signs and symptoms.

Emphasis has been placed on the nutritional state of the children via current anthropometric measures taken by the interviewers themselves, as well as the establishment of protein-calorie adequacy percentages in the diet.

### a) Physical appearance and others (Table 51)

Information was obtained through personal observation of the persons physical appearance. Comparing results in Surveys I and III,

we may conclude that the general state is satisfactory and more than 75% was listed as good or very good; the skin is clean in more than 81% of the cases and only 13% present injuries; the hair was found clean in 80% of the cases and thinness of hair between 19% and 34%; and with only 4% suffering parasites. With respect to teeth, 20% was found with cavities.

b) Vaccines received (Table 52)

Given the economic and socio-cultural conditions of the majority of the interviewees, it is not surprising that such figures could seem contradictory, but considering that with information of this type, some of the most reliable data is that referring to no dose, it can be concluded that the overall coverage in the survey is satisfactory: technically, it is estimated that vaccinating 80% of the susceptible population is enough to control that disease.

c) Illness during the last quarter of the year (Table 53)

As could be expected, respiratory diseases and diarrhea are those which take the highest toll on our children.

Due to the decrease of the registered percentage of cases in the III Survey, we could consider it an improvement of the general state of health, however, considering the different seasons in which the Surveys were carried out (April-May 90 and January 91) this figures should be taken reservedly. In such respect, it is

enough to remember that diarrheas increase notoriously as the month of May gets closer.

d) Records of weigh curve (Table 54)

The percentage of children without a recorded weight curve has decreased in Survey III in relation to Survey I (from 66 to 50) which could indicate that the directores responsible are giving more attention to such activity.

Of the children whose weight was recorded, there was an increase of the normal and consequently a decrease of the malnourished, information which is shown in Table 55.

e) Nutritional State according to the Gomez classification  
(Table 55)

Comparing figures of Surveys I and III we can observe an improvement in the nutritional state of children interviewed, shown by a greater percentage of children recorded as normal (from 37 to 41-61) and a minor percentage of malnourished Level II (from 4 to 1.75).

These figures were statistically proved through the difference between two proportions and it was concluded that they are not significant for normal status, but does have some significance in the decrease of the percentage of malnourished Level II.

f) Nutritional State, Weight/Age, NCHS classification (Table 56 and 56 bis).

The percentage of children recorded as normal is 48.5% in Survey I and 52.5% in Survey III.

Diference observed from one survey to another, points toward a slight improvement in the III. Figures in Survey III are consistent in relation to Table 55.

g) Nutritional State, Height/Age, NCHS classification (Table 57 and 57 bis).

Only one third of the children was recorded as normal and another third with moderate risk.

Comparing figures from Survey I and III we observe slight differences.

h) Nutritional State, Weight/height, NCHS classification (Table 58 and 58 bis).

More than the three fourth of children were found in normal condition.

The differences observed between one survey and the other in relation to normal, moderate risk and high risk, indicate a slight improvement in Survey III. The figures from Survey III are inherent to the respective ones in Table 55.

1) Calorie adequacy (Table 59)

The consumption of energy of the sample of children of the four Dioceses studied, showed that the population which is most affected by a deficit in energetic consumption is the one between the ages of 3 to 6 years, reflecting that 79.5% of these children could not reach the minimum adequacy quota of 90%.

It was also observed in other age groups a marked deficit of calorie consumption, as 62% of the children of 6 months to one year of age and 69.8% of children from 1 year to less than 3 years did not achieve to cover the calorie adequacy of 90%.

Globally analyzing the sample being studied, it was determined that only 25.6% of children had calorie diets equal or superior to the 90% calorie adequacy, while the remaining 74.6% had calorie consumption very much under the standards established as normal, which is evidence of a situation of chronic under-feeding of a great proportion in the groups of population being studied. This does not guarantee the adequate growth and development of the sample of children in study.

Comparing the results of calorie consumption in the 1st and 3rd stage of study, it was observed that there is a slight improvement in all the age groups, shown by the decrease of the figures of the groups who had a consumption lower than the 90% of adequacy.

In the age group from 6 months to 1 year, an improvement was noted

in 21.28% of the children who reached consumption equal to or more than 90% of adequacy.

An improvement of 6.4% was observed in the age group from 1 to 3 years, for children whose calorie diet was increased to a level equal to or more than 90% adequacy. Likewise, improvement was observed in the calorie diet of the age group from 3-6 years, which reached or overcame the minimum standard of reference.

It is noteworthy that these figures tested through the statistical difference between two proportions, it may be concluded that the difference in the age groups from 1 year to less than 3 years and from 3 to 6 years, had some statistical significance.

j) Proteic Adequacy(Table 59 bis)

The results obtained from the study of the four Dioceses worked with, show that the level of protein consumption in the sample of children studied, essentially affect the population from 6 months to less than 1 year old, showing a diet below 90% adequacy in a 34.4% of such age group.

It was observed that 24.3% of children from 1 year to less than 3 years old and 22.3% of the age group from 3 to 6 years had a protein consumption lower than the minimum standard of reference.

At a global level of the sample in study, it was found that 76.3% of the children's protein consumption was equal to or over the minimum 90% adequacy, which indicates that only 23.4% of the sample had a consumption lower than the minimum standard of reference.

Comparing results of protein consumption obtained in the first and third stage of study, it is observed that all the age groups had slight improvements, showed by the decreases in the figures of the population groups who had protein consumption lower than the 90% of adequacy.

In the age group from 6 months to 1 year an improvement of 12.3% was observed for children who reached protein consumption equal or over the minimum standard for their age.

In the age group from 1-3 years an improvement of 10.1% was observed of children who reached or are over the standard of reference, and in the age group from 3 to 6 years, 14.6% of these children had a notorius improve in their protein consumption.

Submitted these figures to the test of statistical difference between two propostions, it was concluded that only the one of the age group from 3 to 6 years had some significance.

#### **SUMMARIZING, IN RELATION TO HEALTH:**

- Considering the physical conditions personally observed, the general state, and the state of the skin and teeth show some improvement from May 90 to January 91.
- The number of children vaccinated remains at a satisfactory level.

- Some improvement was observed in the prevailing illness from May 90 to January 91. It is reasonable to think that the small difference registered between both surveys could be because during the period of Survey I there is a worsening of cases which is historic for gastrointestinal diseases in the country.
- From one to the other survey there has been an increase in the number of children registered in their weigh card, since 50% of them are now beneficiaries of this measure.
- Comparing information obtained in Survey I and III in relation to weight adequacy for children applying the Gomez classification shows that in Survey III there is an increase in the group registered as normal and parallel a decrease in the group registered as malnourished Level II; submitted these data to the test of statistical difference between two proportions it was concluded that the last has some statistical significance.

The information related to the Weight-Height-Age indicators, according to the NCHS classification show some general improvement, which is consistent with the information obtained from the Gomez classification.

In relation to Protein and Calorie Adequacy, percentages obtained in Survey III point towards a general improvement in the nutrition state, having some significance the ones related to age groups from 1 to 3 years, and from 3 to 6 years in the Calory adequacy and in the age group from 3 to 6 years in the Protein adequacy.

## **6. HOUSING CONDITIONS (Objective 1)**

Considering the importance that living conditions have on the state of health of all persons, in this Third Stage we studied the situation in which the surveyed beneficiaries live, in relation to the construction materials of floors, walls and rooves.

We also studied the availability of water, latrines, garbage disposal methods and the presence of pests.

The figures of this section correspond to the information provided by interviewed persons, given that the visual inspection was not included.

### **a) Construction materials of houses (Table 61)**

In relation to the flooring, more than three fourths of the houses have dirt floors, a condition which can not be considered

neither favorable nor suitable.

Adobe walls, which are the majority, contribute to the presence of triatomas.

The condition of the roofs appear to be satisfactory.

Differences found between one survey and the other are not significant.

b) Services available in the houses (Table 62)

In relation to water for human consumption the situation remains practically the same, that is without notorious deterioration or improvement.

With respect to latrines, there has been a decrease of 5% in the number of interviewees who report having such necessary facility, which at the same time increases the percentage of the population that contaminates the environment with their evacuations.

c) Garbage and pests (Table 63)

The final disposal of garbage, according to information collected seems acceptable, but this situation contrasts with the report of high presence of pests in the houses, as more than 60% claims about flies, for which the main breeding place is garbage.

Differences found between one survey and the other are not significant.

## 7. PRODUCTIVE AGRICULTURAL ACTIVITIES (Objective 1)

In this chapter of the study in Survey I it was limited to learn what the interviewees report about production of their own food.

So now we will limit to compare these data from Survey I and III.

Information mainly related to productive agricultural activities, may be found in the Section Development of the Modified M.I.P.

### a) Families who produce their own food (Table 71)

Comparing percentages reported in Survey I and III an increase of the number of families who produce their own food is noticed in

8 of the 9 entries studied. The reduction of the number of families with no food production from 38% (I) to 20% (III), confirms that the increase observed in food production is due to the difference in samples.

## **8. TRAINING PROGRAMS (Objective 2)**

This section summarizes the information about the development of the training programs included in the M.I.P.

Evaluation is expounded in terms of active participation in the programs of the Nutrition Center, in the subjects addressed in instruction speeches, in the practical application of what instructors taught and, finally a search to identify beneficiaries, done through the remembrance of the name of the institution who sponsored the program.

### **a) Participation in activities of the N.C. (Table 81)**

Participation was considered Passive or Active depending on the level of commitment of the mother with the N.C.

It is Passive when the mother only relates with the Nutrition Center the food distribution date; and Active when she gets involved in other programmed activities.

According to figures, the passive participation is very high, no less than two thirds of the population, 66% (I) and 76% (III).

One third participates actively in some activities; and just 1% commits themselves to all the programs activities. The majority of active participation is in education speeches.

Comparing the figures of survey I and III we find a decreasing tendency of active participation between one and the other.

In fact, in May 1990 33% participated actively in some activities, figure which in January 1991 was reduced to 20%.

As is logical, the percentage of passive participation increased from 66% (I) to 76% (III).

The 1% of participation in all activities is not a wrong data, as it may correspond to the mothers who are volunteer members of the Board of Directors of the N.C.

b) Themes covered in N.C. Talks (Table 82)

Comparing data collected in survey I and III we find that there is no variation in the percentages of themes addressed in the Nutrition Centers. Themes about "Use and preparation of food" 26%, and "Hygiene" 12%, predominate.

In both surveys "Other themes" which are 11% and 12%, can repre

sent the timely covering of subjects of interest for the community. There is a 7% and 5% who did not answer and could correspond to those who recently joined the program. The lowest percentages were assigned to "Religious themes".

c) Knowledge and skills put into practice (Table 83 and 83 bis)

Comparing the figures about taking advantage of talks received in the N.C. collected in survey I and III, we find that they are practically identical with a tendency to increase in the III. In fact, "How to better feed the child" is visible higher 4% (I) than 23% (III); figures opposite to the percentage of mothers who do not practice what was taught 21% (I) against 4% (III). 96% of the mothers practice in some way what was taught in the N.C.

A better idea of the training efficiency is given by the crossing of the ones who mention the themes covered in the talks with the ones who declare they have put them into practice. For this we make percentage groups for the entries "Feeding and Nutrition" and "Hygiene", and let's see.

The training efficiency is around 45% in the areas of feeding and nutrition, and of 27% in hygiene.

This may be deducted from the relation between what they mention about themes covered and the practice of what they learned. The general tendency is that percentages of knowledge put into practice be higher than themes covered, "Hygiene" 30% and 24%, "Feeding and Nutrition" 55% and 49%.

The fact that the ones who practiced what they learned is higher than the ones who mentioned the themes given, can be explained because the data are a produce of several adding and approximating operations and, because people describe what they practice and not what they listen.

Now, the training efficiency is rather low. Only 50% of the mothers practiced what they learned about feeding and nutrition; and only 25% of what they learned about hygiene. However, It should be clarified that in general informal training rarely reaches percentages higher than 60%.

The relation between feeding and nutrition percentages, 50%, and of hygiene, 25%, is explained because food donation facilitates the practice of what was taught; while practices of hygiene depends on the environmental conditions, and on water, soap, etc.

d) How many beneficiaries remember the name of CARITAS?(Table 04)

Comparing the figures collected in surveys I and III we find the following: 64% of the beneficiaries remember the name of CARITAS; from the remaining 36%, 24% mentioned other institution and only 12% did not answer.

In round figures we would say that more or less two thirds of the beneficiary population associates the Nutrition Center with CARITAS; and the more than one third confuses CARITAS with other food donor institution.

**SUMMARIZING WE WOULD SAY THAT THE POPULATION INTERVIEWED:**

- Actively participates in some activities of the N.C. only in a 25% approximately. The remaining three fourths limit them selves to receive the food.
- Has reduced her active participation in activities of the M.I.P. from survey I to III.
- Applies knowledge obtained on their feeding in a 50% and about hygiene in a 25%.
- Identifies themes covered in the talks given in the Nutrition Centers just in a 25%. As per her opinion, the themes more frequently addressed refer to use, preparation and qualities of food and hygiene.
- From the interviewed 60% identify CARITAS as the donor institu tion who gives the food they receive.

## 2. DEVELOPMENT OF THE MODIFIED M.I.P.

Special mention is made in this section to all related to the 4 new or restructured elements of the modified M.I.P., which are as follows:

### 1. Increase in the number of beneficiaries (Textual copy)

"10,000 beneficiaries will be incorporated to the M.I.P. which actually are supported by the program "Other Children", totalizing 130,000 beneficiaries. This extension of the M.I.P. will ensure a greater impact among the programs participants".

This element is not applicable to the Dioceses included in the Evaluation Plan, as the increment planned will correspond to the incorporation of the 10,000 beneficiaries of the program "Other Children", being almost the total of the assistance from this category given by the Dioceses of Santa Ana which is not included in the Evaluation Plan.

### 2. Improvement in the follow-up of the program (Textual copy)

"It is expected that through a better training, motivation and increased resources, the diocesan promoters in health and nutrition will increase the number of visits to each center participating, thus ensuring a more effective supervision of the program and a better understanding from the beneficiaries about the importance of the practices on nutrition and health at home. An additional benefit that will be obtained will be the increase of the participation of the related communities, as could be in income production programs.

The use of the contribution of the beneficiaries will be redistributed to provide more human, technical and material resources for the M.I.P., instead of using them for the institutional sustainability of CARITAS. The actual staff, particularly health promoters and supervisors, will be additionally trained if necessary, further they will receive support as trip expenses and per diem. At present, the majority of the staff is involved in the administrative control of the program. The personnel's job description will be redesigned in order it allows and ensures that management, supervision and promotion responsibilities are adequately carried out.

Key aspects in this element are: frequency of visits made by the Teachers-Promoters to the Nutrition Centers and support their trip expenses and per diem. The frequency of the visits may be seen in Tables 1 and 2.

IMPROVEMENTS IN THE FOLLOW-UP OF THE PROGRAM

T A B L E 1

No. of visits and/or supervisions realized in the Nutrition Centers by the Teachers/Promoters of each Dioceses month by month from October 89 to December 90

D I O C E S I S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	T O T A L
ZACATECOLUCA	0	0	0	8	9	11	6	19	4	-	4	22	2	8	3	104
SAN VICENTE	0	18	14	10	21	6	13	11	17	16	12	19	22	23	24	226
SANTIAGO DE MARIA	17	12	12	17	18	8	25	35	23	17	25	18	23	16	5	271
SAN SALVADOR	14	5	6	4	27	22	17	22	19	21	19	17	16	15	11	235
T O T A L	39	35	32	39	75	47	61	87	63	54	60	76	63	62	43	836
P E R C E N T A G E	5	4	4	5	9	6	7	10	7	6	7	9	8	8	5	100

The increase level observed in February was overcome in May, but it not only did not improve, but it did not even stabilize in the following months.

IMPROVEMENTS IN THE FOLLOW-UP OF THE PROGRAM

T A B L E 2

Visits and/or supervisions realized in the Nutrition Centers by the Teachers/Promoters; Comparison of the period October 89 - April 90 with the period May - December 90

D I O C E S E S	NUMBER OF NUTRITION CENTERS	No. N.C. VISITED OCT.-APRIL	AVERAGE VISITS PER MONTH	% OF N.C. VISITED PER MONTH	No. N.C. VISITED MAY/DEC.	AVERAGE VISITS PER MONTH	% OF N.C. VISITED PER MONTH
ZACATECOLUCA	35	42	6	17	62	8	23
SAN VICENTE	65	82	12	18	144	18	28
SANTIAGO DE MARIA	62	109	15	26	162	20	32
SAN SALVADOR	99	95	14	14	140	17	17
T O T A L	261	328	48	18	508	63	24

This comparative table shows that there has been an increase in the visits in all and each Dicoeses in the second period considered, but without reaching in any of the cases, the level of monthly visits in each center, as was established by the respective plan of execution, in the area corresponding to the modifications of the M.I.P.

The low frequency of field visits is due to a series of causes, among which we can point out the main ones: that the Teachers-Promoters assigned to the M.I.P. have to attend other programmed activities or projects of the Dioceses.

The question No. 19 of the questionnaire E/P which was given during the second survey to the 13 Teachers-Promoters specifically assigned to the M.I.P. asked, in terms of percentages, the use of your laborable time specifically in the M.I.P., in other programs or projects and in administrative tasks, obtaining the following results:

T A B L E 3					
No. Teachers	M.I.P.	No. T.	Other Programs	No. E.	ADMINISTRATIVES
5	50%	3	10%	2	10%
3	60%	3	20%	4	15%
5	75%	4	25%	2	20%
		2	30%	5	25%
		1	40%		
13		13		13	

This table shows that in average the Teachers-Promoters assigned to the M.I.P., dedicate to such program more or less 60% of their work time.

Other causes are:

- \* Lack of enough transportation means;
- \* Lack of adequate trip expenses and per diem;
- \* Low salaries.

Evidently, the lack of appropriate and sufficient transportation means prevents the promoters to move fast and easily which is necessary to maximize time and field visits.

Likewise, without appropriate per diem, public transportation can not be used neither cover feeding expenses for the persons who realize the visits.

Finally, the low salaries (Minimum ₡700.00, maximum ₡1,200.00) result in a low personnel motivation, and consequently, they will hardly absorb expenses caused by their visits to the Nutrition Centers.

The low frequency of visits to the Nutrition Centers has been tried to overcome through meetings by zones. In all the Dioceses the board members of the different Nutrition Centers are moved to an appointed place, in order to realize meetings with two main purposes: the first, give talks to help a better understanding from the beneficiaries, about the importance of practicing what they learn about nutrition and health at their home, as well as to procure a more active participation from the communities in the operation of the Nutrition Centers; and second, exercise the control of the program corresponding to the CARITAS promoters.

From these two objectives mentioned none is totally met. The study carried out showed that the majority of board members of the Nutrition Centers interviewed hardly could remember which were the themes covered and less the dates of the talks, for such reason it could not be expected they could realize an appropriate speech about these themes in their respective communities, and so the multiplying effect is almost totally lost.

The second objective of these meetings has neither been met, since

due to the little time available to realize this activity (in the afternoon, after talks end) as well as the great amount of Centers which meet, it is not possible to give them the necessary attention and time, in order to exercise and appropriate supervision and control of the program in each of the Centers.

Due to the above mentioned, community participation in the Operation of the Nutrition Centers of the M.I.P. has not been increased nor duly strengthened during 1990.

Education guides are not available which could be given to the volunteers of the Centers as support at the time the talks are given to the mothers; neither written reports are taken in the Centers, to appropriately register all the activities realized such as training given and received as well as visits received.

Likewise, the records of the beneficiaries which are handled by each Center are still incomplete and informal. There is no data stating the socio-economic condition of the beneficiaries when they enter the program, neither a record parallel to the cards which will allow us to know the complete evolution of the children registered.

Another deficient record is the one used to establish the percentage of beneficiaries who are children and the same for the mothers who are pregnant or nursing; in most of the Centers these data is obtained by counting the beneficiaries from time to time or by approximation.

The records which are adequately handled are the ones which refer to food control; all the information about the movement of foodstuffs from the Diocesan warehouses to the Nutrition Centers and afterwards its distribution to the beneficiaries, is reasonably well organized and registered, as the one which refers to money collected through the beneficiaries' contributions and who these money is used.

With relation to the final use of the food, the Diocesan promoters have been controlling this situation based on verbal reports received from the volunteers and being present in some of the distributions. The visits made by the promoters to the homes of the beneficiaries in order to evaluate this situation could not be verified. These activity should be scheduled and carried out.

Lastly, it is considered important to point out the low moral prevailing within some members of the personnel working for the Mother-Infant Program, both at direction level as at promoter level. A good part of the staff thinks that the program will not continue, and this situation has created negative prejudice and as a consequence has diminished the intensity and the interest for the job in the M.I.P., thus giving more support to other activities.

### 3. Nutrition and Health Training (Textual Copy)

"During the fiscal year 1990, each Center will be provided with scales and weigh control cards. These will be used by the mothers as education elements in the health and nutrition activities. The personnel of the centers and the volunteer mothers will also be trained in the oversight of the children's growth and other technics, which will help to detect if there is a deficiency in the child's nutrition by the weight increase. The access and use of these instruments will be uniform in all the centers, in order to obtain more information about the impact of the program in the health conditions of the beneficiary children.

The access and use of these instruments have been deficient during several years, even though CARITAS personnel and the community volunteers have been trained in the use of these instruments, through courses provided by CRS, CARITAS and UNICEF."

Up to the date the third survey was carried out, the situation found in relation to the receipt of the new scales was as follows:

DIOCESIS	ZACATECOLUCA	S.VICENTE	SGO.MARIA	SAN SALVADOR
have received	66	80	66	38

Some Centers have been found without cards and a good number of them are using the old format. Also, it was verified that there are many volunteers who still handle the cards with deficiency which is negative, without objective reliable data in relation to the weight evolution of the beneficiary children, there will

no information available in relation to the impact the program exercises on the health conditions of the beneficiary children.

According to what Table 54 shows, it can be deduced that some improvement has taken place in the adequate attention of the records of the childrens' weight curve, as 50% already benefits from such records.

All the N.C. as a rule should had a distribution day per month and a different day to weigh the children each three months.

This sequence has some inconvenients, as follows:

- a) Generally the N.C. do not have files at their own premises - and the cards are taken home by the volunteer in charge, if for any reason, omission or other, the volunteer does not take them the weight day, no record will be taken.
- b) Weighing is programmed each 3 months, (food distribution is monthly) if the child is not present the weight day corresponding to him/her, will have to wait another 3 months to be weighed.
- c) In not little N.C. the number of beneficiary children is too high (up to 500) to be able to appropriately weigh them and register in a few hours.

4. Food Production and Income Generating Activities (Textual Copy)

"Incorporate, during the fiscal year of 1990, approximately 25% of the 36,000 families who are beneficiaries of the agriculture production activities or other income generating program. The CARITAS National Nutrition and Soya program will be in more - coordination with the M.I.P.

This activities are developed through projects in appointed communities. A variable number of farmworkers participate in each project. A Board of Directors is elected among them which works as liaison between CARITAS as sponsoring institution, which provides financing, and the users. For these activities the Dioceses have funds available which are of a revolving character, as financing is given as a loan and it is supposed that the amount of the loan in colones will be recovered (payed back by the users) when crops are liquidated.

The availability of revolving funds vary from one Dioceses to the other, as do the amount of the loans.

Further from the mainly called economic contribution, CARITAS help the farmers, coordinating the acquisition of inputs, such as insecticides, fertilizers, seeds, etc. thus obtaining more favorable prices by acquiring them in big quantities and distributing them depending on the respective demand of the Board of each project.

Only two Dioceses count with qualified personnel to provide technical assistance to farmers, however, due to their limited availability, assistance is given more at office level than in field level.

In order to obtain some information in relation to the development of these activities, a questionnaire was prepared with its respective instrutive to be filled in personal interviews made to board members of the different projects: 8 in the Dioceses of Zacatecoluca and 3 in the Dioceses of Santiago de María; in May, 1990, it was able to interview 38 board members, obtaining the information stated in the related questionnaire, which gives the following information:

- Land possession: 100% of the interviewees are leasing.
- Type of crops: 82% cultivates corn, 4% soy, 2% beans and 2% sorghum
- Reserve some grains for home consumption: 100% of the ones who grow corn, beans and soy reserve some of their product for home consumption.
- Marketing methods: 87% sells to wholesalers.
- Inputs used: 100% use fertilizers.
- Crop mechanization: 36% reports that they use it.
- They use labor from outside the family: 24% reports they use it.
- Relatives works in crops: 74% state that 2 or 3 family members work in the agriculture tasks.

The work carried in 1990 by the Dioceses in this field is summarized and described in the following way:

T A B L E 4

D I O C E S I S	No. OF FAMILIES ASSISTED	FINANCING AMOUNT
- Zacatecoluca	88	53,833.75
- San Vicente	115	98,595.45
- Santiago de María	150	84,393.00
- San Salvador	<u>304</u>	<u>450,269.50</u>
T O T A L	657	686,091.70

In total 900 manzanas were planted divided in corn, rice, beans and sesame.

The recovery of loans will be realized during the first quarter of the year and it expected to reach a recovery of 90% of the investment, the low incidental prices of the products affect the payment ability of the borrower.

The growing and consumption of soy was given attention having received support for production and consumption of more than 75 manzanas of this leguminous plant.

It was not possible to reach the programmed 25% of coverage of families, due to lack of personnel and financing, among other causes.

## V. ANALYSIS AND DISCUSSION OF THE INFORMATION COLLECTED.

It has been considered convenient in this chapter, for best advantage, to carry out an analysis and discussion of the different paragraphs considered, framing them in the three objectives of the Evaluation and following we will proceed in this line of thought.

### OBJECTIVE I

#### a) Demographic characteristics of the mothers.

- They are found in a 90% between 15 and 44 years old. The proportion between the age groups considered has not varied from May 1990 to January 1991.
- They are illiterate in a 30% and about 55% has had some relation with Elementary Education. The proportion between the different school levels has not varied between one survey and the other.
- 50% are actually nursing, 38% are in normal state (not pregnant nor nursing), and 15% are pregnant. The proportion between these figures has not varied between one survey and the other.
- 50% of the nursing mothers are between 15 and 29 years old; and 37% of the ones who are normal are between 30 and 44 years old.

#### b) Feeding the family.

- The food they monthly receive from CARITAS is a supplementary

- ration to what they produce and purchase. The only food they receive, produce and purchase simultaneously are corn and beans.
- About 60% of the beneficiaries has been receiving food from 1 to 5 years.
  - The length of time the family groups have been in the M.I.P. remain practically the same for surveys I and III, even though it seems to be a tendency to a percentage increase, 60% and 65%.
  - CARITAS is the only source from which they receive food in a 98% of the beneficiaries. The food granted by other institutions does not exceed 3% of the beneficiaries.
  - Only 14% of the beneficiaries interviewed had, in survey I, a relative who was also a CARITAS beneficiary, proportion that increased to 31% in survey III.
  - All the family members consume the food received from CARITAS in a 80% of the households, almost without relation to the number of family members. The percentage of consumers was not modified in any of the Surveys.
  - The food CARITAS gives per month are consumed in a period not less than 8 days and not more than 11. According to the average considered, the first to run out is oil, and the one that lasts more is corn flour.

c) Socio-economic Conditions.

- The predominating occupation is of day worker, followed by the farmworker. The percentage of difference between one occupation and the other in both surveys reflect the labor movement which is characteristic of non-specialized labor.
- The salary level has no relation with the number of members of the household. The minimum wage is earned only by 15% of the heads of households; and 37% earns between "Q0" and Q300" depending on the fluctuating availability of work. This population is a precarious one.
- The contributions other members make for the sustainability of the family is rather low, as in 64% of the household they do not contribute or do not know. The remaining 36% of the ones who contribute are distributed in percentages without major statistical significance.

d) Health of the beneficiary children.

- Judging by the physical conditions personally observed, the general state and the state of their skin and teeth show some improvement from May 90 to January 91.
- The coverage of vaccinated children remains at satisfactory levels.
- Presuming the influence of some seasonal factor, an improvement in illness levels is observed from May 90 to January 91.
- The number of children with weight registered in their cards has increased from one survey to the other, as 50% already bonefits from this measure.

- Comparing the information obtained in survey I and III in relation to the weight adequacy percentage of children applying the Gomez classification, shows that an increase in Survey III in the group recorded as normal and a parallel decrease in the group recorded as malnourished Level II; after submitting these data to the test of statistical difference between two proportions it was concluded that the last information has some statistical significance.
- The information related to Weight/Height/Age indicators, according to the N.C.H.S. classification shows some general improvement, which is consistent with the information collected in the Gomez classification.
- In respect to the protein and caloric adequacy, the percentages collected in survey III point to a general improvement of the nutritional state, having some significance the ones related to the age groups from 1 year to less than 3 years, and from 3 to 6 years in the caloric adequacy and in the age group from 3 to 6 years in the protein adequacy.

c) Housing conditions.

- More than 4 fourth parts of the houses have dirt floors.
- Only 14% has water in their houses, and more than 65% have latrines in their house.

- Only 3% counts with the service of garbage trucks, more than 60% report the presence of pests.

i) Agriculture production.

- The percentage of families who produce some of their food increased from 62% in survey I to 80% in survey III, which may be due to differences in the samples.

**OBJECTIVE 2**

a) Population interviewed in relation to K.A.P.

Shows a moderately open attitude towards change, judging by:

- How they choose the name of their children, about 12% by the almanac, 52% the father chooses the name and 25% because they like the name or because it is in fashion.

As was expected, the attitudes Conservative-Progressive

- Progressive applied to the percentages mentioned (Almanac, named by the father, it is in fashion) remained constant in the two surveys. This attitude is not significantly modified by the mother's age.
- For what they do when someone at home is sick, about 75% consult the Health Clinic and 18% cures them at home.
- The percentage of the ones who consult the Health Clinic increased from survey I to survey III from 73% to 83%.
- By the diet they impose children when sick, 7% gives them no food, 32% given a special diet and 61% eats all kind of food, as was

expected, the conservative-transition-progressive attitudes applicable to the percentages mentioned kept constant in Survey I and III.

- For the food they give to pregnant and nursing mothers, as it seems they eat all kind of food. They give mainly soups and "atoles" (corn drinks) to sick children.
- For the practice of maternal nursing, as only 5 to 6% does not nurse their children. About 60% of the mothers nurse their children for a year or more.

Further, from the demographic characteristics we can deduct:

- The distribution of civil status of the mothers interviewed correspond to the national traditional distribution; that is, predominance of living together over the married, 46% against 30% and 15% are divorced/separated. This is the typical distribution of civil status in a "macho" society. However, it calls for attention the distribution of civil status by age, as widows are almost a third of each of the age groups - situation that may be related with the current war in El Salvador.

The distribution of civil status of a macho origin does not contradict the moderately open attitude towards change detected in other schemes.

**OBJECTIVE 3:**

"To determine if the activities of the modified Operations Plan and the administrative, educative and agriculture production resources are adequate and sufficient to reach an improvement of the economic and health conditions of the families participating in the Program".

Administrative Resources

In relation to administrative resources we can identify three aspects: personnel, physical and/or material, and economic and/or financial.

In respect to personnel resources, the Promoters-Teachers assigned to the M.I.P. show to be insufficient for the number of Nutrition Centers, mainly if an attempt will be made for them to realize a visit per month to each Center in their area, as the Promoters-Teachers assigned to the M.I.P. have to participate in other programs and projects, which obliges them to dedicate only 60% of their working time to assist the M.I.P. Thus, according to the rule established, the NC interviewed should have received 261 visits per month, as a monthly average, but as was observed only 48 visits were realized between October 89 and April 90, that is only 18% of the expected. This observation improves a little in the month of December 90 in which 63 centers were visited in the month, that is 24%. Further, such personnel is not adequately motivated, in first place their salary is relatively low (minimum £700 and maximum £1,200) when other institutions are paying £1,500 and more for similar jobs, with

appreciable differences depending on the Dioceses as well as in the amount paid for trip expenses and per diem, there are two Dioceses who do not give this last benefit. (Santiago de María and Zacatecoluca).

Another lack of motivation is that practically they were not taken as part in the formulation of the activities of the redesigned program and considering they are the key personnel for the operation of the M.C., this aspect is important, as it contrasts with the orthodox rules of planning.

Last, ~~in~~ in relation to personnel it should be mentioned that despite they are key to a good development of the M.I.P. they are not subject to a systematized leading and supervision, therefore the program lacks of a pertinent Technical Unit, neither at a diocesan level nor at a national level, to plan, control, supervise and evaluate, with an epidemiologic criteria, the nutritional situation of the beneficiaries and possible effects of the intervention of the feeding-nutrition program.

The physical and/or material resources are more than limited. The Centers operate in premises which are lended and with the minimum furniture necessary and with storage problems which in a good number of cases oblique that the distribution be made in total each time and when for any reason there are rations left because the beneficiaries were not present, such rations are acquired by other beneficiaries.

The Nutrition Centers do not receive the necessary support material for training in a sufficient amount and timely. A good

number of centers have not received their new scale yet neither they have cards for the recording of the children's weight and several centers are still using the old card format.

In the economic and/or financial aspect it could be said that the resources coming from the volunteer contribution which each beneficiary gives when they receive their food ration, varies from ¢1.50 to ¢2.00 from which the N.C. deliver to the Dioceses what they correspond which is a minimum of ¢1.00 per beneficia-rie-ration. This under any point of view is not enough for the actual inflationary levels and as a consequence the Dioceses can not count with the necessary funds to increase the personnel or even to improve the salaries as well as trip expenses and per diem for the existing personnel. As last, it should be remembered that the part received by the Dioceses is the only financing source for the M.I.P.

#### Education Resources .

It appears that it has been taken for granted that the Teachers-Promoters assigned to the M.I.P. had formerly received the necessary training in order to be able to develop the programmed themes to be given to the Directors and Volunteers of the N.C., as the themes the Teachers-Promoters receive for their own training have little relation with the ones they have to give to the Directors of the N.C. for their training, and what is more transcendent is that the study carried out showed that the majority of Directors of the N.C. interviewed, practically could not remember the themes and much less the dates in which the talks were given,

reason for which it can not be expected that these Directors can realize an adequate exposition of such themes in their respective communities, and for such reason the multiplying effect practically does not exist.

#### Resources for Agriculture Production

While the financial assistance provided within this Program in the Dioceses of San Salvador grew from ¢59,439 in 1988 to ¢450,269 in 1990, the amount financed per manzana did not grow enough and is kept under the normal level of commercial Bank loans given for that purpose.

The growth in the availability of financing is not observed in the same measure in the other Dioceses.

While in two Dioceses they count with qualified personnel (agronomist) to give technical assistance, due to the same limitations of personnel, such assistance is given more at office level than in field level.

#### 4. Organization Aspects

The administrative autonomy which each Diocesis has under the maximum authority of their respective Bishop, not always favors the leading of a program at national level, as is the case of the M.I.P. as it is not strange that this will weaken the regulating authority and the participation that the National Administration of CARITAS must exercise.

Because of its significance and transcendence it is consider con-

venient to leave record that for the admission of beneficiaries to the M.I.P. there is no religious discrimination.

## VI. RECOMMENDATIONS

In this section are presented the recommendations we consider reasonable according with the information collected through the development of the Evaluation of the CRS/CARITAS Modified M.I.P. for fiscal years 1990-1991.

While it is true that the M.I.P. gives several benefits such as amount of beneficiaries, the use of volunteers, the development of the organization, the maintenance within an acceptable range the nutrition state of its beneficiaries and other social benefits, it is also true that this program is susceptible to sustancial improvements, with a minimum of additional resources and a more rational organization. In this way, the following recommendations are proposed:

### About Organization:

- Create and develop a Technical Unit on feeding-nutrition at least at a national level at the beginning and in each Dioceses in the near future.
- Look for coordination with the Ministry of Health in order to incorporate the M.I.P. to the National System of Feeding-nutritional vigilance; or, in any case, the necessary advisory to implement a vigilance system in the M.I.P.

- The relation Teacher-Promoter by N.C. should be estimated according to the following rules: time distribution: each Teacher-Promoter should dedicate 70% (138 hours) of his/her working time per month (176 hours) to visit N.C. The remaining 30% (48 hours) for administrative tasks or of another type to be carried out in the head offices. (month of 24 days and 44 hours per week) Visits per month: each N.C. should be visited with a frequency not less than twice a month.

Length of the visit: Each NC will absorb an average of 4 hours/Teacher-Promoter/Visit.

Thus as per available data the situation by dioceses will be as follows:

DIOCESES	N.C.	LENGTH VISITS HOURS	No. VISITS CN x MONTH	REQUIREMENTS H/ T-P /MONTH
Zacatecoluca	35	4	2	280
San Vicente	65	4	2	520
Stgo. María	62	4	2	496
San Salvador	99	4	2	792

- To prevent routine creation and loss of enthusiasm and initiative, look for mechanisms which allow putting a maximum limit lets say some 4 to 5 years to the period working as volunteer Director in each N.C.
- Simplify as much possible the administrative aspects.

#### About scheduling:

- Schedule over realistic bases, that is, rationally considering the resources available, which helps to make goals explicitly quantifiable and at the end assessable.
- In the scheduling, from the beginning give effective participation to the Teacher-Promoters staff assigned to the M.I.P. as they are the key personnel to be able to carry out the Program.
- Determine the real economic availability for the adequate operation of the program.
- Clearly determine the needs for personnel with goals and normalized effectiveness.
- Consider the convenience to realize a basic change in relation to instead of giving an individual ration, distribute family rations as has been doing starting the past year, the Ministry of Health.
- Shorten the children's weighing sequence, to at least each two months, and look for alternate mechanisms in order to reduce the number of children to be weighed the same day.
- Remember that training never ends and that refreshing is always necessary.

#### About Supervision/Evaluation:

- Establish the adequate mechanisms to systematically and regu

larly verify the final use of the food in the beneficiaries household.

- To have present that it is not the frequency of the visits which counts but the efficiency of the same.
- Systematize the Supervision at a national level in all and each of the Dioceses, strengthening the role carried out by the National Administration of CARITAS.

#### About Coordination:

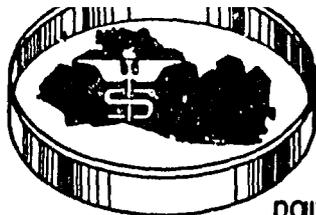
- Relate the M.I.P. with other similar programs, such as Infant Survival.
- To prevent duplicity and/or frictions, explicitly define the role and scope of action and activities of each of the institutions participating: C.R.S./CARITAS/A.I.D.

#### About Agriculture and Development Activities:

- Incorporate technical assistance in the Credit Assistance Programs, which will allow production increase and efficient use of all its resources, in general, by the farmers.
- Because it is not possible to normalize the credits granted to farmers taking as a base the amounts granted by commercial banks, it is suggested to restructure the promotion system for agriculture projects in respect to: develop demonstrative works supported with technical and credit assistance through an assistance system by objectives; that is, if one of the goals is to

increase corn production, emphasis should be given to improve the yield by area unit and in the same way for other products.

- Incorporate the population assisted to agroindustrial projects at craftsmen or semi-craftsmen level which will be complementary to their traditional agriculture activities and will provide them additional earnings.
- .
- Improve the Organización system of the groups, in order to take advantage more efficiently the services given (Credit, Technical Assistance, Health Services, etc.) As well as negotiation and marketing of the product.



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para la Atención de la Salud, S. A. de C. V.

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INFORME FINAL DE LA EVALUACION DEL PROGRAMA  
MATERNO INFANTIL C.R.S. / CARITAS DE EL SALVADOR  
MODIFICADO AÑOS FISCALES 1990 - 1991

A N E X O S

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MATERNO INFANTIL C.R.S. / CARITAS DE EL SALVADOR  
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CONTRATO C.R.S.

CONVENIO CONSUSALUD PMI / EV

No. 01- 01- 90

## CONTENIDO

- Los cuadros Estadísticos comparativos en orden numérico correlativo, cada uno de ellos lleva agregado el que le corresponde de la III Encuesta.
- La Cédula utilizada en la Tercera Etapa (Encuesta) y su correspondiente Instructivo.
- Formularios para conocer los Centros de Nutrición visitados y/o supervisados en cada Diócesis, cada mes durante octubre 89 a enero 91.
- Formulario para conocer el adiestramiento recibido por los Educadores- Promotores 1990.
- Formulario para conocer el adiestramiento impartido por los Educadores- Promotores a los Voluntarios Directivos de los Centros de Nutrición en 1990.

## CUADROS ESTADISTICOS SEGUN ORDEN DE PRESENTACION

### CUADRO

- 11 Comparativo Grupos Etarios
- 12 " Nivel Escolar
- 11 Grupos Etarios por Diócesis
- 12 Nivel Escolar por Diócesis
- 13 Comparativo Estado Civil
- 14 " Estado Fisiológico
- 13 Estado Civil por Diócesis
- 21 Comparativo alimentos que reciben producen o compran
- 21 Por Diócesis Alimentos que reciben, producen o compran
- 22 Comparativo tiempo en programa
- 22 Por Diócesis tiempo en programa
- 23 Comparativo familias que reciben alimentos
- 23 Por Diócesis familias que reciben alimentos
- 24 No. de habitantes y Consumidores por hogar I Encuesta
- 24 bis No. de habitantes y Consumidores por hogar III Encuesta.
- 24 No. de habitantes y Consumidores por hogar III Encuesta.
- 25 Duración de Alimentos I Encuesta
- 25 bis Duración de Alimentos III Encuesta.
- 25 Duración de Alimentos III Encuesta.
- Sin número Esquema General para C.A.P.
- 31 Comparativo forma poner nombre hijos.
- 31 Por Diócesis forma de poner nombre a hijos
- 32 Comparativo qué hacen cuando alguien se enferma
- 33 Comparativo qué dan de comer a niños enfermos
- 32 Por Diócesis qué hacen cuando alguien enferma
- 33 Por Diócesis qué dan de comer a niños enfermos
- 34 Comparativo alimentos niños, madres y lactantes.
- 34 III Encuesta Alimentos niños, madres y lactantes.
- 35 Comparativo Duración Lactancia
- 35 Por Diócesis Duración Lactancia.
- 36 III Encuesta Estado Civil y grupos Etarios

- 41 Comparativo ocupación Jefe Familiar
- 41 Por Diócesis ocupación Jefe Familiar
- 42 Comparativo ingresos económicos
- 42 Por Diócesis ingresos económicos
- 42 bis Aportes económicos de otros familiares.
- 42 bis Por Diócesis aportes de otros familiares.
- 51 Comparativo aspecto físico niños
- 52 Comparativo Vacunas recibidas.
- 51 III Encuesta aspecto físico niño
- 52 Por Diócesis Vacunas recibidas
- 53 Comparativo morbilidad prevalente
- 53 III Encuesta morbilidad prevalente
- 54 Comparativos registros curva de peso
- 54 Por Diócesis registros curva de peso
- 55 Comparativo estado según clasificación Gómez
- 55 III Encuesta estado según clasificación Gómez
- 56 Comparativo Peso-Edad
- 56 bis Por Diócesis Peso - Edad.
- 57 Comparativo Talla- Edad
- 57 bis Por Diócesis Talla-edad
- 58 Comparativo Peso-Talla
- 58 bis Por Diócesis Peso-Talla
- 59 Comparativo Adecuación calórica.
- 59 bis Comparativo Adecuación Protéica
- 59 III Encuesta Adecuación Calórica
- 59 III Encuesta Adecuación Protéica
- 59 bis III Encuesta Adecuación Protéica
- 61 Comparativo materiales vivienda
- 61 Por Diócesis materiales vivienda
- 62 Comparativo servicios disponibles
- 62 Por Diócesis servicios disponibles.
- 63 Comparativo basuras y vectores
- 63 Por Diócesis basuras y vectores
- 71 Comparativo producción alimentos
- 71 Por Diócesis producción alimentos.

- 81 Comparativo participación en C. de N.
- 81 Por Diócesis participación en C.de N.
- 82 Comparativo Temas Pláticas
- 82 Por Diócesis Temas pláticas
- 83 Comparativo utilización conocimientos
- 83 bis Comparativo Temática y práctica
- 83 Por Diócesis utilización conocimientos
- 84 Comparativo recuerdan entidad donante.
- 84 Por Diócesis recuerdan entidad donante

**1. MADRES ENTREVISTADAS**

**C u a d r o 11**

**ENTREVISTADAS SEGUN GRUPOS ETARIOS**

Comparación de las cifras obtenidas en la I y III Encuesta

GRUPO ETARIO	E N C U E S T A			
	I		III	
	No.	%	No.	%
15 años	18	1	9	1
19 - 29	894	62	854	53
30 - 44	436	30	539	34
45 y más	100	7	161	10
NS / NR	-	-	35	2
S U M A	1,448	100	1,598	100

**1. MADRES ENTREVISTADAS**

**C u a d r o 12**

**ENTREVISTADAS SEGUN NIVEL ESCOLAR**

Comparación de las cifras obtenidas en la I y III Encuesta

NIVEL ESCOLAR	E N C U E S T A			
	I		III	
	No.	%	No.	%
Analfabeta	469	32	490	31
Alfabeto	105	7	84	5
Ed. Básica	774	54	950	59
Ed. Media	78	5	62	4
Ed. Superior	22	2	7	1
NS/ NR	-	-	5	-
S U M A	1,448	100	1,598	100

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CUADRO No. 11  
ENTREVISTADAS SEGUN DIOCESIS Y GRUPOS ETAREOS

CEDULA No.	E D A D					SUMA
	15	15-29	30-44	44 Y MAS	NS/NR	
DIOCESIS						
ZACATECOLUCA	1 0.50%	110 54.73%	69 34.33%	20 9.95%	1 0.50%	201 12.58%
SAN VICENTE	4 1.12%	168 46.93%	134 37.43%	48 13.41%	4 1.12%	358 22.40%
SANTIAGO MARI	3 0.60%	287 57.29%	157 31.34%	42 8.38%	12 2.40%	501 31.35%
SAN SALVADOR	1 0.19%	289 53.72%	179 33.27%	51 9.48%	18 3.35%	538 33.67%
SUMAS	9 0.56%	854 53.44%	539 33.73%	161 10.08%	35 2.19%	1598 100.00%

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CUADRO No. 12  
ENTREVISTADAS SEGUN NIVEL ESCOLAR SEGUN DIOCESIS

NIVEL ESCOLAR	ANALFABETA	EDUCACION BASICA	EDUCACION MEDIA	EDUCACION SUPERIOR	ALFABETA	NS/NR	SUMA
ZACATECOLUCA	55 27.36%	119 59.20%	14 6.97%	3 1.43%	8 3.98%	2 1.00%	201 12.58%
SAN VICENTE	73 20.39%	255 71.23%	10 2.79%	2 0.56%	18 5.03%	0 0.00%	358 22.40%
SANTIAGO MARIA	192 38.32%	258 51.50%	21 4.19%	1 0.20%	29 5.79%	0 0.00%	501 31.35%
SAN SALVADOR	170 31.60%	318 59.11%	17 3.16%	1 0.19%	29 5.33%	3 0.56%	538 33.67%
SUMA	430 30.66%	950 59.45%	62 3.88%	7 0.44%	84 5.26%	5 0.31%	1398 100.00%

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**1. MADRES ENTREVISTADAS**

**C u a d r o 13**

**ENTREVISTADAS SEGUN ESTADO CIVIL**

Comparación de las cifras obtenidas en la I y III Encuesta

ESTADO CIVIL	ENCUESTA			
	I		III	
	No.	%	No.	%
Soltera	64	5	88	6
Casada	434	30	501	31
Acompañada	672	46	764	48
Viuda	60	4	52	3
Div/Separ.	218	15	187	12
HS/HR	-	-	6	-

**1. MADRES ENTREVISTADAS**

**C u a d r o 14**

**ENTREVISTADAS SEGUN ESTADO FISIOLÓGICO**

Comparación de las cifras obtenidas en la I y III Encuesta

ESTADO FISIOLÓGICO	ENCUESTA			
	I		III	
	No.	%	No.	%
Normal	483	37	554	39
Embarazada	225	17	147	10
Lactante	601	46	709	51
<b>S U M A</b>	<b>1,309*</b>	<b>100</b>	<b>1,410*</b>	<b>100</b>

\* No eran madres del niño beneficiario

Encuesta I : 139 entrevistadas, 10 % de la muestra

Encuesta III: 199 entrevistadas, 12 % de la muestra

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CUADRO No. 13  
 ENTREVISTADAS SEGUN ESTADO CIVIL SEGUN DIOCESIS

DIOCESIS	ESTADO CIVIL					NS/NR	SUMA
	SOLTERA	CASADA	ACOMPAÑADA	VIUDA	DIVORCIADA SEPARADA		
ZACATECOLUCA	8 3.38%	54 26.87%	100 49.75%	6 2.93%	32 15.92%	1 0.50%	201 12.58%
SAN VICENTE	31 8.66%	151 42.18%	136 37.93%	14 3.91%	26 7.26%	0 0.00%	359 22.40%
SANTIAGO MARIA	11 2.20%	144 29.74%	257 51.30%	18 3.59%	71 14.17%	0 0.00%	501 31.35%
SAN SALVADOR	38 7.06%	152 29.25%	271 50.37%	14 2.60%	58 10.78%	5 0.93%	538 33.67%
SUMA	89 5.51%	501 31.35%	764 47.81%	52 3.25%	187 11.70%	6 0.36%	1599 100.00%

CUADRO No. 14  
 ENTREVISTADAS SEGUN ESTADO FISIOLOGICO SEGUN DIOCESIS

M A D R E S						
DIOCESIS	NORMAL	EMBARAZADA	LACTANTE	SUMA	NO MADRES	SUMA
ZACATECOLUCA	83 50.00%	18 10.23%	70 39.77%	176 87.56%	25 12.44%	201
SAN VICENTE	137 44.48%	31 10.06%	149 45.45%	308 86.03%	50 13.97%	358
SANTIAGO MARIA	145 32.66%	47 10.59%	252 56.76%	444 88.62%	57 11.38%	501
SAN SALVADOR	184 38.17%	51 10.58%	247 51.24%	482 89.59%	56 10.41%	538
SUMAS	554 39.29%	147 10.4%	709 50.26%	1410 88.24%	188 11.76%	1598

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## 2. ALIMENTACION FAMILIAR

Cuadro 21

ALIMENTOS QUE RECIBEN DE CARITAS Y LOS QUE PRODUCEN Y/O  
COMPRAN MENSUALMENTE, EN PORCENTAJES.

Comparación de las cifras obtenidas en la I y III Encuesta

ALIMENTOS	QUE RECIBEN		QUE PRODUCEN		QUE COMPRAN	
	I	III	I	III	I	III
Arroz	98	99	-	-	66	72
Maíz, (harina de torti- llas, etc)	98	99	48	55	47	41
Frijoles	73	99	36	48	45	69
Acete	97	99	-	-	8	68
Soya (harina)	95	99	-	-	-	-
Alverja	89	3	-	-	-	-
Azúcar	-	-	-	-	90	30
Huevos	-	-	-	-	69	75
Carne	-	-	20	1	69	63
Verduras	-	-	20	18	-	81
Frutas	-	-	18	21	-	-
Maicillo	-	-	9	22	-	-
Cerdos	-	-	-	13	-	-
Lácteos (leche, queso, etc)	-	-	-	-	39	65
Gallinas	-	-	-	47	-	-
Tortillas	-	-	-	-	-	11
Otros	1	-	11	15	24	41
No compran/No producen	-	-	38	17	1	-
NS/HR	1	1	-	1	-	-
UNIVERSO	1448	1598	1448	1598	1448	1598

100

CUADRO No. 21

ALIMENTOS QUE RECIBEN, PRODUCEN Y/O COMPRAN  
LAS 4 DIOCESIS

	QUE RECIBEN	%	QUE PRODUCEN	%	QUE COMPRAN	%
ARROZ	1588	99.37%			1145	71.65%
MAIZ (HARINA)	1588	99.37%	884	55.32%	651	40.74%
FRIJOLES	1576	98.62%	771	48.25%	1107	69.27%
ACEITE	1589	99.44%			1087	68.02%
SOYA (HARINA)	1586	99.25%				
ALVERJA	48	3.00%				
AZUCAR					1435	89.90%
HUEVOS					1203	75.28%
CARNE			24	1.50%	1012	63.39%
VERDURAS			283	17.71%	1298	81.23%
FRUTAS			342	21.40%		
MAICILLO			357	22.34%		
CERDOS			208	13.02%		
LACTEOS (QUESO, LECHE)	1	0.06%			1046	65.46%
GALLINAS			759	47.50%		
TORTILLAS					182	11.39%
OTROS	2	0.13%	245	15.33%	658	41.18%
NO COMPRA/NO PRODUCE			275	17.21%	6	0.38%
NS/NR	8	0.50%	9	0.56%	6	0.38%
<b>UNIVERSO</b>	<b>1598</b>		<b>1598</b>		<b>1598</b>	

## 2. ALIMENTACION FAMILIAR

### C u á d r o 22

#### DISTRIBUCION DE ENTREVISTADOS SEGUN TIEMPO DE ESTAR RECIBIENDO ALIMENTOS DE CARITAS

Comparación de las cifras obtenidas en la I y III Encuesta

TIEMPO DE RECIBIRLOS	E N C U E S T A			
	I		III	
	No.	%	No.	%
3 Meses	131	9	121	8
3 - 6	202	14	171	11
7 - 9	88	6	73	5
10-12	166	11	171	11
1 - 2 años	368	26	398	24
3 a 4	302	21	401	25
5 años	174	12	260	16
NS/HR	17	1	12	-

CUADRO No. 22  
 TIEMPO DE ESTAR RECIBIENDO ALIMENTOS  
 DE CARITAS SEGUN DIOCESIS

TIEMPO DE RECIBIRLOS	D I O C E S I S									
	ZACATECOLUCA	%	SAN VICENTE	%	SANTIAGO MARIA	%	SAN SALVADOR	%	SUMA	%
MENOS 3 MESES	11	5.47%	11	3.07%	19	3.73%	90	14.87%	121	7.57%
3 a 6 MESES	24	11.94%	21	5.87%	53	10.58%	73	13.57%	171	10.70%
7 a 9 MESES	13	6.47%	15	4.19%	16	3.13%	29	5.39%	73	4.57%
10 a 12 MESES	26	12.94%	32	8.94%	35	6.99%	78	14.50%	171	10.70%
1 a 2 AÑOS	55	27.36%	86	24.02%	119	23.75%	129	20.98%	389	24.34%
3 a 4 AÑOS	44	21.89%	95	26.54%	159	31.74%	103	19.14%	401	25.09%
MAS DE 5 AÑOS	27	13.43%	95	26.54%	98	19.56%	40	7.43%	260	16.27%
NS / NR	1	0.50%	3	0.84%	2	0.40%	6	1.12%	12	0.75%
SUMAS	201		358		501		538		1598	

## 2. ALIMENTACION FAMILIAR

### C u a d r o 23

#### DISTRIBUCION DE ENTREVISTADAS CUYOS FAMILIARES RECIBEN ALIEMNTOS DE CARITAS Y OTRAS INSTITUCIONES

Comparación de las cifras obtenidas en la I y III Encuesta

INSTITUCION	E N C U E S T A			
	I		III	
	No.	%	No.	%
CARITAS	<u>1,411</u>	<u>97</u>	<u>1,564</u>	<u>98</u>
Recibe solo la entrevistada	1,210	83	1,063	67
Recibe entrevistada y otro pariente	201	14	501	31
OTRAS	<u>43</u>	<u>3</u>	<u>36</u>	<u>2</u>
NS/NR	<u>2</u>	-	<u>4</u>	-
UNIVERSO	1,448		1,598	

CUADRO No. 23

ENTREVISTADAS CUYOS FAMILIARES RECIBEN ALIMENTOS  
DE OTRAS INSTITUCIONES SEGUN DIOCESIS

INSTITUCION FUENTE	D I O C E S I S								SUMA	%
	ZACATECOLUCA	%	SAN VICENTE	%	SANTIAGO MARIA	%	SAN SALVADOR	%		
CARITAS	56	27.86%	18	5.03%	224	44.71%	202	37.55%	501	31.34%
OTRAS	1	0.50%	9	2.51%	15	2.93%	11	2.04%	36	2.26%
Conades	0	0.00%	1	11.11%	3	20.00%	0	0.00%	4	11.96%
Cesad	0	0.00%	0	0.00%	1	6.67%	1	9.09%	2	5.73%
Conara	1	100.00%	0	0.00%	1	6.67%	1	9.09%	4	11.28%
Cruz Roja	0	0.00%	0	0.00%	1	6.67%	0	0.00%	1	2.96%
Vision Mundial	0	0.00%	0	0.00%	1	6.67%	0	0.00%	1	2.96%
Otras	0	0.00%	8	88.89%	8	53.33%	9	81.82%	26	73.27%
NO RECIBE	144	71.64%	321	83.66%	269	53.69%	327	60.78%	1,063	66.53%
NS/IR	1	0.50%	1	0.26%	1	0.20%	1	0.13%	4	0.25%
UNIVERSO	201		353		501		538		1598	

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## 2. ALIMENTACION FAMILIAR

Cuadro 24

ENTREVISTADAS SEGUN NUMERO DE PERSONAS QUE VIVEN EN EL HOGAR  
Y NUMERO DE PERSONAS QUE CONSUMEN LOS ALIMENTOS RECIBIDOS EN %  
LAS 4 DIOCESIS EN LA ENCUESTA.

VIVEN EN EL HOGAR	CONSUMIDORES					HS/HR	SUMA	
	1	2	3	4	5 y +		No.	%
2	-	-	-	-	-	-	12	100
3	4	1	10	59	25	1	127	100
4	2	2	9	12	74	1	201	100
5	3	3	5	10	79	-	233	100
6	3	2	7	5	83	-	228	100
7	-	1	3	6	89	-	190	100
8	1	1	8	8	82	-	143	100
9	2	-	4	11	82	1	128	100
10 y más	2	4	9	5	80	-	186	100
No.	30	28	105	184	1094	7	1448	
SUMA %	2	2	7	13	76	-	100	

NOTA: Los % de la 1ª fila no se calcularon por ser muy pequeña la base, 12.

## 2. ALIMENTACION FAMILIAR

Cuadro 24 bis

ENTREVISTADAS SEGUN NUMERO DE PERSONAS QUE VIVEN EN EL HOGAR Y  
 NUMERO DE PERSONAS QUE CONSUMEN LOS ALIMENTOS RECIBIDOS EN %  
 LAS 4 DIOCESIS EN LA III ENCUESTA.

No. DE PERSONAS QUI VIVEN EN EL HOGAR	CONSUMIDORES						SUMA	
	1	2	3	4	5 y +	HS/HR	No.P.	%
2	-	-	-	-	-	-	10	100
3	2	5	88	3	2	-	113	100
4	1	6	3	81	8	1	240	100
5	1	3	8	14	74	-	293	100
6	1	4	5	9	80	1	248	100
7	-	3	5	4	88	-	188	100
8	-	3	4	5	88	-	182	100
9	-	1	3	4	91	-	124	100
10 y más	1	5	5	6	83	-	196	100
HS/HR	-	-	-	-	-	-	4	100
	No.	17	68	177	291	1040	10	1598
SUMA	%	1	4	11	18	65	1	100

Promedio ponderado de 3 Consumidores 4.40 y de personas por hogar 6.33

NOTA: Los % de la primera fila no se calcularon por ser muy pequeña la base.

CUADRO No. 24

NUMERO DE PERSONAS QUE VIVEN EN EL HOGAR Y NUMERO DE PERSONAS QUE CONSUMEN LOS ALIMENTOS RECIBIDOS

LAS CUATRO DIOCESIS

No. PERSONAS QUE VIVEN EN EL HOGAR	No. HOGARES	NUMERO DE CONSUMIDORES												SUMA	
		1	1	%	2	%	3	%	4	%	5 y mas	%	NS/NR		%
2	10	0.63%	1	5.88%	8	11.76%	0	0.00%	0	0.00%	1	6.10%	0	0.00%	10
3	113	7.07%	2	11.76%	6	6.82%	99	57.56%	3	1.03%	3	0.29%	0	0.00%	113
4	240	15.02%	3	17.65%	13	19.12%	8	4.65%	194	66.57%	20	1.92%	2	20.00%	240
5	293	18.34%	4	23.53%	16	14.71%	23	13.37%	39	13.40%	216	20.77%	1	10.00%	293
6	248	15.52%	3	17.65%	9	13.24%	13	7.56%	22	7.56%	199	19.13%	2	20.00%	248
7	188	11.76%	0	0.00%	5	7.35%	9	5.23%	8	2.75%	165	15.87%	1	10.00%	188
8	182	11.39%	0	0.00%	5	7.35%	8	4.65%	9	3.09%	160	15.38%	0	0.00%	182
9	124	7.76%	1	5.88%	3	4.41%	3	1.74%	4	1.37%	113	10.87%	0	0.00%	124
10 y mas	196	12.27%	3	17.65%	9	13.24%	9	5.23%	12	4.12%	163	15.67%	0	0.00%	196
NS/NR	4	0.25%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	40.00%	4
<b>SUMAS</b>	<b>1598</b>		<b>17</b>		<b>68</b>		<b>172</b>		<b>291</b>		<b>1040</b>		<b>10</b>		<b>1598</b>
%	100.00%		1.06%		4.26%		10.76%		18.21%		65.03%		0.63%		
PROMEDIO PERSONAS POR HOGAR			6.33												
PROMEDIO CONSUMIDORES POR HOGAR			4.40												

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## 2. ALIMENTACION FAMILIAR

C u a d r o . 25

### ENTREVISTADAS SEGUN DURACION DE LOS ALIMENTOS RECIBIDOS EN PORCENTAJES LAS 4 DIOCESIS EN LA I ENCUESTA

TIEMPO DE DURACION ( días )	MAIINA	ARROZ	ALVERJA	ACEITE	FRIOJLES	SOYA
Menos de 5	19	25	20	33	11	18
5 - 10	27	33	27	36	11	31
11 - 15	33	27	26	20	7	26
16 - 20	6	6	6	4	1	7
21 - 25	6	4	5	3	1	5
26 - 30	7	4	7	3	1	6
Más de 1 mes	-	-	-	-	-	-
HS/HR	2	1	9	1	68	7
SUMA %	100	100	100	100	100	100
Promedio Ponderado	11.3	9.7	10.9	8.1	8.6	10.8

n = 1448

## 2. ALIMENTACION FAMILIAR

C u a d r o 25 bis

ENTREVISTADAS SEGUN DURACION DE LOS ALIMENTOS RECIBIDOS EN %

LAS 4 DIOCESIS DE LA III ENCUESTA

TIEMPO DE DURACION ( días)	HARINA	ARROZ	ALVERJA	ACEITE	FRIJOLES	SOYA
Menos de 5	15	16	8	21	28	11
5 - 10	37	39	52	43	41	35
11 - 15	28	28	27	24	20	29
16 - 20	9	5	5	3	4	8
21 - 25	6	4	7	3	3	7
26 - 30	8	7	1	4	3	8
Más de 1 mes	1	-	-	1	-	1
NS/ NR	1	1	-	1	1	1
S U M A	100	100	100	100	100	100

CUADRO NO.25

DURACION DE LOS ALIMENTOS RECIBIDOS EN PORCIENTOS

LAS CUATRO DIOCESIS

TIEMPO DE DURACION (DIAS)	ACEITE	ALVERJA	ARROZ	FRIJOLES	HARINA	SOYA	NS/IR
< DE 5	20.71%	8.00%	15.96%	27.66%	14.64%	11.14%	
5 - 10	42.99%	52.00%	33.55%	40.80%	31.66%	34.98%	
11 - 15	24.28%	26.67%	27.66%	20.28%	28.16%	22.79%	
16 - 20	2.57%	5.33%	5.13%	3.94%	3.07%	7.57%	
21 - 25	3.44%	6.67%	4.38%	3.13%	6.45%	7.01%	
26 - 30	4.01%	1.33%	6.70%	2.69%	7.88%	8.51%	
MAS DE 1 MES	0.56%	0.00%	0.63%	0.25%	0.88%	1.19%	
NS/IR	1.44%	0.00%	1.00%	1.25%	1.25%	0.81%	
	1598	75	1598	1598	1598	1598	0

**VARIABLE GENERAL**

**VARIABLE INTERMEDIAS**

**INDICADORES**

**VARIABLES EMPIRICAS**

C.A.P.

Ubicación Socioeconómica

Ubicación Social  
Ubicación en el mercado de trabajo

Nivel escolar  
Condiciones de la vivienda  
Tipo de vecindario  
Edad  
Ocupación  
Ingresos  
Trabajo permanente

Ideología

Conceptión ideológica s/ la familia  
Actitud frente a la medicina científica

Homínación de los hijos  
Número de miembros  
Estado civil (Tasa de nupcialidad)  
Jefatura de la familia  
Prácticas etnomédicas  
Prácticas alimenticias  
Creencias s/alimentos  
Duración de la lactancia

Participación en la comunidad.

Activa  
Pasiva

Miembro Junta directiva  
Producción alimentos propios  
Dictar pláticas  
Dar adiestramiento  
Contribución económica voluntaria  
Asistencia a pláticas

### 3. CONOCIMIENTOS ACTITUDES Y PRACTICAS

C u a d r o 31

#### ENTREVISTADAS SEGUN FORMA DE PONER NOMBRE A LOS HIJOS

Comparación de las cifras obtenidas en la I y III Encuesta

FORMA DE PONER NOMBRE	E N C U E S T A			
	I		III	
	No.	%	No.	%
Por el Almanaque	193	13	165	11
Lo pone el padre u otra persona	737	51	887	55
Porque le gusta y/o está de moda	357	25	392	25
Otras Formas	161	11	145	9
NS/NR	-	-	9	-
<b>S U M A</b>	<b>1448</b>	<b>100</b>	<b>1598</b>	<b>100</b>

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CUADRO No. 31  
FORMA DE PONER NOMBRE A LOS HIJOS  
SEGUN DIOCESIS

D I O C E S I S										
FORMA DE PONER NOMBRE	ZACATECOYLCA	%	SAN VICENTE	%	SANTIAGO MARIA	%	SAN SALVADOR	%	SUMA	%
PER EL ALMANAQUE	28	13.93%	77	21.51%	24	4.79%	36	6.63%	165	10.33%
LO PONE EL PADRE U OTRA PERSONA	106	52.74%	91	25.42%	337	67.27%	353	65.61%	887	55.51%
FOR QUE LE GUSTA Y/O ESTA DE MODA	49	24.38%	155	43.39%	80	15.97%	103	20.97%	392	24.53%
OTRAS	16	7.96%	35	9.78%	59	11.78%	35	6.51%	145	9.07%
NS/NR	2	1.00%	0	0.00%	1	0.20%	6	1.12%	9	0.56%
UNIVERSO	201	100.00%	358	100.00%	501	100.00%	538	100.00%	1598	100.00%

3. CONOCIMIENTOS, ACTITUDES Y PRACTICAS

C u a d r o 3 2

QUE HACE LA ENTREVISTADA CUANDO ALGUIEN ENFERMA EN LA CASA  
Comparación de las cifras obtenidas en la I y III Encuesta

¿ QUE HACE?	E N C U E S T A			
	I		III	
	No.	%	No.	%
Lo cura en casa	298	21	220	14
Busca consejo no médico fuera de casa	26	2	18	1
Consulta en la Unidad de Salud	1056	73	1331	83
* Otras formas	65	4	24	2
NS/NR	-	-	5	-
S U M A	1448	100	1598	100

\* Otras formas Incluye consulta con médico particular, en la farmacia, etc.

3. CONOCIMIENTOS, ACTITUDES Y PRACTICAS

C u a d r o 33

ENTREVISTADAS SEGUN LO QUE DAN DE COMER A LOS NIÑOS CUANDO ENFERMAN LAS 4 DIOCESIS EN LA III ENCUESTA

TIPO DE ALIMENTACION	E N C U E S T A	
	S U M A	
	No.	%
Le da de todo	1198	75
Le suprime todo alimento	393	25
NS / NR	7	--
U N I V E R S O	1598	100

CUADRO No. 32  
 QUE HACE CUANDO ALGUIEN ENFERMA EN CASA  
 SEGUN DIOCESIS

=====										
D I O C E S I S										
QUE HACE ?	ZACATECÓLUCA	%	SAN VICENTE	%	SANTIAGO MARIA	%	SAN SALVADOR	%	SUMA	%
=====										
LO CURA EN CASA	44	21.89%	66	18.44%	22	4.39%	88	16.36%	220	13.77%
BUSCA CONSEJO MEDICO FUERA DE CASA	4	1.93%	2	0.56%	3	0.60%	9	1.67%	18	1.13%
CONSULTA EN LA UNIDAD DE SALUD	152	75.62%	285	79.61%	465	92.81%	429	79.74%	1331	83.29%
OTRAS	0	0.00%	5	1.40%	10	2.00%	9	1.67%	24	1.50%
NS/NR	1	0.50%	0	0.00%	1	0.20%	3	0.56%	5	0.31%
=====										
TOTAL	201	100.00%	358	100.00%	501	100.00%	538	100.00%	1598	100.00%
=====										

CUADRO No.33

ENTREVISTADAS SEGUN LO QUE DAN DE COMER A LOS NIÑOS CUANDO ENFERMAN  
SEGUN DIOCESIS

TIPO DE ALIMENTACION	ZACATECOGUCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
LE DA DE TODO	128	63.68%	229	63.97%	438	66.43%	409	75.84%	1193	74.97%
LE SUFRIME	72	25.82%	127	35.47%	67	13.37%	127	25.61%	393	24.59%
DIETA ESPECIAL										
ARROZ	29	40.28%	51	40.16%	27	40.30%	33	25.96%	140	35.62%
ATOLES	50	69.44%	82	64.57%	44	65.57%	52	72.44%	288	69.19%
GALLETAS/PAN	15	20.83%	21	16.54%	5	7.46%	47	37.01%	88	22.39%
POLLO	3	4.17%	8	4.72%	1	1.49%	5	6.94%	15	3.82%
QUESO	5	6.94%	26	20.47%	6	8.96%	17	13.39%	54	13.74%
REFRESCOS	12	16.67%	46	36.22%	7	10.45%	12	9.45%	77	19.59%
SOPAS	55	76.39%	82	64.57%	43	64.18%	96	75.59%	276	70.23%
TORTILLAS	2	2.78%	5	3.94%	5	7.46%	10	7.87%	22	5.60%
VERDURAS	24	33.33%	52	40.34%	31	46.27%	50	39.37%	157	39.95%
OTROS	39	54.17%	56	44.03%	29	43.28%	34	26.77%	158	40.26%
NS/NE	1	0.50%	2	0.56%	1	0.20%	3	0.56%	7	0.44%
=====										
S U M A S	201		359		501		536		1593	
=====										

W

### 3. CONOCIMIENTOS, ACTITUDES Y PRÁCTICAS

C u a d r o 34

#### DISTRIBUCION DE ENTREVISTADAS SEGUN ALIMENTOS QUE DAN A LOS NIÑOS ENFERMOS, MADRES EMBARAZADAS Y MADRES LACTANTES EN % LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

ALIMENTOS DADOS	NIÑOS ENFERMOS		EMBARAZADAS		LACTANTES	
	I	III	I	III	I	III
Sopas	22	17	50	81	58	89
Atoles	12	17	12	54	26	72
Verduras	4	10	48	80	27	69
Arroz	5	9	33	69	26	67
Tortillas	-	1	5	51	5	53
Carne	-	6	-	71	-	61
Frijoles	-	1	-	69	-	68
Huevos	-	3	-	72	-	65
Lácteos	-	5	-	62	-	72
Otros	21	10	93	64	22	65
NS/NR	-	75	-	-	-	-
<b>U N I V E R S O</b>	<b>1448</b>	<b>1528</b>	<b>1448</b>	<b>1528</b>	<b>1448</b>	<b>1528</b>

CUADRO No. 34  
 DISTRIBUCION DE ENTREVISTADAS SEGUN ALIMENTOS QUE DAN A LOS NIÑOS ENFERMOS  
 MADRES EMBARAZADAS Y MADRES LACTANTES  
 LAS 4 DIOCESIS

ALIMENTOS DADOS	NIÑOS ENFERMOS	%	MADRES EMBARAZADAS	%	MADRES LACTANTES	%
ARROZ	140	9.76%	1194	62.93%	1070	66.36%
ATAQUES	268	16.77%	862	53.94%	1152	72.05%
CARNE	88	5.51%	1124	70.96%	969	60.64%
FRIOLES	15	0.94%	1036	68.53%	1090	67.55%
HUEVOS	54	3.38%	1143	71.53%	1035	64.77%
LACTEOS	77	4.82%	1101	69.30%	1146	71.71%
SOFAS	276	17.27%	1292	80.85%	1416	89.24%
TORTILLAS	22	1.36%	915	51.00%	839	52.50%
VERDURAS	157	9.82%	1275	79.73%	1032	63.71%
OTROS	158	9.83%	1023	64.02%	1046	65.46%
NS/NR	1201	75.16%	5	0.31%	6	0.38%
<b>UNIVERSO</b>	<b>1538</b>		<b>1538</b>		<b>1538</b>	

### 3. CONOCIMIENTO, ACTITUDES Y PRACTICAS

#### C u a d r o 35

#### DISTRIBUCION DE ENTREVISTADAS SEGUN DURACION DE LA LACTANCIA LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

DURACION DE LA LACTANCIA	E N C U E S T A			
	I		III	
	No.	%	No.	%
Lactante actual	470*	32	-	-
Hasta 3 meses	55	4	46	3
Hasta 6 meses	70	5	81	5
Hasta 9 meses	71	5	226	14
1 año y más	701	48	1098	69
No da de mamar	81	6	50	3
NS/HR	-	-	97	6
S U M A	1448	100	1598	100

\* Las madres registradas como Lactante Actual fueron 601, pero 131 de ellas fueron registradas de acuerdo al tiempo que tenían de estar dando de mamar.

En la III Encuesta 709 fueron reportadas como lactantes pero en este cuadro aparecen registradas según el tiempo que llevaban de estar lactando.

CUADRO No. 35

EVOLUCION DE LA LACTANCIA  
SEGUN DIOCESIS

DIOCESIS										
EVOLUCION DE LA LACTANCIA	ZACATECOLOCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
HASTA 3 MESES	0	0.00%	11	3.07%	13	2.53%	22	4.03%	46	2.63%
HASTA 6 MESES	7	3.48%	20	5.59%	22	4.33%	32	5.95%	81	5.07%
HASTA 9 MESES	36	17.91%	39	10.89%	80	15.97%	71	13.20%	226	14.14%
DE 1 A 7 MAS	130	64.68%	236	65.92%	363	72.46%	369	69.59%	1099	68.71%
DE LA LE MAMA	3	1.45%	15	4.13%	9	1.80%	23	4.26%	50	3.13%
NI UNO	25	12.44%	37	10.34%	14	2.73%	21	3.90%	97	6.07%
<b>SUMAS</b>	<b>291</b>		<b>353</b>		<b>591</b>		<b>533</b>		<b>1599</b>	

CUADRO No. 36

ENTREVISTADOS SEGUN ESTADO CIVIL Y GRUPOS ETAREOS

LAS 4 DIOCESIS

ESTADO CIVIL	NUMERO	%	GRUPOS ETAREOS								NS/NF	%	SUMAS
			< 15	%	15 - 29	%	30 - 44	%	45 >	%			
SOLTERA	87	5.44%	5	5.75%	56	64.37%	14	16.09%	8	9.20%	4	4.60%	87
CASADA	501	31.35%	3	0.60%	210	42.32%	217	43.31%	57	11.38%	12	2.40%	501
ACOMPANADA	765	47.87%	1	0.13%	469	61.18%	236	30.85%	45	5.83%	15	1.96%	765
VIUDA	52	3.25%	0	0.00%	10	19.23%	17	32.69%	25	48.08%	0	0.00%	52
DIVORCIADA/SEPARADA	187	11.70%	1	0.53%	104	55.61%	55	29.41%	25	13.37%	2	1.07%	187
NS/NR	6	0.38%	0	0.00%	3	50.00%	0	0.00%	1	16.67%	2	33.33%	6
SUMAS	1598		10		850		539		161		35		1598
PORCENTAJES	100.00%		0.63%		53.36%		33.73%		10.08%		2.19%		

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#### 4, CONDICIONES SOCIOECONOMICAS DE LA FAMILIA

##### C u a d r o 41

#### OCUPACION PRINCIPAL DEL JEFE DE FAMILIA. LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

OCUPACION PRINCIPAL	E N C U E S T A			
	I		III	
	No.	%	No.	%
Agricultor/Campesino	195	14	405	25
Obreros	94	6	171	11
Albañil	50	3	109	7
Carpintero	11	1	32	2
Hecánico	14	1	17	1
Sastre/Costurera	19	1	13	1
Ama de casa	76	5	58	4
Servicios	161	11	123	7
Empleado	44	3	-	-
Comerciante	12	1	30	2
Vendedor	54	4	38	2
Lavandera	32	2	36	2
Motorista	19	1	19	1
Jornalero / Peón	260	18	600	38
Otros	408	28	210	13
HS/HR	254	18	31	1
<b>S U M A</b>	<b>1448</b>	<b>100</b>	<b>1598</b>	<b>100</b>

CUADRO No. 41  
 OCUPACION PRINCIPAL DEL JEFE DE FAMILIA  
 SEGUN DIOCESIS

D I O C E S I S

OCUPACION PRINCIPAL	ZACATECOQUICA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
AGRICULTOR	30	16.42%	157	43.85%	125	24.35%	39	16.73%	405	25.34%
ALBAÑIL	16	7.96%	18	5.03%	14	2.79%	61	11.34%	109	6.62%
AMA DE CASA U OFICIOS DOMESTICOS	13	6.47%	12	3.35%	20	3.99%	13	2.42%	58	3.63%
CAFFINTEFO	5	2.49%	2	0.56%	4	0.80%	21	3.90%	32	2.00%
COMERCIANTE	2	1.00%	5	1.40%	13	2.59%	10	1.66%	30	1.88%
JORNALERO/FEON	89	44.28%	88	24.58%	251	50.10%	172	31.97%	600	37.55%
LAVANDEFA	2	1.00%	8	2.23%	11	2.20%	15	2.79%	36	2.25%
MECANICO	3	1.49%	1	0.28%	4	0.80%	9	1.57%	17	1.06%
MOTORISTA	1	0.50%	7	1.96%	3	0.60%	8	1.49%	19	1.19%
SASTRE O COSTURERA	1	0.50%	4	1.12%	1	0.20%	7	1.30%	13	0.81%
VENEDOR	3	1.49%	8	2.23%	7	1.40%	20	3.72%	38	2.38%
OTROS	30	14.93%	34	9.50%	46	9.18%	100	18.59%	210	13.14%
NINGUNO	3	1.49%	14	3.91%	2	0.40%	12	2.23%	31	1.94%
<b>S U M A S</b>	<b>201</b>		<b>358</b>		<b>501</b>		<b>538</b>		<b>1598</b>	

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4. CONDICIONES SOCIOECONOMICAS DE LA FAMILIA

C u a d r o 42

; INGRESOS ECONOMICOS MENSUALES DE LOS JESES DE FAMILIA

LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

INGRESO MENSUAL ¢	ENCUESTA			
	I		III	
	No.	%	No.	%
0 - 150	228	16	169	11
151 - 180	65	4	46	3
181 - 210	45	3	87	5
211 - 240	37	2	89	6
241 - 270	52	4	51	3
271 - 300	56	4	155	9
301 y más	578	40	490	31
600 (Sal. mínimo)	133	9	244	15
NS/HR/HT	254	18	267	17
<b>S U M A</b>	<b>1448</b>	<b>100</b>	<b>1598</b>	<b>100</b>

#### 4. CONDICIONES SOCIOECONOMICAS DE LA FAMILIA

##### C u a d r o 42 bis

CUANDO APORTAN EN TOTAL MENSUALMENTE A LA FAMILIA LOS DEMAS MIEMBROS QUE TRABAJAN LAS 4 DIOCESIS EN LA III ENCUESTA

A P O R T A C I O N ( colones )	NUMERO DE LOS QUE APORTAN	PORCENTAJE
Menos de 100	154	10
100 - menos de 200	140	9
200 - menos de 300	85	5
300 - menos de 400	67	4
400 - menos de 500	48	3
500 y más	77	5
NO APORTA O NO SABE	1027	64
S U M A	1598	100

CUADRO No. 42

INGRESOS ECONOMICOS MENSUALES DE JEFES DE FAMILIA  
SEGUN DIOCESIS

D I O C E S I S

INGRESO MENSUAL	ZACATECOLUCHA		SAN VICENTE		SANTIAGO DE MARIA		SAN SALVADOR		SUMAS	
		%		%		%		%		%
0 - 150	12	5.97%	41	11.45%	71	14.17%	45	8.36%	169	10.53%
151 - 180	6	2.99%	7	1.96%	20	3.99%	13	2.42%	46	2.86%
181 - 210	16	7.96%	11	3.07%	23	4.59%	37	6.88%	87	5.44%
211 - 240	12	5.97%	27	7.54%	36	7.19%	14	2.60%	89	5.57%
241 - 270	6	2.99%	12	3.35%	15	2.99%	18	3.35%	51	3.13%
271 - 300	25	12.44%	28	7.82%	38	7.58%	64	11.90%	155	9.70%
300 Y MAS	54	26.87%	100	27.93%	120	23.95%	216	40.15%	490	30.66%
600 (SALARIO MINIMO)	55	27.36%	85	23.74%	30	5.99%	74	13.75%	244	15.27%
NS/NR/NT	15	7.46%	47	13.13%	148	29.54%	57	10.59%	267	16.71%
SUMAS	201		353		501		538		1593	100.00%

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CUADRO No. 42 B

CUANTO APORTAN EN TOTAL MENSUALMENTE A LA FAMILIA  
LOS DEMAS MIEMBROS QUE TRABAJAN  
SEGUN DIOCESIS

DIOCESIS										
APORTACION	ZACATECOLOCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
MENOS DE CIENTO	18	8.96%	47	13.15%	67	13.37%	22	4.09%	154	9.64%
DE 100 A MENOS 200	23	11.44%	26	7.26%	57	11.38%	34	6.32%	140	8.76%
DE 200 A MENOS 300	5	2.49%	22	6.15%	27	5.39%	31	5.76%	85	5.32%
DE 300 A MENOS 400	8	3.93%	2	0.56%	20	3.99%	37	6.88%	67	4.15%
DE 400 A MENOS 500	3	1.49%	8	2.23%	7	1.40%	30	5.58%	48	3.00%
DE 500 Y MAS	8	3.98%	4	1.12%	9	1.80%	56	10.41%	77	4.82%
N/S/NR/NT	136	67.66%	249	69.55%	314	62.67%	328	60.97%	1027	64.27%
SUMAS	201		350		501		538		1596	100.00%

5. SALUD DE LA POBLACION INAFILI BENEFICIARIA

C u a d r o 51

ASPECTOS FISICO Y OTROS DE LOS NIÑOS ENCUESTADOS

Comparacion de los porcentajes obtenidos en la I y III Encuesta

ESTADO GENERAL	I		III		
	I	III	I	III	
Muy bueno	15	26.16	Limpia	80	90.26
Bueno	60	52.89	Sucia	16	8.26
Regular	22	19.94	Sin lesión	46	78.77
Malo	12	0.69	Con lesión	12	13.14
UNIVERSO	1,448	1,598			

ESTADO DEL DEDO	I		III		
	I	III	I	III	
Limpio	80	89.36	Limpios	52	63.83
Sucio	16	10.64	Sucio	27	22.22
Tapado	42	56.69	Sin caries	41	59.55
Ralo	19	16.61	Con caries	20	23.97
Con parásitos	6	4.02	Sin dientes	11	16.52

5. SALUD DE LA POBLACION INAFILI BENEFICIARIA

C u a d r o 52

NIÑOS ENCUESTADOS SEGUN VACUNAS RECIBIDAS

Comparación de las cifras obtenidas en la I y III Encuesta

TIPO DE VACUNA	No. NIÑOS		PORCENTAJE	
	NO VACUNADOS		I	III
	I	III		
B.C.G	263	160	18	11.13
D.P.T.	130	123	9	8.34
SARAPTION	193	291	13	22.26
POLIO	116	86	8	5.69
UNIVERSO	1,448	1,598		

CUADRO No. 51

ASPECTO FISICO : DIFER DE LOS NIÑOS ENCUESTADOS

L. 48 - MICOESIS

ESTADO GENERAL		ESTADO DE LA PIEL		ESTADO DEL PELO		ESTADO DE LOS DIENTES					
N	%	N	%	N	%	N	%				
NO BIEN	418	26.16%	LIMPIA	1440	90.24%	LIMPIO	1410	88.36%	LIMPIOS	1027	65.85%
BIEN	947	58.83%	SUCIA	100	6.26%	SUCIO	170	10.64%	SUCIOS	375	23.82%
REGULAR	317	19.84%	NO	24	1.50%	NO	16	1.00%	NO	223	14.25%
MAL	11	0.68%	SIN LEIDA	1078	67.72%	TURBIO	174	10.88%	SIN CARIES	981	62.51%
NO/AF	-	0.00%	CON LEIDA	121	7.54%	PALO	500	31.21%	CON CARIES	328	20.87%
			NO	107	6.74%	NO	171	10.70%	NO	124	7.88%
			NO/AF	-	0.00%	CON PARASITOS	48	3.07%			
SUMAS	1592			1592			1592			1592	

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CUADRO 51

NINOS ENCUESTADOS SEGUN FARMAS RECIBIDAS

LAS 4 COMUNAS

TIPO DE VACUNA	Nº	0 Dosis	1 Dosis	2 Dosis	3 Dosis
VACUNADOS	1534				
%	97,25%				
B.C.G.	1438	169	1080	14	31
%	89,93%	11,13%	95,97%	0,97%	2,16%
D.P.T.	1475	103	126	192	1055
%	92,90%	6,94%	15,92%	13,02%	71,53%
SARANGIUM	1307	231	939	242	125
%	81,73%	15,13%	71,84%	18,52%	9,84%
FOLIO	1512	36	279	201	1035
%	94,62%	5,83%	18,45%	13,23%	68,45%
NO VACUNADOS	44				
%	2,75%				
UNIVERSO	1538				

## 5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

Cuadro 53

### MORBILIDAD PREVALENTE EN LOS NIÑOS ENCUESTADOS

Comparación de las cifras obtenidas en la I y III Encuesta

SIGNO O SINTOMA REPORTADO	NUMERO AFECTADOS		PORCENTAJE	
	I	III	I	III
- Vómitos	202	127	14	7.95
- Diarreas	834	491	44	30.73
- Fiebre	729	622	50	38.92
- Catarro simple	859	926	35	26.28
- Catarro de Pecho	412	420	35	26.28
- Erupciones	141	126	10	7.88
- Otros	107	103	8	11.45
- U N I V E R S O	1,448	1,598	100	100

MOBILIDAD PREVALENTE EN LOS NIÑOS ENCUESTADOS

LAS 4 COMUNAS

SIGNO O SINTOMA RESITIVO	NÚMERO	1 ATAQUE	2 ATAQUES	3 ATAQUES	4 ATAQUES O MAS	NÚMERO AFECTADOS
VÓMITOS %	1471 92,05%	70 4,71%	37 2,44%	16 1,03%	36 2,23%	159 9,95%
DIARREAS %	1106 68,21%	221 15,61%	144 10,21%	66 4,53%	55 3,83%	491 30,73%
FIEBRE %	976 60,06%	231 14,54%	174 10,87%	124 7,74%	55 3,43%	622 38,92%
CATARRO COMPLETO %	672 41,05%	423 26,22%	205 12,80%	176 10,88%	100 6,20%	929 57,95%
CATARRO DE FLECHO %	1179 73,73%	135 8,40%	107 6,70%	97 6,05%	77 4,80%	426 26,28%
ERUPCIONES %	1471 92,05%	97 6,00%	12 0,75%	6 0,38%	9 0,57%	125 7,82%
OTROS %	1415 88,55%					183 11,45%
TOTAL	1576					1576

5 SALUD DE LA POBLACION INFANTIL BENEFICIARIA

C u a d r o 54

PESO DE LOS NIÑOS ENCUESTADOS SEGUN DATOS REGISTRADOS EN SU  
 CARTILLA O CURVA DE PESO

Comparación de las cifras obtenidas en la I y III Encuesta <sup>c</sup>

SITUACION ENCONTRADA	NUMERO NIÑOS		PORCENTAJE	
	I	III	I	III
No registrada en cartilla	262	805	66.	50.38
Normal	221	468	15.	29.29
Desnutrido	241	219	17.	13.70
Sobre peso	24	11	2.	0.69
NS/HR	-	95	-	5.94
<b>T O T A L</b>	<b>1,148</b>	<b>1,598</b>	<b>100</b>	<b>100.00</b>

CONTRATO N.º 134

FECHAS DE LOS NOMBRES REGISTRADOS EN SU CARTILLA  
O CLAVES DE FECHAS

ESTACION ENCUENTRO	INCHES/SEMANA	%	SEMA VICENTE	%	DISTRIBUCION DE NOMBRES	%	SEMA SALVADOR	%	SEMANAS	%
ACERCA	103	51.20%	151	42.18%	157	31.34%	41	7.61%	468	29.28%
RECONSTRUCION	20	9.95%	50	13.37%	71	14.17%	75	14.50%	219	13.79%
REPERTEJO	2	1.00%	2	0.56%	6	1.20%	1	0.19%	11	0.69%
NO RECONSTRUCION	34	16.87%	145	41.34%	203	51.50%	245	49.13%	305	59.38%
NO SE	0	0.00%	7	1.96%	9	1.80%	75	15.57%	95	5.94%
TOTAL	169		356		503		537		1598	

5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

C u a d r o 55

MEDIDAS ANTRÓPOMÉTRICAS ACTUALES

ESTADO NUTRICIONAL DE LOS NIÑOS ENCUESTADOS SEGUN  
CLASIFICACION GOMEZ

EN PORCENTAJES LAS 4 DIOCESES

Comparación de las cifras obtenidas en la I y III Encuesta

ESTADO NUTRICIONAL SEGUN PORCENTAJE DE ADECUACION	ENCUESTA	
	I	III
Normal: mayor o igual a 90	37	41.61
Desnutrido Grado I 89-75	56	55.94
Desnutrido Grado II 74-60	4	1.75
Desnutrido Grado III < 60	1	0.44
<u>NS/UR</u>	<u>2</u>	<u>0.25</u>

CUADRO No.55

ESTADO NUTRICIONAL SEGUN CLASIFICACION GOMEZ

LAS CUATRO DIOCESIS

GRUPO ETAREO	NORMAL	DESNUTRIDO GI	DESNUTRIDO GII	DESNUTRIDO GIII	NS/NR	SUMAS
0 - 11	167 53.13%	136 43.31%	9 2.97%	2 0.64%	0 0.00%	314 19.65%
12 - 23	147 34.83%	268 63.51%	6 1.42%	1 0.24%	0 0.00%	422 26.41%
24 - 47	223 40.25%	319 57.58%	9 1.62%	3 0.54%	0 0.00%	554 34.67%
48 - 71	119 42.96%	152 54.97%	4 1.44%	1 0.36%	1 0.36%	277 17.33%
71 Y MAS	3 32.14%	19 67.86%	0 0.00%	0 0.00%	0 0.00%	22 1.75%
NS/NR	0 0.00%	0 0.00%	0 0.00%	0 0.00%	3 100.00%	3 0.19%
SUMAS	665 41.61%	834 55.94%	23 1.75%	7 0.44%	4 0.25%	1533

## 5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

### Cuadro 56

CLASIFICACION DEL ESTADO NUTRICIONAL DE LOS NIÑOS EVALUADOS  
SEGUN DESVIACIONES ESTANDAR (PUNTAJE Z)<sup>(1)</sup> PARA EL INDICADOR  
PESO/EDAD, LAS 4 DIOCESES

Comparación de las cifras obtenidas en la I y III Encuesta

INDICADOR PESO/EDAD	D I O C E S I S			
	I		III	
	No.	%	No.	%
Afectado Severo	53	4	45	3
Riesgo altos	214	16	205	13.4
Riesgo moderado	424	31.6	476	31.1
Normal	650	48.5	803	52.5
<b>TOTAL</b>	<b>1341<sup>(2)</sup></b>		<b>1529<sup>(2)</sup></b>	

(1) Desviaciones Estandar (D.E.) de la mediana población de referencia recomendada por la OMS (ICHS).

(2) El número de observaciones es inferior al que aparece en cuadros anteriores debido a que hubo que descartar aquellas que no permitían el juego simultáneo de las tres variables, (Peso- talla- edad) tal como lo requiere la clasificación ICHS.

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5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

C u a d r o 5 6 b i s

CLASIFICACION DEL ESTADO NUTRICIONAL DE LOS NIÑOS EVALUADOS SEGUN DESVIACIONES  
ESTANDAR (PUNTAJE Z)<sup>(1)</sup> PARA EL INDICADOR PESO / EDAD  
LAS 4 DIOCESIS III ETAPA (ENCUESTA)

DIOCESIS	AFECTADO SEVERO		RIESGO ALTO		RIESGO MODERADO		NORMAL		S U M A	
	No.	%	No.	%	No.	%	No.	%	No.	%
ZACATECOLUCA	10	5.8	26	15.0	63	36.4	74	42.8	173	100.0
SAN SALVADOR	16	3.1	62	15.9	163	31.7	254	49.3	515	100.0
SAN VICENTE	10	2.9	41	12.0	105	30.7	186	54.4	342	100.0
STGO. DE MARIA	9	7.8	56	18.0	145	37.7	289	36.5	499	100.0
S U M A	45	3.0	205	13.4	476	31.1	803	52.5	1529 <sup>(2)</sup>	100.0

(1) Desviaciones Estándar (D.E.) de la mediana de la población de referencia recomendada por la OMS (NCHS).

(2) Este número de observaciones es inferior al que aparece en el cuadro 54, debido a que hubo que descartar aquellas que no permitían el juego simultáneo de las tres variables, tal como lo requiere la clasificación NCHS.

## 5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

Cuadro 57

CLASIFICACION DEL ESTADO NUTRICIONAL DE LOS NIÑOS EVALUADOS  
SEGUN DESVIACIONES ESTANDAR (PUNTAJE Z)<sup>(1)</sup> PARA EL INDICADOR  
TALLA / EDAD LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

INDICADOR TALLA/EDAD	ENCUESTA			
	I		III	
	No.	%	No.	%
Afectado severo	151	11.3	191	12.5
Riesgo alto	256	19.1	314	20.5
Riesgo moderado	432	32.2	487	31.9
Normal	502	37.4	537	35.1
UNIVERSO	1341 <sup>(2)</sup>		1529 <sup>(2)</sup>	

(1) Desviaciones estandar (D.E.) de la mediana población de referencia recomendada.

(2) El número de observaciones es inferior al que aparece en cuadros anteriores debido a que hubo que descartar aquellas que no permitían el juego simultáneo de las tres variables, (Peso-talla - edad) tal como lo requiere la clasificación HCHS.

5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

C u a d r o 57 bis

CLASIFICACION DEL ESTADO NUTRICIONAL DE LOS NIÑOS EVALUADOS SEGUN DESVIACIONES  
ESTANDAR (PUNTAJE Z)<sup>(1)</sup> PARA EL INDICADOR TALLA / EDAD  
LAS 4 DIOCESIS III ETAPA (ENCUESTA)

DIOCESIS	AFECTADO SEVERO		RIESGO ALTO		RIESGO MODERADO		NORMAL		S U M A	
	No.	%	No.	%	No.	%	No.	%	No.	%
ZACATECOLUCA	35	20.2	41	23.7	47	27.2	50	28.9	173	100.0
SAN SALVADOR	64	12.4	104	20.4	159	30.9	187	36.3	515	100.0
SAN VICENTE	53	15.5	78	22.8	93	27.2	118	34.5	342	100.0
STGO. DE MARIA	39	1.8	90	11.2	188	29.1	182	57.9	499	100.0
S U M A	191	12.5	314	20.5	487	31.9	537	35.1	1529 <sup>(2)</sup>	100.0

(1) Desviaciones Estándar (D.E.) de la mediana de la población de referencia recomendada por la OMS (NCHS).

(2) Este número de observaciones es inferior al que aparece en el cuadro 54, debido a que hubo que descartar aquellas que no permitían el juego simultáneo de las tres variables, tal como lo requiere la clasificación NCHS.

## 5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

### Cuadro 58

#### CLASIFICACION DEL ESTADO NUTRICIONAL DE LOS NIÑOS EVALUADOS SEGUN DESVIACIONES ESTANDAR (PUNTAJE Z)<sup>(1)</sup> PARA EL INDICADOR PESO / TALLA LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

INDICADOR PESO / TALLA	ENCUESTA			
	I		III	
	No.	%	No.	%
Afectado severo	14	1	14	0.9
Riesgo Alto	70	5.2	50	3.3
Riesgo moderado	214	16	193	12.6
Normal	1043	77.8	1272	83.2
UNIVERSO	1341 <sup>(2)</sup>		1529 <sup>(2)</sup>	

(1) Desviaciones Estándar (D.E.) de la mediana población de referencia recomendada por la OMS (HCHS).

(2) El número de observaciones es inferior al que aparece en cuadros anteriores debido a que hubo que descartar aquellas que no permitían el juego simultáneo de las tres variables, (Peso Talla- Edad) tal como lo requiere la clasificación HCHS.

5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

C u a d r o 58 bis

CLASIFICACION DEL ESTADO NUTRICIONAL DE LOS NIÑOS EVALUADOS SEGUN DESVIACIONES  
ESTANDAR (PUNTAJE Z)<sup>(1)</sup> PARA EL INDICADOR PESO / TALLA  
LAS 4 DIOCESIS III ETAPA (ENCUESTA)

DIOCESIS	AFECTADO SEVERO		RIESGO ALTO		RIESGO MODERADO		NORMAL		S U M A	
	No.	%	No.	%	No.	%	No.	%	No.	%
ZACATECOLUCA	5	2.9	7	4.0	24	13.9	137	79.2	173	100.0
SAN SALVADOR	5	1.0	32	6.2	79	15.3	399	77.5	515	100.0
SAN VICENTE	2	0.6	4	1.2	37	10.8	399	67.4	342	100.0
STGO. DE MARIA	2	0.4	7	1.4	53	10.6	437	97.6	499	100.0
S U M A	14	0.9	50	3.3	193	12.6	1272	83.2	1529 <sup>(2)</sup>	100.0

(1) Desviaciones Estándar (D.E.) de la mediana de la población de referencia recomendada por la GMS (NCHS).

(2) Este número de observaciones es inferior al que aparece en el cuadro 54, debido a que hubo que descartar aquellas que no permitían el juego simultáneo de las tres variables, tal como lo requiere la clasificación NCHS.

## 5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

C u a d r o 59

### ANALISIS DEL CONSUMO DE ALIMENTOS EN NIÑOS NO LACTANTES ENCUESTADOS. LAS 4 DIOCESIS

Comparación de los porcentajes obtenidos en la I y III Encuesta

PORCENTAJES DE ADECUACION CALORICA MEJORES DE 90%	E N C U E S T A			
	I		III	
GRUPO ETARIO	No.	%	No.	%
De 6 meses a menos de 1 año	88	83.8	18	62.07
De 1 año a menos de 3 años	470	76.2	334	69.87
De 3 a 6 años	419	85.5	381	79.54
U N I V E R S O	1212		985	

## 5. SALUD DE LA POBLACION INFANTIL BENEFICIARIA

C u a d r o 59 bis

### ANALISIS DEL CONSUMO DE ALIMENTOS EN NIÑOS NO LACTANTES

LAS 4 DIOCESIS

Comparación de los porcentajes obtenidos en la I y III Encuesta

PORCENTAJES DE ADECUACION PROTEICA MEJORES DE 90 %	E N C U E S T A			
	I		III	
GRUPO ETARIO	No.	%	No.	%
De 6 meses a menos de 1 año	49	46.7	10	34.48
De 1 año a menos de 3 años	212	34.4	116	24.32
De 3 a 6 años	181	36.9	107	22.34
U N I V E R S O	1212		985	

CUADRO No. 59

ANALISIS DEL CONSUMO DE ALIMENTOS EN NIÑOS NO LACTANTES ENCUESTADOS

LAS 4 DIOCESIS

EDAD	PORCENTAJE DE ADECUACION CALORICA					TOTAL MENOS DEL 90%
	MUESTRA	35% y +	94% - 90%	88% - 85%	80% y menos	
07 - 12 MESES FORO	29 2.94%	9 31.03%	2 6.90%	1 3.45%	17 58.62%	19 62.07%
13 - 36 MESES FORO	478 48.45%	124 25.94%	23 4.82%	27 5.65%	307 64.23%	334 69.87%
36 - 72 MESES FORO	479 48.58%	72 15.03%	26 5.43%	23 4.82%	358 74.65%	381 79.54%
SUMAE	986	205 20.79%	49 4.97%	57 5.78%	675 68.56%	733 74.34%



CUADRO No. 59 300

ANALISIS DEL CONSUMO DE ALIMENTOS EN NIÑOS DE LACTANTES ENCUESTADOS

LAS 4 DIOCESIS

EDAD	PORCENTAJE DE ADECUACION PROTEICA					TOTAL MENOS DEL 50%
	MUESTRA	75% y +	50% - 74%	30% - 49%	MEHOS 25%	
07 - 12 MESES PORC	29 2.34%	18 62.07%	1 3.45%	1 3.45%	9 31.03%	10 34.48%
13 - 36 MESES PORC	477 46.43%	343 71.91%	12 2.77%	15 3.14%	101 21.17%	116 24.32%
36 - 72 MESES PORC	479 46.63%	342 71.40%	30 6.26%	23 4.85%	79 16.49%	107 22.34%
SUMAR	935	703 75.07%	43 4.57%	44 4.77%	189 19.19%	233 23.65%

CONDICIONES DE LA VIVIENDA

C u a d r o 61

Vivienda de los entrevistados según materiales de construcción  
 Comparación entre los porcentajes obtenidos en  
 I y III Encuesta

<u>PISOS</u>	<u>PRIMERA</u>	<u>TERCERA</u>
- De tierra	79	76
- Impermeable	19	21
- Otros	2	3
- NS/NR	-	-
<hr/>		
<u>PAREDES</u>		
- Adobe	49	51
- Paja	4	4
- Madera	3	2
- Bahareque	22	23
- Mixto	14	16
- Otros	8	3
- NS/NR	-	1
<hr/>		
<u>TECHO</u>		
- Teja de Barro	61	65
- Lámina	11	28
- Paja o zacate	3	3
- Otro	3	3
- NS/NR	-	1
<hr/>		

CUADRO No. 61

VIVIENDA DE LAS ENTREVISTAS SEGUN MATERIALES DE CONSTRUCCION  
SEGUN DIOCESIS

DIOCESIS										
ELEMENTO	ZACATEPEC	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
<b>PISOS</b>										
DE TIERRA	160	79.6%	274	76.54%	418	83.43%	358	66.54%	1210	75.72%
IMPERMEABLE	33	16.42%	72	20.11%	75	14.97%	155	28.81%	335	20.96%
OTRO	7	3.42%	12	3.35%	6	1.20%	22	4.09%	47	2.94%
NS/NR	1	0.50%	0	0.00%	2	0.40%	3	0.56%	6	0.32%
<b>PAREDES</b>										
ADobe	134	66.67%	219	61.17%	227	45.31%	242	44.98%	822	51.44%
PATA	5	2.43%	5	1.40%	42	8.38%	7	1.30%	59	3.65%
MADERA	0	0.00%	0	0.00%	28	5.59%	5	0.93%	33	2.07%
BANAFERQUE	26	12.94%	74	20.67%	133	26.55%	126	23.42%	359	22.47%
MIXTO	33	16.42%	54	15.06%	45	8.98%	131	24.35%	263	16.48%
OTROS	2	1.00%	5	1.40%	24	4.79%	24	4.46%	55	3.44%
NS/NR	1	0.50%	1	0.28%	2	0.40%	3	0.56%	7	0.44%
<b>TECHOS</b>										
TEJA DE BARRO	183	91.04%	307	85.75%	353	70.46%	206	38.29%	1049	65.64%
LAMINA	11	5.47%	32	8.94%	107	21.36%	300	55.76%	450	28.16%
PATA O ZACATE	4	1.95%	13	3.63%	24	4.79%	2	0.37%	43	2.69%
OTRO	2	1.00%	6	1.69%	13	2.59%	25	4.65%	46	2.89%
NS/NR	1	0.50%	0	0.00%	4	0.80%	5	0.93%	10	0.63%
<b>SUMAS</b>										
	201		358		501		538		1598	

CONDICIONES DE LA VIVIENDA

C u a d r o 62

Viviendas según servicios disponibles.

Comparación de los porcentajes obtenidos en la I. y III Encuesta

<u>A G U A</u>	<u>PRIMERA</u>	<u>TERCERA</u>
- Chorro en la vivienda	14	14
- Chorro Público	20	26
- Acarreada del Río	11	9
- Pozo propio	31	51
- Otros	24	
<hr/>		
<u>L E T R I N A</u>		
- Tiene	74	69
- No Tiene	26	30
- HS/III	-	1
<hr/>		

CUADRO No. 62

VIVIENDAS DE LAS ENTREVISTADAS SEGUN SERVICIOS DISPONIBLES  
SEGUN DIOCESIS

DIOCESIS										
SERVICIO	ZACATECOLUCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
A G U A										
CONJUNTO EN LA VIVIENDA	35	17.41%	54	15.08%	64	12.77%	78	14.50%	231	14.45%
CONJUNTO PUBLICO	35	17.41%	111	31.01%	117	23.35%	149	27.70%	412	25.78%
REAFERENCIA DEL FID	17	8.46%	56	15.64%	15	2.93%	51	9.48%	139	8.70%
OTRO	112	55.72%	137	39.27%	302	60.28%	256	47.58%	807	50.50%
NINGUNO	2	1.00%	0	0.00%	3	0.60%	4	0.74%	9	0.56%
MAY LETRINA EN LA VIVIENDA										
TIENE	147	73.13%	240	67.04%	359	71.60%	354	65.80%	1100	68.94%
NO TIENE	53	26.37%	114	31.84%	136	27.15%	178	33.03%	481	30.10%
NS/NR	1	0.50%	4	1.12%	6	1.20%	6	1.12%	17	1.06%
SUMAS										
	201		358		501		533		1539	

CONDICIONES DE LA VIVIENDA

Cuadro 63

Viviendas según disposición de basuras y presencia de vectores  
Comparación de los porcentajes obtenidos en la I y III Encuesta

<u>B A S U R A</u>	<u>PRIMERA</u>	<u>TERCERA</u>
- Hay trena de asco	4	3
- Se quema en el predio	64	75
- Se bota lejos	22	20
- La entierran	7	4
- Otros	8	1
<hr/>		
<u>PRESENCIA DE VECTORES</u>		
- No los hay	3	2
- Moscas	71	64
- Cucarachas	69	71
- Ratones	68	74
- Mosquitos	67	60
- Chinches y otros	30	44

CUADRO No. 63

VIVIENDAS DE LAS ENTREVISTADAS SEGUN DISPOSICION DE LA BASURA Y FRECUENCIA DE VECTORES  
SEGUN DIOCESIS

DIOCESIS										
DISPOSICION Y VECTORES	ZACATECOLUCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
<b>B A S U R A</b>										
HAY TIEN DE ASEO	1	0.50%	1	0.28%	15	2.99%	35	6.51%	52	3.25%
SE CUEMA EN EL PREMIO	156	77.61%	237	66.20%	435	86.83%	372	69.14%	1200	75.0%
SE BOTA LEJOS	42	20.50%	108	30.17%	41	8.18%	123	22.86%	314	19.65%
LA ENTIERRAN	10	4.96%	32	8.94%	9	1.80%	19	3.53%	70	4.38%
OTROS	6	2.93%	1	0.28%	3	0.60%	3	0.56%	13	0.81%
<b>V E C T O R E S</b>										
NO LOS HAY	5	2.49%	8	2.23%	9	1.80%	14	2.60%	36	2.25%
MOSCAS	146	73.63%	237	66.20%	280	55.89%	361	67.10%	1026	64.21%
CICARACHAS	152	75.62%	234	65.36%	368	73.45%	386	72.12%	1142	71.46%
RATONES	158	76.61%	252	70.39%	384	76.65%	392	72.86%	1186	74.23%
MOSCUTOS	143	71.14%	183	51.12%	273	54.43%	353	65.61%	952	59.57%
OTROS	54	26.37%	246	68.72%	162	32.34%	245	45.54%	707	44.24%
UNIVERSO	201		358		501		538		1598	

## 7. ACTIVIDADES DE PRODUCCION AGRICOLA

### Cuadro 71

#### ENRELEVISTADAS CUYAS FAMILIAS PRODUCEN SUS PROPIOS ALIMENTOS

#### LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

ALIMENTOS QUE PRODUCEN	ENCUESTA			
	I		III	
	NUMERO FAMILIAS	%	NUMERO FAMILIAS	%
No producen ninguno	546	38	326	20
Carne	-	-	25	2
Cerdos	123	9	228	14
Frijoles	526	36	609	38
Frutas	288	20	387	24
Gallinas	-	-	863	54
Mateillo	253	18	387	24
Mafz	700	48	884	55
Verduras	285	20	292	18
Otros	159	11	287	18
<b>UNIVERSO</b>	<b>1448</b>	<b>100</b>	<b>1598</b>	<b>100</b>

CUADRO No. 71

FAMILIAS QUE PRODUCEN SUS PROPIOS ALIMENTOS  
SEGUN DIOCESIS

D I O C E S I S

ALIMENTOS QUE PRODUCEN	ZACATECOLUCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
NO PRODUCEN NINGUNO	52	25.87%	18	5.03%	104	20.76%	152	20.25%	326	20.40%
CARNE	1	0.50%	21	5.87%	2	0.40%	1	0.13%	25	1.56%
CEREOS	20	9.95%	74	20.67%	94	18.76%	40	7.43%	228	14.27%
FRIJOLES	34	16.92%	280	78.21%	118	23.55%	177	32.90%	609	39.11%
FRUTAS	45	22.39%	128	35.75%	93	18.56%	121	22.45%	387	24.22%
SALINAS	104	51.74%	236	65.92%	254	50.70%	269	50.00%	863	54.01%
MAICILLO	50	14.93%	154	43.02%	115	22.95%	88	16.36%	387	24.22%
MAIZ	90	44.78%	296	82.68%	287	57.29%	211	39.22%	684	55.32%
VERDURAS	9	4.48%	90	25.14%	83	17.56%	105	19.52%	292	18.27%
OTRAS	37	18.41%	111	31.01%	94	18.76%	45	8.36%	287	17.96%
UNIVERSO	201		358		501		533		1598	

## 8. LOS PROGRAMAS DE CAPACITACION

### Cuadro 81

#### ENCUESTADAS SIGUI PARTICIPACION ACTIVA EN ACTIVIDADES DEL CENTRO NUTRICIONAL LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

PARTICIPA ACTIVAMENTE EN	ENCUESTA			
	I		III	
	No. *	%	No. *	%
Todas las actividades	9	1	-	-
<u>Sólo en algunas</u>	<u>483</u>	<u>33</u>	<u>321</u>	<u>20</u>
Charlas educativas	277	19	113	7
Demostraciones a la gente	47	3	57	4
Cultivo de hortalizas	9	1	32	2
Cultivo de soya	5	-	2	-
Otras actividades	213	15	117	7
No participa activamente	256	66	1216	76
<u>U N I V E R S O</u>	<u>1448</u>		<u>1598</u>	

\* Número de participantes en cada actividad, varias de ellas participan en más de una.

CUADRO No. 31

ENTREVISTADAS SEGUN PARTICIPACION ACTIVA EN ACTIVIDADES DEL CENTRO NUTRICIONAL  
SEGUN DIOCESIS

PARTICIPACION	DIOCESIS									
	ZACATECOLUCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
TODAS LAS ACTIVIDADES	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
HECHO EN ALGUNAS :										
CARTELAS EDUCATIVAS	34	16.32%	10	2.79%	19	3.79%	50	9.29%	113	7.07%
DEMOSTRACIONES A LA GENTE	5	2.49%	38	10.61%	6	1.20%	8	1.49%	57	3.57%
CULTIVO DE HORTALIZAS	0	0.00%	3	0.84%	25	4.99%	4	0.74%	32	2.00%
CULTIVO DE SOYA	0	0.00%	2	0.56%	0	0.00%	0	0.00%	2	0.13%
OTRAS	22	10.95%	12	3.35%	39	7.78%	44	8.18%	117	7.32%
NO PARTICIPA ACTIVAMENTE	146	72.64%	296	82.68%	359	71.66%	415	77.14%	1216	76.10%
UNIVERSO	201		358		501		538		1598	

## 8. LOS PROGRAMAS DE CAPACITACION

C u a d r o 82

TEMAS TRATADOS EN PLATICAS DEL CENTRO NUTRICIONAL EN PORCENTAJES

IAS 4 DIOCESTIS

Comparación de las cifras obtenidas en la I y III Encuesta

TEMAS TRATADOS	E N C U E S T A			
	I		III	
	No. *	%	No. *	%
Uso y preparación de alimentos	799	26	1001	25
Cualidades de alimentos	503	16	461	11
Nutrición	629	14	506	13
Higiene	720	24	969	24
Otros temas	146	11	500	12
Asuntos religiosos	67	2	373	9
HS/HR	122	7	191	5
<b>T O T A L</b>	<b>3063</b>		<b>4001</b>	

\* Número de participantes en cada actividad, varias de ellas participan en más de una.

CUADRO No. 32

TEMAS TRATADOS EN PLATICAS DEL CENTRO NUTRICIONAL  
SEGUN DIOCESIS

TEMAS TRATADOS	DIOCESIS									
	ZACATECOLOCA	%	SAN VICENTE	%	SANTIAGO DE MARIA	%	SAN SALVADOR	%	SUMAS	%
USO Y PREPARACION DE ALIMENTOS	126	62.69%	206	57.54%	345	68.86%	324	60.22%	1001	62.64%
CUALIDADES DE ALIMENTOS	91	45.27%	92	25.70%	139	27.74%	139	25.84%	461	28.65%
NUTRICION	63	31.34%	120	33.52%	206	41.12%	117	21.75%	506	31.66%
HIGIENE	154	76.62%	235	65.64%	345	68.86%	235	43.68%	969	60.64%
ASUNTOS RELIGIOSOS	50	24.88%	73	20.39%	95	18.96%	155	28.81%	373	23.34%
OTROS TEMAS	76	37.81%	129	36.03%	137	27.32%	98	18.22%	500	31.29%
US/UR	19	9.45%	49	13.68%	25	4.99%	93	17.22%	186	11.95%
UNIVERSO	201		358		501		538		1598	

113

8. LOS PROGRAMAS DE CAPACITACION

C u a d r o 83

ENTREVISTADAS SEGU: PUESTA EN PRACTICA DE CONOCIMIENTOS Y  
DESTREZAS RECIBIDAS EN PLATICAS LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III encuesta

CONOCIMIENTOS Y DESTREZAS	E N C U E S T A			
	I		III	
	No. *	%	No. *	%
Como alimentar mejor al niño	72	4	747	23
Preparación de los alimentos	589	33	1030	32
Aseo de los niños	418	25	976	30
Otros aplicados	109	17	336	11
No puestos en práctica	175	21	113	4
<u>U N I V E R S O</u>	<u>1783</u>	<u>100</u>	<u>3128</u>	<u>100</u>

8. LOS PROGRAMAS DE CAPACITACION

C u a d r o 83 bis

COMPARACION ENTRE TEMAS TRATADOS (CUADRO 82) Y PUESTA EN PRACTICA  
DE LOS CONOCIMIENTOS RECIBIDOS (CUADRO 83) LAS 4 DIOCESIS  
EN PORCENTAJES

T E M A		E N C U E S T A	
		I	III
Alimentación y Nutrición	Tratado	56	49
	Practicado	37	55 <sup>o</sup>
Higiene	Tratado	24	24
	Practicado	25	30

CUADRO No. 83

ENTREVISTADAS SEGUN PUESTA EN PRACTICA DE CONOCIMIENTOS Y DESTREZAS RECIBIDAS EN PLATICAS  
SEGUN DIOCESIS

D I O C E S I S

CONOCIMIENTOS PUESTOS EN PRACTICA	ZACATEPEC-LUCA		SAN VICENTE		SANTIAGO DE MARIA		SAN SALVADOR		SUMAS	
		%		%		%		%		%
NO PUESTOS EN PRACTICA	18	8.96%	34	9.50%	17	3.99%	44	8.18%	112	7.07%
COMO ALIMENTAR MEJOR AL NIÑO	111	55.22%	171	47.77%	259	51.70%	206	38.29%	747	46.75%
PREPARACION DE LOS ALIMENTOS	116	57.71%	229	63.97%	353	70.46%	332	61.71%	1030	64.46%
ASEO DE LOS NIÑOS	154	76.62%	228	63.69%	350	69.86%	242	44.98%	974	60.95%
OTROS APLICADOS	59	29.35%	80	22.35%	107	21.36%	88	16.36%	334	20.90%
UNIVERSO	201		359		501		539		1599	

## 8. PROGRAMAS DE CAPACITACION

Cuadro 84

ENTREVISTAS QUE RECUERDAN EL NOMBRE DE LA INSTITUCION  
DIANTE DE LOS ALUMNOS. LAS 4 DIOCESIS

Comparación de las cifras obtenidas en la I y III Encuesta

NOMBRE RECORDADO	ENCUESTA			
	I		III	
	No.	%	No.	%
CARITAS	874	60	1024	64
Otras	88	6	378	24
NS/NR	486	34	196	12
S U M A	1448	100	1598	100

CUADRO No. 84

ENTREVISTADAS SEGUN RECUERDAN EL NOMBRE DE LA INSTITUCION DONANTE  
SEGUN DIOCESIS

DIOCESIS										
NOMBRE RECORDADO	ZACATECOLOCA		SAN VICENTE		SANTIAGO DE MARIA		SAN SALVADOR		SUMAS	
		%		%		%		%		
CARITAS	157	78.11%	222	62.01%	414	82.63%	231	42.94%	1024	64.63%
OTROS	11	5.47%	81	22.63%	70	13.97%	216	40.15%	378	23.65%
NS/NR	33	16.42%	55	15.36%	17	3.39%	91	16.91%	196	12.27%
TOTAL	201		358		501		538		1598	

C O N S U S A L U D

Consultores en Servicios para la Atención de la Salud S.A. de C.V.

EVALUACION DEL PROGRAMA MATERNO INFANTIL DE CRS/CARITAS

Esta encuesta está autorizada por las leyes correspondientes. Toda la información será utilizada en forma estrictamente CONFIDENCIAL y su análisis será colectivo, sin tratamiento de casos personales.

ENCUESTA TERCERA ETAPA  
1ª PARTE

CEDULA EPMI Nº \_\_\_\_\_

DATOS DE LA ENTREVISTA.

1. \_\_\_\_\_  
Nombre del entrevistador (a)

2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Día mes año  
F e c h a

3. Centro de Nutrición \_\_\_\_\_  
Lugar de la entrevista.

4. Entrevista realizada totalmente \_\_\_\_\_ Interrumpida \_\_\_\_\_

R E V I S I O N

Supervisó \_\_\_\_\_  
Nombre

Editó \_\_\_\_\_  
Nombre

Codificó \_\_\_\_\_  
Nombre

DATOS DE LA ENTREVISTADA (O)

NUMERO	P R E G U N T A S	CODIGO									
5	Nombre _____ Sexo: 1. M _____ 2. F. _____ 3. Edad _____ años cumplidos Edad de la entrevistada. Fue entrevistada 1ª Encuesta 4. SI 5. NO _____										
6	Es Ud. pariente del niño beneficiario? 1. No _____ 4. Hermana (o) _____ 2. Madre/padre _____ 5. Tía (o) _____ 3. Abuela (o) _____ 6. Otro pariente _____										
7	Estado fisiológico de la entrevistada Madre del niño beneficiario 1. Normal _____ 2. Embarazada _____ 3. Lactante _____ No madres _____										
8.	Ha estudiado en alguna escuela? 1. NO _____ (analfabeta) Si SI: Cuál es el grado más alto que estudió? 2. Básica _____ 3. Media _____ 4. Superior _____ 5. Alfabeto (Puede leer sin haber ido a la escuela) _____										
9.	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">1. EDAD</td> <td style="text-align: center;">2. SEXO</td> </tr> <tr> <td>Nombre del niño entrevistado</td> <td>años meses</td> <td>M F</td> </tr> <tr> <td>Fue entrevistada 1ª Encuesta</td> <td>3. SI</td> <td>4. NO</td> </tr> </table>		1. EDAD	2. SEXO	Nombre del niño entrevistado	años meses	M F	Fue entrevistada 1ª Encuesta	3. SI	4. NO	
	1. EDAD	2. SEXO									
Nombre del niño entrevistado	años meses	M F									
Fue entrevistada 1ª Encuesta	3. SI	4. NO									

## 10 Cuántas personas viven en el hogar del beneficiario?

(VARIAS OPCIONES)

	S	E	X	O
	Nº	M		F
1. Niños (menores de 6 años)	.....	.....		.....
2. Niños (de 6 a 14 años)	.....	.....		.....
3. Adultos (de 15 y más in- cluyendo Padre y/o Madre)	.....	.....		.....
4. Total de personas que viven en el hogar	.....	.....		.....

## CONDICIONES ECONOMICAS

## 11. El jefe de familia trabaja actualmente?

1. No trabaja ..... 2. Si trabaja .....

## 12. Ocupación principal

- |                                   |       |                          |       |
|-----------------------------------|-------|--------------------------|-------|
| 1. Agricultor                     | ..... | 7. Lavandera             | ..... |
| 2. Albañil                        | ..... | 8. Mecánico              | ..... |
| 3. Am de casa u oficios doméstico | ..... | 9. Motorista             | ..... |
| 4. Carpintero                     | ..... | 10. Sastre o costurera   | ..... |
| 5. Comerciante                    | ..... | 11. Vendedor o vendedora | ..... |
| 6. Jornalero o peón               | ..... | 12. Otros especificar.   | ..... |

## 13. Ocupación secundaria

- |                                    |       |                          |       |
|------------------------------------|-------|--------------------------|-------|
| 1. Agricultor                      | ..... | 7. Lavandera             | ..... |
| 2. Albañil                         | ..... | 8. Mecánico              | ..... |
| 3. Am de casa u oficios domésticos | ..... | 9. Motorista             | ..... |
| 4. Carpintero                      | ..... | 10. Sastre o costurera   | ..... |
| 5. Comerciante                     | ..... | 11. Vendedor o vendedora | ..... |
| 6. Jornalero o peón                | ..... | 12. Otros especificar    | ..... |

## 14. Cuántos colones gana mensualmente el JEFE de la familia?

- |              |       |                         |       |
|--------------|-------|-------------------------|-------|
| 1. Hasta 150 | ..... | 5. 241 - 270            | ..... |
| 2. 151 - 180 | ..... | 6. 271 - 300            | ..... |
| 3. 181 - 210 | ..... | 7. 300 y más            | ..... |
| 4. 211 - 240 | ..... | 8. 600 (salario mínimo) | ..... |

15. No. de miembros de la familia que trabajan:	El trabajo es :	
	Permanente	Ocasional
1. Ninguno	-----	-----
2. Uno	-----	-----
3. Dos	-----	-----
4. Tres y más	-----	-----

16. Cuánto aportan en total mensualmente a la familia, los demás miembros que trabajan.

- |                              |       |                                 |       |
|------------------------------|-------|---------------------------------|-------|
| 1. Menos de cien colones     | ----- | 4. De trescientos a menos 400   | ----- |
| 2. De cien a menos 200       | ----- | 5. De cuatrocientos a menos 500 | ----- |
| 3. De doscientos a menos 300 | ----- | 6. De quinientos y más          | ----- |

#### C.A.P. DE LA ENTREVISTADA (o)

17. Cómo hizo para ponerle nombres a sus hijos?

1. Les pone el nombre que "traían" (consultó el almanaque o santoral) -----
2. El nombre se los pone el padre u otra persona -----
3. Les pone el nombre que a ella le gusta (De moda) -----
4. Otra forma (Especificar) -----

18. Qué hace cuando en su casa se enferma alguien?

1. Lo cura Ud. misma -----
2. Busca consejo o tratamiento con alguien fuera de la casa -----
3. Consulta en la Unidad de Salud u Hospital -----
4. Otra (Especificar) -----

19. Cuando los niños están enfermos qué les da de comer?

1. De todo -----
2. Le suprime todo alimento -----

20. Si NO les dá de todo, qué le da de comer?

- |                   |       |                         |       |
|-------------------|-------|-------------------------|-------|
| 1. Arroz          | ----- | 6. Refrescos o gaseosas | ----- |
| 2. Atoles         | ----- | 7. Sopas                | ----- |
| 3. Galletas o pan | ----- | 8. Tortillas            | ----- |
| 4. Pollo          | ----- | 9. Verduras             | ----- |
| 5. Queso          | ----- | 10. Otros (especificar) | ----- |
- 

21. Qué alimentos cree Ud. que son los mejores para las señoras embarazadas?

- |             |       |                         |       |
|-------------|-------|-------------------------|-------|
| 1. Arroz    | ----- | 6. Lácteos              | ----- |
| 2. Atoles   | ----- | 7. Sopas                | ----- |
| 3. Carne    | ----- | 8. Tortillas            | ----- |
| 4. Frijoles | ----- | 9. Verduras             | ----- |
| 5. Huevos   | ----- | 10. Otros (especificar) | ----- |
- 

22. Qué alimentos cree Ud. que son los mejores para las señoras que estan dando pecho?

- |             |       |                         |       |
|-------------|-------|-------------------------|-------|
| 1. Arroz    | ----- | 6. Lácteos              | ----- |
| 2. Atoles   | ----- | 7. Sopas                | ----- |
| 3. Carne    | ----- | 8. Tortillas            | ----- |
| 4. Frijoles | ----- | 9. Verduras             | ----- |
| 5. Huevos   | ----- | 10. Otros (Especificar) | ----- |
- 

23. Actualmente, cuál es su estado civil?

- |                                      | D E S D E<br>CUANXO EN AÑOS |       |
|--------------------------------------|-----------------------------|-------|
| 1. Soltera (no ha vivido acompañada) | -----                       | ----- |
| 2. Casada                            | -----                       | ----- |
| 3. Acompañada                        | -----                       | ----- |
| 4. Viuda                             | -----                       | ----- |
| 5. Divorciada o separada             | -----                       | ----- |
-

**EL PROGRAMA P. M. I.**

---

24. Produce la familia del Beneficiario algún alimento para su propio consumo?

- |                       |       |                         |       |
|-----------------------|-------|-------------------------|-------|
| 1. No produce ninguno | _____ | 6. Gallinas             | _____ |
| 2. Carne              | _____ | 7. Maicillo             | _____ |
| 3. Cerdos             | _____ | 8. Maíz                 | _____ |
| 4. Frijoles           | _____ | 9. Verduras             | _____ |
| 5. Frutas             | _____ | 10. Otros (Especificar) | _____ |
- 

25. Cuánto tiempo hace que recibe alimentos en este Centro?

- |                     |       |                  |       |
|---------------------|-------|------------------|-------|
| 1. Menos de 3 meses | _____ | 5. De 1 a 2 años | _____ |
| 2. De 3 a 6 meses   | _____ | 6. De 2 a 4 años | _____ |
| 3. De 7 a 9 meses   | _____ | 7. Más de 5 años | _____ |
| 4. De 10 a 12 meses | _____ |                  |       |
- 

26. Cuántas personas consumen estos alimentos en el hogar?

- |  |       |
|--|-------|
| 1. Una (Sólo el beneficiario)                | _____ |
| 2. Dos (Una persona además del Beneficiario) | _____ |
| 3. Tres                                      | _____ |
| 4. Cuatro                                    | _____ |
| 5. Cinco y más                               | _____ |
- 

27. Qué alimentos recibe Ud. de ESTE Centro Nutricional?

- |             |       |                        |       |
|-------------|-------|------------------------|-------|
| 1. Aceite   | _____ | 5. Harina de maíz      | _____ |
| 2. Alborja  | _____ | 6. Leche               | _____ |
| 3. Arroz    | _____ | 7. WSB: Harina de soya | _____ |
| 4. Frijoles | _____ | 8. Otros (Especificar) | _____ |
- 

28. Recibe algún familiar del Beneficiario alimentos o viveres proporcionados por OTRAS instituciones?

- |              |       |                        |       |
|--------------|-------|------------------------|-------|
| 1. No recibe | _____ | 5. Conara              | _____ |
| 2. Conades   | _____ | 6. Cruz Roja           | _____ |
| 3. Cesad     | _____ | 7. Visión Mundial      | _____ |
| 4. Cáritas   | _____ | 8. Otros (especificar) | _____ |
- 

16. 7



## 33. Hay animales domésticos en el hogar?

ANIMALES	NUMERO	ANIMALES	NUMERO
1. No los hay	-----	4. Cerdos	-----
2. Perro	-----	5. Gallinas	-----
3. Gato	-----	6. Otros (especificar)	-----

## 34. Ha recibido Ud. pláticas educativas en El Centro Nutricional?

1. No ha recibido

Si SI: Con qué frecuencia las recibe?

2. En cada distribución ----- 4. Cada tres meses -----

3. Cada 2 meses ----- 5. Otros (Especificar) -----

## 35. Por qué no ha recibido las pláticas?

1. No tiene interés ----- 3. Llegaba tarde -----

2. No tiene tiempo ----- 4. Otra Causa (Especificar) -----

## 36. Recuerda de qué trataban las pláticas educativas recibidas en el Centro Nutricional? (VARIAS OPCIONES)

1. Uso y preparación de los alimentos -----

2. Cualidades de los alimentos -----

3. Nutrición -----

4. Higiene -----

5. Asuntos Religiosos -----

6. Otros temas (especificar) -----

## 37. Ha puesto Ud. en práctica los conocimientos recibidos en las pláticas del Centro Nutricional

1. No puestos en práctica -----

Si los ha puesto en práctica

2. Cómo alimentar al niño -----

3. Preparación de alimentos -----

4. Aseo de los niños -----

5. Otros (especificar) -----

38. Si NO los ha puesto en práctica:

Por qué?

1. No los ha entendido \_\_\_\_\_ 3. Se lo olvidan \_\_\_\_\_  
 2. No ha tenido oportunidad \_\_\_\_\_ 4. Otras causas (especificar) \_\_\_\_\_
- 

39. Da Ud. alguna contribución al Centro Nutricional?

1. NO \_\_\_\_\_

Si SI: De qué tipo es la ayuda que Ud. da?

2. Monetaria (Cuánto ¢ \_\_\_\_\_)  
 3. Como Directiva \_\_\_\_\_  
 4. Como Promotora \_\_\_\_\_  
 5. Promoviendo rifas \_\_\_\_\_  
 6. En otras (Especifique) \_\_\_\_\_
- 

40. Participa activamente Ud. o alguien de su familia en alguna de las actividades organizadas por el Centro Nutricional.

Si participa en algunas (VARIAS OPCIONES)

1. Charlas educativas \_\_\_\_\_ 4. Cultivo de soya \_\_\_\_\_  
 2. Demostraciones a la gente \_\_\_\_\_ 5. Otras especificar \_\_\_\_\_  
 3. Cultivo de hortalizas \_\_\_\_\_ 6. No participa activamente \_\_\_\_\_
- 

41. Cómo se llama la Institución que le proporciona los alimentos que Ud. recibe en este Centro Nutricional

1. CARITAS \_\_\_\_\_ 2. OTRAS \_\_\_\_\_
- 

ESTADO DE SALUD DEL NIÑO.

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42. Aspecto general.

1. Muy bueno \_\_\_\_\_ 3. Regular \_\_\_\_\_  
 2. Bueno \_\_\_\_\_ 4. Malo \_\_\_\_\_
-

43. Estado de la piel (VARIAS OPCIONES)

1. Limpia \_\_\_\_\_ 3. Sin ninguna lesión \_\_\_\_\_  
 2. Sucia \_\_\_\_\_ 4. Con alguna lesión \_\_\_\_\_  
 Especificar \_\_\_\_\_

44. Estado del cabello (VARIAS OPCIONES)

1. Limpio \_\_\_\_\_ 4. Ralo \_\_\_\_\_  
 2. Sucio \_\_\_\_\_ 5. Con parásitos \_\_\_\_\_  
 3. Tupido \_\_\_\_\_

45. Estado de los dientes (VARIAS OPCIONES)

1. Limpios \_\_\_\_\_ 3. Sin caries \_\_\_\_\_  
 2. Sucios \_\_\_\_\_ 4. Con caries \_\_\_\_\_

46. Hasta qué edad le dá su pecho a sus niños?

1. Hasta 3 meses \_\_\_\_\_ 4. Hasta 1 año \_\_\_\_\_  
 2. Hasta 6 meses \_\_\_\_\_ 5. Más del año \_\_\_\_\_  
 6. No les da pecho  
 explique por qué no \_\_\_\_\_

47. Ha recibido alguna vacuna a la fecha el niño entrevistado?

0. NO \_\_\_\_\_ 1. SI \_\_\_\_\_

Si SI: Tipo de Vacuna recibida

	Nº D E D O S I S			
	0	1	2	3
1. B.C.G.	---	---	---	---
2. D.P.T.	---	---	---	---
3. SARAPIÓN	---	---	---	---
4. POLIO	---	---	---	---
5. Recibió Vit. A	SI _____	NO _____		
6. Trat. ANTI PARASITARIO	SI _____	NO _____		

Recordar que Vit. "A" no es vacuna.

48. Enfermedades padecidas por el niño beneficiario de Oct. 90 a la fecha.

E N F E R M E D A D	NUMERO DE ATAQUES				
	0	1	2	3	y Más
Vômitos (que no sea regurgitação)	.....	.....	.....	.....	.....
Diârrreas	.....	.....	.....	.....	.....
Fiebre o calentura	.....	.....	.....	.....	.....
Catarrro simple	.....	.....	.....	.....	.....
Catarrro de pecho	.....	.....	.....	.....	.....
Erupciones de la piel	.....	.....	.....	.....	.....
Otros (Especificar)	.....				

ESTADO NUTRICIONAL DEL NIÑO

49. Estado nutricional según cartilla o curva de peso

- |               |       |                              |       |
|---------------|-------|------------------------------|-------|
| 1. Normal     | ..... | 3. Sobrepeso                 | ..... |
| 2. Desnutrido | ..... | 4. No registrado en cartilla | ..... |

50. Medidas antropométricas actuales

1. Peso ..... lbs.
2. Talla ..... cm.
3. Edad ..... años y meses.

## 51. Consumo de Alimentos (Análisis de 24 horas anteriores)

Equivale a día anterior

(Toda anotación debe ir en forma horizontal)

Solamente a niños que ya no maman.

	ALIMENTO	PREPARACION CULINARIA	CANTIDAD	CONSUMIDA
			MEDIDA CASERA	GRAMOS
1. DESAYUNO				
2. ALMUERZO				
3. C E N A				
4. ENTRECOMIDAS				

## CONDICIONES DE LA VIVIENDA.

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59. El piso de la vivienda es:

1. De tierra \_\_\_\_\_ 2. Impermeable \_\_\_\_\_ 3. Otro (especificar) \_\_\_\_\_
- 

53. Las paredes de la vivienda son:

1. De adobe \_\_\_\_\_ 4. De bahareque \_\_\_\_\_  
 2. De paja o \_\_\_\_\_ 5. De mixto \_\_\_\_\_  
 zacate \_\_\_\_\_ 6. Otros (especificar) \_\_\_\_\_  
 3. De madera \_\_\_\_\_
- 

54. El techo de la vivienda es:

1. De teja de barro \_\_\_\_\_ 3. De paja o zacate \_\_\_\_\_  
 2. De lámina \_\_\_\_\_ 4. Otros (especificar) \_\_\_\_\_
- 

55. Cómo obtiene Ud. el agua que consume?

1. Hay chorro en la vivienda \_\_\_\_\_ 3. Del río \_\_\_\_\_  
 2. De chorro (pila) pública \_\_\_\_\_ 4. Otros (especificar) \_\_\_\_\_
- 

56. Hay letrina en la vivienda

1. SI \_\_\_\_\_ 2. NO \_\_\_\_\_
- 

57. Qué hacen la basura de la vivienda?

1. Hay tren de aseo \_\_\_\_\_ 2. La queman en el predio \_\_\_\_\_ 3. Se bota lejos \_\_\_\_\_  
 4. La entierran \_\_\_\_\_ 5. Otros (especificar) \_\_\_\_\_
- 

58. Hay bichos y plagas en la vivienda?

1. No los hay \_\_\_\_\_ 4. Hay ratones \_\_\_\_\_  
 2. Hay moscas \_\_\_\_\_ 5. Mosquitos \_\_\_\_\_  
 3. Hay cucarachas \_\_\_\_\_ 6. Otros (especificar) \_\_\_\_\_
- 

OBSERVACIONES Y/O RECOMENDACIONES (Al reverso)

# CONSUSALUD S. A. DE C. V.

## INSTRUCTIVO PARA LLENAR LA CEDULA PARA LA EVALUACION DEL P.M.I. DE CARITAS/C.R.S. TERCERA ENCUESTA 1º. PARTE

### Descripcion de la Cédula

La Cédula de evaluación EPMI consta de los siguientes 8 componentes:

	PREGUNTAS	Nº
- Datos de la entrevista	1 a 4	4
- Datos de la entrevistada	5 a 10	10
- Condiciones econòmicas	11 a 16	16
- CAP de la entrevistada	17 a 23	23
- El Programa Materno Infantil	24 a 41	41
- Estado de Salud del niño	42 a 48	48
- Estado nutricional del niño	49 a 51	51
- Condiciones de la vivienda	52 a 58	58

La cédula consta de 58 preguntas numeradas correlativamente distribuidas en 13 pàginas.

El cuestionario se ha impreso de manera que el Entrevistador registre las respuestas de la Entrevistada ràpidamente. Funciona asì:

- Las líneas cortas son para señalar una respuesta con una X o para escribir una cifra.
- Las líneas largas, generalmente precedidas de (Especificar) son para escribir un nombre o una explicación.
- Las preguntas para la Entrevistada estàn impresas en mayùsculas y minùsculas pero las instrucciones para el ENTREVISTADOR estàn

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todas en mayúsculas.

Esta es, en términos generales, la descripción de la cédula.

Ahora le daremos unas reglas prácticas para su manejo y le diremos algo sobre el contenido de sus componentes y de cada una de sus preguntas.

#### Normas Generales.

- Antes de cada entrevista asegúrese de que la cédula que va a utilizar tiene las 13 páginas completas.
- El registro de los datos en la cédula debe hacerse con material indeleble (Tinta, plumón, bolígrafo) NO SE USE LAPIZ.
- Para registrar los datos o respuestas use tinta o bolígrafo de UN SOLO COLOR, azul o negro. No use color ROJO, pues está reservado para correcciones o ajustes en la oficina.
- Si tiene que rectificar un dato o una respuesta, TACHE el que fue escrito primero y escriba aparte el nuevo dato o respuesta de modo que se vea claramente cuál es el dato válido.
- Para cada pregunta debe registrar UNA y sólo una respuesta, a no ser que se aclare que se esperan varias respuestas o (VARIAS OPCIONES).
- Al hacer una pregunta a la Entrevistada no le lea las respuestas alternativas, pues la gente tiende a repetir la primera palabra que oye.

#### Datos de la Entrevista.

- El componente tiene por objeto registrar y controlar toda la in

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formación referente a las circunstancias y personal técnico intervinientes en la entrevista. Sólo parte de los datos serán tabulados.

- Llene los espacios en blanco preferiblemente antes de la entrevista; si no es posible, complete la información inmediatamente después de la entrevista o antes de entregar la cédula al Supervisor.
- No llene los espacios referentes a la "Revisión". Llenarlos corresponde a otras personas en la oficina.

Datos de la Entrevistada.

El objetivo del componente es registrar los primeros datos referentes a la Entrevistada y al niño Beneficiario. Todos los datos excepto los nombres, serán tabulados. Si esta señora fue entrevistada en la primera encuesta consigne el dato con claridad.

Pregunta 5:

Registre el sexo de la entrevistada (o) por simple inspección. Registre la edad en años cumplidos.

- Pregunta 6:

Pregunté por el parentesco de la Entrevistada con el niño Beneficiario, sin leer las respuestas alternativas. Registre con una X la respuesta de la entrevistada.

- Pregunta 7 :

"Normal" es el estado de la mujer cuando no está embarazada ni es lactante. Registre los datos de la madre del beneficiario. Si la entrevistada no lo es, solo ponga X en "No madres". Este

dato debe coincidir con la respuesta "l.No. \_\_" de la pregunta  
6 VERIFIQUELO!

- Pregunta 8:

Se necesita saber si la Entrevistada es analfabeta funcional,  
 y si no lo es, cuál es su nivel escolar.

Si ha ido a la escuela, pregúntele cuántos grados o años estudió.

Educación Básica: de 1º a 9º grado

Educación Media : Grados 10, 11 y 12 ó bachillerato

Educación superior: Estudios que exigen bachillerato como requisito.

"Alfabeta" es la persona que sabe leer, sin haber ido a la escuela.

- Pregunta 9:

Anote el nombre completo del niño beneficiario. Si este niño fue entrevistado en la primera encuesta, consigne el dato con claridad.

- Pregunta 10:

Se quiere saber el número de personas que viven en el hogar del Beneficiario. Anote el número de niños y divídalos en masculinos y femeninos.

Anote el número de adultos, incluyendo al padre y la madre, si viven en el hogar.

Confronte los totales de las 3 columnas : N° \_\_\_ M \_\_\_ F \_\_\_

Deben coincidir en la suma.

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### Condiciones Econômicas.

El objetivo del componente es saber sobre el ingreso econômico y las fuentes de ese ingreso de la familia del Beneficiario. Todos los datos serân tabulados.

- Pregunta 11:

Se quiere saber si el JEFE DE FAMILIA tiene trabajo en el momento de la entrevista.

¡Ojo! Aunque diga que no trabaja actualmente, haga las preguntas 12 y 13 que siguen.

- Preguntas 12 y 13:

Se quiere conocer la ocupación habitual del JEFE DE FAMILIA, aunque no tenga trabajo en el momento de la entrevista.

"Ocupación principal" es aquella de la que recibe mayor ingreso econômico. "Ocupación secundaria" de la que recibe menos.

Anote una sola o ambas, según el caso.

- Pregunta 14:

Se quiere conocer el ingreso mensual del JEFE. Anote cualquier cantidad y cualquier período de pago que mencione la entrevistada y ajústelo después a ingreso mensual.

Si la entrevistada NO sabe cuánto gana el JEFE de la familia pídale que estime una cantidad.

- Pregunta 15:

Se quiere saber si las fuentes del ingreso econômico son permanentes u ocasionales. Hay VARIAS OPCIONES, pero si es más de Uno el que trabaja, la suma de "Permanente" y "Ocasional" debe ser 2, 3 y más.

- Pregunta 16:

Se quiere conocer el ingreso familiar mensual, considerado como la suma de los aportes individuales.

C.A.P. de la Entrevistada.

- El objetivo del componente es evaluar qué tan conservadora o - que tan progresista (Abierta al cambio) es la entrevistada con relación a los aspectos familiares y de salud.

Todos los datos serán tabulados (Aunque las preguntas abiertas requerirán una reducción previa).

- Pregunta 17:

Se quiere saber si el nombre de los niños se pone de manera - tradicional o bajo la influencia de los medios de comunicación, por ejemplo, radionovelas.

- Pregunta 18:

Se quiere saber si la entrevistada tiene relaciones con la medicina científica (Unidad de Salud, hospital, etc.) y con la medicina tradicional.

- Preguntas 19, 20, 21, y 22:

Se quiere rastrear los conocimientos y prejuicios de la entrevistada frente a ciertos alimentos.

El nombre de los alimentos anótelos en el orden que los diga y tal como los diga la entrevistada. NO SE LOS LEA!.

- Pregunta 23:

Se quiere saber sobre la estabilidad familiar. Anote primero el estado civil que mencione la Entrevistada y pregunte ¿Desde cuándo? (Por supuesto si no es soltera) Anótelos en la 2ª columna de rayas.

### El Programa P.M.I.

El objetivo del componente es conocer algunos aspectos de las relaciones de la Entrevistada con el Programa Materno Infantil de Cáritas y la percepción del mismo. Todos los datos serán tabulados.

- Pregunta 24:

Además del dato directo, se trata de averiguar indirectamente si la familia del Beneficiario se ha incorporado al programa agrícola patrocinado por el PMI.

- Pregunta 25:

Se trata de averiguar el tiempo de permanencia del Beneficiario en el programa registrado o no.

- Pregunta 26:

Se quiere saber si la ración alimenticia es consumida sólo por el niño beneficiario.

- Pregunta 27:

Anote la cantidad mensual tal como la menciona la madre, libras, kilos, botellas, etc. Después trataremos de reducirla a la medida que se usará en la tabulación de los datos. Léale a la madre la lista de alimentos.

- Pregunta 28 :

Se trata de rastrear si la familia recibe ayuda alimenticia de otras instituciones. La entrevistada puede mencionar varias. Registre las que menciona, pero no LE LEA los nombres.

- Pregunta 29:

Se quiere saber qué proporción de los alimentos consumidos por la familia es la ración que reciben de Cáritas.

NO LE LEA a la entrevistada las respuestas posibles.

- Pregunta 30:

Se quiere explorar si hay p rdida de alimentos por la forma de almacenarlos. Por ello en la lista aparecen alimentos que no forman parte del paquete de C ritas.

- Pregunta 31:

Se quiere detectar la periodicidad real de la recepci n de alimentos.

- Pregunta 32:

Se quiere detectar qu  alimento consumen m s pronto. Insista en averiguar cu nto tiempo se acaba cada alimento.

- Pregunta 33:

Se trata de rastrear condiciones ambientales y, adem s, si hay distracci n de alimentos para consumo animal.

- Preguntas 34, 35 y 36 :

Tratan de conocer la periodicidad, temas y calidad, de las pl ticas educativas que se ofrecen en el Centro Nutricional.

- Preguntas 37 y 38:

Tratan de conocer la eficacia de los conocimientos recibidos en el Centro Nutricional.

- Preguntas 39 y 40:

Tratan de rastrear la participaci n de los beneficiarios en las actividades organizadas por el Centro Nutricional.

- Pregunta 41:

Es una pregunta de comprobaci n. Se quiere conocer si la Beneficiaria sabe el nombre de quien recibe el suplemento nutricional.

### Estado de Salud del Niño.

- Pregunta 42, 43 y 44:

Registre el estado general, que en su propia observación y criterio, presenta el niño beneficiario.

- Pregunta 45:

Registre el estado de los dientes (cuando haya) según su propia observación y criterio.

- Pregunta 46:

Este dato debe referirse al mismo niño de las preguntas 42 a 45. Registre la información que le proporciona la entrevistada.

- Pregunta 47:

Esfuércese por averiguar la verdad sin forzar las respuestas, ayude a la identificación del tipo de vacuna si es necesario.

- Pregunta 48:

Enfermedades padecidas del 1º de enero de este año a la fecha de la entrevista. Esfuércese por averiguar lo realmente acontecido pero sin forzar las respuestas.

### Estado Nutricional del Niño.

- Pregunta 49:

Esta información buscará el Supervisor en el archivo y la anotará en la respectiva Cédula, especificando la fecha del registro cuando lo haya.

1. CARITAS -----

2. OTRAS -----

ESTADO DE SALUD DEL NIÑO.

42. Aspecto general.

1. Muy bueno ----- 3. Regular -----  
2. Bueno ----- 4. Malo -----

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- Pregunta 50:

A) Pese al niño y anote el resultado en la casilla de peso registrándolo en libras y fracciones. b) Mida al niño según la técnica convenida anotando el resultado en la casilla Talla registrándolo en centímetros. c) Pregunte a la madre la edad (si es posible fecha de nacimiento) anotándolo en años y meses cumplidos.

- Pregunta 51: Solamente a niños que ya no toman pecho.

Consumo de Alimentos (análisis de las 24 horas anteriores) a) En la columna (alimento) coloque todos los alimentos que la madre o encargada, recuerda que el niño consumió tanto en el desayuno, almuerzo, cena y entrecomidas del día de ayer. b) En la columna (Preparación Culinaria), anote la forma de preparación en que consumió el alimento, ej: frito, salcochado, crudo, horneado, etc. c) En la columna (Medida Casera), anote con la mayor aproximación posible la cantidad consumida, ej: 1 cucharada, 1 cucharadita, 1 taza, 1 plato corriente,  $\text{C} 0.25$  de la tienda, 1 vaso, etc. d) No llene la columna (gramos).

Condiciones de la Vivienda.

- Preguntas 52, 53, 54, 55, 56 y 57:

Registrar la información que proporcione la entrevistada. (OJO la 59 en el cuestionario es en realidad la 52, CORRIGIR)

- Pregunta 58:

Pueden haber varias opciones.

COMENTARIOS Y/O OBSERVACIONES: El entrevistador reportará aquí todo aquello que considere beneficioso para la mejor interpretación de los datos registrados.

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