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CHILD SURVIVAL
THE CRITICAL ROLE OF THE COMMUNITY
IN
LAS CRUCITAS, TEGUCIGALPA, HONDURAS

September, 1988 through February, 1992

FINAL REPORT

Submitted to:

Bureau for Food and Humanitarian Assistance
Office of Child Survival and Health
Private and Voluntary Cooperation
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APPENDIX

A. Final Evaluation Survey

B. Financial Pipeline

ACRONYMS

ARI	Acute Respiratory Infections
ASHONPLAFA	Honduras Family Planning Association
CESAMO	Health Center with Physicians
CS	Child Survival
CDD	Control of Diarrheal Diseases
CHV	Community Health Volunteer
EPI	Expanded Program on Immunization
FINCA	Foundation for International Community Assistance
GMP	Growth Monitoring and Promotion
KAP	Knowledge, Attitudes, Practices
MOH	Ministry of Health
ORS	Oral Rehydration Salts
PA1	Project Area 1 (CS-IV Area)
PA2	Project Area 2 (CS-VII Expansion Area)
PAMI	Maternal and Child Health Feeding Program
PVO	Private and Voluntary Organization

A. SUSTAINABILITY STATUS

A.1. Project HOPE received a new grant from A.I.D./W to extend its present CS-IV activities in 20 communities of Las Crucitas (project area 1 - PA1) and expand the community outreach model to an additional 28 communities in Las Crucitas, La Alemania, San Francisco, and Colonia 3 de Mayo (project area 2 - PA2). Activities in PA1 are expected to continue until June 1993 to allow for a successful phaseover of the activities in PA1 to the Ministry of Health (MOH).

A.2. Project HOPE made significant progress toward sustainability of its activities following the Midterm evaluation in August/September 1990. By November 1990, the local MOH had seconded four auxiliary nurses, previously clinic-based, to this project for training. Since then the auxiliary nurses have been working side by side with project staff in volunteer training and supervision and community outreach activities. By June 1993, the Las Crucitas Health Center (CESAMO) will have assumed all responsibilities for the 20 communities of PA1.

B. SUSTAINABILITY PLAN

B.1. At the time of development of the DIP, it was planned that project activities would be progressively integrated into the normal activities of the Las Crucitas CESAMO and that the MOH would absorb the project's supervisory staff and second one auxiliary nurse in February 1991 and another later on. It was expected that by the 37th month of the project, all activities would be handed over to the Las Crucitas Health Center and that project staff would only provide technical assistance. Other sustainability strategies included programming in accordance with MOH policy, minimization of recurrent costs through efficient utilization of available resources, and training of Community Health Volunteers to sustain newly learned behaviors at the community level.

At the time of the Midterm Evaluation, it became clear that the project had developed a good and workable community outreach model. However, little progress had been made in the area of sustainability: the project and the MOH were working in parallel rather than collaboratively. In fact, the MOH was focusing its resources and important additional activities (water, sanitation, etc.) on the communities not involved in the CS project, because it was felt that the target communities were well covered by Project HOPE.

The following strategies were suggested in the Midterm Evaluation:

- Joint reprogramming of project activities, including an integration of the Las Crucitas CESAMO and Project HOPE teams;

- An ongoing relationship of coordination between the Project Coordinator and the Director of the CESAMO, as well as other key project staff and their Las Crucitas counterparts;

- Strengthening of the technical and administrative capabilities of the Las Crucitas staff involved in CS; and

- A redefinition of the project duration and resources.

B.2. Tremendous progress has been made since the Midterm Evaluation in assuring the eventual sustainability of this project:

- The head of the MOH Metropolitan Health Region, Dr. Uccles and the Head of Health Area 1 of the Metropolitan Health Region, Dr. Mejia are still interested in absorbing Project HOPE's field supervisory staff. However, due to the economic situation in Honduras this has not yet been possible, since no new positions have been created at any level of the MOH. In recent conversations with the Project Coordinator in October of this year, these MOH officials again confirmed their continuing interest and intent to do so should new positions be made available to them in 1992.

- The project staff maintains excellent relationships with the Las Crucitas staff and jointly program the community outreach activities. Four MOH auxiliaries are working full-time in the communities with Project staff.

- Project HOPE has provided intensive in-service training to the seconded auxiliary nurses and other key Las Crucitas counterparts in CS management and technical content to improve overall counterpart capabilities, particularly in community outreach.

- Project HOPE is using many of the educational materials of the MOH for CHVs, as well as MOH vaccines and ORT packets. These are recurrent costs already assumed by the MOH. Project HOPE will also assure that all CHVs have CS manuals developed by Project HOPE and make additional manuals available for replacement volunteers.

- Also very important are the strategies developed to enhance sustainability at the community level. In addition to training CHVs in health promotion and service delivery, Project HOPE has also analyzed the needs of the individual communities and has successfully promoted community

responsibility and ownership. Both the CHVs and community leaders and groups (the community "patronatos" and mothers' clubs) have responded very positively and have initiated activities to improve the health status of the population in their communities. Among activities implemented with community initiatives in the past few months are latrine construction projects, clean-up campaigns, construction of supplementary feeding centers, schools (?), and educational activities for groups. This is a good indication that the communities are beginning to assume ownership of the project and are capable of doing so on a permanent basis.

- The project requested extension funding for PA1 to allow the necessary time for implementing its sustainability strategies.

B.3. The only financial commitment to sustain project benefits was made by the MOH in the eventual absorption of project supervisory staff. Because of the lack of availability of new positions, the MOH has been unable to do so.

B.4. Due to the continuing poor economic condition of Honduras, it is not known when or if the MOH can meet this commitment. As a result, Project HOPE has modified its sustainability strategy for the PA2, where the project will be working mainly with seconded MOH field supervisory staff.

C. COMMUNITY PARTICIPATION AND PERCEPTION OF PROJECT EFFECTIVENESS

C.1. From the beginning, project staff has involved the community as much as possible in all aspects of the program. At project startup, the auxiliary nurses went house-to-house in all communities to explain the objectives of the project to the families and to learn about the needs of the communities. This methodology evoked great interest on the part of the communities, and resulted in good participation in the community assemblies that selected the CHVs.

Information about community needs in CS was also collected through the baseline survey and utilized in project planning.

Assisting and promoting community organization and autonomy has always been of been a central component of the project. Community leaders and organized groups (e.g., patronatos and mothers' clubs) were involved from the beginning in the promotion of CS activities. Project staff has also assisted community groups in developing proposals and petitions to solicit latrines, water supply, supplementary foods for community feeding centers, etc., from the appropriate agencies.

C.2. Each of the twenty communities has a functioning health committee coordinated by the CHVs, selected by the community and trained by Project HOPE. These committees have met once each month during the past twelve months.

C.3. During the last meeting in October 1991, the health committees discussed "Preventive Measures for Dengue." A decision was made to involve schools and community groups to promote environmental hygiene campaigns, and responsibilities for activities to be developed were assigned.

C.4. Representatives of mothers' clubs and health committees perceive the project as effective in meeting community needs, particularly in the areas of nutrition, diarrheal disease control, and immunization. The following community leaders were interviewed: Martha Contreras, representative, Mothers' Club Colonia Santa Cecilia; Elmis Pastora Archaga, President, Mothers' Club Colonia Lomas del Norte; Luz Celeste Villeda, Health Committee Colonia Cuesta #2; and Ivonne Fugon, Colonia Santa Cecilia.

The following represents excerpts from interviews with mothers by the project's social worker about the work of the CHVs:

- Victoria Lanza Barahona, Colonia Smith: "I was 40 when I became pregnant with my last child. I had already six children, and the youngest was seven. When the CHV visited me, she told me that I should go to the health center for prenatal care. I lied to her and told her that I had already gone to the health center. But the volunteers continued to visit me and talk to me about the importance of continuing to go to my prenatal visits and many other things, and so I decided one day to go to the health center. The physician who examined me told me that I might have problems during delivery due to my age and gave me the same advice as the volunteer. My son was born healthy and without problems thanks to the help and orientation of the volunteer."

- Juana Maria Mejia, Colonia Smith #2: "Two years ago, the health volunteer weighed my son Orlin Zelaya Mejia for the first time and told me that he was very malnourished, because he was seven months old and weighed as much as a two-months old. The volunteer told me about how to feed him and gave me a referral for the health center. When I went to the health center, the physician told me exactly the same as the volunteer. When I got back home I told the volunteer what the physician had told me, and she began to teach me about my child's diet. She continued to weigh my son almost every month, and now he is three years old

and his weight is normal for his age, thanks to the help I got from the volunteer."

C.5. The communities targeted by the project are extremely poor and cannot support the project financially. This makes the contribution of the CHVs even more valuable. Many of the CHVs are engaged in more than one income-generating activity to help their families survive. The CHVs are trained on consecutive weekends, participate in monthly supervision meetings on weekends, and visit families at night or on weekends.

A further contribution of the communities are the "lactarios" (feeding centers). Mothers' clubs are responsible for the administration of these feeding centers, including construction or rental of an appropriate space, water, wood for cooking, hiring of a guard, and food to increase variety. The Junta Nacional del Bienestar distributes foods it receives from CARE to all feeding centers. Mothers of beneficiary children pay one Lempira per months toward the cost of the food. In addition to feeding malnourished children, the mothers' clubs monitor their weight and conduct anti-parasitic campaigns with the health center for the beneficiary group. From the beginning, the mothers' clubs have been responsible for these centers, Project HOPE providing only technical assistance. Presently three mothers' clubs are trying to construct a separate physical location for the feeding center through other agencies to guarantee the continuity of this activity.

In addition to the activities of the feeding centers, the members of three mothers' clubs and other women of the community have formed community banks with the financial support from the Foundation for International Community Assistance (FINCA) and assistance in community promotion and motivation by project staff. Each community bank is in process of developing its own rules, and as a result, the mothers' clubs will have more support in the administration of the feeding center, because the two groups will share the same physical location to develop their activities.

In September of this year, CARE conducted one of its supervisory visits of the lactarios benefiting from their food aid. CARE recognized Project HOPE's contribution to the excellent functioning of the feeding centers under the Foundation's supervision during a meeting involving all institutions responsible for the feeding center in the Tegucigalpa area. This has increased the motivation of mothers to participate in the activities of the project even more.

D. INSTITUTIONAL SUSTAINABILITY - STRENGTHENING LOCAL MANAGEMENT

D.1. The project has established strong working relationships with the MOH (particularly the Metropolitan Health Region and the CESAMO Las Crucitas), the Tegucigalpa Mayor's Office, the Junta Nacional del Bienestar Social, CARE, ASHONPLAFA, and a number of PVOs (International Eye Foundation, Save the Children, World Neighbors and World Relief).

- The coordination with the MOH and the CESAMO Las Crucitas has focused on the areas of training, technical assistance, supply, and community activities. CESAMO and project staff share the responsibilities for training community volunteers and health facility staff in child survival. ORS packets distributed in the target area and the vaccines and related supplies needed for the campaigns conducted by project staff are supplied by the MOH. In the last year, health center staff have also considered Project HOPE's target communities in the planning of latrinization projects. However, the principal role of the MOH has been to monitor whether Project HOPE is following MOH guidelines, through an excellent channel for communication which has assured that project staff are informed of changes in its norms and priorities. This has been very important in assuring continuity of activities and has made it easier to integrate the project activities with those of the health center.

- ASHONPLAFA, the Honduran Family Planning Organization has assisted in training the CHVs in family planning and has provided educational materials for distribution in the communities.

- The project's coordination with the Mayor's Office in such areas as group education, environmental hygiene, and home gardening has been very beneficial for the communities. A link has been established between the communities and the Mayor's Office, so that communities request basic training courses, community clean-up campaigns, and technical assistance in home gardening.

- The project coordinates with the Junta Nacional del Bienestar Social and CARE in the implementation of feeding centers in its communities. CARE provides supplementary food to the Junta which distributes it nationwide (?) to feeding centers.

- Save the Children, World Relief, and World Neighbors are using the training manuals for CHVs developed by Project HOPE.

- Project HOPE assisted the International Eye Foundation in the hosting of the second workshop "Los Niños, Nuestra

Prioridad," as well as in program implementation, and in establishing ties with local organizations.

- In the Summer of 1991, Project HOPE began to initiate collaboration with FINCA/Honduras and is presently assisting in the development of eight community banks. FINCA officials have been very impressed with the level of community organization reached by Project HOPE's Mothers' Club and with their level of motivation. As a result, FINCA has had no costs in the promotion of the community banks.

D.2. The health center staff responsible for community outreach activities (social workers, auxiliary nurses, promoters of environmental hygiene, and educators) were trained by project staff in child survival interventions and educational methodologies that have been used effectively by the project. In addition, six health center auxiliary nurses have participated actively in the implementation of project activities in the past eight months on a rotating basis. This has allowed project staff to provide in-depth training in the project's community outreach system and its methodologies.

D.3. Project HOPE's target communities are presently located in Health Area #1 of the Metropolitan Health Region. Dr. Heladio Uccles is Chief of this Region. The present head of this Health Area, Dr. Yaneth Mejia and the Director of the CESAMO Las Crucitas, Dr. Felicito Montalvan, believe that the project interventions are key areas of the Annual Plan of the MOH, but would not have been implemented due to financial limitations. They are very satisfied with the effectiveness of the project activities and are committed in their role as counterpart to continue the activities in the twenty CS-IV communities and expand and replicate the community outreach model in the 28 new CS-VII communities.

D.4. As pointed out in the Midterm Evaluation, local NGOs do not have the capacity to sustain Project HOPE's activities in the communities. Similarly, the communities cannot assume the costs of this project. As a result, the continuity of project activities will depend on the MOH and its local staff.

The health staff of the Las Crucitas CESAMO maintains a very favorable positions towards continuing the project activities. However, it is unrealistic to expect that the MOH will be able to continue the project activities at the same level of financial support given the constraints of the MOH budget. During the first year of the extension, project staff will explore with the MOH how recurrent costs related to such aspects as transportation; training and supervision subsidies (food and transportation for volunteers); occasional incentives for volunteers, etc; can be reduced or adjusted most effectively (see also, F.2.). Since the CESAMO Las Crucitas has already shifted some of its staff from being health center based to community outreach activities,

and the issue of salaries as part of the recurrent cost component of this project has already been resolved.

D.5. All project components are key interventions of the MOH Plan. The CESAMO Las Crucitas is committed to continue developing and maintaining these activities. Because of limited economic resources, the outputs of the MOH are likely to be less than the present outputs of the project.

E. MONITORING AND EVALUATION OF SUSTAINABILITY

E.1. The project is presently monitoring sustainability with the following indicators:

> # of health facility staff trained in the project's outreach methodology and CS strategies
>
> # of health facility staff involved on a regular basis in community outreach activities, volunteer training and supervision
>
> # of volunteers continuing to be active each year (measured through # of volunteers submitting monthly reports and attending monthly supervision sessions)

Recurrent costs of CS activities in the CS-IV target area, excluding staff salaries, will be monitored under the project extension.

E.2. 36 health facility staff (nurses, auxiliary nurses, social workers, health educators, and sanitation inspectors) have had CS training as of November 1990. Since March 1991, the health facility staff have shared all community outreach activities, and volunteer training and supervision. Volunteer attrition has been about 20% per year, which is to be expected in a highly mobile urban marginal area. The project expects the MOH to maintain its staff involvement in the CS-IV area at about this level. However, CHVs might be lost at a slightly higher rate due to the absence of the long-standing support provided to CHVs by project staff.

E.3. The head of the Metropolitan Health Region, the health area chief, and the Director of the CESAMO Las Crucitas and his/her team (a male director was replaced with a female director in October 1991) participated in the Midterm Evaluation in a relatively passive manner, i.e., as interviewees. Since then, their involvement has changed to a much more active role, that of ownership of the project activities, both in the CS-IV and the CS-VII area. MOH staff participated in the collection of the KAP survey data submitted with this report, provided major support and direction to the CS-VII extension proposal, and active input into the other components of this Final Report.

F. CALCULATION OF RECURRENT COSTS

F.1. Since the project is still expending CS-IV funds (until February, 1992) it is too early to compare actual expenditures to those in the DIP.

F.2. The projected costs cover such aspects as salaries, transportation, training and monthly supervision costs, volunteer incentives, materials and supplies (vaccines, ORS, training manuals, etc.). Salaries and some essential materials and supplies have been discussed in detail above.

The CESAMO Las Crucitas has transportation available two days per week. Transportation costs for community activities on the remaining days can be recovered from a general health center fund. Since most community activities are planned on the two days for which transportation is available, additional transportation costs will be minimal.

It is estimated that 3000 Lempiras ($556) to replace CHVs lost to attrition per year. This amount would cover two training course for 30 volunteers, each.

The MOH can provide dry food from the Programa de Alimentacion Materno Infantil (PAMI) to the CHVs as an incentive for the participation. These foods are available at no cost to the health center.

F.3. Project HOPE's financial system provides information by type of expenditure which makes it possible to estimate the recurrent costs that would have to be assumed by the MOH. In the CS-VII project, an attempt will be made to track expenditures by selected key interventions to allow for better monitoring of recurrent costs for the MOH.

F.4. As mentioned above, the MOH will need about $556 per year to replace CHVs lost to the project; in addition, it is estimated that the MOH will need approximately $670 in training materials, $1800 in transportation. The cost of training materials can be reduced if deserting volunteers return their training manuals.

The total amount of about $3026 is very low, taking into account the target population of about 10,000 children under five years of age.

F.5. Even though the project has made attempts to confine certain expenditures so they can be assumed more easily by the MOH, it is expected that the MOH will have certain financial limitations in providing educational materials for the CHVs to use in the community education work, training manuals for the CHVs, and other educational materials and supplies. Project HOPE will supply the health center with a sufficient quantity of CHV

manuals for the project duration and will attempt to assist the health center in identifying other potential sources (government or private) to provide such materials.

G. COST RECOVERY ATTEMPTS

G.1. In addition to some of the strategies listed above, the project will not increase its field staff during CS-VII despite the more than doubling of the target population. To the contrary, field staff will be reduced gradually. It is expected that one or two of the auxiliary nurses will be absorbed eventually by the MOH as new positions are created. The project also maximizes resources the MOH makes available, such as ORS, vaccines, and supplies, as well as the health facility staff in PA1 and PA2. This will greatly reduce costs of sustaining project activities.

The CS-VII project is significantly more efficient than the CS-IV project, both in cost per beneficiary and in its focus on selecting low-cost approaches that can be sustained by the MOH. The CS-VII project also benefits from the existence of well-developed training materials, experienced staff, and a functional Management Information System.

G.2.- G.6. The project has not developed specific cost-recovery mechanisms.

H. INCOME GENERATION

H.1. - H.4. The project did not develop and implement any income-generating activities during the CS-IV project. However, in recent months, Project HOPE has begun to collaborate with FINCA, an international PVO, in the implementation of three community banks in its CS-IV target area to help mothers increase family income and improve family food security. Project HOPE has also presented a Matching Grant proposal to A.I.D. which included a larger income-generation project for Project HOPE's 48 CS communities in Tegucigalpa. If granted, Project HOPE plans to establish 30 community banks with technical assistance from FINCA.

Many of the target families are headed by women with limited opportunities to maintain their families. These women have repeatedly expressed their interest in becoming more economically active and in expanding their income-generating opportunities for the benefit of their families. Project HOPE believes that such a project would complement and enhance the impact of the present CS project activities.

APPENDIX A

FINAL EVALUATION SURVEY

I. INTRODUCTION

A. Purpose of the Survey

The Project HOPE/Honduras CS Project is one of the many CS projects receiving funding through FVA/PVC. Funding of the project began in 1988. The goals of the project are to reduce morbidity and mortality of high-risk children under five years of age (focusing on children under two years old) and providing education on nutrition and immunization for women between the ages of 15 and 49. The interventions used to achieve these goals are: CDD, EPI, ARI, GMP, nutrition education, and family planning.

In the second year of project implementation, the first KAP survey was conducted with the purpose of assessing project impact and to collect baseline data in areas not covered during the original baseline survey. In this third year of implementation the purpose of the survey was to assess project impact in the total target population and compare communities. This was done so as to focus resources on those communities with the lowest impact during the remainder of the project and motivate those communities with the highest impact to continue their good work by providing them with feedback on the results.

B. Geographic Scope and Population of the Surveyed Area

The project target area is situated in Las Crucitas, the largest suburb of Tegucigalpa. The target area comprises twenty communities divided into three areas. The 1990 KAP Survey was conducted in the five communities that represent Area I. This year, the KAP Survey was implemented in all twenty communities of the target area.

C. Schedule of Activities

April 1-15	1990 Questionnaire revised, with input from HOPE Center and Johns Hopkins University Child Survival Support Program (JHU).
April 15-16	Training of staff and pilot testing of the questionnaire.
April 17	Final changes to questionnaire and preparation for the field work.
April 18-24	Survey completion in the field.
April 18 - May 3	Data entry
May	Analysis

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II. METHODOLOGY

A. Questionnaire

The questionnaire, designed to elicit information about the project's interventions, contains 41 questions. The first seven questions deal with demographic and socioeconomic indicators, such as age of mother and child, mother's education and occupation. Subsequent questions covered the following areas:

a). breast-feeding patterns and weaning practices (questions 8 to 12).

b) mother's knowledge and practices regarding growth monitoring (questions 13 to 16).

c) diarrhea incidence, feeding practices, treatment used and sought during diarrhea episodes, and mother's knowledge of dehydration (questions 17 to 27).

d) prevalence of family planning and contraceptive methods used or desire (questions 25 to 29).

e) immunization coverage rates and mother's knowledge and practices regarding immunization (questions 30 to 35).

f) incidence of ARI and mother's knowledge and practices regarding ARI (questions 36 to 40).

g) mother's recognition of CHV (question 41) (see Appendix A)

B. Determination of sample size

Since the purpose of this survey was to compare the twenty communities of the target area, technical assistance was provided by JHU for the determination of sample size. JHU staff concluded that it would be necessary to survey all women between 15 and 49 years with children two years of age, in order to make comparisons.

Small communities were scheduled and covered simultaneously, leaving the largest communities to be covered by distributing interviewers in different sectors of the community. A total of 4,948 households were visited during the survey with 1,139 respondents. Eleven questionnaires had to be eliminated due to incomplete interviews, leaving a total of 1,128 distributed as follows:

COMMUNITIES

AREA	1	2	3	4	5	6	7	8	9	Total
1	34	47	31	61	92	79	0	0	0	344
2	133	55	35	47	14	77	49	24	41	475
3	125	22	39	83	40	0	0	0	0	309
Total										1128

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AREA 1

Community 1 = La Cuesta #1
" 2 = La Cuesta #2
" 3 = El Lolo
" 4 = Nuevos Horzontes
" 5 = Carrizal #1
" 6 = Carrizal #2

AREA 2

Community 1 = Lomas del Norte
" 2 = Brisas del Norte
" 3 = Policarpo Paz
" 4 = Santa Cecilia
" 5 = El Rosario
" 6 = Gracias a Dios
" 7 = Smith #1
" 8 = Smith #2
" 9 = Lincoln

AREA 3

Community 1 = La Obrera
" 2 = Guamilito
" 3 = El Pastel
" 4 = Los Profesores
" 5 = Los Centenos

III. THE SURVEY

A. Training of Supervisors and Surveyors

Since project staff conducted last year's KAP survey and received intensive training as supervisors and surveyors, the training required this year was only for one day. Auxiliary nurses from the project and those seconded by the MOH, along with the two social workers (a total of ten surveyors). The health educator, the professional nurse, and the Project Coordinator supervised.

B. Pretest of the Questionnaire

The pilot test, including all participants, was conducted with subsequent discussions sharing experiences and clarifying and/or amending questions presenting difficulties.

C. Survey Implementation

The survey was conducted over a period of six days. At the end of each day supervisors reviewed each of the completed questionnaires. This was done to identify potential interviewer

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bias and difficulties and to enable the supervisors to discuss these matters with the surveyors before they initiated interviews the following day.

D. Data Analysis

A specially designed EPI/INFO software program was used to process and analyze the survey data. Data entry was completed in two weeks.

(See Annex "B" for Tally sheets and Annex "C" for Tables used in analyzing data.)

IV. MAIN FINDINGS

- There has been no change in the incidence of diarrheal episodes since 1990. However, the use of ORS (Litrosol) increased from 23% to 32% in 1991. Project staff consider this still very low, taking into account the intensive education of the population and the easy access to ORS at the community level (all volunteers keep a small store of packets of Litrosol at their house).

- There have been some positive changes in mothers' nutritional practices during diarrheal episodes: Only 5% suspended breastfeeding, 7% did not give liquids, and 16% did not give solid foods.

- The immunization coverage dropped significantly from 93% to 77%. Of the 15% of children with incomplete coverage, 11% are children under two months, leaving only 4% with incomplete coverage and 7% without their health card. This reduction in coverage is to be expected for the time of the year when the survey was conducted. The population in- and out-migration in the target area increased significantly after the floods at the end of 1990 and the increase in unemployment rates due to economic changes. When looking at coverage by area, it is evident that area # 3, the most transitory area in the project also has the lowest coverage rates.

- 67% of the interviewed mothers stated that they were breastfeeding their child under two at the time of the survey. Of the mothers not breastfeeding, 91% had breastfed their child.

- There was considerable improvement since the last KAP survey with respect to the time breastfeeding was initiated. In the 1990 KAP, 51% of mothers stated that they had initiated breastfeeding in the first hour after birth, compared to 74% in this past KAP survey. The rate of mothers breastfeeding

for less than four months decreased from 17% to 10% in the same time period, and the percentage of mothers breastfeeding for more than 43 months increased.

- It appears that 47% of children were not weighed at all, and only 18% were weighed by the volunteer.

- Contraceptive rates have not changed since 1990. Only 33% of all women interviewed used a family planning method. Of the 67% who do not use contraception, 58% would choose a more costly method (the reason what they are not engaged in family planning) and 22% do not know which method to use. The latter group needs to be targeted for family planning education through this project.

V. IMPLICATIONS FOR THE PROJECT AND/OR ACTIONS TAKEN

- The project plans to conduct focus groups to see how the ORT use rates and the nutritional management of diarrheas could be improved. Since the educational messages given to the mothers focus on the use of ORS to prevent and combat dehydration associated with diarrhea, it is possible that the questions of the survey instrument were not sufficiently clear to elicit such a response.

- During the last two immunization campaigns, the community health volunteers used a listing of the names of children with incomplete coverage from the project information system to bring those children that need certain immunizations to the community immunization post.

- The volunteers have been informed about the survey results. It was emphasized that they should identify themselves as "Health Volunteers." After the survey, many mothers who claimed not to know their community health volunteers could clearly identify Ms./Mrs. X as the one who weighs her child, provides Litrosol, reviews the health card, etc. It appears that the survey provides an underestimate of the volunteers' activity, because they do not identify themselves clearly as volunteers.

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APPENDIX A

SURVEY INSTRUMENT AND GUIDELINES IN ENGLISH AND SPANISH

CUESTIONARIO - ENCUESTA "CAP"
PROYECTO HOPE DE HONDURAS

TODAS LAS PREGUNTAS DEBEN SER HECHAS A MUJERES (15-49 ANOS DE EDAD) QUIENES TENGAN POR LO MENOS UN NINO MENOR DE DOS ANOS DE EDAD (24 MESES O MENOS)

1. NOMBRE DE LA MADRE_____EDAD_____
NOMBRE DEL NINO(A)_____
SEXO: M [ ] F [ ] EDAD _____(en meses) FECHA DE NAC. _____
NOMBRE DE LA COMUNIDAD _____

2. FECHA DE LA ENTREVISTA _____
NOMBRE DEL ENTREVISTADOR _____
FIRMA DEL SUPERVISOR _____ FECHA _____

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3. CUAL FUE EL GRADO O ANO DE ESTUDIO MAS ALTO QUE USTED APROBO? (ESCUELA, COLEGIO O UNIVERSIDAD?
1. ninguno [ ] 2. primaria, sabe leer [ ]
3. primaria, no sabe leer [ ] 4. secundaria [ ]
5. otro [ ]

4. HACE USTED ALGUNA ACTIVIDAD POR EL CUAL RECIBE DINERO(vende tortillas,verduras, frutas, ventas ambulantes, trabajo en casa u oficina, lavado, planchado, etc.)
1. Si [ ]
2. No [ ] (pase a la pregunta # 8)

5. ESTE TRABAJO, LO HACE USTED EN LA CASA O FUERA DE LA CASA?
1. fuera de casa [ ]
2. en casa [ ] (pase a la pregunta #8)

6. CUANTAS HORAS PASA USTED TRABAJANDO FUERA DE LA CASA?
1. menos de 4 horas por dia o menos de 20 horas por semana [ ]
2. entre 4 a 8 horas por dia o 20 a 40 horas por semana [ ]
3. mas de 8 horas por dia o mas de 40 horas por semana [ ]

7. QUIEN CUIDA A (NOMBRE DEL NINO) MIENTRAS USTED TRABAJA?
1. esposo/companero [ ]
2. otro nino mayor [ ]
3. otros familiares [ ]
4. vecina(o) [ ]
5. amigos [ ]
6. guarderia [ ]
7. otro especifique [ ] _____

8. USTED LE DA PECHO A (NOMBRE)?
   1. Si [ ] (pase a la pregunta # 10)
   2. No [ ]

9. PERO LE DIO PECHO A (NOMBRE) ALGUNA VEZ?
   1. Si [ ]
   2. No [ ] (pase a la pregunta # 12)

10. DESPUES DEL NACIMIENTO DE (NOMBRE) CUANDO EMPEZO A DARLE PECHO?
   1. durante la primera hora despues del nacimiento [ ]
   2. entre mas de una hora y menos de 6 horas despues del nacimiento [ ]
   3. entre mas de 6 horas y menos de 24 horas despues del nacimiento [ ]
   4. entre mas de 24 horas y menos de 48 horas despues del nacimiento [ ]
   5. otro (especifique)_____ [ ]

11. HASTA QUE EDAD PIENSA USTED DARLE PECHO (O LE DIO PECHO) A (NOMBRE)?
   1. menos de cuatro meses [ ]
   2. mas de cuatro meses pero menos de 6 meses [ ]
   3. mas de 6 meses pero menos de 12 meses [ ]
   4. mas de 12 meses pero menos de 18 meses [ ]
   5. mas de 18 meses [ ]
   6. Hasta que el niño lo deje [ ]

12. A QUE EDAD PIENSA USTED OFRECERLE (O LE OFRECIO) A (NOMBRE) OTRAS COMIDAS QUE NO SEA LECHE MATERNA? (OTRAS COMIDAS INCLUYEN JUGOS, OTRAS LECHES, TES, ATOLES, COMIDAS BLANDAS O SOLIDAS)
   1. durante el primer mes de vida [ ]
   2. durante el segundo mes de vida [ ]
   3. durante el tercer mes de vida [ ]
   4. durante el cuarto mes de vida [ ]
   5. otro (especifique) [ ] _____

13. COMO PUEDE SABER USTED QUE UN NIÑO ESTA CRECIENDO NORMALMENTE ?
    1. Aumento de peso [ ]
    2. Aumento de estatura [ ]
    3. Realiza actividades de acuerdo a su edad [ ]
    4. Otro (especifique) _____ [ ]

14. DONDE CONTROLA EL PESO DE (NOMBRE)
    1. centro de salud [ ]
    2. voluntario de salud [ ]
    3. no se controla [ ] (Pase a la pregunta # 17)
    4. Otros (especifique) [ ] _____

15. QUE EDUCACION RECIBE USTED CUANDO LLEVA (NOMBRE) A CONTROL DE PESO ?
    1. Importancia del control [ ]
    2. Alimentación del niño [ ]
    3. Higiene [ ]
    4. Lactancia materna [ ]
    5. Ninguna [ ]

16. (NOMBRE) AUMENTO O PERDIO PESO DURANTE EL ULTIMO CONTROL ? (Confirmar con el carnet)
    1. Aumentó peso [ ]
    2. Perdió peso [ ]
    3. Se mantuvo [ ]
    4. No tiene carnet [ ]

---

17. (NOMBRE) HA TENIDO DIARREA EN LAS DOS ULTIMAS SEMANAS?
    1. Si [ ]
    2. No [ ] (pase a la pregunta # 24)

VUELVA A LA PREGUNTA # 8 Y VERIFIQUE SI EL NINO(A) ESTA SIENDO AMAMANTADO: SI LA RESPUESTA ES SI PASE A LA PREGUNTA # 18, Y SI LA RESPUESTA ES NO, PASE A LA PREGUNTA # 19

18. DURANTE ESTA ULTIMA DIARREA DE (NOMBRE) SI LE DIO PECHO, QUE CANTIDAD LE OFRECIO (LEERLE LAS ALTERNATIVAS)
    1. mas que de costumbre [ ]
    2. menos que de costumbre [ ]
    3. lo mismo que de costumbre [ ]
    4. suspendio el pecho [ ]

19. DURANTE ESTA ULTIMA DIARREA, SI LE DIO DE BEBER A (NOMBRE) QUE CANTIDAD DE LIQUIDOS U OTRAS LECHES QUE NO SEAN EL PECHO LE OFRECIO: (LEERLE LAS ALTERNATIVAS)
   1. mas que de costumbre [ ]
   2. menos que de costumbre [ ]
   3. lo mismo que de costumbre [ ]
   4. suspendio los liquidos [ ]
   5. no le da aun [ ]

20. DURANTE ESTA ULTIMA DIARREA, SI LE DIO A (NOMBRE) ALIMENTOS SOLIDOS, QUE CANTIDAD LE OFRECIO: (LEERLE LAS ALTERNATIVAS)
   1. mas que de costumbre [ ]
   2. menos que de costumbre [ ]
   3. lo mismo que de costumbre [ ]
   4. suspendio los alimentos solidos [ ]
   5. no le da aun [ ]

21. CUANDO (NOMBRE) TUVO ESTA ULTIMA DIARREA, SI LE DIO ALGO PARA LA DIARREA, ME PUEDE DECIR QUE FUE:
   (ACEPTE VARIAS RESPUESTAS)
   1. litrosol [ ]
   2. medicina antidiarreica [ ] (ALGUNO MAS?)
   3. antibioticos [ ]
   4. tratamiento caseros [ ] (ALGUNO MAS?)
   5. ninguno [ ]
   6. otros (especifique) [ ] _____

22. CUANDO (NOMBRE) TUVO LA DIARREA, BUSCO USTED AYUDA PARA LA DIARREA?
   1. Si [ ]
   2. No [ ] (pase a la pregunta # 24)

23. DONDE O A QUIEN PIDIO USTED AYUDA CUANDO (NOMBRE) TUVO DIARREA LA ULTIMA VEZ? (ACEPTE VARIAS RESPUESTAS)
   1. voluntario de salud [ ]
   2. centro de salud [ ] (A DONDE MAS)
   3. hospital [ ]
   4. farmacia [ ]
   5. medico privado [ ] (A DONDE MAS)
   6. curandero [ ]
   7. otro (especifique) [ ]_____

24. CUANDO UN NIÑO TIENE DIARREA, QUE SIGNOS O SINTOMAS LE INDICAN QUE SE DEBE BUSCAR AYUDA O TRATAMIENTO
   1. sintomas de deshidratacion (boca seca, ojos hundidos, mollera hundida, falta de lagrimas, piel arrugada, decaido, orina poco) [ ]
   2. diarrea que continua por mas de un dia [ ]
   3. otro especifique _____ [ ]

25. COMO USTED TALVEZ SABE, EXISTEN VARIOS METODOS POR MEDIO DE LOS CUALES UNA PAREJA PUEDE ESPACEAR LOS EMBARAZOS O PREVENIR EL TENER MAS HIJOS. ESTO SE LLAMA PLANIFICACION FAMILIAR.

HA RECIBIDO EDUCACION EN PLANIFICACION FAMILIAR ?
1. si [ ]
2. no [ ] (Pase a la pregunta # 27)

26. QUIEN LE PROPORCIONO EDUCACION EN PLANIFICACION FAMILIAR ?
1. voluntario de salud [ ]
2. puesto de planificación familiar [ ]
3. centro de salud [ ]
4. otros (especifique) [ ]

27. ESTA USTED O SU COMPAÑERO USANDO AHORA ALGUN METODO DE PLANIFICACION FAMILIAR?
1. si [ ]
2. no [ ] (Pase a la pregunta # 29)

28. QUE METODO DE PLANIFICACION FAMILIAR ESTA USANDO ?
1. Píldora - pastillas [ ]
2. Condón - Preservativo [ ]
3. Ritmo [ ]
4. DIU [ ]
5. Operación [ ]
6. Retiro [ ]
7. Otro (especifique) [ ]

(PASE A LA PREGUNTA # 30)

29. SI USTED PUDIERA ESCOGER UN METODO PARA PLANIFICACION FAMILIAR, QUE METODO ESCOGERIA?
1. niguno [ ]
2. pildora-pastilla [ ]
3. condon-preservativo [ ]
4. ritmo [ ]
5. DIU [ ]
6. operacion [ ]
7. retiro [ ]
8. otro (especifique) [ ] _____
9. no sabe

30. (NOMBRE DEL NIÑO) HA SIDO VACUNADO ALGUNA VEZ ?
1. si [ ] 2. no [ ] (pase a la pregunta # 33)

31. DONDE (LUGAR) RECIBIO (NOMBRE) SU ULTIMA VACUNA?
1. trabajador de salud vino a la casa [ ]
2. centro de salud [ ]
3. medico privado [ ]
4. puesto de vacunacion comunitario [ ]
5. no sabe [ ]
6. otro (especifique) [ ] _____

32. TIENE USTED UNA TARJETA DE VACUNACION PARA (NOMBRE)?
(TIENE QUE VER LA TARJETA)
1. Vacunas completas [ ] (pase a la pregunta # 34)
2. Vacunas incompletas [ ]
3. Carnet perdido [ ]

ANOTAR # DE DOSIS Y FECHA DE APLICACION DE ULTIMA VACUNA

Polio _____/_____ Sarampión _____/_____ DPT _____/_____

33. CUALES CIRCUNSTANCIAS LE HAN IMPEDIDO EN EL PASADO EL PODER LLEVAR A (NOMBRE) A LA VACUNACION? (ACEPTE VARIAS RESPUESTAS)
1. trabajo [ ]
2. toca ir demasiado lejos [ ] (ALGO MAS)
3. falta de tiempo [ ]
4. otro (especifique) [ ] _____
5. nino con fiebre [ ]
6. nino con tos [ ] (ALGO MAS)
7. nino con diarrea [ ]
8. nino con otras enfermedades [ ] _____
9. nada [ ]

34. A QUE EDAD DEBERIA VACUNARSE SU NINO CONTRA EL SARAMPION?
_____ (ESPECIFIQUE EN MESES)

35. TIENE USTED CARNET DE VACUNACION CONTRA EL TETANO
(TIENE QUE VER LA TARJETA)
1. Vacunas completas [ ]
2. Vacunas incompletas [ ]
3. No tiene carnet [ ]
4. No ha sido vacunado [ ]

36. HA ESTADO (NOMBRE DEL NINO) CON TOS EN LAS ULTIMAS DOS SEMANAS?
1. Si [ ]
2. No [ ] (Pase a la pregunta # 40)

37. (NOMBRE) TENIA DIFICULTAD RESPIRATORIA O RESPIRACION AGITADA ?
1. si [ ]
2. no [ ]

38. BUSCO USTED AYUDA PARA LA TOS DE (NOMBRE)?
1. Si [ ] 2. No [ ] (Pase a la pregunta # 40)

39. DONDE O A QUIEN FUE USTED A PEDIR AYUDA PARA LA TOS DE (NOMBRE)
1. voluntario de salud [ ]
2. centro de salud [ ]
3. hospital [ ]
4. farmacia [ ]
5. medico privado [ ]
6. curandero [ ]
7. otro (especifique) [ ]_____

40. CUANDO UN NINO ESTA MAL DEL PECHO QUE SIGNOS O SINTOMAS LE INDICAN QUE SE DEBE BUSCAR AYUDA O TRATAMIENTO ?
1. Respiración rápida [ ]
2. Tiraje intercostal [ ]
3. Respiración rápida y tiraje intercostal [ ]
4. No se [ ]
5. Otro (especifique) _____ [ ]

41. CONOCE USTED ALGUN VOLUNTARIO DE SALUD DE LA COMUNIDAD ?

1. si [ ] Nombre _____
2. no [ ]

GUIA DE APLICACION DEL CUESTIONARIO
"CAP 1991"

NOTA:

Todas las preguntas deben ser hechas a mujeres de edad comprendida entre 15 y 49 años que tengan niños menores de 2 años de edad. En las preguntas donde aparece la frase "Nombre del niño" entre parentesis, ésta deberá sustituirse por el nombre del niño de la entrevista.

PREGUNTA #1.- Escriba el nombre completo de la madre y su edad. Escriba el nombre completo del niño (a). Marque con una "x" en la casilla que corresponde al sexo del niño(a). Anote su edad y fecha de nacimiento y el nombre de la comunidad donde reside.

PREGUNTA #2.- Escriba la fecha en que se realiza la entrevista y el nombre del entrevistador. No debe escribir en los espacios correspondientes a: **Firma del Supervisor y Fecha.**

PREGUNTA #3.- Despues de leerle la pregunta a la entrevistada, proceda a leerle las alternativas y marque con una "x" la casilla que corresponde a la respuesta obtenida.

PREGUNTA #4.- Despues de leerle la pregunta a la entrevistada, marque con una "x" la casilla correspondiente a su respuesta. Si la respuesta es "NO", pase a la pregunta #8 sin responde la #5, 6 y 7. Si la respuesta es "SI", pase a la pregunta #5.

PREGUNTA #5.- Despues de leerle la pregunta, marque con una "x" la casilla correspondiente a la respuesta obtenida. Si la respuesta es la alternativa #2, pase a la pregunta #8. Si la respuesta es la alternativa #1, continue con la pregunta #6.

PREGUNTA #6.- Leále la pregunta con sus alternativas a la entrevistada y coloque una "x" en la casilla correspondiente a la respuesta obtenida.

PREGUNTA #7.- Despues de leerle la pregunta a la entrevistada coloque una "x" en la casilla correspondiente a la respuesta obtenida. Si ésta no se clasifica entre ninguna de las primeras 6 alternativas deberá marcar en la casilla de la alternativa #7 y especificar en la línea al par la respuesta obtenida.

PREGUNTA #8.- Si la respuesta obtenida despues de leerle la pregunta es "SI, pase a la pregunta #10. Si es "NO", continue con la pregunta #9.

PREGUNTA #9.- Despues de leerle la pregunta, marque con una "x" la casilla correspondiente a la respuesta. Si ésta es "NO" debe evitar hacer las preguntas 10 y 11 y pase a la pregunta #12. Si la respuesta es "SI", continue con la pregunta #10.

PREGUNTA #10, 11, 12 y 13.- Leále la pregunta a la entrevistada y

marque con una "x" la casilla correspondiente a la respuesta obtenida. Cuando la respuesta corresponde a la alternativa **"Otros (especifique)"** deberá escribir la respuesta en la línea al par de la alternativa.

PREGUNTA #14.- Leále la pregunta y marque con una "x" la casilla correspondiente a la respuesta de la entrevistada. Si la respuesta es la #3, debe pasar a la pregunta #17, sin preguntar la 15 y la 16.

PREGUNTA #15.- Despues de leerle la pregunta, marque con una "x" la casilla correspondiente a la respuesta.

PREGUNTA #16.- Esta pregunta debe responderse despues de revisar el carnet de control de peso del niño. Si el niño tiene carnet pero no tiene registro de control de peso, o no tiene carnet, debe marcar con una "x" la casilla #4.

PREGUNTA #17.- Despues de leerle la pregunta, marque con una "x" la casilla correspondiente a la respuesta obtenida. Si la respuesta es "NO", pase a la pregunta #24. Si la respuesta es "SI", vuelva a la pregunta #8 y verifique: si el niño esta siendo amamantado, pase a la pregunta #18; si no está siendo amamantado, pase a la pregunta #19.

PREGUNTA #18, 19 y 20. Leále la pregunta y las alternativas a la entrevistada y marque con una "x" la casilla correspondiente a la respuesta obtenida.

PREGUNTA #21.- Despues de leerle la pregunta, marque con una "x" las casillas correspondientes a las respuestas obtenidas. Puede aceptar mas de una respuesta.

PREGUNTA #22.- Marque con una "x" la casilla correspondiente a la respuesta obtenida despues de leerle la pregunta. Si la respuesta es "NO" pase a la pregunta #24.

PREGUNTA #23.- Igual que la #21.

PREGUNTA #24.- Despues de leerle la pregunta marque con una "x" la casilla correspondiente a la respuesta obtenida.

PREGUNTA #25.- Despues de leerle la pregunta, marque con una "x" la casilla de acuerdo a la respuesta. Si ésta es "NO", pase a la pregunta #27.

PREGUNTA #26.- Leále la pregunta a la entrevistada y marque con una "x" la respuesta obtenida.

PREGUNTA #27.- Despues de leerle la pregunta, marque con una "x" la casilla correspondiente a la respuesta obtenida. Si ésta es "NO" pase a la pregunta #29.

PREGUNTA #28.- Despues de marcar la respuesta obtenida de la entrevista, pase a la pregunta #30 omitiendo la #29.

PREGUNTA #29.- Despues de leerle la pregunta marque con una "x" la casilla correspondiente a la respuesta obtenida.

PREGUNTA #30.- Leále la pregunta. Marque con una "x" la casilla correspondiente a la respuesta obtenida. Si ésta es "NO", pase a la pregunta #33.

PREGUNTA #31.- Despues de leerle la pregunta marque la respuesta obtenida.

PREGUNTA #32.- Para responder esta pregunta debe ver la tarjeta de vacunas del niño. Anote en el espacio correspondiente a Polio, Sarampion y DPT, el # de dosis y fecha de aplicación de la última vacuna recibida. Ejm: Si el carnet del niño tiene anotada en lápiz tinta la fecha **2 de Octubre 1990** para la 3era. dosis de Polio, Ud. la registrará en el cuestionario así: 3/2-10-90. Si el niño tiene aplicado las vacunas correspondientes a su edad, de acuerdo a las normas del PAI, marque con una "x" la casilla de la alternativa #1 y pase a la pregunta #34. Si la respuesta es la alternativa #2 ó la #3 pase a la pregunta #33.

PREGUNTA #33.- Igual que ala #21 y 23.

PREGUNTA #34.- Leále la pregunta a la entrevistada y escriba en la línea la respuesta obtenida.

PREGUNTA #35.- Igual que en la pregunta #32, Ud. necesita ver la tarjeta para responder la pregunta. Si la mujer responde que no tiene carnet pero recibió la vacuna, Ud. debe marcar en la alternativa #3. **"Vacunas Completas"** es cuando la mujer tiene las dos dodis de TT registrado en el carnet como aplicadas.

PREGUNTA #36.- Leále la pregunta y marque con una "x" la casilla correspondiente a la respuesta obtenida. Si la respuesta es "NO" pase a la pregunta #40.

PREGUNTA #37.- Despues de leerle la pregunta marque con una "x" la casilla que corresponde a la respuesta.

PREGUNTA #38.- Igual que la #36.

PREGUNTA #39 y 40.- Igual que la #37.

PREGUNTA #41.- Leále la pregunta y marque la casilla correspondiente a la respuesta obtenida. Si la respuesta es "SI" escriba en la línea el nombre del voluntario.

KAP SURVEY QUESTIONNAIRE
PROJECT HOPE/HONDURAS

ALL QUESTIONS ARE TO BE ADDRESSED TO THE MOTHER (WOMAN 1549 YEARS OLD) WITH A CHILD UNDER 2 YEARS OLD (24 MONTHS OLD OR LESS).

1. NAME OF THE MOTHER_____AGE_____
   NAME OF THE CHILD (GIRL OR BOY)_____
   SEX: M ( ) F ( ) AGE_____(MONTHS) BIRTH DATE_____
   COMMUNITY_____

2. DATE OF INTERVIEW_____
   NAME OF INTERVIEWER_____
   SIGNATURE OF SUPERVISOR_____ DATE_____

¿

3. WHAT WAS THE HIGHEST EDUCATIONAL LEVEL YOU ATTAINED? (SCHOOL, COLLEGE OR UNIVERSITY)
   1. None ( ) 2. primary reads ( )
   3. primary, does not read ( ) 4. secondary ( )
   5. other ( )

4. DO YOU DO ANY INCOME GENERATING WORK? (sell tortillas, vegetables, fruits, street seller, home and office work, cleaning, ironing, etc.)
   1. Yes ( )
   2. No ( ) go to question #8)

5. DO YOU DO THIS WORK AT HOME OR AWAY FROM HOME?
   1. Away from home ( )
   2. At home ( ) (go to question #8)

6. HOW MUCH TIME TO YOU SPEND WORKING OUTSIDE THE HOUSE?
   1. Less than 4 hours /day or 20 hours less/week ( )
   2. between 48 hours/day or 20 to 40 hours/week ( )
   3. more than 8 hours/day or greater than 40 hours/week ( )

7. WHO TAKES CARE OF (NAME OF CHILD) WHILE YOU ARE WORKING?
   1. husband/partner ( )
   2. older child(ren) ( )
   3. other relatives ( )
   4. neighbors ( )
   5. friends ( )
   6. other ( )

8. DO YOU BREASTFEED (NAME)?
   1. Yes ( ) (go to question #10)
   2. No. ( )

9. DID YOU EVER BREASTFEED (NAME) ?
   1. Yes ( )
   2. No ( ) (go to question #12)

10. AFTER BIRTH OF (NAME) WHEN DID YOU BEGIN BREASTFEEDING?
    1. within the first hour after birth ( )
    2. greater than one hour but less than 6 hours after birth ( )
    3. greater than 6 hours but less than 24 hours fater birth ( )
    4. greater than 24 hours but less than 48 hours after birth ( )
    5. other (specify)_____

11. UNTIL WHAT AGE WILL YOU (OR DID YOU) BREASTFEED (NAME)?
    1. less than 4 months ( )
    2. more than 4 months but less than 6 months ( )
    3. more than 6 months but less than 12 months ( )
    4. more than 12 months but less than 18 months ( )
    5. more than 18 months ( )
    6. Until child be weaned himself ( )

12. AT WHAT AGE WILL YOU (OR DID YOU) GIVE (NAME) FOODS OTHER THAN BREASTMILK? (OTHER FOODS INCLUDE JUICES, OTHER MILK, LIQUID OR SOLID)
    1. during the first month of life ( )
    2. during the second month of life ( )
    3. during the third month of life ( )
    4. during the fourth month of life ( )
    5. other (specify) ( ) _____

13. HOW CAN YOU KNOW A CHILD IS GROWING NORMALLY?
    1. weight increase ( )
    2. stature increase ( )
    3. realizes activities according age ( )
    4. other (specify) _____

14. WHERE DO YOU CONTROL THE WEIGHT OF (NAME)?
    1. health center ( )
    2. CHV ( )
    3. she does not control it ( ) (go to question #17)
    4. other (specify)_____

15. WHAT EDUCATION DO YOU RECEIVE WHEN YOU CONTROL THE WEIGHT OF (NAME)?
    1. control importance ( )
    2. child feeding ( )
    3. hygiene ( )
    4. breastfeeding ( )
    5. none ( )

16. DID (NAME) INCREASE OR LOSE WEIGHT DURING THE LAST GROWTH MONITORING? (confirm with the card)
    1. increased weight ( )
    2. lost weight ( )
    3. kept weight ( )
    4. no card ( )

17. HAS (NAME) HAD DIARRHEA IN THE LAST 2 WEEKS?
    1. Yes ( )
    2. No. ( ) (go to question #24)

GO TO QUESTION #8 AND CHECK IF CHILD IS BEING BREASTFED: IF YES GO TO QUESTION #18, AND IF NO GO TO QUESTION #19)

18. DURING THIS LAST DIARRHEA OF (NAME) IF YOU BREASTFED HIM (HER), WHAT QUANTITY DID YOU GIVE HIM (HER) (READ HER THE ALTERNATIVES)
    1. more than usual ( )
    2. less than usual ( )
    3. same as usual ( )
    4. stopped breastfeeding ( )

19. DURING THIS LAST DIARRHEA, IF YOU GAVE (NAME) LIQUIDS OR OTHER MILKS THAN BREASTMILK WHAT QUANTITY DID YOU GIVE HIM (HER) (READ HER THE ALTERNATIVES)
    1. more than usual ( )
    2. less than usual ( )
    3. same as usual ( )
    4. stopped fluids ( )
    5. nothing still ( )

20. DURING THIS LAST DIARRHEA, IF YOU GAVE (NAME) SOLID FOODS, WHAT QUANTITY DID YOU GIVE HIM(HER)? (READ THE ALTERNATIVES)
    1. more than usual ( )
    2. less than usual ( )
    3. same as usual ( )
    4. stopped solid foods ( )
    5. nothing still ( )

21. WHEN (NAME) HAD THIS LAST DIARRHEA, IF YOU GAVE HIM(HER) SOMETHING FOR THE DIARRHEA, CAN YOU TELL ME WHAT WAS IT? (ACCEPT VARIOUS RESPONSES)
    1. litrosol (ORS packet) ( )
    2. anti-diarrhea medicine ( ) (something else)
    3. antibiotics ( )
    4. home treatment ( ) (something else)
    5. none ( )
    6. other (specify) ( )_____

22. WHEN (NAME) HAD DIARRHEA, DID YOU SEEK HELP FOR THE DIARRHEA?
    1. Yes ( )
    2. No ( ) (go to question #24)

23. WHERE OR FROM WHOM DID YOU SEEK HELP WHEN (NAME) HAD DIARRHEA THE LAST TIME? (ACCEPT VARIOUS RESPONSES)
    1. CHV ( )
    2. health center ( ) (where else?)
    3. hospital ( )
    4. drugstore ( )
    5. private doctor ( ) (where else?)
    6. traditional healer ( )
    7. other (specify) _____

24. WHEN A CHILD HAS DIARRHEA, WHAT SIGNS OR SYMPTOMS PROMPT YOU TO SEEK ADVICE OR TREATMENT?
    1. dehydration symptoms (dry mouth, sunken eyes, sunken fontannelle, no tears, skin wrinkling, lethargy, decreased urine output) ( )
    2. diarrhea continues for more than one day ( )
    3. other (specify)_____ ( )

25. YOU MAY BE AWARE THAT THERE ARE SEVERAL METHODS BY WHICH A COUPLE CAN SPACE PREGNANCIES OR PREVENT HAVING MORE CHILDREN. THIS IS CALLED FAMILY PLANNING.

HAVE YOU RECEIVED EDUCATION ON FAMILY PLANNING?

1. yes ( )
2. no ( ) (go to question #27)

26. WHO OFFERED YOU EDUCATION ON FAMILY PLANNING?
1. CHV ( )
2. family planning post ( )
3. health center ( )
4. other (specify) ( )

27. ARE YOU OR YOUR PARTNER USING SOME FAMILY PLANNING METHOD AT THIS TIME?
1. yes ( )
2. no ( ) (go to question #29)

28. WHAT METHOD OF FAMILY PLANNING ARE YOU USING?
1. pill ( )
2. condom ( )
3. rhythm ( )
4. IUD ( )
5. operation ( )
6. withdrawal ( )
7. other (specify) ( )

(GO TO QUESTION #30)

29. IF YOU COULD CHOOSE A METHOD OF FAMILY PLANNING, WHAT ONE WOULD YOU CHOOSE.
1. none ( )
2. pill ( )
3. condom ( )
4. rhythm ( )
5. IUD ( )
6. operation ( )
7. withdrawal ( )
8. other (specify) ( )
9. Don't know ( )

30. HAS (NAME) EVER RECEIVED ANY IMMUNIZATIONS?
1. Yes ( ) 2.NO. ( ) (go to question #33)

31. WHERE (PLACE) DID (NAME) RECEIVE HIS(HER) LAST VACCINE?
1. the health worker came to home ( )
2. health center ( )
3. private doctor ( )
4. community vaccination post ( )
5. don't know. ( )
6. other (specify) ( )

32. DO YOU HAVE A VACCINATION CARD FOR (NAME)?
(must see card)

1.fully immunized ( ) (go to question #34)
2. unfully immunized ( )
3. lost card ( )

WRITE # OF DOSES AND THE APPLICATION DATE OF LAST VACCINE.

Polio_____Measles_____DPT_____

33. WHAT CIRCUMSTANCES HAVE PREVENTED YOU FROM TAKEN (NAME) TO BE VACCINATED? (Accept various responses).
1. work ( )
2.too far to go ( ) (something else)
3.not enough time ( )
4.other (specify)
5.child with fever ( )
6.child with cough ( ) (something else)
7.child with diarrhea ( )
8.child with other illness ( )
9. nothing ( )

34. AT WHAT AGE SHOULD (NAME) RECEIVE MEASLES VACCINE?
_____(Specify in months)

35. DO YOU HAVE VACCINATION CARD FOR TETATUS TOXOID?
(have to see the card)
1. fully immunized ( )
2. unfully immunized ( )
3. does not have card ( )
4. have not been vaccinated ( )

36. HAS (NAME) BEEN WITH COUGH IN THE LAST TWO WEEKS?
1. Yes. ( )
2. No. ( ) (go to question #40)

37. DID (NAME) HAVE RAPID BREATHING?
1. Yes. ( )
2. No. ( )

38. DID YOU SEEK ADVICE FOR (NAME)'S COUGH?
1. Yes ( ) 2. No. ( ) (go to question #40)

39. WHERE OR FROM WHOM DID YOU SEEK ADVICE FOR (NAME)'S COUGH?
1. CHV ( )
2. health center ( )
3. hospital ( )
4. pharmacy ( )
5. private doctor ( )
6. traditional healer ( )
7. other (specify) ( )

40. WHEN A CHILD HAS "PNEUMONIA" (MAL DE PECHO) WHAT SIGNS/SYMPTOMS PROMPT YOU TO SEEK ADVICE OR TREATMENT?
    1. rapid breathing ( )
    2. chest indrawingq ( )
    3. both rapid breathing and chest indrawing ( )
    4. do not know. ( )
    5. other (specify) ( )

41. DO YOU KNOW A CHV IN YOUR COMMUNITY?
    1. Yes. ( ) Name_____
    2. No. ( )

QUESTIONNAIRE APPLICATION GUIDE
"KAP 1991"

NOTE:

All the questions must be addresed to women 15-49 years old with children under 2 years old. In the questions where "Name of the child" appears, this must be substituted by the name of the child referred to during interview.

QUESTION #1.- Write the mother's name and her age. Write the child's name. Mark "x" in the square corresponding child's sex. Write age and birth date and name of the community where he lives.

QUESTION #2.- Write date of interview and the interviewer's name. Do not write in the spaces corresponding to: Supervisor's signature and date.

QUESTION #3.- After reading the question to the mother, read her the alternatives and mark "x" in the square corresponding to obtained answer.

QUESTION #4.- After reading the question to the mother, mark "x" in the square corresponding to her answer. If the answer is "NO", go to question #8 without answering #5, 6 and 7. If the answer is "YES", go to question #5.

QUESTION #5.- After reading the question, mark "X" in the square corresponding to the obtained answer. If the answer is the alternative #2, go to question #8. If the answer is alternative #1, continue with question #6.

QUESTION #6.- Read to the mother the question with its alternatives and mark "X" in the square corresponding to the obtained answer.

QUESTION #7.- After reading the question to the mother, mark "X" in the square corresponding to the obtained answer. If this does not clasify in one of the first 6 alternatives you must mark in the square of alternative #7 and specify on the line the obtained answer.

QUESTION #8.- If the obtained answer, after reading the question is "YES", go to question #10, if it is "NO", continue with question #9.

QUESTION #9.- After reading the question, mark "X" in the square corresponding to the answer. If this one is "NO" you must avoid question #10 and 11 and go to question #12. If the answer is "YES", continue with question #10.

QUESTION #10, 11, 12 and 13.- Read the question to the mother and mark "X" in the square corresponding to the obtained answer. When the answer corresponds to alternative "Other (specify)", you must write the answer on the line of the alternative.

QUESTION #14.- Read her the question and mark "X" in the square corresponding to the answer of the mother. If the answer is #3, you must go to question #17, without asking the #15 and #16.

QUESTION #15.- After reading the question, mark "X" in the square corresponding to the answer.

QUESTION #16.- This question must be answered after seeing the growth monitoring card. If the child has a card but does not have growth monitoring registered on it, or does not have a card, you must mark "X" in the square #4.

QUESTION #17.- After reading the question, mark "X" in the square corresponding to the obtained answer. If the answer is "NO", go to question #24, if the answer is "YES", return to question #8 and verify: if the child is being breastfed, go to question #18; if he is not being breastfed, go to question #19.

QUESTION #18, 19, and 20.- Read the question and the alternatives to the mother and mark "X" in the square corresponding to the obtained answer.

QUESTION #21.- After reading the question, mark "X" in the square corresponding to the obtained answers. Accept various responses.

QUESTION #22.- Mark "X" in the square corresponding to the obtained answer after reading the question. If the answer is "NO" go to question #24.

QUESTION #23.- Same as #21.

QUESTION #24.- After reading the question mark "X" in the square corresponding to the obtained answer.

QUESTION #25.- After reading the question, mark "X" in the square according to the answer. If this is "NO", go to question #27.

QUESTION #26.- Read the question to the mother and mark "X" in the square corresponding to the obtained answer.

QUESTION #27.- After reading the question, mark "X" in the square corresponding to the obtained answer. If this is "NO" go to question #29.

QUESTION #28.- After marking the obtained answer, go to question #30 omitting #29.

QUESTION #29.- After reading the question mark "X" in the square corresponding to the obtained answer.

QUESTION #30.- Read her the question. Mark "X" in the square corresponding to the obtained answer. If this is "NO", go to question #33.

QUESTION #31.- After reading the question mark the obtained answer.

QUESTION #32.- To answer this question you must see the child's immunization card. Write in the space corresponding to Polio, Measles and DPT, the # of doses and application date of the last vaccine received. For example, if the child's card has noted with a pen the date **October 2, 1990** for the 3d. doses of Polio, you must record it in the questionnaire: 3/2-10-90. If the child has the vaccines corresponding to his age, according to the established by EPI, then mark "X" in the alternative #1 and go to question #34. If the answer is alternative #2 or #3, then go to question #33.

QUESTION #33.- Same as #21 and #23.

QUESTION #34.- Read the question to the mother and write on the line, the obtained answer.

QUESTION #35.- Same as on question #32, you need to see the card to answer the question. If the woman answers that she does not have the card but she received the vaccine, you must mark in the alternative #3. "Fully Immunized" is when the woman has the two doses of TT registered in the card as applied.

QUESTION #36.- Read the question and mark "X" in the square corresponding to the obtained answer. If the answer is "NO" go to question #40.

QUESTION #37.- After reading the question mark "X" in the square corresponding to the answer.

QUESTION #38.- Same as on #36.

QUESTION #39 and #40.- Same as on #37.

QUESTION #41.- Read her the question and mark in the square corresponding to the obtained answer. If the answer is "YES" write on the line the name of the volunteer.

ANNEX B

TABLES

TALLIES OF QUESTIONNAIRE RESPONSES

EDUCATIONAL LEVEL OF MOTHERS

AREA = 1

GRADO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
NONE	3	14	3	2	11	4	0	0	0	37
PRIMARY READ	20	25	19	42	51	38	0	0	0	195
" CAN'T READ	5	7	1	2	2	3	0	0	0	20
SECONDARY	5	1	8	15	26	34	0	0	0	89
OTHERS	1	0	0	0	2	0	0	0	0	3
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

GRADO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
NONE	1	2	1	5	0	9	2	0	7	27
PRIMARY READ	83	30	13	19	8	45	26	18	26	268
" CAN'T READ	9	3	0	1	1	5	1	0	0	20
SECONDARY	40	20	21	22	5	18	18	6	8	158
OTHER	0	0	0	0	0	0	2	0	0	2
TOTAL	133	55	35	47	14	77	49	24	41	475

AREA = 3

GRADO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
NONE	19	0	9	6	2	0	0	0	0	36
PRIMARY READ	78	13	19	43	16	0	0	0	0	169
" CAN'T READ	7	0	3	3	0	0	0	0	0	13
SECONDARY	20	6	8	30	22	0	0	0	0	86
OTHER	1	3	0	1	0	0	0	0	0	5
TOTAL	125	22	39	83	40	0	0	0	0	309

INCOME GENERATING ACTIVITIES OF MOTHERS

AREA = 1

ECONOMICAS	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	11	15	9	11	24	29	0	0	0	99
NO	23	32	22	50	68	50	0	0	0	245
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

ECONOMICAS	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	36	18	11	19	4	27	12	6	6	139
NO	97	37	24	28	10	50	37	18	35	336
TOTAL	133	55	35	47	14	77	49	24	41	475

AREA = 3

ECONOMICAS	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	47	8	16	24	13	0	0	0	0	108
NO	78	14	23	59	27	0	0	0	0	201
TOTAL	125	22	39	83	40	0	0	0	0	309

LOCATION OF MOTHER'S INCOME GENERATING ACTIVITIES

AREA = 1

DONTRABAJO	1	2	3	4	5	6	7	8	9	Total
AT HOME	5	5	4	5	5	14	0	0	0	38
AWAY FROM HOME	6	10	5	6	19	15	0	0	0	61
TOTAL	11	15	9	11	24	29	0	0	0	99

AREA = 2

DONTRABAJO	1	2	3	4	5	6	7	8	9	Total
AT HOME	25	13	7	14	1	20	5	6	5	96
AWAY FROM HOME	11	5	3	5	3	7	7	0	1	42
TOTAL	36	18	10	19	4	27	12	6	6	138

AREA = 3

DONTRABAJO	1	2	3	4	5	6	7	8	9	Total
AT HOME	27	2	9	15	7	0	0	0	0	60
AWAY FROM HOME	20	6	7	9	6	0	0	0	0	48
TOTAL	47	8	16	24	13	0	0	0	0	108

HOURS WORKED BY MOTHERS, AWAY FROM HOME

AREA = 1

HORAS	COMUNIDAD 1	2	3	4	5	6	7	9	Total
<4 HS/DAY	0	1	1	1	2	4	0	0	9
4-8 HRS/DAY	2	3	1	4	11	8	0	0	29
>8 HRS/DAY	4	6	3	1	6	3	0	0	23
TOTAL	6	10	5	6	19	15	0	0	61

AREA = 2

HORAS	COMUNIDAD 1	2	3	4	5	6	7	9	Total
<4 HRS/DAY	2	1	3	1	1	3	3	1	15
4-8 HRS/DAY	7	1	0	3	2	3	3	0	19
>8 HRS/DAY	1	3	0	1	0	1	1	0	7
TOTAL	10	5	3	5	3	7	7	1	41

AREA = 3

HORAS	COMUNIDAD 1	2	3	4	5	6	7	9	Total
<4 HRS/DAY	7	2	2	3	1	0	0	0	15
4-8 HRS/DAY	10	3	4	2	4	0	0	0	23
>8 HRS/DAY	2	1	1	4	1	0	0	0	9
TOTAL	19	6	7	9	6	0	0	0	47

INDIVIDUAL WHO CARES FOR CHILD WHILE MOTHER WORKS.

AREA = 1

CUIDANINO	1	2	3	4	5	6	7	9	Total
HUSBAND	0	0	0	0	1	0	0	0	1
OLDER CHILD	0	3	1	0	3	2	0	0	9
OTHER RELATIVES	4	5	4	5	12	11	0	0	41
NEIGHBORS	0	0	0	0	0	0	0	0	0
FRIENDS	0	0	0	0	0	0	0	0	0
OTHER	2	2	0	1	3	2	0	0	10
TOTAL	6	10	5	6	19	15	0	0	61

AREA = 2

CUIDANINO	1	2	3	4	5	6	7	9	Total
HUSBAND	0	0	0	0	0	0	1	1	2
OLDER CHILD	2	1	0	2	0	2	0	0	7
OTHER RELATIVES	7	3	1	2	2	4	6	0	25
NEIGHBORS	0	0	0	0	0	0	0	0	0
FRIENDS	0	0	1	0	0	0	0	0	1
OTHER	1	1	1	1	1	1	0	0	6
TOTAL	10	5	3	5	3	7	7	1	41

AREA = 3

CUIDANINO	1	2	3	4	5	6	7	9	Total
HUSBAND	2	2	0	2	0	0	0	0	6
OLDER CHILD	3	1	1	2	1	0	0	0	8
OTHER RELATIVES	9	3	6	3	5	0	0	0	26
NEIGHBORS	1	0	0	1	0	0	0	0	2
FRIENDS	2	0	0	0	0	0	0	0	2
OTHER	2	0	0	1	0	0	0	0	3
TOTAL	19	6	7	9	6	0	0	0	47

MOTHERS NOT CURRENTLY BREASTFEEDING BUT THAT BREASTFED IN THE PAST

AREA = 1

ALGUNAVEZP	1	2	3	4	5	6	7	8	9	Total
YES	5	9	8	21	26	29	0	0	0	98
NO	1	0	0	2	2	4	0	0	0	9
TOTAL	6	9	8	23	28	33	0	0	0	107

AREA = 2

ALGUNAVEZP	1	2	3	4	5	6	7	8	9	Total
YES	44	17	10	16	5	20	14	10	12	148
NO	3	2	1	1	0	1	0	0	2	10
TOTAL	47	19	11	17	5	21	14	10	14	158

AREA = 3

ALGUNAVEZP	1	2	3	4	5	6	7	8	9	Total
YES	39	7	7	25	10	0	0	0	0	88
NO	4	1	3	5	1	0	0	0	0	14
TOTAL	43	8	10	30	11	0	0	0	0	102

MOTHERS THAT BREASTFEED THEIR CHILD

AREA = 1

PECHO	1	2	3	4	5	6	7	8	9	Total
YES	28	38	22	38	64	45	0	0	0	235
NO	6	9	9	23	28	34	0	0	0	109
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

PECHO	1	2	3	4	5	6	7	8	9	Total
YES	86	36	23	30	9	56	35	14	27	316
NO	47	19	11	17	5	21	14	10	14	158
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

PECHO	1	2	3	4	5	6	7	8	9	Total
YES	82	14	29	53	29	0	0	0	0	207
NO	43	8	10	30	11	0	0	0	0	102
TOTAL	125	22	39	83	40	0	0	0	0	309

DURATION OF BREASTFEEDING

AREA = 1

EDADP	1	2	3	4	5	6	7	8	9	Total
∠4 MS.	3	3	2	4	6	10	0	0	0	28
>4∠ 6 Ms.	0	0	2	1	3	9	0	0	0	15
>6<12 Ms.	4	5	6	13	17	10	0	0	0	55
>12∠18 Ms.	6	5	10	15	28	17	0	0	0	81
>18 Ms.	16	23	4	14	23	18	0	0	0	98
Self Weaning	4	11	7	11	12	10	0	0	0	55
TOTAL	33	47	31	58	89	74	0	0	0	332

AREA = 2

EDADP	1	2	3	4	5	6	7	8	9	Total
∠4 Ms.	19	7	5	9	2	10	4	0	1	57
>4∠ 6 Ms.	4	4	1	2	0	2	0	0	4	17
>6∠ 12 Ms.	28	12	5	5	4	7	6	6	1	74
>12∠ 18 Ms.	27	10	9	10	1	10	13	7	12	99
>18 Ms.	22	9	4	13	6	26	14	8	17	119
Self Weaning	31	12	7	6	1	20	12	3	4	96
TOTAL	131	54	31	45	14	75	49	24	39	462

AREA = 3

EDADP	1	2	3	4	5	6	7	8	9	Total
∠4 Ms.	9	2	2	12	4	0	0	0	0	29
>4∠ 6 Ms.	8	1	3	5	2	0	0	0	0	19
>6∠ 12 Ms.	25	4	4	10	8	0	0	0	0	51
>12∠ 18 Ms.	15	7	5	18	10	0	0	0	0	55
>18 Ms.	33	3	12	20	9	0	0	0	0	77
Self Weaning	31	4	9	13	6	0	0	0	0	63
TOTAL	121	21	35	78	39	0	0	0	0	294

HOURS AFTER BIRTH WHEN BREASTFEEDING WAS INITIATED

AREA = 1

EMPEZOP	1	2	3	4	5	6	7	8	9	Total
1 HOUR	29	37	16	53	52	48	0	0	0	235
>1 HR < 6 HRS	2	4	8	2	15	6	0	0	0	37
>6 HRS<24 HRS	1	2	5	2	11	9	0	0	0	30
>24 HRS< 48 HRS	1	2	2	2	5	5	0	0	0	17
OTHER	0	2	0	0	7	6	0	0	0	15
TOTAL	33	47	31	59	90	74	0	0	0	334

AREA = 2

EMPEZOP	1	2	3	4	5	6	7	8	9	Total
1 HOUR	107	45	25	33	9	65	33	5	31	353
>1 HR< 6 HRS	5	2	3	4	2	3	6	10	2	37
>6 HRS<24 HRS	5	0	2	2	3	2	4	5	2	25
>24 HRS< 48 HRS	8	2	2	6	0	3	4	3	3	31
OTHER	6	4	1	1	0	3	2	1	1	19
TOTAL	131	53	33	46	14	76	49	24	39	465

AREA = 3

EMPEZOP	1	2	3	4	5	6	7	8	9	Total
1 HOUR	102	15	27	56	23	0	0	0	0	223
>1 HR< 6 HRS	6	3	4	7	7	0	0	0	0	27
>6 HRS< 24 HRS	3	2	1	6	4	0	0	0	0	16
>24 HRS< 48 HRS	6	0	0	6	3	0	0	0	0	15
OTHER	4	1	3	1	2	0	0	0	0	11
TOTAL	121	21	35	76	39	0	0	0	0	292

AGE OF INTRODUCTION OF OTHER FOODS

AREA = 1

EDADCOMIDA	1	2	3	4	5	6	7	8	9	Total
1st Month	6	12	4	1	15	9	0	0	0	47
2nd "	7	6	8	6	17	14	0	0	0	58
3rd. "	9	10	9	19	27	19	0	0	0	93
4th. "	10	8	6	18	13	22	0	0	0	77
Other	2	10	4	17	20	15	0	0	0	68
TOTAL	34	46	31	61	92	79	0	0	0	343

AREA = 2

EDADCOMIDA	1	2	3	4	5	6	7	8	9	Total
1st Month	18	8	2	7	1	12	3	1	5	57
2nd "	25	12	1	6	4	15	6	3	2	74
3rd. "	40	15	15	16	1	23	15	12	11	148
4th. "	24	12	11	11	7	10	10	6	10	101
Other	26	8	5	7	1	17	15	2	13	94
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

EDADCOMIDA	1	2	3	4	5	6	7	8	9	Total
1st Month	15	1	4	17	5	0	0	0	0	42
2nd. "	28	7	3	11	5	0	0	0	0	54
3rd. "	18	6	14	19	12	0	0	0	0	69
4th. "	36	6	9	22	8	0	0	0	0	81
Other	28	2	9	14	10	0	0	0	0	63
TOTAL	125	22	39	83	40	0	0	0	0	309

MOTHER'S RESPONSES REGARDING IDENTIFICATION OF NORMAL GROWTH

AREA = 1

CRECIENDO	1	2	3	4	5	6	7	8	9	Tota
Weight increase	17	11	9	14	23	26	0	0	0	100
Height "	6	12	18	22	28	19	0	0	0	105
Activity/age	3	2	3	12	10	10	0	0	0	40
Other	8	22	1	13	31	24	0	0	0	99
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

CRECIENDO	1	2	3	4	5	6	7	8	9	Tota
Weight increase	54	21	13	19	4	23	13	7	10	164
Height "	27	15	3	5	3	16	13	1	16	99
Activity/age	21	5	0	4	6	7	10	6	4	63
Other	31	14	18	19	1	31	13	10	11	148
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

CRECIENDO	1	2	3	4	5	6	7	8	9	Total
Weight increase	32	6	10	10	20	0	0	0	0	78
Height "	46	8	7	42	5	0	0	0	0	108
Activity/age	12	7	4	14	4	0	0	0	0	41
Other	35	0	18	17	11	0	0	0	0	81
TOTAL	125	21	39	83	40	0	0	0	0	308

PLACE WHERE CHILD RECEIVES GROWTH MONITORING

AREA = 1

DONPESO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
Health Center	9	19	9	6	23	23	0	0	0	89
CHV	7	10	9	15	7	9	0	0	0	57
Do not control	12	13	13	31	40	20	0	0	0	129
Other	6	5	0	9	22	27	0	0	0	69
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

DONPESO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
Health Center	29	9	13	12	4	9	6	12	8	102
CHV	42	15	4	10	0	5	26	3	10	115
Do not control	33	23	5	14	7	59	11	4	16	172
Other	29	8	12	11	3	4	6	5	7	85
Total	133	55	34	47	14	77	49	24	41	474

AREA = 3

DONPESO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
Health Center	11	0	2	8	2	0	0	0	0	23
CHV	11	3	7	7	7	0	0	0	0	35
Do not control	96	18	25	65	27	0	0	0	0	231
Other	7	1	5	3	4	0	0	0	0	20
Total	125	22	39	83	40	0	0	0	0	309

EDUCATION RECEIVED WHEN CHILD IS TAKEN TO GROWTH MONITORING

AREA = 1

EDUCAPESO	1	2	3	4	5	6	7	8	9	Total
IMPORTANCE OF CONTROL	1	7	0	9	2	7	0	0	0	26
CHILD FEEDING	3	7	9	8	12	20	0	0	0	59
HYGIENE	3	2	3	3	6	3	0	0	0	20
BREAST FEEDING	0	3	1	1	2	8	0	0	0	15
NONE	14	15	5	9	30	21	0	0	0	94
TOTAL	21	34	18	30	52	59	0	0	0	214

AREA = 2

EDUCAPESO	1	2	3	4	5	6	7	8	9	Total
IMPORTANCE OF CONTROL	23	3	1	0	0	1	2	0	2	32
CHILD FEEDING	22	8	4	6	5	5	13	3	7	73
HYGIENE	4	6	1	1	1	5	5	3	3	29
BREAST FEEDING	5	1	4	0	0	0	2	4	0	16
NONE	45	13	18	26	1	7	16	10	13	149
TOTAL	99	31	28	33	7	18	38	20	25	299

AREA = 3

EDUCAPESO	1	2	3	4	5	6	7	8	9	Total
IMPORTANCE OF CONTROL	5	1	1	2	0	0	0	0	0	9
CHILD FEEDING	10	2	6	6	3	0	0	0	0	27
HYGIENE	3	0	0	1	2	0	0	0	0	6
BREAST FEEDING	1	0	1	1	1	0	0	0	0	4
NONE	8	1	6	8	7	0	0	0	0	30
TOTAL	27	4	14	18	13	0	0	0	0	76

GROWTH STATUS DURING LAST MONITORING SESSION

ULTCONTROL	1	2	3	4	5	6	7	8	9	Total
INCREASED	6	8	6	10	11	22	0	0	0	63
LAST WEIGHT	2	2	2	1	4	3	0	0	0	14
KEPT WEIGHT	0	8	0	9	1	10	0	0	0	28
NO CARD	14	15	9	9	35	23	0	0	0	105
TOTAL	22	33	17	29	51	58	0	0	0	210

AREA = 2

ULTCONTROL	1	2	3	4	5	6	7	8	9	Total
INCREASED	32	13	7	10	0	6	23	8	12	111
LAST WEIGHT	11	7	3	1	0	0	3	1	6	32
KEPT WEIGHT	15	3	1	0	0	2	0	0	1	22
NO CARD	42	6	18	18	7	9	12	8	6	126
TOTAL	100	29	29	29	7	17	38	17	25	291

AREA = 3

ULTCONTROL	1	2	3	4	5	6	7	8	9	Total
INCREASED	9	4	8	9	1	0	0	0	0	31
LAST WEIGHT	5	0	2	3	0	0	0	0	0	10
KEPT WEIGHT	3	0	0	1	0	0	0	0	0	4
NO CARD	10	0	4	4	12	0	0	0	0	30
TOTAL	27	4	14	17	13	0	0	0	0	75

DIARRHEA IN LAST 2 WEEKS PRECEEDING SURVEY

DIARREA	1	2	3	4	5	6	7	8	9	Total
YES	9	13	6	13	33	18	0	0	0	92
NO	25	34	25	48	59	61	0	0	0	252
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

DIARREA	1	2	3	4	5	6	7	8	9	Total
YES	37	12	10	18	2	29	18	13	19	158
NO	96	43	24	29	12	48	31	11	22	316
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

DIARREA	1	2	3	4	5	6	7	8	9	Total
YES	53	4	15	29	11	0	0	0	0	112
NO	72	18	24	54	29	0	0	0	0	197
TOTAL	125	22	39	83	40	0	0	0	0	309

BREASTFEEDING DURING DIARRHEA

AREA = 1

DPECHO	1	2	3	4	5	6	7	8	9	Total
MORE	1	3	0	0	6	3	0	0	0	13
LESS	0	1	0	1	2	1	0	0	0	5
SOME	7	6	5	7	15	6	0	0	0	46
SUSPENDED	0	0	1	0	0	0	0	0	0	1
TOTAL	8	10	6	8	23	10	0	0	0	65

AREA = 2

DPECHO	1	2	3	4	5	6	7	8	9	Total
MORE	0	2	3	3	1	2	1	0	1	13
LESS	7	2	1	1	0	3	2	1	4	21
SOME	13	3	3	7	0	15	13	5	8	67
SUSPENDED	2	1	0	0	0	3	0	0	0	6
TOTAL	22	8	7	11	1	23	16	6	13	107

AREA = 3

DPECHO	1	2	3	4	5	6	7	8	9	Total
MORE	8	0	4	3	0	0	0	0	0	15
LESS	4	1	1	3	2	0	0	0	0	11
SOME	24	2	8	9	8	0	0	0	0	51
SUSPENDED	3	0	1	3	0	0	0	0	0	7
TOTAL	39	3	14	18	10	0	0	0	0	84

OTHER LIQUIDS DURING DIARRHEA

AREA = 1

DLIQUIDOS	1	2	3	4	5	6	7	8	9	Total
MORE	2	1	1	5	9	5	0	0	0	23
LESS	2	3	1	2	8	6	0	0	0	.22
SOME	5	6	3	6	14	7	0	0	0	41
SUSPENDED	0	1	0	0	1	0	0	0	0	2
NOT YET RECEIVING	0	2	1	0	1	0	0	0	0	4
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

DLIQUIDOS	1	2	3	4	5	6	7	8	9	Total
MORE	8	4	3	6	2	4	5	1	6	39
LESS	5	2	0	1	0	8	1	1	5	23
SOME	18	3	5	8	0	12	9	9	7	71
SUSPENDED	4	2	1	1	0	1	2	2	0	13
NOT YET RECEIVING	2	1	1	2	0	4	1	0	1	12
TOTAL	37	12	10	18	2	29	18	13	19	158

AREA = 3

DLIQUIDOS	1	2	3	4	5	6	7	8	9	Total
MORE	10	1	2	8	1	0	0	0	0	22
LESS	9	1	1	4	2	0	0	0	0	17
SOME	25	2	6	13	7	0	0	0	0	53
SUSPENDED	5	0	3	1	0	0	0	0	0	9
NOT YET RECEIVING	3	0	2	1	1	0	0	0	0	7
TOTAL	52	4	14	27	11	0	0	0	0	108

SOLID FOODS DURING DIARRHEA

AREA = 1

DSOLIDOS	1	2	3	4	5	6	7	8	9	Total
MORE	0	0	0	1	0	1	0	0	0	2
LESS	2	2	2	2	11	4	0	0	0	23
SOME	5	8	1	5	15	8	0	0	0	42
SUSPENDED	2	1	2	3	4	4	0	0	0	16
NOT YET RECEIVING	0	2	1	2	3	1	0	0	0	9
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

DSOLIDOS	1	2	3	4	5	6	7	8	9	Total
MORE	1	2	1	0	1	2	0	1	1	9
LESS	8	0	1	3	0	6	7	3	3	31
SOME	17	5	7	5	1	13	7	7	7	69
SUSPENDED	5	3	0	6	0	5	2	2	4	27
NOT YET RECEIVING	6	2	1	4	0	3	2	0	4	22
TOTAL	37	12	10	18	2	29	18	13	19	158

AREA = 3

DSOLIDOS	1	2	3	4	5	6	7	8	9	Total
MORE	3	0	3	4	1	0	0	0	0	11
LESS	14	2	1	2	3	0	0	0	0	22
SOME	22	2	9	13	5	0	0	0	0	51
SUSPENDED	8	0	0	6	1	0	0	0	0	15
NOT YET RECEIVING	6	0	2	2	1	0	0	0	0	11
TOTAL	53	4	15	27	11	0	0	0	0	110

USE OF ORS DURING DIARRHEA

AREA = 1

LITROSOL	1	2	3	4	5	6	7	8	9	Total
YES	5	3	3	3	13	4	0	0	0	31
NO	4	10	3	10	20	14	0	0	0	61
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

LITRO.SOL	1	2	3	4	5	6	7	8	9	Total
YES	12	2	2	4	2	8	6	4	7	47
NO	23	10	8	14	0	21	12	9	12	109
TOTAL	35	12	10	18	2	29	18	13	19	156

AREA = 3

LITROSOL	1	2	3	4	5	6	7	8	9	Total
YES	16	0	5	11	3	0	0	0	0	35
NO	36	4	10	17	8	0	0	0	0	75
TOTAL	52	4	15	28	11	0	0	0	0	110

USE OF ANTI-DIARRHEAL DURING DIARRHEA EPISODE

AREA = 1

MEDICINAAN	1	2	3	4	5	6	7	8	9	Total
YES	5	2	0	0	6	4	0	0	0	17
NO	4	11	6	13	27	14	0	0	0	75
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

MEDICINAAN	1	2	3	4	5	6	7	8	9	Total
YES	7	2	0	3	0	4	1	1	1	19
NO	28	10	10	15	2	25	17	12	18	137
TOTAL	35	12	10	18	2	29	18	13	19	156

AREA = 3

MEDICINAAN	1	2	3	4	5	6	7	8	9	Total
YES	7	0	4	2	1	0	0	0	0	14
NO	45	4	11	26	10	0	0	0	0	96
TOTAL	52	4	15	28	11	0	0	0	0	110

USE OF ANTIBIOTICS DURING DIARRHEA EPISODE

AREA = 1

ANTIBIOTIC	1	2	3	4	5	6	7	8	9	Total
YES	1	6	2	2	8	6	0	0	0	25
NO	8	7	4	11	25	12	0	0	0	67
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

ANTIBIOTIC	1	2	3	4	5	6	7	8	9	Total
YES	8	3	2	7	0	9	12	4	5	50
NO	27	9	8	11	2	20	6	9	14	106
TOTAL	35	12	10	18	2	29	18	13	19	156

AREA = 3

ANTIBIOTIC	1	2	3	4	5	6	7	8	9	Total
YES	14	3	8	9	2	0	0	0	0	36
NO	38	1	7	19	9	0	0	0	0	74
TOTAL	52	4	15	28	11	0	0	0	0	110

USE OF HOME TREATMENTS DURING DIARRHEA EPISODE

AREA = 1

TRATAMIENT	1	2	3	4	5	6	7	8	9	Total
YES	1	1	0	0	3	2	0	0	0	7
NO	8	12	6	13	30	16	0	0	0	85
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

TRATAMIENT	1	2	3	4	5	6	7	8	9	Total
YES	3	0	0	4	1	2	0	3	0	13
NO	32	12	10	14	1	27	18	10	19	143
TOTAL	35	12	10	18	2	29	18	13	19	156

AREA = 3

TRATAMIENT	1	2	3	4	5	6	7	8	9	Total
YES	4	0	1	0	1	0	0	0	0	6
NO	48	4	14	28	10	0	0	0	0	104
TOTAL	52	4	15	28	11	0	0	0	0	110

NO TREATMENT DURING DIARRHEA EPISODE

AREA = 1

NINGUNO	1	2	3	4	5	6	7	8	9	Total
YES	2	5	2	2	8	1	0	0	0	20
NO	7	8	4	11	25	17	0	0	0	72
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

NINGUNO	1	2	3	4	5	6	7	8	9	Total
YES	9	3	1	4	0	6	2	1	1	27
NO	26	9	9	14	2	23	16	12	18	129
TOTAL	35	12	10	18	2	29	18	13	19	156

AREA = 3

NINGUNO	1	2	3	4	5	6	7	8	9	Total
YES	9	1	2	5	1	0	0	0	0	18
NO	43	3	13	23	10	0	0	0	0	92
TOTAL	52	4	15	28	11	0	0	0	0	110

OTHER TREATMENTS DURING DIARRHEA EPISODE

AREA = 1

OTROSESPEC	1	2	3	4	5	6	7	8	9	Total
YES	2	1	1	9	15	9	0	0	0	37
NO	7	12	5	4	18	9	0	0	0	55
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

OTROSESPEC	1	2	3	4	5	6	7	8	9	Total
YES	12	4	6	10	1	16	5	8	14	76
NO	23	8	4	8	1	13	13	5	5	80
TOTAL	35	12	10	18	2	29	18	13	19	156

AREA = 3

OTROSESPEC	1	2	3	4	5	6	7	8	9	Total
YES	28	2	6	10	7	0	0	0	0	53
NO	24	2	9	18	4	0	0	0	0	57
TOTAL	52	4	15	28	11	0	0	0	0	110

MOTHERS WHO SOUGHT HELP DURING DIARRHEA EPISODE

AREA = 1

DAYUDA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	6	6	4	4	21	10	0	0	0	51
NO	3	7	2	9	12	8	0	0	0	41
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

DAYUDA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	12	8	5	7	2	16	10	5	15	80
NO	25	4	5	11	0	13	8	8	4	78
TOTAL	37	12	10	18	2	29	18	13	19	158

AREA = 3

DAYUDA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	30	1	8	16	7	0	0	0	0	62
NO	23	3	7	13	4	0	0	0	0	50
TOTAL	53	4	15	29	11	0	0	0	0	112

HELP SOUGHT AT CHV DURING DIARRHEA

AREA = 1

VOLUNTARIO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	0	0	1	0	0	1	0	0	0	2
NO	6	6	3	4	21	9	0	0	0	49
TOTAL	6	6	4	4	21	10	0	0	0	51

AREA = 2

VOLUNTARIO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	2	0	0	0	0	0	3	1	2	8
NO	10	8	5	7	2	16	7	4	13	72
TOTAL	12	8	5	7	2	16	10	5	15	80

AREA = 3

VOLUNTARIO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	4	0	1	3	0	0	0	0	0	8
NO	26	1	7	13	7	0	0	0	0	54
TOTAL	30	1	8	16	7	0	0	0	0	62

HELP SOUGHT AT HEALTH CENTER DURING DIARRHEA

AREA = 1

CENTRODESA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	4	2	2	2	12	3	0	0	0	25
NO	2	4	2	2	9	7	0	0	0	26
TOTAL	6	6	4	4	21	10	0	0	0	51

AREA = 2

CENTRODESA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	4	2	2	2	1	3	3	1	2	20
NO	8	6	3	5	1	13	7	4	13	60
TOTAL	12	8	5	7	2	16	10	5	15	80

AREA = 3

CENTRODESA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	14	0	4	6	0	0	0	0	0	24
NO	16	1	4	10	7	0	0	0	0	38
TOTAL	30	1	8	16	7	0	0	0	0	62

HELP SOUGHT AT HOSPITAL DURING DIARRHEA

AREA = 1

HOSPITAL	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	1	0	0	1	2	1	0	0	0	5
NO	5	6	4	3	19	9	0	0	0	46
TOTAL	6	6	4	4	21	10	0	0	0	51

AREA = 2

HOSPITAL	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	1	1	2	1	0	5	3	0	3	16
NO	11	7	3	6	2	11	7	5	12	64
TOTAL	12	8	5	7	2	16	10	5	15	80

AREA = 3

HOSPITAL	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	6	0	0	3	1	0	0	0	0	10
NO	24	1	8	13	6	0	0	0	0	52
TOTAL	30	1	8	16	7	0	0	0	0	62

HELP SOUGHT AT DRUGSTORE DURING DIARRHEA

AREA = 1

FARMACIA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	0	2	0	0	3	1	0	0	0	6
NO	6	4	4	4	18	9	0	0	0	45
TOTAL	6	6	4	4	21	10	0	0	0	51

AREA = 2

FARMACIA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	0	1	0	0	0	2	0	0	3	6
NO	12	7	5	7	2	14	10	5	12	74
TOTAL	12	8	5	7	2	16	10	5	15	80

AREA = 3

FARMACIA	1	2	3	4	5	6	7	8	9	Total
YES	2	0	1	1	0	0	0	0	0	4
NO	28	1	7	15	7	0	0	0	0	58
TOTAL	30	1	8	16	7	0	0	0	0	62

HELP SOUGHT AT PRIVATE PHISICIAN DURING DIARRHEA

AREA = 1

MEDICOPRIV	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	0	0	1	1	1	1	0	0	0	4
NO	6	6	3	3	20	9	0	0	0	47
TOTAL	6	6	4	4	21	10	0	0	0	51

AREA = 2

MEDICOPRIV	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	1	1	0	3	0	3	1	0	3	12
NO	11	7	5	4	2	13	9	5	12	68
TOTAL	12	8	5	7	2	16	10	5	15	80

AREA = 3

MEDICOPRIV	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	1	1	1	1	3	0	0	0	0	7
NO	29	0	7	15	4	0	0	0	0	55
TOTAL	30	1	8	16	7	0	0	0	0	62

HELP SOUGHT AT TRADITIONAL HEALER DURING DIARRHEA

AREA = 1

CURANDERO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	0	0	0	0	0	0	0	0	0	0
NO	6	6	4	4	21	10	0	0	0	51
TOTAL	6	6	4	4	21	10	0	0	0	51

AREA = 2

CURANDERO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	0	0	0	0	0	1	0	0	3	4
NO	12	8	5	7	2	15	10	5	12	76
TOTAL	12	8	5	7	2	16	10	5	15	80

AREA = 3

CURANDERO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	0	0	1	0	1	0	0	0	0	2
NO	30	1	7	16	6	0	0	0	0	60
TOTAL	30	1	8	16	7	0	0	0	0	62

HELP SOUGHT AT OTHERS DURING DIARRHEA

AREA = 1

OTROSESPEC	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	2	1	1	9	15	9	0	0	0	37
NO	7	12	5	4	18	9	0	0	0	55
TOTAL	9	13	6	13	33	18	0	0	0	92

AREA = 2

OTROSESPEC	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	12	4	6	10	1	16	5	8	14	76
NO	23	8	4	8	1	13	13	5	5	80
TOTAL	35	12	10	18	2	29	18	13	19	156

AREA = 3

OTROSESPEC	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	28	2	6	10	7	0	0	0	0	53
NO	24	2	9	18	4	0	0	0	0	57
TOTAL	52	4	15	28	11	0	0	0	0	110

SIGNS/SYMPTOMS THAT PROMPT MOTHERS TO SEEK ADVICE OR TREATMENT DURING DIARRHEA

AREA = 1

SENALES	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
DEHIDRATION	10	6	13	18	26	14	0	0	0	87
DIARRHEA> 1 DAY	6	14	7	30	32	39	0	0	0	128
OTHER	18	27	11	13	34	25	0	0	0	128
TOTAL	34	47	31	61	92	78	0	0	0	343

AREA = 2

SENALES	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
DEHIDRATION	47	2	6	2	6	18	26	4	10	121
DIARRHEA> 1 DAY	39	13	7	6	1	24	7	4	21	122
OTHER	47	40	21	39	7	35	16	16	10	231
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

SENALES	1	2	3	4	5	6	7	8	9	Total
DEHIDRATION	39	16	6	27	17	0	0	0	0	105
DIARRHEA> 1 DAY	54	5	16	37	12	0	0	0	0	124
OTHER	32	1	17	19	11	0	0	0	0	80
TOTAL	125	22	39	83	40	0	0	0	0	309

FAMILY PLANNING EDUCATION RECEIVED

AREA = 1

EDUCAPF	MUNID 1	2	3	4	5	6	7	8	9	Total
YES	2	10	6	16	26	22	0	0	0	82
NO	32	37	25	45	66	57	0	0	0	262
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

EDUCAPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	37	24	18	10	4	27	16	6	10	152
NO	96	31	16	37	10	50	33	18	31	322
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

EDUCAPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	35	2	11	21	12	0	0	0	0	81
NO	90	20	28	62	28	0	0	0	0	228
TOTAL	125	22	39	83	40	0	0	0	0	309

WHO PROVIDED FAMILY PLANNING EDUCATION

AREA = 1

QUIENEDUCA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
CHV	0	0	2	0	0	0	0	0	0	2
FP POST	0	0	1	2	3	0	0	0	0	6
HEALTH CENTER	0	7	2	4	9	13	0	0	0	35
OTHER	1	3	1	9	14	9	0	0	0	37
TOTAL	1	10	6	15	26	22	0	0	0	80

AREA = 3

QUIENEDUCA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
CHV	4	3	0	0	0	3	1	0	0	11
FP POST	5	2	3	0	1	2	4	0	4	21
HEALTH CENTER	13	9	4	2	1	9	1	2	3	44
OTHER	15	10	11	8	2	13	10	4	3	76
TOTAL	37	24	18	10	4	27	16	6	10	152

AREA = 3

QUIENEDUCA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
CHV	4	0	2	1	0	0	0	0	0	7
FP POST	8	0	2	0	1	0	0	0	0	11
HEALTH CENTER	10	1	4	17	2	0	0	0	0	34
OTHER	12	1	3	2	9	0	0	0	0	27
TOTAL	34	2	11	20	12	0	0	0	0	79

USE OF FAMILY PLANNING METHODS

AREA = 1

USAPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	11	8	11	30	29	36	0	0	0	125
NO	23	39	20	31	63	43	0	0	0	219
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

USAPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	51	14	14	12	5	22	18	11	16	163
NO	82	41	20	35	9	55	31	13	25	311
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

USAPF	1	2	3	4	5	6	7	8	9	Total
YES	32	6	11	26	17	0	0	0	0	92
NO	93	16	28	57	23	0	0	0	0	217
TOTAL	125	22	39	83	40	0	0	0	0	309

F.P. METHOD CURRENTLY BEING USED

AREA = 1

METODOPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
PILL	4	1	2	7	6	10	0	0	0	30
CONDOM	0	0	0	4	4	6	0	0	0	14
RHYTHM	1	0	0	2	3	2	0	0	0	8
IUD	4	3	4	5	6	12	0	0	0	34
OPERATION	2	3	4	11	9	3	0	0	0	32
WITHDRAWAL	0	1	0	1	0	0	0	0	0	2
OTHER	0	0	1	0	1	2	0	0	0	4
TOTAL	11	8	11	30	29	35	0	0	0	124

AREA = 2

METODOPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
PILL	14	2	4	3	2	6	3	0	7	41
CONDOM	4	1	4	1	1	2	3	2	0	18
RHYTHM	1	2	0	0	0	0	1	1	0	5
IUD	16	6	3	6	1	8	6	4	4	54
OPERATION	17	3	3	2	1	5	4	3	4	42
WITHDRAWAL	0	0	0	0	0	0	1	0	0	1
OTHER	0	0	0	0	0	1	0	1	1	3
TOTAL	52	14	14	12	5	22	18	11	16	164

AREA = 3

METODOPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
PILL	11	1	2	10	2	0	0	0	0	26
CONDOM	2	1	1	2	4	0	0	0	0	10
RHYTHM	1	1	1	2	0	0	0	0	0	5
IUD	10	2	5	8	3	0	0	0	0	28
OPERATION	5	1	1	4	6	0	0	0	0	17
WITHDRAWAL	2	0	0	0	2	0	0	0	0	4
OTHER	1	0	1	0	0	0	0	0	0	2
TOTAL	32	6	11	26	17	0	0	0	0	92

METHOD OF CHOISE FOR FP

AREA = 1

ESCOGEPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
NONE	1	8	1	8	5	7	0	0	0	30
PILL	10	7	3	7	16	14	0	0	0	57
CONDOM	0	0	0	0	0	1	0	0	0	1
RHTHM	1	0	1	2	0	1	0	0	0	5
IUD	2	4	8	7	11	7	0	0	0	39
OPERATION	3	4	2	4	13	9	0	0	0	35
WITHDRAWAL	0	0	0	0	0	1	0	0	0	1
OTHER	1	2	1	0	3	0	0	0	0	7
DON'T KNOW	5	14	4	3	15	4	0	0	0	45
TOTAL	23	39	20	31	63	44	0	0	0	220

AREA = 2

ESCOGEPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
NONE	10	8	0	1	0	4	2	0	3	28
PILL	19	1	7	7	2	12	8	2	6	64
CONDOM	1	0	1	0	0	1	1	0	0	4
RHYTHM	4	2	2	2	0	3	4	0	1	18
IUD	14	5	5	14	5	14	6	3	2	68
OPERATION	17	8	5	3	0	8	7	6	5	59
WITHDRAWAL	3	2	0	0	0	1	1	0	0	7
OTHER	3	3	2	0	0	0	1	0	1	10
DON'T KNOW	10	11	2	8	2	14	2	2	7	58
TOTAL	81	40	24	35	9	57	32	13	25	316

AREA = 3

ESCOGEPF	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
NONE	14	0	1	5	4	0	0	0	0	24
PILL	18	2	10	12	4	0	0	0	0	46
CONDOM	1	0	0	1	1	0	0	0	0	3
RHYTHM	1	0	1	1	0	0	0	0	0	3
IUD	12	7	5	11	7	0	0	0	0	42
OPERATION	15	4	1	7	3	0	0	0	0	30
WITHDRAWAL	1	0	0	0	1	0	0	0	0	2
OTHER	4	0	0	1	1	0	0	0	0	6
DON'T KNOW	27	3	11	19	2	0	0	0	0	62
TOTAL	93	16	29	57	23	0	0	0	0	218

CHILDREN UNDER 2 Y/O WHO RECEIVED IMMUNIZATION

AREA = 1

VACNINO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	31	44	31	59	88	78	0	0	0	331
NO	3	3	0	2	4	1	0	0	0	13
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

VACNINO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	130	50	33	46	13	73	48	24	40	457
NO	3	5	1	1	1	4	1	0	1	17
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

VACNINO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	118	19	36	78	39	0	0	0	0	290
NO	7	2	2	5	1	0	0	0	0	17
TOTAL	125	21	38	83	40	0	0	0	0	307

PLACE WHERE CHILD RECEIVED LAST VACCINE

¿

AREA = 1

	COMUNIDAD									
DONVAC	1	2	3	4	5	6	7	8	9	Total
AT HOME	0	0	0	0	0	0	0	0	0	0
HEALTH CENTER	19	22	16	25	58	37	0	0	0	177
PRIVATE DOCTOR	0	0	0	0	1	0	0	0	0	1
COMMUNITY POST	1	13	7	14	7	19	0	0	0	61
DON'T KNOW	0	0	0	0	0	1	0	0	0	1
OTHER	7	6	6	19	22	21	0	0	0	81
TOTAL	27	41	29	58	88	78	0	0	0	321

AREA = 2

DONVAC	1	2	3	4	5	6	7	8	9	Total
AT HOME	1	0	1	0	0	0	1	0	0	3
HEALTH CENTER	55	22	16	20	5	36	13	11	16	194
PRIVATE DOCTOR	0	1	0	0	0	0	2	0	0	3
COMMUNITY POST	40	12	3	11	3	15	23	9	15	131
DON'T KNOW	2	0	1	0	0	0	1	0	0	4
OTHER	29	14	12	14	5	20	8	4	9	115
TOTAL	127	49	33	45	13	71	48	24	40	450

AREA = 3

	COMUNIDAD									
DONVAC	1	2	3	4	5	6	7	8	9	Total
AT HOME	0	3	0	1	0	0	0	0	0	4
HEALTH CENTER	74	12	17	50	14	0	0	0	0	167
PRIVATE DOCTOR	1	0	0	0	0	0	0	0	0	1
COMMUNITY POST	28	2	15	15	9	0	0	0	0	69
DON'T KNOW	1	0	1	0	1	0	0	0	0	3
OTHER	13	3	3	11	15	0	0	0	0	45
TOTAL	117	20	36	77	39	0	0	0	0	289

IMMUNIZATION COVERAGE

AREA = 1

TARJETA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
COMPLETE	25	32	25	45	67	65	0	0	0	259
INCOMPLETE	5	10	3	9	11	8	0	0	0	46
LOST CARD	1	3	3	2	10	5	0	0	0	24
TOTAL	31	45	31	56	88	78	0	0	0	329

AREA = 2

TARJETA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
COMPLETE	113	42	26	31	11	55	41	21	32	372
INCOMPLETE	9	7	3	10	0	9	6	3	4	51
LOST CARD	8	1	3	4	2	8	1	0	4	31
TOTAL	130	50	32	45	13	72	48	24	40	454

AREA = 3

TARJETA	1	2	3	4	5	6	7	8	9	Total
COMPLETE	80	11	25	53	29	0	0	0	0	198
INCOMPLETE	24	5	11	22	7	0	0	0	0	69
LOST CARD	14	4	1	2	2	0	0	0	0	23
TOTAL	118	20	37	77	38	0	0	0	0	290

KNOWLEDGE OF MOTHERS REGARDING AGE IN WHICH
MEASLES VACCINE MUST BE GIVEN

AREA = 1

EDADSARAM		COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
MONTHS	0	0	0	0	0	0	0	0	0	0	0
	1	0	0	2	1	0	1	0	0	0	4
	2	1	2	0	2	5	5	0	0	0	15
	3	0	1	1	1	3	2	0	0	0	8
	4	1	0	1	1	1	1	0	0	0	5
	5	0	0	1	0	0	2	0	0	0	3
	6	3	9	4	8	13	14	0	0	0	51
	7	0	0	1	1	1	1	0	0	0	4
	8	1	0	0	4	0	3	0	0	0	8
	9	15	13	9	29	28	27	0	0	0	121
	10	0	1	0	0	1	0	0	0	0	2
	11	0	0	0	0	0	0	0	0	0	0
	12	0	1	0	1	3	2	0	0	0	7
	15	0	0	1	0	0	0	0	0	0	1
	16	0	0	0	0	0	0	0	0	0	0
	20	0	0	1	0	0	0	0	0	0	1
	24	0	1	0	0	3	0	0	0	0	4
	36	0	0	0	0	0	0	0	0	0	0
	40	0	0	0	0	0	0	0	0	0	0
	45	0	0	0	0	0	0	0	0	0	0
	48	0	0	0	0	0	1	0	0	0	1
	60	0	0	1	0	0	1	0	0	0	2
	62	0	0	0	0	0	0	0	0	0	0
	69	0	0	0	0	0	1	0	0	0	1
	72	0	0	0	0	0	1	0	0	0	1
	96	0	0	0	0	0	0	0	0	0	0
	99	13	18	9	13	34	16	0	0	0	103
	TOTAL	34	46	31	61	92	78	0	0	0	342

AREA = 2

EDADSARAM		COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
MONTHS	0	0	0	0	0	0	0	0	0	0	0
	1	0	0	1	0	0	0	1	2	0	4
	2	2	0	1	1	0	8	1	1	2	16
	3	1	0	0	0	0	1	3	2	2	9
	4	2	1	1	1	1	2	0	0	1	9
	5	0	1	0	0	0	3	0	0	0	4
	6	16	8	6	10	5	8	8	1	5	67
	7	0	0	1	1	0	1	1	2	0	6
	8	1	0	1	1	0	0	0	1		4
	9	59	17	12	12	3	22	21	7	16	169
	10	0	1	0	0	0	1	0	0	0	2
	11	0	0	0	0	0	0	0	0	1	1
	12	1	0	2	2	0	1	2	0	1	9
	15	0	1	0	0	0	1	0	1	0	3
	16	0	1	0	0	0	0	0	0	0	1
	20	0	0	0	0	0	0	0	0	0	0
	24	1	0	0	1	0	0	0	1	0	3
	36	0	0	0	1	0	1	0	0	1	3
	40	0	0	0	0	0	0	0	0	0	0
	45	0	0	0	0	0	0	0	0	0	0
	48	0	0	0	0	0	0	0	0	0	0
	60	0	0	0	0	0	0	0	0	0	0
	62	1	0	0	0	0	0	0	0	0	1
	69	0	0	0	0	0	0	0	0	0	0
	72	0	0	0	0	0	0	0	0	0	0
	96	0	1	0	0	0	0	0	0	0	1
	99	49	24	9	17	5	27	12	6	12	161
TOTAL		133	55	34	47	14	76	49	24	41	473

AREA = 3

EDADSARAM		COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
MONTHS	0	0	0	0	0	1	0	0	0	0	1
	1	0	0	1	1	0	0	0	0	0	2
	2	5	2	3	2	3	0	0	0	0	15
	3	3	1	2	4	0	0	0	0	0	10
	4	2	1	0	1	0	0	0	0	0	4
	5	1	0	1	0	0	0	0	0	0	2
	6	15	4	4	5	3	0	0	0	0	31
	7	2	1	0	0	0	0	0	0	0	3
	8	1	0	0	1	0	0	0	0	0	2
	9	42	6	10	36	15	0	0	0	0	109
	10	1	0	0	1	0	0	0	0	0	2
	11	0	0	0	0	0	0	0	0	0	0
	12	2	1	0	3	0	0	0	0	0	6
	15	0	0	0	0	0	0	0	0	0	0
	16	0	0	0	0	0	0	0	0	0	0
	20	0	0	0	0	0	0	0	0	0	0
	24	1	0	0	0	0	0	0	0	0	1
	36	0	0	0	0	0	0	0	0	0	0
	40	0	0	0	0	1	0	0	0	0	1
	45	0	0	0	1	0	0	0	0	0	1
	48	0	0	0	0	0	0	0	0	0	0
	60	0	0	0	0	1	0	0	0	0	1
	62	0	0	0	0	0	0	0	0	0	0
	69	0	0	0	0	0	0	0	0	0	0
	72	0	0	0	0	0	0	0	0	0	0
	96	0	0	0	0	0	0	0	0	0	0
	99	48	6	18	28	16	0	0	0	0	116
TOTAL		123	22	39	83	40	0	0	0	0	307

TT COVERAGE IN WOMEN 15-49 Y/O

AREA = 1

CARNETET	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
COMPLETE	9	11	9	20	18	25	0	0	0	92
INCOMPLETE	2	6	1	6	7	9	0	0	0	31
NO CARD	18	18	20	33	57	37	0	0	0	183
NOT IMMUNIZED	5	11	1	2	10	8	0	0	0	37
TOTAL	34	46	31	61	92	79	0	0	0	343

AREA = 2

CARNETET	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
COMPLETE	35	22	10	20	3	26	14	5	5	140
INCOMPLETE	13	7	2	2	0	6	6	1	1	38
NO CARD	76	20	19	18	11	41	25	15	35	260
NOT IMMUNIZED	4	6	3	7	0	4	4	3	0	31
TOTAL	128	55	34	47	14	77	49	24	41	469

AREA = 3

CARNETET	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
COMPLETE	44	4	12	31	7	0	0	0	0	98
INCOMPLETE	4	2	7	4	3	0	0	0	0	20
NO CARD	61	14	15	43	26	0	0	0	0	159
NOT IMMUNIZED	12	2	5	5	4	0	0	0	0	28
TOTAL	121	22	39	83	40	0	0	0	0	305

COUGH IN THE LAST TWO WEEKS PRIOR TO SURVEY

AREA = 1

TOS01	1	2	3	4	5	6	7	8	9	Total
YES	21	24	14	29	47	31	0	0	0	166
NO	13	23	17	32	45	48	0	0	0	178
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

TOS01	1	2	3	4	5	6	7	8	9	Total
YES	64	28	17	24	7	41	31	11	24	247
NO	69	27	17	23	7	36	18	12	17	226
TOTAL	133	55	34	47	14	77	49	23	41	473

AREA = 3

TOS01	1	2	3	4	5	6	7	8	9	Total
YES	67	12	22	35	16	0	0	0	0	152
NO	58	10	17	48	24	0	0	0	0	157
TOTAL	125	22	39	83	40	0	0	0	0	309

CHILDREN WITH RAPID BREATHING DURING LAST ARI EPISODE

AREA = 1

	COMUNIDAD									
DIFRESPIRA	1	2	3	4	5	6	7	8	9	Total
YES	10	8	7	14	33	14	0	0	0	86
NO	11	16	7	15	14	17	0	0	0	80
TOTAL	21	24	14	29	47	31	0	0	0	166

AREA = 2

	COMUNIDAD									
DIFRESPIRA	1	2	3	4	5	6	7	8	9	Total
YES	27	14	9	10	3	20	14	5	15	117
NO	35	14	7	14	4	21	17	6	9	127
TOTAL	62	28	16	24	7	41	31	11	24	244

AREA = 3

	COMUNIDAD									
DIFRESPIRA	1	2	3	4	5	6	7	8	9	Total
YES	33	4	9	21	9	0	0	0	0	76
NO	33	8	13	14	8	0	0	0	0	76
TOTAL	66	12	22	35	17	0	0	0	0	152

SOUGHT HELP FOR CHILD'S COUGH

AREA = 1

TAYUDA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	12	14	10	18	36	22	0	0	0	112
NO	9	10	3	11	11	9	0	0	0	53
TOTAL	21	24	13	29	47	31	0	0	0	165

AREA = 2

TAYUDA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	35	15	14	17	4	27	18	8	19	157
NO	26	13	3	7	3	14	13	3	5	87
TOTAL	61	28	17	24	7	41	31	11	24	244

AREA = 3

TAYUDA	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
YES	43	8	11	20	9	0	0	0	0	91
NO	24	4	10	15	8	0	0	0	0	61
TOTAL	67	12	21	35	17	0	0	0	0	152

PLACE WHERE MOTHER SOUGHT HELP FOR COUGH

AREA = 1

DONAYUDAT	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
CHV	0	0	0	0	0	0	0	0	0	0
HEALTH CENTER	8	9	6	9	20	5	0	0	0	57
HOSPITAL	0	0	1	1	4	3	0	0	0	9
PHARMACY	2	2	0	3	1	1	0	0	0	9
PRIVATE DOCTOR	1	0	2	4	3	4	0	0	0	14
TRADITIONAL HEALER	0	0	0	0	3	0	0	0	0	3
OTHER	1	4	1	1	5	9	0	0	0	21
TOTAL	12	15	10	18	36	22	0	0	0	113

AREA = 2

DONAYUDAT	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
CHV	0	0	0	0	0	0	1	0	0	1
HEALTH CENTER	11	3	2	3	1	12	1	2	1	36
HOSPITAL	6	5	4	3	1	4	2	0	4	29
PHARMACY	1	2	0	0	1	2	2	1	4	13
PRIVATE DOCTOR	5	3	2	6	0	1	8	3	4	32
TRADIT.HEALER	0	0	0	0	0	0	0	0	0	0
OTHER	12	2	6	5	1	8	4	2	6	46
TOTAL	35	15	14	17	4	27	18	8	19	157

AREA = 3

DONAYUDAT	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
CHV	1	0	0	1	0	0	0	0	0	2
HEALTH CENTER	19	1	3	8	2	0	0	0	0	33
HOSPITAL	9	2	1	4	1	0	0	0	0	17
PHARMACY	2	0	1	1	1	0	0	0	0	5
PRIVATE DOCTOR	5	3	1	3	1	0	0	0	0	13
TRADIT.HEALER	0	0	1	0	0	0	0	0	0	1
OTHER	7	2	4	3	4	0	0	0	0	20
TOTAL	43	8	11	20	9	0	0	0	0	91

SIGNS/SYMPTOMS THAT PROMPT MOTHERS TO SEEK HELP WHEN A CHILD HAS PNEUMONIA (MAL DE PECHO)

AREA = 1

MALPECHO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
RAPID BREATHING	9	5	14	30	53	25	0	0	0	136
CHEST INDRAWING	0	0	0	0	1	5	0	0	0	6
BOTH OF THE ABOVE	1	0	0	0	0	6	0	0	0	7
DON'T KNOW	3	6	1	6	1	5	0	0	0	22
OTHER	21	36	16	25	37	38	0	0	0	173
TOTAL	34	47	31	61	92	79	0	0	0	344

AREA = 2

MALPECHO	comunidad 1	2	3	4	5	6	7	8	9	Total
RAPID BREATHING	33	9	3	17	3	27	20	11	20	143
CHEST INDRAWING	1	0	0	0	0	0	0	0	0	1
BOTH OF THE ABOVE	3	1	1	0	0	2	1	0	0	8
DON'T KNOW	7	2	6	3	1	2	0	0	2	23
OTHER	89	43	23	27	10	45	28	13	19	297
TOTAL	133	55	33	47	14	76	49	24	41	472

AREA = 3

MALPECHO	COMUNIDAD 1	2	3	4	5	6	7	8	9	Total
RAPID BREATHING	46	11	14	40	22	0	0	0	0	133
CHEST INDRAWING	2	0	0	0	0	0	0	0	0	2
BOTH OF THE ABOVE	3	1	0	2	0	0	0	0	0	6
DON'T KNOW	8	1	0	4	1	0	0	0	0	14
OTHER	66	9	25	37	17	0	0	0	0	154
TOTAL	125	22	39	83	40	0	0	0	0	309

RECOGNITION OF CHV IN THE COMMUNITY

VOLUNTARO1	1	2	3	Total
	167	249	119	535
	176	225	190	591
TOTAL	343	474	309	1126

AREA = 1

	COMUNIDAD									
VOLUNTARO1	1	2	3	4	5	6	7	8	9	Total
	21	25	28	30	34	29	0	0	0	167
	13	22	3	31	58	49	0	0	0	176
TOTAL	34	47	31	61	92	78	0	0	0	343

AREA = 2

	COMUNIDAD									
VOLUNTARO1	1	2	3	4	5	6	7	8	9	Total
	63	33	15	24	1	39	39	11	23	249
	70	22	19	23	12	38	10	13	18	225
TOTAL	133	55	34	47	14	77	49	24	41	474

AREA = 3

	COMUNIDAD									
VOLUNTARO1	1	2	3	4	5	6	7	8	9	Total
	47	10	20	30	12	0	0	0	0	119
	78	12	19	53	28	0	0	0	0	190
TOTAL	125	22	39	83	40	0	0	0	0	309

RELACION ENTRE LUGAR DE OCUPACION DE LA MADRE Y DURACION DE LACTANCIA

Lugar de Trabajo de la Madre	DURACION DE LACTANCIA									
	<4 Meses (N 40)		4 6 Meses (N 17)		6 12 Meses (N 59)		12 18 Meses (N 60)		> 18 Meses (N 95)	
	#	%	#	%	#	%	#	%	#	%
Fuera de Casa	18	45	9	53	30	51	29	48	32	34
En la Casa	22	55	8	47	29	49	31	52	63	66

COBERTURA DE VACUNACION EN NIÑOS < 2 AÑOS SEGUN AREA

	A R E A					
	1		2		3	
	#	%	#	%	#	%
Vacuna Completa	259	79	372	82	198	68
" Incompleta	46	14	51	11	69	24
No tiene carnet	24	7	31	7	23	8
TOTAL	329	100	454	100	290	100

RELACION ENTRE LUGAR DE OCUPACION DE LA MADRE Y PREVALENCIA DE LACTANCIA MATERNA

Lugar de Trabajo de la Madre	L A C T A N D O					
	SI		NO		TOTAL	
	#	%	%	#	#	%
Fuera de Casa	90	26	61	18	151	44
En la Casa	130	38	64	18	194	56
Total	220	64	125	36	345	100

RELACION ENTRE INCIDENCIA DE DIARREA EN NIÑOS < DE 2 AÑOS Y NIVEL DE EDUCACION MATERNA

DIARREAS	EDUCACION MATERNA											
	Ninguno		Primaria (lee)		Primaria (No lee)		Secundaria		Otro		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
SI	38	10.5	205	56.7	18	5	98	27	3	0.8	362	100
NO	60	8	422	56	35	4	234	31	7	1	758	100

RELACION ENTRE METODO DE PLANIFICACION FAMILIAR Y NIVEL EDUCATIVO DE LA MADRE

Nivel de Educación de la Madre	METODO DE PLA IFICACION FAMILIAR															
	Pildora		Condón		Ritmo		DIU		Operación		Retiro		Otros		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Ninguno	3	0.8	0	0	0	0	5	1.3	7	1.8	1	0.3	2	0.5	18	5
Primaria(si lee)	56	14.7	21	5.5	3	0.8	66	17	53	14	5	1.3	1	0.2	205	54
Primaria(no lee)	2	0.5	1	0.3	0	0	4	1	5	1.3	1	0.2	0	0	13	3
Secundaria	35	9	20	5	15	4	41	11	25	6	0	0	6	1.5	142	37
Otro	1	0.3	0	0	0	0	0	0	1	0.2	0	0	0	0	2	1
Total	97	26	42	11	18	5	116	31	91	24	7	2	3	1	380	100

RELACION ENTRE TIPO DE PERSONA RESPONSABLE DEL CUIDADO DE NIÑOS < 2 AÑOS MIENTRAS LA MADRE TRABAJA FUERA DE CASA E INCIDENCIA DE DIARREA

DIARREA	RESPONSABLE CUIDADO DEL NIÑO															
	Esposo/ Compañero		Otro Niño Mayor		Otros Familiares		Vecina		Amigos		Guardería		Otros		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
SI	3	2	11	7.4	25	17	1	0.6	0	0	3	2	5	3	48	32
NO	6	4	13	9	67	45	1	0.6	0	0	0		14	9.4	101	68
TOTAL	9	6	24	16.4	92	62	2	1.2	0	0	3	2	19	12.4	149	100

CAMBIOS EN LA ALIMENTACION DEL NIÑO < 2 AÑOS DURANTE EPISODIO DE DIARREA
(Total de Niños con Diarrea = 362 - 32%)

	Más que de Costumbre		Menos que de Costumbre		Lo mismo que de costumbre		Paro Completamente		No le da aún	
	#	%	#	%	#	%	#	%	#	%
Lactancia (256)	41	16	37	14.5	164	64	14	5.5	0	0
Líquidos (358)	84	24	62	17	165	46	24	7	23	6
Sólidos/Blandos (360)	22	6	76	21	162	45	58	16	42	12

RELACION ENTRE NIVEL DE EDUCACION MATERNA E IDENTIFICACION DE SINTOMAS RELACIONADOS A LA DIARREA QUE AMERITAN TRATAMIENTO

Nivel de Educación de la Madre	SINTOMAS							
	Deshidratación		Diarrea > 1 Día		Otro		Total	
	#	%	#	%	#	%	#	%
Ninguno	19	2	35	3	45	4	99	9
Primaria(si lee)	179	16	213	19	239	21	631	56
Primaria(no lee)	15	1	14	1	24	2	53	4
Secundaria	95	8.4	111	10	127	11.3	333	30
Otro	5	0.4	1	0.1	4	0.4	10	1
Total	313	28	374	33.1	439	39	1126	100

PORCENTAJE POR METODO Y POR AREA PARA EL TRATAMIENTO DE CASOS DE DIARREA EN LAS ULTIMAS 2 SEMANAS PARA NIÑOS MENORES DE 2 AÑOS

TX DIARREA	A R E A							
	1		2		3		Total	
	#	%	#	%	#	%	#	%
Litrosol	31	34	47	30	35	31	113	31
Antidiarreicos	17	18	19	12	14	13	50	14
Antibiótico	25	27	50	32	36	32	111	31
TX Casero	7	8	13	8	6	5	26	7
Ninguno	20	22	27	17	18	16	65	18
Otros	37	40	76	48	53	47	166	46

TOTAL DE NIÑOS CON DIARREA POR AREA :

AREA 1 = 92
AREA 2 = 158
AREA 3 = 112
362

NOTA : MADRE PODIA DAR MAS DE 1 RESPUESTA

RELACION ENTRE TRATAMIENTO UTILIZADO DURANTE LA DIARREA Y DONDE O A QUIEN PIDIO AYUDA

TX Utilizados	DONDE O A QUIEN PIDIO AYUDA															
	Voluntario de Salud		Centro de Salud		Hospital		Farmacia		Médico Privado		Curandero		Otros		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Litrosol	15	4	39	11	16	4	4	1	4	1	3	1	37	10	118	32
Antidiarreicos	0	0	15	4	3	1	4	1	7	2	1	0.2	18	4.8	48	13
Antibiotico	8	2	28	7.6	10	2.7	7	2	9	2.4	0	0	36	9.7	98	26.4
TX Caseros	0	0	3	1	1	0.2	0	0	1	0.2	0	0	15	4	20	5.4
Ninguna	0	0	4	1	2	0.5	1	0.2	0	0	0	0	5	1.4	12	3.2
Otros	4	1	25	7	17	4.6	6	1.6	17	4.6	5	1.3	- -		74	20
Total	27	7	114	31.6	49	13	22	5.8	38	10.2	9	2.5	111	29.9	370	100

INCIDENCIA DE INFECCION RESPIRATORIA AGUDA EN NIÑOS < 2 AÑOS POR AREA

INFECCION RESPIRATORIA AGUDA	A R E A							
	1		2		3		T O T A L	
	#	%	#	%	#	%	#	%
SI	166	14	247	22	152	14	565	50
NO	178	16	226	20	157	14	561	50
TOTAL	344	31	473	42	309	28	1126	100

RELACION ENTRE NUMERO DE VACUNA TOXOIDE TETANICO APLICADA Y NIVEL EDUCATIVO DE LA MADRE

	EDUCACION MATERNA									
	Ninguna		Primaria (lee)		Primaria (No lee)		Secundaria		Total	
	#	%	#	%	#	%	#	%	#	%
Vacuna Completa	31	3	178	16	13	1	108	10	330	30
" Incompleta	7	0.6	54	5	5	0.4	23	2	89	8
No tiene carnet	42	4	349	31	29	3	175	16	595	54
No ha sido vacunado	18	1.6	44	4	4	0.4	27	2	93	8
Total	98	9.2	625	56	51	4.8	333	30	1107	100

RELACION ENTRE LA EDUCACION EN PLANIFICACION FAMILIAR PROPORCIONADA Y EL USO DE METODOS DE PLANIFICACION FAMILIAR

Uso de Algún Método	PROPORCIONO EDUCACION									
	Voluntario de Salud		Puesto de P.F.		Centro de Salud		Otros		Total	
	#	%	#	%	#	%	#	%	#	%
SI	6	2	21	7	53	17	73	23	153	49
NO	14	5	17	6	60	19	67	21	158	51
TOTAL	20	7	38	13	113	36	140	44	311	100

RELACION ENTRE INCIDENCIA DE DIARREA Y EDAD DE PRIMERA INTRODUCCION DE OTROS ALIMENTOS ADEMAS DE LA LECHE MATERNA EN NIÑOS < 6 MESES

DIARREA	EDAD DE INTRODUCCION DE OTROS ALIMENTOS									
	Primer Mes (N 46)		Segundo Mes (N 66)		Tercer Mes (N 75)		Cuarto Mes (N 68)		Otros (N 31)	
	#	%	#	%	#	%	#	%	#	%
SI	8	17	16	24	14	19	16	24	8	26
NO	38	83	50	76	61	81	52	76	23	74

APPENDIX B

FINANCIAL PIPELINE

1991 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT: HONDURAS CHILD SURVIVAL

HEADQUARTERS

COST ELEMENTS	Actual Expenditures To Date (09/01/88 to 08/31/91)			Projected Expenditures Against Remaining Obligated Funds (09/01/91 to 02/28/92)			Total Agreement Budget (Columns 1 & 2) (09/01/88 to 02/28/92)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
I. PROCUREMENT									
A. Supplies/Equipment	0	0	0	0	0	0	0	0	0
B. Consultants									
Local & Expatriate	0	0	0	0	0	0	0	0	0
SUB-TOTAL I	0	0	0	0	0	0	0	0	0
II. EVALUATION/SUB-TOTAL II	6,511	0	6,511	0	0	0	6,511	0	6,511
III. INDIRECT COSTS									
Overhead on HQ/HO & Overhead/PM-Field	35,183	33,050	68,233	0	29,881	29,881	35,183	62,931	98,114
SUB-TOTAL III	35,183	33,050	68,233	0	29,881	29,881	35,183	62,931	98,114
IV. OTHER PROGRAM COSTS									
A. Personnel (List each position & total person months separately)									
Technical, Admin. & Support	41,334	0	41,334	15,837	9,043	24,880	57,171	9,043	66,214
B. Travel/Per Diems									
In-country & International	17	2,746	2,763	0	2,504	2,504	17	5,250	5,267
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)	2,652	8,408	11,060	4,701	0	4,701	7,353	8,408	15,761
SUB-TOTAL IV	44,003	11,154	55,157	20,538	11,547	32,085	64,541	22,701	87,242
TOTAL HEADQUARTERS	85,697	44,204	129,901	20,538	41,428	61,966	106,235	85,632	191,867

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1991 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT: HONDURAS CHILD SURVIVAL

FIELD

COST ELEMENTS	Actual Expenditures To Date (09/01/88 to 08/31/91)			Projected Expenditures Against Remaining Obligated Funds (09/01/91 to 02/28/92)			Total Agreement Budget (Columns 1 & 2) (09/01/88 to 02/28/92)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
I. PROCUREMENT									
A. Supplies/Equipment	12,873	84,880	97,753	3,414	9,420	12,834	16,287	94,300	110,587
B. Consultants									
Local & Expatriate	9,270	0	9,270	2,692	0	2,692	11,962	0	11,962
SUB-TOTAL I	22,143	84,880	107,023	6,106	9,420	15,526	28,249	94,300	122,549
II. EVALUATION/SUB-TOTAL II	0	0	0	0	0	0	0	0	0
III. INDIRECT COSTS									
Overhead/G&A-Field	31,084	31,279	62,363	0	24,666	24,666	31,084	55,945	87,029
SUB-TOTAL III	31,084	31,279	62,363	0	24,666	24,666	31,084	55,945	87,029
IV. OTHER PROGRAM COSTS									
A. Personnel (List each position & total person months separately)									
Technical, Admin. & Support	187,344	0	187,344	74,296	0	74,296	261,640	0	261,640
B. Travel/Per Diems									
In-country & International	7,274	0	7,274	9,651	0	9,651	16,925	0	16,925
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)	81,955	27,366	109,321	26,958	15,288	42,246	108,913	42,654	151,567
SUB-TOTAL IV	276,573	27,366	303,939	110,905	15,288	126,193	387,478	42,654	430,132
TOTAL FIELD	329,800	143,525	473,325	117,011	49,374	166,385	446,811	192,899	639,710

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1991 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO/COUNTRY PROJECT: HONDURAS CHILD SURVIVAL

TOTAL - FIELD & HEADQUARTERS

	Actual Expenditures To Date (09/01/88 to 08/31/91)			Projected Expenditures Against Remaining Obligated Funds (09/01/91 to 02/28/92)			Total Agreement Budget (Columns 1 & 2) (09/01/88 to 02/28/92)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
TOTAL HEADQUARTERS	85,697	44,204	129,901	20,538	41,428	61,966	106,235	85,632	191,867
TOTAL FIELD	329,800	143,525	473,325	117,011	49,374	166,385	446,811	192,899	639,710
TOTAL	415,497	187,729	603,226	137,549	90,802	228,351	553,046	278,531	831,577

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HONDURAS-CHILD SURVIVAL (OLD COOPERATIVE AGREEMENT)
COMPARISON OF DIP BUDGET TO PIPELINE BUDGET
GRANT DATES: 09/01/88 to 02/28/92

BUDGET CATAGORIES	AID DIP	AID PIPELINE	VARIANCE
I. PROCUREMENT	26,248	28,249	2,001
II. EVALUATION	8,300	6,511	(1,789)
III. INDIRECT	66,267	66,267	0
IV. OTHER PROG COSTS	399,185	452,019	52,834
TOTAL	500,000	553,046	53,046

BUDGET CATAGORIES	PVO DIP	PVO PIPELINE	VARIANCE
I. PROCUREMENT	123,141	94,300	(28,841)
II. EVALUATION	4,500	0	(4,500)
III. INDIRECT	75,755	118,876	43,121
IV. OTHER PROG COSTS	32,901	65,355	32,454
TOTAL	236,297	278,531	42,234

NOTE: (UNDER) = under spent in regards to AID/PVO DIP budget

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PROJECT HOPE/HONDURAS

DIARRHEAL DISEASE CONTROL MATERIALS

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INSTRUCTIONAL PLAN

TITLE OF THE CLASS: DIARRHEAL DISEASE CONTROL, BASIC HYGIENE

DATE AND TIME: Forth Day

DURATION: 6 Hours P.___3___OF_____

OBJETIVES: At the end of the class, the Volunteers will be able to: Promote and Provide services in the Diarrheal Control intervention, at community level.

TIME	DURATION	ISSUE	CONTENT/ACTIVITY	RESOURCE
8:00-10:00	2 Hours	Diarrheal Disease Control	- Exposition - Demonstration and devolution of techniques - What is Diarrhea? - Causes of Diarrhea - Consequencies of Diarrhea - Dehidration - Oral Rehidration Therapy/Preparation and use of Litrosol (ORS)	E.P. Eva Torres E.P. Aliicia Leiva
10:00-10:15	15 Mints	Recess		
10:15-12:00	1 H. 45 M.	Continuation	- Continuation of Oral Rehidration Therapy - Feeding the child with diarrhea - Prevention of diarrhea	E.P.Eva Torres E.P.Alicia Leiva
12:00-1:00	1 Hour	Lunch	-	
1:00 - 2:45	1 H. 45 M.	Basic Sanitation	- Exposition with transparencies, slides films on: - Introduction with the importance of an environment to keep health. - Water and its management - Disposition of excretes and water served - Food hygiene - Vector Control	
2:45 - 3:00	15 Mints.	Break Time		
3:00 - 4:00	1 Hour	Continuation of Basic Sanitation	- Housing Sanitation - Garbage Disposition	

(NOTE: This is the plan for DDC training for CHVS. It's part of a 5 day training Module).

PROGRAMA SUPERVIVENCIA INFANTIL

Child Survival Program

MANUAL-GUIA·1

Manual Guide 1

CONTROL DE ENFERMEDADES DIARREICAS

Diarrheal Disease Control

PROJECT HOPE

Para personal Voluntario de Salud

For Voluntary Health Personnel

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Ministerio de Salud Pública
Región Sanitaria Metropolitana
Centro de Salud "Las Crucitas"
&
Proyecto HOPE/HONDURAS

Elaborado por:
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Lic. Marco Antonio Suazo

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René Sagastume

INTRODUCCION

(See attached page)

Las diarreas ocupan el primer lugar entre las causas de morbilidad infantil en nuestro país. Además, es el problema de mayor importancia en la mortalidad infantil. Esto nos indica el gran problema que representa la enfermedad diarréica en Honduras.

Por tal razón el Ministerio de Salud Pública declara el Programa de Control de Enfermedades Diarréicas como elemento prioritario en el quehacer de los servicios de salud en el país.

El desarrollo de este programa se realiza a través de cuatro estrategias básicas:

1.- Tratamiento de los casos de diarrea, con el método de rehidratación oral para prevenir y tratar la deshidratación.
2.- Educación Masiva.
3.- Promoción de la lactancia materna.
4.- Promoción del saneamiento ambiental.

El Voluntario de Salud juega un papel muy importante en la ejecución de estas cuatro estrategias. Es un elemento muy valioso para alcanzar las metas propuestas. El Proyecto HOPE en su convenio de asistencia y cooperación con el Ministerio de Salud ha implementado un Proyecto de Supervivencia Infantil donde se contempla el Control de las Enfermedades Diarréicas.

Este material fue elaborado con el objetivo de proporcionar un instrumento guía para el Voluntario de Salud para la ejecución de actividades de control de enfermedades diarréicas. Toda la información incluida está de acuerdo a lo normatizado por el Ministerio de Salud Pública.

INTRODUCTION

Diarrhea is the number one cause of infant morbidity in our country. Furthermore, it is of primary importance for infant mortality. This indicates the great problem that diarrheal disease represents in Honduras.

For this reason the Ministry of Public Health declares the Diarrheal Disease Control Program as a priority within the mandates of health services in the country.

The development of this program is realized through four basic strategies:

1. -Treatment of diarrheal cases with oral rehydration therapy to prevent and treat dehydration.
2. -Massive education.
3. -Promotion of Breastfeeding.
4. -Promotion of environmental health.

The Health Volunteer plays an important role in the execution of these four strategies. He/She is a very valuable element to reaching the proposed goals. Project HOPE in their cooperative assistance agreement with the Ministry of Public Health has implemented a Child Survival program where Diarrheal Disease Control is being contemplated.

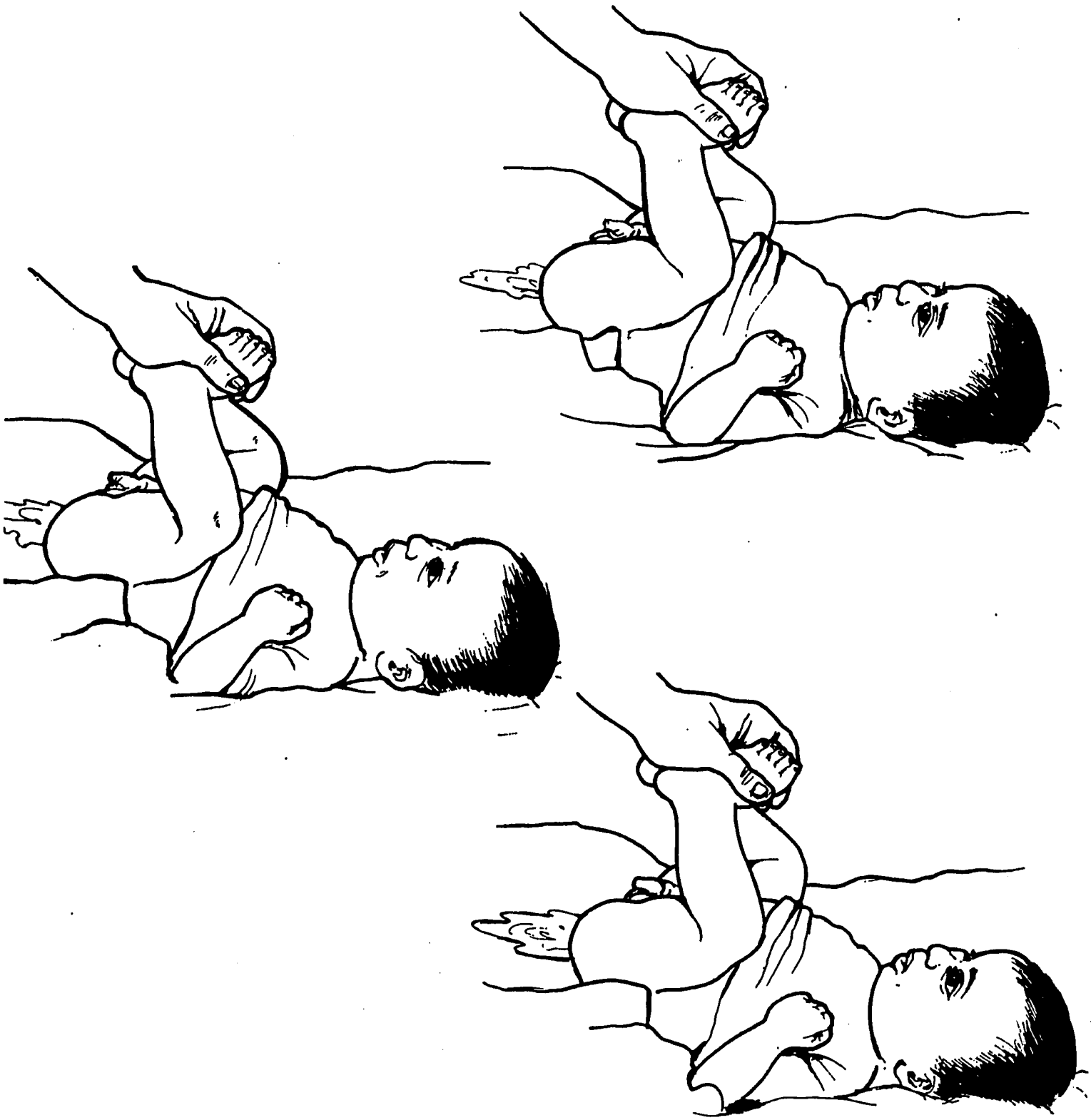
This material was elaborated with the objective of creating a guided instrument for the Health Volunteer to execute diarrheal disease control activities. All of the included information is in accordance with Ministry of Public Health norms.

¿Cómo saber si un niño tiene diarrea?

How to know if a child has diarrhea

Si el niño ha hecho mas asientos que lo normal y la consistencia es blanda
If the child has had more bowel movements than normal and the consistency is soft or

o liquida, entonces el niño tiene diarrea,
or liquidy, then the child has diarrhea.



La mayoria de los niños recien nacidos y lactantes, que toman leche materna, Normalmente hacen asientos liquidos, amarillos hasta 12 veces diarias. Esto no significa que tienen diarrea.

Most recently born and lactating children that are breastfed normally have liquidy yellow stools up to 12 times per day. This does not mean that they have diarrhea.

CAUSAS DE LA DIARREA

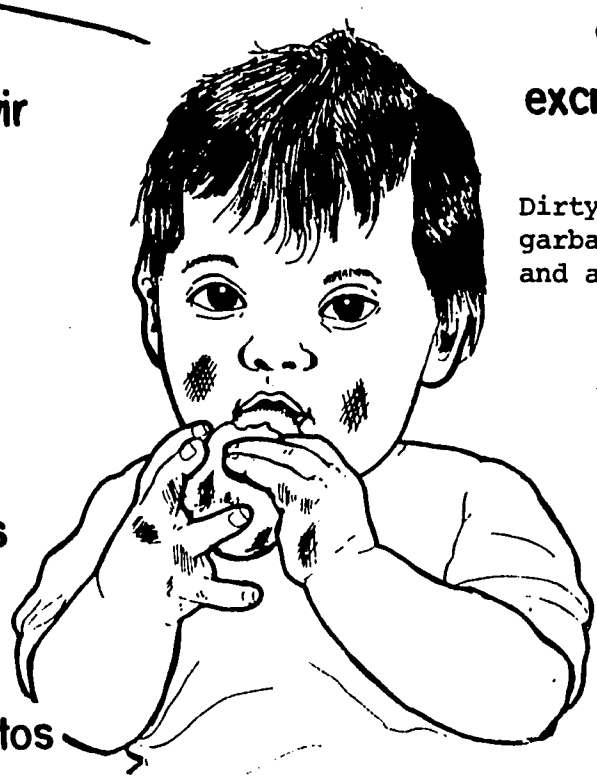
Causes of Diarrhea

Por tomar agua sin hervir

Drinking water without boiling it.

Por ambientes sucios con basuras, excrementos humanos y animales.

Dirty surroundings with garbage, human excrement, and animals.



Por no lavarse las manos antes de comer

From not washing your hands before eating

Por no lavar los alimentos

From not washing food.

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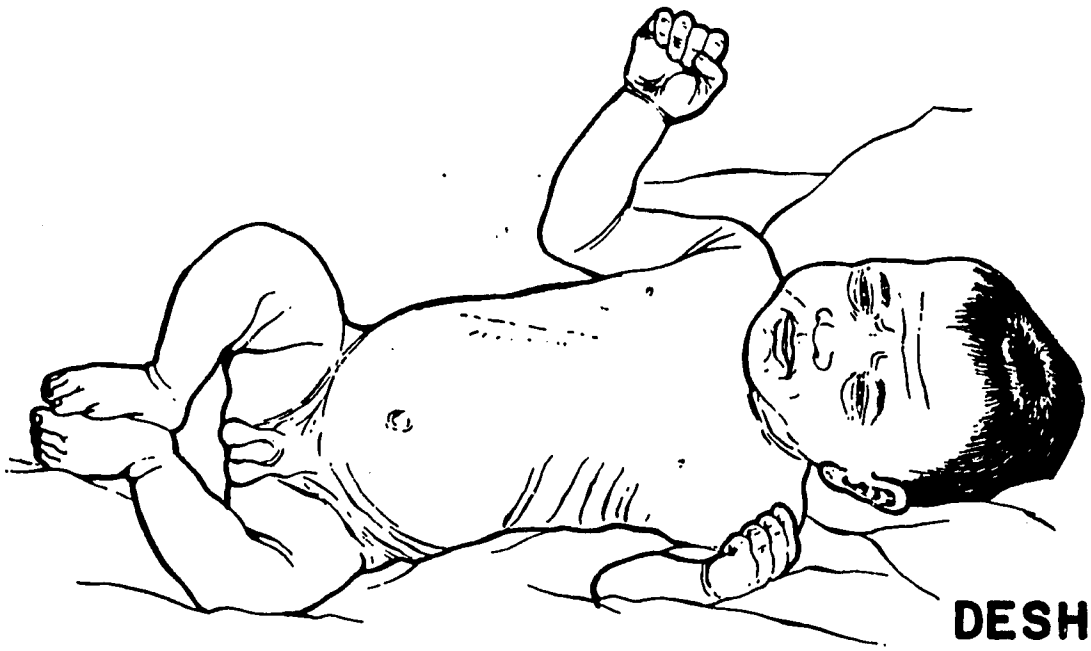
¿Que le ocurre al niño que tiene diarrea?

What happens to a child with diarrhea?

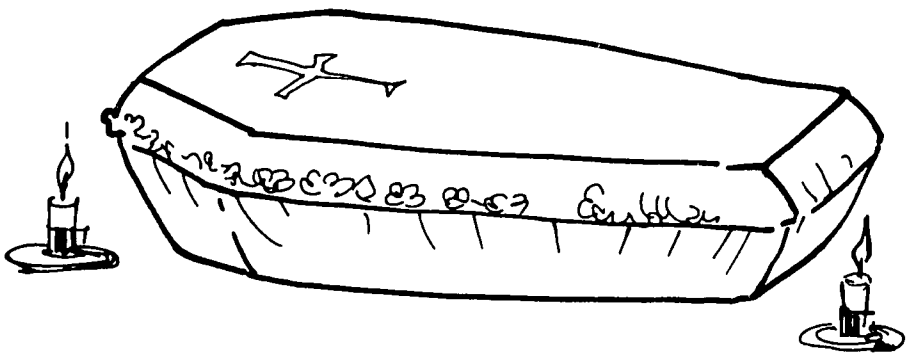


DESHIDRATACION

Dehydration

DESNUTRICION

Malnutrition



MUERTE

Death

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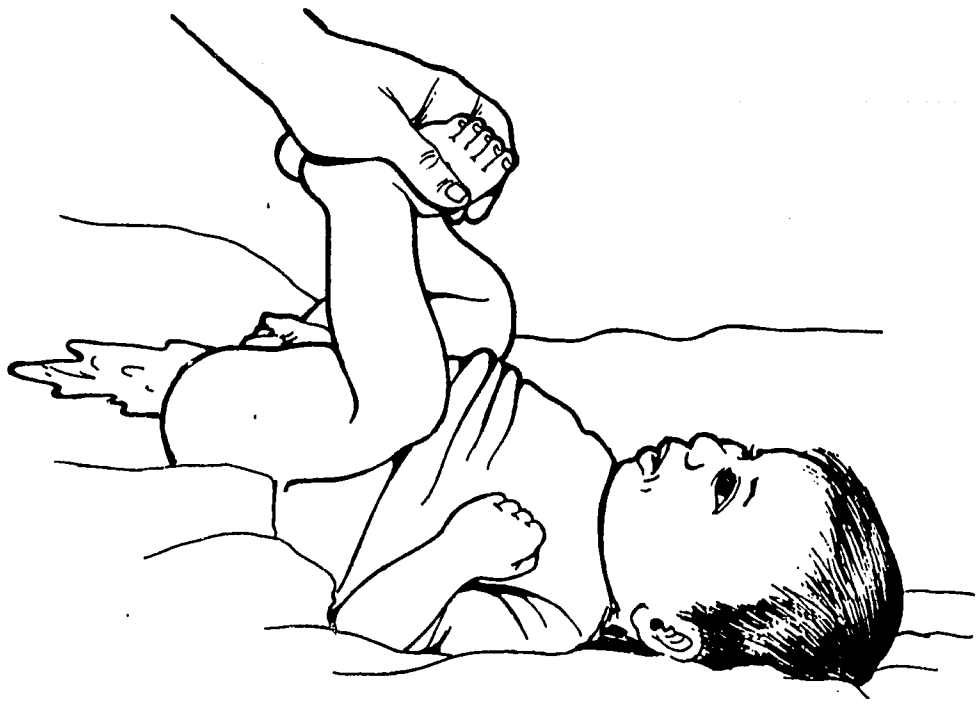
¿Qué es la DESHIDRATACION?

What is dehydration?

Cuando el niño tiene diarrea, pierde grandes cantidades de agua y sales
When the child has diarrhea, he loses great quantities of water

que son necesarias para vivir.
and salt that are necessary to live.

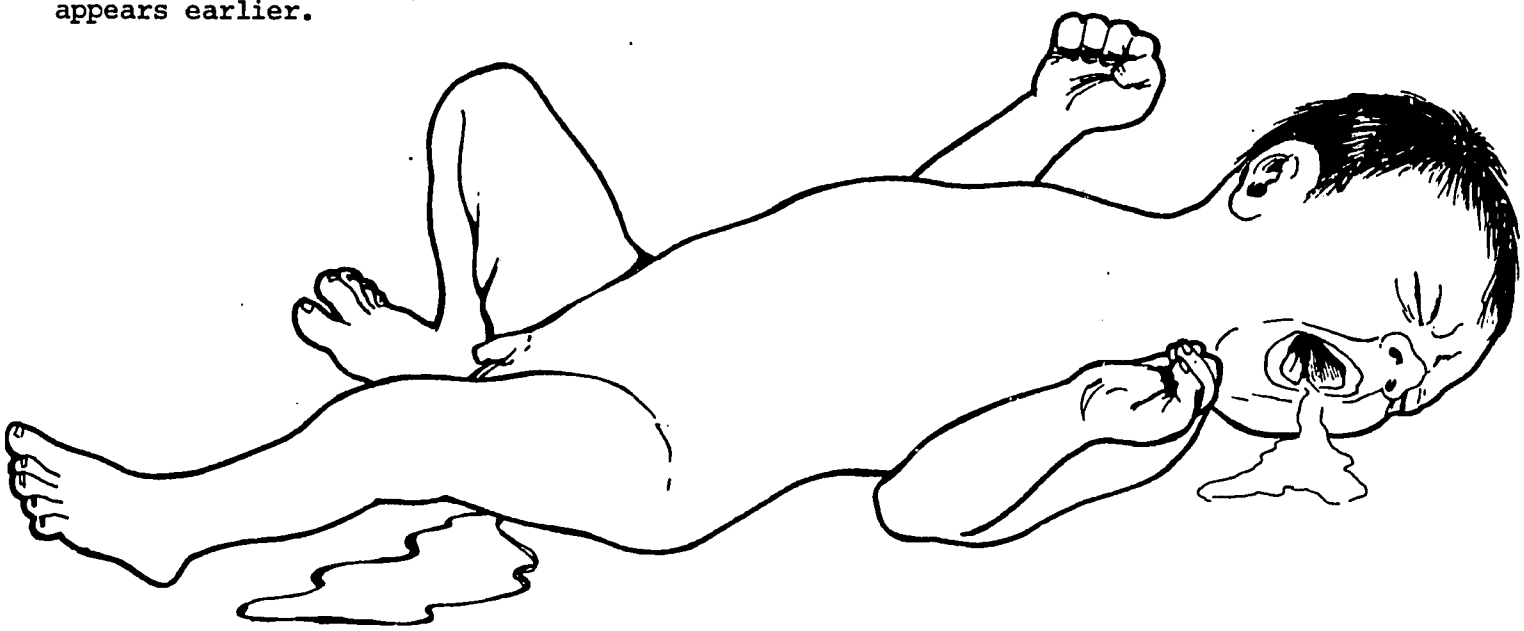
A esto se le llama DESHIDRATACION.
This is called DEHYDRATION.



¡¡ PELIGRO !!

Danger!

Si el niño ademas de la diarrea tiene vomitos, la DESHIDRATACION aparece mas temprana.
If the child is vomiting in addition to diarrhea, dehyration appears earlier.



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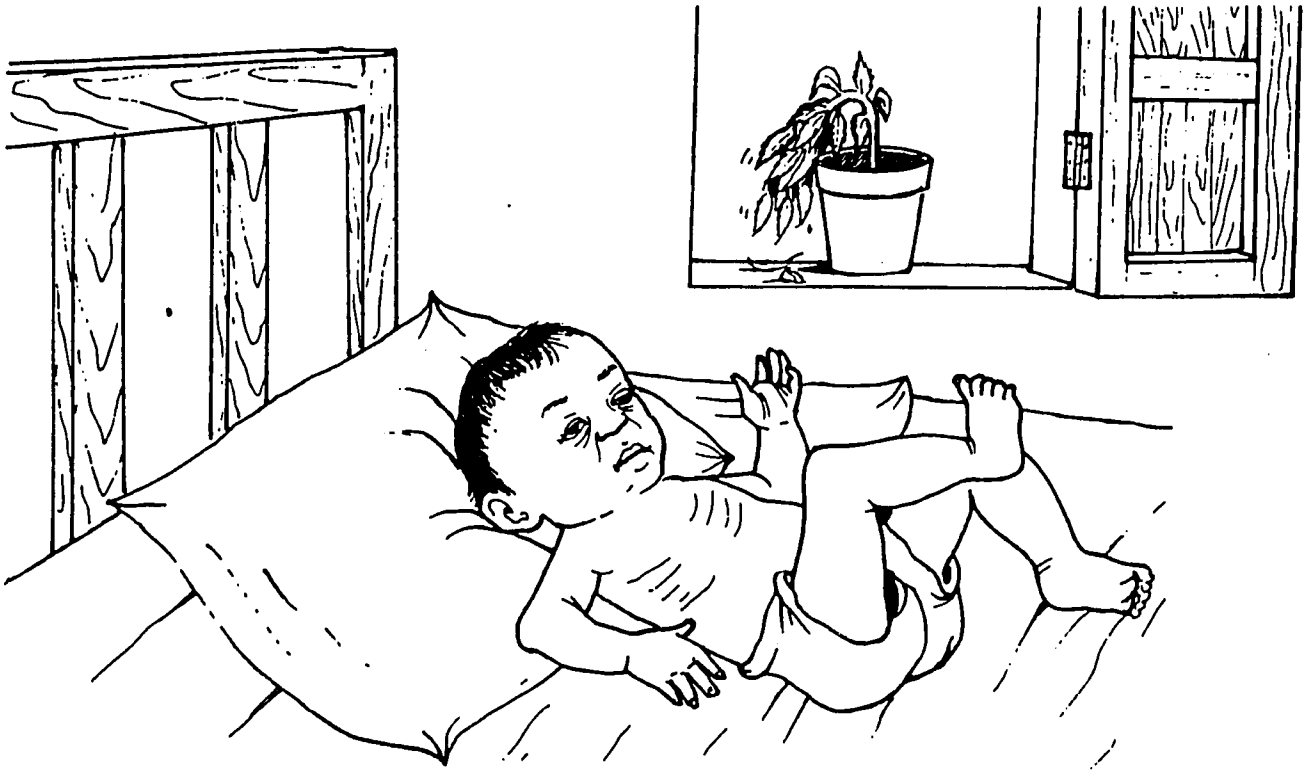
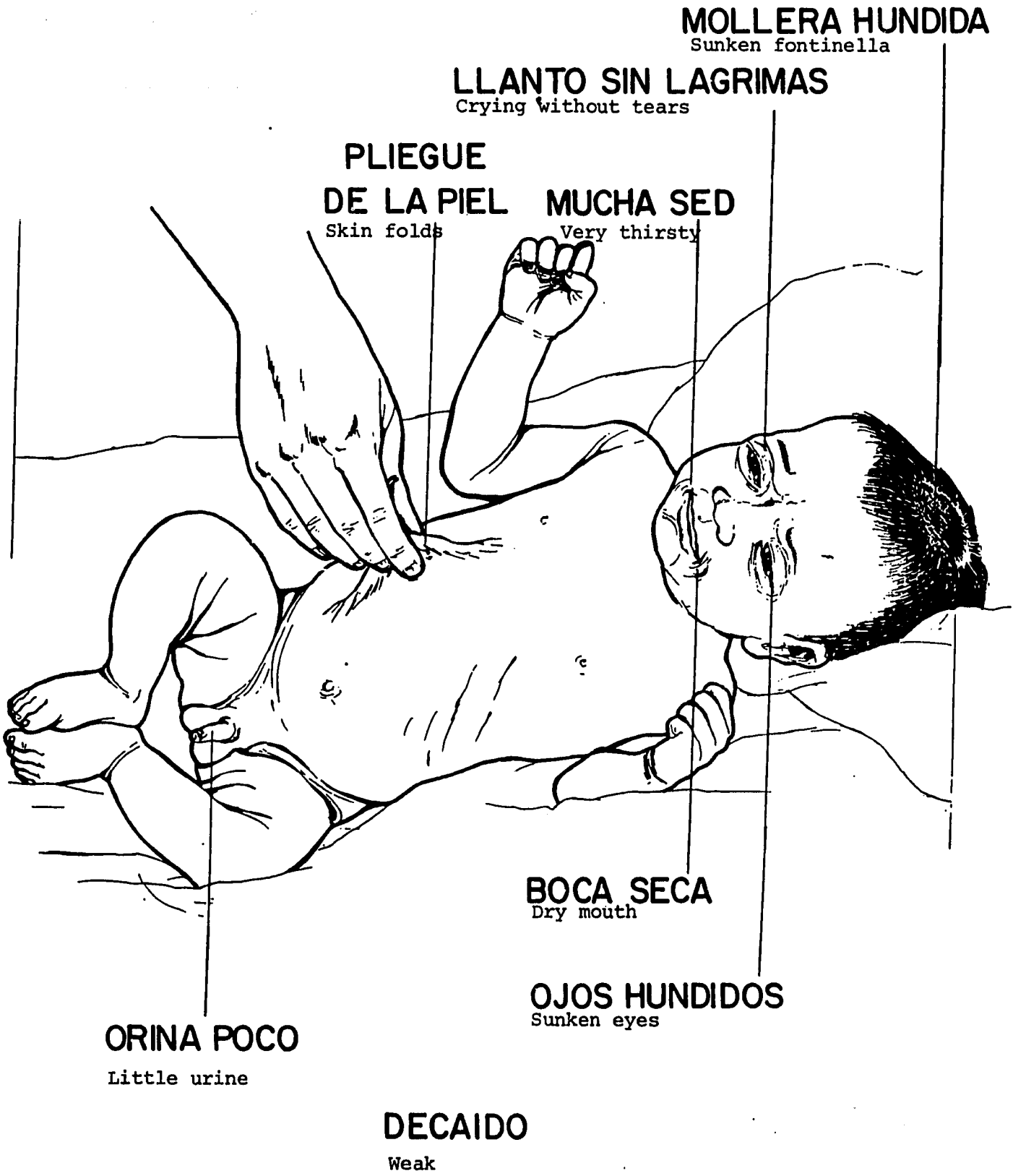
COMO SE VE UN NIÑO DESHIDRATADO Y UN NIÑO SALUDABLE

How does a dehyrated child and a healthy child look?



SEÑALES DE LA DESHIDRATACION

Signs of dehyration:



RECUERDE

Remember

SI EL NIÑO PRESENTA ALGUNA DE ESTAS SEÑALES

If the child has one of these symptoms

LLEVELO RAPIDO AL CENTRO DE SALUD

quickly bring him to the Health Center

REHIDRATACION ORAL
ORAL REHYDRATION

El niño necesita reponer con urgencia el agua y las sales que ha perdido
The child urgently needs to replace the water and salts that he has lost
por la diarrea, dandole SUERO ORAL conocido comunmente como
from diarrhea, giving him oral (rehydration) solution commonly known as
LITROSOL. A esto se le llama REHIDRATACION ORAL.
Litrosol. This is called oral rehydration.

GRADOS DE DESHIDRATACION
Levels of dehydration

La deshidratación se clasifica en:
Dehydration is classified as:

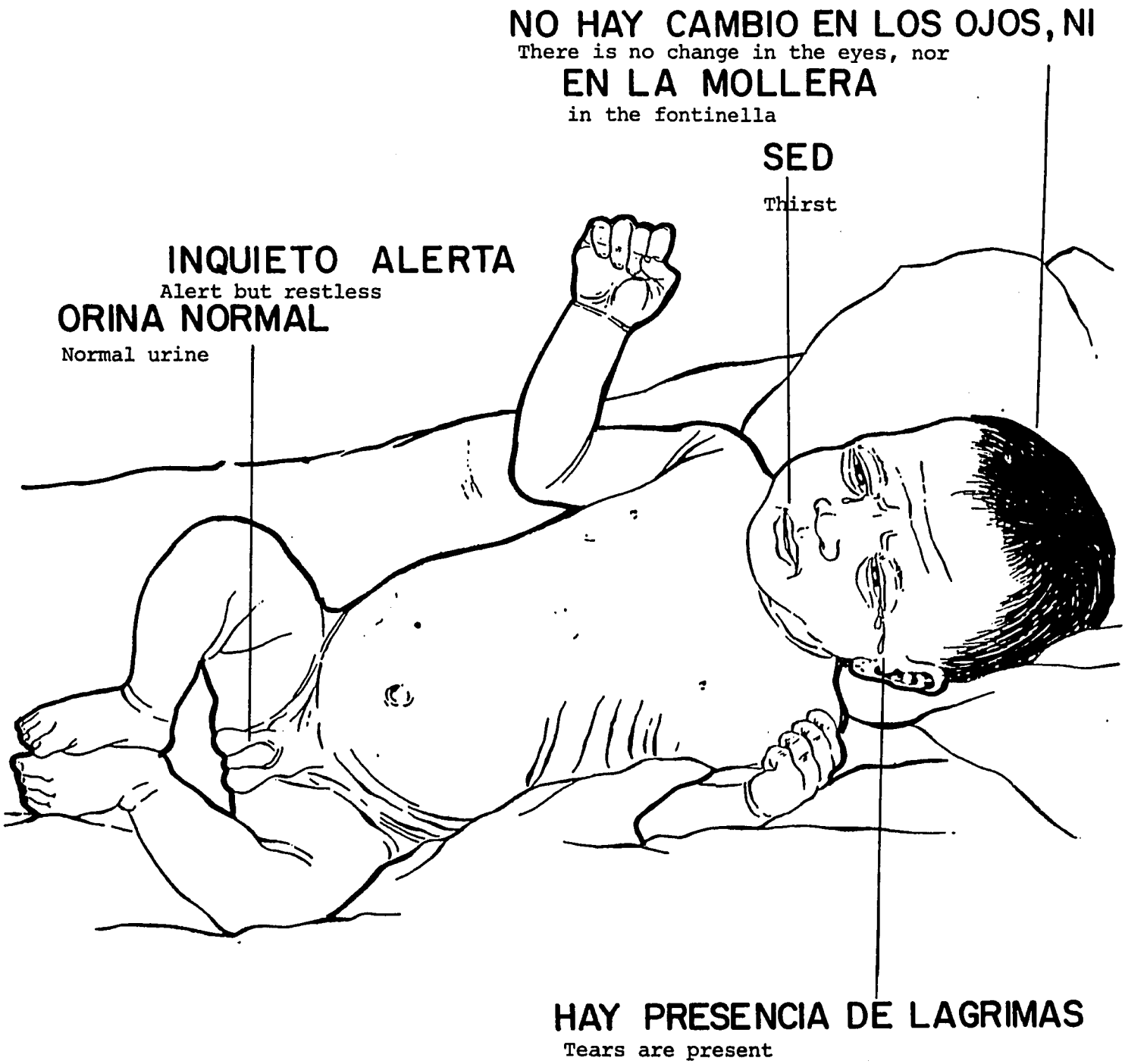
LEVE, MODERADA, GRAVE.
mild, moderate, severe

DESHIDRATACION LEVE

Mild dehydration

SEÑALES

Signs



TRATAMIENTO

Treatment

-Iniciarle SUERO ORAL

-Initiate oral solution

Vigilancia por un periodo de 4 a 6 horas

Watch him for a 4-6 hour period

DESHIDRATACION MODERADA
Moderate Dehydration

SEÑALES
Signs

ALERTA SEDIENTO INDISPUESTO SOMNOLIENTO
Alert thirsty, indisposed, drowsy

RESPIRACION PROFUNDA Y JADEANTE
Dep rapid breathing (panting)

IRRITABLE AL TACTO
Irritable to touch

OJOS HUNDIDOS
Sunken eyes

MOLLERA HUNDIDA
Sunken fontinella

ORINA POCO
Little urine

LLANTO SIN LAGRIMAS
Crying without tears

EL PLIEGUE DE LA PIEL SE RECUPERA LENTAMENTE
The skin fold goes back into place slowly.

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DESHIDRATACION GRAVE
Severe Dehydration

SEÑALES
Signs

NO ORINA DURANTE 8 HORAS O MAS
Does not urinate during 8 hours or more

MUY SOMNOLIENTO, INCONSCIENTE O CON CONVULSIONES
Very drowsy, unconscious, or with convultions

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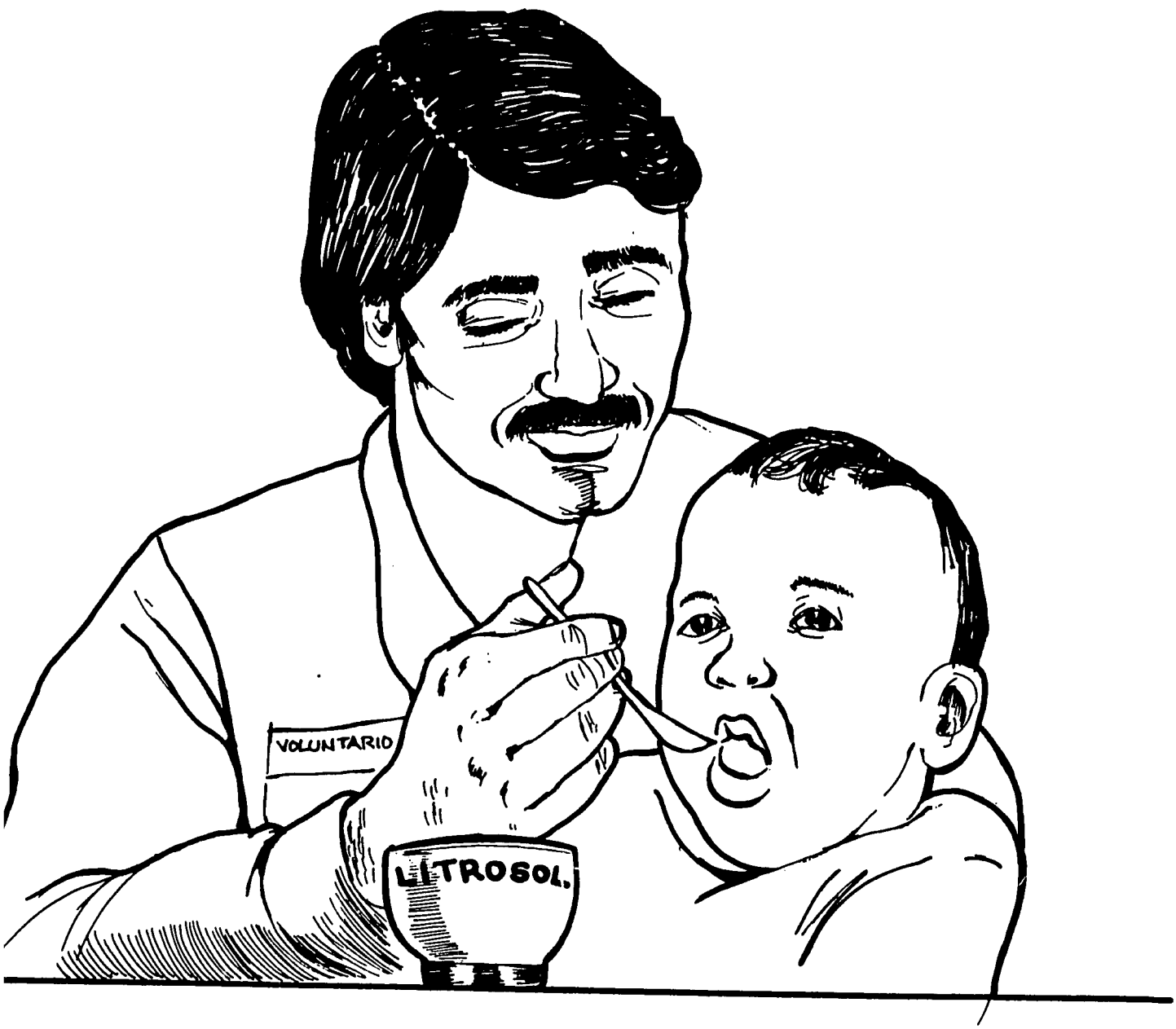
¿ Qué grado de deshidratación puede tratar el voluntario de salud ?
Which level of dehyration can the Health Volunteer treat?

Usted como **VOLUNTARIO DE SALUD** puede tratar la
You as a Health Volunteer can treat
DESHIDRATACION LEVE, si observa alguna de las señales de la
mild dehydration, if you observe some of the signals of
deshidratación **MODERADA** o **GRAVE** debe referir al niño al
moderate or severe dehydration you should refer the child to
CENTRO DE SALUD más cercano.
the nearest Health Center.



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¿ Qué son las sales de Rehidratación ?

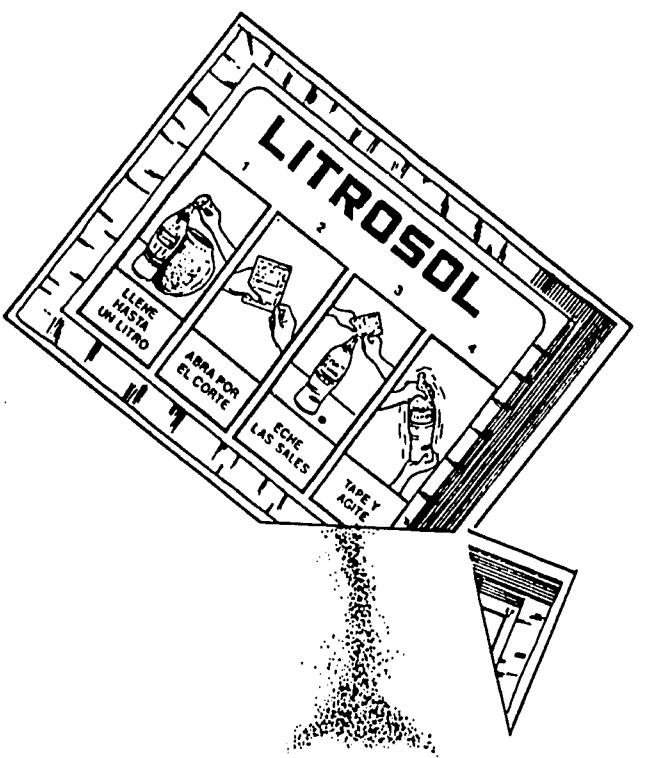
What are rehydration salts?

Es un polvo que viene en sobre, el cual contiene glucosa (azucar)
It is a powder that comes in an envelope which contains glucose (sugar)
y sales, que permiten al niño reponer lo que ha perdido;
and salts, that permits the child to replace what he has lot;
ahora en su nueva LITROBOLSA.
now in its new Litrobolsa (bag).

¿ Qué es suero Oral ?

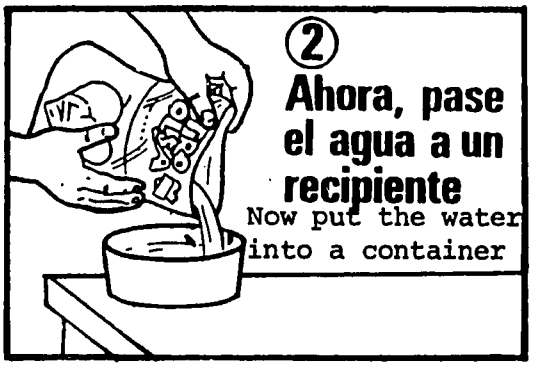
What is oral (rehydration) solution?

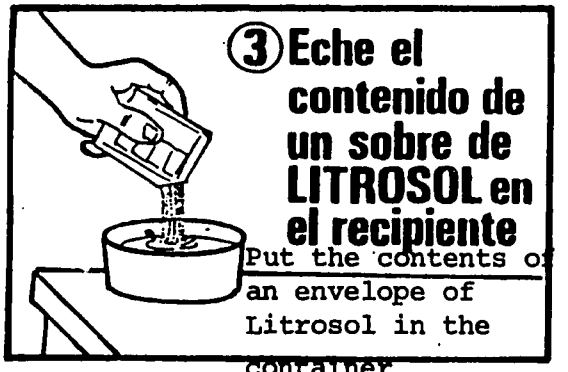
El suero oral resulta de
The oral solution results from
agregarle a 1 litro de
mixing 1 liter of
agua hervida fria,
cold boiled water
un sobrecito de sales
and an envelope of oral
de Rehidratacion oral.
rehydration salts.



¿ Cómo se prepara el litrosol o suero oral ?

How does one prepare Litrosol or oral solution?





Give him Litrosol as many times as is possible although he may refuse it.

Use it only for 24 hours. Throw away anything that is left over.

¿ Cómo dar litrosol a un niño con diarrea ?

How does one give Litrasol to a child with diarrhea?

Se debe dar en el recipiente en que siempre toma el niño
You should give it in the container that the child customarily drinks from
(taza, vaso) (cup, glass)

El litrosol se debe dar al niño en cantidades pequeñas
The Litrosol should be given to the child in small quantities
aunque lo rechace. Cuantas veces sea necesario.
although he may refuse it - as many times as is necessary.

La solución preparada de **LITROSOL** solo dura **24 horas** cualquier cantidad que sobre debe botarse.

The Litrosol prepared should only last 24 hours. Any quantity that remains should be thrown away.

Si el niño vomita debe continuar dándole litrosol en pequeñas cantidades y más frecuentemente hasta que lo tolere.

If the child vomits, you should continue giving him litrosol in small quantities and more frequently while he tolerates it.

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¿ Para qué se le da Litrosol al niño ?

Why do we give litrosol to the child?

Para dar al cuerpo los liquidos y sales que el niño está perdiendo

To give the body the liquids and salts that the child is losing

por la diarrea o sea para evitar la deshidratación y para

from diarrhea or to prevent dehydration and to

rehidratarlo.

rehydrate him.

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¿ Cuando un niño está con diarrea y se le da litrosol, se le quitará la diarrea

When a child has diarrhea and you give him litrosol, will it stop the diarrhea?

No. el Litrosol no quita la diarrea, pero hidrata al niño

No olvide que la deshidratación mata el niño.

No, Litrosol will not end the diarrhea, but will hydrate the child. Don't forget that dehyration kills the child.

¡ NO SE DESESPERE !

Don't despair!

LOS ASIENTOS CONTINUAN BLANDOS PORQUE EL INTESTINO NO ESTA TRABAJANDO COMO DE COSTUMBRE.

The stools continue to be soft because the intestine is not working normally.

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Si despues de 6 horas no ha mejorado
-Refieralo al centro de salud ó al médico más cercano.
-Continúe dando litrosol.

If after 6 hours it has not improved
-refer him to the Health Center or the nearest doctor
-continue giving litrosol

¿ Cómo saber si el niño ha mejorado ?

How to know if the child has improved

" CUANDO EL NIÑO YA NO TIENE MUCHA SED LAS SEÑALES DE DESHIDRATACION ESTAN DESAPARECIENDO "

"When the child is no longer very thirsty the signs of dehyration are disappearing."

ALIMENTACION DEL NIÑO QUE TIENE DIARREA
Feeding the child that has diarrhea

SIN DESHIDRATACION
without dehydration

Continuar dando leche materna
Continue giving maternal milk

Solamente dar litrosol
Only give Litrosol

y otros liquidos como:
and other liquids like:

Agua de arroz
rice water

fe de canela
cinnamon tea

agua de coco.
coconut water

RECUERDE: Siempre recomiende alimentos disponibles en el hogar.
Remember: Always recommend foods that are available in the home.

NO DAR PURGANTES

Don't give purgatives

NO OLVIDE:

Don't forget

Si el niño presenta alguna de las señales de deshidratación
If the child presents any of the signs of dehyration

envielo al centro de salud o al médico más cercano.
send him to the Health Center or the nearest doctor.

¿ Qué hacer con el niño que tiene diarrea y está deshidratado ?

What does one do with the child that has diarrhea and is dehydrated?

Siempre darle litrosol

Always give him Litrosol

Mandelo al centro de salud

Send him to the health center

ó médico más cercano.

or the nearest doctor.

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COMO PREVENIR LAS DIARREAS

How to prevent Diarrhea

Lavarse las manos con agua y jabón
Wash your hands with water and soap.

Lactancia materna durante
Breastfeed during
los primeros 4 o 6 meses de vida
the first 4 or 6 months.

Lavar las frutas y verduras
Wash fruits and vegetables
antes de comerlas
before eating them.

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Hervir el agua
Boil water

Depositar la basura en lugar o recipiente apropiados, quemarla o enterrarla.
Deposit garbage in appropriate places or containers, burn it or bury it.

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ACTIVIDADES DEL VOLUNTARIO DE SALUD EN RELACION AL CONTROL DE ENFERMEDADES DIARREICAS

Health volunteers' activities in relation to diarrheal disease control

Visita domiciliaria para:

Home visits to:

1. Orientar a la comunidad sobre las acciones de prevención sobre la diarrea.
   Orient the community about preventive actions against diarrhea.

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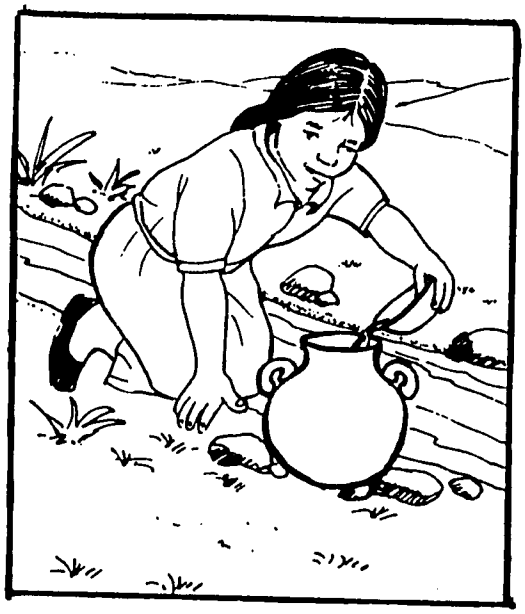
2. Orientar a la comunidad sobre las practicas de higiene :

To orient the community about hygienic practices



Abastecimiento de agua

Water supply

Aseo personal

Personal cleanliness

Eliminacion de excretas

Elimination of excretion

Higiene de los alimentos

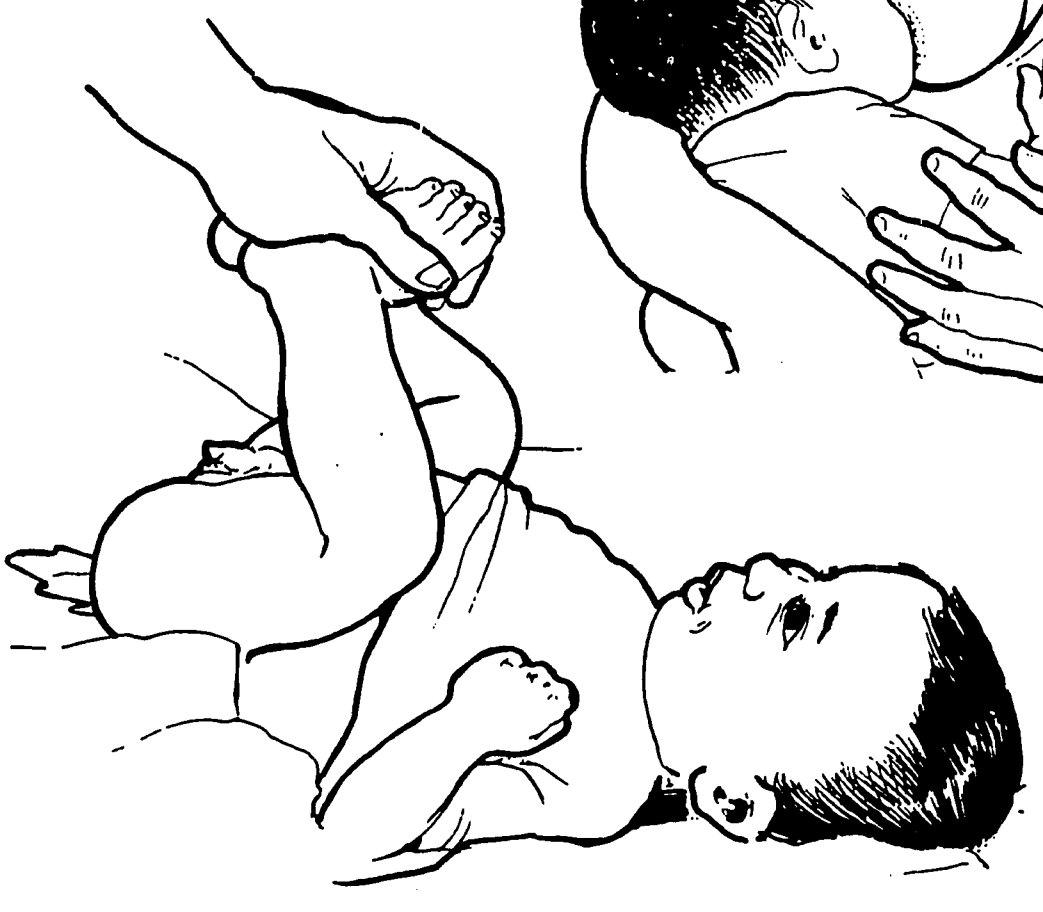
Food hygiene

3. PROMOVER LA LACTANCIA MATERNA

Promoting breastfeeding

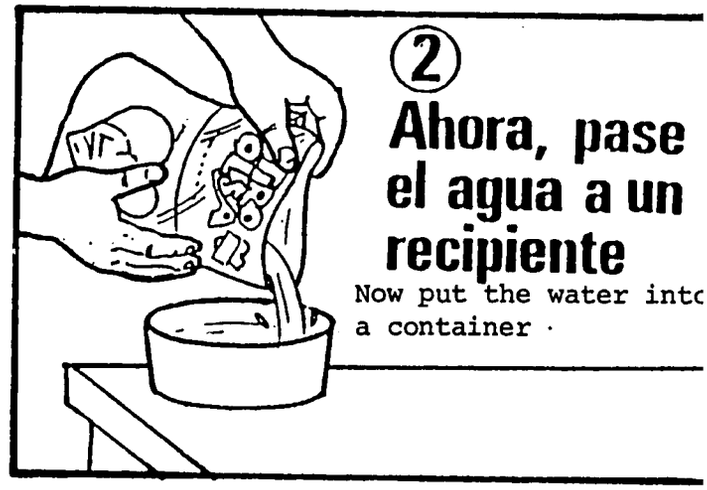
4. DARSE CUENTA A TIEMPO DE LOS NIÑOS CON DIARREA

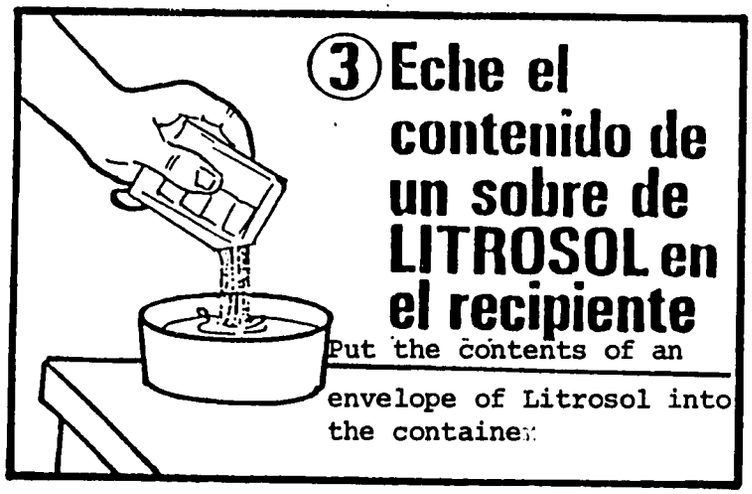
Realize when children have diarrhea

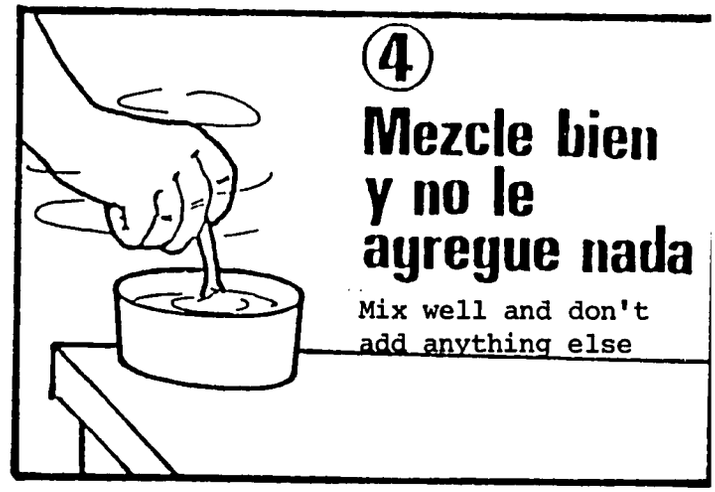


5. Enseñar a las madres sobre el uso y preparacion de LITROSOL

Teach mothers about the use and preparation of Litrosol





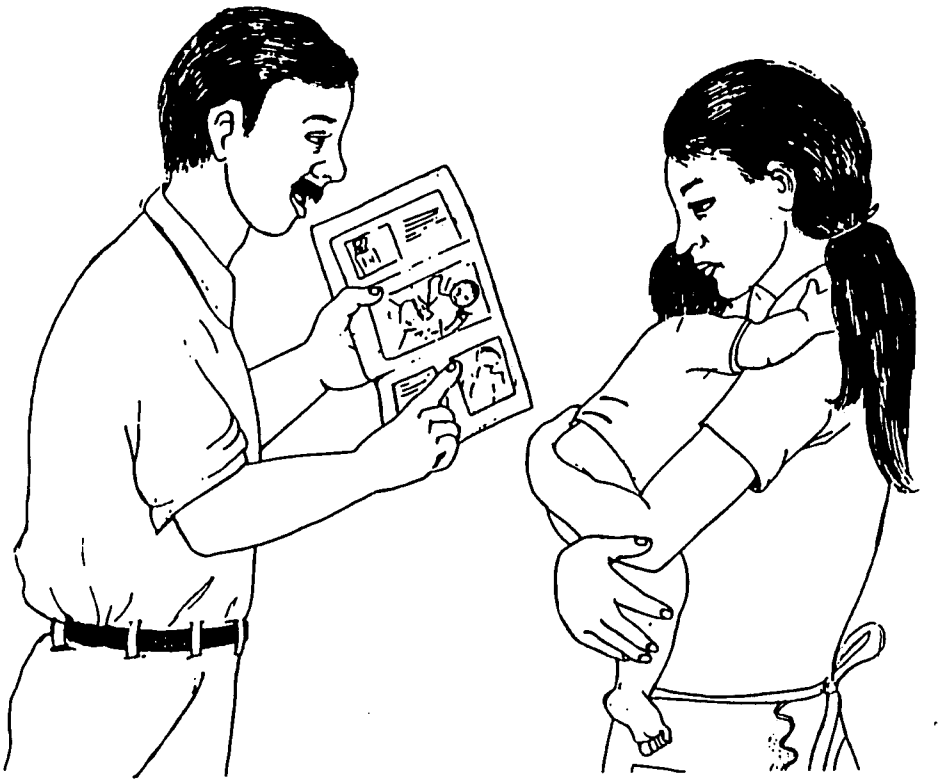


Give the child Litrosol as many times as possible although he may refuse it

Use it only for 24 hours, whatever is left over throw out

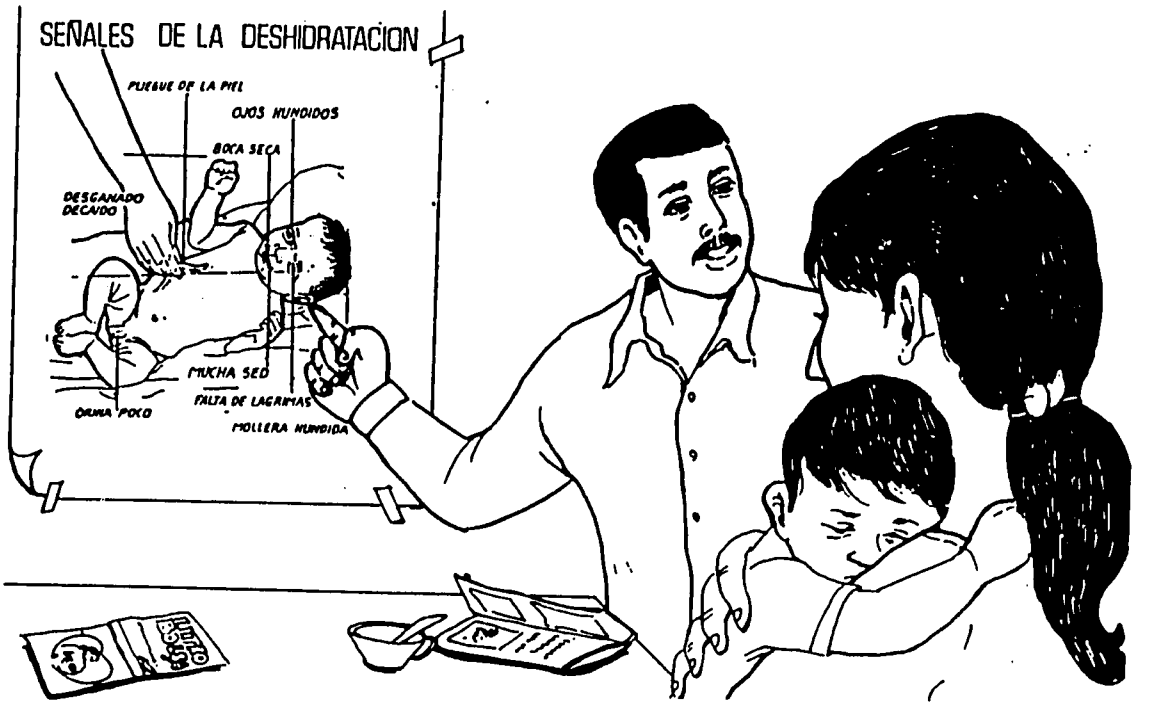
6. Detectar a tiempo las señales de la DESHIDRATACION y referir al niño al centro de salud o médico más cercano, utilizando la hoja de referencia.

Detect early the signs of dehydration and refer the child to the health center or closest doctor, utilizing the reference sheet.



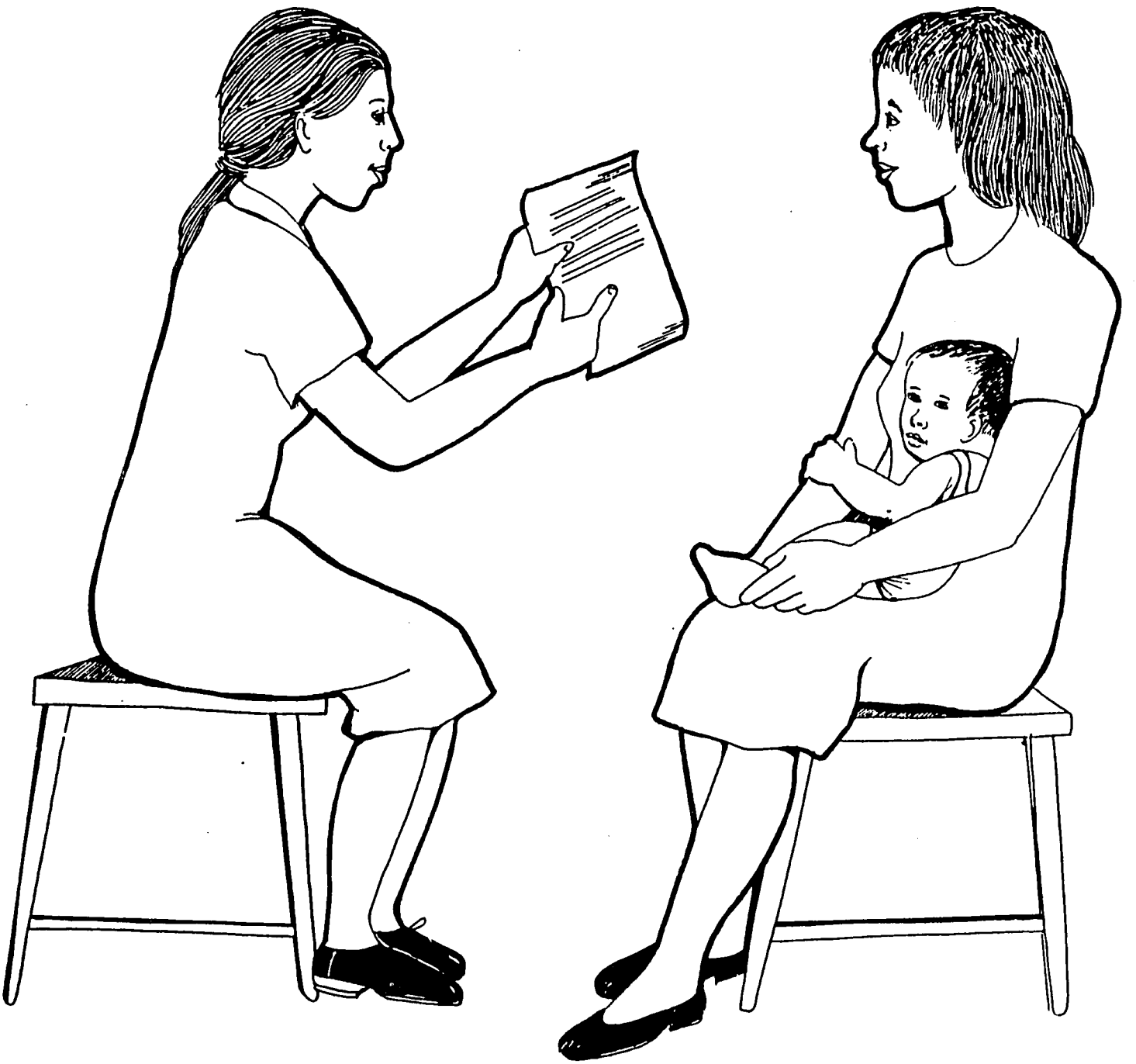
7. ENSEÑAR A LA MADRE LAS SEÑALES DE LA DESHIDRATACION

Teach the mother the signs of dehydration



8. ENSEÑAR A LA MADRE QUE EL LITROSOL ES PARA PREVENIR Y COMBATIR LA DESHIDRATACION.

Teach the mother that Litrosol is to prevent and combat dehydration.



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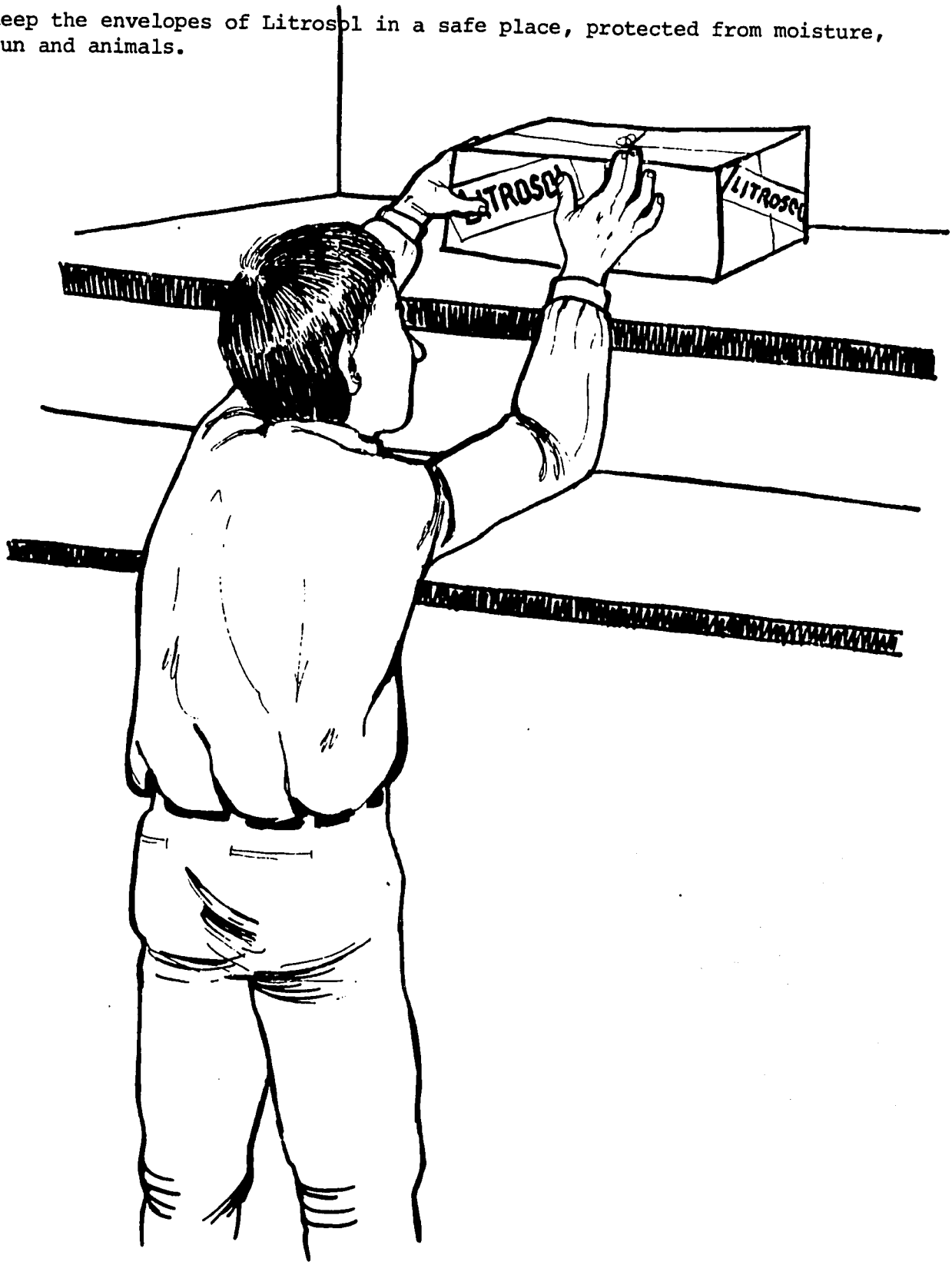
9. EDUCAR A LA MADRE SOBRE LA ALIMENTACION DEL NIÑO QUE TIENE DIARREA.

Educate the mother about feeding the child that has diarrhea

10. MANTENER BIEN GUARDADOS LOS SOBRES DE LITROSOL. PROTEGIDOS DE LA HUMEDAD, SOL Y ANIMALES.

Keep the envelopes of Litrosol in a safe place, protected from moisture, sun and animals.



MANTENER SIEMPRE EN EXISTENCIA SOBRES DE LITROSOL

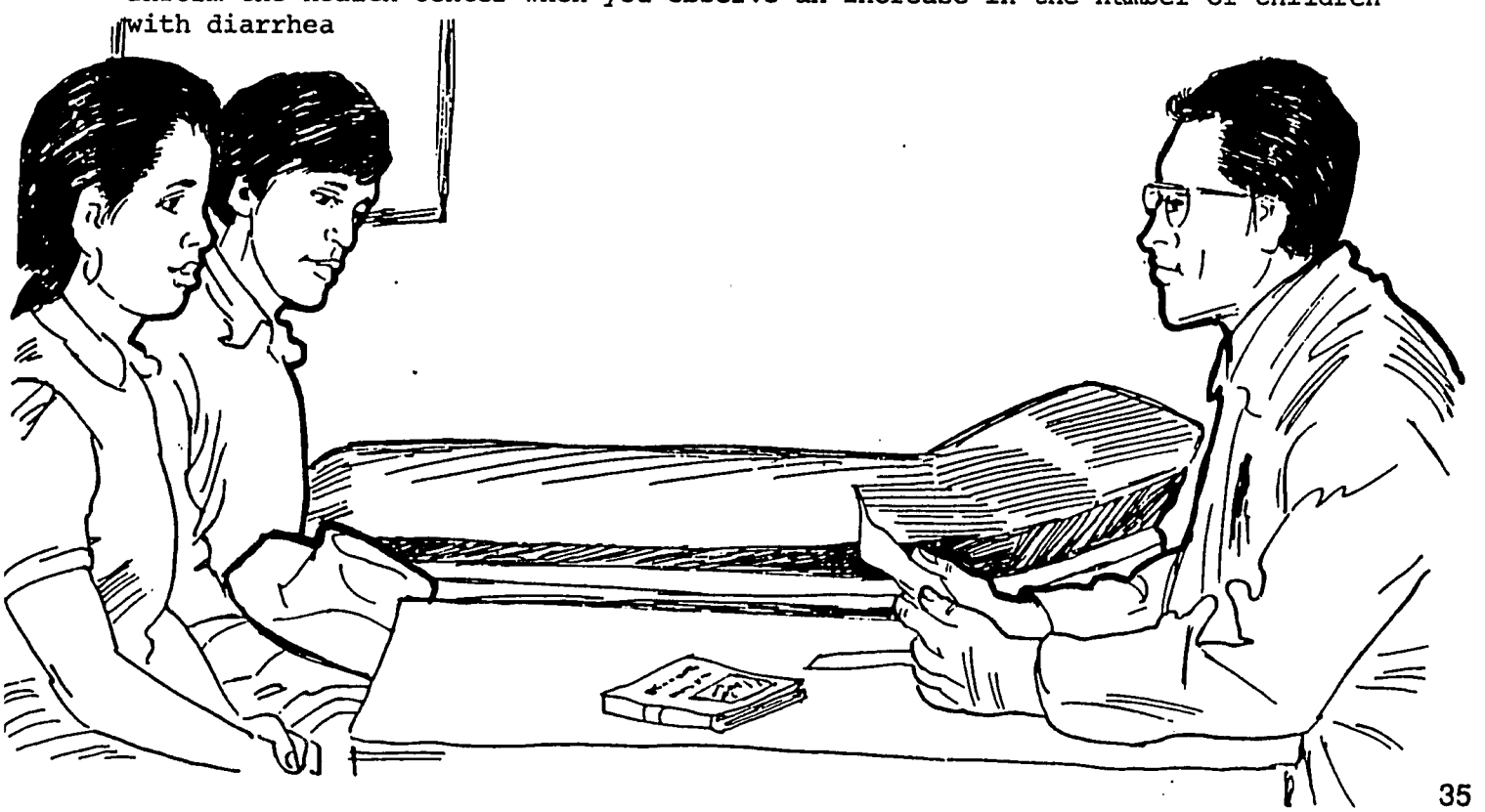
Always keep envelopes of Litrosol on hand

12. Llevar control del # de niños atendidos y sobres de litrosol distribuidos.

Keep a record of the number of children attended and the number of Litrosol envelopes distributed.

13. Informar al centro de salud cuando observe un aumento en el # de niños con diarreas.

Inform the health center when you observe an increase in the number of children with diarrhea



14. Asistir a las reuniones programadas con el personal de salud y la comunidad.

Attend the program meetings with health personnel and the community.

15. Asistir a los cursos programados sobre rehidratación oral y control de diarreas.

Attend the program trainings about oral rehydration and diarrheal control.

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