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TO: Mary Ann Anderson, Acting Chief, Health Services Division, G/R&D Health

FROM: Chloe O'Gara, Director, Expanded Promotion of Breastfeeding Program

DATE: April 21, 1994

SUBJECT: TRIP REPORT

RE: Cooperative Agreement # DPE-5966-A-00-1045-00

Attached are two copies of the trip report described below:

- Report title: Trip Report
- Date of trip: February 7-18, 1994
- Traveler: Marcia Griffiths
- Country: Guatemala (INCAP)

If, upon reviewing this report, you determine that revisions are necessary, please send them to us within 30 days from the above date. If changes/additions or deletions are received from you or other reviewers, these will be incorporated into the report and revisions will be distributed. Otherwise, this report will stand as final.

We hope you find this document useful and welcome communication about it.

Enclosures: 2 copies trip report with attachments

DISTRIBUTION:

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Sue Anthony, USAID/Office of Nutrition
Patricia O'Connor, USAID/Guatemala City
Marcia Griffiths, Manoff Group, Inc.
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Magda Fischer, INCAP
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TRIP REPORT

AUTHOR: Marcia Griffiths, The Manoff Group, Inc.

WHERE: Guatemala

WHEN: February 7-18, 1994

BACKGROUND

In October 1993 during a consultancy at the Instituto de Nutrición Para Centro América y Panamá (INCAP), Lic. Magda Fischer and Marcia Griffiths developed the third concept paper/proposal for a collaborative project between Wellstart and INCAP. This proposal described a project in which INCAP will facilitate a process to decentralize breastfeeding activities to the department level. The process uses social marketing techniques -- developing project-specific plans after looking at current behaviors and perceptions of potential program clients and providers. Decentralization will also mean the formation of a department-level group who can be trained to plan, carry out, and sustain activities. This plan was enthusiastically endorsed by the Ministry of Health (INCAP's counterpart in Guatemala) because it is strictly in keeping with their new policies on decentralization. It was also well received by the Commisión Nacional Para la Promoción de la Leche Materna (CONAPLAM) and La Leche League/Guatemala.

In Washington the concept was approved and a draft agreement put together with INCAP. In December a budget for this project was approved. The subgrant with INCAP was expected to be finalized in January so a consultancy was planned to launch and assist in organizing the project in early February.

OBJECTIVES OF THIS TRIP

The objectives of this trip were twofold:

1) to assist in organizing the project;

2) to begin planning the qualitative, formative research -- the first phase of the project.

Task Order # 930068-1 was supported by the United States Agency for International Development (USAID) under Cooperative Agreement No. DPE-5966-A-00-1045-00. The contents of this document do not necessarily reflect the views or policies of USAID or Wellstart International.

OUTCOMES

Trip Objectives

The objectives of the trip were accomplished, but to a lesser degree than expected because the subgrant agreement was not finalized prior to this consultancy. It was possible to incorporate the recommendation from key project partners to add a full time person as a field coordinator. A revised budget was submitted to Wellstart along with a memo outlining INCAP's final points on the subgrant.

Project Organization

Project organization was discussed continually throughout the consultancy. The final agreement (presented below) was discussed with all key players at the central level. Unfortunately, Griffiths did not get to meet with project collaborators in Escuintla because of a public sector strike, which made conditions dangerous for a trip and meetings. Therefore, the local organization, and who will be involved, remains to be specified.

Following are the specifics agreed to on project organization:

INCAP: INCAP is the lead organization and key manager of this process. INCAP will have the project director, field coordinator, and technical specialists in fields of research, maternal and child health and communications. INCAP will be responsible for coordination of all the key parties locally (both at a department and central level) and will ensure the timely provision of services to the local process as determined in close collaboration with the team in Escuintla. INCAP will also be responsible for ensuring that the dissemination of the project process is shared with other departments in Guatemala and with their Basic Technical Groups at the country-level. INCAP must keep Wellstart/The Manoff Group informed about activities and collaborate with technical consultancies.

External Advisory Group: This group would meet in Guatemala about twice a year to offer guidance to the project primarily on issues of sustainability and inter-institutional coordination. They would review the annual workplans. The members of this group are: INCAP (Magda Fischer); the United Nations Children's Fund (UNICEF) (Nicte Hernandez); the Pan American Health Organization (PAHO)/GTB-Guatemala (Alejandra Praun); the United States Agency for International Development (USAID) (Pat O'Connor); Wellstart/The Manoff Group (Marcia Griffiths).

National Consultative Group: This is a small group of people who would work on the details of the project and who would work directly with the Escuintla team. This group would meet regularly to design and work out the details of the formative research; they also would be involved in strategy and in the implementation details. They would assist with bringing the appropriate people together and with informing their organizations of project process. The groups who initially will be represented are: CONAPLAM (Ruth de Arango); La Liga de leche Materna (LLLM) (Mimi Masa); Ministerio de Salud Pública y Asistencia Social (MINSA) (Angelica Bixcul); PAHO/GTB (Mario Lacayo); INCAP (Lic. Magda Fischer, the field coordinator and research specialists). Membership will be flexible; as others are needed they will be asked to join.

Local Consultative Group: This group has yet to be defined. At this time Edna de Amado is the MINSA contact person in Escuintla. She is facilitating meetings and staying in contact with Fischer. However, until the strike is resolved, it will be difficult to move ahead.

Formative Research

Specific discussions were held concerning the first phase activities of the formative research. Some decisions were made, but in the absence of more intense work in Escuintla, it is difficult to finalize any of the plans. So far there is a basic agreement that this phase will have four activities. Each activity has an existing, albeit general, protocol, or guide. The activities are:

Review of the literature - see part 1 of Guide For Country Assessment of Breastfeeding Practices and Promotion. This will need to be adapted for a department-level review.

Review of policies, programs, and commercial activities that affect breastfeeding practices - see part 2 of Guide for Country Assessment of Breastfeeding Practices and Promotion. This will need to be adapted for a department-level review and will have to look at how national programs and policies have been implemented in the department.

Cross-sectional investigation of knowledge, attitudes, and practices. This would involve in-depth work with families with infants as well as others who influence these families in the extended family network, in the community and in the large social context. Protocols for this type of investigation have been developed in a variety of projects. This investigation will have two parts: one for problem identification and another for testing concepts and practices related to improving practices. The general guide is outlined in Improving Young Child Feeding During Diarrhea: A Guide for Investigators and Program Managers. Specific guides are available in a collection done by The Manoff Group and Wellstart International.

A longitudinal study among a small group of infants. These will be followed from birth through six months of life to better understand exactly what the decision points are for infant feeding. There will be a high degree of complementarity between the cross-sectional and longitudinal investigations. The general protocol for the longitudinal study is in the INCAP proposal by Marie Ruel submitted to the World Health Organization (WHO). It will require adaptation to the exact circumstances of the study and to the participatory nature of the project.

Some work was begun for each of these activities and an over all protocol was initiated (see Annex C).

An additional outcome of this consultancy is that expectations for the project have been raised for many people and institutions. The outline of the project was presented to a wide variety of groups and individuals interested in breastfeeding in Guatemala. They have endorsed the idea and are anticipating the project. Several organizations and MINSA have already invested time in trying to get the logistics organized.

There was also a special session of CONAPLAM called at which Fischer and Griffiths presented the early thinking about the project as approved by Wellstart. Members of CONAPLAM expressed their unhappiness that the project idea had not been cleared by them prior to submission to Wellstart. Brief description was given of the lengthy project preparation process and the meeting that took place with

CONAPLAM staff in October with the express purpose of involving CONAPLAM. After this was clarified there was full support of CONAPLAM members although it was clear that the implications of the project's intention to get more local-level planning was not fully realized by everyone. This is typical in projects focussed on decentralization. Preparing CONAPLAM for local programming will need to be an additional project objective.

LESSONS LEARNED

There were three "lessons" learned from this trip:

- Until the agreement is signed, there should be no additional consultancies. Without INCAP being able to spend money/commit resources it is difficult to move ahead because people cannot be contracted and the work begun in earnest.

- Goodwill exists in abundance for this effort. Everyone at INCAP has been extremely generous with their time and resources to try to move ahead while waiting for the subgrant. This goes beyond INCAP. MINSA and now CONAPLAM and LLLG have been to numerous meetings and work sessions to offer their support.

- The project will probably be interrupted by the larger political problems throughout its course. Guatemala, particularly the public sector, is in an extremely difficult situation now in terms of its personnel and ability to pay for activities. This will not be resolved in the short term. As the project is under extreme time pressure, we need to keep in mind the overall context in which it is operating. In fact, at our debriefing at USAID, Gary Cook asked if we were not already so late as to make this virtually impossible to undertake given the country circumstances. Fischer and Griffiths still believe that the project is possible. It will not be done in the originally desired time for implementation and refinement, but activities can get underway that will be beneficial to Escuintla and to the national breastfeeding program.

RECOMMENDATIONS & FOLLOW-UP

There is a great deal that needs to be continued and monitored on the part of each key agency:

Wellstart/EPB

1. Finalize the subgrant and work with USAID to get it signed as soon as possible.

2. Keep all parties appraised of this process because the next proposed consultancy, at the end of March 1994, depends on whether or not the agreement is signed.

3. Clarify in writing for INCAP the issue of the LAC buy-in termination in September 1994. As it was explained earlier, unspent LAC buy-in money would effect the overall project ceiling. If true, then INCAP needs to be fully aware of the situation in order to decide what to do. With the delays in signing the subgrant, it will be impossible to spend the amount of LAC money projected. [Note: This point, and other questions raised by INCAP, were clarified in writing on March 1, 1994. A copy of the fax is attached as Annex B. The points were also discussed in person with Magda Fischer on March 10, 1994.]

The Manoff Group

1. Coordinate the next consultancy to design the formative research with Elena Hurtado, the consultant for the longitudinal study.

2. Obtain a copy of the latest version of the assessment guide in Spanish and work with INCAP to ensure that it is current. Note: INCAP is happy to translate and print the guide for the breastfeeding assessments in Spanish. [Note: Wellstart is unable to finance translation of the guide.]

3. Investigate the possibility of writing a country breastfeeding assessment summary for Guatemala.

INCAP

1. Be available to answer questions regarding the subgrant.

2. Continue to talk with interested individuals in Escuintla to move forward on the project plan and to prepare people for the research.

3. Compile documents for the literature review.

4. Interview candidates for the field coordinator position, so that when the subgrant is approved this person can begin working. (Note: The person proposed in the new budget for this position is a candidate, however, we want to leave the position open until more exploration can be done in Escuintla.)

ANNEXES

A List of Contacts
B Fax of March 1, 1994 from Wellstart EPB to INCAP re: subagreement
C Componente de Investigación

ANNEX A

CONTACTS

INCAP: Instituto de Nutrición Para Centro América y Panamá
Carretera Roosevelt
Apartado Postal 1188
Zona 11 Guatemala City
Guatemala
tel : 72-37-62/7
fax : 73-65-29

Dr. Hernan Degado, Director
Lic. Magda Fischer, Technology Transfer Program
Dr. Marie Ruel, Coordinator, Human Nutrition Program
Lic. Norma Llorach de Larrea, Administrator
Lic. Alejandra Praun, Coordinator, GTB/Guatemala

MINSA: Ministerio de Salud Pública y Asistencia Social

Angelica Bixcul, Sub-director of Health Services

UNICEF
Edificio Edyma 2ndo nivel
13 Calle 8-44
Zona 10
tel: 336-373

Lic. Nicte Hernandez, Nutrition Program Official, Guatemala

CONAPLAM: Commisión Nacional Para la Promoción de la Leche Materna
Vía 5; 4-50 Zona 4
Edificio Maya 6° Nivel
Guatemala City, Guatemala
tel : 31 51 28

Dra. Ruth de Arango, Coordinator
Member of the National CONAPLAM Assembly

La Liga de Leche Materna
14 Calle 11-16
Guatemala City, Guatemala
tel : 23-6-96

Lic. Mimi Masa, President, LLLM/Guatemala
Lic. Mary Ann Stone-Jimenez, Coordinator/LLLI
Dra. Lisette Barragan de Delvalle, Member LLLM/Guatemala

OPS/PAHO

Dr. Mario Lacayo, Consultant, Mother Child/Nutrition Program

USAID/Guatemala City

Gary Cook, Director, Health & Population Office
Lic. Pat O'Connor, Deputy Director, Health Population and Nutrition
Lic. Jorge Chang, Program Officer, Child Survival

Others

Lic. Elena Hurtado, Research Consultant

ANNEX B

FAX OF MARCH 1, 1994 FROM
WELLSTART EPB TO INCAP
RE: SUBAGREEMENT

MEMORANDUM

DATE: March 1, 1994

TO: Magda Fischer, INCAP

FROM: Aimee Martin

SUBJECT: Subagreement

DISTRIBUTION
MGriffiths File: INCAP Outgoing Chron File

I have been checking on the questions you raised in your fax of February 15, 1994, and the subsequent questions raised by Marcia when she returned. I have discussed these issues with Dr. O'Gara, Dr. Baume and Tim Truitt, and I understand that you have also discussed several points with Tim. We look forward to meeting with you during your visit to the States next week. I'm sure we can clarify any remaining questions then. Tim will send us the latest version of the subagreement tomorrow. I asked him to send a complete copy to INCAP as well.

1) BUDGET

As you might suspect, this is the most difficult issue to resolve, because USAID itself is undergoing a process of reorganization and retrenchment. It has been discussed at length in person and by telephone, but I understand that it is a good idea to put things in writing. First, the LAC funds are unavailable after September 30, 1994. It has always been our understanding that this meant that the funds needed to be spent, not just obligated. At your request and Marcia's I asked our CTO's office to make a formal determination with the contracts office. As we discussed on the telephone that is indeed the case, and "spent" indicates that goods or services must have been received by the end of the period. There is a "reasonable" delay for billing.

Beyond this time we will do our best to meet our commitments, and expect to do so, but it is subject to the availability of funds. If there is a funding shortage we will need to examine all of our commitments, and allocate funds based on impacts and performance of on-going activities. This mode of operations is not new, all USAID contracts and agreements (including ours) specify that funding is subject to the availability of the money.

Secondly, as we have discussed, you are quite correct that the penultimate budget was attached to the version of the subagreement I sent with Marcia. It was an error compounded by my absence on another assignment and the closing of the office for bad weather. The final version, as modified by you and Marcia in February, will be in the subagreement.

2) ADVANCES

It is my understanding from Tim that the change to quarterly reimbursement was at your request, to lessen reporting requirements. We will be happy to change it back.

2b. Please ask your contracting office to negotiate the issue of advance bids with Mr. Truitt, I

do not feel technically competent to waive that requirement myself.

3) SUBSTANTIAL INVOLVEMENT UNDERSTANDING
I would like to clarify that we consider this to apply to "key" documents, instruments and plans, not "all" as you state in your fax. Carol and I discussed this and will commit to a shorter turn-around time. Would a turn-around of seven working days from when we receive the document meet your concern?

4) KEY PERSONNEL
As I stated on the telephone, we agree that this is a good idea, and that Dr. O'Gara had a very good impression of your candidate from the Oaxaca meeting. This approval comes with two caveats. The first is that the field director will work principally in Escuintla. I agree that stating a percentage of time is too rigid, but there is a concern that this person will be, in reality, a field director, and not someone who comes out once or twice a week. My conversations with Marcia indicate that INCAP may replace the proposed candidate, Dr. Cerezo, with a person who resides in Escuintla. Please keep us updated on these negotiations.

The second caveat is that the communicator remain involved in the project. Your footnote states that the communicator will be spend 15% of his time on the project. One of the initial reasons for the project was to strengthen INCAP's institutional capacity in social marketing, and we were very pleased when INCAP met the condition precedent of hiring a communicator. Please keep us informed of the participation of person, who will remain important to the project.

5) OTHER CHANGES

Analysis- We agreed that the evaluation would be financed separately. I assume that INCAP will analyze its project data. The other items are ok.

Several other questions were raised. I understand that you did not get a final version of Marcia's last trip report. I'm sorry. I sent one on Monday. There were no changes from the draft you received. Second, Chessa Lutter, our research advisor, will call Marie Ruel to discuss the research proposal.

Third, we would be delighted to meet with you next week. March 10th would be best, as that is the only time free between Chloe's return and her surgery. We have tentatively blocked out 9-11 am, but will call you at AED to confirm. I am looking forward to seeing you.

cc: Dr. Hernan Delgado
Lic. Norma de Larrea
Dra. Marcia Griffiths
Dr. Pat O'Connor
Mr. Tim Truitt

ANNEX C

COMPONENTE DE INVESTIGACION

Annex B

Borrador - no finalizado

PROTOCOLO

COMPONENTE DE INVESTIGACIÓN

PROYECTO DECENTRALIZACION DE PROGRAMAS
DE LACTANCIA MATERNA

1994

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2. Revisión de los Planes y Programas Existentes

DIAGNOSTICO DE LAS PRACTICAS REALES Y COMO LOGRAR PRACTICAS DE ALIMENTACIÓN INFANTIL OPTIMAS

1. Corte Transversal

a) Identificación de Problemas - - entrevistas y observaciones a profundidad; grupos focales

b) Identificación de Soluciones para lograr la Alimentación Optima - Pruebas de Conductas

2. Longitudinal

Entrevistas y Observaciones durante seis meses de vida

INTRODUCCION

Este protocolo combina una variedad de actividades de diagnostico e investigación de diferentes disciplinas tales como nutrición, salud, antropologia, sicologia y desarrollo institucional, para alcanzarse una interpretación del contexto del programa para lograr el mejoramiento de las practicas de la alimentación infantil. La idea que respalda este protocolo de múltiples etapas es el de crear un proceso en donde aquellos participantes activos del programa puedan obtener información importante para sus propósitos y crear un intercambio entre si que hará funcionar que los diversos puntos de vista sean tomados en cuenta y respetados. Los participantes en este caso son definidos ampliamente, como aquellos profesionales que puedan planificar y ofrecer servicios a comunidades y a familias, asi como a esas comunidades y familias que son potenciales beneficiarios y proveedores de servicios.

Este protocolo emerge de muchas experiencias existentes y crea una nueva experiencia, se ve como cada pieza es parte de un todo, como se prepara la gente del nivel local para la asesoria e investigación y cómo se usara ésta para planificar un programa que responda a las necesidades y deseos locales.

El protocolo que aqui se perfila es flexible y modular. A pesar de que el proceso pueda parecer complejo a primera vista, es un proceso gradual de pasos en el cual los resultados de una etapa dan la pauta para la próxima etapa. De esta manera el proceso demostró ser administrable.

El tiempo requerido es de ocho a nueve meses, desde su planificación hasta los informes, dependiendo de la logística y la disponibilidad de la gente del proyecto para llevar a cabo el proceso de investigación. Esto pudiera parecer demasiado tiempo, pero se espera que durante este tiempo los grupos locales se involucren con el tema, y se logre la organización local. También, el diagnóstico de la situación deberá tomar solamente unos meses y con base en este diagnóstico del alcance de los programas podrían iniciarse algunas actividades.

La metodología en su totalidad consiste en cuatro grandes actividades y por lo menos con protocolos generales establecidos.

1. **Revisión de Literatura** - Ver Parte I en Guía para un Diagnóstico A Nivel País de las Prácticas de Lactancia Materna y Su Promoción. Esta guía necesitará adaptarse para su revisión a nivel departamental.

2. **Revisión de políticas, programas y actividades comerciales** que afectan las prácticas de lactancia materna - Ver Parte II en Guía para un Diagnostico A Nivel País de las Practicas de Lactancia Materna y Su Promoción. Esta guía necesitará adaptarse para su aplicación a nivel departamental. El énfasis será en como los programas y políticas nacionales han sido implementadas en el departamento.

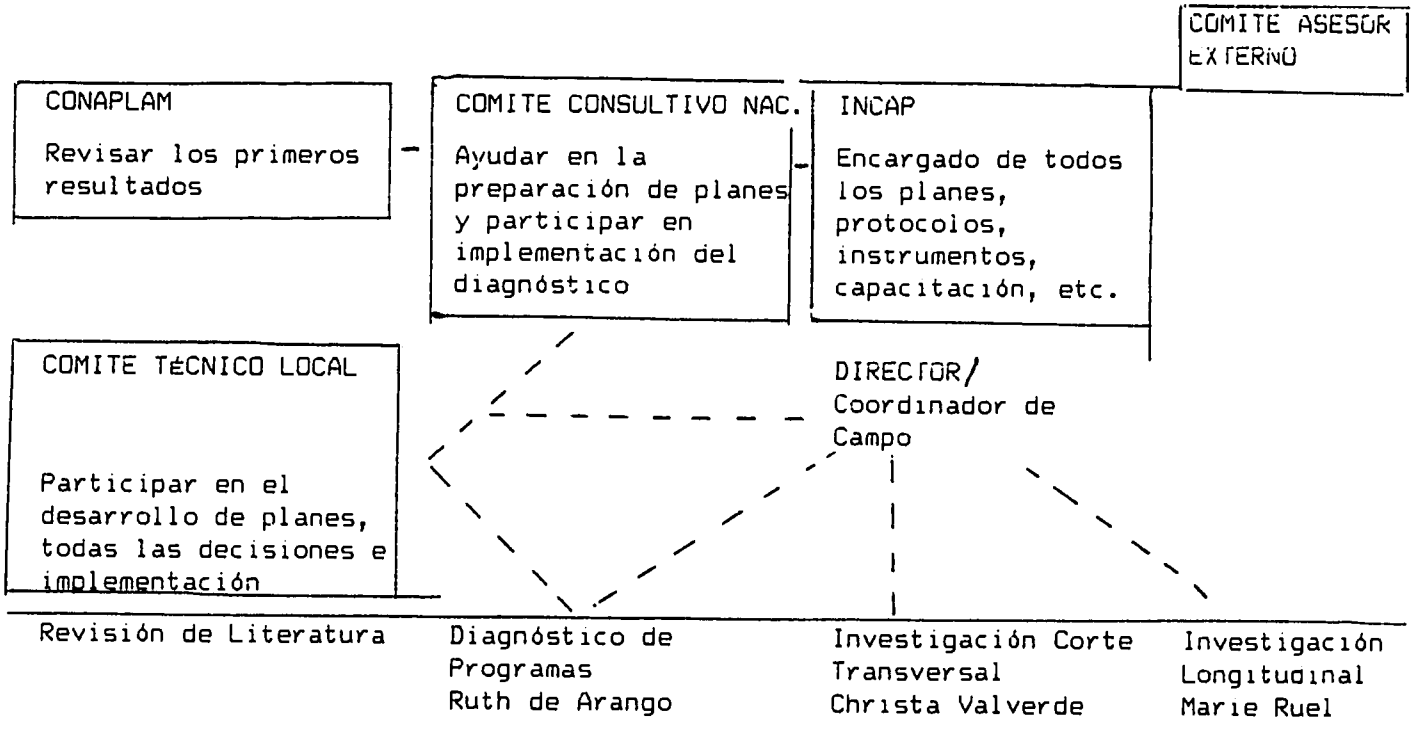
3. **Investigación de Corte transversal de conocimiento, actitudes y prácticas.** Esto involucraría trabajo de fondo con familias así como con otros que influencian estas

familias en la gran red familiar, en la comunidad y en el contexto social. Protocolos para este tipo de investigacion han sido desarrollados para una variedad de proyectos pero como esta investigación tendrá dos partes: una para la identificación del problema y otra para pruebas de conceptos y practicas relacionadas a mejorar las practicas, la guia general esta esbozada en Mejorando la Alimentación de los Niños durante la Diarrea: Una guia para investigadores y administradores de programas. También algunas guías están disponibles en una colección hecha por The Manoff Group y Wellstart International.

Un estudio longitudinal entre un pequeño grupo de niños que serán estudiados desde su nacimiento hasta los seis meses de vida para comprender mas exactamente las prácticas reales y cuales son los puntos decisivos en la alimentación de un niño. Habrá un alto grado de complementación entre la investigación tipo corte transversal y la investigacion longitudinal. El protocolo general para el estudio longitudinal esta en una propuesta de INCAP hecha por Marie Ruel la cual fue sometida a OMS. Requerirá adaptación para las circunstancias exactas del proyecto en general y para la naturaleza participante en el proyecto.

ORGANIZACIÓN DEL COMPONENTE DE INVESTIGACIÓN

El componente de investigación es uno de varios bajo la organización completa del proyecto y por lo consiguiente la organización de sus actividades debe reflejar todas las interacciones del proyecto y de esta manera asegurar que los pobladores del departamento sean los protagonistas de los resultados de la investigación. Al poner este componente en la organización total del proyecto y definiendo roles para las actividades de la investigación por cada grupo, el plan es el siguiente:



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CRONOGRAMA

ACTIVIDAD	semanas - 1				2				3				4				5			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1) Organización del Comité Local y los mecanismos de Trabajo	X																			
2) Investigación																				
A) Revisión de Literatura			X				X													
B) Diagnóstico Local																				
1) Equipo			X	X																
2) Trabajo					X				X											
3) Preparación del Informe									X			X								

ACTIVIDAD	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
C) Presentación de Resultados y Planificación de Prioridades y Actividades Iniciales (ver para implementación de actividades)														X	X					
D) Investigación a Nivel del Hogar																				
- Corte Transversal																				
- Longitudinal																				
1) Formulación del Plan/Instrumentos			X	X																
2) Formulación del Equipo																				
Contratación				X	X	X														
Arreglos Logísticos					X	X	X													

	1				2				3				4				5				6				7				8				9				10			
ACTIVIDAD	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Capacitación con Prueba y reajuste de los instrumentos							X	X	X																															
Reclutamiento de Familias									X	X																														
Trabajo de Campo										X																														
Longitudinal																																								
Corte Transversal																																								
Identificación de Problema										X										X																				
Análisis																	X																							
Pruebas																				X	X																			
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Informe																							X																	
FORMULACION DE ESTRATEGIAS														X	X																							X	X	

DIAGNOSTICO DE LA SITUACION EN ESCUINTLA

Revisión de Literatura

Revisión de Planes existentes y de Programas en Escuintla

El plan consiste en encontrar dos o tres individuos en Escuintla que estén involucrados con programas de lactancia materna y hacerlos trabajar con el equipo que realizó el diagnóstico nacional (Por lo menos que estén Ruth de Arango y Mary Ann Stone-Jiménez). El protocolo existente para la evaluación será traducido al español, éste será revisado por el equipo, se le harán modificaciones para su implementación a nivel departamental y se adicionarán todas las guias desarrolladas en Guatemala con CONAPLAM para monitorear el código, procedimientos hospitalarios, grupos de apoyo, etc. Se espera que un número de visitas y entrevistas se lleven a cabo además de la revisión de los documentos. Se dará mayor énfasis al establecer el nivel de implementación de las normas nacionales por los programas en el Departamento y definir el grado de necesidad para cada norma. Se espera que este diagnóstico tome dos-tres meses. Una vez que se haya completado, se producirá un resumen del documento el cual puede ser compartido en el primer seminario-taller para la formulación de estrategias del proyecto.

INVESTIGACION DE PRACTICAS EXISTENTES Y MANERA DE OBTENER PRACTICAS OPTIMAS EN LA ALIMENTACIÓN DE NIÑOS

1. Investigación Corte Transversal

Identificación de Problemas - Entrevistas de Fondo y Observaciones.

Las entrevistas y observaciones en los hogares incluyen preguntas directas, observaciones estructuradas y abiertas y discusión libre con madres, cuidadores principales de niños en sus hogares y algunos informantes claves para obtener información sobre las prácticas reales de la alimentación, problemas críticos que impiden una práctica óptima y los recursos disponibles para aliviar o resolver los problemas que impiden la práctica óptima. Esta información reúne técnicas que permiten conducir discusiones aun mas flexibles. Los tópicos son predefinidos, pero no hay categorías predeterminadas para las respuestas. Se hacen preguntas que se responden con un "Si" o "No", pero la pregunta clave es "Por qué", asi que las anotaciones de los encuestadores son a menudo muy extensas. Esta flexibilidad permite que la discusión pueda orientarse en una dirección que no se habia planificado para la investigación.

Cuando se planifique esta fase, recuerde que el resultado debe ser: Una descripcion de las prácticas reales que resaltan las areas con mayor problema, las posibilidades de mejorar las practicas del problema, y las soluciones mas fácil de adoptar y

los factores causantes que impiden o promueven el comportamiento.

El Equipo de Campo

El equipo debe incluir un líder, un director de investigacion (Investigador principal) quien será el responsable de algunas de las entrevistas, pero quien su primordial responsabilidad será la de supervisar y mantener el curso de la investigación. Además, miembros del personal que sirvan como encuestadores o entrenadores de encuestadores. Lo ideal es que todo el equipo de investigación de campo participe en todos los aspectos de la investigación (entrenamiento, entrevista, observación, análisis e informes).

Los miembros del equipo de campo deberán tener las siguientes características importantes:

- Fluidez en el idioma local
- Habilidad para establecer confianza con extraños, facilidad de palabra sobre las areas de interés para el estudio, y observación aguda y criterio amplio.
- Madurez, habilidad para manejar algunas veces situaciones dificiles y sentirse cómodo cuando se trate de temas como cuidado del niño, enfermedad del niño y alimentación del niño. (Ambos, hombres y mujeres, son candidatos potenciales para equipo, pero las mujeres usualmente son mas accesibles cuando platican con otras mujeres sobre estos temas.)
- Experiencia anterior en trabajo de campo

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- Deseo de permanecer en las comunidades del estudio durante la investigación.
- Habilidad para analizar una situación, pensar y actuar independientemente y escribir adecuadamente.

El ideal es que los investigadores trabajen en equipos de dos o tres miembros. Un equipo pequeño puede movilizarse todos juntos a cada comunidad. Cada investigador del equipo puede ser responsable de las entrevistas que pertenecen a un grupo de edad específica, o a un grupo de personas que influyen en prácticas.

Las responsabilidades administrativas (por ejemplo requisición de viáticos, arreglos de viaje) debe ser asignada a alguien fuera del grupo o dividido razonablemente entre los miembros del grupo. No funciona adecuadamente cuando el director de la investigación es responsable de estos arreglos administrativos.

La Muestra

Las características particulares de la población que han sido elegidas para la investigación deben ser aquellas que son hipotetizadas de tener el mayor impacto en las creencias y comportamiento de la alimentación de los niños. Por ejemplo, segmentos típicos para el muestreo son a menudo dos zonas ecológicas distintas en donde el concepto de la vida es diferente: En las montañas y en la planicie. En la planicie, tal vez las diferencias del estilo de vida entre residentes urbanos y rurales ~~puede ser~~ son grande. Esto nos sugiere dividir las muestra en tres:

Areas planas rurales, areas planas urbanas (con residentes permanentes o poco tiempo en el area) y area~~s~~ ~~rurales~~ del altiplano.

Para la mayoria de estas investigaciones, no se debe seleccionar mas de cuatro o cinco segmentos de población, a pesar de que los programas con alcance nacional puedan requerir mas segmentos. La sub-agrupación adicional aumenta el alcance de la calidad de la investigación, y pocos programas podrán montar esfuerzos educacionales separados para mas de unos cuantos subgrupos dentro de una población dada. Por consiguiente, la selección de los grupos mas importantes al inicio de la investigación es una situacion critica que deberá ser hecha por el director del programa y los investigadores.

Seleccionando la población. Enseguida de la identificación de los segmentos de la población mas importantes, el próximo paso es seleccionar las unidades de poblacion entre las cuales se llevará a cabo la investigación.

Seleccionar únicamente una unidad de la poblacion por cada segmento para la entrevista y observaciones del cabeza de casa. Esto se hace usando el ejemplo anterior, seleccionando una comunidad que represente el area de altiplano rural; una para la población del area rural de las planicies; una para la poblacion de las planicies urbanas ya establecidas; y otra para la poblacion de las planicies que recién se han instalado en estas tierras.

Seleccionando a los hogares. La próxima tarea es determinar el número de tipos específicos de hogares que se necesitan dentro de las unidades seleccionadas para asegurar que los grupos de mayor edad y de características relevantes sean adecuadamente encuestados.

Determinar el rango de edad y enmarcando la muestra por edad. Asegúrese que sean estudiados los niños de diferentes edades dentro del rango de edad.

El director del programa puede querer escoger a niños bien alimentados y niños desnutridos para entrevistas de estudio a fondo. A pesar de que esto no es necesario, la información y el estado nutricional es útil durante el análisis, y es aconsejable obtener el peso del niño, cuando sea posible.

Ideas Discutidas Sobre Segmentos

Para Escuintla.

Geografía	Origen étnico	Patrón de trabajo	Nivel de Urbanización	Patrón Madre/niño
1.Permanente 2.Emigrante 3.Costero 4.interior	1. Ladino 2. Indígena	1. Emigrante-Finca 2. Industria 3. Comercio 4. Trabajo en casa por remuneración 5. Ama de casa	1. Area urbana grande 2. Ciudad secundaria 3. Area Rural	1. 1er. embarazo otro 2. Recién parida - hospital - casa 3. Meses 1 y 2 3 - 5 6 - 8 9 -11

Otros

Influencias familiares - padre, abuela del niño

Influencias Comunitarias - comadrona

Otros: Centros de Salud

Promotores de cualquier organización

Tiendas locales