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Women and Infant Nutrition Field Support Project (WINS)

**WINS Reconnaissance Visit:
Assessment of Opportunities
in Nicaragua**

September 10 to September 18, 1991

SUBMITTED BY:

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We also acknowledge the other busy people who took time out, often on short notice, to meet with us, discuss their projects and learn about WINS. Their names and affiliations are listed in Appendix 1 to this report.

Our work in Nicaragua would have been impossible without the assistance and support of Ms. Mirette Seireg and Mr. Samuel Baretto and their staff. Finally, we wish to thank our R&D/N Project Officer, Ms. Susan Anthony, for her input and for her efforts in Washington to promote the WINS Project to the field.

EXECUTIVE SUMMARY

This report summarizes an initial visit to Nicaragua by the WINS Project from 10 to 18 September 1991. The purpose of the trip was to develop a detailed outline for a presentation on use of the Tallstick (Regla de Crecimiento), a simplified growth monitoring technique (attached as Appendix 2). A secondary purpose was to review the current nutrition and health priorities of the USAID mission to Nicaragua (USAID/N), the Government of Nicaragua (GON), and of private voluntary organizations (PVOs) and to present the WINS Project capabilities and approach to the same organizations.

Interviews with staff of several ministries and PVOs disclosed a strong interest in the range of technical assistance and training services available through the WINS Project. Of particular interest were simplified anthropometric measurements such as the Tallstick and Agescale for use in measuring growth and nutrition impact of ongoing programs. Institutional strengthening in the areas of community-based growth monitoring and day care supports for infants and young children of working mothers were highlighted as areas of greatest need by those organizations.

The absence of a USAID/N Health Sector program at the present time limits the possibilities for WINS in Nicaragua, however, the mission expressed interest in the Tallstick as a simple, participatory method of measuring height for age and in the potential of using stunting as an indicator of nutrition impact. Efforts should be taken to complete a presentation on the Tallstick and its use in community mobilization in Nicaragua as a case study on simplified community-based anthropometric measurement and growth monitoring and promotion. This can be used in demonstrating the approach and results in a variety of settings and in the field. It will be one component in a package of materials developed under WINS to spotlight promising new and simple community-based growth monitoring and promotion methods.

Recommendations for further WINS involvement in Nicaragua are restricted to possibilities of short-term technical assistance and collaborative operations research on simplified anthropometric techniques like the Tallstick and the Agescale and on day care supports for working mothers that focus on child nutrition.

INTRODUCTION

This report summarizes an initial visit to Nicaragua by the WINS Project Deputy and Technical Director, Dr. Nina P. Schlossman, from 10 to 18 September 1991. The purposes of the trip were to:

- Examine implementation of the Tallstick¹ growth monitoring technique in the community and learn results of community mobilization in the barrio where the Tallstick was used for assessment of malnutrition.
- Review slides of the project and work with local consultant Mirette Seireg on an outline for a presentation of the Tallstick and Community Mobilization (outline attached as Appendix 2).
- Meet with the acting Health Officer at the USAID/N to present the Tallstick, introduce the WINS Project and review the current and future health and nutrition priorities of USAID/N.

The trip was taken in conjunction of exploratory visits by Dr. Schlossman to Bolivia and Guatemala. During the time in Managua, Dr. Schlossman also met with staff of PVOs, UNICEF, the Ministry of Health (MINSAs), the Ministry of Social Security and Welfare (INSSBI), and of the country office of the Instituto de Nutricion de Centro America y Panama (INCAP). These visits included:

- Review of the current nutrition-related priorities and activities of these same organizations.
- Presentation of the WINS Project capabilities and approach to the same organizations.

Section I describes the Nicaragua context, Section II reviews current USAID/N, GOG, and non-governmental organization (NGO) activities, Section III assesses possibilities for WINS collaboration in Nicaragua, Section IV makes recommendations. The report concludes with Section V. Appendix 1 lists interviewees and their affiliations and Appendix 2 is the outline for the Tallstick presentation.

¹ Note: The Tallstick was developed and validated during the course of a UNICEF-funded Positive Deviance in Nutrition study conducted by Dr. Marian F. Zeitlin, faculty member of the Tufts University School of Nutrition (TUSN), with the aid of local consultant Mirette Seireg. TUSN is a WINS sub-contractor.

I. THE USAID/NICARAGUA AND NICARAGUA CONTEXT

Nicaragua is still a highly politicized country, suffering from years of political unrest, economic decline, and civil strife, exacerbated by natural disasters such as earthquakes and periodic droughts. The current government was established through the free election of President Doña Violeta Chamorro in January 1990. Her election ended ten years of Sandinista rule, which had begun with the overthrow of General Somoza in 1979.

Nicaragua is currently faced with the legacy of decades of internal political strife and the concomitant decay of infrastructure. Moreover, Nicaragua is left with a pronounced "brain-drain" caused by the emigration of countless professionals and educated Nicaraguans to neighboring countries and the United States. This phenomenon is seen in all sectors and in health in particular. Since the election of Doña Violeta, a small percentage have returned.

The most recent development with potential negative nutrition and health implications is the proliferation of squatter settlements, which have sprung up almost overnight in and around Managua. This is a result of a government program to distribute land to former troops who have agreed to put down their arms, and to an influx of illegal squatters ("precaristas"). These barrios have no sewer systems nor health facilities of any kind. The houses are mere shacks, built rapidly from readily available materials (wood planks, plastic sheeting, asbestos sheets, cardboard, zinc roofing, etc.), without running water or proper ventilation. Indoor open-air wood cooking stoves are common and contribute to indoor pollution and respiratory problems.

The Nicaragua context includes a USAID mission which returned to the country in 1990 after a several year absence. USAID/N describes its current activities as being "emergency and crisis-oriented," including preparation for cholera. The USAID Mission, especially in the health sector, thus finds itself in a reactive mode. USAID/N has requested the Government of Nicaragua (GON), through its ministries, to present priorities for funding. In this way, the mission can respond more systematically and appropriately to the needs of the GON in the various sectors. This is a long-term process which also has an impact on the development of new projects. Moreover, the ministries are constrained by severe personnel shortages and many are undergoing turnover and reorganization which puts their priority-setting exercise on hold. In particular, the Ministry of Health (MINSAL), in the process of reorganizing, has also been preoccupied with the threat of cholera encroaching from neighboring countries.

USAID/N has its own personnel constraints and relies on consultants to complement and assist staff with the development and implementation of activities. The acting Health Officer stated that she recently had 30 consultants in Managua, who required her time and supervision. Moreover, USAID/N is growing rapidly in terms of funding, but the process of developing new projects (including writing project identification documents and project papers), which takes about two years, is in a backlog. Consequently, any new project contemplated for FY 92 and

93 must fit into a few already designed projects. WINS therefore did not pursue any new project activities but, where appropriate in discussions, sought opportunities to integrate potential activities into ongoing projects. This approach fits with the WINS mandate of collaborative relationships with indigenous institutions and institution strengthening in the areas of community-base approaches to improving nutrition outcomes of existing projects for women and young children.

II. CURRENT NUTRITION-RELATED ACTIVITIES

A. USAID/Nicaragua Activities

The mission currently has no nutrition or nutrition-related activities in its portfolio. The acting Health Officer indicated that a health sector/child survival project, which would include nutrition activities, was a possibility in the future. Although unable to say specifically when it would be developed, it is likely that the process will take longer than one year. INCAP/Nicaragua has a small grant from AID/W/PPC/WID to do operations research on women's issues, to gender-disaggregate data collection, and to examine the role of women in microenterprises. The acting Health Officer cautioned the team on the limited absorptive capacity of the GON and MINSA at the present time.

The USAID Mission has no Title II Program, and food is distributed through the World Food Programme. USAID/N runs a program to support the work of United States-based PVOs in Nicaragua, which tend to be development- and microenterprise-oriented, and more or less involved in health activities. None is doing any nutrition work per se or is concerned explicitly with nutrition impact.

B. Government of Nicaragua Activities

Nutrition priorities are addressed through the Office of Nutrition of MINSA. This office's efforts are focused on a) nutritional surveillance, b) hospital lactation management, and c) nutrition education. The nutritional surveillance program consists of weighing and measuring children. The program uses weight-for-age recorded on "Road-to-Health" charts (modeled on the UNICEF chart) as its indicator of nutritional status. The program is extended throughout the country except for the South Atlantic coastal area. MINSA is just beginning to set up a computerized data system, financed by the World Food Programme. Training personnel in the anthropometric measurements and the recording of weight-for-age on the charts is done by MINSA in three-day workshops. MINSA is familiar with the Tallstick work of Zeitlin and

Seireg, and would be interested in incorporating this instrument into its growth monitoring program. The measurement of stature (height-for-age) has some appeal over weight-for-age in the Nicaragua context, since stunting (rather than wasting) is the major nutritional status problem.

The lactation management program consists of support for food services in hospitals, the establishment of breast milk banks, and implementation of the "ten steps" (outlined in the joint UNICEF-WHO Statement on Breastfeeding in Maternity Services). Interviews revealed a frustration with lack of funding and personnel to permit follow through with the establishment of hospital breastfeeding norms. MINSA is exploring innovative ways to provide support for working mothers. It has a small program working with wet nurses in seven (7) communities which the Office of Nutrition would like to expand to provide nutritional support for the babies of working mothers. This appears to be a culturally accepted approach in Nicaragua. MINSA expressed interest in WINS' program of support for working mothers and the nutrition of their children. Although this might be an interesting collaborative operations research opportunity for WINS, the uncertainty in the Office of Nutrition and the MINSA generally, make it wise for WINS to wait until the future orientation becomes clear.

Nutrition education and feeding programs target pregnant and lactating women and their young children. There appears to be an adequate amount of educational material available, including billboards promoting breastfeeding and radio spots, but MINSA lacks the funds necessary to carry out a proper education campaign.

While MINSA would like to strengthen the monitoring and breastfeeding components of its program, including the restructuring of related laws and policy, progress has come to a standstill pending reorganization of MINSA which will fold the Office of Nutrition into the Maternal and Child Health (MCH) Division. Moreover, the staff have been diverted from their usual responsibilities to prepare for cholera, with much of their time spent in workshops and meetings on cholera. In fact, Dr. Schlossman needed to extend her stay until 18 September, in order to meet with the busy staff at MINSA.

Other nutrition-related GON activities of interest to the WINS Project are implemented through the Instituto de Seguro Social y Bienestar (INSSBI). This Institution provides social security benefits for workers and attends to the welfare of vulnerable groups. In the latter capacity, INSSBI has been running shelters and day care programs in Nicaragua for several years. These programs range from 250 large shelters, each serving about 250 children 0-15 years old to about 175 infant development centers, each serving about 200 children 45 days to 6 years of age. Until 1989, INSSBI covered all the costs of providing care for the children during working hours, attending to the psychosocial and educational as well as food needs of the children. Although parents paid for the care, it was subsidized by INSSBI, which provided basic grains and the salaries for the day care providers. The rest of the food for the children was obtained through donations.

Since 1989, INSSBI's budget has been cut by 40%, which means that it can no longer provide complete meals or facilities maintenance. INSSBI is currently exploring, with UNICEF support, the possibility of transferring the care of these children to the community in order to phase out the infant development centers. They plan to implement a pilot program in a poor barrio which would identify mothers in the community to be trained by INSSBI in the provision of day care in their homes. UNICEF will provide funds for the improvement of the sanitary condition of the homes. INSSBI and UNICEF were particularly interested in technical assistance, operations research, and training available from WINS in the area of day care and nutrition for the children of working mothers.

C. Non-Governmental Organization Activities

The team learned about the nutrition-related activities of the non-governmental organizations, through meetings with staff at CARE, the Adventist Development and Relief Association (ADRA), CRS/Nicaragua, and UNICEF. None of these NGOs is currently running nutrition programs or addressing nutrition outcomes explicitly. CARE has the oldest and biggest United States-PVO program in Nicaragua. It is oriented towards general development and agriculture. CARE has incorporated some basic health education for brigadistas in conjunction with a large water and latrine project. ADRA has the newest program, a small one reaching about 650,000 people, begun in April 1990. However, ADRA is developing two new programs. A child survival project will support MINSA's immunization program and will include growth monitoring using the Road-to-Health cards and feedback to mothers. A Title II Food for Work (FFW) project is also being developed, using PL480 donated foods. Along with more traditional programs, ADRA is exploring innovative uses of FFW: food for construction of latrines, family gardens, road construction, water supply, and to promote breastfeeding.

CRS/Nicaragua is involved in integrated agricultural development programs which include processing, production, and commercialization support for grains, and to a limited extent, in health promotion (with limited attention to nutrition training). CRS/Nicaragua is beginning new activities with SOYNICA, a Danish development program, which entails the establishment of 13 soy kitchens to serve at risk communities. The soy, provided by SOYNICA, is not an indigenous food, and there are concerns about acceptance. CRS/Nicaragua is phasing itself out of direct project implementation, however, and is working with local NGO affiliates to eventually take over those responsibilities. CRS/Nicaragua also saw the need for obtaining external technical assistance, and the relevance of that provided by WINS. The need will increase as more and more of CRS' work is implemented by local Nicaraguan affiliates. CRS was particularly interested in the Tallstick for project monitoring (see below).

UNICEF is currently not working in nutrition, except to support the MINSA program wherever appropriate. However, UNICEF and the now defunct Joint Nutrition Support Program (JNSP)

supported Dr. Zeitlin's Positive Deviance in Nutrition Research Project and the development, testing, and validation of the Tallstick. Although this project is now concluded in Nicaragua, the Tallstick remains an appropriate, simple method for the measurement of stunting and monitoring of nutritional status in Nicaragua. UNICEF plans to incorporate its use into future programming. It also plans to hire a nutrition advisor to assist in UNICEF's activities. There is precedent, however, for UNICEF to access external technical assistance for specialized requests, and might be interested in WINS for assistance in specialized areas.

The site visit to the Barrio Esperanza, where the community leaders were still using the Tallstick in their day care program although the project had ended months before, revealed the ease of use and adoption by lay workers in a community setting. Training in this method is simple. It takes twenty-minutes for lay workers to learn to use the Tallstick versus three-days for health workers to learn how to measure and record weights on the MINSA growth charts. Several groups, including ADRA, CRS/Nicaragua, INSSBI, and MINSA, expressed interest in training in this method and beginning trials to incorporate it into their growth monitoring programs. They also wanted to learn more about the Agescale to assess weight for age (another simplified anthropometric method developed by Dr. Zeitlin and currently in use in Nigeria).

III. ASSESSMENT OF WINS OPPORTUNITIES IN NICARAGUA

The primary purpose of the WINS visit to Nicaragua was to examine implementation of the Tallstick in the community of barrio La Esperanza and to work with Ms. Seireg on the development of an outline for a presentation and review of accompanying slides. The outline is attached as Appendix 2. Several reports on this project are available in Dr. Schlossman's office for review, making a detailed description of this effort unnecessary here.

A secondary purpose of the visit was to present the WINS Project and Tallstick method to USAID/N and assess opportunities for WINS in the context of United States Government (USG), GON and NGO nutrition-related priorities. In general, there was a keen interest among the GON and NGOs in the types and range of services WINS offers and in the community-oriented approach to solution development and its emphasis on nutrition as an outcome and measure of impact in development efforts.

The absence of a fully-developed USAID/N health and nutrition program makes long term WINS prospects in Nicaragua unclear. In the short term, there may be opportunities for collaborative operations research related to the use of simplified anthropometric techniques such as the Tallstick and Agescale and to day care and nutritional supports for working mothers and their children under three. Several organizations also expressed interest in accessing the broad range of technical assistance and training services available through WINS. These including INSSBI-UNICEF, INSSBI, the Ministry of the Presidency's Vulnerable Groups Program, ADRA, and CRS/Nicaragua. There is precedent for UNICEF and some PVOs to seek such help outside their organizations.

IV. RECOMMENDATIONS

Efforts should be taken to complete a presentation on the Tallstick and its use in community mobilization in Nicaragua as a case study on simplified community-based anthropometric measurement and growth monitoring and promotion. This can be used in demonstrating the approach and results in a variety of settings and in the field. It will be one component in a package of materials developed under WINS to spotlight promising new and simple community-based growth monitoring and promotion methods.

Recommendations for further WINS involvement in Nicaragua are restricted to small, short-term technical assistance and collaborative operations research on simplified anthropometric techniques like the Tallstick and the Agescale and on day care supports for working mothers that focus on child nutrition. The development of these potential efforts would entail the identification of an individual in-country to manage and oversee the day-to-day work. The long-term presence in Nicaragua of Ms. Seireg and of colleagues with whom she worked on the Tallstick development and validation, makes this a viable option.

V. CONCLUSION

WINS has a mandate to focus on countries where existing need is greatest and where indigenous organizations whose programs can benefit most from the technical assistance and training available under the WINS Project. Nicaragua fits this category. The nutrition situation in the rapidly expanding squatter settlements in and around Managua is likely to deteriorate unless attention is paid to the vulnerable groups concentrated there (in particular women and young children). However, the absence of a fully-developed health and nutrition program in the USAID portfolio at this time, makes the possibility of USAID/N support unlikely in the near term. Unlike Bolivia which represents an excellent prospect for a WINS comprehensive country, and Guatemala which has possibilities for long-term technical assistance arrangements with WINS, Nicaragua provides limited prospects for collaborative operations research and short-term technical assistance or training activities. Any activity in Nicaragua will be contingent on securing mission concurrence, buy-in funds and identifying appropriate counterparts to manage it.

APPENDIX I

APPENDIX 1: INTERVIEW LIST -- NICARAGUA

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APPENDIX II

APPENDIX 2 PRESENTATION OUTLINE:

DESCRIPTION OF USE OF THE TALLSTICK IN GROWTH MONITORING AND COMMUNITY EMPOWERMENT: MANAGUA, NICARAGUA

by: Mirette Seireg, M.Sc.

Nicaragua: Country Profile

Script

Geographically, Nicaragua is located in the center of the Central American isthmus. It is a country with fertile volcanic soils, plentiful water resources and is considered to be perhaps the only Central American country with sufficient land and water resources to produce enough food to feed its population. Nicaragua has a mere 3.8 million inhabitants yet one of the highest birth rates in latin america, at 3.3%. Life expectancy at birth is estimated to be around 58 years and the infant mortality rate is approximately 80/1,000 live births. Malnutrition in the under five population, as determined by the three indicators weight-for-age, height-for-age and weight-for-height runs at about 20%, 30% and 2% in marginal areas of the country. Nutritional stunting thus represents the most prevalent form of child malnutrition. The stunting process is most active from 6-18 months of age.

Slides

- *Map of Nicaragua
- *Volcano
- *Lake
- Stunted child with normal WAZ score
- Wasted child
- *Graph: Malnutrition prevalence for all 3 indicators

Managua: City Profile

Script

Approximately 25% of the population lives in the City of Managua. Managua has been plagued by natural disasters, such as the 1972 earthquake (which destroyed the downtown area where rubble still remains), political turmoil and social unrest. Open sewage drainage and random garbage disposal predominate in poor communities. This situation is exacerbated by the current flow of illegal squatters that have built shanty houses throughout the city, further stressing the already bankrupt government.

Slides

- *Rubble of "downtown" Managua
- *Illegal squatter community
- Illegal squatter homes (2 quick slides)
- Unpaved street with open sewage drainage (3 quick slides)

Ministry of Health (MINSa) National Growth Monitoring Program

Script

Weight-for-age is the method used by MINSa for growth monitoring. In fact, "Road to Health" charts are printed inside many vaccination cards. Most children have vaccination cards, containing date-of-birth information. Although some children have had their weight recorded on these cards, the road to health charts are almost always left blank. There are many reasons for this: 1) Growth monitoring is provided at the health center, only. Even at large health centers, such as the one that services our pilot community of La Esperanza, only twenty children are seen at the center each day while the rest are turned away; 2) Average coverage of the health center is less than 10% of the population within a particular service area; 3) MINSa has developed a 3 day training course which logistically and financially has presented obstacles to training. Most of the health professionals are not trained in growth monitoring and are thus unable to interpret outcomes; 4) Scales break, which leads to the suspension of growth monitoring activities. Scales are expensive to replace (Cost of scales?); 5) Of those children who are weighed, many are weighed incorrectly and the vast majority are not provided with follow-up.

Slides

- *The MINSa vaccination card with the road to health growth chart
- Outside view of health center
- Inside view of health center
- Waiting room at the health center
- Blank road to health graphs on patient vaccination cards at the health center
- Health worker struggling to plot weight-for-age at the health center
- Uncalibrated scale
- Child improperly weighed with shoes and bulky diaper
- Large, broken beam balance
- Child incorrectly placed on scale

The Tallstick: What it is and how it works

Script

The tallstick is a new, simplified anthropometric tool that was developed for detecting nutritional stunting in community-based programs. It resembles a folding yardstick with one side painted blue for boys and the other pink for girls. Age markings on the stick delineate cut-off points of -2 standard deviations of the NCHS/WHO reference standard for height-for-age for children above 18 months of age. Slightly larger cut-off points are used for children less than 18 months of age to capture children at risk during the period when the stunting process is most active. Children less than one year of age are measured lying down, while older children are measured standing up. The child is positioned along the stick while standing on a flat surface, after shoes and hair decorations are removed. A triangle lowered vertically, flush against the tallstick and the top of the child's head, is used for precision readings. (Of course not all children cooperate and the mother's assistance is required). If the age reading on the stick is less than the child's age, the child is considered to be nutritionally stunted.

Slides

- The tallstick with its age markings
- The tallstick placed against the nutritionally stunted girl (one of the twins)
- The triangle lowered against the stick vertically to the top of the girl's head
- Uncooperative boy
- Best that we could get the boy to cooperate
- The age reading on the stick for the girl

The Calendar Wheel: A Simplified Method for Determining Age

Script

Age is determined from date of birth information which in this population is readily obtained from individual vaccination cards kept by the family. MINSA road to health charts express age in months and this calculation is cumbersome when determining ages for children who are more than a few months old. For this reason, a simplified method for determining age was developed. First, the child's age in years is determined by counting on fingers. Then the calendar wheel is used. The month the child was born is aligned with the red arrow. The current month is located on the wheel and the months since the last birthday is read off the outer wheel. Thus the child's age is expressed in years and months, rather than total months which in many cases implies cumbersome calculations.

Slides

- Date of birth information on the vaccination card
- Volunteer counting years on her fingers
- The calendar wheel, the month the child was born aligned with the red arrow and finger pointing to the number corresponding to the current month (in this case August)

Advantages of the Tallstick

Script

Because of its simplicity, in as little as 20 minutes lay community volunteers with only three years of formal education can be trained to successfully use the tallstick-- as opposed to a three day workshop required for traditional weight-for-age growth monitoring. An immediate outcome is obtained, thus providing the care taker with "the answer". How tall a child should be and how tall the child actually is, is readily demonstrated and understood both by the volunteer and untrained observers, including many of the children themselves. In Nicaragua where the rates of stunting are high and the rates of wasting are too low to be a community health problem, the tallstick addresses the most prevalent form of malnutrition. Unlike a scale, the tallstick does not require calibration, costs less than 50 cents to make, is light weight and transportable, allowing rapid door-to-door assessments. And finally, it empowers lay members of the community and serves as a stimulus for community mobilization.

Slides

- Lay volunteer at typical home in the community (2 slides, different homes)
- Child being measured with tallstick (2 slides, separate measures)
- Comparison of marking for actual age of the child and age reading on tallstick
- Volunteers approaching a home in the community, carrying the tallstick
- Volunteer explaining the tallstick to mother

Application of the Tallstick in Community Development and Empowerment: Pilot Project in "la Esperanza", Managua – (Assessment, Analysis, Action Cycle)

Script (Assessment Cycle)

In our pilot project in the poor neighborhood or "barrio", la Esperanza, in Managua, a formative

triple A cycle of community **Assessment, Analysis and Action** was carried out over the very short period of five months. The triple A model was developed and adopted by UNICEF. Volunteers kept their own records on simple forms provided to them. The barrio was divided into areas containing no more than 45 children under age five, and each area was assigned a volunteer who lived in that area. The volunteer went door-to-door collecting and documenting tallstick assessments on all children under age five in her respective area. If a child was stunted, the volunteer would go through a situation checklist to determine the basic and underlying causes of the problem. Problems that were uncovered were documented on the form and a simple educational message corresponding to the problem was discussed with the caretaker. Formal invitations to community meetings were written and delivered by the volunteers to caretakers of stunted children. Results of the community assessment were tabulated and presented at community meetings. Homes of malnourished children were visited frequently by the volunteers and support educational materials were developed and used in response to common problems such as diarrhea prevention and home treatment as well as weaning foods. Every three months the volunteer would revisit all homes, using this same method. Newly arrived children were added to the list and children who were no longer living in the community were crossed out.

Slides

- *Volunteer record form
- Volunteer filling out the record form at home visit
- *Situation checklist
- Volunteer going through the situation checklist
- Volunteer discussing educational messages with mother, children in foreground and background
- *Formal invitation
- *Diarrhea prevention
- *Home treatment for diarrhea
- *Weaning foods

Script (Analysis Cycle)

During our six month pilot project, identified community leaders were assigned decision making responsibilities, recruited local volunteers and met once per week to analyze, evaluate and monitor community activities. In order to increase participation at community meetings, refreshments were served, children were recruited to perform skits and on another occasion, an attractive basket of goods was raffled. In this community, the most felt needs to address the causes of malnutrition were: day care for children of working mothers; a sewage system; and, garbage clean-up.

Slides

- Community leaders

- community meeting
- *Analysis flow chart

Script (Action cycle)

Technical assistance was sought by community leaders on community organization and skills development in order to provide an answer to felt needs. For example, assistance for setting up day care was provided by INSSBI (the Nicaraguan Social Security and Welfare Institute) and a local church provided the locale. And, in a response to a request, community leaders were trained to prepare petitions for assistance with the CARE-Mayor's Office Program designed to provide sewage systems and a community garbage clean-up campaign which includes a garbage disposal education component.

Slides

- *Action flow chart
- Pre-school day care (three to five slides)
- Garbage (before campaign)
- *Garbage (after campaign)

Results and Conclusions

Script

By applying the tallstick to social mobilization activities, the community was able to improve nutritional status. Over a four month period, a 61% improvement in growth rates was observed and 18% of children who were initially stunted were no longer stunted. (Although these evaluations are a good sign, they are strictly formative, derived from brigadista records, and cannot be interpreted as proof of the impact of the project.) This was accomplished without the benefit of material donations. A sense of ownership and responsibility for the project has evolved in the barrio. Community leaders have not only learned to monitor growth but also to seek outside help, as needed, to meet community goals.

Slides

Select "UNICEF poster-like" slides of children in the barrio, children in amusing poses and volunteers in action. Show slides at 3-5 second intervals.

*** Indicates that the slide has not been taken.**