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DOMINICAN REPUBLIC

— August 12 - 20, 1983 —

Development of needs assessment/problem identification instrument and a baseline survey for the Applied Nutrition Education Program, Caritas and Catholic Relief Services.

by

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INTRODUCTION

In June 1983, INCS consultant Marcia Griffiths, together with Dr. Fernando Monckeberg of Chile, visited the Dominican Republic to help develop a plan for the improvement of the nutrition component of the Title II PL-480 Program. In the course of their work Griffiths and Monckeberg identified the need to provide additional technical assistance support to the Applied Nutrition Education Program (ANEP) of CARITAS. ANEP is a non-Title II project, run by Catholic Relief Services and CARITAS, focusing on promoting home gardens and changing household level food habits through education. ANEP is being sponsored by an Operational Program Grant from USAID/Santo Domingo.

Kathryn Shack's consultancy was aimed at designing a baseline survey for the target communities and training project promoters to carry out a needs assessment of community food and nutrition needs. The survey which Mrs. Shack helped design will be the first step in the development of a project communications strategy. Once the survey and needs assessments are completed, INCS has been requested to provide the ANEP project with further nutrition communication related technical assistance. We look forward to collaborating with CRS/CARITAS in the design and implementation of this project.

Ron Israel
Director, INCS

September 1983

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I. SCOPE OF WORK

The purpose of this consultancy, which took place August 12 to 20, was to:

1. Work with Caritas and Catholic Relief Services (CRS) personnel in the Dominican Republic, helping them develop materials to strengthen the food and nutrition aspects of the Applied Nutrition Education Program (ANEP), which has just received an Operational Program Grant from USAID/Santo Domingo. The materials consisted of a needs assessment/problem identification instrument and a baseline survey format. The needs assessment will help identify projects most appropriate for each community. The baseline survey will be used in project evaluation. Both instruments will be helpful when educational messages are designed.

2. Assist in the organization of the promoters' meeting held August 18 to 20.

3. Coordinate my efforts with those of Dr. Charles Teller, the other consultant visiting the Caritas/CRS project.

On this assignment I worked closely with CRS and Caritas staff (See Appendix A) and with Dr. Teller, the USAID consultant. We agreed that I would concentrate my efforts on the food and nutrition objectives in the project proposal, divided as follows: (1) nutritional behavior (not necessarily knowledge), (2) food preservation and storage (we eliminated preparation), (3) the consumption of local food, and (4) food production. Dr. Teller focused on other objectives in the proposal: promoters group activities and latrines and potable water for the communities. His efforts are documented in a separate report.

My efforts during the week-long consultancy centered on developing a needs assessment/problem identification instrument and a baseline survey. The baseline survey that we developed is extensive and is planned to be administered to a small, select sample.

Dr. Teller focused his efforts on a monitoring plan for the project (see "Community Nutrition Baseline Instruments: Stimulating Initiatives Through Organized Groups." *)

II. RESULTS OF THE CONSULTANCY

The following were developed during the consultancy: a problem identification and needs assessment tool (Appendix B), a baseline (case study) survey (Appendix C), and a schedule for the promoters' meeting (Appendix D).

A. Problem Identification and Needs Assessment

The problem identification tool was administered to the promoters during their meeting, August 18 to 20. After reviewing the results, this consultant made the following recommendations regarding the questionnaire to Joy Del Rosso, Acting Director of ANEP for CRS:

1. eliminate as many questions requiring written answers as possible;
2. add a "don't know" category;
3. administer the survey in person;
4. follow the form closely when dealing with community groups and families (some parts can be eliminated, but nothing should be added);
5. train promoters to use the tool;
6. take care in designing the physical layout of the survey to make tabulation easier; and

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* Office of International Health Public Health Service, U. S. Department of Health and Human Services, Rockville, Maryland 20852, August 1983.

7. retain flexibility to adapt the instrument for families and community groups.

The promoters' responses to the survey showed:

1. The promoters themselves know very little nutrition.
2. The promoters think income and the economy are the major concerns of their communities.
3. Parasites and respiratory difficulties are the main health problems. (It is interesting to note that there is a major polio campaign going on in the country, but only one in 35 promoters mentioned polio as a main problem.)
4. The lack of health clinics is a concern in the communities.
5. Giving charlas (talks) and information are a main activity of promoters but "lack of knowledge" is rarely given as a cause of health or nutrition problems.
6. Organization is also a major function of promoters.
7. Food storage and parasite control might be focuses of respective community projects.
8. Family gardens for income generation and nutrition improvement might be another possible focus for a community project.

B. Baseline (Case Study) Survey

The baseline (case study) instrument will collect food and nutrition information on a select number of families with malnourished children of one to two years of age in the target communities. ANEP will interview approximately 400 families, representing 10 families per promoter area (there are presently 40 promoters). The focus of

the interview will be the preschool-age child in these families closest to one or two years of age. This age group was chosen to enable the ANEP program, which will run three years, to monitor the nutritional improvement of the same children for the program's duration. Since such a small number of families will be interviewed in each community, we are calling the information that will be collected "case studies."

This information will reflect the objectives in the ANEP proposal and will be put to good use in developing food and nutrition messages for the education component of the project. However, the messages will reflect the needs of the communities, not necessarily those mentioned in the proposal. It should also be noted that we foresee the possibility that messages will reflect the broader needs of communities (e.g., "grow more beans for income and better nutrition"). (Most of the needs identified so far fall under the categories of income and employment.) The proposal and the information collected from the promoters and communities will be considered together when educational messages are developed.

After the initial survey period, several universal messages will be formulated. As mentioned before, community needs will have precedence over nutrition principles when the content of the messages is formulated. We are recommending that this program think of nutrition in a broad sense and link community needs with nutrition improvement. The messages should reflect this view and encourage promoters and then communities to see nutrition along these lines.

Once a message is decided upon, it will need to be tested at the community/family level. We are suggesting that the program adopt the formative evaluation model developed by Manoff International in Indonesia. The formative evaluation model would address the problems of low income and poor weaning diets in the following way:

- Choose 10 communities from the ANEP program area
- Ask community groups for solutions to the problems
- Develop a question guide based on the solutions

- Train a team to use the guide
- Send the team to the communities
- Select families with malnourished children
- Tape record interviews with families, asking them:
  - about their diets
  - about weaning diets
  - about possible solutions to the employment/income problem
  - work out a weaning food together, using foods the mothers have in their homes and ask them to try the food for several days
- Return to the homes three to four days after they have had a chance to try the food with their infants; note their likes and dislikes and see if they have modified the recipe to suit their circumstances
- Now develop a short, precise message
- Decide on the media to be used--radio, health worker, etc.
- Test the message in 10 different villages with five to 10 homes from each
- After six months check the knowledge in the case study homes and others
- After 12 months check the practices in the case study homes and others

Marcia Griffiths is a good person to develop the formative evaluation model, since she was intimately involved with the project in Indonesia. From what I know about it, I would recommend following this thoughtful procedure before developing any messages.

Too often messages are developed without careful testing and are not useful. I would strongly recommend not taking a narrow approach to the community nutrition problems, but to think and act on the premise that nutrition problems are multicausal.

Before leaving the Dominican Republic, I suggested this schedule for using the baseline instrument.

1. Field test the instrument in one area, near Santo Domingo (Joy Del Rosso and Juana Maria Mendez [the new nutritionist for ANEP]--August)
2. Make changes as required
3. Identify the neediest families, using more than Caritas data alone
   (Del Rosso and Mendez--September)
4. Hold a workshop with the promoters on how to use the instrument
5. Before using the instrument, check with the promoters in each area and get permission from the families for the visits. (Be careful about choosing the families; they may be the same as those interviewed for the other baseline, and if so will be tired of being surveyed. Ask permission!)
6. Survey each community
   (Promoters and Mendez--September)
7. Tabulate the data
   (Del Rosso and Mendez--September and October)
8. Decide on one or two nutrition and food problems for 1983-1984
   (Del Rosso and Mendez--October)
9. Check the decisions with the promoters at a workshop (in November)
10. Go into concept testing phase of formative evaluation

III. RECOMMENDATIONS

The following are the general recommendations I discussed with Joy Del Rosso. We agreed on each item.

1. The program will consider nutrition in a broad sense and focus on community problems. The proposal does this, and the educational component can strengthen not only nutrition but all aspects of the proposal. In this way nutrition can be linked to other community problems, such as income and unemployment.

2. Problem identification is needed before the baseline. If this is not possible, problem identification questions (needs assessment) can be added to the baseline (case study) questionnaire.

3. Joy Del Rosso's time needs to be increased to full time.

4. The problem identification and baseline need to be completed immediately, in August and September.

5. The educational messages that are developed after the problem identification can complement the entire program. No more than two or three messages per year should be developed. The formative evaluation model developed by Manoff International will be a good way to assure that the messages are well designed.

6. The end of project evaluation can be discussed at a later date, after the problem identification and baseline have been completed. The baseline and monitoring tools will be important parts of the end of project evaluation.

7. The baseline can be redone once a year, but it should always be done at the same time each year.

8. The measurement of some of the objectives can be different from what the proposal suggests (e.g., nutrition knowledge, in this case practices will be measured). Knowledge will be measured after the messages are developed and used.

9. We did not spend any time discussing how to measure the nutritional status of the pregnant and lactating target population. If this is truly a target group, discussion is needed. I think it is difficult. Some questions are asked of this group, but they do not get at nutritional status directly.

10. The problem identification information should be collected at several levels:

a) a review of written materials already available (to identify problems already addressed);
b) a survey of promoters and supervisors;
c) a survey of community groups; and
d) a survey of families in the target communities.

11. Be careful about the sampling at the community level. Try to find out which families are the poorest, using information collected for the ANEP program in addition to any other available sources. SESPAS may be able to help here.

12. Project activities will be decided <u>after</u> the problem identification has been completed.

13. Technical assistance is not required in September. Ms. Del Rosso needs time to implement these recommendations. Future assistance would come after data has been collected. This would be in November or December.

14. The most effective use for this consultant would be to support Ms. Del Rosso as needed.

APPENDIX A

PERSONS CONTACTED

APPENDIX A: PERSONS CONTACTED

Joy Del Rosso	ANEP Director for CRS	Apartado 1457 Santo Domingo
Ezequiel Ramirez	ANEP Project Coordinator for Caritas	"
Juana Maria Mendez	ANEP Nutritionist	"
Anna Romona Cabrera	ANEP Supervisor	San Francisco de Macoris
Rose Veith	AID Program Director	American Embassy Santo Domingo
Lynn Mayor	PL 480 Coordinator	"
John Thomas	Assistant Health Adviser	"
Dulce Jimenez	Health Adviser	"

APPENDIX B

NEEDS ASSESSMENT FOR PROMOTERS

Needs Assessment for Promoters

Name_____
Communities where you work_____
Todays date_____
Name of supervisor_____
Years with Caritas_____

A. General Questions

1. Who makes decisions about needs in your community?
(circle no more than 2)
a. natinnal government
b. local government
c. local individual(s)
name them_____
_____
d. no one
e. other (specify)____
_____

2. Does your community have active groups?
a. yes
b. no

3. If yes, specify_____
_____
_____

4. Can you suggest some groups, either present or to be started, that could help solve community problems?
_____
_____
_____

5. What are your communities main problems?
(circle no more than 2)

a. low income	cause?_____
b. poor land quality	" _____
c. no land	" _____
d. no water for the land	" _____
e. no water for the home	" _____
f. poor housing	" _____
g. lack of food	" _____
h. poor transportation	" _____
i. high immigration	" _____
j. dense population	" _____
k. none	_____
l. other (specify)	" _____

6. What can community groups do to solve problems?
(circle no more than 2)
a. give money
b. give labor
c. give information
d. pressure others
e. none of these
f. nothing
g. other (specify)

B. Food Related Questions

1. What are your communities main problems obtaining food? (circle no more than 2)
   a. none available causes? _____
   b. no diversity " _____
   c. poor storage " _____
   d. no land " _____
   e. lack of knowledge " _____
   f. high prices " _____
   g. none
   h. other (specify) " _____

2. What can community groups do to solve problems?
   a. give money
   b. give labor
   c. give information
   d. pressure others
   e. none of these
   f. nothing
   g. other (specify)

3. What are your communities main problems in food production? (circle no more than 2)
   a. no land causes? _____
   b. no water " _____
   c. no seeds " _____
   d. no fertilizer " _____
   e. no knowledge " _____
   f. too many pests " _____
   g. poor land quality " _____
   h. none
   i. others (specify) " _____

4. What can community groups do to solve the problems?
   a. give money
   b. give labor
   c. give information
   d. pressure others
   e. none of these
   f. nothing
   g. other (specify)

C. Health Related Questions

1. What are your communities main health problems?
   a. respiratory ailments
   b. diarrhea
   c. parasites
   d. measles
   e. polio
   f. flu
   g. stomach ailments
   h. none
   i. other (specify)

2. What are the causes of your communities health problems? (circle no more than 2)
   a. lack of knowledge
   b. poor sanitation
   c. lack of food
   d. lack of health care
   e. lack of pure water
   f. poor housing
   g. none
   h. other (specify)

3. What can community groups do to solve the problems?
   a. give labor
   b. give money
   c. give information
   d. pressure others
   e. none of these
   f. nothing
   g. other (specify)

4. What are the main sanitation problems in your communities?
   a. no clean water causes? _____
   b. no latrines " _____
   c. lack of knowledge about hygiene " _____
   d. poor housing " _____
   e. none
   f. other (specify) " _____

5. What can community groups do to solve the problems?
   a. give labor
   b. give money
   c. give information
   d. pressure others
   e. none of these
   f. nothing
   g. other (specify)

D. Nutrition Related Questions

1. What are the main nutrition problems in your communities, for the preschool age child? (circle no more than 2)
   a. lack of vitamins...which ones_____
   b. lack of protein
   c. lack of calories(food)
   d. anemia
   e. none
   f. other (specify)

2. What can community groups do to solve the problems?
   a. give labor
   b. give money
   c. give information
   d. pressure others
   e. none of these
   f. nothing
   h. other (specify)

3. What are the main nutrition problems in your communities, for the pregnant or lactating women? (circle no more than 2)
   a. lack of vitamins.. which ones_____
   b. lack of protein
   c. lack of calories (food)
   d. anemia
   e. none
   f. other (specify)

4. What can community groups do to solve the problems?
   a. give labor
   b. give money
   c. give information
   d. pressure others
   e. none of these
   f. nothing
   e. other (specify)

5. In general, what are the main causes of the nutrition problems in your communities for the preschool age child? (circle no more than 2)
   a. lack of knowledge by the mother
   b. bottle feeding
   c. poor weaning foods
   d. lack of food
   e. no interest by the mother
   f. no interest by the father
   g. food taboos
   h. food distribution in the home
   i. poor food preparation
   j. none
   k. other (specify)

APPENDIX C

BASELINE (CASE STUDY) SURVEY

Baseline (case study) Survey
Dominican Republic
August, 1983

Date of Interview_____ Promoter's Name_____
Name of Person Interviewed_____
Name of Community_____ Region_____
Household Size_____

Family Information

Name	Sex	Status	Age	Education highest grade completed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Note: Where possible, interview the mother of the pre-school age children in the family. The "focus" child should not be older than two.

Section I
Problem Identification/Community Assessment

In each case, circle the appropriate answer or answers

1. What is the main problem in your community? (circle 1 answer)
   a. food
   b. health
   c. sanitation
   d. water for agriculture
   e. water for house
   f. transportation
   g. housing
   h. other (specify)

2. What is your family's main food problem? (1 answer)
   a. storage
   b. preservation
   c. marketing
   d. land
   e. income
   f. water
   g. land doesn't produce enough
   h. other (specify)

3. Name those you consult when there is a community problem.
   _____
   _____

4. Who makes decisions about community needs?
   a. national government
   b. regional government
   c. community group (name)
   _____
   d. individuals
   e. no one
   f. other (specify)

5. Are ther organized groups in your community?
   a. yes, name them_____
   _____
   b. no

6. If no, do you want one?
   a. yes
   b. no

7. If yes, do you belong
   a. yes
   b. no

8. Can this group help solve community problems?
   a. yes
   b. no

9. Can community groups solve community problems by giving:
   a. money
   b. labor
   c. information
   d. land
   e. other (specify)

10. Which organization do you or your family belong?
   a. education committee
   b. agriculture group
   c. village committee
   d. youth group
   e. religious group
   f. mothers' group
   g. political party
   h. none
   i. other (specify)

11. What is your family's main health problem? (1 answer)
   a. respiratory ailments
   b. diarrhea
   c. parasites
   d. stomach ailments
   e. none
   f. other (specify)

12. What is your family's main sanitation problem? (1 answer)
   a. no clean water
   b. no latrine
   c. lack of knowledge about hygiene
   d. poor housing
   e. none
   f. other (specify)

13. What is your child's(1-2 year old) main nutrition problem? (1 answer)
   a. lack of food, in general
   b. lack of protein foods (beans, eggs, meat, fish)
   c. lack of vegetables
   d. lack of fruits
   e. none
   f. other (specify)

14. What is the cause for the nutrition problems of this child?(1 answer)
   a. lack of knowledge about how to feed
   b. lack of food
   c. lack of variety of foods
   d. lack of money
   e. poor food distribution in the home (all to father)
   f. lack of appetite of child
   g. none
   h. other (specify)

SECTION II

SOCIO ECONOMIC INFORMATION

For questions 1 through 5, circle the number after the most appropriate answer.

In each case, circle one answer. (Do by observation and questions)

1. What do you use to cook your food?

Electric or gas range	4
Kerosene or gas stove	3
Charcoal and coal pot	2
Fire stones with wood	1

2. How do you dispose of human waste?

Flush Toilet	4
Pit latrine	3
Covered hole in yard	2
Field	1

3. Where do you get your water?

Pipe - House	4
Pipe - Yard	3
Govern Pipe	2
Govern Pipe drum rainwater	1

4. What material was used to construct your house?

Cement	4
Wood	3
Combination	2
Shack (low quality wood)	1

5. Which do you own?

Car	4
Motorcycle	3
Bicycle	2
None	1
TOTAL	____

The total of the circled numbers gives indication of social status.
(20 is the highest - 5 is the lowest).

In each case below, circle the most appropriate answer or answers:

6. What is the main occupation of your family? (one answer)

a. Farmer
b. Fishing
c. Construction Labor
d. Hotel/office clerk
e. Domestic
f. Raising Animals
g. Merchant store clerk
h. Civil servant
i. Unknown

7. From the list just given, what els is your family engaged in?

_____

_____

8. What is the weekly income of your family?

a. $20 and under
b. $20 - $50
c. $50 - $100
d. $100 - $200
e. $200 - $400
f. Over $400
g. Unknown

9. Where is the majority of your income spent? (one answer)

a. Housing
b. Clothing
c. Food
d. Transportation
e. Other (specify)_____

10. Which of the following do your family own?

a House
b. Land
c. Radio
d. TV
e. Stereo
f. Animals
g. Other _____ _____

11. Do you have electricity?

a. Yes b. No

12. Where does your family get loans?

a. Government institute
b. Private agency - Bank
c. Landlords
d. Relatives
e. Neighbors
f. Others (specify)

_____

_____

SECTION III

FOOD AND AGRICULTURE

1. Check which of the following foods are raised/consumed/sold/stored [illegible]ved by your family

FRUITS	Raised	Consumed	Sold	Stored	[illegible]ve[illegible]
Citrus					
Banana (ripe)					
Pineapple					
Papaya					
Mangos					
Soursop					
Guava					
Avocado					
Cherries					
Other (specify)					
VEGETABLES					
Beets					
Pumpkin					
Cabbage					
Greens					
Onions					
Tomatoes					
Okra					
Carrots					
Sweet Pepper					
Other (specify)					
LEGUMES (Peas/Beans)					
Peas					
Peanuts					
Soybeans					
Green Beans					
Blackeye Peas					
Red Beans					
Other (specify)					

5.

CEREALS	Raised	Consumed	Sold	Stored	
Corn					
Starchy Roots & Fruits					
Yams					
Cassava					
Potatoes					
Eddoes					
Breadfruit					
Green Bananas					
Other (specify)					
ANIMALS					
Chickens					
Rabbits					
Cows					
Pigs					
Goats					
Others (specify)					

2. Which other foods do you store?

_____

_____

3. How do you store your food?

a. Refrigerator
b. Tin Cans
c. Pots/clay jars
d. Cardboard box
e. None
f. Other (specify)_____

4. What problems do you have storing foods?

a. Animals
b. Insects
c. Rain
d. Thieves
e. Materials (equipment)
f. None
g. Other (specify) _____

7. If given the opportunity to raise animals for food, which one would you prefer?

a. Chicken
b. Pig
c. Fish
d. Rabbits
e. Goats
f. Sheep
g. Cows
h. Other (specify)

8. If given the opportunity to grow fruits, which one would you prefer?

a. Papaya
b. Banana
c. Citrus
d. Mango
e. Passion fruit
f. Cherries
g. Other (specify)

9. If given the opportunity to grow vegetables, which one would you prefer?

a. Green beans
b. Okra
c. Tomatoes
d. Onions
e. Carrots
f. Cabbage
g. Beets
h. Pepper
i. Others (specifcy)

10. What kind of manure does your family use?

a. Chemical (fertilizer)
b. Compost (rotten waste)
c. Animal (specify): _____

_____

d. Other (specify): _____

e. None

11. Does your family have irrigation facilities? (provides water for crops when low rain fall)

a. Yes

b. No

12. Where does your family get seeds?

a.
b.
c.
d.
e.
f.

13. Where does your family get most of its food?

a. own land (farm)
b. store
c. another family
d. other areas of the D.R.
e. own land (garden)
f. other (specify)

SECTION IV

NUTRITION

1. Name of child being surveyed (preferably 1-2 years old) _____

2. Sex: a. Male b. Female

3. Birth Order_____ Birth Date_____
(Day) (Month) (Year)

4. Where was this child born?
   a. Hospital
   b. Home
   c. Other (specify)_____

5. Is this child immunized for:
   a. MMR (measles
   b. DPT
   c. Polio/OPV
   d. TB/BCG
   e. None
   f. Other (specify)_____

6. Is there a health record in the home?
   a. Yes
   b. No

7. Is there a health record in the clinic?
   a. Yes
   b. No

8. Is the child breastfed now?
   a. Yes
   b. No

9. If no, was the child ever breastfed?
   a. Yes
   b. No

10. When was breast feeding reduced (less than 3 x per day)?
    a. Before 6 weeks
    b. 6-8 weeks
    c. 9-12 weeks
    d. 13-24 weeks
    e. 25-36 weeks
    f. After 36 weeks

Only ask these questions if they are appropriate.

11. Why was breast feeding stopped?

a. No Milk
b. Employment
c. Child not interested
d. Other (specify)_____

12. What was the child's age in months when first given these foods:

		Age (months)	Where Obtained
a. Milk in Bottle (specify type of milk)	_____	____	_____
b. Cornmeal		____	_____
c. Banana, ripe		____	_____
d. Other fruits (specify)	_____	____	_____
e. Peas/Beans		____	_____
f. Vegetables (specify)	_____	____	_____
g. Sea Food		____	_____
h. Meat		____	_____
i. Eggs		____	_____
j. Rice		____	_____
k. Chicken		____	_____
l. Other (specify)	_____	____	_____

13. If the mother is not home during the day, who feeds the child? (one answer)

a. Sister or brother
b. Grandmother
c. Neighbor
d. No One
e. Other (specify) _____

14. Check the foods this child should not eat and why?

a. Eggs Why? _____
b. Fish " _____
c. Beef " _____
d. Pork " _____
e. Chicken " _____
f. Butter " _____
g. Others (specify)
_____ " _____
_____ " _____
h. None

15. What foods did this child eat yesterday?
   a. cornmeal/rice
   b. beans/peas
   c. green vegetables
   d. fruit (specify) _____
   _____
   e. oil
   f. milk
   g. meat
   h. fish
   i. none
   j. other (specify) _____
   _____

16. Does your child have diarrhea (lose stool more than 4x per day) often (more than 2x per month)?
   a. yes
   b. no

17. How is diarrhea treated?
   a. bush tea
   b. no solid foods
   c. go to clinic
   e. ORS at home
   f. none
   g. other (specify) _____

18. What sickness has this child had in the past 6 months?
   a. coughing
   b. high fever
   c. chicken pox
   d. skin disease
   e. measles
   f. mumps
   g. other (specify)

19. What foods should a child eat when ill?
   a. rice why? _____
   b. meat " _____
   c. beans " _____
   d. eaggs " _____
   e. vegetables " _____
   f. fruits " _____
   g. liquids " _____
   h. none " _____
   i. other (specify) " _____

20. For the focus child
   What is his/her weight, in kgms? _____

For the woman in the family (if she is pregnant now or for when sh was pregnant):

1. Are you pregnant now?
   a. yes
   b. no

2. What additional foods did you eat when pregnant?
   a. meat why? _____
   b. eggs " _____
   c. fish " _____
   d. beans/peas " _____
   e. milk " _____
   f. fruits " _____
   g. vegetables " _____
   h. none " _____
   i. others (specify) " _____

3. What foods should you not eat when pregnant?
   a. fish why? _____
   b. chicken " _____
   c. eggs " _____
   d. beans/peas " _____
   e. none " _____
   f. other (specify) " _____

4. Did (do) you attend clinic regularly?
   a. yes
   b. no

5. If no, would you like to?
   a. yes
   b. no

APPENDIX D

AGENDA: PROMOTERS' MEETING,

AUGUST 18 - 20

Attachment #3

ENCUENTRO DE PROMOTORES A CELEBRARCE EN INFAS DEL 18 DE AGOSTO 1983

JUEVES

11:30 A.M	Llegada de los participantes, inscripción y alojamiento - a cargo de Quisqueya Lora, Encargada de area de la Diócesis de Santiago de los Caballeros.
12:00	Almuerzo
2:00 - 2:05 P.M	Dinámica de grupos (apertura) - a cargo de Juana Maria Méndez, Nutricionista del Programa.
2:05 - 2:45	Autopresentación de los Promotores
2:45 - 3:00	Explicación del contenido del Programa, Objetivos y desarrollo - Horario - a cargo de Ezequiel Ramirez, Encargado del Programa.
3:00 - 3:15	Llenado de cuestionario sobre las necesidades sentidas de la comunidad, por cada participante - a cargo de Joy del Rosso, Representante de CRS.
3:15 - 4:15	División en grupos/ Diócesis, Encargados de area para informe de trabajo.
4:15 - 4:30	Receso - Merienda
4:30 - 6:00	Presentación de los planes para los próximos años del Programa : a) Generalidades b) Objetivos y Metas c) Educación Nutricional y Producción. - a cargo del Equipo Nacional.
6:00 P.M	CENA

VIERNES

8:00 - 8:30	Explicación de las actividades del día - a cargo de Ezequiel Ramirez, Encargado de Programa.
8:30 - 10:00	Trabajo en grupos: Tabulación de datos de la última encuesta - a cargo de Juana María Méndez, Nutricionista del Programa.
10:00 - 10:30	Plenaria: Desnutridos, indicados en el mapa / Comunidades - a cargo de Joy del Rosso, Representante de CRS.
10:30 - 10:45	RECESO
10:45 - 12:00 P.M	Trabajo en grupos, causas de la desnutrición - a cargo de Juana María Méndez, Nutricionista del Programa.
12:00 - 2:00	ALMUERZO - DESCANSO.
2:00 - 3:15	Discusión de acciones comunales para enfrentar los problemas - respuestas del Programa.
3:15 - 4:00	Concepto de vigilancia y Monitoría Nutricional - a cargo de Dra. Haidee Rondón - Enc. División de Nutrición Salud Pública (SESPAS).
4:00 - 4:15	RECESO
4:15 - 6:00	Trabajo de formulación del instrumento que servirá de base para desarrollar la vigilancia del Estado. Nutricional - a cargo de Dr. Charles Teller, Consultor invitado.
6:00	CENA
8:00 - 9:30	RECREACION

SABADO

HORA	ACTIVIDAD	PERSONA A CARGO
8:00 - 10:00 A.M	Trabajo en grupos, primer ensayo del instrumento de vigilancia.	Equipo
10:00 - 10:15	RECESO	
10:15 - 11:00	Programación; Ensayo de sistema de vigilancia - adiestramiento - Implementación de datos - Utilización	Juana María Méndez Nutricionista del Programa. Joy del Rosso Representante CRS.
11:00 - 11:30	Evaluación	Ana Ramona Cabrera Enc. Area de la Diócesis de San Fco. Macoris.
12:00	ALMUERZO	
12:30	HASTA LUEGO	