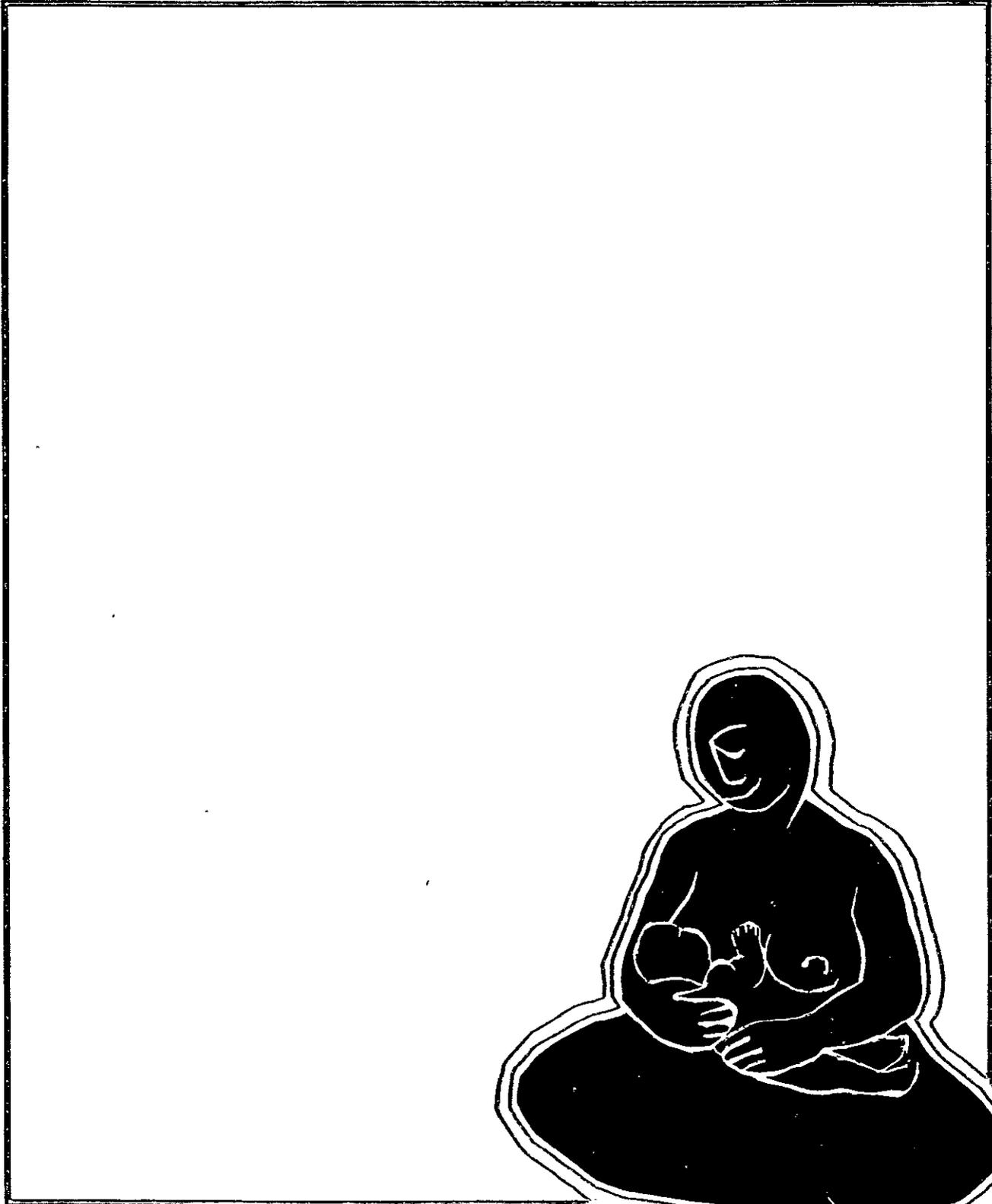


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International Nutrition Communication Service

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INTERNATIONAL NUTRITION COMMUNICATION SERVICE

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DOMINICAN REPUBLIC
— February 20 - 25, 1984 —

**Training in Community Nutrition Program
Planning and Implementation
Workshop I: Detection, Prevention, and
Treatment of Malnutrition**

by

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through subcontract to:

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EXECUTIVE SUMMARY

Training in community nutrition program planning and implementation is underway in the Dominican Republic, sponsored by Peace Corps and the Agency for International Development. The International Nutrition Communication Service is providing part of the technical assistance through a subcontract to Manoff International Inc.

The training is being done in two workshops: the first focused on the detection, prevention, and treatment of malnutrition in the community, and the second will emphasize nutrition education message and materials design. The workshops have been carefully coordinated so that information gathered by participants in the first workshop and during the month between workshops can be applied to the formulation of nutrition messages in the second.

This report summarizes the first workshop, attended by 36 persons from eight institutions. The workshop began with a discussion of anthropometric measurements, growth monitoring, and nutritional status surveillance. Then, the participants went to nearby communities where they completed a short survey to help identify the major factors affecting the nutritional status of young children. On the third day, the focus changed from problem identification to nutrition concepts, stressing sound and practical dietary practices for women and young children. With the proper dietary practices in mind, the participants returned to the communities to discover how people were really eating and to begin to work with them on some solutions to major dietary problems. When they returned to the workshop site, the participants discussed several interventions that could help the communities improve their nutrition situation.

Although the training was designed principally for Peace Corps Volunteers and their counterparts, other private voluntary organizations are participating. It is hoped that the workshops will provide a practical orientation for community nutrition work and help foster collaboration and a unified perspective among many institutions.

the Hotel Don Diego in Santiago, D.R. The schedule for the workshop is presented in Figure 1. A total of 36 persons, including 20 Dominicans and 16 PCVs, participated in the workshop. Their names, addresses, and affiliations are listed in Appendix C.

Goals and Objectives of Workshop

Goals for the workshop were:

- I. To understand the techniques of community nutrition program planning.
 - A. To appreciate how community factors such as land and water availability, food production, health, and family size influence nutritional status in order to choose appropriate activities to implement at a community level.
 - B. To understand family dietary patterns and underlying motivational factors influencing these patterns in order to formulate appropriate behavior change messages for community nutrition programs.
- II. To gain the knowledge and skills necessary for implementing community nutrition programs including growth monitoring; oral rehydration therapy; nutrition rehabilitation and interviewing techniques; breastfeeding, infant feeding, and maternal nutrition concepts.

Specific objectives of the workshop were:

1. Recognize the gross physical symptoms of malnutrition.
2. Gain familiarity with and practice in utilizing height/age, weight/height, and arm circumference.
3. Thoroughly understand and accurately demonstrate weighing young children and plotting the measurements on weight/age charts.
4. Interpret growth charts for both nutritional status and velocity of growth (weight gain).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Breakfast 7:00-8:00	Breakfast 7:00-8:00	Breakfast 7:00-8:00	Breakfast 7:00-8:00	Breakfast 7:00-8:00	Breakfast 7:00-8:00
	Introduction How do you know if a child is well nourished? -physical signs -anthropometric measurements How to weigh & measure children	How to interview Community visits -weigh and measure children -interview mothers	Basic nutrition concepts -lactation -children 0-3 months -prenatal	Understanding differences between real and actual situations Preparation of question guides	Analysis of individual and focus group interviews	Resources available for programs Questions from participants Summary Presentation of certificates
	Lunch 12:00-2:00	Lunch 12:00-2:00	Lunch 12:00-2:00	Lunch 12:00-2:00	Lunch 12:00-2:00	Lunch 12:00-2:00
Arrival of Participants	Practice weighing and measuring Growth curves -plotting -interpretation Advantages & disadvantages of measurements	Analysis of data collected in the field Discussion of which problems should be further investigated	Basic nutrition concepts -weaning foods -children 9 months to two years. Oral rehydration Feeding the child with diarrhea	Community visits -individual indepth interviews -focus groups	Presentations of results Discussion of interview results focusing on major problems to be addressed by nutrition education	Departure of participants
Supper 5:00-7:00	Supper 5:00-7:00	Supper 5:00-7:00	Supper 5:00-7:00	Supper 5:00-7:00	Supper 5:00-7:00	
Informal discussion	Growth monitoring and nutritional surveillance programs -ANEP	Discussion of community projects -soybeans -gardening	Free evening	Indonesian growth monitoring project Tilapia project	Party	

5. Recognize importance of and ease with which educational messages can be linked to growth monitoring activities with families.
6. Be able to discover which factors in a specific community influence nutritional status.
7. Describe culturally appropriate improvements that can be made in the traditional diets of: a) a pregnant woman, b) a breastfeeding mother, c) a child 0-3 months, d) a child 4-8 months, and e) a child 9 months to two years.
8. Understand the importance of the weaning period, especially feeding practices, to the adequate growth of a young child.
9. Know the principles of lactation management.
10. Be able to teach village mothers the preparation and administration of suero casero (oral rehydration solution).
11. Know appropriate feeding during diarrheal episodes.
12. Interview mothers alone or in groups to determine their attitudes and expectations relating to nutrition.
13. Develop interview guide for use with mothers.
14. List the options available to improve nutritional status of the individual and the community.

Characteristics of Workshop Participants

Educational background, experience, and interests of the participants varied widely. At one end of the spectrum were the health promoters, with minimal schooling but extensive community experience, periodically weighing children and supervising feeding programs. At the other end of the spectrum were volunteers with Bachelor's or Master's degrees in nutrition, but little community nutrition experience and limited ability to communicate in Spanish.

In between these two extremes was the majority of the participants, graduates of unrelated high school or college programs, working in the field or in Santo Domingo, and serving as counterparts to health promoters or as supervisors of health/nutrition programs.

A short questionnaire was completed by course participants as they arrived to elucidate their experiences and interest related to the workshop topics of detection, prevention, and treatment of malnutrition. This questionnaire is included as Figure 2.

Participants were asked if they had performed six specific skills. Weighing children was the most commonly shared experience, as 77 percent said they had weighed children. Sixty-seven percent had used growth charts and 60 percent had measured children. The high prevalence of these three skills probably relates to the number of participants who are health promoters or work in nutrition centers. Exactly one-half of the participants reported making suero casero, the oral rehydration solution. One third or less had prepared weaning foods or participated in nutritional rehabilitation of children.

In response to what the participants wanted to learn during the workshop "everything you want to teach us" was most frequent. Also listed by three or more participants were: basic nutrition concepts, detecting malnutrition, treatment of malnourished children, and using growth curves. Other responses to this question were diverse. Even more diverse were the responses to what questions the participants had about nutrition. Nineteen different questions were asked. The facilitators incorporated these questions into the workshop schedule.

The final two questions asked the participants to use a ladder with five steps to indicate their level or grade. Participants rated themselves much higher on their ability to carry out a community nutrition program than their

Nombre: _____

Título: _____

Descripción del trabajo: _____

Sitio del trabajo: _____

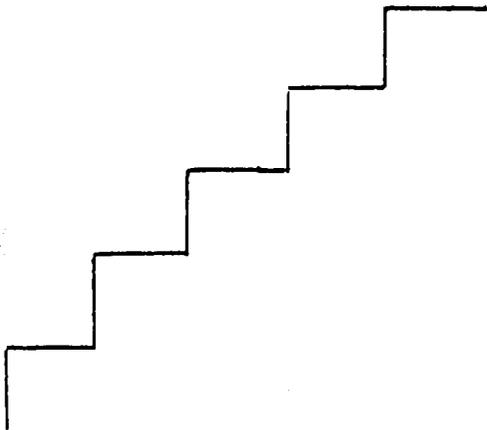
¿Ha hecho usted algunos de los siguientes?

- pesar niños _____
- medir niños _____
- usar curvas de crecimiento _____
- preparar suero casero _____
- preparar alimentos de destete _____
- rehabilitación de niños _____

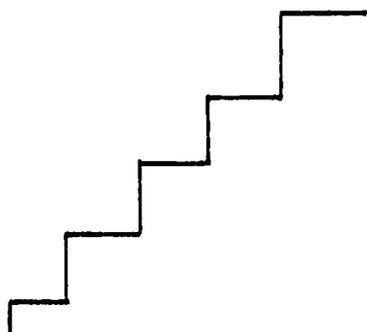
¿Cuáles cosas quiere aprender usted durante el taller? _____

¿Tiene usted preguntas sobre la nutrición? Apúntelas aquí. _____

Ponga una marca en la escalera que indique su conocimiento de la situación nutricional en su área de trabajo.



Ponga una marca en la escalera que indique su capacidad de llevar a cabo un programa de nutrición comunitario.



knowledge of the nutrition situation in their worksites. Thirty-six percent ranked themselves on the fourth or fifth (highest) rungs of the ladder in terms of ability to carry out a program, even though they didn't know the nutrition situation in their communities (17 percent ranked themselves on the fourth rung, and none on the highest rung in terms of knowing the nutrition situation in their communities).

Before the sessions on basic nutrition concepts and treatment of children with diarrhea, the participants completed a pre-test. A wide range of answers was listed, with the percentage of correct responses varying by question. The pre-test and a summary of the responses are included as Figure 3.

1. Juan nació el 2 de Octubre de 1983. Hoy él pesó 4.3 kg.. El mes pasado él pesó 4.4 kg.. Hace 2 meses él pesó 4.4 kg.. Ponga los pesos de él en la curva de crecimiento de La República Dominicana. Conociendo el grado de desnutrición de Juan, ¿ qué consejo da usted a los padres de él ?

- * advise parents to take child to physician - 23%
- give more foods and milk - 80%
- other - 30%

(nearly everyone graphed the child's weights correctly)

2. María ha cumplido 10 meses. En la curva de crecimiento se nota que ella queda en el grado I de desnutrición. ¿ Qué consejo da usted a los padres de ella ?

- * eat more and more frequently - 20%
- eat more - 47%
- more variety in diet - 20%
- other - 7%

3. ¿ Qué debe dar a comer a un niño de 0 a 3 meses ?

- * breastmilk only - 60%
- breastmilk and other milks - 23%
- breastmilk and other foods - 17%

4. ¿ cuántas veces al día debe dar una madre su seno a un niño de 0 a 3 meses ?

- * as often as possible (≥ 6 times/day) - 73%
- other - 27%

5. La primera comida para un niño de 4 o 5 meses debe ser muy aguada o muy espesa ?

- * thick - 13%
- thin - 87%

6. ¿ Qué recomienda usted para un niño de 6 o 7 meses que come solamente una crema de habichuelas ?

- * eat everything - 67%
- eat more fruits, vegetables, milk - 33%

7. ¿ Cuantas veces al día debe comer un niño de 8 meses que no está ganando peso ?
* 4 times/day or more - 67%
3 times/day - 33%
8. ¿ Usted cree a una madre que dice que no produce suficiente leche ?
* no - 73%
yes - 17%
depends - 10%
9. ¿ Hay algo que una madre puede hacer si no está produciendo suficiente leche ?
* yes - 94%
no - 6%
10. ¿ Un niño de 18 meses puede comer la mitad de que come su papá durante el día ?
* yes - 53%
no - 33%
depends - 13%
11. ¿ Es más importante que una mujer embarazada cambie la cantidad o el tipo de los alimentos ?
* quantity - 20%
quality - 57%
both quantity and quality - 23%
12. ¿ Cómo se debe preparar el suero casero ?
* correct proportions - 33%
incorrect proportions - 50%
don't know - 17%
13. ¿ Es bueno que un niño con diarrea siga comiendo ?
* yes - 57%
no - 43%

* expected response

THE WORKSHOP

The workshop was designed not only to teach basic community nutrition techniques and principles but also to demonstrate a planning process. For this reason the sequence of the workshop sessions was as important as their content. The workshop covered five steps in program planning (including the detection of malnutrition and the identification of major constraints to changing practices and implementing projects) and the use of this information in program design.

The session outlines are in the format of other Peace Corps training modules. One change was made, however: examples of the content or the outcome of activities at the workshop in the Dominican Republic were included for illustration. These examples are set apart with boxes in the text of the outlines.

DETECTING MALNUTRITIONOBJECTIVES:

- To recognize the gross physical symptoms of malnutrition
- To gain familiarity with and practice in utilizing height/age, weight/height, and arm circumference measures
- To thoroughly understand and accurately demonstrate how to weigh young children and how to plot the measurements on weight/age charts
- To interpret growth charts for both nutritional status and velocity of growth (weight gain)
- To recognize the importance of and ease with which educational messages can be linked to growth monitoring activities for families, providing them with individualized advice about the feeding and care of a child
- To understand the difference between growth monitoring programs and nutrition surveillance systems

OVERVIEW:

Malnutrition can be detected in many ways, but the easiest methods to use in the field are the identification of physical symptoms and anthropometry. A child's anthropometric measurements must be compared to standards to determine nutritional status. When using weight-for-age, results are best plotted on growth charts. Growth charts become educational tools if they are used in a growth monitoring program and the results employed to tailor specific educational advice for the child. In community programs where the focus is on monitoring individual children's progress, continuous weight gain, rather than nutritional status, is important to emphasize. Periodically, however, for surveillance purposes, the status of the community is needed and for this the nutritional status, rather than weight gain, of each individual is compiled.

RESOURCES:

Growth Monitoring: Primary Health Care Issues, Chapters 1, 2, 3, 4, 5, 7
Finding the Causes of Child Malnutrition, pp. 8-10, 30-54
Manual on Feeding Infants and Young Children, Third Edition, Chapters 3, 4, Appendix 1
See How They Grow: Monitoring Child Growth for Appropriate Health Care in Developing Countries, Chapters 3, 4, 5, 10, 11
Paediatric Priorities in the Developing World, Chapter 7
Nutritional Disorders of Children: Prevention, Screening, and Follow-Up, pp. 14-32

Nutrition for Developing Countries, Chapters 1, 2

The Assessment of the Nutritional Status of the Community, Chapter 2

A Growth Chart for International Use in Maternal and Child Health Care:
Guidelines for Primary Health Care Personnel, Part II

Guidelines for Training Community Health Workers in Nutrition,
Modules 2, 6

VHAI Anemia Identification Card

TALC's "Charting Growth," a slide presentation

MATERIALS:

Scales

Length boards

Measuring tapes

Arm circumference bands (In this workshop the Echeverri strip and chart were used. However, there were some difficulties. It is recommended that future workshops use the CIMDER or SINAPS (INCAP) strips.)

Pictures of well nourished and malnourished children

Large sheets of paper

Markers

Slide projector and tray

Screen or substitute

PREPARATION:

Review slides and script

Make large copy of growth chart

Make copies of handouts

Gather and standardize anthropometric equipment

HANDOUTS:

Growth charts (local and WHO)

Arm band and chart (in this workshop the Echeverri strip and chart were used)

Height/age tables (NCHS standards)

Weight/height tables (NCHS standards)

Line drawings of children with marasmus and kwashiorkor

How to determine a child's age (from Finding the Causes of Child Malnutrition)

Advantages and disadvantages of measurements (from Growth Monitoring, pp. 11-12)

"Vigilancia del Crecimiento: Técnicas para Instructores" (from Mothers and Children, Vol. 2, no. 1, 1982)

ACTIVITIES:1. Group Discussion: Introduction to Detection of Malnutrition

- Ask the group what factors they feel influence the health of a child and how to know if a child is healthy.
- Then proceed to nutrition: If nutrition is important to good health, how do we know if a child is well nourished? Record the answers in the order they are given.
- Suppose food prices have risen and you know that people are having trouble getting food. You want to know how this is affecting the nutritional status of the children. If you do not have any equipment or money, how can you do a rapid assessment? (Visual detection of gross physical symptoms.)

2. Describe the gross physical symptoms of malnutrition. Focus on young children. Begin with the head and proceed to the feet.

- a) Fallen fontanelle in infants (this is really not due to malnutrition but to dehydration)
- b) Hair--lighter colored, sparse, falls out easily, breaks easily, loses its shine
- c) Eyes--pale membranes (anemia); bubbly spot on white of eye indicates vitamin A deficiency
- d) Inner lower lip and tongue--pale membranes

Pass around the anemia identification card from VHAI: have participants check each other.

- e) Upper arms--very thin
- f) Ribs--easily visible
- g) Skin--patches of different color, very dry (these signs are easy to confuse with adverse environmental conditions or poor hygiene)
- h) Feet and ankles--swollen (edema): see if a mark remains after pushing finger in for a few seconds (also may see this in pregnant women)

All these signs are non-specific and should not be used to diagnose malnutrition but to indicate that a problem may exist.

3. Physical signs of severe malnutrition--marasmus and kwashiorkor.

These are the more severe forms of malnutrition, requiring immediate treatment. Have participants look at their line drawings of marasmus and kwashiorkor and talk about the differences. Warn them that it is rare to see all of these signs in one person. Ask participants about their experiences: what have they seen?

4. Anthropometric measures.

- Refer back to the list the participants made when they answered how it is possible to know if a child is malnourished. What would they do if they had only a few dollars and very limited time to purchase tools? (Arm circumference.) What would they choose if they could purchase the tools of their choice and had a week to do their assessment? (Weight and/or height.)
- Review with the group exactly how to take each of the measurements.

A. Arm Circumference

Mid-upper arm circumference can be used in a quick screening program with few resources, as the armband can be inexpensively produced in the field. It can also be used by illiterate workers and in situations where exact age cannot be determined. The principle behind the measurement is that a child's total arm circumference grows very little between the ages of one and five years. There is some argument as to the upper age limit, but almost everyone agrees that it can be used on children one to three years old. However, some bands, like the one used in this workshop, are age-specific. These bands are more complicated to use.

- Describe and demonstrate locating the mid-upper arm (left side).
- Describe and demonstrate measuring arm circumference (left side).
- Participants practice measuring each other's arm circumference with the measuring tape.
- Show and discuss other types of armbands that are available. (Echeverri tape and graph are not recommended.)
- Review correct measuring procedure--location of mid-upper arm and how to measure arm circumference (on left arm).
- Discuss advantages and disadvantages of arm circumference as listed in handout.

B. Height/Length

Height or length (for children under two) can be more difficult to learn to measure and requires two persons to take the measure.

- Describe and demonstrate height measurement.
- Describe and demonstrate length measurement.
- Participants practice measuring height and length among themselves.

- Review correct measuring procedure.
- Discuss advantages and disadvantages of height/length as listed in handout.

C. Weight

Weight is probably the most commonly used indicator of nutritional status, because it is sensitive to small changes, is relatively easy to take, and the scales are widely available. With weight, however, the age of the child must be known to compare him/her with growth standards.

- Describe and demonstrate correct weighing procedure.
- Participants practice weighing procedures.
- Review correct weighing procedure.
- Discuss advantages and disadvantages of weight as listed in handout.

5. Growth Standards

- Once the child's measurements are taken, how do we know if s/he is malnourished?

The measurement is compared to another--usually age; that is, how much does the child weigh compared to others of the same age? Or, how tall is s/he compared to others of his/her age? Or, how much does the child weigh for his/her height?

- A major variable in determining nutritional status is age. Explain different ways to determine age: birth-dates, tooth eruption (the number of teeth erupted plus six equals approximate age), local calendar of events, physical development. It is best to use birthdates and the age given by the mother to verify the birthdate.
- To determine what to call malnourished when comparing weight-for-age, height-for-age, or weight-for-height, the optimal growth must be known. These reference growth patterns are called standards. The NCHS standards are currently used internationally because they were compiled from a scientifically selected sample representing well nourished children of different ethnic origins. Although these standards were compiled from a U. S. population, they can be used internationally--each country can determine the cut-off it wants to use to define malnutrition.

6. Growth Charts (used the Dominican Republic and WHO charts)

- On the chart different cut-off lines have been drawn on the standard to define the different degrees of malnutrition.
- Briefly compare the local and WHO chart (the bottom line on the WHO chart is approximately the same as the line between Grades I and II of malnutrition).
- Demonstrate how to complete the growth chart emphasizing the importance of placing the birthdate of the child in the first space and carefully identifying all subsequent months. Give several examples using only the age (rather than birthdate) of a child and the weight. Practice completing the chart in small groups so those with more experience can assist those with less. Show TALC slideshow, if available.

7. Comparing Measurements and Nutritional Status Results

- The participants are divided into small groups of four to five. Approximately six children from the community are brought by their mothers to the group. Each child is weighed, measured (height/length, arm circumference), and the age is determined. Two different small groups take measurements on one child.
- After mothers and children have left, the small groups reconvene and the two measurements for each child are recorded on large pages so the group can examine them.
- On which measurement is there the most consistency of result? On which measurement is there the least consistency?

For example: In the workshop, in all cases the weights taken by the two groups were the same, but for four of six children the height measurements varied. Arm circumference varied for two children.

- Discussion of difficulties in taking measures.
- If there is a discrepancy in the measurements, write in an average figure for each child.
- Break into small groups again to calculate the nutritional status of children measured.
- Explain how to calculate nutritional status using the armband chart and the length/height/age and weight/height tables.
- For each child, indicate whether s/he is classified well- or malnourished by each measurement. Where are the differences? Why do the measurements classify the children differently?

- The measurements tell different things about malnutrition, and it is important to know how to interpret them.
 - a) Arm circumference--severe malnutrition
 - b) Height/age--indicates malnutrition in the past or long-term malnutrition (or "stunting")
 - c) Weight/age--very susceptible to small changes, so it shows if a child is improving or deteriorating; cannot distinguish between tall and thin, and short and fat; best indicator of past and present malnutrition combined
 - d) Weight/height or length--distinguishes well-proportioned children from those who are thin or heavy for their height. Shows "acute" malnutrition
- Discussion of which indicator is best, taking into consideration cost, availability of equipment, availability of trained personnel, time, and the reason the information is being collected.

8. Surveillance Versus Growth Monitoring

Explain the difference and the way the two systems can be used in a community nutrition program. Surveillance is usually done once or twice a year to determine the nutritional status of a group at one point in time or to divide a community into well-nourished and malnourished. Growth monitoring focuses on examining the same child every month to see how s/he is progressing. The concern is with the direction of the child's growth, not the child's position relative to growth standards.

- Discuss benefits of growth monitoring.
- Discuss how growth monitoring can be used as an educational tool.

For example: The CRS/CARITAS Applied Nutrition Education Program was discussed. This program illustrates how to use surveillance, growth monitoring, and specific educational messages in a community nutrition improvement program.

SPECIFYING FACTORS INFLUENCING NUTRITIONAL STATUSOBJECTIVES:

- To be able to discover which factors in a specific community influence nutritional status
- To understand that the factors influencing nutrition status can be grouped in three categories: availability, consumption, and biological utilization
- To specify which factors are most important in the local situation

OVERVIEW:

In the initial stages of nutrition program planning, it is important to isolate the major factors affecting nutritional status in a community, region, or country in order to better understand how to focus a program. This can be achieved quickly through a short quantitative survey and by observation. The survey should include questions that probe the factors affecting food availability, the consumption of available food, and the utilization of the food in the body. The population surveyed can be divided between houses with malnourished and well nourished children and the results tabulated for each group. Percentages must be calculated in order to compare groups. This experience is one that participants can apply directly to their work

RESOURCES:

Finding the Causes of Child Malnutrition, pp. 11-28

Nutrition for Developing Countries, Chapter 9

Nutritional Assessment in Health Programs, pp. 1-12

The Assessment of the Nutritional Status of the Community, Chapter 4

MATERIALS:

Scales
Armtapes
Height boards
Growth charts
Questionnaire tally sheets
Large sheets of paper
Markers
Calculator, if possible

PREPARATION:

- If time is not sufficient for the participants to prepare the survey questionnaire, then this must be done in advance
- Prepare a tally sheet with the way answers will be broken down (these may need to be adjusted once the results of the survey are worked out)
- Make a large version of the tally sheet to compile small group results

HANDOUTS:

Questionnaires with growth charts
Tally sheets

ACTIVITIES:

1. Factors that Influence Nutritional Status--Preparing for Community Survey

- Discuss with the group the process they will use during the day as they attempt firsthand to better understand the nutrition situation of the community or area they will visit. The process will be: a) collect information, b) organize information, c) analyze information, and d) draw conclusions.
- Brainstorm with the group about different factors they think influence nutritional status. Look for ways to cluster the factors, demonstrating that there are three large categories: availability of food, fuel, etc.; consumption of available food; utilization of the food by the body.
- Distribute the questionnaire and clarify questions.

SAMPLE QUESTIONNAIRE

1. Child's name _____
2. Birthdate _____
3. Sex of child M _____ F _____
4. Number of persons in family _____
5. Number of children under 6 years _____
6. Has your child been sick during the last month? Yes _____ No _____
How many times? _____ What illnesses? _____
7. Are you giving breastmilk to your child? Yes _____ No _____
(If yes) How long do you think you will continue? _____

(If no) How long did you breastfeed? _____

8. What age did you begin giving the bottle to your child? _____

9. What age did you begin giving food to your child? _____

10. How many times a day does your child eat? _____
(Foods, no breastmilk, or bottle)

11. How many pesos do you spend a day for food? _____

12. Is the drinking water in your house potable or not? Yes ___ No ___

13. Do you have a latrine? Yes ___ No ___

14. Do you have the opportunity to produce some of your food,
or do you have to buy everything? _____

Child's Weight _____ kg. Height/Length _____ cm.

Arm Circumference _____ cm

Does child look well-nourished or malnourished?

- Discuss interviewing skills. Facilitators demonstrate a good interview.
- Explain criteria for selecting houses and selecting children to weigh and measure.
- Review anthropometric techniques.
- Divide participants into groups of three and distribute equipment and extra questionnaires. Each group is responsible for interviewing at least five households.
- Go to nearby communities for survey.

TRAINER NOTE

During the interviews and measurements, it is critical to take notes of problem areas observed in either measuring or interviewing. Try to rotate to observe and help as many groups as possible.

2. Review the Interview Procedure and the Anthropometric Measurements. After returning, discuss the experience generally before beginning with data analysis. Ask the members of the group how they felt about the interviews: What could have been better?

They said:

- a) The questions had to be reworded for the mothers.
- b) They should have taken more time to talk with the mothers and should have been more personal and less like journalists.
- c) Using the child's name, not "the child," would have been better.
- d) They did not introduce themselves well.
- e) This was a survey, not the time to give an educational talk.

Did they feel confident about the answers?

They said:

- a) Yes, when mothers answered.
- b) Ages were difficult to determine.
- c) As interviewers, they might have biased the answer by how they asked the question or by the different comments they made.

Did they feel confident in the anthropometrics?

They said:

- a) They did them too slowly--still uncertain.
- b) Height was extremely difficult to measure in the houses.
- b) They should have asked the mother for more assistance.

3. Tabulating the Responses

- Explain the tabulating procedure:
 - Divide into the small interview groups.
 - Calculate the nutritional status of the child measured in each house. Use weight-for-age.
 - Divide the interview forms into two groups: households with well nourished children (normal, Grade I) and those with malnourished children (Grade II or III).

- Tally the responses for each questionnaire on the tally sheet according to whether the child is well- or malnourished.
- Each small group records its totals on the large tally sheet.

4. Factors that Influence Nutritional Status: Analyzing the Responses

- Sum the data and calculate percentages for the malnourished children.
- Compare the categories. Which has the greatest number of malnourished children? Do the results make sense? What would be chosen as the factors most influencing nutritional status?

SAMPLE TALLY SHEET WITH RESULTS

		# Well-Nourished	# Malnourished	% Malnourished
AGE	0-12 Months	20	7	26%*
	13-24 Months	16	5	24%*
	25-36 Months	22	1	4%
SEX	Male	32	6	16%
	Female	24	7	23%*
FAMILY SIZE	Less than 7	17	4	19%
	7 or More	41	9	18%
NUMBER OF CHILDREN UNDER FIVE YEARS	1 or 2 Children	40	11	22%
	More than 2 Children	18	4	18%
NUMBER OF TIMES CHILD SICK LAST MONTH	0 or 1 Time	44	7	14%
	2 or More Times	13	6	32%
TYPE OF ILLNESS	None	21	1	5%
	Diarrhea	7	0	0%
	Other	24	4	14%
	Diarrhea Plus Other	8	7	47%*
HOW LONG BREASTFED	Less than 3 Months	23	8	26%*
	3 Months or More	35	5	13%
WHEN BOTTLE FEEDING STARTED	At Birth	24	7	23%*
	Very Early	26	5	16%
	Never	8	1	11%

WHEN SEMI-SOLID FOODS STARTED	Less than 4 Months	22	6	21%
	4 Months or More	34	7	17%
NUMBER OF TIMES FED PER DAY	0, 1, 2 Times	16	6	27%*
	3 or More Times	41	7	15%
PERCEIVED WATER QUALITY	Potable	7	4	36%
	Not Potable	44	8	15%
LATRINE IN HOUSEHOLD	Yes	51	9	15%
	No	7	4	36%*
AMOUNT SPENT ON FOOD DAILY	5 or Less Pesos	32	10	24%*
	More than 5 Pesos	26	3	10%
HOW FOODS ACQUIRED	Produce Some	15	3	17%
	Purchase All	43	10	19%

* Factors the group decided were important.

5. Relation of Influencing Factors to Community Nutrition Projects

- Discuss with the group:
 - How can these factors be categorized using availability, consumption, and utilization as the category headings?
 - Could these factors become the focus for community nutrition projects? Which ones? If this was your community, what would you try to do?
 - Where are the areas where we need more information to better understand how this factor is influencing nutritional status?

6. Presentation of Community Projects to Influence Availability and Consumption Problems

- Introduction of soybeans.
- Introduction of green leafy vegetables.

BASIC NUTRITION PRINCIPLESOBJECTIVES:

- To describe culturally appropriate diets and dietary improvements for (a) a pregnant woman, (b) a breastfeeding mother, (c) a child 0 to 3 months, (d) a child 4 to 8 months, and (e) a child 9 months to 2 years
- To know the principles of lactation management.
- To understand the importance of the weaning period, especially feeding practices, to the adequate growth of a young child.
- To be able to teach village mothers the preparation and administration of suero casero (oral rehydration solution)
- To know appropriate feeding during diarrheal episodes

OVERVIEW:

Successful nutrition programs are based on sound nutrition principles. The emphasis is on calorie intake (food quantity) first, then protein intake and vitamin and mineral sources are discussed. The diets of women and children are the focus, since they are the high risk groups most programs target. An understanding of what is needed to achieve adequate calorie and protein consumption is essential to evaluate current dietary patterns in a home or community and to make appropriate recommendations for improvements that will lead to improved nutritional status. The brief overviews of diets for high risk groups will increase the participants' knowledge of these principles as well as provide a stimulus for further investigation of practices and beliefs in their communities.

RESOURCES:

Manual on Feeding Infants and Young Children, Chapters 5,6,11-15

Guidelines for Training Community Health Workers in Nutrition, Modules 3, 4,5,7

Nutrición, pp. 13-29

Nutrition for Developing Countries, Chapter 7

Helping Health Workers Learn, Chapters 7,15

A Good Nutritional Start: Improving the Nutrition of Mothers and Young Children

CFNI's "Breastfeeding," a slide presentation

MATERIALS:

2 Coke bottles (total \approx 600 ml.) filled with milk
Plates of foods appropriate for weaning-age children
March of Dimes' chart showing how fetuses grow
Large sheets of paper
Marker

Slide projector and tray
 Screen
 Armband for pregnant and lactating women

PREPARATION:

Review slides and script
 Calculate infant diets in terms of calories, protein, iron,
 vitamin A
 Prepare plates of food and bottles of milk
 Makes copies of handouts

HANDOUTS:

Nutrition Knowledge Pretest
 Recommended daily intakes for infants and young children (from Manual on Feeding Infants and Young Children)
 Nutrient sources
 "Una solución fácil para un problema apremiante" (from Mothers and Children)
 "Alimentación del niño en edad de destete" (from Mothers and Children)
 "A Guide to the Proportions by Weight of Staple Food and Protein Supplements Needed to Make Economical Basic Mixes of Good Protein Value (from Manual on Feeding Infants and Young Children)

ACTIVITIES:

1. Pretest of Knowledge

Give a brief (10 question) knowledge assessment to the participants. The questions should be practical ones that they might have to answer in their daily work.

The pretest used in the D. R. is on pages 8 and 9.
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2. Diet During Pregnancy

- Discuss weight gain during pregnancy—the commonly held belief that eating more will produce a larger baby and result in a difficult delivery. This is not necessarily true. Increasing food consumption will affect birth weight only to a certain point—it is important for the health and strength of both mother and child.
- List the components of weight gain during pregnancy. Emphasize that less weight gain may reduce fetus size and diminish fat stores for lactation.

Dominican health officials recommend a weight gain of 20 pounds during pregnancy.

- Using the March of Dimes chart, illustrate fetal growth. Stress the very rapid growth in the last trimester and the importance of increasing calorie intake during this period.
- Discuss the important elements for a pregnant woman's diet: calories, protein, and iron.

For example: The pregnant woman needs to add 300 kilocalories (approximately one extra plate of food, or more food at each meal plus snacks) to her daily diet. The pregnant woman also needs to add about 25 grams of protein to her daily diet. Combining rice and beans or beans and corn and increasing the quantity of all foods will help her meet her protein and calorie needs.

- Show how to detect high risk pregnant women using the armstrip (less than 23.5 centimeters is considered malnourished). Participants should practice on one another.
- Use the VHA1 anemia card to discuss anemia detection.
- Ask if the participants believe pregnant women in their communities are eating as described. List factors that influence proper food consumption by pregnant women.

For example:

- Nausea/illness
- Interfamily food distribution practices
- Taboos
- Fear of large baby

3. Breastfeeding

- Ask participants to list advantages and any disadvantages they see in breastmilk or breastfeeding.

ADVANTAGES: Most complete food, clean, protects from disease, always available, no special preparation, economical, can help child spacing, helps the bonding process

DISADVANTAGES: Difficult for women to breastfeed and work

- Using the CFNI presentation, discuss:
 - a) when to begin breastfeeding
 - b) colostrum
 - c) the physiology of lactation, emphasizing that almost all mothers can nurse
 - d) how to put the baby to the breast
 - e) frequency of breastfeeding
 - f) length of feedings
 - g) duration of lactation and how to wean
 - h) production of a sufficient quantity of milk
 - i) quality of milk
 - j) use of contraceptives
 - k) pregnancy and nursing
 - l) working and lactation
 - m) breastfeeding problems
- Discuss how to reduce the decline in breastfeeding.

For example: Legislation for working women, hospital practices--including rooming-in--physician training, public promotion and education, Infant Formula Code enforcement

- Reinforce principal ideas: Breastmilk is the only food for babies in the first three months; begin breastfeeding immediately after birth and feed the infant frequently on demand (throughout day and night).
4. Diet During Lactation
- Do the participants have any ideas about how much milk a nursing woman produces? During the first six months, if a

woman is breastfeeding fully, she will produce between 500-700 milliliters. Fill bottles with this amount to illustrate the quantity.

As the child begins to eat food and suckle less, the quantity of milk the mother produces will decrease.

Reinforce the importance of suckling frequency--putting the child to the breast when s/he is hungry, not adhering to a three- or four-hour schedule.

- How should the diet of a woman change during lactation? She needs to consume about 500 kilocalories extra per day and to drink more liquids (about 2 liters per day) to maintain breast-milk production. If the lactating mother is malnourished, the quantity of her milk may decrease, but the quality will remain high. To see if a lactating mother is malnourished, use arm circumference again. Less than 23.5 centimeters indicates that her caloric intake is not adequate.

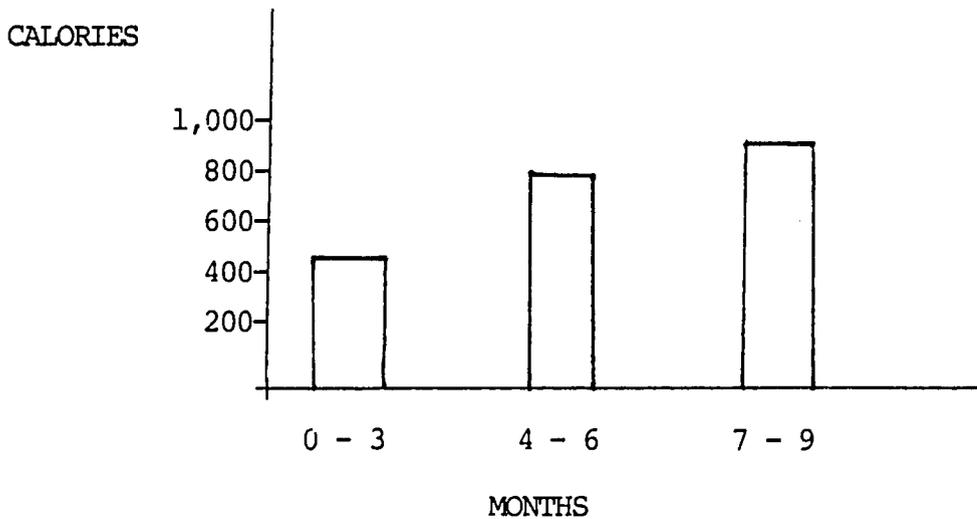
- Discuss reasons why lactation practices are not ideal in the Dominican Republic: women's feeling of inability to produce sufficient milk or milk of good quality; the advice of doctors to use formula; women do not know they should eat more; urban women do not have their traditional support network.

5. Diets for Children 4 to 9 Months

- What is weaning and the weaning period? Weaning is the transition from a milk diet to a mixed diet (the one of the family). The transition begins at about 4 months and continues until at least 9 months. However, it is recommended that the child receive some breastmilk until 24 months of age.
- Why is this period particularly critical for the young child?

- a) High incidence of malnutrition in 4-24-month-olds is due to rapid growth and high nutrient requirements (look at the table on nutrient requirements). This is a period when breastmilk consumption is declining and is usually replaced by a food unable to match it in calorie or protein content.
- b) Increased incidence of diarrhea as child begins to crawl and is exposed to a variety of environmental contaminants.
- c) High mortality rate.

- Examine calorie needs during this period.



- How do these requirements translate into food?

4-6 Months: The Introduction of Food

- Breastmilk should still be the largest component, but the child should learn to eat.
- The child can swallow and digest bland foods without fiber.
- Teach the baby to eat: Begin with small quantities; he may spit out food, but this is not rejection but unfamiliarity with food; increase quantity rapidly.
- At 6 months, a fully breastfed child may receive 600 milliliters of breastmilk or about 400 kilocalories. Food will have to supply 350 kilocalories. This represents two small servings of food.

Show the quantity of food needed in a day to make 350 kilocalories.
 Example: $\frac{1}{2}$ cup mashed beans with $\frac{3}{4}$ cup cooked broken rice kernels or cornmeal cooked with oil and about $\frac{1}{2}$ banana.

- Foods can be too liquid to begin with but by the fifth or sixth month they should be thick--made without the addition of much liquid. Young children have small stomachs--the quantity they eat has to be small. Liquid food will fill them up without providing the calories or protein they need.

7-9 Months: Providing a Calorie-Dense Food

- Breastmilk should still comprise a substantial part of the diet.
- The meals for this child must be high in calories to meet the child's caloric requirement in an appropriate volume of food. To appreciate how much food a child of this age needs to eat, demonstrate several meal patterns with local foods. Divide the food into 1-cup portions (the amount a child can eat at one meal) to illustrate the frequency of feeding needed over a day.

For example: If this 7-9-month-old receives 400 milliliters of breastmilk or 275 kilocalories, s/he will need 650 kilocalories (kcal.) from other foods. The diet then could be:

1½ cup rice =	200 kcal.
1 t. oil =	40
½ cup beans =	125
½ cup squash =	63
1 small piece plantain =	100
1 banana =	100

This needs to be given in three meals with at least one snack.

- Use of cup and spoon rather than diluted foods in baby bottles should be encouraged.
- How does this diet compare to how children are eating? Discuss quantity of food, the consistency, and the calorie and protein content.

6. Diets of Children 10-24 Months: Increase Quantity

- Continue with the demonstration of the quantity of food these children need to eat.

- Continue breastfeeding.
- These children need food four to five times per day.
- Demonstrate different (practical) meals with local foods:

9-12 Months: Approximately 200 kcal. from breastmilk, 800 kcal. from food.

12-18 Months: Approximately 150 kcal. from breastmilk; 1,050 kcal. from food.

- At this age, the child should eat approximately half of what an adult male eats. But the child cannot eat more than about 1½ cups at a meal, so s/he needs more frequent meals and snacks.
- If the child is not gaining weight, advice should be given about increasing the amount of food s/he is eating.
- Review the differences that exist between what families are feeding their young children and what the children should be eating.

7. Care of Children with Diarrhea

Discuss what diarrhea is (define it as four or more watery stools per day). The two main dangers of diarrhea are dehydration, which can lead to death, and malnutrition, which occurs because nutrients are not properly absorbed. Dehydration is caused by a loss of water and salts from the body.

- How does a child get so dehydrated?

Demonstrate dehydration with the use of a gourd with holes (as in Helping Health Workers Learn). Fill the gourd with water and unplug various holes to show how quickly the water is lost with diarrhea. Some of the signs of dehydration can also be demonstrated with the gourd (sunken fontanelle, vomiting, no urine, no tears).

- How can you tell if a child is dehydrated? Signs of dehydration include:
 - a) four or more liquid stools per day
 - b) child very thirsty
 - c) sunken fontanelle
 - d) small amount of urine
 - e) dark yellow urine
 - f) dry, sunken eyes
 - g) dry mouth and tongue
 - h) increased pulse rate
 - i) increased breathing rate
 - j) possibly vomiting
 - k) pinch of skin (over shoulder, abdomen, or thigh) does not spring back and flatten out

If several of these signs exist, the child is dehydrated.

- A dehydrated child needs a lot of liquid. Demonstrate by constantly refilling the gourd so that the level of water does not drop (the baby does not become dehydrated). Giving lots of liquid to a baby with diarrhea may lead to a temporary increase in the diarrhea, but this will go away. What is important is that the child drinks as much liquid as he loses.
- A special rehydration drink can be made at home and used to treat diarrhea in children and adults. Demonstrate how to mix oral rehydration solution.

In the Dominican Republic, the oral rehydration solution is called suero casero. It is made with

- 1 liter boiled water
- 8 teaspoons sugar
- 1 teaspoon salt
- 3/4 teaspoon baking soda

Suero casero should be no saltier than tears. Teach parents to taste the drink before giving it to a sick child.

- How should this special drink be given? When diarrhea begins, 1 glass per loose stool should be given in small quantities every few minutes with a cup and spoon, not a bottle.
- How do you know when to stop giving oral rehydration solution? Children will generally refuse the salty solution once their extreme thirst lessens.
- It is also important to continue feeding children who have diarrhea. They need the food to restore their strength and to replace the loss caused by the diarrhea. Breastmilk is especially important. If the child normally takes solid food, he should still be given solid food, but it should be soft, easily digestible, not fibrous, not fatty or greasy. Fruit juices, bananas, soups, and gruels are typical foods given to people who have diarrhea.
- Discuss causes of diarrhea (such as bottle feeding, parasites, infectious diseases, weaning foods).
- Discuss preventing diarrhea (breastfeeding, latrines, clean hands, freshly cooked food, clean water, no flies).

LOOKING FOR SPECIFIC CAUSES AND FEASIBLE SOLUTIONS
TO PRIORITY NUTRITION PROBLEMS

OBJECTIVES:

- To understand the need to explore with community members their knowledge of specific practices or concepts and their desire and ideas for how to solve particular problems, prior to designing program activities
- To learn the value and use of qualitative research techniques
- To analyze information collected with the community in a way that reveals dietary trends, areas for immediate action, and the resistance factors (impeding change) and motivational factors (encouraging change) that will influence change

OVERVIEW:

Too often when program activities or educational messages are designed, the intended beneficiaries of the activities are not consulted about what they can and cannot--or want and do not want to--do. Without this consultation, programs fail to reach their goals. It is recommended at the initial stage of activity planning or message design, that informal discussions with members of the community take place. This qualitative research uncovers themes or problems not contemplated by program planners. It may indicate the best approach to a problem or at least the possible options to solving a problem. This session illustrates how this type of informal interview is designed, conducted, and analyzed to improve the planning of preventive and rehabilitative oriented activities.

TRAINER NOTE

The tendency will be for participants to want to collect additional qualitative information; continual orientation must be given about the importance of exploring ideas, finding out the "why" behind all answers.

RESOURCES:

Summary of the Indonesia nutrition education project (slideshow)

MATERIALS:

Flipchart paper
Markers
Tape recorders and cassettes
Notebooks

HANDOUT:

"Key Questions for the Formulation of a Nutrition Education Program"
(from Manoff International Inc.)

ACTIVITIES:1. Selecting Topics for Further Investigation

- Return to the list of factors shown by the earlier qualitative research to be correlated with malnutrition. For each of the categories (availability, consumption, and biological utilization) the participants should list activities that can be done on a community level and would have the most impact on nutritional status.

For example:

AVAILABILITY:	<ul style="list-style-type: none"> - Gardens - Consumer Cooperatives
CONSUMPTION:	<ul style="list-style-type: none"> - Prolonged Breastfeeding - Improved Feeding of Children 4-12 Months - Diet of Pregnant Women
UTILIZATION:	<ul style="list-style-type: none"> - Potable Water and Diarrhea Prevention

- For each activity, participants should specify the problematic aspects (the areas where actual and ideal practices are far apart).

For example:

<u>Prolonged Breastfeeding:</u>	<ul style="list-style-type: none"> - Lack of confidence in breastmilk production - Introduction of foods in first 3 months of life - Doctors convince mothers not to introduce the bottle
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2. Learning More About Major Problem Areas

- Describe to the group what they will be doing:
 - Selecting a topic (major problem) of interest to them;
 - Defining the information they need to design a project or education component;
 - Writing a question guide for informal small group discussion;
 - Conducting the interviews;
 - Analyzing the results; and
 - Determining appropriate activities.

- Explain the purpose of the interviews and how these differ from the quantitative, problem identification interviews done earlier. These interviews will explore with a small sample of carefully selected community members their ideas on particular subjects, the way they might solve certain problems, and what they think about other potential solutions. This information will be used to bring to light the major differences between "ideal" practices and attitudes and real practices and attitudes. In contrasting the real with the ideal, we need to know the positive and negative factors to address in trying to bring the two extremes closer together.
- Describe what they should be looking for when doing the interview-- explain how the information will be organized for analysis:

<u>Specific Topic</u>	<u>Ideal Situation</u>	<u>Real Situation</u>	<u>Resistance Points</u>	<u>Motivational Factors</u>

- Orient the group about how to formulate questions, emphasizing the difference between closed and open-ended questions. Give examples of different kinds of questions. Emphasize that in this interview, one is not looking for precise numeric answers but opinions--the "why" and "how" behind the direct answer. The emphasis in the group discussions is on generating discussion and exchange of opinions between people so that we can learn something.
- Participants divide into groups according to the topic that interests them most. Each group should have at least four and no more than eight people.
- Each group begins by brainstorming about possible themes to investigate and potential questions.

For example:

TOPIC: Diet of Pregnant Women

THEMES TO BE INVESTIGATED: Quantity of Food Consumed

Variety of Food Consumed and Food
Taboos

Idea About Weight Gain

Health During Pregnancy

Anemia

Pica

- Once all the ideas are listed, the group begins to structure the interview so that the most open-ended and least intimidating questions come first, or those that everyone will have an opinion or experience about. The interview should be planned to last approximately 20 minutes.

TRAINERS NOTE

Groups should not be given sample question guides but should explore how to formulate questions on their own. When they have a good idea of what they want to ask, specific guidance from the trainer often is needed to ensure that the questions are open-ended and that they call on those being interviewed to help define solutions to identify problems. For example: "If someone told you that you needed to eat more while you were pregnant, would you do it? How would you do it? [PROBE: Eating more frequently? Eating more at each meal? Eating more snack foods?]"

-
- Each group practices with the question guide in a role-playing situation, refining as they practice to ensure the proper flow for the questions.

3. Interviewing in the Community

- Before leaving for a community, each group is briefed about the interview situation. Members are to work in pairs, with one person asking questions and the other taking notes and using the tape recorder if feasible.
- Orientations are given for two types of interviews:
 - a) the individual interview, usually done in a home; and
 - b) the focus group interview, with a small group of women who are usually from the same social class and share some of the same experiences (i.e., all have been pregnant or all have breastfed their children).

The participants are reminded that this is a flexible interview, that the question guide is not a rigid questionnaire. They should remind those being interviewed that there are no right or wrong answers and they should probe and try to draw the mothers into a discussion but avoid talking themselves. Basic interview techniques discussed earlier are repeated and a sample interview or role playing can be conducted by the trainers.

- Each group goes to a community where members conduct a focus group interview (all members are present). Afterwards, the question guide is revised again and the group divides into pairs. Each pair is responsible for at least one focus group and one individual interview.

4. Analyzing the Interviews

- Immediately after finishing the interviews, participants are encouraged to review their notes.
- Impressions of the participants about their experience are discussed. Did they like the group or individual interviews better? Did they learn anything new? Has it given them a better idea of what is possible to recommend or do in a program?
- The group reviews together all the interviews, looking for trends from the majority opinion and noting if the minority held another view that could be important in program formulation.
- Once the responses have been summarized, the analysis format is completed (see format, page 35).

5. Planning Based on the Analysis

- Each group presents its analysis of its interviews.

See Attachment A for an example of the completed analysis formats.

- After each presentation, the group discusses the type of education or program that could be formulated with the information. The group should try to answer the following questions:
 - What are the priority themes? What is the greatest difference between the ideal and the real situation?
 - Can the priority problems be addressed by an educational activity or do the resistance points indicate that another type of activity is more appropriate?
 - What is the best approach? Which are the practices or attitudes where there is little resistance to change and where is the resistance greatest? What are some of the existing attitudes, beliefs, or hopes that could be used to promote an improved practice?

6. Finalizing the Question Guide

- After discussion and analysis of the interviews, the group returns to the smaller groups formed for the interviewing. Each small group revises its question guide based on the field experience and on the things the members wish they had asked after they analyzed the information they collected.

7. Demonstrating the Use of Qualitative Research in the Formulation of Nutrition Education Programs

The Indonesian Nutrition Education Program was presented in a slide-show, which covered the formulation of the nutrition education strategy and the evaluation of its impact on nutritional status and food consumption.

ATTACHMENT A: SAMPLE OF COMPLETED ANALYSIS

TEMA ESPECIFICO	PRACTICA IDEAL	PRACTICA ACTUAL	PUNTOS DE RESISTENCIA	FACTORES MOTIVACIONALES
Como producir más leche materna	Comer más (4 veces por día)	Comen igual Algunas comen más	Falta de dinero para más comida	Tienen la creencia que debe comer más
	Tomar más liquido (2 litros)	Tomcan más liquido (pero no sabe la cantidad)	No hay	Reconocen que tomar más liquido ayuda a bajar más leche
	Lactar más (cada rato)	No lactan con mucha frecuencia	Creen que no tienen suficiente leche para lactar cada rato	La madre quiere un niño sano
Calidad de Leche Materna	Las madres sienten que su leche es siempre buena	Algunas piensan que hay alimentos que dañan la leche Piensan que los alimentos que comen van directo al seno	Los médicos recetan otra leche y están quitando la confianza de las madres	Creen que hay algo que puede mejorar la leche Conocen que la leche materna es mejor que la de vaca o de lata Dicen que la leche del seno evita diarrea
Iniciación de Lactancia	Primer día Apoyo Alimentación adecuada No biberones	Espera 3 días No suficiente apoyo No alimentación adecuada Biberones	Incidencia de cesáreas Médicos recetan biberones Falta de conocimiento que los biberones interrumpen lactancia	Un bebé sano Más barata

LACTANCIA MATERNA Y DESTETE TEMPRANO

1. ¿LE HA DADO EL SENO A SU NIÑO?

¿Porqué decidió darlo?

¿Ha sido costumbre en su familia dar su seno?

¿Ha recibido información sobre la leche materna?

¿De dónde?

¿Qué dijeron?

¿Ha recibido información acerca del cómo dar el pecho al niño?

¿De dónde?

¿Qué dijeron?

¿Qué piensa usted acerca de la leche materna?

¿Cuál es mejor para los niños pequeños: leche de vaca, leche materna o leche de lata?

¿Ha oído hablar de algunas desventajas de dar el seno?

¿Cuáles?

¿Qué opina Ud.?

2. ¿CUANDO EMPEZO A DAR EL SENO?

- Si dice que si, inmediatamente pregunta ¿porqué?

Esta primera leche que salió, ¿le dió a su niño? ¿porqué?

- Si la mamá no comenzó en el primer día, ¿con qué empezó?

¿Recibió información acerca del cómo dar el pecho al niño?

¿De dónde?

¿Qué dijeron?

¿Alguien estaba con Ud. para ayudarle cuando dió luz?

¿Quién?

¿Tenía mucho dolor cuando comenzó a dar el seno?

¿Qué hizo?

¿Hay mamás que no pueden dar el seno?

¿Porqué no pueden darlo?

¿Hay algo que ellas pueden hacer?

3. ¿HASTA CUANDO DIO PECHO A SU NIÑO?

¿Porqué lo quitaba?

¿Hasta qué edad es mejor dar el seno?

¿Piensa que tenía suficiente leche?

¿Cómo lo sabía?

-Hay mamás que dicen que se secó la leche, ¿qué opina Ud.?

-Para estas mamás que dijeron que no tenían suficiente leche,

¿hay algo que pueden hacer para producir más leche?

¿Qué? (si contestan beber más y comer más, profundizar la cantidad y qué tipo de bebidas y comidas).

-Si alguien le diría que cuando esté dando el seno tendría beber 8 vasos de líquidos (cualquier) cada día, ¿qué pensaría? ¿lo pudiera hacer?

-Si alguien le diría que cuando esté dando seno tendría que comer más, ¿qué pensaría? ¿lo haría? ¿cómo? (comer una comida más, poco más en cada comida, meriendas...)

¿Cuántas veces por día le dió el seno cuando su niño era pequeño?

¿Qué piensa es la mejor: amamantar cada vez que el niño pide o con un horario (ejemplo: cada 3 horas)?

¿Porqué?

¿Qué hizo Ud.?

-Si una mamá amamanta mucho (12 veces/día) y otra mamá amamanta 3-4 veces/día, ¿quién tendrá más leche? ¿porqué?

¿Es bueno dar el pecho cuando esté fuera de la casa?

¿Porqué?

¿Qué recomendaría Ud. a una mamá que sentía que no estaba produciendo suficiente leche?

¿Ud. conoce mamás que dicen que su leche no es buena?

¿Qué dicen?

¿Qué opina Ud.?

¿Hay algo que puede hacer la mamá para que eso no le pase?

¿Hay alimentos que pueden hacer daño a la madre lactante?

¿Hay alimentos que dañan la leche?

¿Qué recomendaría a una mamá que dice que su leche no es buena?

4. ¿HA UTILIZADO EL BIBERON?

¿Cuándo comenzó? ¿Porqué?

¿Dió seno y biberón al mismo tiempo?

¿Cuántas veces por día dió el biberón?

- Si le diría que debe dejar de utilizar el biberón en los primeros 3 meses, ¿qué haría Ud.) (Dar pecho con más frecuencia, utilizar taza y cuchara).

- Además del seno, ¿hay otros alimentos que le ha dado al niño en los primeros tres meses?

¿Porqué? ¿Cuáles?

- Cuando comenzó con alimentos, ¿le dió menos seno?

TEMA: ALIMENTACION DE LAS EMBARAZADAS

1.- Cómo se siente Ud. durante su embarazo?

¿Tiene problemas? ¿Con que?

- Que hicieron cuando tienen esos problemas?

2.- Piensa Ud. que una mamá debe aumentar su peso durante su embarazo?

¿Por qué?

3.- Piensa ud que todo el peso que gana es para el niño o por la mamá también?

4.- Cuáles alimentos comió ud cuando estaba embarazada?

5.- Cuáles alimentos cree ud que una mamá debe comer durante su embarazo?

6.- Cambió ud. su alimentación cuando estaba embarazada?

Dice "Sí" - ¿Cómo la cambió?"

Dice "No" - ¿Por qué no?"

7.- Cuántas veces al día comió ud. durante su embarazo?

8.- Comió más cuando estaba embarazada que cuando no lo estaba?

¿Por qué?

9.- Piensa ud. que debe comer más?

10.- Que otros alimentos además de usual pueden utilizar para mejorar su siette?

(pregunta por los tipos exactamente)

11.- Quien de la familia esta comiendo la mejor parte de los alimentos?

12.- Visitaron ud. el médido durante su embarazo?

Cuántas veces?

Por qué?

TEMA: ALIMENTOS PARA NIÑOS 4-12 MESES

1.- Está dando alimentos además de la leche a su niño?

2.- A qué mes comenzó a dar alimentos a su niño?

Por qué comenzó a esta edad?

3.- Estaba dando el pecho al mismo tiempo que los alimentos?

4.- Si una mamá dice que su niño no quiere comer y ya tiene los 5 ó 6 meses que diría Ud.?

4.- Cómo le dió los alimentos? (con cuchara? con biberón?)

Qué piensa, es la forma correcta de comenzar a dar los alimentos?.

Quando comenzó con alimentos tuvo problemas? Cuáles?

5.- Cuáles fueron los primeros alimentos que utilizó?

Por qué usó éstos?

6.- Cómo los había preparado? (pregunta sobre algunos alimentos especialmente que utilicen...ej. crema de habichuelas)

7.- Ud. piensa que los alimentos para estos niños deben ser machacados y mochados con agua para que sean flojos?

Qué es flojo?

Qué es espeso?

8.- Qué cantidad le dió a su niño al principio?

9.- Una vez que su hijo está grande (con 6 ó 7 meses), cómo debe comer?

10.- Cuáles alimentos? los mismos que el resto de la familia o le compra Compotas?

11.- Cuántas veces al día puede comer? Por qué?

Cuánto puede comer en una sola comida? Por qué?

12.- Ud. le da meriendas a estos niños? Por qué?, Por qué no?

13.- Cambió la comida de su niño cuando tenía como 9 ó 10 meses (4-5 dientes)? como lo cambió?

Diferentes alimentos? Por qué?

Más cantidad? Por qué?

14.- Si alguien dice que su niño tiene que comer un mínimo de 4 veces/día lo haría? Guardaría comida? Compraría merienda? lo puede hacer todos los días?.

15.- Cuando Ud. no tiene comida en la casa qué le hace a su niño?
Esto ocurre con frecuencia?

16.- Un niño con la edad de 9-10 meses puede comer solo o siempre necesita ayuda?.

17.- Quién cree usted debe recibir más alimentos- un varón o una hembra? por qué?

TEMA: LA DISPONIBILIDAD Y PRECIO DEL AGUA LIMPIA Y LA OPINION
DE LA GENTE SOBRE LA RELACION DEL AGUA A LA SALUD.-

- 1.- Dónde usted consigue su agua?

- 2.- Tuvo suficiente agua el mes pasado?

- 3.- Cuánto cuesta el agua? ¿Cuántos galones compra por semana?
¿El agua es barata o cara?

- 4.- Cuándo no hay agua que hace?

- 5.- Cuándo no tiene suficiente dinero como consigue el agua?

- 6.- Cómo usa la mayoría de su agua? (para consumo o para otras
casas).

- 7.- Cómo se abastece de su agua? ¿Cubre su agua? ¿Limpia el
tanque con frecuencia?.

8.- Qué piensa acerca de la calidad de su agua?

Qué piensa es más importante: la calidad o la cantidad del agua?

9.- Piensa que hay relación entre la calidad del agua y las enfermedades?

10.- Piensa que hay una relación entre la cantidad del agua y las enfermedades?

11.- Qué enfermedades ha tenido cada persona en su familia en el mes pasado? Algunas de estas enfermedades estaban relacionadas al agua que tiene?

12.- Hierve su agua?----- Si la contestación es "Sí" o "No"

¿Por qué?

¿Su vecino hierven el agua?

13.- Qué problemas tienen ellas en hervir el agua?

¿Cuáles son?

14.- Si una persona en su casa tiene diarrea le sigue dando el agua usual o la cambiaría? Por qué?

15.- Tiene ideas sobre como mejorar la situación del agua?

TEMA: HUERTOS

- 1.- Posee huertos?

- 2.- Cuál es su experiencia en huertos?

- 3.- Conoces en la comunidad huertos familiares comunitarios o escolares?.

- 4.- Dan esos huertos buenos resultados?

- 5.- Le interesaría hacer un huerto?

- 6.- Hay facilidades para obtener agua?

- 7.- Qué tipo de alimentos puede cultivar con mayor facilidad?

- 8.- Hay posibilidades de conseguir tierra para huertos

- 9.- Hay buenas tierra para hacer un huerto?

- 10.- Cuáles son los problemas que pueden tener con un huertos?

- 11.- Siempre será una persona que puede trabajar en el huerto?

- 12.- Considera usted que un huerto mejoraría la situación nutricional y económica de su familia?

- 13.- Vendería lo que produce en su huerto?

- 14.- La producción de su huerto puede ser suficiente para cubrir las necesidades de la familia?.

15.- Conocer en la comunidad asociaciones o instituciones que puedan organizar un huerto comunitario?

REVIEW OF NUTRITION PROGRAM PLANNINGOBJECTIVES:

- To review the planning process that has been practiced during the workshop
- To discuss informally the different aspects of a nutrition improvement strategy and the role each type of activity plays in the overall strategy
- To review the new action/education focus being promoted by particular agencies in their nutrition programs and to examine potential funding sources for community projects

OVERVIEW:

It is easy to lose sight of the overall planning process taught in the course. In this session, the planning process is reviewed and the participants are asked to relate the process to their projects. The participants are supplied with information about how they can obtain follow-up assistance.

RESOURCES:

The participants and their program experience

Representatives of local institutions who may have technical assistance or financial resources available to help implement community nutrition programs

MATERIALS:

Large sheets of paper
Markers

ACTIVITIES:

1. Ask the participants to describe the steps they would use in their community or program to identify the most appropriate nutrition activities to initiate.

1. Take a census (quantitative)
 - a) Identify the extent of malnutrition and where it is the most severe (use a community map).
Methods: eyes, arm circumference, weight-for-age or height measures (review positive and negative aspects of the measures).

- b) Identify the major factors that appear to affect nutritional status. For example, potable water, incidence of illness, duration of breastfeeding, etc.
2. Meet with and organize the community--look for a forum in which to discuss community problems. In selecting priority program areas, consider a) what the community wants, b) what resources are available, and c) what can have an impact on nutritional status.
3. Identify the specific actions, practices, and ideas that could be taken or improved to move closer to a healthy situation. Explore these changes with the community (qualitative research). Discover new solutions, the resistance points, and the motivational factors.
4. Plan a strategy that contemplates community activities and a strong education component. Possible program options include:
 - a) Growth surveillance or monitoring
 - b) Increasing food availability:
 - Gardens, fruit trees, fish ponds, small animal projects
 - Consumer cooperatives
 - Dry ration feeding programsEach activity should be accompanied by appropriate education.
 - c) Improving consumption patterns:
 - Education to use existing resources better (includes breastfeeding promotion and education about maternal and infant feeding)
 - On-site feeding programs with local or donated foods
 - Improved childcare
 - Anemia control
 - d) Improving the biological utilization of food consumed
 - Water projects
 - Prevention and treatment of diarrhea
 - Deworming
 - Vaccination

2. Discuss the types of programs in which the participants are working and the possibility for actions that would strengthen their current activities or make the programs more comprehensive.

For example: Most participants indicated that they could attempt a more focused education program. Many worked in feeding programs and said that a stronger education program would prevent their biggest problem--children who return to the program mal-nourished. Another point that was discussed with enthusiasm was the inclusion of fathers in program activities.

Others felt that by beginning some food production activities they could interest the community in nutrition--both men and women--and have an impact on nutrition.

3. Discuss resources available for the implementation of small projects.

Each agency representative spoke about available resources and the Peace Corps representative spoke of that agency's small project grants.

4. Ask the participants to write a brief plan of one or two activities they will try to undertake in their work to better understand the nutrition situation or to improve it.
5. Complete a course evaluation that serves as a review of the components of the course and ask the participants to assess their capacity to implement community nutrition actions. (See Figure 4 in "Workshop Evaluation and Recommendations.")

WORKSHOP EVALUATION AND RECOMMENDATIONS

Participants' Evaluation of Workshop

Participants evaluated the workshop using the form presented as Figure 4. Results of the first question asking about the major activities of the workshop are presented in Table 1. It appears that the more didactic sessions rated more highly than the group discussions. The evening presentations about projects tended to rate lower than the daytime sessions.

Only 29 percent of the participants felt that the majority of the information was a repeat of what they already knew. Information most often mentioned as a repeat included weighing children, using growth charts, detecting malnutrition, and diets for preschoolers and pregnant and lactating women. Several persons commented that although they had read about some of the topics previously, after the workshop they had a much better understanding. Everyone felt that workshop had helped them focus their ideas about nutrition and the process of defining nutritional priorities. The two most frequent responses in terms of how it had helped were: 1) getting to know the community's problems and then orienting programs toward these problems and 2) gaining new ideas to put into practice. Ninety-three percent thought they could implement something learned in the workshop in the next six months. (Those who said they couldn't implement anything noted that they didn't work in nutrition.) A wide range of ways to implement what was learned in the workshop was listed. Most frequent were:

- Breastfeeding education - 23%
- Analyze community and seek out its resources - 19%
- Growth monitoring - 19%
- Education on pre-natal diets - 16%
- Conduct interviews using guides developed during workshop - 16%

EVALUACION DEL TALLER

NOMBRE:

1) En la lista que sigue están las actividades principales del curso. Por favor, ponga el número de las columnas que refleja los conocimientos adquiridos para ud. y la aplicabilidad de estos conocimientos a su trabajo:

(La escala: 0= nada 5 = Mucho)

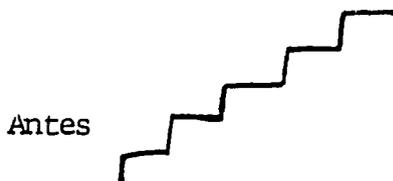
<u>ACTIVIDAD</u>	<u>Conocimiento adquirido</u>	<u>Aplicabilidad a su trabajo</u>
I. Diagnóstico de la desnutrición:		
1. El uso de los ojos	_____	_____
2. La toma de las medidas-peso, talla, C. B.	_____	_____
3. Significado de las medidas	_____	_____
4. El llenar y el interpretar de las gráficas	_____	_____
5. La discusión del programa ANEP	_____	_____
6. La práctica comunitario y el análisis	_____	_____
II. Especificar factores relacionados a la desnutrición:		
1. Las entrevistas comunitarias (técnicas)	_____	_____
2. El análisis de la entrevistas	_____	_____
3. La discusión de los programas comunitarios de la introducción de las hojas verdes y la soya	_____	_____
4. La discusión de la introducción de la tilapia	_____	_____
III. Los conceptos básicos de la nutrición:		
1. Las embarazadas	_____	_____
2. Las lactantes	_____	_____
3. Los niños de 0-3 meses	_____	_____
4. Los niños de 4-8 meses	_____	_____
5. Los niños de 9-24 meses	_____	_____
6. Rehidratación oral y la alimentación durante la diarrea	_____	_____

IV. Especificar factores para la Educación Nutricional:

1. El diseño de la guía de las preguntas _____
2. Los grupos focales y las entrevistas individuales en la comunidad _____
3. La análisis de la información _____
4. La formulación de los programas educativos _____
5. La discusión del programa en Indonesia _____

V. La discusión de las opiniones para los programas comunitarios:

1. La discusión _____
- 2) ¿La mayoría de la información del taller era nueva o una repetición de la información tocada en otros cursos?
nueva _____ repetida _____
(¿Qué era la información repetida?)
- 3) ¿Este curso ayudó en enfocar sus ideas sobre nutrición y el proceso a seguir en la definición de las prioridades?
Sí _____ No _____ ¿Porqué?
- 4) ¿En los próximos 6 meses piensa que puede implementar en su trabajo algo que aprendió en el curso?.
Sí _____ No _____ ¿Qué?
- 5) Ponga una marca en la primera escalera que indique su capacidad cuando llegó al curso de llevar a cabo un programa de nutrición comunitario. En la segunda escalera su capacidad en este momento a llevar a cabo un programa de nutrición comunitario.



6. Cómo se siente sobre los "arreglos" del taller (ejemplos: sitio, comida, horario, profesores y otros?)

Table 1 Evaluation of Principle Activities of Workshop

Activity	Knowledge gained			Applicability to work		
	<u>0-2</u>	<u>3</u>	<u>4-5</u>	<u>0-2</u>	<u>3</u>	<u>4-5</u>
Using eyes	19%	23%	58%	7%	7%	86%
Taking measurements	3%	6%	90%	10%	7%	83%
Significance of measurements	3%	6%	90%	3%	17%	79%
Graphing	10%	13%	77%	3%	0%	97%
ANEP	20%	37%	43%	15%	33%	52%
Community visit	6%	13%	81%	10%	0%	90%
Critique of interviews	3%	10%	87%	3%	10%	87%
Analysis of interviews	3%	13%	84%	7%	14%	79%
Green leafy vegetables and soya	19%	26%	55%	10%	24%	66%
Tilapia	35%	26%	39%	48%	28%	24%
Pregnancy diet	3%	6%	90%	7%	3%	90%
Lactation diet	3%	6%	90%	7%	7%	86%
Children's diets:						
0-3 months	3%	10%	87%	14%	3%	83%
4-8 months	3%	13%	84%	11%	0%	89%
9 months -2 years	0%	17%	83%	10%	3%	86%
Oral rehydration	16%	13%	71%	7%	11%	82%
Development of question guide	3%	17%	80%	10%	21%	69%
Community interviews	6%	16%	77%	10%	10%	80%
Analysis of information	7%	20%	73%	7%	17%	76%
Formation of educational programs	3%	40%	57%	3%	14%	83%
Discussion of Indonesian program	4%	15%	81%	8%	28%	64%
Discussion about community programs	4%	36%	61%	4%	15%	81%

Respondents' perceived capacity to carry out a community nutrition program increased as a result of the workshop. Forty-five percent reported themselves as having moved up two steps on the ladder. Thirty-nine percent moved themselves up just one step, but 16 percent felt they'd moved up three steps. In terms of the level attained, 23 percent indicated step five (the highest), 45 percent step four, 29 percent step three, and three percent step two. Both the percent increase and level attained seem very good for a five day workshop. In comparing the pre-test and the evaluation, participants felt they greatly increased their ability to carry out a community nutrition program. Thirty-six percent ranked themselves on the top two steps on the pre-test vs. 68 percent on the final evaluation.

Participants were generally pleased with the logistics of the workshop. An overwhelming majority felt the location of the workshop and the facilitators were excellent or good. Two thirds approved of the food. Opinions about the length and schedule of the workshop, however, were more divided. The participants split evenly on whether the schedule was good. Those who didn't like the schedule mostly felt that too much information was presented for five days. In contrast the fast pace of the workshop was appreciated by several persons, with comments like "there was no chance to daydream or get bored." Many of the participants would have appreciated more breaks during both the morning and afternoon sessions. Several people commented on the difficulty of working with such a heterogeneous group.

Nearly all the responses were positive in terms of how the course was taught. A number of participants felt that the material was well explained and easily understandable, with the facilitators being well prepared. Many people also noted that they liked working with a group, getting to know their nutrition colleagues better.

Facilitators' Evaluation of Workshop

Over-all the workshop was successful, meeting the goals and objectives set for it, and on target in terms of the participants' needs. A very important aspect was the variety of agencies represented. Interaction among representatives of these different agencies led to an increased feeling of collegialism and support for nutrition. The participants left the workshop with the same nutrition messages to promote, even though their agencies may implement nutrition programs in different ways. Along this same line of thinking, it was also beneficial to have PCVs and their counterparts working together and learning the same nutrition concepts and methods.

It was difficult and, at times, frustrating to work with such a diverse group of participants. But there was good participation by nearly everyone in the group. The different levels of education and experience led to an integration of practice with theory.

Probably the facilitators attempted to cover too much material in the time allotted. The topics of formulation and revision of question guides, treatment of malnourished children, and development of projects based on information derived from interviews all did not receive as extensive coverage as they deserved.

One of the disappointments in the workshop implementation was the inability of national level SESPAS personnel to participate in the workshop. During the week of the workshop they were training people to conduct a national nutrition survey. One regional SESPAS person did, however, participate on a part-time basis. The absence of national level SESPAS staff meant that there was less certainty that the concepts and techniques taught in the workshop were similar to those of SESPAS. For all topics the facilitators attempted to represent the national SESPAS program, for example the use of weight/age was stressed, and the SESPAS growth chart was used to teach graphing techniques.

The facilitators spent time assisting seven small groups. It had been hoped that SESPAS national level staff would be co-trainers and serve as group leaders. Because SESPAS staff was unable to participate, each group received less guidance from the trainers than desirable.

Many difficulties were encountered because the PCVs' Spanish capability was inadequate for a workshop to be conducted only in Spanish. There were many times when at least some of them didn't understand, especially when the Dominicans were speaking rapidly. Interviewing mothers was an almost painful process for some of the PCVs, as the mothers couldn't understand their questions, and they in turn couldn't understand the mother's responses.

The irregularity of meal hours and coffee breaks posed some problems. Most sessions of the workshop had flexibility built in, but some sessions required more precise timing.

The special assistance of two PCVs who served as resource persons should be mentioned. Margaret Saunders and Barbara Liedtke were especially helpful in finding local resources and communities, and handling the logistical details like food and transportation. This allowed the facilitators to concentrate on the workshop content and the participants.

Recommendations

The following recommendations were discussed with Peace Corps/DR and AID/DR.

1. Consideration should be given to covering much of the workshop material during PCV in-service training. Participants learned the basic tools (anthropometry, interviewing, data analysis, nutrition concepts) which are essential for community nutrition work. If the PCVs learned this material in pre-service training, they would be much more ready to work

with their counterparts soon after arrival at their sites. After three to six months in the field, a short follow-up workshop could be held for both PCVs and their counterparts.

If the workshop were to be given as in-service training, the total number of days would need to be increased. This could probably best be done as two shorter workshops, rather than increase the duration of a single workshop.

2. Although the logistical details were satisfactory for this workshop, they are important enough to be mentioned. It's very important to have a flexible workshop location, where chairs can be moved and participants can divide into smaller groups. Locating communities and transportation for field visits should be done in advance, to maximize the actual time in the field. Food should be nutritious, culturally acceptable, and demonstrate an improved dietary pattern, as well as served at a set hour.
3. Full participation of SESPAS, with one or two of their national level staff serving as co-trainers would be highly desirable, especially in ensuring that consistent messages were being communicated. It would also be helpful for PCVs to see more Dominicans taking a leading role in the workshop.
4. Any guest speakers should be checked out ahead of time by the facilitators. They need to understand the group's background and interests, facilitators' expectations, and length of presentation. Once again, it's important not to give conflicting messages to the participants.

The workshop on detection, prevention, and treatment of malnutrition provided much needed community nutrition skills to the participants as well as encouraging a sense of collegiality. Many of the participants will be sharing what they learned with other colleagues and with their clientele, so the desired multiplier effect should occur.

WORKSHOP HANDOUTS

Appendix A: Workshop Handouts

Letter from Miguel León

Horario

Initial form for participants to complete

Metas y objetivos del taller

Line drawings of children with marasmus and kwashiorkor (from Guidelines for Training Community Health Workers in Nutrition, WHO)

Echeverri arm band and arm circumference chart

WHO growth chart

SESPAS growth chart

Cómo saber la edad de un niño (from Finding the Causes of Child Malnutrition by J. Brown and R. Brown)

Comparison of Advantages and Disadvantages of Different Anthropometric Indicators for Growth Monitoring Projects (from Growth Monitoring: Primary Health Care Issues by Griffiths)

Comparación entre las ventajas y desventajas de las diferentes medidas antropométricas para proyectos de monitoreo de crecimiento (translated from Griffiths)

Vigilancia del Crecimiento: Técnicas para Instructores (from Madres y Niños)
Reference values for weights and lengths/heights (from Manual on Feeding Infants and Young Children, 3rd ed. by Cameron and Hofvander)

Primer Cuestionario

Tally chart for primer cuestionario

Pruebín

Recommended daily intakes for infants and young children (from Cameron and Hofvander)

A guide to the proportions by weight of staple foods and protein supplements needed to make economical basic mixes of good protein value (from Cameron and Hofvander)

Una solución fácil para un problema apremiante (from Madres y Niños)

Alimentación del niño en edad de destete (from Madres y Niños)

Fuentes de nutrientes (from Nutrición by Béhar y S. Jaza)

Preguntas claves para la formulación de un programa de educación nutricional (from Manoff International)

Evaluación del taller

Nombres, direcciones y organizaciones del seminario

Question guides developed by participants during workshop (Lactancia materna y destete temprano, Alimentación de las embarazadas, Alimentos para niños 4-12 meses, Huertos, La disponibilidad y precio del agua limpia y la opinión de la gente sobre la relación del agua a la salud)

PERSONNEL CONSULTED ABOUT WORKSHOP

Appendix B: Personnel Consulted about Workshop

Richard Soudriett	Peace Corps
Craig Frederickson	Peace Corps
Miguel León	Peace Corps
Lynn Myers	AID
Margaret Saunders	PCV
Barbara Liedtke	PCV
Ann Weeks	Entrena
Dra. Martinez	SESPAS
Quisquella Lora	Caritas
Carmen Graveley	SESPAS

WORKSHOP PARTICIPANTS

TALLER DE NUTRICION - Hotel Don Diego

NOMBRES, DIRECCIONES Y ORGANIZACIONES DEL SEMINARIO (Febrero 20-25, 1984)

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Cassandra Barnes Oficina de Correos Chacuey, Partido	CdP SESPAS	Carolyn D. Woods Oficina de Correos, Capotillo Loma de Cabrera	CdP SESPAS
Juan Canela del Rosario Paso Bajito Jarabacoa	Asoc. de Agric.	Kalee Powell c/o CdP Apdo. 1412 Santo Domingo	SESPAS CdP
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edc

international nutrition communication service (INCS)

Introducing.....

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WHAT IS INCS?

INCS is a consortium of educational, medical, marketing, and social service institutions which provides technical support for nutrition education/communication activities in the Third World. Founding institutions include Education Development Center, Manoff International, Save the Children Federation, the Harvard School of Public Health, the School of Public Health at the University of California at Los Angeles, and La Leche League International. Other institutions which have been professionally associated with INCS include Yayasan Indonesia Sejahtera (Indonesia), the Department of Paediatrics of the University of Colombo (Sri Lanka), the Department of Paediatrics of the University of Nairobi (Kenya), and CORSANU (Guatemala).

WHAT DOES INCS DO?

INCS provides technical assistance to nutrition/nutrition education projects. It responds to requests from government ministries, international agencies, and non-governmental organizations. INCS also produces reference materials for projects in the field, such as country nutrition data profiles and catalogues of exemplary nutrition education materials (see our publications list below).

EXAMPLES OF INCS ACTIVITIES

- Maternal and infant nutrition workshops for health professionals (Fiji, Kenya, Sierra Leone, Colombia, Panama, Costa Rica, Indonesia, Nepal);
- the design of national nutrition education campaigns (Congo, Indonesia, Burma);
- the design of surveys to assess the determinants of infant feeding (Cameroon, Bolivia, Congo, El Salvador);
- primary and secondary school curriculum development (Bolivia, Honduras);
- medical school curriculum development (Costa Rica);
- training of field workers in nutrition (Honduras);
- workshops in participatory approaches to nutrition education (Guatemala, Philippines);
- The First Asian Household Nutrition Appropriate Technology Conference (Sri Lanka);
- evaluations (Chile, Jamaica, Costa Rica, Zaire);
- materials development workshops (Peru, Sierra Leone).

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EXAMPLES OF INCS PUBLICATIONS

- **Maternal and Infant Nutrition Reviews:** profiles of mother and child nutrition status, beliefs and practices, programs and policies in 31 Third World countries;
- **Nutrition Training Manual Catalogue:** a guide to more than 100 of the best training manuals in nutrition that have been developed for use in developing countries;
- **A Breastfeeding Counselor's Curriculum** (in conjunction with the CALMA project in El Salvador);
- **A Manual on Participatory Approaches to Nutrition Education** (to be published in conjunction with Save the Children Federation);
- **Proceedings of the First Asian Household Nutrition Appropriate Technology Conference** (in conjunction with UNICEF);
- **A Nutrition Education Compendium** (to be published in 1982);
- **INCS Consultant Reports** from over 23 countries;
- **An Anthropological Approach to Nutrition Education:** a concept paper by Mark and Mimi Nichter.

WHO SUPPORTS INCS?

To date, INCS has been supported mainly through a four-year contract from the United States Agency for International Development. Additional funding has been supplied by UNICEF.

WHO ADMINISTERS INCS?

The INCS consortium is coordinated by Education Development Center, Inc. (EDC), a non-profit organization with twenty years experience in the administration of international educational projects. Manoff International and Save the Children Federation share with EDC responsibility for project administration.

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