

BASELINE SURVEY

Child Survival XI

(Project #FAO-0500-A-00-5025-00)

**Colonial Nueva Suyapa
Tegucigalpa
Honduras
1995-1999**

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Acronyms

ADRA	Adventist Development and Relief Agency
ALRI	Acute Lower Respiratory Infection
ARI	Acute Respiratory Infection
BHR	Bureau for Humanitarian Response
CDD	Control of Diarrheal Diseases
CESAMO	Community Health Center
CS	Child Survival
CSSP	Child Survival Support Program
DCM	Diarrheal Case Management
DPT	Diphtheria-Pertussis-Tetanus Vaccine
EPI	Expanded Program of Immunization
GM	Growth Monitoring
FdC	Flor del Campo
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate
JHU	Johns Hopkins University
K & P	Knowledge and Practice
KPC	Knowledge, Practice, and Coverage
MD	Maryland
MOH	Ministry of Health
NS	Nueva Suyapa
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PVO	Private Voluntary Organization
PVC	Private Voluntary Cooperation
SF	San Francisco
TBA	Traditional Birth Attendant
TOST	Training of Survey Trainers
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

A Knowledge, Practice, and Coverage survey (KPC) was carried out in December, 1995 in nine marginal urban communities in the catchment areas of colonial Nueva Suyapa (NS), Tegucigalpa, Honduras. The survey was conducted in cooperation between ADRA/Honduras (the Private Voluntary Organization) and the Honduras MOH/CESAMO.

The objectives of the survey were to obtain information on the knowledge and practice of the mothers of children under two years of age in the ADRA CS XI project areas concerning child survival activities, and to identify health care factors most commonly involved at the household level for childhood illness. The survey objectives were accomplished within two weeks. The ADRA field team discussed the results extensively in order to evaluate project plans as outlined in the proposal and to provide background information for development of the Detailed Implementation Plan (DIP).

The Child Survival XI project in NS is being implemented by ADRA, a PVO with headquarters in the USA. ADRA received the Child Survival Project grant from the USAID Bureau for Humanitarian Response/Private and Voluntary Cooperation (BHR/PVC). In NS, the project will serve a total of 11,745 indirect beneficiaries and 7,295 direct beneficiaries. The CS activities will be implemented from October 1, 1995, to September 30, 1999.

The survey questionnaire was initially designed at the PVO/CSSP office in Baltimore, MD and was refined to suit the local language/culture in Honduras. ADRA/Honduras staff participated in a three day training program in conducting a WHO 30-cluster sample survey methodology. Each of the 30-clusters included ten cohort household survey interviews of mothers with children less than two years of age. A total of 300 mothers were interviewed.

Major findings include the following: the rate of children with immunization cards recording complete immunization coverage was lower than the estimated national rates for complete immunization. However, TT coverage for mothers, based on card, was significantly higher (88.2 %) than the national rate (16.0 %). Less than half of mothers (47.4 %) were treating diarrhea with ORT which is below the national average (70.0 %). Contraceptive usage rate is slightly higher than the national average. 67.5 % of the children had been weighed in the four months prior to the survey and less than 47 % of children under six months of age were being exclusively breast-fed.

Over half of the mothers surveyed (54.0 %) reported that their children had been sick with a cough or cold in the two weeks prior to the survey. This indicates that ALRI problems are significant in the project area.

I. Introduction

A. Background

ADRA, a PVO with headquarters in Silver Spring, MD, has been implementing a Child Survival VIII project in six marginal communities within San Francisco (SF) and Flor del Campo (FdC) located on the west side of Tegucigalpa, the capital city of Honduras, from September, 1992, to October, 1995. The CS XI project is an expansion of CS VIII. In addition to the SF and FdC communities, the CS XI project activities will be implemented in the new area of NS located on the eastern side of Tegucigalpa with a total population of approximately 19,040. The project received a USAID grant from the BHR/PVC to implement CS activities from October 1, 1995, to September 30, 1999.

Current infant mortality rates (IMR) are not available for NS, however, UNICEF estimates Honduran IMR to be 43 per 1,000 live births (UNICEF, 1993). The ADRA project's ongoing monitoring indicates that diarrhea, ALRI, and malnutrition are the greatest threats to child survival. Immunization coverage rates (OPV3) by card for children 12-23 months in NS are estimated at about 68.8 % and 66.9 % for measles.

The project proposal targets the following CS activities:

Diarrheal Case Management	20 %
Immunizations	5 %
Nutrition/Growth Monitoring	20 %
Acute Lower Respiratory Infections	20 %
Family Planning/Maternal Care	30 %
Vitamin A	5 %

The project strategy has not been designed to provide direct services, but to support existing services through the MOH/CESAMO structure. The project focusses on mothers as the primary care giver for the family. Mothers are given training and support in maintaining health by the project's trained community health volunteers (CHVs). The volunteers are supervised by project staff who work closely with the CESAMO staff. The linkage between CESAMO and ADRA promotes project sustainability.

In 1991, USAID required PVOs with new Child Survival grants to conduct a 30-cluster baseline survey using a standardized questionnaire developed by JHU. As part of this requirement, ADRA/International sent Dr. Mike Negerie as a participant to the JHU Training of Survey Trainers Workshop (TOST), conducted in Baltimore, MD, in July, 1995. Dr. Negerie, along with Gail Ormsby and Milton McHenry of ADRA/International coordinated this survey. Three major areas of concentration were included in the TOST workshop: (1) an explanation of the organization of the standardized questionnaire, as well as the purpose of each question, (2) information and skills development to train core team members, supervisors, and interviewers in conducting a standard WHO 30-cluster survey, and (3) information and skills development to train core team members and supervisors to manually tabulate, analyze, and develop a report from the completed survey questionnaires.

B. Objectives of the Survey

The method of choice for these kinds of surveys is a 30-cluster sampling technique. The study population consisted of mothers of children under the age of 24 months living in the PVO project area. By restricting the sample to mothers of children less than 24 months of age, repeat surveys can ascertain the project's ability to reach children born during the life of the project, and establish whether the project was successful in communicating to the mothers, through village based volunteers, certain action messages about key CS interventions.

A population based sample survey is one method of obtaining rates (i.e., data relative to denominators), which are an important part of project's health information system. The data collected from a sample survey can be used for project design, management information, and evaluation purposes.

The objectives of the survey are to provide ADRA/Honduras with information about the following issues:

- Knowledge of mothers with children under two years of age about major threats to infant, maternal, and child health; ways to prevent immunizable diseases; proper treatment of diarrheal diseases (ORT); the value of growth monitoring; appropriate nutrition/weaning practices; and information about child spacing.
- Actual practices of mothers with regard to the intervention areas mentioned above.
- Target groups for health education action messages.
- For children aged 12-23 months: the coverage rates of BCG, DPT3, OPV3, measles vaccines and drop out rates between series antigens.

The survey establishes estimates of child survival knowledge and assesses the extent of practices (K & P) of the project's CS interventions. The data collected will help ADRA/Honduras do two things: 1) evaluate project plans described in the CS XI proposal in order to develop the DIP and 2) plan, manage, and assess project activities targeted towards changing behaviors at the household level.

C. Schedule of Activities in Honduras

Nov 28,1995	Met with ADRA staff and project coordinator to discuss survey
Nov 29	Core team/supervisor training and finalizing survey preparations
Nov 30	Core team/supervisor training and finalizing survey preparations
Dec 01	Interpretation and pre-testing of questionnaire
Dec 02	Rest
Dec 03	Make final adjustments and print the questionnaire
Dec 04	Conduct survey

Dec 05	Same
Dec 06	Same
Dec 07	Manual tabulation
Dec 08	Manual tabulation and computer data analysis
Dec 09	Rest
Dec 10	Computer data analysis and graph charts of findings
Dec 11	Analysis and interpretation of data and outline for report
Dec 12	Final report writing
Dec 13	Prepare presentation of findings (graphs, overheads, etc.)
Dec 14	Feed-back with ADRA staff to evaluate project objectives based on survey results
Dec 15	Feed-back to MOH/CESAMO and the community

II. Methodology

A. The Questionnaire

The questionnaire, which contains 60 questions, was designed to collect information from mothers of children under 24 months of age. The questions were based on a standardized survey format which USAID requires of all PVO CS VIII projects. The standardized survey instrument was developed by the staff at PVO CSSP, with the assistance of US and international experts for the various intervention areas, and in cooperation with ADRA/Honduras field staff. ADRA/Honduras further customized the standardized survey questionnaire, making the finalized questionnaire appropriate to the actual CS XI project interventions and area.

The first two questions ask about the age of the respondent (mothers) and her youngest child under 24 months of age; questions three to six collect data regarding the mother's literacy, employment, and child care when the mother is away from home; questions seven to 15 deal with breast feeding and other feeding practices including mothers knowledge of vitamin A; questions 16 - 18 ask about the child's attendance at growth monitoring sessions; question 19 deals with recording the dates of all vitamin A capsules given to the child from the GM card; questions 20 - 29 refer to mother's response to diarrheal disease and management of the child with diarrhea; questions 30 - 38 deal with ALRI; 39 - 44 concern the immunization status of the child; and finally, questions 45 - 60 are about pre-natal care, family planning, and maternal nutrition.

The questionnaire was originally written in English and sent to the ADRA/Honduras field office. ADRA/Honduras staff translated the questionnaire into Spanish and further customized the questionnaire for the project area. The questionnaire was pretested on a target similar to those who were going to be sampled.

B. Determination of Sample Size

Sample sizes were calculated with the following formula:

$$n = z^2(pq)/d^2$$

where:

n = sample size;

z = statistical certainty chosen;

p = estimated prevalence/coverage rate/level to be investigated;

q = 1 - **p**; and,

d = precision desired.

The value of **p** was defined by the coverage rate that requires the largest sample size (**p** = .5). The value **d** depends on the precision, or margin of error, desired (in this case **d** = .1). The statistical certainty was chosen to be 95 % (**z** = 1.96). Given the above values, the following sample size (**n**) needed was determined to be:

$$n = (1.96 \times 1.96)(.5 \times .5)/(.1 \times .1)$$

$$n = (3.84)(.25)/.01$$

$$n = 96$$

It takes a lot of time to randomly select an identified individual from the survey population and then perform this selection 96 times to identify a sample of $n = 96$. Time can be saved by doing a 30-cluster sample survey in which several individuals within each cluster are selected to reach the required sample size. However, in order to compensate for the bias which enters the survey from interviewing persons in clusters, rather than as randomly selected individuals, experience has shown that a minimum sample of 210 (seven per cluster) should be used given the values of p , d , and z above (Henderson, et. al., 1982). In general, when using a 30-cluster sample survey, the sample size used should be approximately double the value n , when: $n = (z \times z)(pq)/(d \times d)$. In this case, a sample size of 300 (10 per cluster) was selected so as to ensure that sub-samples would be large enough to obtain useful management type information.

The estimates of confidence limits for the survey results were calculated using the following formula:

$$95 \% \text{ confidence limit} = p \pm z(\text{square root of } \{pq/n\})$$

where:

p = proportion in population found from survey;

z = statistical certainty chosen (if 95 % certainty chosen, then $z = 1.96$);

$q = 1 - p$; and,

n = sample size

Example: If the proportion of children in the survey who were completely and correctly immunized is 37 % and $n = 297$:

$$95 \% \text{ confidence limit} = .37 \pm 1.96(\text{square root of } \{.37 \times .63/297\}) \\ (z = 1.96)$$

$$1.96 = .37 \pm .03 \text{ (or, 34 \% to 40 \%)}$$

In other words, we are 95 % sure that the actual proportion of children in the survey area who are completely and correctly immunized is between 34 % and 40 %.

C. Selection of Sample

The sample consisted of 300 women with children 0-23 months of age in nine Nueva Suyapa communities in Tegucigalpa. Ten women were selected in each of 30 randomly selected "conglomerados" (cluster sites) following the process described in *The EPI Coverage Survey training manual (WHO, Geneva, Oct. 1988)*.

Once the survey teams reached the designated cluster site, the initial household is surveyed within the cluster, as well as the direction from the initial household, was randomly selected.

D. Training of Supervisors and Interviewers

The ADRA/Honduras staff were trained as supervisors and interviewers. This training took place over three to four days. The survey trainer and ADRA/Honduras staff went over the training curriculum and delegated responsibility for various classes that the ADRA/Honduras staff was capable of conducting.

The first training day was dedicated to survey administration, methodology, and understanding the questionnaire. The survey trainer conducted the following classes: 1) purpose and objectives of the survey 2) selection of the sample size, selection of the starting household and survey direction 3) community protocols and taboos, and 4) review of the customized questionnaire.

The second and third days of training concentrated on interviewing techniques, familiarization with the questionnaire through role play, and the roles of the supervisor and interviewers.

The last day of training commenced with a field test of the survey questionnaire. A peripheral community of the city of Tegucigalpa had been pre-selected by ADRA/Honduras staff for the test.

E. Conducting of the Interviews

The survey was conducted over three consecutive days. Thirty survey areas (*conglomerados*) were randomly selected by ADRA/Honduras staff upon arrival of the survey trainer; the teams to survey each area were also selected.

The supervisors of each team were responsible for the selection of the starting household and survey direction. The supervisors observed at least one complete interview by each surveyor each day. Each questionnaire was checked for completeness before the survey team left the survey area so that, in the case of missing or contradictory information, the mother could be visited again the same day.

In many countries it is very difficult to determine exact ages for individuals. This is particularly true in those countries where birth registration is not common and where the exact birth date is rarely required for official documents. To reduce the importance of age misreporting we have limited the tabulations to broad age groups. In most cases, the tabulations are for all children under age two (0-23 months) listed separately for children 0-11 months and 12-23 months. In cases where a child is "about one year old" or "about two years old" the interviewers have been trained to probe to try to determine whether the child is past their first (or second) birthday.

In order to ensure consent and confidentiality, a consent form was given to each interviewer to be read to the mother before commencing with the survey. The consent form advised the potential respondent that she was not obligated to participate in the survey, and that no services would be withheld from her if she chose not to participate. The consent form also assured the mother that all information would be held in confidence, and that the information would be used to help health workers plan health activities. The interviewers were required to sign each form verifying that it had been read to the mother, and that she had consented to participate.

F. Method of Data Analysis

Data was manually analyzed. ADRA/International personnel and the CS XI project director supervised the hand tabulation.

Nine two-person teams, made up of supervisors and interviewers, were available full-time for hand tabulation. Manual tabulation required a whole day dedicated to tabulation. The hand tabulators sat around large tables in the training rooms in the ADRA/Honduras office. The questionnaires were organized by cluster site, and each cluster of questionnaires was circulated between each of the tabulators. The tabulators

each recorded the responses to one question at a time going through each of the 300 survey questionnaires until all the responses to that particular question had been tabulated. The tabulators were trained to analyze the results of the questions they had tabulated and then write out the analysis on the hand tabulation sheets.

The survey data was also analyzed using the Excel computer software. A computer was used for more refined data analysis including frequencies, cross tabs for key indicators, and graph to establish more meaningful associations between certain characteristics and behaviors that would affect the development of health education messages.

Immunization coverage was analyzed by looking at children aged 12-23 months. By restricting the sample to children of these ages, the percentage of children fully immunized within the first year of life was estimated. For example, if only 50 % of the children aged 12-23 months in the survey are fully immunized, it can then be assumed that the percentage of children in the project area who receive the full set of immunizations by 12 months is 50 % or less.

Once the frequency tables and some cross tables were finalized, the results of the survey were compared to the national MOH and UNICEF/WHO data in order to develop the first draft of the survey report. This was done during a group discussion on December 14, 1995 with all those involved in the training, interviews, and tabulation present. The consensus of the group was recorded and provided the basis for the results and discussion sections of the survey report.

III. Results

The following answers were given for the 60 questions. 300 questionnaires were manually tabulated and entered into Excel computer software for analysis. No questionnaires were removed from the analysis.

A. Identification Module

- 1) The mean age reported by mothers surveyed is 31 years. The mothers' age range is 15 to 43. 5.7 % of mothers surveyed (17/300) are under 18 years. 13 % (39/300) mothers who were surveyed are over 35 years.
- 2) 26.4 % (79/300) of children in the survey are under six months of age. 48.6 % (146/300) children in the survey are under the age of one year. 51.2 % (153/300) of the children in the survey are 12-23 months of age. The mean age of children in the survey is 8.43 months.

B. Mothers' Education and Occupation Module

- 3) 8.7 % (26/300) of mothers surveyed reported that they had no formal education. 8.0 % (24/300) of mothers reported that they had attended primary school, but could not read. 58.3 % (175/300) of the mothers reported that they had attended primary school and could read. 25.0 % (75/300) of mothers reported that they had either a secondary or higher level of education. In sum, 16.7 % (50/300) of the mothers stated that they could not read. Of the 250 mothers who stated that they could read, 175 could read only at the primary level.
- 4) 31.7 % (95/300) of the mothers reported that they generally worked away from home during the day. The other 68.3 % (205/300) stayed close to the home during the day.
- 5) 58.3 % (175/295) of the mothers stated that they had no income generating work. 1.3 % (4/295) of the mothers reported that they earn income from selling agricultural products. 0.7 % (2/295) of the mothers stated that they earn income from harvesting. 5.7 % (17/295) of the mothers stated that they earned income as street vendors, and 1.7 % (5/295) from selling handicrafts. 3.3 % (10/295) of the mothers earned income from selling prepared foods, and 7.3 % (22/295) were salaried workers. 10.3 % (31/295) of the mothers reported earning income from categories not listed in the questionnaire.
- 6) 13.7 % (41/300) of the mothers reported that older children took care of the child when the mother was away from home. 54.3 % (163/300) of the mothers left their children with relatives. 27.3 % (82/300) of the mothers took the child with them when they left home. 2.7 % (8/300) left their children with the husband or partner, and 4 % (12/300) with a maid servant. 11 % (33/300) of the mothers left their child with a neighbor or friend. None of the mothers took their child to a nursery.

C. Breast Feeding/Nutrition Module

- 7) 67.6 % (202/299) of the mothers reported that they were breast feeding their child. The remaining 32.4 % (97/299) are not breast feeding.
- 8) Of the 97 mothers who were not breast feeding their child, 83.5 % (81/97) reported that they had breast-fed in the past.

9) 81.5 % (233/286) of the mothers reported that they had breast-fed their child within one hour after delivery. 7 % (20/286) of the mothers started breast feeding between one and eight hours after delivery. 9.8 % (28/286) of the mothers reported breast feeding more than eight hours after delivery, and 1.7 % (5/286) said they did not remember when they first breast-fed their child after delivery.

10) 77.73 % (233/300) of the mothers were giving their child water or tea, 58.7 % (176/300) were using a bottle/formula; 64 % (192/300) were giving semi-solid foods; 73.7 % (221/300) were giving fruit; 63.3 % (190/300) were giving carrots/squash/mango/papaya; 61.7 % (185/300) were giving meat or fish; 61.7 % (185/300) said they were giving lentils/peanuts/beans; 50.7 % (152/300) were giving eggs/yogurt; 48.7 % (146/300) were giving green leafy vegetables; 75 % (225/300) said they were using honey or sugar; and 72.3 % (217/300) were adding fat or oil to the child's food.

11) When asked "What can a mother do in the baby's first six months of life to keep on breast feeding?", 7.3 % (22/300) of the mothers stated they did not know. 5.33 % (16/300) said breast feed as soon as possible after delivery; .33 % (1/300) mentioned breast and nipple care; 9.7 % (29/300) said frequent suckling to promote milk production; and 3.33 % (10/300) said exclusive breast feeding up to six months of age. None of the mothers said avoid bottle feeding or mentioned re-lactation. 78.3 % (235/300) of the mothers gave other answers.

12) When asked "When should a mother start adding foods to breast feeding?", 65.3 % (196/300) of the mothers reported start adding foods earlier than six months of age. 11.7 % (35/300) said start between four to six months; 19.0 % (57/300) said start at about six months; and 4.0 % (12/300) said start adding later than six months.

13) To the question "What should those additional foods to breast feeding be?", 18.0 % (54/300) of the mothers said they did not know. 14.7 % (44/300) said add oil to their food; 40.7 % (122/300) said you should give the child foods rich in vitamin A; 23.3 % (70/300) mentioned foods high in iron; and 23.7 % (71/300) gave other types of foods.

14) & 15) 13.4 % (40/298) of the mothers knew what night blindness was. 79.0 % (237/300) of the mothers did not know what foods were rich in vitamin A to help prevent night blindness. 5.0 % (15/300) said green leafy vegetables; 16.7 % (50/300) stated yellow type fruits; 1.7 % (5/300) mentioned meat/fish; 0.33 % (1/300) said breast feeding; and none of the mothers said egg yolks are high in vitamin A.

D. Growth Monitoring Module

16) 75.0 % (225/300) of the mothers stated they had the child's growth monitoring card. 25.0 % (75/300) did not have or had lost the GM card.

17) Of the 225 mothers who had growth monitoring cards, 67.5 % (151/225) of the children had been weighed in the last four months prior to the survey. 32.9 % (74/225) had not been weighed in the four months before the survey.

18) & 19) 98.7 % (222/225) of the growth monitoring cards mothers had for their children had space for recording vitamin A. Of those, 45.5 % (101/222) had received the first dose of vitamin A, 10.4 % (23/222) the second dose, 0.9 % (2/222) the third dose, and none (0/222) of the children received the fourth dose.

E. Diarrheal Disease Module

- 20) 25.3 % (76/300) of the mothers surveyed reported that their child had diarrhea in the last two weeks.
- 21) Of those 76 children who had diarrhea in the last two weeks, 11.8 % (9/76) received more breast milk than usual, 34.2 % (26/76) received the same amount, and 23.7 % (18/76) received less breast milk than usual. 6.6 % (5/76) of the mothers stopped breast feeding completely and 25.0 % (19/76) did not breast feed their child at all.
- 22) Of the 76 mothers who reported that their child had diarrhea in the last two weeks, 25.0 % (19/76) gave their child more liquids than usual and 44.7 % (34/76) gave the same amount of liquid as usual.
- 23) Of the 76 mothers who reported their child had diarrhea in the last two weeks, 5.3 % (4/76) were provided with more semisolid foods than usual and 34.2 % (26/76) were provided with the same amount of food as usual.
- 24) When asked what treatment they gave their child for diarrhea, 3.9 % (3/76) said nothing. 39.5 % (30/76) used ORS packet. None of the mothers used home made sugar-salt solution or cereal based ORT. 6.6 % (5/76) used infusions or other fluids and 50.0 % (38/76) used anti-diarrheal medications or antibiotics. 19.7 % (15/76) used other treatments.
- 25) When asked if the mother sought advice for her child's diarrhea, 85.5 % (65/76) said yes.
- 26) Of those mothers who sought advice for their child's diarrhea, 9.2 % (6/65) went to the hospital; 56.9 % (37/65) sought advice from the health center/clinic; 12.3 % (8/65) went to a private doctor; 1.54 % (1/65) went to the pharmacy; 3.1 % (2/65) went to a village health worker; and 7.7 % (5/65) saw a family or friend. TBAs were consulted only by 1.5 % (1/65) of the mothers to provide treatment for the child's diarrhea.
- 27) 25.0 % (75/300) of the mothers stated vomiting as a symptom that would cause them to look for help for a child sick with diarrhea. 11.3 % (34/300) stated fever; 35.7 % (107/300) stated dehydration; 22.3 % (67/300) stated prolonged diarrhea; 0.7 % (2/300) stated blood in the stool; 7.0 % (21/300) said loss of appetite; 16.3 % (49/300) said weakness or tiredness; and 15.0 % (45/300) reported they did not know. 6.3 % (19/300) of the mothers gave reasons other than those listed above.
- 28) 9.7 % (29/300) of the mothers said they did not know what important actions to take when a child is sick with diarrhea. 6.0 % (18/300) said initiate fluids rapidly; 15.0 % (45/300) said give the child more to drink than usual; 3.3 % (10/300) stated give the child smaller more frequent feeds; 36.0 % (108/300) mentioned proper mixing and administration of ORS; 40.0 % (120/300) said take child to the hospital/health center; 0.3 % (1/300) said feed more after diarrhea episode so that child can re-gain weight; 0.7 % (2/300) said withhold fluids; and 2.0 % (6/300) said withhold foods. 26.3 % (79/300) mentioned something other than what was on the list.
- 29) 26.0 % (78/300) of the mothers stated that giving food more frequently with less quantity would be an important action to take for a child recuperating from a diarrheal episode. 14.0 % (42/300) said more food than usual; 6.7 % (20/300) said food with a high calorie content; and 18.7 % (56/300) said something other than what was on the survey list. 38.0 % (114/300) did not know what important action to take when the child is recovering from diarrhea.

F. Pneumonia Control Module

30) 54.2 % (162/299) of the mothers surveyed stated their child had been ill with a cough or difficult breathing in the past two weeks.

31) Of those that experienced cough or difficult breathing, 38.3 % (62/162) reported rapid (fast) difficult breathing (dyspnea).

32) Of those who experienced rapid difficult breathing, 66.1 % (41/62) sought treatment when the child was ill with respiratory problems.

33) Of those mothers who got treatment for their child's respiratory problems, 22.2 % (10/41) received salbutamol; 11.1 % (5/41) teofilma; 11.1 % (5/41) acetaminophen; 13.3 % (6/41) penicillin; 11.1 % (5/41) ampicillin; and 42.2 % (19/41) other kinds of drugs. 15.7 % (7/41) did not know what kind of treatment they obtained.

34) Of the 41 mothers that sought treatment for their child's respiratory problems, 20.0 % (9/41) went to the general hospital; 44.4 % (20/41) to the health center; 24.4 % (11/41) to a private doctor; 11.1 % (5/41) to family and friends; and 4.4 % (2/41) to somewhere other than what was on the list. None of the mothers sought treatment from TBAs, traditional healers, village health workers, or the pharmacy.

35) 10.7 % (32/300) of the mothers did not know what signs and symptoms would make them seek advice for a child sick with respiratory illness. 60.3 % (181/300) said fast or difficult breathing; 12.0 % (36/300) said chest in-drawing; 3.3 % (10/300) said loss of appetite; 15.0 % (45/300) said fever; 23.3 % (70/300) said a cough; and 17.7 % (53/300) said something other than what was on the list.

36) When asked what other respiratory illnesses they knew besides flu and cough, 13.7 % (41/300) of the mothers responded pneumonia; 34.7 % (104/300) said asthma; 17.3 % (52/300) said bronchitis; and 48.0 % (144/300) did not know.

37) 63.0 % (189/300) of the mothers said they use teas as home remedy for respiratory problems; 25.7 % (77/300) use herbal drops in the nostrils; 6.7 % (20/300) use steam; 19.3 % (58/300) use pills for pain and fever; 1.7 % (5/300) use creams; 2.7 % (8/300) use syrups; and 8.0 % (24/300) did not know. 6.7 % (20/300) gave other home remedies. None of the mothers used IVS as home remedy for respiratory problems.

38) 27.7 % (83/300) of the mothers said respiratory infections are transmitted through coughing; 21.0 % (63/300) said through kitchen utensils; 19.0 % (57/300) said through air; 6.7 % (20/300) said through saliva; 8.3 % (25/300) said through sneezing; and 6.0 % (18/300) gave other ways. 30.0 % (90/300) of the mothers did not know how respiratory infections are transmitted.

G. Immunizations Module

39) 98.0 % (294/300) of the mothers surveyed stated their child had been vaccinated at some point. The remaining 2.0 % (6/300) of the mothers stated their child had not received any vaccinations or they did not know.

40) 48.0 % (144/300) of the mothers said measles vaccination should be given at nine months of age. The remaining 52.0 % (156/300) did not know.

41) 37.7 % (113/300) of the mothers said the TT vaccine protects the mother and child against tetanus. 4.3 % (13/300) said TT protects only the mother, while 27.3 % (82/300) said it protects only the child. 30.0 % (92/300) did not know.

42) 3.7 % (11/300) of the mothers interviewed said a pregnant woman should receive one TT dose to protect the newborn infant from tetanus. 14.7 % (44/300) said two doses, 67.0 % (201/300) said more than two doses, and 14.7 % (44/300) did not know.

43) Of the 297 mothers interviewed, 76.8 % (228/297) had the child's vaccination card, 9.8 % (29/297) said it was lost, and 13.5 % (40/297) said they never had a child's vaccination card.

44) The following immunization status is based on the registration dates of vaccinations from 228 mothers who had vaccination cards for their children < 24 months old.

DPT Status (children less than 24 months)

	<i>DPT1</i>	<i>DPT2</i>	<i>DPT3</i>
Freq. (#)	198	170	152
%	198/228=86.8 %	170/228=74.6 %	152/228=66.7 %

OPV Status (children less than 24 months)

	<i>OPV1</i>	<i>OPV2</i>	<i>OPV3</i>
Freq. (#)	200	170	152
%	200/228=87.2 %	170/228=74.6 %	152/228=66.7 %

Measles Status (children less than 24 months)

	<i>Measles</i>
Freq. (#)	124
%	124/228=54.4 %

BCG Status (children less than 24 months)

	<i>BCG</i>
Freq. (#)	228
%	228/228=100 %

Fully Immunized Status (children 12 - 23 months)

	Fully Immunized (12-23 months old children)
Freq. (#)	98
%	$98/151 \times 100 = 65 \%$

Note: See the 17 mandated indicators table for immunization coverage rates of children 12-23 months old.

H. Maternal Health Module

45) 36.7 % (110/300) of the mothers interviewed stated they have a maternal health card. 14.7 % (44/300) said they had lost their card, and 48.7 % (146/300) said they did not have it.

46) 9.1 % (10/110) of the mothers with a maternal health card had one TT dose indicated on their card. 88.2 % (97/110) had two or more doses, and 2.7 % (3/110) did not have any TT vaccination recorded.

47) Of the 110 mothers with a maternal card, 77.3 % (85/110) had spaces to record ante-natal visits, while 22.7 % (25/110) did not have spaces.

48) Of those maternal cards that had space to record ante-natal visits, none (0/85) recorded one visit, and all or 100 % (85/85) recorded two or more visits.

49) Only 8.3 % (25/300) of the mothers said they were pregnant at the time of the survey. The remaining 91.7 % (275/300) said they were not pregnant.

50) When asked "Do you want another child in the next two years?", 7.6 % (21/275) said "yes"; 88.4 % (243/275) said "no"; and 4.0 % (11/275) did not know.

51) 61.9 % (161/260) of the mothers interviewed said they are using some method of contraception.

52) 11.3 % (34/300) of the mothers are using permanent birth control (tubigation). 13.0 % (39/300) are using the pill; 16.3 % (49/300) IUD; 4.3 % (13/300) condoms; and 0.3 % (1/300) injections. 2.0 % (6/300) stated exclusive breast feeding as their form of birth control; 1.0 % (3/300) stated the rhythm method; 4.3 % (13/300) stated abstinence; and 0.3 % (1/300) stated other methods.

53) 83.7 % (251/300) of the mothers said one should visit a health center for prenatal control during the first trimester; 8.0 % (24/300) said during the second trimester, 1.3 % (4/300) said during the last trimester; 1.0 % (3/300) said you don't need to go at all; and 6.0 % (18/300) said they did not know.

54) 45.7 % (137/300) of the mothers said they did not know what kind of food helps prevent anemia during pregnancy. 21.7 % (65/300) said vegetables rich in iron; 32.0 % (96/300) said protein rich in iron; and 18.7 % (56/300) said others.

55) 4.0 % (12/300) of the mothers said a woman should gain 10-12 kilos during her pregnancy. 4.3 % (13/300) said the mother should gain the weight of the baby, and 86.7 % (260/300) said they did not know

how much weight a woman should gain during pregnancy. The remaining 5.0 % (15/300) gave other answers.

56) 87.0 % (261/300) of the mothers said they visited a health center during their pregnancy for pre-natal care. The remaining 13.0 % (39/300) did not.

57) 59.3 % (178/300) of the mothers surveyed ate more than usual during their pregnancy. 26.7 % (80/300) ate the same as usual; 13.3 % (40/300) ate less than usual; and 0.7 % (2/300) did not know what quantity of food they ate during their pregnancy.

58) When the child was born, none of the mothers interviewed or their family members helped cut the umbilical cord. 13.0 % (39/300) of the mothers said a TBA assisted and 86.7 % (260/300) said a trained health worker attended the birth.

59) 20.7 % (62/300) of the mothers said they were screened for STDs during their last pregnancy; 75.7 % (227/300) said they were not screened; and 3.7 % (11/300) did not know.

60) Of those who were screened for STDs during their last pregnancy, 35.5 % (22/62) said they were treated immediately; 45.1 % (28/62) said they were not treated; 3.2 % (2/62) said they did not know; and 21.0 % (13/62) said they did not have a STD.

IV. Discussion and Recommendations

Age Distribution

13 % of the mothers surveyed were over the age of 35 and 5.7 % were less than 18 years of age. *Facts for Life*, published by UNICEF/WHO and UNESCO, states that the risks of child-bearing are greatest when the mother to be is under 18 years or over 35. Thus the ADRA/Honduras Child Survival project should direct program interventions to enhance child and maternal survival by addressing the fertility behavior of the community women in NS through CHVs.

Close to 49 % of the children in the survey were under 12 months of age. One possible explanation for the significant proportion of infants in this age category is that many mothers are spacing births less than two years apart. High risk pregnancy education associated with age of the mother should be incorporated into the didactic material within the family planning/maternal health intervention. ADRA/Honduras should continue to emphasize birth spacing with at least two years to reduce high risk pregnancy.

Education/Occupation

Over 83.0 % of the mothers surveyed can read. Although this is impressive when compared with the national adult female literacy rate which stands at 71 % (*The State of the World's Children, UNICEF, 1995*), the majority (58.3 %) can read only at the primary level. ADRA/Honduras should target two different groups for intervention: those that can read at the primary level, and those that cannot read. For those mothers that can read, ADRA/Honduras should develop simple written health messages in Spanish. For those mothers that cannot read, ADRA/Honduras could train the community health workers in communication techniques. This group will also be reached by the CHVs using adult learning methodologies, for example; demonstrations, role plays, pictorial presentations, videos and discussions. ADRA will also explore the possibility of using the Adventist radio station in Tegucigalpa to disseminate key health messages to reach mothers. Mothers should be notified of the channel and schedule of the radio broad-cast during their monthly meetings by CHVs. Most of the mothers surveyed, 68.3 %, said they do not work away from home. Home visits by CHVs should not always be during the working day so as to include those mothers (31.7 %) who are away from home on a regular basis.

Breast Feeding/Nutrition

The Honduran MOH and ADRA breast feeding messages state: Mothers should exclusively breast feed up through the first six months of life. Mothers should introduce foods at six months of age. Infants should start to breast feed as soon as possible after birth, and breast feeding should continue well into the second year of a child's life.

According to this baseline, only 46.3 % of the children less than six months are being exclusively breast-fed. 88.4 % of the mothers surveyed stated they begun breast feeding within the first eight hours after birth. It appears that mothers initiate breast feeding early which is appropriate, but they also introduce liquids or foods too early. Exclusive breast feeding messages through the age of six months need to be reinforced.

Although 92.0 % of the mothers surveyed stated they gave solid or semi-solid foods to their child between six and ten months in addition to breast milk, only 50.0 % of the children between 20 and 24 months are still

breast feeding which is relatively low. Persistence of breast feeding and appropriate weaning practices need to be emphasized through the key nutrition messages given to mothers.

Survey results indicate that the majority of mothers are feeding their children foods rich in protein and iron. However, mothers seem to give relatively less green leaves, fruits, or vegetables to their children. Knowledge of foods rich in vitamin A, including breast milk, should be a focal point for the project's nutrition component.

Nearly 87.0 % of the mothers surveyed did not know that vitamin A prevents night blindness and 79.0 % of the mothers did not know what foods contain a high quantity of vitamin A. Vitamin A knowledge therefore needs to be strengthened. (45.5 % of the children in the survey had received mega-doses of vitamin A according to the GM cards, but this does not insure that mothers know what it is good for or where it comes from.)

Other *Facts for Life* breast feeding messages ADRA/Honduras should emphasize include: breast feed as soon as possible after birth, care for breasts/nipples, allow frequent sucking to stimulate production, exclusively breast feed for the first six months of life, avoid bottle feeding of the baby, and attempt to relactate if you have stopped breast feeding. Of these actions to ensure the supply of breast milk, less than 1.0 % of mothers knew to care for breasts/nipples, and about 9.7 % knew to allow frequent sucking to stimulate production. Few mothers knew about the other actions to ensure the supply of breast milk. Mothers in the project area need to hear and understand the benefits of these health messages. CHVs will be encouraged to bring this message to mothers during their home to home visits.

Growth Monitoring

75.0 % of the children surveyed have a growth monitoring card. Of those with a GM card, 67.7 % had been weighed in the last four months prior to the survey. Although most of the children have a growth monitoring card, the project should endeavor to assure that every child has a card and is weighed on a monthly basis. ADRA/Honduras should assure the provision of the Road To Health cards to all children under the age of two years in the project areas through CHVs, and encourage mothers to safeguard them. ADRA should also train health workers and encourage MOH policy makers to ensure that all children under two years are weighed at least on a monthly basis and that weights are recorded accurately on the child's growth monitoring card.

Control of Diarrheal Diseases

MOH/Honduras stresses the importance of giving extra fluids and continued feeding during diarrhea episodes, and providing extra foods when the child is recovering from diarrhea. Over 25.0 % of the children in the survey had diarrhea in the two weeks prior to the survey. 61.4 % of mothers continued to give the same or more amount of breast milk to the child during diarrheal episodes and 79.1 % gave the same or more amounts of fluids. Although not perfect, it appears that mothers are responding appropriately. However, only 45.5 % of the mothers gave the same or more amount of food to their children with diarrheal episodes which is not high. Therefore, the importance of continued feeding for children with diarrheal episodes needs to be emphasized.

47.4 % of mothers reported having managed the diarrheal episodes of their child with ORT which is relatively low compared to the national ORT usage rate which stands at 70.0 % (*The State of the World's*

Children, UNICEF, 1995). More educational emphasis needs to be placed on ORT use, including the use of homemade cereal based oral rehydration solution. The Honduras MOH stresses the importance of not using medicines to treat diarrhea. 50.0 % of mothers, however, reported using anti-diarrheal or antibiotic medications to treat diarrhea. This could be an area for improvement. The message should be "more ORT, no antibiotics" for treating diarrhea. Antibiotics should be prescribed only by authorized health personnel at the CESAMO/health center.

Facts for Life diarrhea messages stress the importance of giving extra fluids and continued feeding during the diarrhea episode, and providing extra foods when the child is recovering from diarrhea.

ADRA/Honduras should provide key messages through CHWs to mothers in the project areas stressing the importance of giving more fluids and continued feeding during a child's diarrhea episode. In line with the MOH policy, ADRA should place special emphasis on the use of ORS (Litrosol) to treat diarrhea, and inform mothers of the dangers of using medicines for diarrhea. This will include organizing training/workshops for local chemists as well as health workers who should participate in the effort to discourage antibiotic use/abuse for diarrheal episodes.

Facts for Life stresses dehydration, fever, loss of appetite, vomiting, passing several watery stools in one or two hours, and blood in the stool as signs that a mother should seek qualified medical help for her child. These health messages should be provided by ADRA/Honduras as important signs that a child needs medical help during diarrhea. ADRA plans to train CHWs to promote these messages to mothers.

Immunizations

The EPI program in Honduras is reportedly good. The national coverage for children 12 to 23 months old for BCG, DPT, OPV, and measles is 95 %, 94 %, 95 %, and 94 %, respectively (*The State of the World's Children, UNICEF, 1995*). Based on their cards, the EPI access for children 12 to 23 months old (those who received DPT1) in this project area was 72.8 %. The coverage rate for OPV3 was 68.8 %, 66.9 % for measles, and 100.0 % for BCG. However, based on the card, the EPI drop-out rate was at 4.55 %.

Mothers' knowledge regarding timeliness of measles immunizations for their children and knowledge of TT vaccine protection against tetanus was 48.0 % and 37.6 %, respectively. This is not significantly high. The project needs to emphasize health messages in EPI to raise awareness of the importance and timeliness of maintaining the EPI schedule. This is especially important to increase the maternal TT coverage rate. Based on those who had a card, only 32.3 % (97/300) of the mothers received TT vaccination. This low TT coverage rate is not surprising considering the 16.0 % national coverage rate for TT (*The State of the World's Children, UNICEF, 1995*).

ADRA should work in collaboration with the CESAMO in promoting the use of EPI services and adherence to immunization schedules for mothers and children under two. ADRA should also train CHVs to serve as a medium of communication to promote the EPI at the grass-roots level.

Acute Respiratory Infection/ Pneumonia Control

ARI is the principal cause of morbidity and mortality in children under five in Honduras (*EFHS 1991-92*). *Facts for Life* emphasizes the importance of care seeking when a child has rapid or difficult breathing.

Over 54.0 % of the children surveyed had been sick with a cough or cold in the two weeks prior to the survey. 27.8 % of the mothers sought medical treatment for a child with acute lower respiratory infection. Many of the childhood deaths due to pneumonia are preventable. Mothers must be trained in the early detection of ALRI and what action to take. It is clear that the ALRI component of this project needs to be strengthened. A possible strategy for pneumonia control could be an ethnographic study on mothers KAP of ALRI, which has already been conducted, to better tailor the ALRI intervention. ADRA/Honduras should closely follow the findings and recommendations of the ethnographic study in planning its ALRI intervention. The use and abuse of antibiotics should also be looked into.

Maternal Care

36.6 % (110/300) of the mothers surveyed had maternal cards, with 32.3 % (97/300) having received two or more doses of TT and 28.3 % (85/300) having had one or more ante-natal check-up/s. The reported number of mothers with maternal cards may have been low because of the MOH policy that mothers leave their maternal cards at the hospital or health center they visit. This could make it difficult to measure maternal health coverage in the future.

50 % of mothers desire no more children in the next two years, or are not sure, and are using modern contraceptive methods. Contraceptives need to be widely available to improve birth spacing and reduce the risk levels of pregnancy for mothers. Health education should focus on informing mothers of the pregnancy risks associated with giving birth before 18 and after 35. *Facts For Life* notes that the risk of death for young children is increased by about 50 % if the space between births is less than two years. Creative teaching materials and techniques need to be employed to convince mothers and especially fathers of the benefits of conscientious reproduction. Since the “machismo” culture could be a barrier to launching effective family planning activities, the concept of greater male involvement needs to be explored.

Since there is a correlation between teenage pregnancy and HIV transmission risk due to unprotected sex in Honduras, HIV prevention education must be given. Almost half of the women surveyed in the National Epidemiology and Family Health Survey had their first sexual encounter between the ages of 15 and 19. They did not provide statistics for the percentage of those women between 15 and 19 who were using modern birth control. Including HIV/AIDS education and prevention in the CS XI family planning activities must be studied.

Mother's knowledge of nutrition during pregnancy is relatively low. The importance of good nutrition during pregnancy needs to be emphasized through educational messages given to mothers. The majority of mothers go to a trained professional or midwife for the birth. This particular component does not need much improvement, but training of TBAs on handling high risk pregnancies is important.

A high percentage of deliveries (86.7 %) were attended by a health professional which compares favorably with the national figure of 81 % (*The State of the World's Children, UNICEF, 1995*). ADRA/Honduras can use the opportunity of training health professionals attending deliveries to ensure that mothers breast feed as soon as possible after birth.

V. Key Child Survival Indicators for Honduras

Practice and coverage indicator calculations are based on the *PVO Child Survival Knowledge, Practice, and Coverage (KPC) Survey Questionnaire* (version dated 10/11/95).

Indicator	Outcome
1. Appropriate Infant Feeding Practices: Initiation of Breast feeding. % of children <24 months who were breast fed within first eight hours of birth. <i>Need to know.</i>	88.4 % (233+20/286x100)
2. Appropriate Infant Feeding Practices: Exclusive Breast feeding. % of infants < six months, who are being given only breast milk.	46.3 % (37/80x100)
3. Appropriate Infant Feeding Practices: Introduction of Foods. % of infants six to ten months who are being given solid or semi-solid foods.	92.0 % (35/38x100)
4. Appropriate Infant Feeding Practices: Persistence of Breast feeding. % of children between 20 and 24 months who are still breast feeding (and being given solid/semi-solid foods).	50.0 % (28/56x100)
5. Management of Diarrheal Diseases: Continued Breast feeding. % of children <24 months with diarrhea in the past two weeks who were given the same amount or more breast milk.	61.4 % (9+26)/(76-19)x100
6. Management of Diarrheal Disease: Continued Fluids. % of children <24 months with diarrhea in the past two weeks who were given the same amount or more fluids other than breast milk.	79.1 % (19+34)/(76-9)x100
7. Management of Diarrheal Diseases: Continued Foods. % of children <24 months with diarrhea in the past two weeks who were given the same amount or more food.	45.5 % (04+26)/(76-10)x100
8. Management of Diarrheal Diseases: ORT Usage. % of children <24 months with diarrhea in the past two weeks who were treated with ORT.	47.4 % (36/76x100)
9. Pneumonia Control: Medical Treatment. % of mothers who sought medical treatment for infants <24 months with cough and rapid, difficult breathing in the past two weeks.	58.0 % (36/62x100)
10. Immunization Coverage (Card): EPI Access. % of children 12 to 23 months who received DPT1.	72.8 % (110/151x100)
11. Immunization Coverage (Card): EPI Coverage. % of children 12 to 23 months who received OPV3.	68.8 % (104/151x100)

Indicator	Outcome
12. Immunization Coverage (Card): Measle Coverage. % of children 12 to 23 months who received measles vaccine.	66.9 % (101/151x100)
13. Immunization Coverage (Card): Drop Out Rate.	4.55 % (110-105/110x100)
14. Maternal Care: Maternal Card. % of mothers with a maternal card.	36.6 % (110/300x100)
15. Maternal Care: Tetanus Toxoid Coverage (Card). % of mothers who received two doses of tetanus toxoid vaccine (card).	32.3 % (97/300x100)
16. Maternal Care: One or More Ante-Natal Visits (Card and Self Report). % of mothers who had at least one pre-natal visit prior to the birth of the child.	28.3 %* 100.0 %** *Card=(85/300x100) **Self=(300/300x100)
17. Maternal Care: Modern Contraceptive Usage. % of mothers who desire no more children in the next two years, or are not sure, who are using a modern contraceptive method.	53.5 % (136/254x100)

The following four knowledge indicators are recommended, but are not required to be tracked at baseline and final for each PVO Child Survival project.

1. Mother's Literacy: % of mothers who are literate	2. Immunization Knowledge: Timeliness of Measles vaccine - % of mothers who know measles vaccine should be given at nine months	3. Immunization Knowledge: Tetanus Toxoid Protection - percentage of mothers who know that TT protects both the child and the mother	4. Maternal Care Knowledge: Timeliness of Ante-Natal Care - % of mothers who know that pregnant women should start prenatal care before the third trimester
83.3 % (250/300x100)	48.0 % (144/300x100)	37.6 % (113/300x100)	91.6 % (275/300x100)

VI. Costs

The following amount was used to conduct the baseline survey.

	US\$
Consultant	4,181.00
Travel	3,120.00
Printing	180.00
Supplies	40.00
Incentives	<u>220.00</u>
Total	7,741.00

VII. References

1. *The State of the World's Children*, UNICEF, 1995.
2. PVO CSSP Johns Hopkins University. *Rapid KPC Survey Trainers Guide*. Baltimore, MD, 1994.
3. Sebakigye, Musoke. *Child Survival X Baseline Survey*. ADRA/Uganda, August, 1994.
4. Lara, Victor, Johns Hopkins University. *Report on Baseline Survey*. Submitted to ADRA, 1993.
5. UNICEF, UNESCO & WHO. *Facts for Life - A Communications Challenge*. UNICEF, New York, NY., 1989.
6. Diarrhoeal Disease Control Programme. *Household Survey Manual: Diarrhoea Case Management, Morbidity, and Mortality*. World Health Organization, Geneva, 1989.
7. Expanded Programme on Immunization. *Training for Mid-Level Managers: Coverage Survey*. World Health Organization, Geneva, 1988.
8. Henderson, R.H. and T. Sundaresan. "Cluster Sampling to Assess Immunization Coverage: A Review of Experience with a Simplified Sampling Method," *Bulletin of the World Health Organization*. 60 (2): pp. 253-260, 1982.

Appendix A Survey Staff

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Appendix B 30-Cluster Population Selection

Location Nueva Suyapa Sector

Total Population 19,040

Sector	Population	Cumulative Population	Cluster
Villa Nueva Suyapa	7,045	7,045	c1, c2, c3, c4, c5, c6, c7, c8, c9, c10, c11
Universidad	4,425	11,470	c12, c13, c14, c15, c16, c17, c18
Guillermo Matute	545	12,015	c19
Fehcovil	425	12,440	c20
La Libertad	1,135	13,575	c21
Brisas Nueva Suyapa	1,080	14,655	c22, c23
17 De Septiembre	1,105	15,760	c24, c25
Flores De Oriente	1,940	17,700	c26, c27, c28
Aldea Nueva Suyapa	1,340	19,040	c29, c30

Appendix C Survey Results

Mean age of mother: 31 years

Age range of mother: 15 - 43 years

Mean age of child: 8.43 months

Age range of children: 0-23 months

3. What was the highest educational level you attained? (n=300)

	n	%
1. none	26	8.7
2. primary-does not read	24	8.0
3. primary-reads	175	58.3
4. secondary and higher	75	25.0

4. Do you work away from home? (n=300)

	n	%
1. yes	95	31.7
2. no	205	68.3

5. Do you do any "income generating work?" (Multiple answers possible; record all answers). (n=295)

	n	%
a. nothing	175	58.3
b. handicraft, weaving, rugs, etc.	5	1.7
c. harvesting, fruit picker	2	0.7
d. selling agricultural products	4	1.3
e. selling foods, dairy products	10	3.3
f. servant/household services	29	9.7
g. shop keeper, street vendor	17	5.7
h. salaried worker	22	7.3
I. other (specify)	31	10.3

6. Who takes care of (name of child) while you are away from home? (Multiple answers possible; record all answers). (n=300)

	n	%
a. mother takes child with her	82	27.3
b. husband/partner	8	2.7
c. older children	41	13.7
d. relatives	163	54.3
e. neighbors/friends	33	11.0
f. maid	12	4.0
g. nursery school	0	0.0

7. Are you breast feeding (name of child)? (n=299)

	n	%
1. yes	202	67.6
2. no	97	32.4

8.	Have you ever breast-fed (name of child)? (n=97)		
		n	%
	1. yes	81	83.5
	2. no	16	16.5
9.	After the delivery, when did you breast feed (name of child) for the first time? (n=286)		
		n	%
	1. during the first hour after delivery	233	81.5
	2. from 1 to 8 hours after delivery	20	7.0
	3. more than 8 hours after delivery	28	9.8
	4. do not remember	5	1.7
10.	a. Are you giving (name of child) water (or herbal teas)? (n=300)		
		n	%
	1. yes	233	77.7
	2. no	67	22.3
	3. doesn't know	0	0.0
	b. Are you giving (name of child) cow milk, goat milk, or formula? (n=300)		
		n	%
	1. yes	176	58.7
	2. no	124	41.3
	3. doesn't know	0	0.0
	c. Are you giving (name of child) semisolid foods such as gruels, porridge or semolina? (n=300)		
		n	%
	1. yes	192	64.0
	2. no	108	36.0
	3. doesn't know	0	0.0
	d. Are you giving (name of child) fruits? (n=300)		
		n	%
	1. yes	221	73.7
	2. no	79	26.3
	3. doesn't know	0	0.0
	e. Are you giving (name of child) carrot, squash, mango, or papaya? (n=300)		
		n	%
	1. yes	190	63.3
	2. no	110	36.7
	3. doesn't know	0	0.0
	f. Are you giving (name of child) meat or fish? (n=300)		
		n	%
	1. yes	185	61.7
	2. no	115	38.3
	3. doesn't know	0	0.0
	g. Are you giving (name of child) lentils, peanuts, or beans? (n=300)		
		n	%
	1. yes	185	61.7
	2. no	115	38.3

	3. doesn't know	0	0.0
h.	Are you giving (name of child) eggs or yogurt? (n=300)		
		n	%
	1. yes	152	50.7
	2. no	148	49.3
	3. doesn't know	0	0.0
i.	Are you adding dark leafy green vegetables, such as spinach, to (name of child's) food? (n=300)		
		n	%
	1. yes	146	48.7
	2. no	154	51.3
	3. doesn't know	0	0.0
j.	Are you adding honey or sugar to (name of child's) meals? (n=300)		
		n	%
	1. yes	225	75.0
	2. no	75	25.0
	3. doesn't know	0	0.0
k.	Are you adding fat (lard) or oil to (name of child's) meals? (n=300)		
		n	%
	1. yes	217	72.3
	2. no	83	27.6
	3. doesn't know	0	0.0
11.	What can a mother do in the baby's first six months of life to keep on breast feeding? (Multiple answers possible; record all answers). (n=300)		
		n	%
	a. doesn't know	22	7.3
	b. breast feed as soon as possible after delivery (don't discard colostrum)	16	5.3
	c. care of breasts, nipples	1	0.3
	d. frequent sucking to stimulate production	29	9.7
	e. exclusive breast feeding during the first four months	10	3.3
	f. avoid bottle feeding of baby	0	0.0
	g. re-lactation (if had to stop, mother can resume breast feeding again)	0	0.0
	h. other (specify)	235	78.3
12.	When should a mother start adding foods to breast feeding? (n=300)		
		n	%
	1. start adding earlier than 6 months of age	196	65.3
	2. start adding between 4-6 months of age	35	11.7
	3. start adding about 6 months of age	57	19.0
	4. start adding later than 6 months of age	12	4.0
	5. doesn't know	0	0.0

13. What should those additional foods to breast feeding be? (Multiple answers possible; record all answers.) (n=300)

	n	%
a. doesn't know	54	18.0
b. add oil to food	44	14.7
c. give food rich in vitamin A	122	40.7
d. give food rich in iron	70	23.3
e. other (specify)	71	23.7

14. Which vitamin helps you prevent "night blindness"? (n=298)

	n	%
1. vitamin A	40	13.4
2. doesn't know or other	258	86.6

15. Which foods contain vitamin A to prevent "night blindness"? (Multiple answers possible; record all answers.) (n=300)

	n	%
a. doesn't know or other	237	79.0
b. green leafy vegetables	15	5.0
c. yellow type fruits	50	16.7
d. meat/fish	5	1.7
e. breast milk	1	0.3
f. egg yolks	0	0.0

16. Does (name of child) have a growth monitoring/promotion card? (n=300)

	n	%
1. yes	225	75.0
2. lost card	31	10.3
3. no	44	14.7

17. Look at the growth monitoring card of the child, and record the following information: has the child been weighed in the last four months? (n=225)

	n	%
1. yes	151	67.1
2. no	74	32.9

18. Look also at the growth monitoring card, and indicate if there is a space to record vitamin A capsules. (n=225)

	n	%
1. yes	222	98.7
2. no	3	1.3

19. If yes, record the dates of all vitamin A capsules given to this child in the space below. (n=222)

d / m / y	n	%
1st ___ / ___ / ___	101	45.5
2nd ___ / ___ / ___	23	10.4
3rd ___ / ___ / ___	2	0.9
4th ___ / ___ / ___	0	0.0

20. Has (name of child) had diarrhea during the last two weeks? (n=300)
- | | n | % |
|-----------------|-----|------|
| 1. yes | 76 | 25.3 |
| 2. no | 223 | 74.3 |
| 3. doesn't know | 1 | 0.4 |
21. During (name of child's) diarrhea did you breast feed (**read the choices to the mother**) (n=76)
- | | n | % |
|--------------------------|----|------|
| 1. more than usual? | 8 | 10.5 |
| 2. same as usual? | 26 | 34.2 |
| 3. less than usual? | 18 | 23.7 |
| 4. stopped completely? | 5 | 6.6 |
| 5. child not breast-fed? | 19 | 25.0 |
22. During (name of child's) diarrhea, did you provide (name of child) with fluids other than breast milk? (**read the choices to the mother**) (n=76)
- | | n | % |
|-------------------------------|----|------|
| 1. more than usual? | 19 | 25.0 |
| 2. same as usual? | 34 | 44.7 |
| 3. less than usual? | 12 | 15.8 |
| 4. stopped completely? | 2 | 2.6 |
| 5. exclusively breast feeding | 9 | 11.8 |
23. During (name of child's) diarrhea, did you continue to provide (name of child) with solid/semisolid foods (**read the choices to the mother**) (n=76)
- | | n | % |
|-------------------------------|----|------|
| 1. more than usual? | 4 | 5.3 |
| 2. same as usual? | 26 | 34.2 |
| 3. less than usual? | 29 | 38.1 |
| 4. stopped completely? | 7 | 9.2 |
| 5. exclusively breast feeding | 10 | 13.1 |
24. When (name of child) had diarrhea, what treatments, if any, did you use? (**Multiple answers possible; record all answers**) (n=76)
- | | n | % |
|--|----|------|
| a. nothing | 3 | 3.9 |
| b. ORS sachet | 30 | 39.5 |
| c. sugar salt solution | 0 | 0.0 |
| d. cereal based ORT | 0 | 0.0 |
| e. infusions or other fluids | 5 | 6.6 |
| f. anti-diarrhea medicine or antibiotics | 38 | 50.0 |
| g. other (specify) | 15 | 19.7 |

25. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea? (n=76)

	n	%
1. yes	65	85.5
2. no	11	14.5

26. From whom did you seek advice or treatment for the diarrhea of (name of child)? (**Multiple answers possible; record all answers.**) (n=65)

	n	%
a. general hospital	6	9.2
b. health center/clinic/post	37	56.9
c. private clinic/doctor	8	12.3
d. pharmacy	1	1.5
e. village health worker	2	3.1
f. traditional birth attendant	3	4.6
g. traditional healer	1	1.5
h. relatives and friends	5	7.7
i. other (specify)	2	3.1

27. What signs/symptoms would cause you to seek advice or treatment for (name of the child's) diarrhea? (**Multiple answers possible; record all answers.**) (n=300)

	n	%
a. doesn't know	45	15.0
b. vomiting	75	25.0
c. fever	34	11.3
d. dry mouth, sunken eyes, decreased urine output (dehydration)	107	35.7
e. diarrhea of prolonged duration	67	22.3
f. blood in stool	2	0.7
g. loss of appetite	21	7.0
h. weakness or tiredness	49	16.3
i. other (specify)	19	6.3

28. What are important actions you should take if (name of child) has diarrhea? (**Multiple answers possible; record all answers.**) (n=300)

	n	%
a. doesn't know	29	9.7
b. initiate fluids rapidly	18	6.0
c. give the child more to drink than usual	45	15.0
d. give the child smaller more frequent feeds	10	3.3
e. proper mixing and administration of ORS	108	36.0
f. take child to the hospital/health center	120	40.0
g. feed more after diarrhea episode so that child can re-gain weight	1	0.3
h. withhold fluids	2	0.7
i. withhold foods	6	2.0
j. other (specify)	79	26.3

29. What are important actions a mother should take when a child is recovering from diarrhea?
(Multiple answers possible; record all answers.) (n=300)

	n	%
a. doesn't know	114	38.0
b. give the child smaller more frequent feeds	78	26.0
c. more foods than usual	42	14.0
d. give foods with high-caloric content	20	6.7
e. other (specify)	56	18.7

30. Has (name of child) been ill with cough or difficult breathing in the last two weeks? (n=299)

	n	%
1. yes	162	54.3
2. no	137	45.7

31. Did (name of child) experience rapid (fast) and difficult breathing (dyspnea) when ill? (n=162)

	n	%
1. yes	62	38.3
2. no	100	61.7
3. doesn't know	0	0.0

32. Did you seek treatment when (name of child) was ill with these respiratory problems? (n=62)

	n	%
1. yes	41	66.1
2. no	21	33.9

33. If yes, what treatment did you receive? **(Multiple answers possible; record all answers.)**
 (n=41)

	n	%
a. salbutmol	10	22.2
b. teofilma	5	11.1
c. acetaminophen	5	11.1
d. penicillin	6	13.3
e. ampicillin	5	11.1
f. others	19	42.2
g. doesn't know	7	15.6

34. From whom did you seek treatment for (name of child) when ill with rapid and difficult breathing? **(Multiple answers possible; record all answers.)** (n=41)

	n	%
a. general hospital	9	20.0
b. health center/clinic/post	20	44.4
c. private clinic/doctor	11	24.4
d. village health worker	0	0.0
e. traditional birth attendant	0	0.0
f. traditional healer	0	0.0
g. pharmacy/chemist/shop keeper	0	0.0
h. relatives and friends	5	11.1
i. other	2	4.4

35. What are the signs/symptoms of infection that would cause you to take (name of child) to a health facility. **(Multiple answers possible; record all answers.)** (n=300)

	n	%
a. doesn't know	32	10.7
b. fast or difficult breathing	181	60.3
c. chest in-drawing	36	12.0
d. loss of appetite	10	3.3
e. fever	45	15.0
f. cough	70	23.3
g. other (specify)	53	17.7

36. Besides flu or cough, what other respiratory illnesses do you know? **(Multiple answers possible; record all answers.)** (n=300)

	n	%
a. tosferina	9	3.0
b. pneumonia	41	13.7
c. asthma	104	34.7
d. bronchitis	52	17.3
e. amigalitus	14	4.7
f. tuberculosis	9	3.0
g. tinnitus	0	0.0
h. stomatitis	12	4.0
i. other	7	2.3
j. doesn't know	144	48.0

37. What home remedies do you use for respiratory problems? **(Multiple answers possible; record all answers.)** (n=300)

	n	%
a. teas	189	63.0
b. herbal drops in the nostrils	77	25.7
c. steam	20	6.7
d. pills for pain and fever	58	19.3
e. creams	5	1.7
f. syrups	8	2.7
g. IV's	0	0.0
h. other	20	6.7
i. doesn't know	24	8.0

38. How are respiratory infections transmitted? (Multiple answers possible; record all answers.) (n=300)

	n	%
a. coughing	83	27.7
b. air	57	19.0
c. kitchen utensils	63	21.0
d. saliva	20	6.7
e. spitting	5	1.7
f. poor hygiene	3	1.0
g. sneezing	25	8.3
h. lack of vaccinations	1	0.3
i. other	18	6.0
j. doesn't know	90	30.0

39. Has (name of child) ever received any immunizations? (n=300)

	n	%
1. yes	294	98.0
2. no	5	1.7
3. doesn't know	1	0.3

40. At what age should (name of child) receive measles vaccine? (n=300)

	n	%
1. specify in months (9 mos)	144	48.0
2. doesn't know	156	52.0

41. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine? (n=300)

	n	%
1. to protect both mother/newborn against tetanus	113	37.7
2. to protect <u>only</u> the woman against tetanus	13	4.3
3. to protect <u>only</u> the newborn against tetanus	82	27.3
4. doesn't know	92	30.7

42. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus? (n=300)

	n	%
1. one	11	3.7
2. two	44	14.6
3. more than two	201	67.0
4. none	0	0.0
5. doesn't know	44	14.7

43. Do you have an immunization card for (name of child)? (n=297)

	n	%
1. yes	228	76.8
2. lost it	29	9.7
3. never had one	40	13.5

44. Look at the vaccination card and record the dates of all the immunizations in the space below.
(n=228)

Antigen	Dose	n	%
BCG		228	100.0
OPV	1st	200	87.7
	2nd	170	74.6
	3rd	152	66.7
DPT	1st	198	86.8
	2nd	170	74.6
	3rd	152	66.7
Measles	1st	124	54.4
	2nd	1	0.4

45. Do you have a maternal health card? (n=300)

	n	%
1. yes	110	36.7
2. lost it	44	14.7
3. no	146	48.7

46. Look at the maternal health card and record the number of TT vaccinations in the space below.
(n=110)

	n	%
1. one	10	9.1
2. two or more	97	88.2
3. none	3	2.7

47. Does the card have space to record ante-natal care visits? (n=110)

	n	%
1. yes	85	77.3
2. no	25	22.7

48. If yes, record whether the mother ever made any ante-natal visits? (n=85)

	n	%
1. one	0	0.0
2. two or more	85	100.0
3. none	0	0.0

49. Are you pregnant now? (n=300)

	n	%
1. yes	25	8.3
2. no	275	91.7

50. Do you want to have another child in the next two years? (n=275)

	n	%
1. yes	21	7.6
2. no	243	88.4
3. doesn't know	11	4.0

51. Are you currently using any method to avoid/postpone getting pregnant? (n=260)

	n	%
1. yes	161	61.9
2. no	99	38.1

52. What is the main method you or your husband are using now to avoid/postpone getting pregnant? (n=300)

	n	%
1. tubal ligation	34	11.3
2. vasectomy	0	0.0
3. Norplant	0	0.0
4. injections	1	0.3
5. pill	39	13.0
6. IUD	49	16.3
7. barrier method/diaphragm	0	0.0
8. condom	13	4.3
9. foam/gel	0	0.0
10. lactational amenorrhea method (exclusive breast feeding)	6	2.0
11. rhythm	3	1.0
12. abstinence	13	4.3
13. coitus interruptus	2	0.7
14. other	1	0.3

53. When should a pregnant woman first see a health professional (physician, nurse, midwife)? (probe for months.) (n=300)

	n	%
1. first trimester, 1-3 months	251	83.7
2. middle of pregnancy, 4-6 months	24	8.0
3. last trimester, 7-9 months	4	1.3
4. no need to see health worker	3	1.0
5. doesn't know	18	6.0

54. What foods are good for a pregnant woman to eat to prevent pregnancy anemia? (Multiple answers possible; record all answers.) (n=300)

	n	%
a. doesn't know	137	45.7
b. proteins rich in iron (eggs, fish, meat)	96	32.0
c. leafy green vegetables, rich in iron	65	21.7
d. other (specify)	56	18.7

55.	How much weight should a woman gain during pregnancy? (n=300)		
		n	%
	1. 8-10 kilos	12	4.0
	2. gain weight of baby	13	4.3
	3. doesn't know	260	86.7
	4. other (specify)	15	5.0
56.	When you were pregnant with (name of child) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care? (n=300)		
		n	%
	1. yes	261	87.0
	2. no	39	13.0
57.	When you were pregnant with (name of child) was the amount of food you ate...(n=300)		
		n	%
	1. more than usual?	178	59.3
	2. same as usual?	80	26.7
	3. less than usual?	40	13.3
	4. doesn't know	2	0.7
58.	At the delivery of (name of child), who tied and cut the cord? (n=300)		
		n	%
	1. yourself	0	0.0
	2. family member	0	0.0
	3. traditional birth attendant	39	13.0
	4. health professional (physician, nurse, or midwife)	260	86.7
	5. other (specify)	1	0.3
	6. doesn't know	0	0.0
59.	During your last pregnancy, were you screened for STDs (not AIDS)? (n=300)		
		n	%
	1. yes	62	20.7
	2. no	227	75.7
	3. doesn't know	11	3.7
60.	If you were screened for an STD, were you treated immediately? (n=62)		
		n	%
	1. yes	21	33.9
	2. no	27	43.5
	3. doesn't know	2	3.2
	4. does not have an STD	12	19.4

Appendix D English Questionnaire

PVO CHILD SURVIVAL RAPID KNOWLEDGE, PRACTICE AND COVERAGE (KPC) SURVEY QUESTIONNAIRE

(March 1995, Edition)

All questions are to be addressed to the mother with a child under two years (< 24 months of age).

Interview date / / 9
(dd/mm/yy)

Reschedule interview / / 9
(dd/mm/yy)

Interviewer name _____

Supervisor _____

Community _____

1. Name and age of the mother

Name _____ Age (years) _____

2. Name and age of the child less than 24 months of age

Name _____
Birth date / / (dd/mm/yy) Age in months _____

Mother's Education/Occupation

3. What was the highest educational level you attained?

1. none
2. primary-does not read
3. primary-reads
4. secondary and higher

4. Do you work away from home?

1. yes
2. no

5. Do you do any "income generating work?" (Multiple answers possible; record all answers.)

- a. nothing
- b. handicraft, weaving, rugs, etc.
- c. harvesting, fruit picker
- d. selling agricultural products
- e. selling foods, dairy products
- f. servant/household services
- g. shop keeper, street vendor
- h. salaried worker
- i. other (specify)

6. Who takes care of (name of child) while you are away from home? (**Multiple answers possible; record all answers.**)
- a. mother takes child with her
 - b. husband/partner
 - c. older children
 - d. relatives
 - e. neighbors/friends
 - f. maid
 - g. nursery school

Breast Feeding/Nutrition

7. Are you breast feeding (name of child)?
- 1. yes
 - 2. no
8. Have you ever breast-fed (name of child)?
- 1. yes
 - 2. no
9. After the delivery, when did you breast feed (name of child) for the first time? (n=293)
- 1. during the first hour after delivery
 - 2. from one to eight hours after delivery
 - 3. more than eight hours after delivery
 - 4. do not remember
10. a. Are you giving (name of child) water (or herbal teas)?
- 1. yes
 - 2. no
 - 3. doesn't know
- b. Are you giving (name of child) cow milk, goat milk, or formula?
- 1. yes
 - 2. no
 - 3. doesn't know
- c. Are you giving (name of child) semisolid foods such as gruels, porridge or semolina?
- 1. yes
 - 2. no
 - 3. doesn't know
- d. Are you giving (name of child) fruits?
- 1. yes
 - 2. no
 - 3. doesn't know
- e. Are you giving (name of child) carrot, squash, mango, or papaya?
- 1. yes
 - 2. no
 - 3. doesn't know
- f. Are you giving (name of child) meat or fish?
- 1. yes
 - 2. no
 - 3. doesn't know

- g. Are you giving (name of child) lentils, peanuts, or beans?
 - 1. yes
 - 2. no
 - 3. doesn't know
- h. Are you giving (name of child) eggs or yogurt?
 - 1. yes
 - 2. no
 - 3. doesn't know
- i. Are you adding dark leafy green vegetables, such as spinach, to (name of child;s) food?
 - 1. yes
 - 2. no
 - 3. doesn't know
- j. Are you adding honey or sugar to (name of child's) meals?
 - 1. yes
 - 2. no
 - 3. doesn't know
- k. Are you adding fat (lard) or oil to (name of child's) meals?
 - 1. yes
 - 2. no
 - 3. doesn't know
- 11. What can a mother do in the baby's first six months of life to keep on breast feeding? **(Multiple answers possible; record all answers.)**
 - a. doesn't know
 - b. breast feed as soon as possible after delivery (don't discard colostrum)
 - c. care of breasts, nipples
 - d. frequent sucking to stimulate production
 - e. exclusive breast feeding during the first four months
 - f. avoid bottle feeding of baby
 - g. re-lactation (if had to stop, mother can resume breast feeding again)
 - h. other (specify)
- 12. When should a mother start adding foods to breast feeding?
 - 1. start adding earlier than six months of age
 - 2. start adding between four to six months of age
 - 3. start adding about six months of age
 - 4. start adding later than six months of age
 - 5. doesn't know
- 13. What should those additional foods to breast feeding be? **(Multiple answers possible; record all answers.)**
 - a. doesn't know
 - b. add oil to food
 - c. give food rich in vitamin A
 - d. give food rich in iron
 - e. other (specify)
- 14. Which vitamin helps you prevent "night blindness"?
 - 1. vitamin A
 - 2. doesn't know or other

15. Which foods contain vitamin A to prevent "night blindness"? (**Multiple answers possible; record all answers.**)
- doesn't know or other
 - green leafy vegetables
 - yellow type fruits
 - meat/fish
 - breast milk
 - egg yolks

Growth Monitoring

16. Does (name of child) have a growth monitoring/promotion card?
- yes **(must see card)**
 - lost card **(go to 20)**
 - no **(go to 20)**
17. Look at the growth monitoring card of the child, and record the following information: has the child been weighed in the last four months?
- yes
 - no
18. Look also at the growth monitoring card, and indicate if there is a space to record vitamin A capsules
- yes
 - no **(go to 20)**
19. If yes, record the dates of all vitamin A capsules given to this child in the space below.
- d / m / y
- 1st ___ / ___ / ___
- 2nd ___ / ___ / ___
- 3rd ___ / ___ / ___
- 4th ___ / ___ / ___

Diarrheal Diseases

20. Has (name of child) had diarrhea during the last two weeks?
- yes
 - no **(go to 27)**
 - doesn't know **(go to 27)**
21. During (name of child's) diarrhea did you breast feed (**read the choices to the mother**)
- more than usual?
 - same as usual?
 - less than usual?
 - stopped completely?
 - child not breast-fed
22. During (name of child's) diarrhea, did you provide (name of child) with fluids other than breast milk (**read the choices to the mother**)
- more than usual?
 - same as usual?
 - less than usual?
 - stopped completely?
 - exclusively breast feeding

23. During (name of child's) diarrhea, did you continue to provide (name of child) with solid/semisolid foods (**read the choices to the mother**)
1. more than usual?
 2. same as usual?
 3. less than usual?
 4. stopped completely?
 5. exclusively breast feeding
24. When (name of child) had diarrhea, what treatments, if any, did you use? (**Multiple answers possible; read all answers.**)
- a. nothing
 - b. ORS sachet
 - c. sugar salt solution
 - d. cereal based ORT
 - e. infusions or other fluids
 - f. anti-diarrhea medicine or antibiotics
 - g. other (specify)
25. When (name of child) had diarrhea, did you seek advice or treatment for the diarrhea?
1. yes
 2. no
26. From whom did you seek advice or treatment for the diarrhea of (name of child)? (**Multiple answers possible; record all answers.**)
- a. general hospital
 - b. health center/clinic/post
 - c. private clinic/doctor
 - d. pharmacy
 - e. village health worker
 - f. traditional birth attendant
 - g. traditional healer
 - h. relatives and friends
 - i. other (specify)
27. What signs/symptoms would cause you to seek advice or treatment for (name of the child's) diarrhea? (**Multiple answers possible; record all answers.**)
- a. doesn't know
 - b. vomiting
 - c. fever
 - d. dry mouth, sunken eyes, decreased urine output (dehydration)
 - e. diarrhea of prolonged duration
 - f. blood in stool
 - g. loss of appetite
 - h. weakness or tiredness
 - i. other (specify)

28. What are important actions you should take if (name of child) has diarrhea?
(Multiple answers possible; record all answers.)
- a. doesn't know
 - b. initiate fluids rapidly
 - c. give the child more to drink than usual
 - d. give the child smaller more frequent feeds
 - e. proper mixing and administration of ORS
 - f. take child to the hospital/health center
 - g. feed more after diarrhea episode so that child can re-gain weight
 - h. withhold fluids
 - i. withhold foods
 - j. other (specify)
29. What are important actions a mother should take when a child is recovering from diarrhea?
(Multiple answers possible; record all answers.)
- a. doesn't know
 - b. give the child smaller more frequent feeds
 - c. more foods than usual
 - d. give foods with high caloric content
 - e. other (specify)

Respiratory Illness

30. Has (name of child) been ill with cough or difficult breathing in the last two weeks?
1. yes
 2. no (go to 35)
31. Did (name of child) experience rapid (fast) and difficult breathing (dyspnea) when ill?
1. yes
 2. no (go to 35)
 3. doesn't know (go to 35)
32. Did you seek treatment when (name of child) was ill with these respiratory problems?
1. yes
 2. no (go to 35)
33. If yes, what treatment did you receive?
- a. salbutmol
 - b. teofilma
 - c. acetaminophen
 - d. penicillin
 - e. ampicillin
 - f. others
 - g. doesn't know

34. From whom did you seek treatment for (name of child) when ill with rapid and difficult breathing? **(Multiple answers possible; record all answers.)**
- a. general hospital
 - b. health center/clinic/post
 - c. private clinic/doctor
 - d. village health worker
 - e. traditional birth attendant
 - f. traditional healer
 - g. pharmacy/chemist/shop keeper
 - h. relatives and friends
 - i. other
35. What are the signs/symptoms of infection that would cause you to take (name of child) to a health facility. **(Multiple answers possible; record all answers.)**
- a. doesn't know
 - b. fast or difficult breathing
 - c. chest in-drawing
 - d. loss of appetite
 - e. fever
 - f. cough
 - g. other (specify)
36. Besides flu or cough, what other respiratory illnesses do you know? **(Multiple answers possible; record all answers.)**
- a. tosferina
 - b. pneumonia
 - c. asthma
 - d. bronchitis
 - e. amigalitus
 - f. tuberculosis
 - g. tinnitus
 - h. stomatitis
 - i. other
 - j. doesn't know
37. What home remedies do you use for respiratory problems? **(Multiple answers possible; record all answers.)**
- a. teas
 - b. herbal drops in the nostrils
 - c. steam
 - d. pills for pain and fever
 - e. creams
 - f. syrups
 - g. IV's
 - h. other
 - i. doesn't know

38. How are respiratory infections transmitted? (**Multiple answers possible; record all answers.**)
- coughing
 - air
 - kitchen utensils
 - saliva
 - spitting
 - poor hygiene
 - sneezing
 - lack of vaccinations
 - other
 - doesn't know

Immunizations

39. Has (name of child) ever received any immunizations?
- yes
 - no
 - doesn't know
40. At what age should (name of child) receive measles vaccine?
- specify in months (_/ _)
 - doesn't know
41. Can you tell me the main reason why pregnant women need to be vaccinated with tetanus toxoid vaccine?
- to protect both mother/newborn against tetanus
 - to protect **only** the woman against tetanus
 - to protect **only** the newborn against tetanus
 - doesn't know
42. How many tetanus toxoid injections does a pregnant woman need to protect the newborn infant from tetanus?
- one
 - two
 - more than two
 - none
 - doesn't know
43. Do you have an immunization card for (name of child)?
- yes (**Must see card**)
 - lost it (**go to 45**)
 - never had one (**go to 45**)
44. Look at the vaccination card and record the dates of all the immunizations in the space below.

		(dd/mm/yy)
BCG		___/___/___
OPV	1st	___/___/___
	2nd	___/___/___
	3rd	___/___/___
DPT	1st	___/___/___
	2nd	___/___/___
	3rd	___/___/___
Measles	1st	___/___/___
	2nd	___/___/___

Look at the immunization card and indicate if there is a space to record vitamin A capsules. If yes, go to 19 and record the dates of all vitamin A capsules given to this child in boxes 18 and 19.

Maternal Care

45. Do you have a maternal health card?
 1. yes (must see cared)
 2. lost it (go to 49)
 3. no (go to 49)
46. Look at the maternal health card and record the number of TT vaccinations in the space below.
 1. one
 2. two or more
 3. none
47. Does the card have space to record ante-natal care visits?
 1. yes
 2. no (go to 49)
48. If yes, record whether the mother ever made any ante-natal visit.
 1. one
 2. two or more
 3. none
49. Are you pregnant now?
 1. yes (go to 53)
 2. no
50. Do you want to have another child in the next two years?
 1. yes (go to 53)
 2. no
 3. doesn't know
51. Are you currently using any method to avoid/postpone getting pregnant?
 1. yes
 2. no (go to 53)
52. What is the main method you or your husband are using now to avoid/postpone getting pregnant?
 1. tubal ligation
 2. vasectomy
 3. Norplant
 4. injections
 5. pill
 6. IUD
 7. barrier method/diaphragm
 8. condom
 9. foam/gel
 10. lactational amenorrhea method (exclusive breast feeding)
 11. rhythm
 12. abstinence
 13. coitus interruptus
 14. other

53. When should a pregnant woman first see a health professional (physician, nurse, midwife)?
(Probe for months)
1. first trimester, one to three months
 2. middle of pregnancy, four to six months
 3. last trimester, seven to nine months
 4. no need to see health worker
 5. doesn't know
54. What foods are good for a pregnant woman to eat to prevent pregnancy anemia?
(Multiple answers possible; record all answers.)
- a. doesn't know
 - b. proteins rich in iron (eggs, fish, meat)
 - c. leafy green vegetables, rich in iron
 - d. other (specify)
55. How much weight should a woman gain during pregnancy?
1. Eight to ten kilos
 2. gain weight of baby
 3. doesn't know
 4. other (specify)
56. When you were pregnant with (name of child) did you visit any health site (dispensary/health center, aid post) for pregnancy/prenatal care?
1. yes
 2. no
57. When you were pregnant with (name of child) was the amount of food you ate...**(Read the choices to the mother)**
1. more than usual?
 2. same as usual?
 3. less than usual?
 4. doesn't know
58. At the delivery of (name of child), who tied and cut the cord?
1. yourself
 2. family member
 3. traditional birth attendant
 4. health professional
(physician, nurse or midwife)
 5. other (specify)
 6. doesn't know
59. During your last pregnancy, were you screened for STDs (not AIDS)?
1. yes
 2. no
 3. doesn't know
60. If you were screened for an STD, were you treated immediately?
1. yes
 2. no
 3. doesn't know
 4. does not have an STD

End of Questionnaire

Appendix E Spanish Questionnaire

CUESTIONARIO SOBRE KAP EN SUPERVIVENCIA INFANTIL, HONDURAS 1995

Las preguntas son para las madres de niños menores a dos años (24 meses)

Fecha entrevista: ___/___/___

Nombre entrevistador: _____

Supervisor: _____

Conglomeración # _____

Récord # _____ Comunidad _____

1. Nombre y edad de la madre

{Nombre.1}: _____ {Edad.1} (años): ##

2. Nombre y edad del niño de 2 años

{Nombre.2}: _____

{Fecha de nacimiento}: <dd/mm/aa> ___/___/___

Educación/ocupación de la madre

3. ¿Cual fue el grado de educación más alto que alcanzó?

1. ninguno ()
2. primaria y no lee ()
3. primaria y si lee ()
4. secundaria o mas ()

4. ¿Trabaja fuera de su casa?

1. si ()
2. no ()

5. ¿Realiza alguna actividad para "generar ingresos económicos?" (Puede marcar mas de una respuesta)

- a. No, ninguno ()
- b. Artesanías, tejidos, etc. ()
- c. En la cosecha de café, caña, etc. ()
- d. Vendiendo productos agrícolas ()
- e. Venta de comidas o alimentos preparados ()
- f. Empleada doméstica/otros servicios ()
- g. Tienda/almacén, vendedor callejero ()
- h. Trabajador asalariado ()
- i. Otros (especifique) () _____

6. ¿Quién cuida de (nombre del niño) mientras trabaja o esta fuera de casa?
(puede marcar más de una respuesta)

- a. El niño va con la mamá ()
- b. El esposo/compañero ()
- c. Hermanos mayores ()
- d. Parientes ()
- e. Vecinos/amigos ()
- f. La empleada ()
- g. Guardería ()

Lactancia Materna/Nutrición

7. ¿Está dando de mamar "chiche" a (nombre del niño)?

- 1. si () Pase a la 9
- 2. no ()

8. ¿Le ha dado alguna vez de mamar a (nombre del niño)?

- 1. si ()
- 2. no () Pasa a la 10

9. ¿Después del parto, cuando le dio de mamar por primera vez a (nombre del niño)?

- 1. Durante la primera hora después del parto ()
- 2. Durante las horas 1-8 después del parto ()
- 3. Más de 8 horas después del parto ()
- 4. No se acuerda ()

10. a. ¿Le está dando agua o tés a (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

b. ¿Le está dando leche en pepe a (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

c. ¿Le está dando atoles, poleadas o cereales a (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

d. ¿Le está dando frutas a (nombre del niño)?

- 1. si ()
- 2. no ()

e. ¿Le está dando zanahorias, ayote, mangos o papaya a (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

f. ¿Le está dando carne o pescado a (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

g. ¿Le está dando frijoles a (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

h. ¿Le está dando huevos a (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

i. ¿Le está añadiendo vegetales verdes, como la acelga, espinaca o la hoja de yuca , a los alimentos de (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

j. ¿Le está añadiendo azúcar o miel a los alimentos de (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

k. ¿Le está añadiendo aceite o manteca a los alimentos de (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

11. Los promotores de salud piensan que es importante amamantar durante el primer año de vida. ¿Qué puede hacer la madre durante los primeros seis meses para mantener suficiente leche y amamantar bien?

(puede marcar más de una respuesta)

- a. no sabe ()
- b. dar amamantar inmediatamente después del parto (sin descartar el calostro) ()
- c. cuidado de los pechos y pezones ()
- d. lactar frecuentemente para estimular producción ()
- e. dar exclusivamente de lactar, durante los primeros seis meses ()
- f. Evitar el pepe. ()
- g. re-amamantar (la madre puede volver a la lactancia exclusiva si la había dejado) ()
- h. otros (especifique) () _____

12. ¿A que edad debería empezar la madre a dar otros alimentos además de su pecho?

- 1. empezar antes de los 6 meses ()
- 2. empezar después de los 6 meses ()
- 3. empezar alrededor de los seis meses ()
- 4. No sabe ()

13. ¿Que otros alimentos?

(puede marcar más de una respuesta)

- a. no sabe ()
- b. añadir aceite a las comidas ()
- c. dar alimentos ricos en vitamina A ()
- d. dar alimentos ricos en hierro ()
- e. otros (especifique) () _____

14. ¿Que vitamina previene la ceguera nocturna?

- 1. la vitamina A ()
- 2. no sabe o otras ()

15. ¿Que alimentos contienen vitamina A para la prevención de la ceguera nocturna?

(puede marcar más de una respuesta)

- a. no sabe u otras ()
- b. vegetales verdes ()
- c. frutas de color amarillo intenso ()
- d. carne/pescado ()
- e. lactancia materna ()
- f. la yema de los huevos ()

Control del Crecimiento

16. ¿Tiene (nombre del niño) su carnet infantil o gráfica para el control de peso?
1. si () (exige que se lo muestre!)
 2. perdió el carnet () Pase a la 20
 3. no () Pase a la 20
17. ¿Mire la gráfica del niño y registre la siguiente información: Ha sido pesado el niño en los últimos 4 meses?
1. si ()
 2. no ()
18. ¿Mire también el carnet de salud del niño y vea si existe un espacio para anotar las cápsulas de vitamina A.
1. si ()
 2. no () Pase a la 20
19. ¿Si es así, anote las fechas. en que le dieron cápsulas de vitamina A al niño, en el espacio correspondiente
- | | dd/mm/aa |
|-----|----------|
| 1ra | _/_/___ |
| 2da | _/_/___ |
| 3ra | _/_/___ |
| 4ta | _/_/___ |

Enfermedades de diarrea

20. ¿Ha tenido (nombre del niño) diarrea en las dos últimas semanas?
1. si ()
 2. no () Pase a la 27
 3. no sabe () Pase a la 27
21. ¿Durante la diarrea de (nombre del niño), Le dio pecho,... (lea las opciones a la madre)
1. más de lo acostumbrado? ()
 2. igual a lo acostumbrado? ()
 3. menos de lo acostumbrado? ()
 4. paró completamente? ()
 5. ya no recibía pecho ()
22. ¿Durante la diarrea de (nombre del niño), Le dio otros líquidos además del pecho,..... (lea las opciones a la madre)
1. más de lo acostumbrado? ()
 2. igual a lo acostumbrado? ()
 3. menos de lo acostumbrado? ()
 4. dejó de darle completamente ()
 5. solo pecho ()

23. ¿Durante la diarrea de (nombre del niño), le dio alimentos blandos o purés,..
1. más de lo acostumbrado? ()
 2. igual a lo acostumbrado? ()
 3. menos de lo acostumbrado? ()
 4. dejó de darle completamente? ()
 5. solo pecho ()
24. ¿Cuando (nombre del niño) tuvo diarrea, que tratamientos le dio?
(puede marcar más de una respuesta; registre todas las respuestas)
- a. nada ()
 - b. litrosol o hidrasol ()
 - c. solución de azúcar y sal (suero casero) ()
 - d. soluciones a base de cereales ()
 - e. líquidos, té ()
 - f. medicinas anti-diarreicas o antibióticos ()
 - g. otro (especifique) () _____
25. ¿Cuando (nombre del niño) tuvo diarrea, pidió consejo o tratamiento para diarrea?
1. si ()
 2. no () Pase a la 27
26. ¿A quien pidió el consejo o tratamiento para la diarrea de (nombre de niño)?
(puede marcar más de una respuesta)
- a. hospital general ()
 - b. centro de salud/CESAMO o CESAR ()
 - c. médico/clinica particular ()
 - d. farmacia ()
 - e. trabajador voluntario ()
de salud o guardián de salud
 - f. curandero ()
 - g. partera ()
 - h. parientes y amigos ()
 - i. otro (especifique) () _____
27. ¿Que signos y síntomas harían que busque ayuda para la diarrea de (nombre del niño)?
- a. no sabe ()
 - b. vómitos ()
 - c. fiebre ()
 - d. boca seca, ojos hundidos, mollera hundida, ()
orina poco (deshidratación)
 - e. diarrea prolongada (más de 14 días) ()
 - f. sangre en la heces ()
 - g. pérdida de apetito ()
 - h. débil o desganado ()
 - i. otros (especifique) () _____

28. ¿Que acciones importantes debe hacer una madre cuando su niño tiene diarrea?
(puede marcar más de una respuesta)

- a. no sabe ()
- b. Iniciar rápidamente alimentación. ()
- c. Aumentar el cantidad de líquidos tomado ()
- d. Dar alimentos con mas frecuencia y menor cantidad ()
- e. Preparación y administración correcto de litrosol ()
- f. Llevar al centro de salud ()
- g. Mas alimentos que lo usual para reponer el peso ()
- h. No dar líquidos ()
- i. No dar alimentos ()
- j. otros (especifique) () _____

29. ¿Que acciones importantes debe hacer una madre cuando su niño esta recuperando de la diarrea?

(puede marcar más de una respuesta)

- a. no sabe ()
- b. dar alimentos con mas frecuencia y menor cantidad ()
- c. más alimentos de lo usual ()
- d. alimentos con alto contenido calórico ()
- e. otros (especifique) () _____

Infecciones Respiratorias Agudas

30. ¿Ha estado (nombre del niño) enfermo con tos o problemas respiratorios en las dos últimas semanas?

- 1. si ()
- 2. no () pasa a la 35

31. ¿Ha estado (nombre del niño) con dificultad en respirar, o respiraba como cansado disnea, cuando enfermó?

- 1. si ()
- 2. no () pasa a la 35
- 3. no sabe () pasa a la 35

32. ¿Ha pedido Usted consejo o tratamiento para (nombre del niño) cuando estuvo enfermo con tos y dificultad respiratoria?

- 1. si ()
- 2. no () pasa a la 35

33. ¿Qué tratamiento le dieron al buscar ayuda y por cuánto tiempo?

Tiempo

- a. Salbutamol _____
- b. Teofilma _____
- c. Acetaminofen _____
- d. Penicilina _____
- e. Ampicilina _____
- f. Otros (especifique) _____
- g. No sabe/ninguno _____

34. ¿De quien recibió consejo o tratamiento para la tos y dificultad respiratoria de (nombre del niño)?

- a. hospital general ()
- b. Centro de Salud/CESAMO o CESAR ()
- c. médico/clínica particular ()
- d. farmacia ()
- e. trabajador voluntario ()
- f. curandero ()
- g. partera ()
- h. parientes y amigos ()
- i. otros (especifique) () _____

35. ¿Cuales son los signos y síntomas que harían que busque ayuda para la enfermedad respiratoria de (nombre del niño)?

(puede marcar más de una respuesta)

- a. no sabe ()
- b. respiración rápida y agitada ()
- c. retracciones inter-costales ()
- d. pérdida de apetito ()
- e. fiebre ()
- f. tos ()
- g. otro (especifique) () _____

36. ¿Además de la gripe o tos qué otras enfermedades respiratorias conoce? (Puede marcar más de una respuesta)

- a. Tosferina (chiflona) ()
- b. Neumonía ()
- c. Asma ()
- d. Bronquitis ()
- e. Amigdalitis ()
- f. Tuberculosis ()
- g. Otitis (dolor de oídos) ()
- h. Bronconeumonía ()
- i. Estomatitis (mal de boca) ()
- j. Otros (especifique) _____
- k. No sabe ()

37. ¿Qué hace usted en casa ó qué medicamentos le da a su niño cuando tiene una enfermedad respiratoria? (Puede marcar más de una respuesta).

- a. Tés ()
- b. Gotas de manzanilla en la nariz ()
- c. Vaporizaciones ()
- d. Pastillas para el dolor y fiebre ()
- e. Ungüentos (especifique) _____
- f. Jarabes (especifique) _____
- g. Sueros ()
- h. Otros (especifique) _____
- i. No sabe ()

38. ¿Cómo se pasa las enfermedades respiratorias? (Puede marcar más de una respuesta).

- a. Toser ()
- b. Aire ()
- c. Utensilios de cocina (traste) ()
- d. Saliva ()
- e. Escupir ()
- f. Falta de higiene ()
- g. Estornudar ()
- h. Sin vacuna ()
- i. Otros (especifique) _____
- j. No sabe ()

Inmunizaciones

39. ¿Ha sido vacunado alguna vez (nombre del niño)?

- 1. si ()
- 2. no ()
- 3. no sabe ()

40. ¿A que edad (nombre del niño) debería recibir la vacuna contra el sarampión?
 1. especifique en meses _____
 2. no sabe ()
41. ¿Cual es la razón principal porque una mujer embarazada debe ser vacunada contra el tétanos?
 1. para proteger madre y niño contra el tétanos ()
 2. para proteger solo a la mujer contra el tétanos ()
 3. para proteger solo al niño contra el tétanos ()
 4. otro o no sabe ()
42. ¿Cuántas vacunas contra el tétanos debe recibir una mujer embarazada, para proteger al recién nacido?
 1. una ()
 2. dos ()
 3. más de dos ()
 4. ninguna ()
 5. no sabe ()
43. ¿Tiene Usted el carnet infantil o el carnet de vacunación de (nombre del niño)?
 1. si () (Exige que se lo muestre)
 2. perdió el carnet () PASE A LA 45
 3. no () PASE A LA 45
44. Mire el carnet de vacunación y registre las fechas de las inmunizaciones en el espacio correspondiente
- | | dd/mm/aa |
|---------------|-----------------|
| BCG | ___/___/___ |
| ANTIPOLIO | 1a. ___/___/___ |
| | 2a. ___/___/___ |
| | 3a. ___/___/___ |
| DPT | 1a. ___/___/___ |
| (TRIPLE) | 2a. ___/___/___ |
| | 3a. ___/___/___ |
| ANTISARAMPION | ___/___/___ |
| | ___/___/___ |

Mire también en el carnet de inmunizaciones e indique y si hay algún espacio para el registro de cápsulas de vitamina A del niño, si es así, Pase a la 19 y 20 y anote las fechas.

Salud materna

45. ¿Tiene Usted carnet de salud materna?

1. si () (Exige que se lo muestre)
 2. perdió el carnet () PASE A LA 49
 3. no () PASE A LA 49

46. Mire el carnet de salud/vacunación materna y registre el número de vacunas T en el espacio correspondiente:

1. una ()
 2. dos o más ()
 3. ninguna ()

47. Tiene el carnet de salud materna espacios para anotar visitas pre-natales:

1. si ()
 2. no () pasa a la 49

48. Si así es, registre si la madre fue para visitas pre-natal:

- a. una ()
 b. dos o más ()
 c. ninguna ()

49. ¿Esta Usted ahora embarazada?

1. si () PASA A LA 53
 2. no ()

50. ¿Quisiera Usted tener otro hijo en los próximos dos años?

1. si () PASA A LA 53
 2. no ()
 3. no sabe ()

51. ¿Esta Usted ahora usando algún método para no embarazarse o retrasar el próximo embarazo?

1. si ()
 2. no () PASE A LA 53

52. **¿Cual es el método principal que Usted o su esposo, están usando ahora para que no salga embarazada?**
1. ligadura de trompas ()
 2. vasectomia ()
 3. norplant ()
 4. inyecciones ()
 5. pastillas anticonceptivas ()
 6. dispositivo intra-uterino ()
 7. diafragma ()
 8. condones ()
 9. espumas o gel ()
 10. lactancia materna exclusiva ()
 11. método del ritmo ()
 12. abstinencia ()
 13. coito interrumpido ()
 14. otros ()
53. **¿A los cuantos meses de embarazo, una mujer debe ir a un centro o puesto de salud?**
1. al primer trimestre. 1-3 meses ()
 2. a la mitad del embarazo, 4-6 meses ()
 3. al último trimestre, 7-9 meses ()
 4. no necesita ir ()
 5. no sabe ()
54. **¿Que alimentos debería ingerir una mujer, para evitar la anemia durante el embarazo?**
- a. no sabe ()
 - b. proteínas, ricas en hierro (carne/pescado/huevos) ()
 - c. vegetales ricos en hierro como la espinaca ()
 - d. otro (especifique) () _____
55. **¿Cuanto peso debería ganar una mujer durante el embarazo?**
1. 8-12 Kilos ()
 2. el peso del bebe ()
 3. no sabe ()
 4. otro (especifique) () _____
56. **¿Cuando Usted estaba embarazada de (nombre del niño), ¿Visitó algún centro de salud clínica u hospital para su control del embarazo?**
1. si ()
 2. no ()

57. ¿Durante el embarazo de (nombre del niño), la cantidad de alimentos que Usted comió fueron.....

(lea las opciones a la madre)

1. más de lo acostumbrado? ()
2. igual a lo acostumbrado? ()
3. menos de lo acostumbrado? ()
4. no sabe ()

58. ¿Cuándo nació (nombre del niño), quien ató y cortó el cordón umbilical?

1. Usted misma ()
2. un miembro de la familia ()
3. partera/matrona ()
4. personal de salud (médico o enfermera) ()
5. otro (especifique) () _____
6. no sabe ()

EL HIV/SIDA

59. ¿ Durante el tiempo de su último embarazo, se hizo chequeo para enfermedades de transmisión sexual (no SIDA)?

- A. Si ()
- B. No () Pase a la 61
- C. No sabe () Pase a la 61

60. ¿Recibió tratamiento inmediato después de detectarse con un enfermedad de transmisión sexual?

- A. Si ()
- B. No ()
- C. No sabe ()
- D. No he tenido enfermedad de transmisión sexual ()

61. ¿ Ha oído usted de una enfermedad llamada SIDA?

1. Sí ()
2. No () (no continúe)

62. ¿ Si la respuesta es si, sabe usted como se transmite la enfermedad del SIDA (Puede marcar más de una respuesta)

1. Las agujas infectadas /instrumentos ()
2. El mosquito ()
3. Practicar el sexo con una persona infectada y sin protección ()
4. Compartir la ropa y comer en el mismo plato ()
5. La transfusión de sangre ()
6. De la madre embarazada al niño ()
7. No sabe ()
9. Otros , cspccifique..... ()

63. **¿ Como puede la persona protegerse contra EL SIDA?(Puede marcar más de una respuesta)**

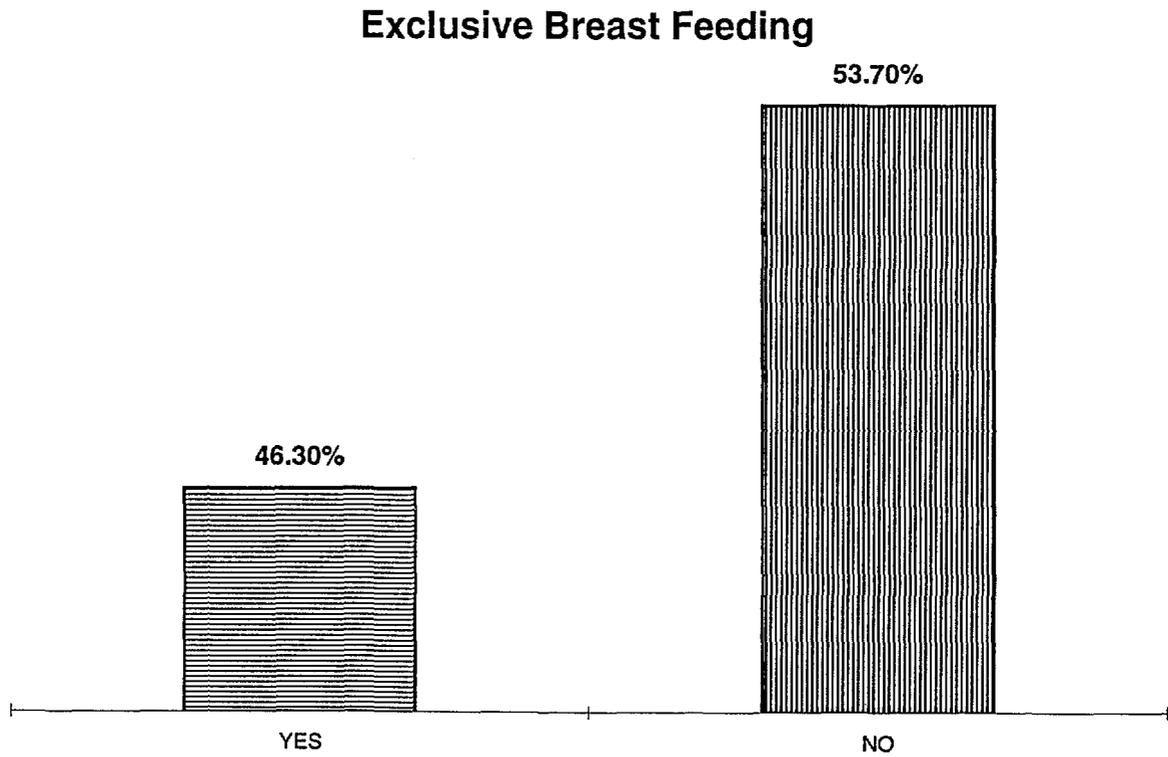
- 1. Absteniéndose ()
- 2. Teniendo una sola pareja ()
- 3. Usando condón ()
- 4. Evitando agujas infectadas/hojas de afeitar ()
- 5. Examen de sangre antes del casamiento ()
- 6. No sabe ()
- 9. Otros, especifique.....

64. **¿ Usó usted condón durante su ultima relación sexual con una persona que no era su pareja?**

- 1. Sí ()
- 2. No ()
- 3. Nunca ha visto ni usado un condón ()
- 4. No tengo relaciones sexuales fuera de mi pareja ()

Indicator: Percent of infants < 6 months who are being given only breast milk.

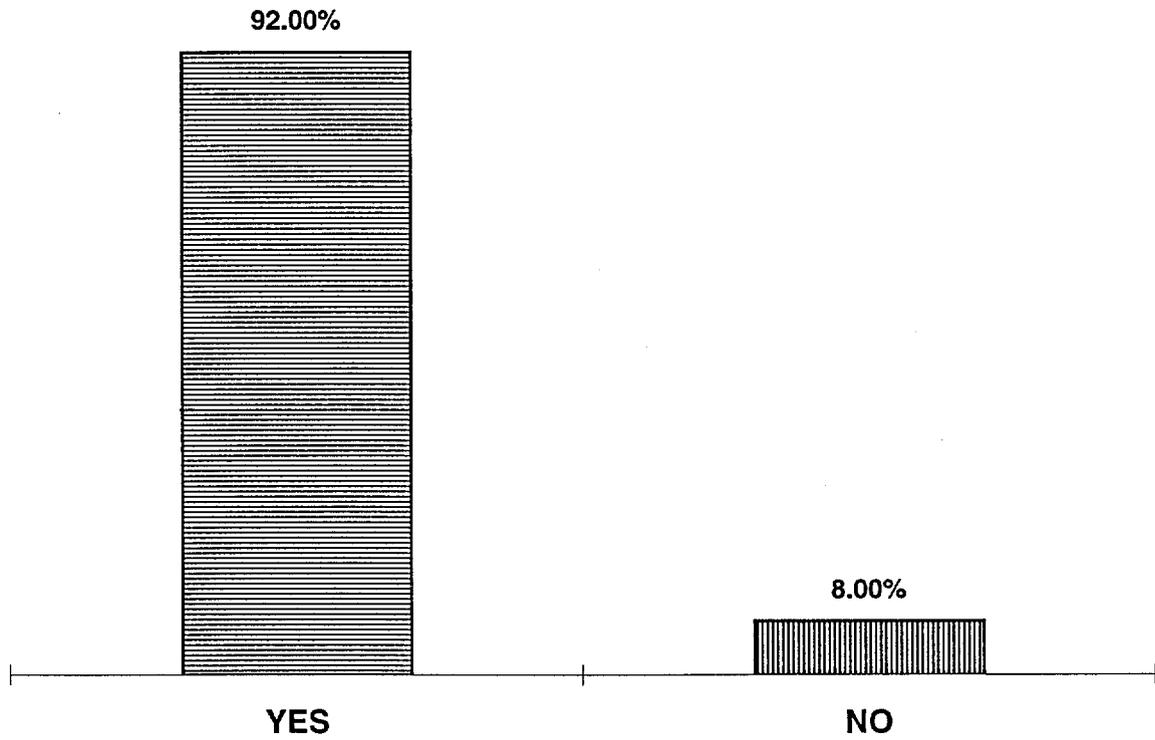
YES	NO
46.30%	53.70%



Indicator: Percent of infants between 6-10 months who are being given solid or semi-solid foods.

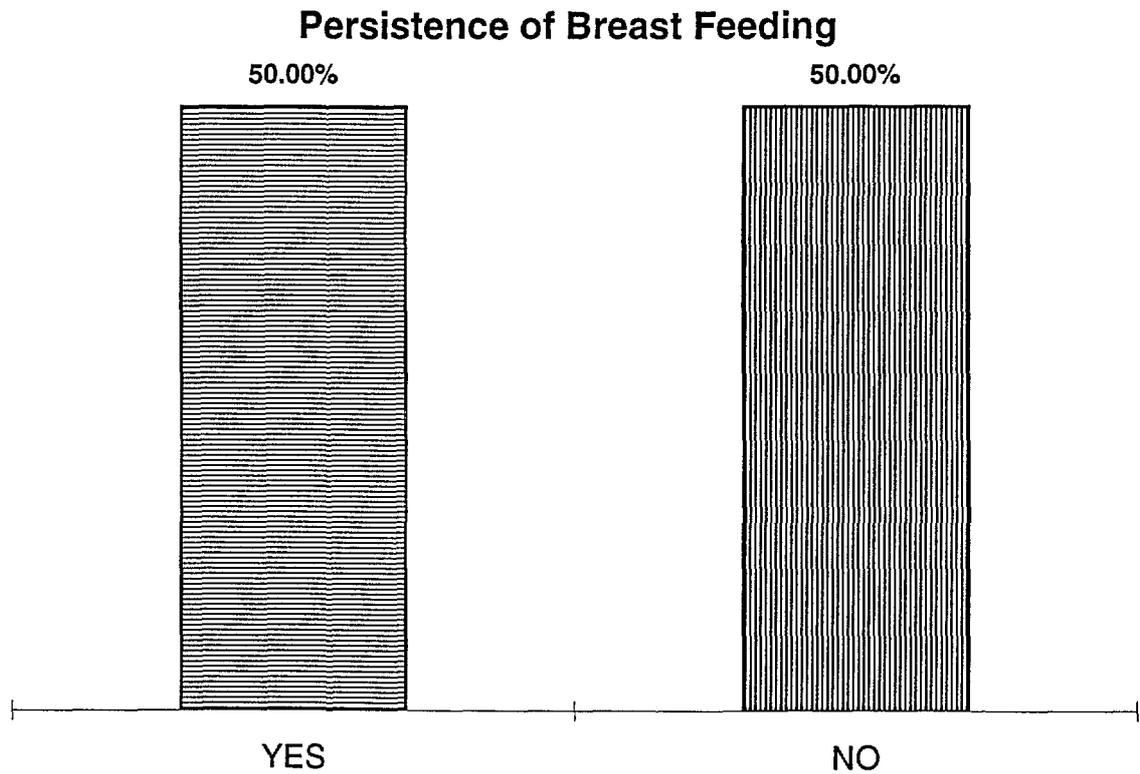
YES	NO
92.00%	8.00%

Introduction of Foods



Indicator: Percent of children between 20-24 months who are still breast feeding and being given sold/semi-solid foods.

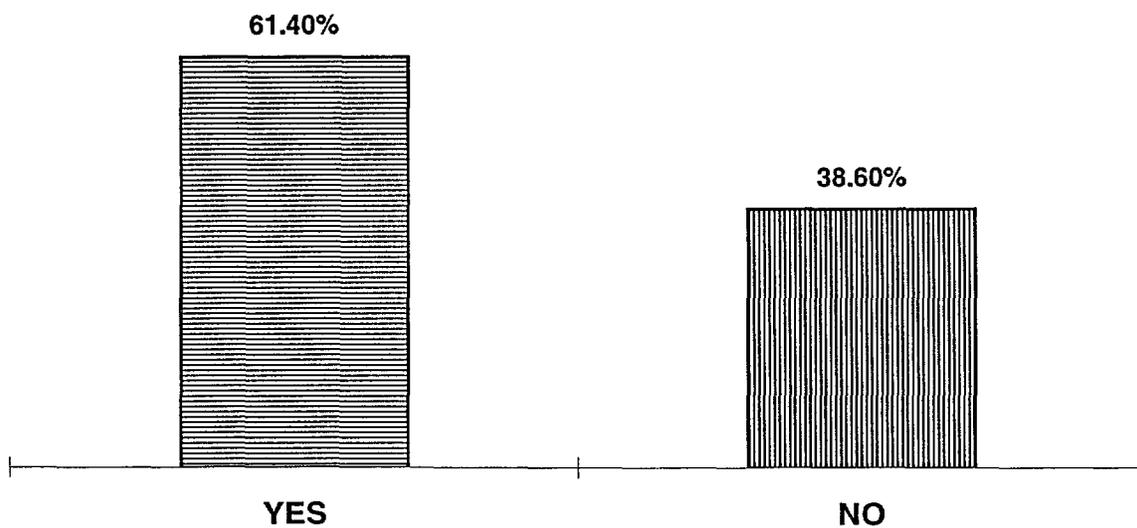
YES	NO
50.00%	50.00%



Indicator: Percent of children < 24 months with diarrhea in the past two weeks who were given the same amount or more breast milk.

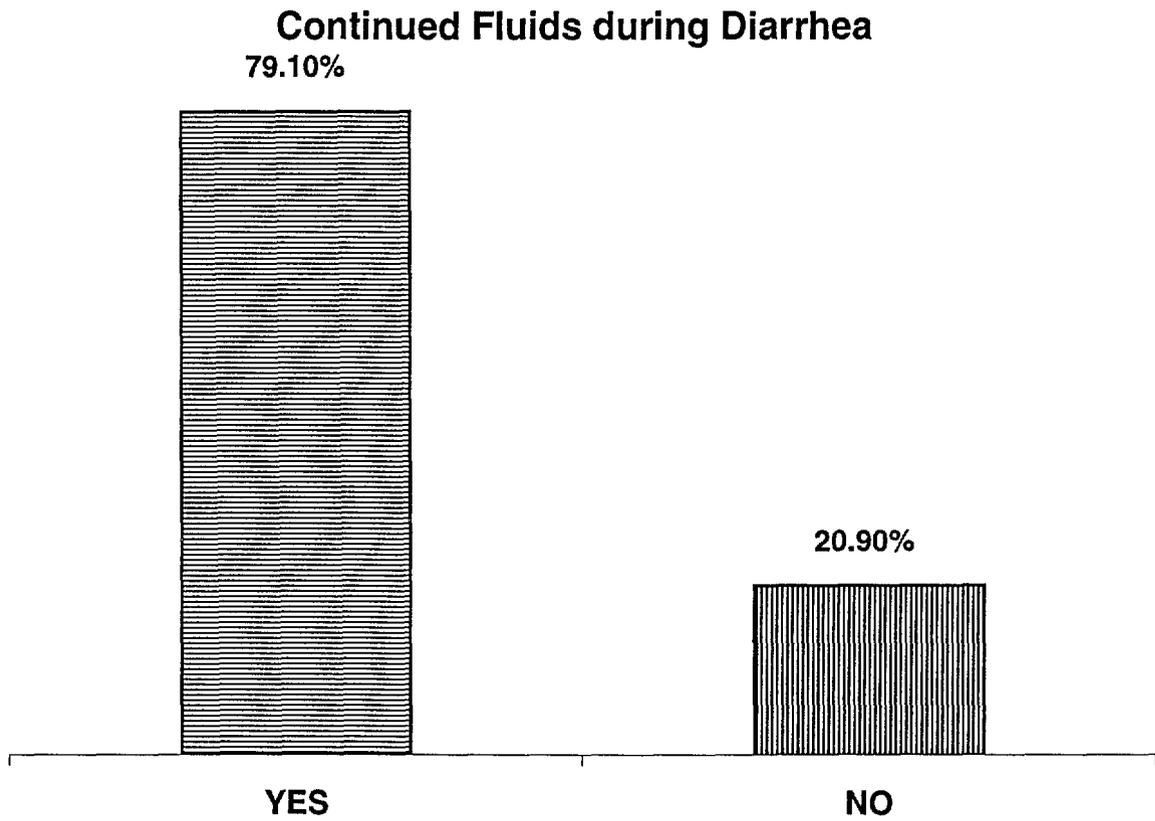
YES	NO
61.40%	38.60%

Continued Breast Feeding during Diarrhea



Indicator: Percent of children < 24 months with diarrhea in the past two weeks who were given the same amount or more fluids other than breast milk.

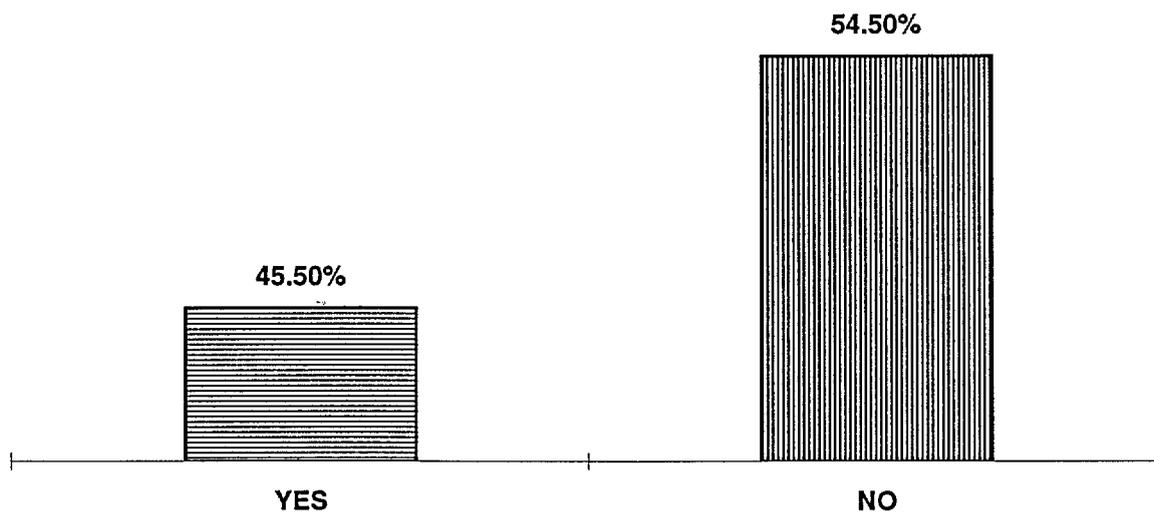
YES	NO
79.10%	20.90%



Indicator: Percent of children < 24 months with diarrhea in the past two weeks who are given the same amount or more food.

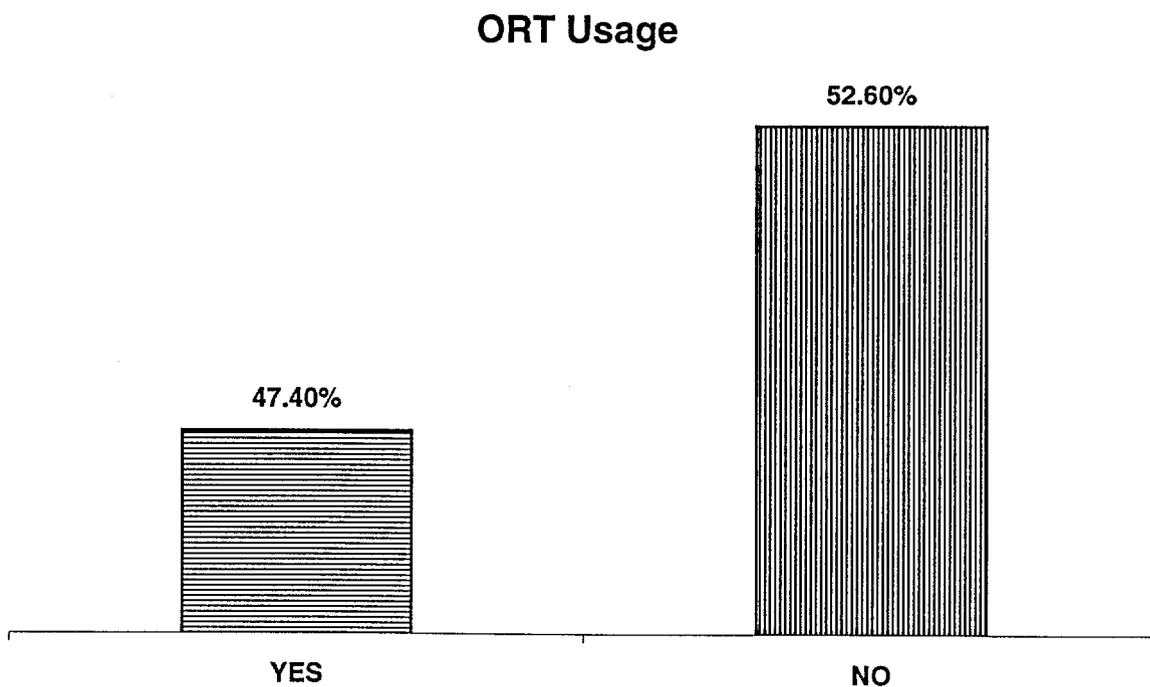
YES	NO
45.50%	54.50%

Continued Foods during Diarrhea



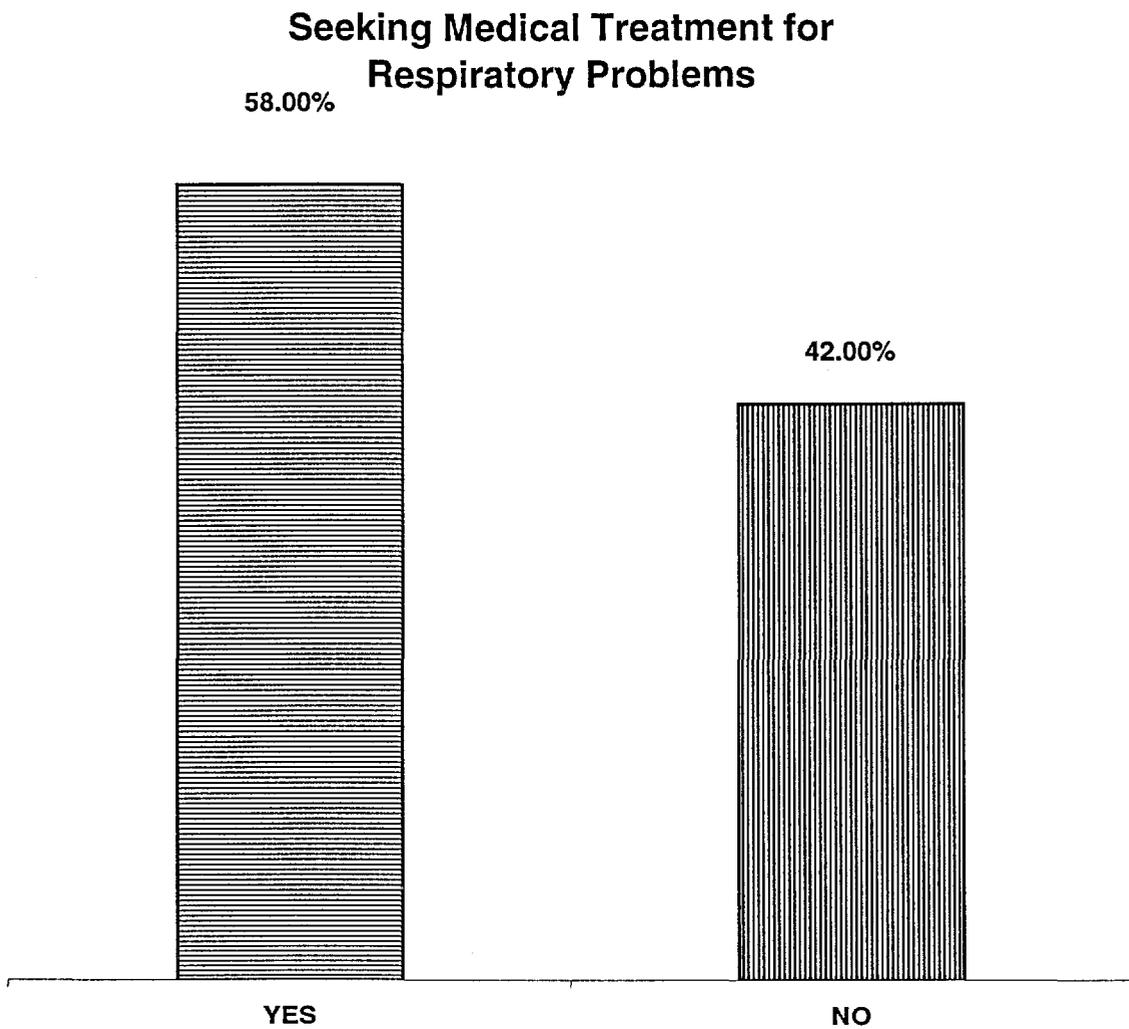
Indicator: Percent of infant/children < than 24 months with diarrhea in the past two weeks who were treated with ORT.

YES	NO
47.40%	52.60%



Indicator: Percent of mothers who sought medical treatment for infants
< 24 months with cough and rapid, difficult breathing in the past two weeks.

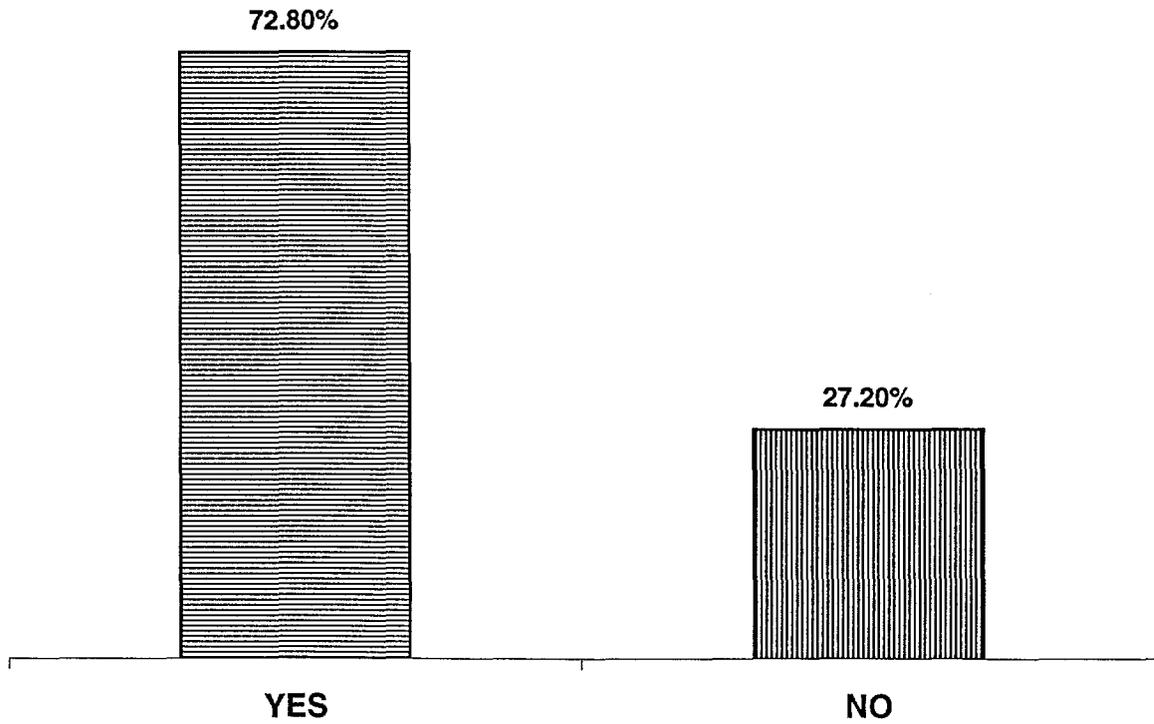
YES	NO
58.00%	42.00%



Indicator: Percent of children 12-23 months who received DPT1.

YES	NO
72.80%	27.20%

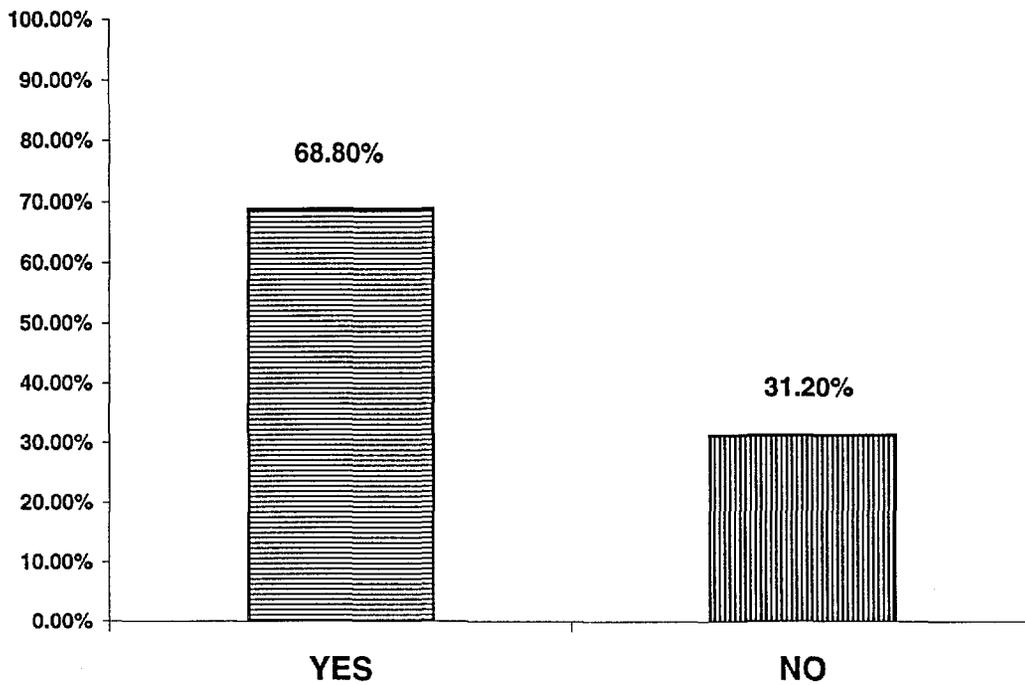
EPI Access (Card)



Indicator: Percent of children 12-23 months who received OPV 3.

YES	NO
68.80%	31.20%

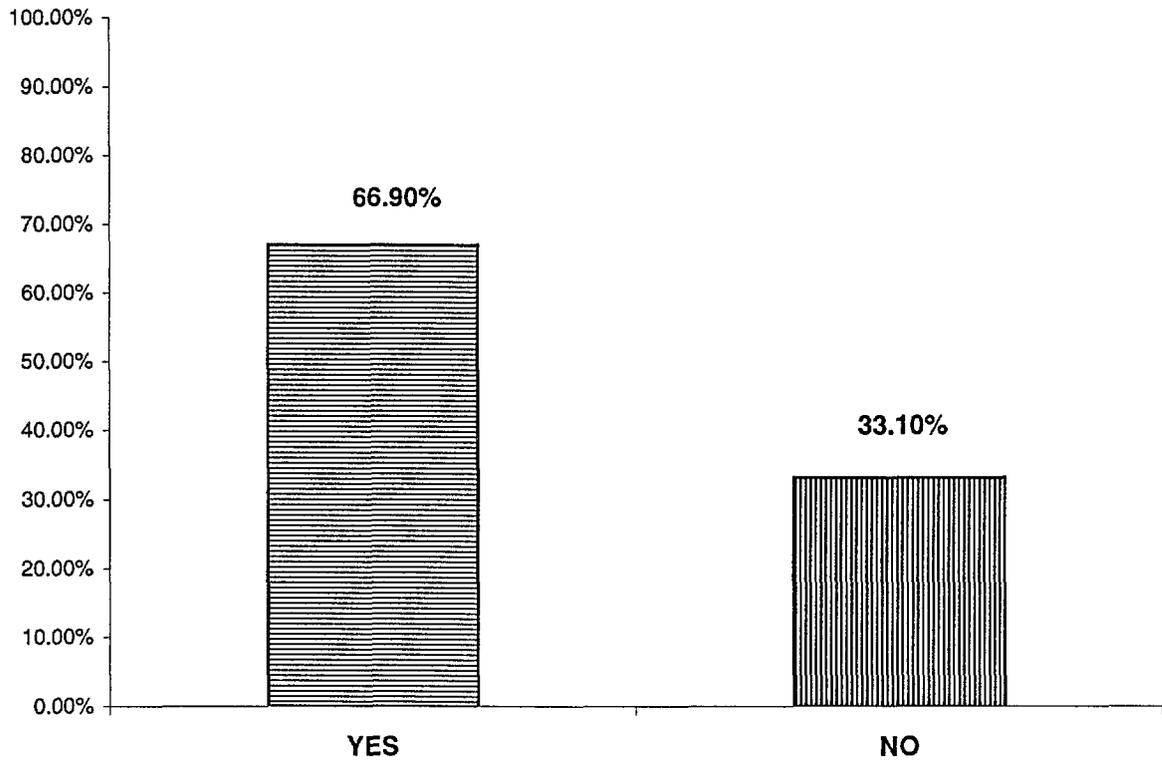
EPI Coverage (Card)



Indicator: Percent of children 12-23 months who received measles vaccine.

YES	NO
66.90%	33.10%

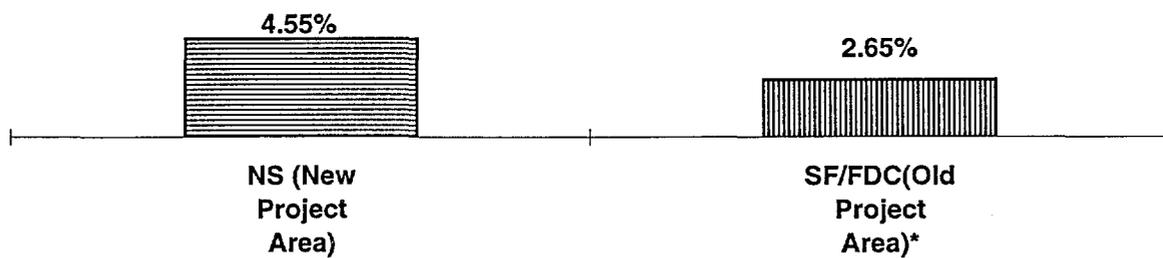
Measles Coverage (Card)



Indicator: Immunization coverage by card: drop-out rate.

NS (New Project Area) SF/FDC(Old Project Area)*
4.55% 2.65%

Immunization Drop-out Rate (Card)

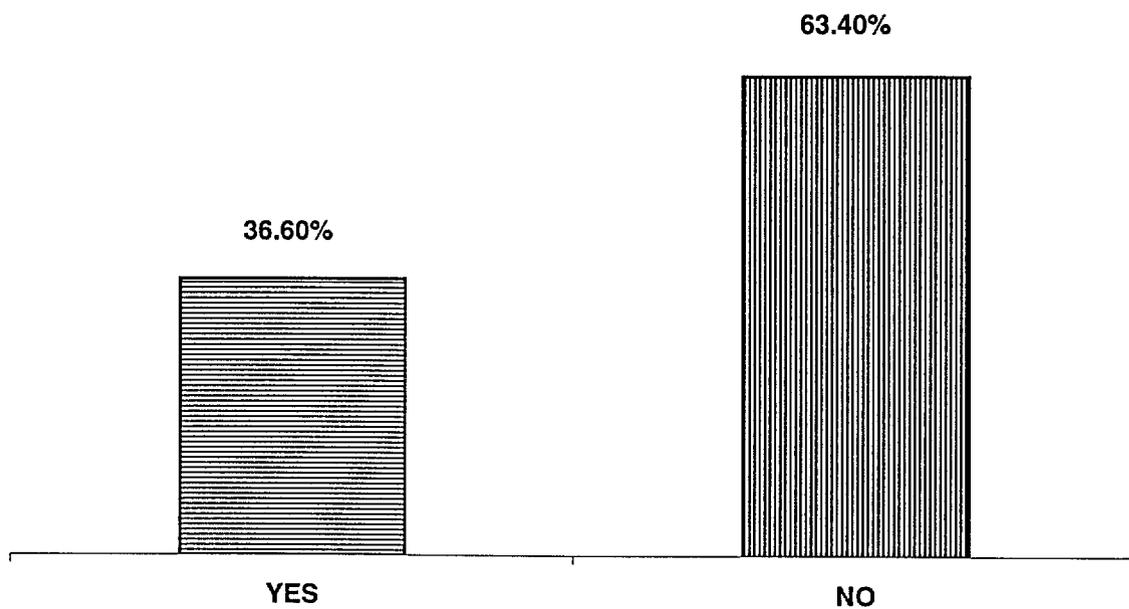


* KPC survey SF/FDC Tegucigalpa, Honduras, December, 1995
ADRA/Honduras CS XI Baseline Survey, Nueva Suyapa - December 1995

Indicator: Percent of mothers with maternal card.

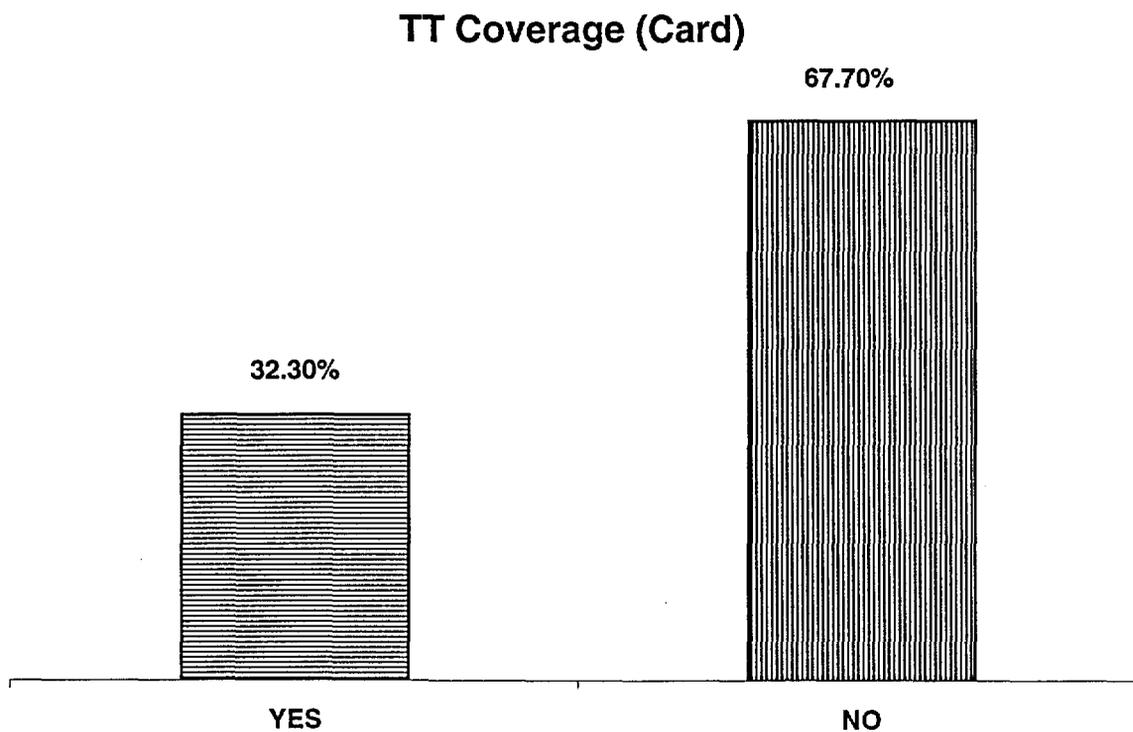
YES	NO
36.60%	63.40%

Mothers Who Have Maternal Cards



Indicator: Percent of mothers who received 2 doses of TT vaccine (card).

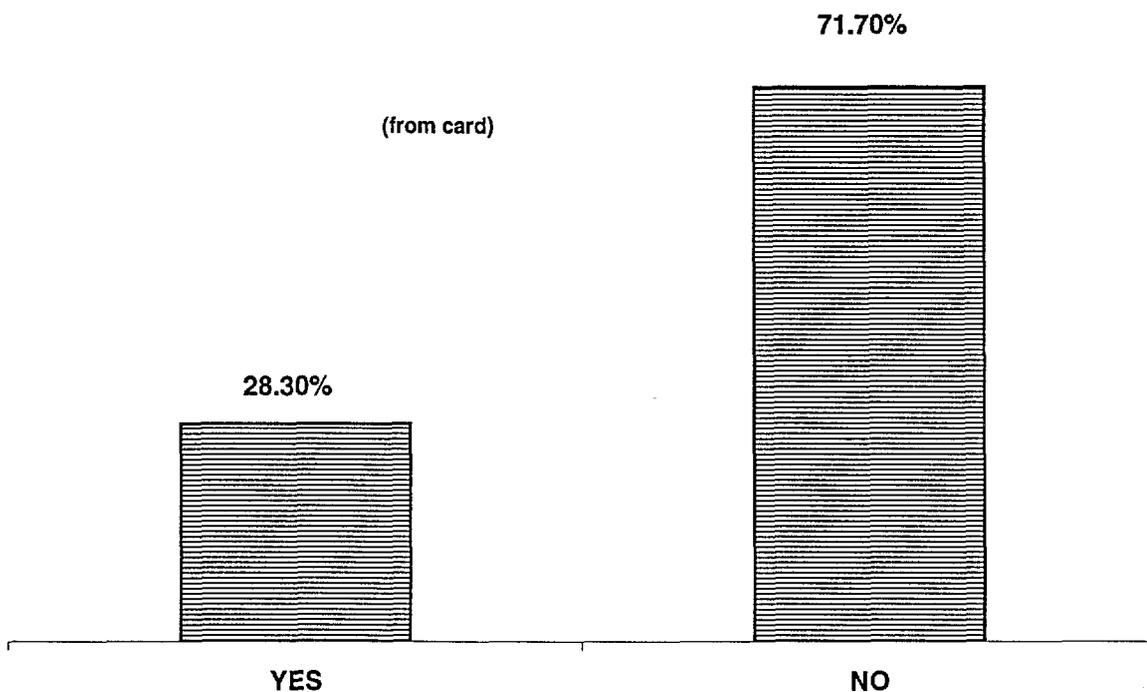
YES	NO
32.30%	67.70%



Indicator: Percent of mothers who had at least one prenatal visit prior to the birth of the child.

YES	NO
28.30%	71.70% (by Card)

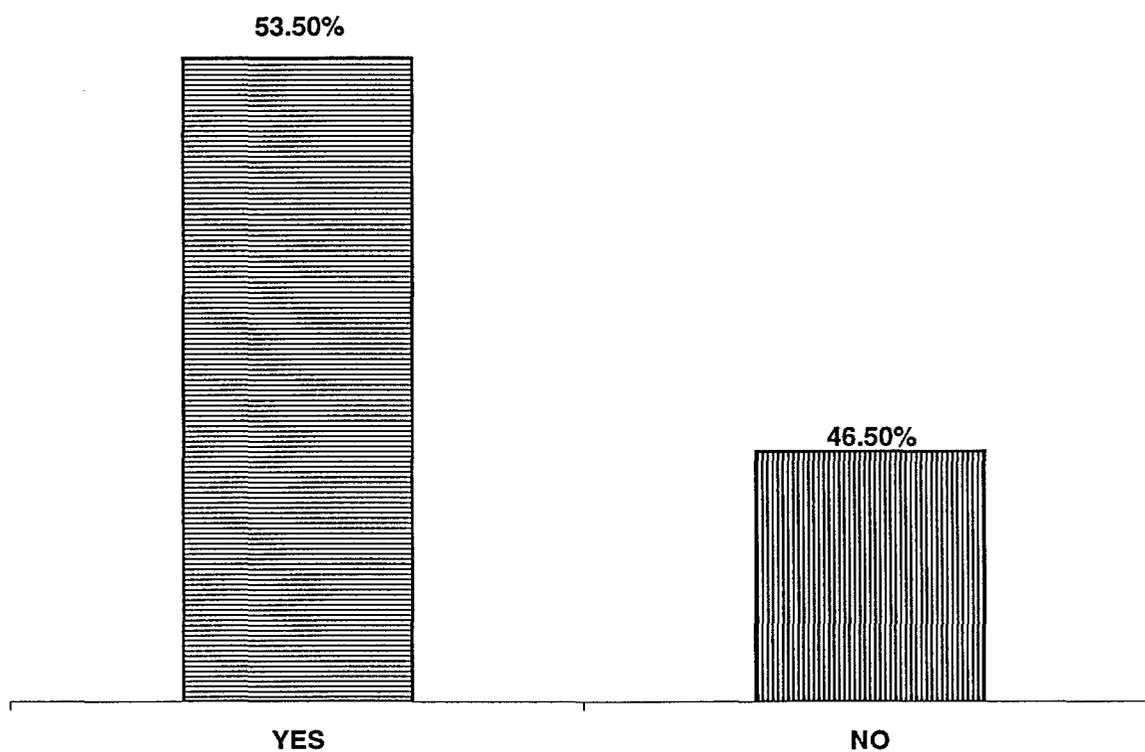
Maternal Care: One or More Antenatal Visits



Indicator: Percent of mothers who desire no more children in the next 2 years or are not sure, using a modern contraceptive method.

YES	NO
53.50%	46.50%

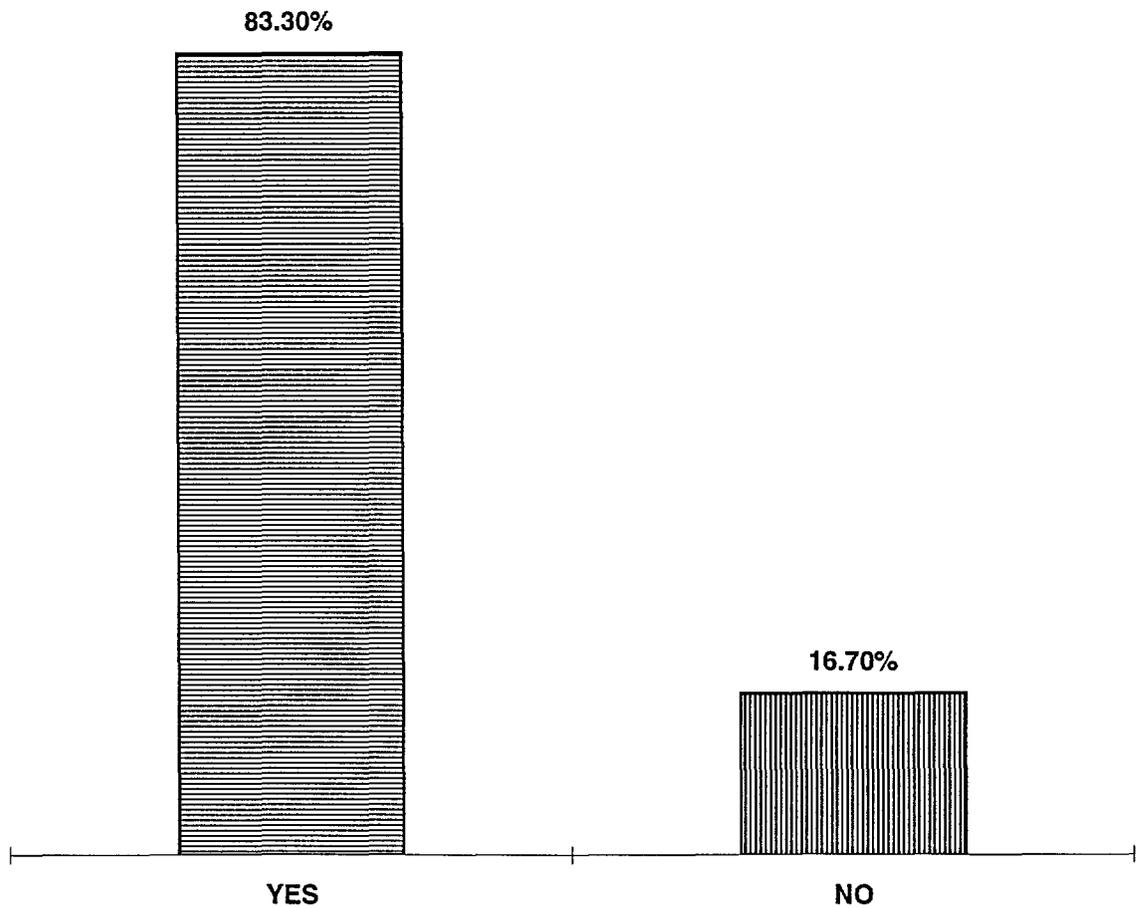
Modern Contraceptive Usage



Indicator: Percent of mothers who are literate.

YES	NO
83.30%	16.70%

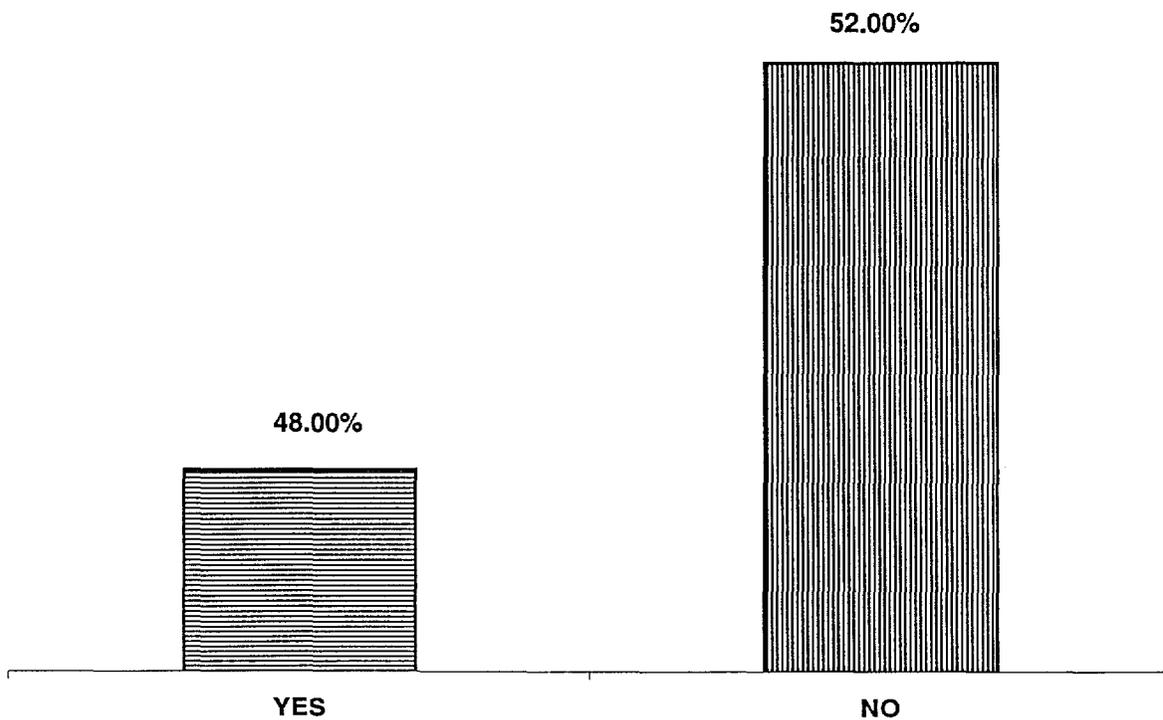
Mothers' Literacy Rate



Indicator: Percent of mothers who know measles vaccines should be given at 9 months.

YES	NO
48.00%	52.00%

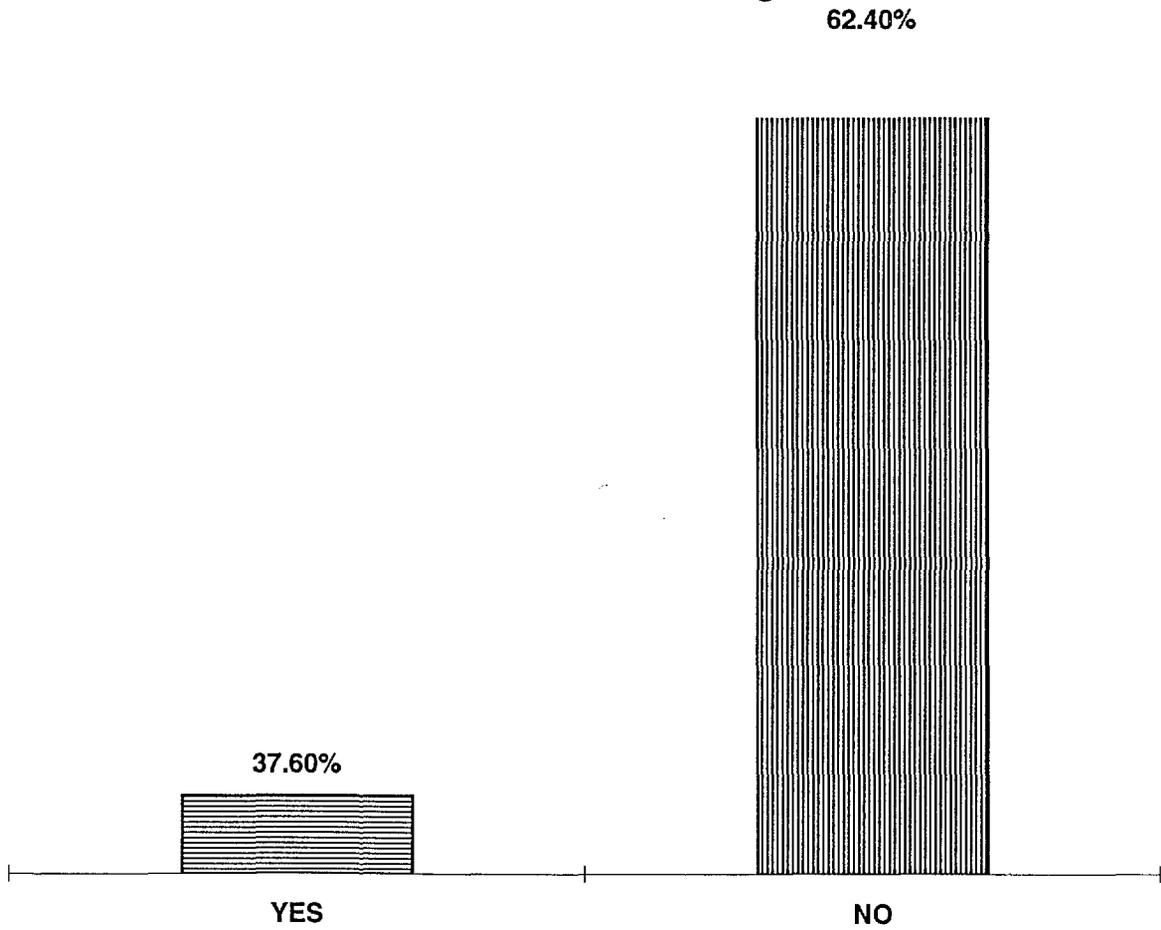
Immunization Knowledge



Indicator: Percent of mothers who know that TT protects both child and mother.

YES	NO
37.60%	62.40%

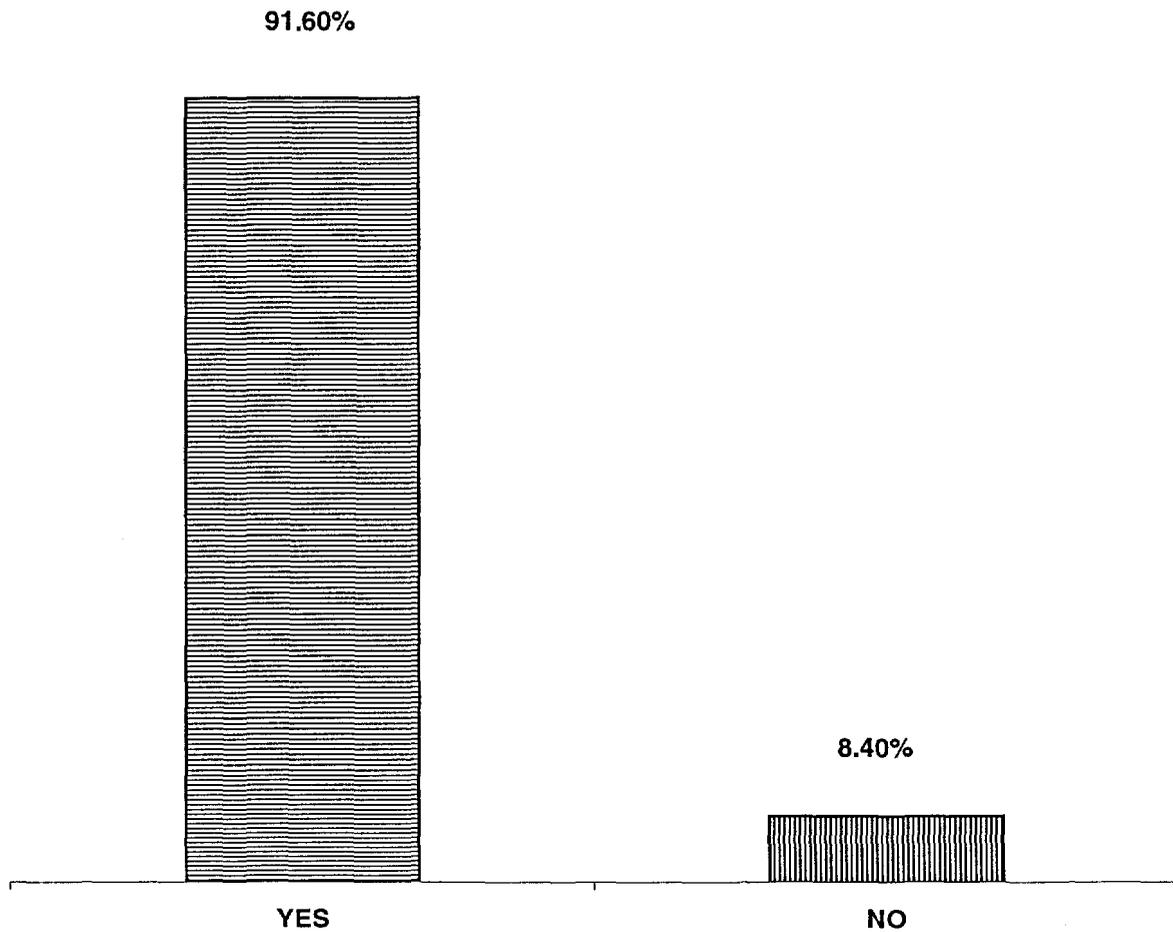
Immunization Knowledge



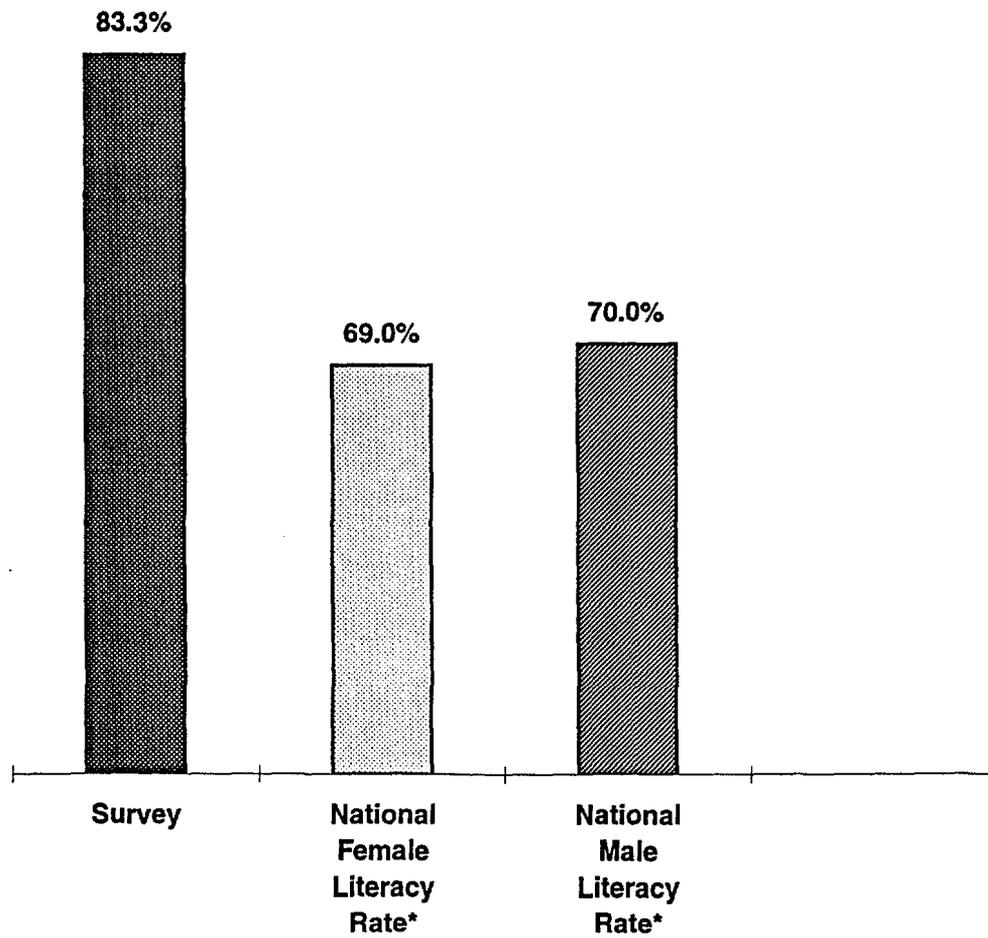
Indicator: Percent of mothers who know that pregnant women should start prenatal care before the third trimester.

YES	NO
91.60%	8.40%

Maternal Care Knowledge

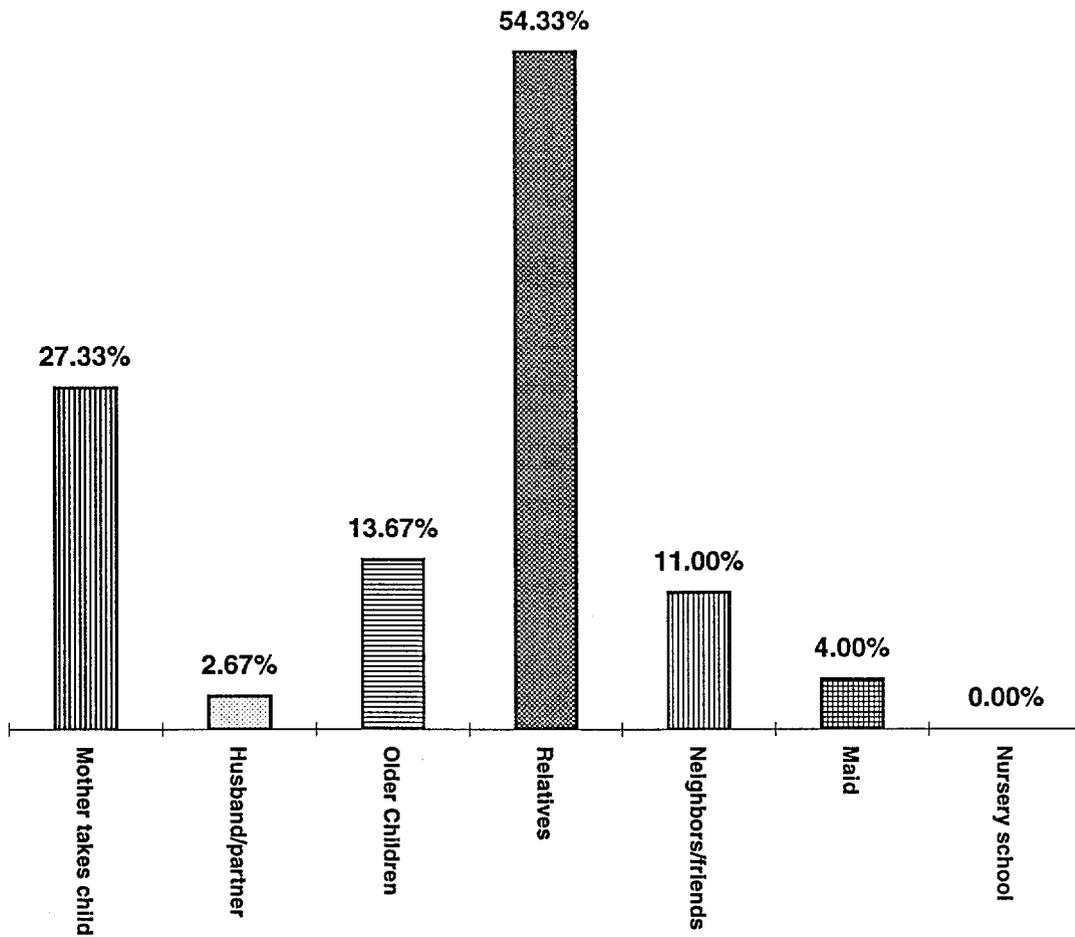


Mothers' Literacy Rate

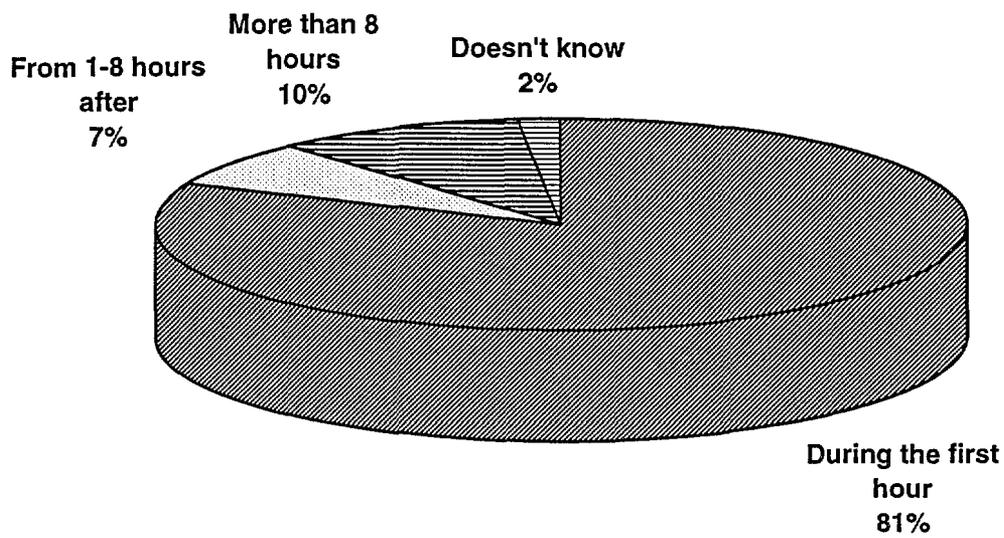


* *State of the Worlds Children*, UNICEF, 1996

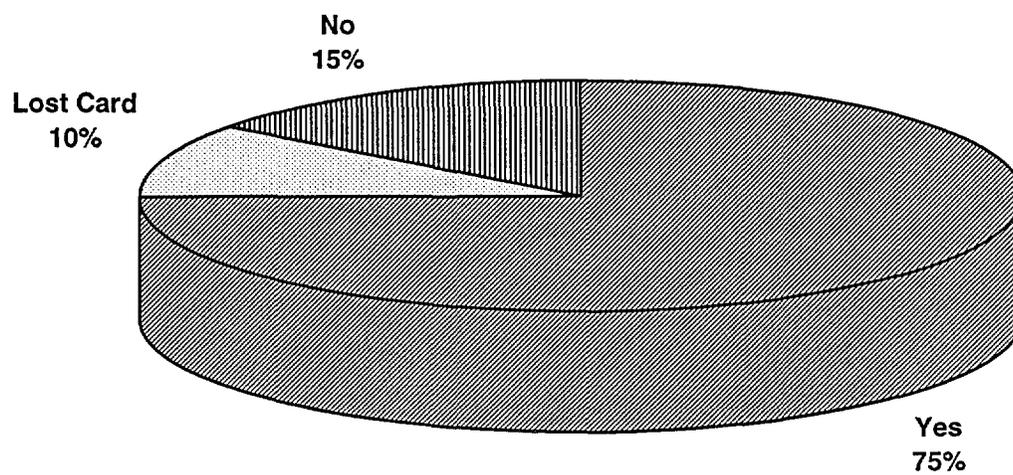
Who takes care of your child when you are away from home?



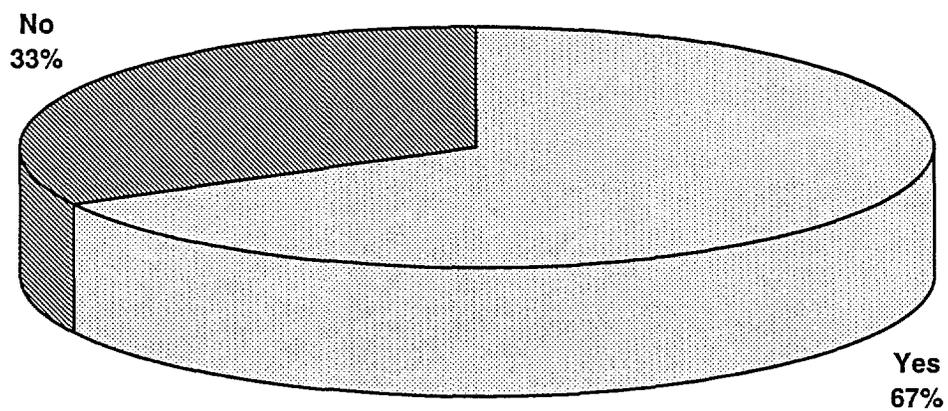
After delivery, how soon was the baby breast-fed?



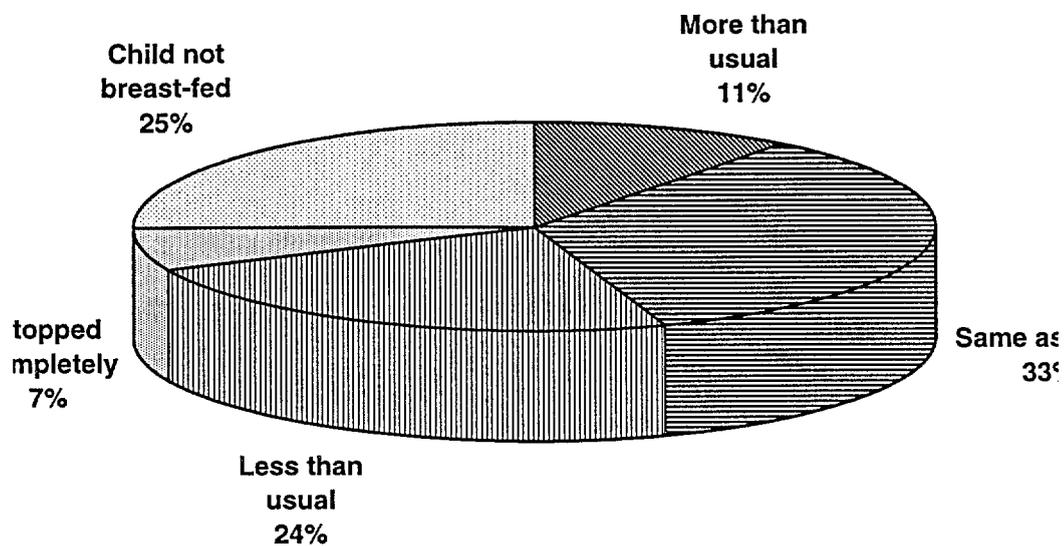
Does your child have a growth monitoring card?



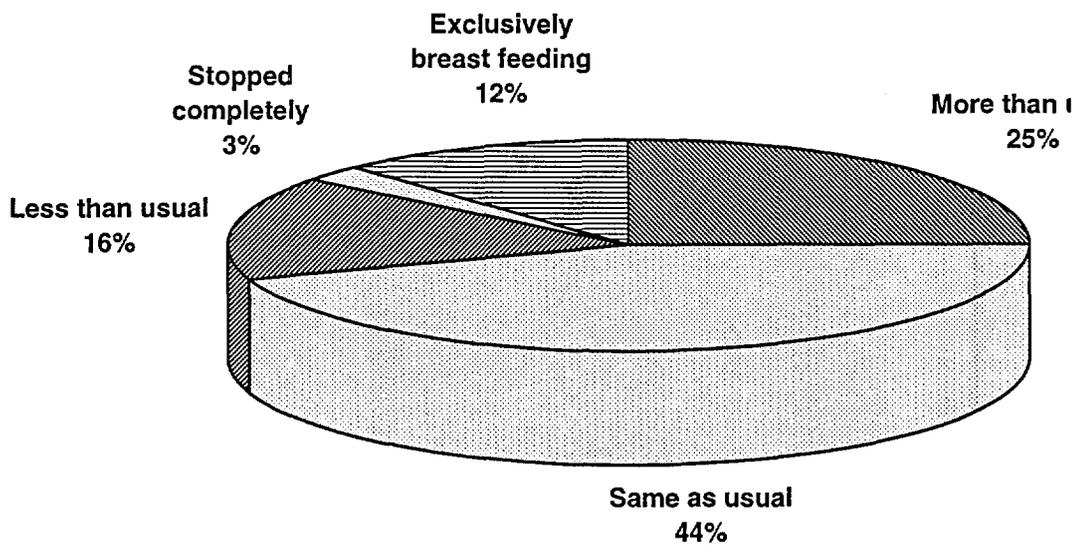
Percentage of children with growth monitoring cards who have been weighed in the last 4 months.



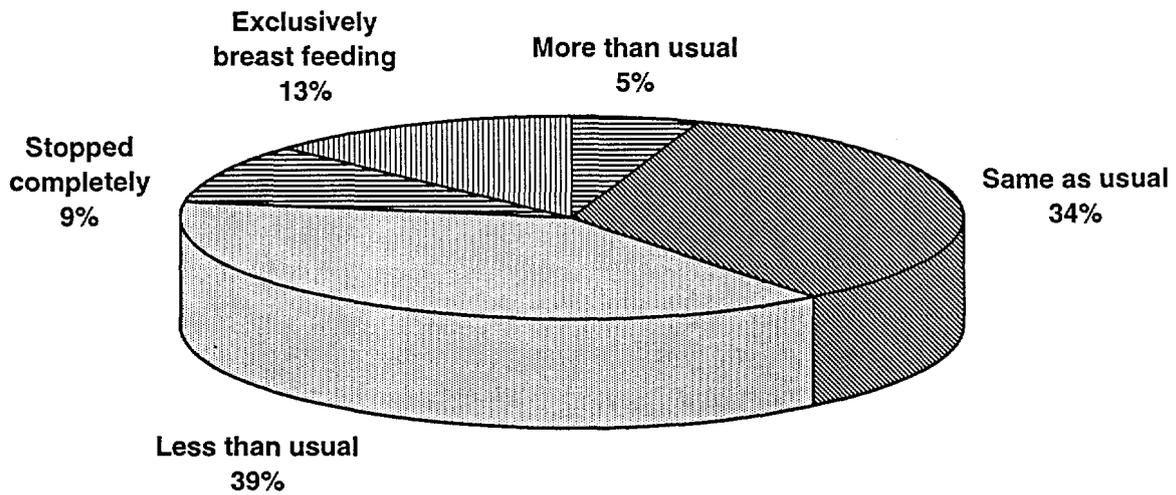
During the child's diarrhea, did you breast feed?



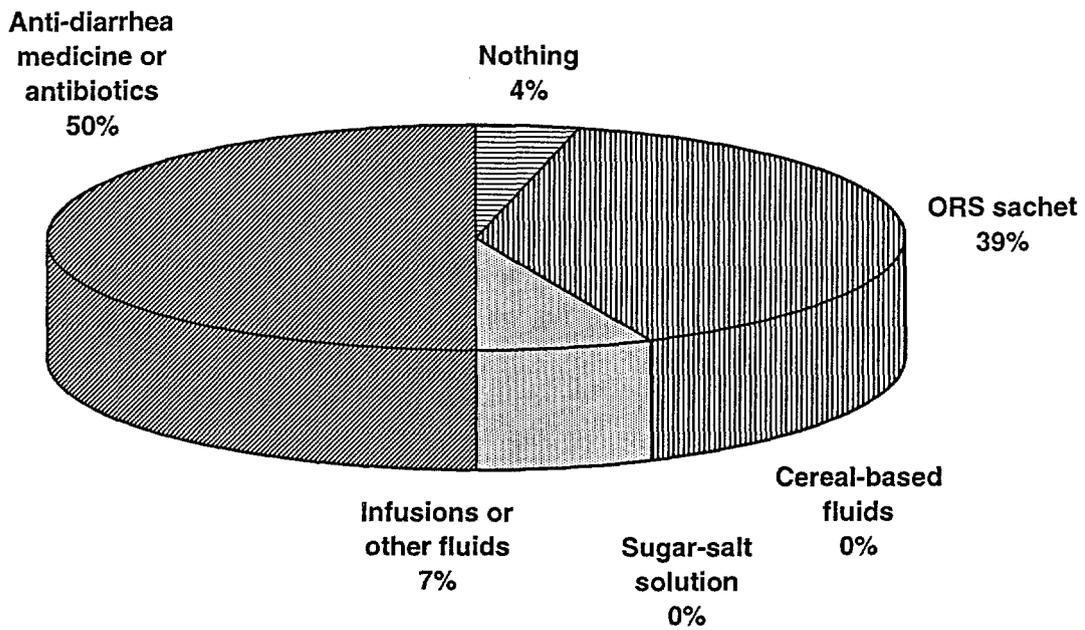
During child's diarrhea, did you provide him/her with fluids other than breast milk?



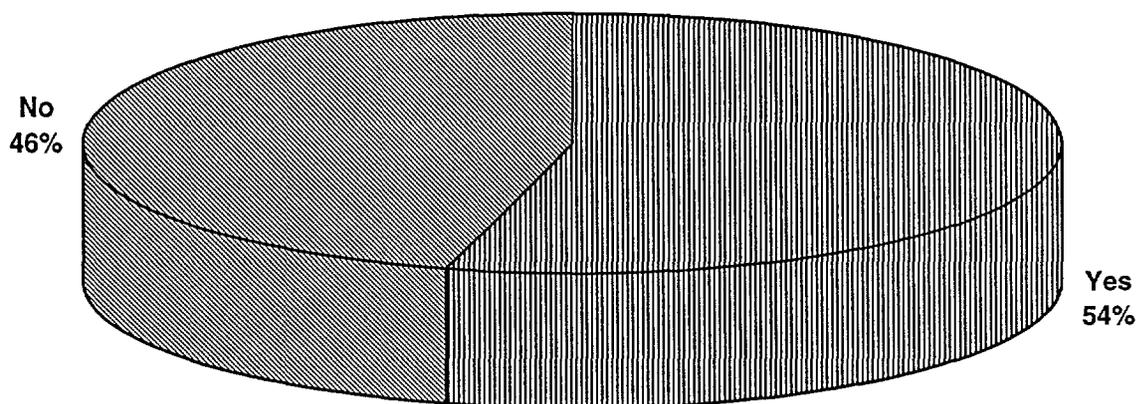
During the child's diarrhea, did you continue to provide him/her with solid/semi-solid foods?



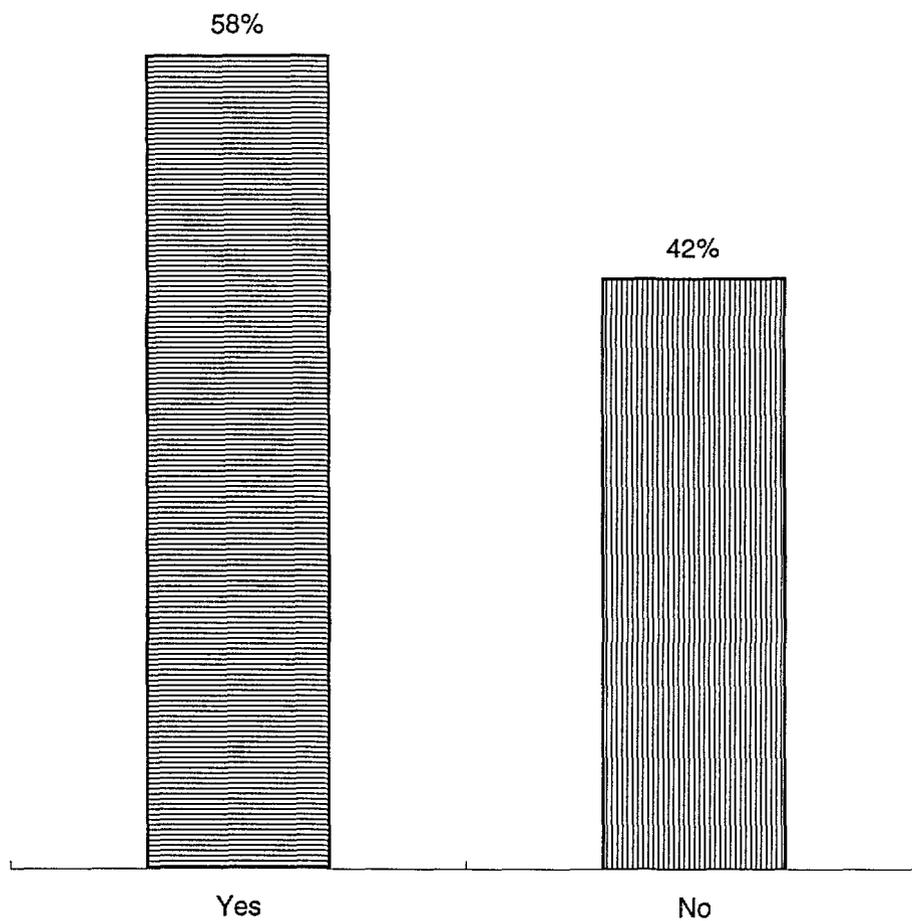
When the child had diarrhea, what treatments, if any, did you use?



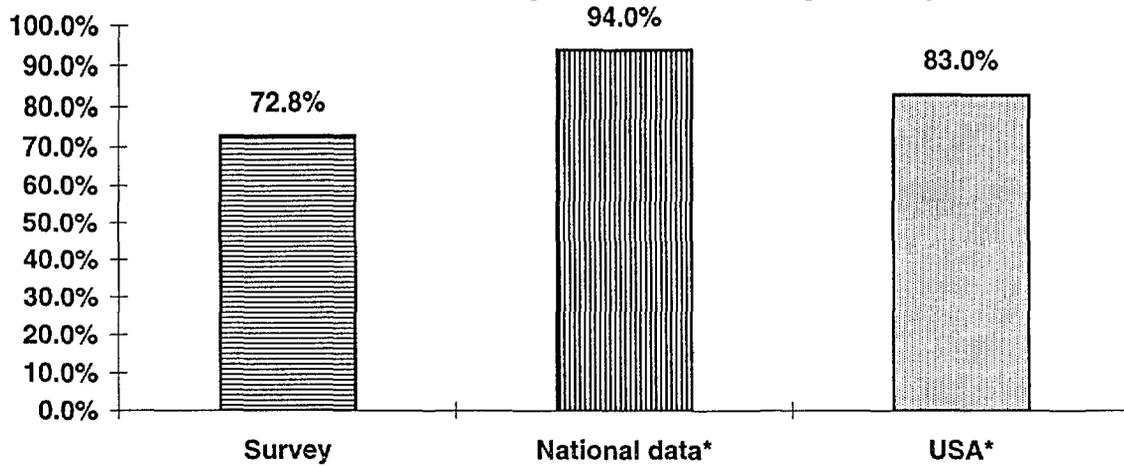
Has the child been ill with cough or difficult breathing within the last two weeks?



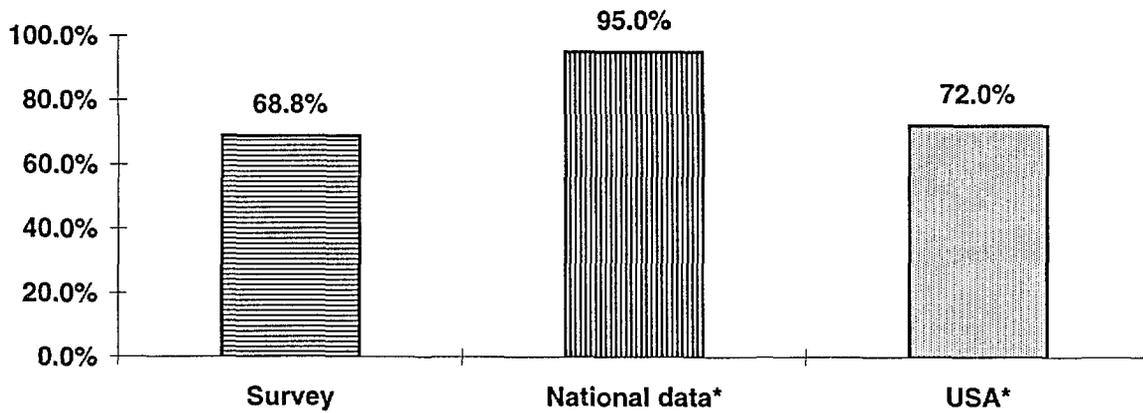
Percent of mothers who sought medical treatment for infants less than 24 months with cough and rapid difficult breathing within the past two weeks.



Percent of children 12-23 months who received DPT 1 (EPI Access by card)

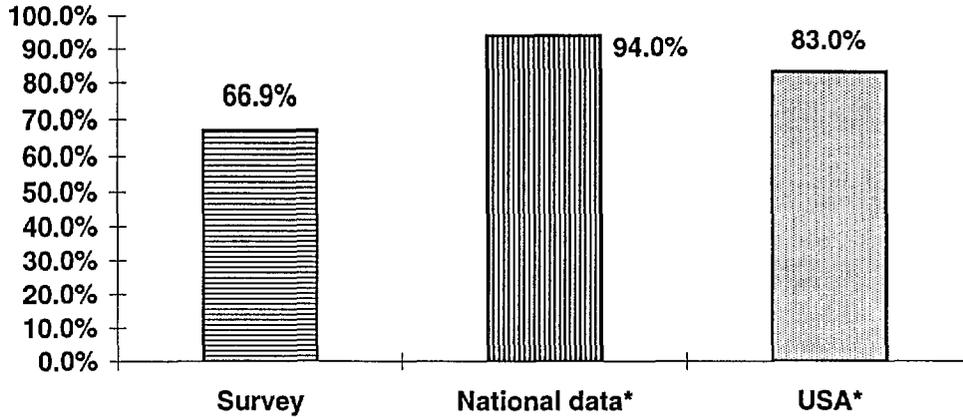


Percent of children 12-23 months who received OPV 3 (EPI coverage by card)

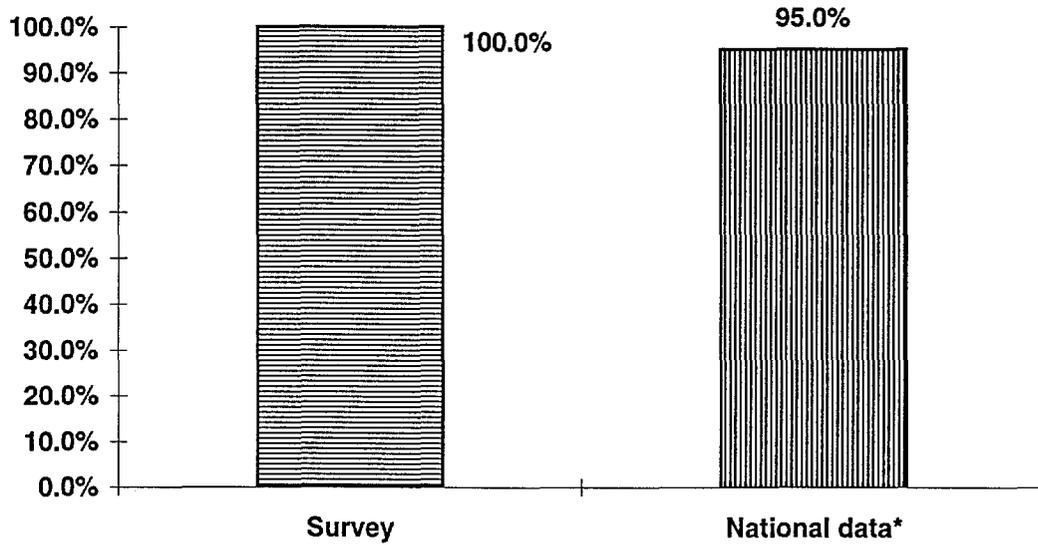


*State of the Worlds Children, UNICEF, 1995

Percent of children 12-23 months who received measles vaccine (measles coverage by card)

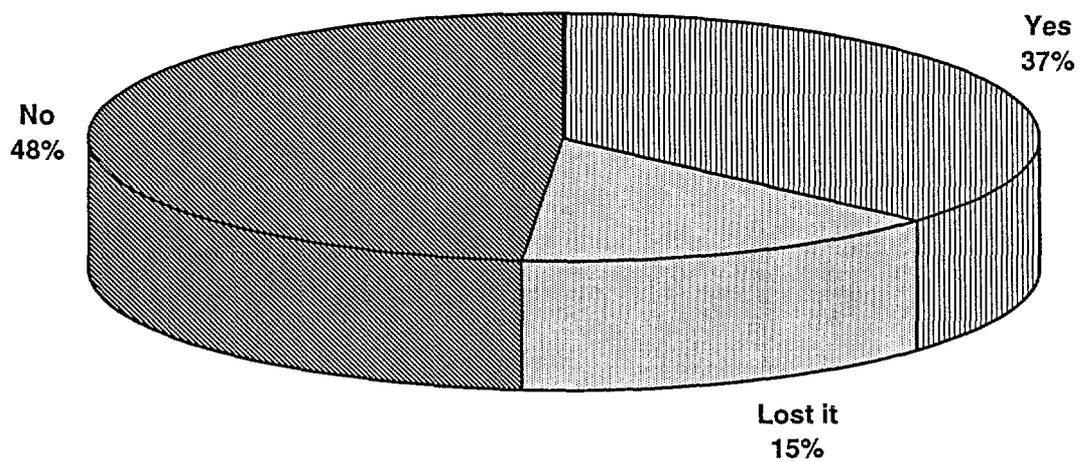


Percent of children 12-23 months who received BCG (EPI coverage by card)

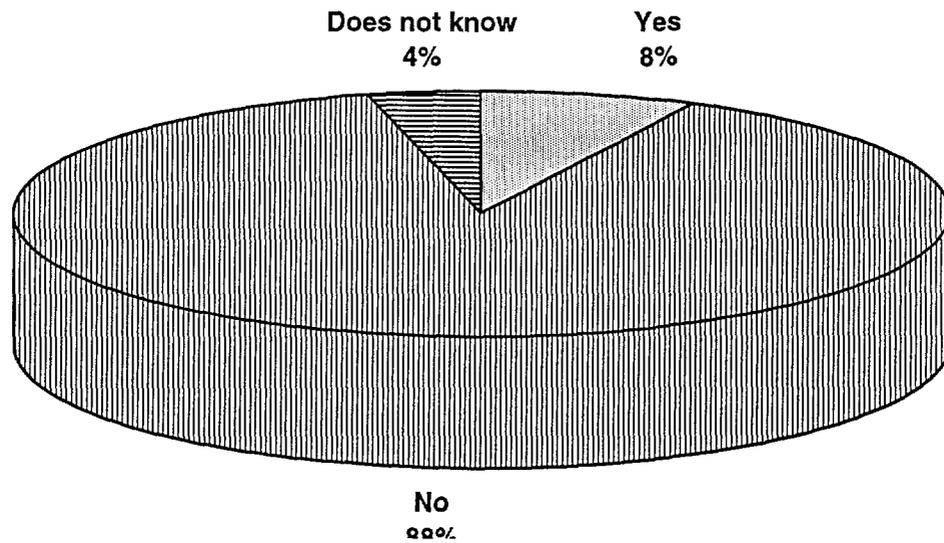


*State of the Worlds Children, UNICEF, 1995

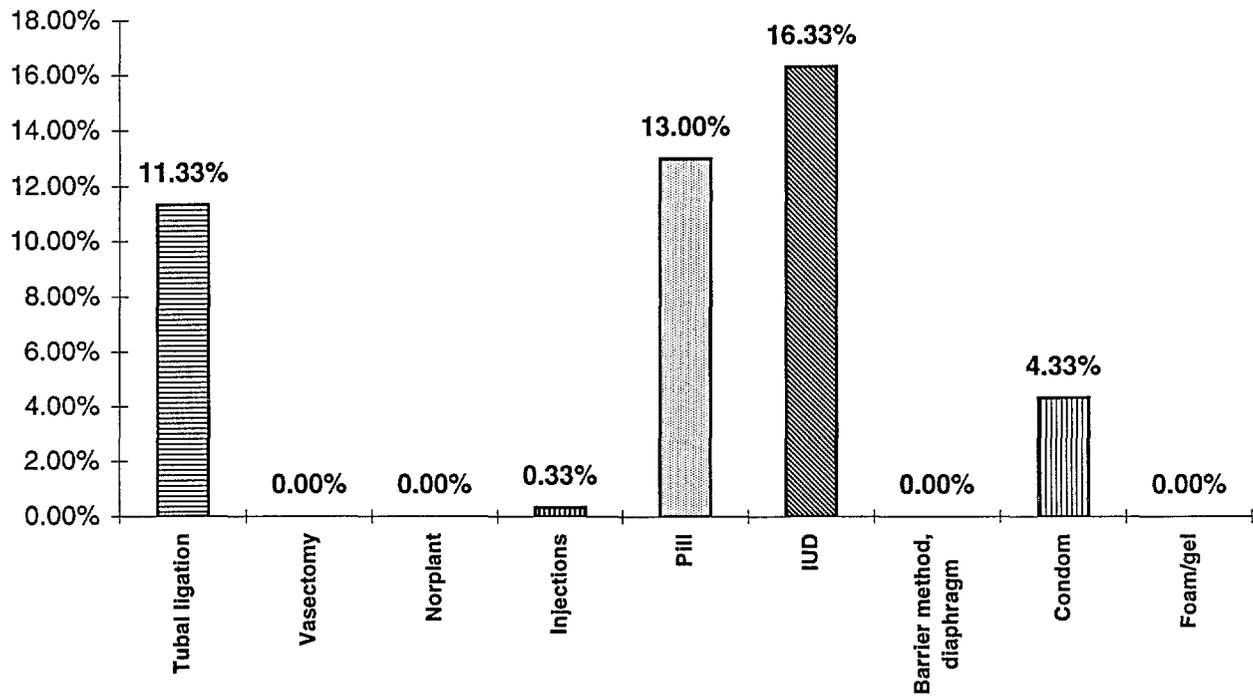
Do you have a maternal health card?



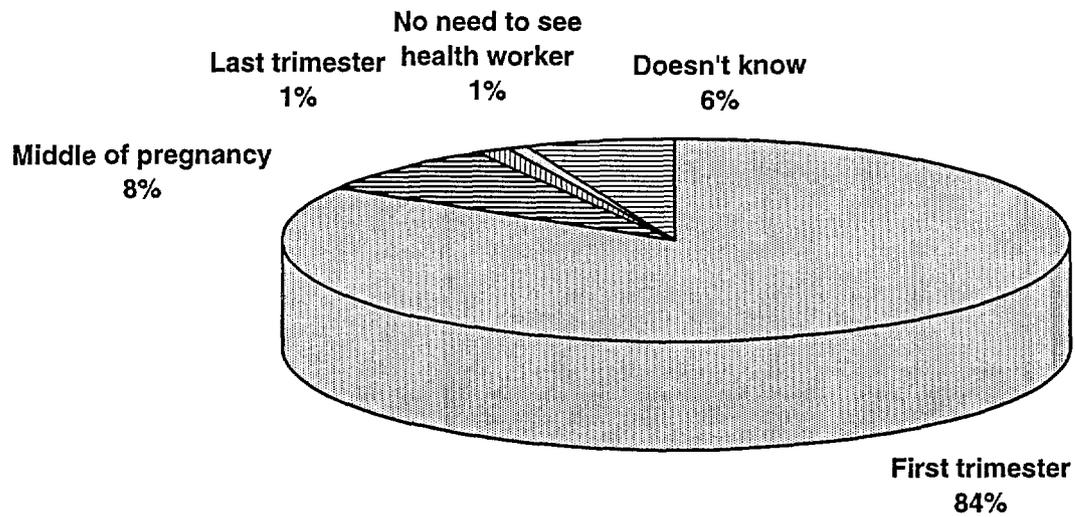
Do you want to have a child in the next two years?



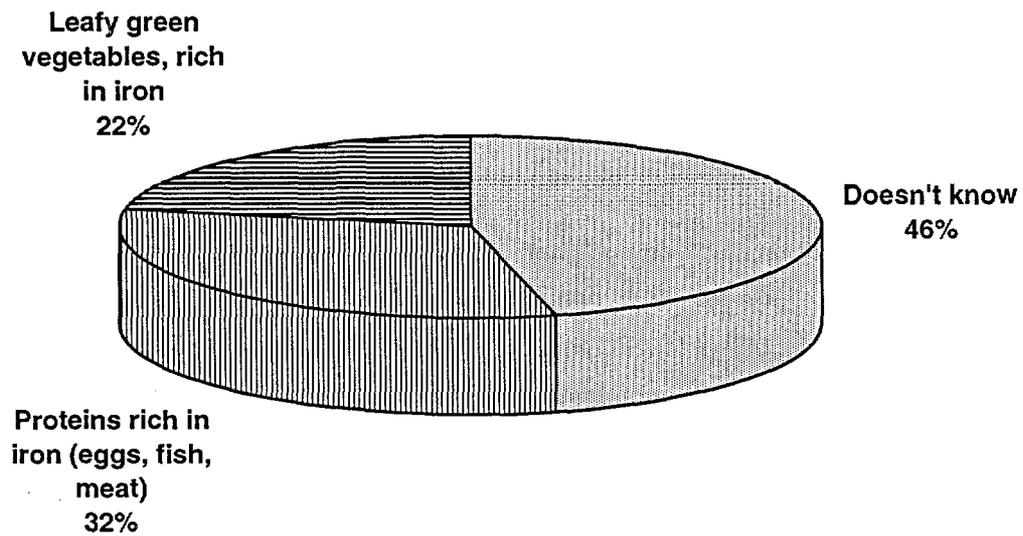
What is the method that you and your husband are using to prevent pregnancies?



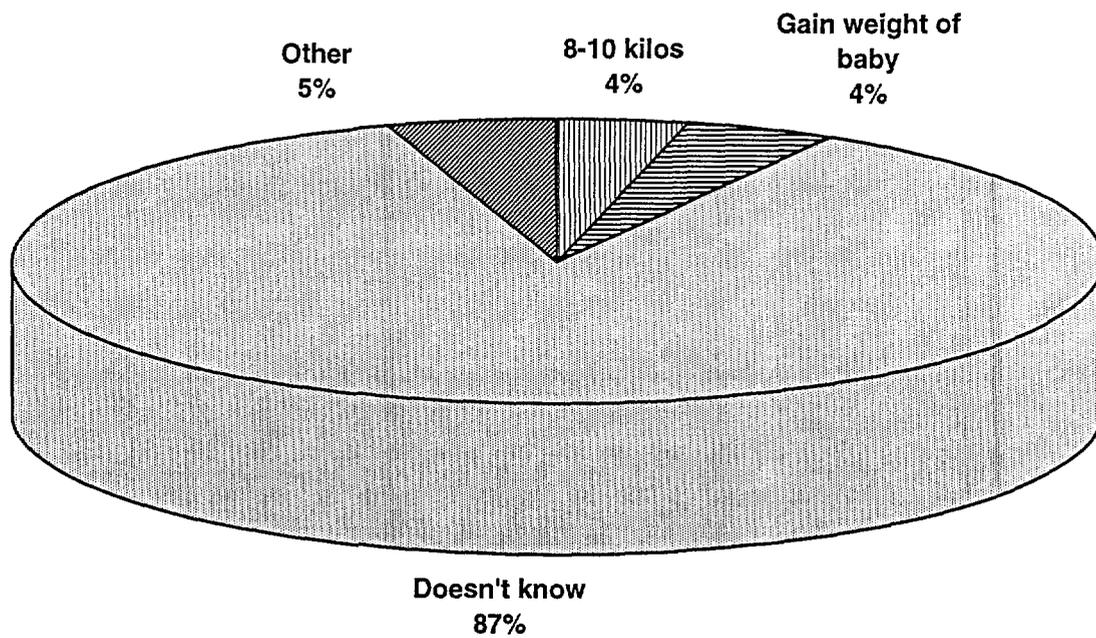
When should a pregnant women first see a health professional (physician, nurse, midwife)?



What foods are good for a pregnant women to eat to prevent pregnancy anemia?



How much weight should a woman gain during pregnancy?



At the delivery of your child, who tied and cut the cord?

