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KNOWLEDGE, PRACTICE AND COVERAGE SURVEY

**Baseline for the El Paraíso Child Survival XI Project
World Relief**

Departments of Francisco Morazán and El Paraíso

Honduras

December 1995



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EXECUTIVE SUMMARY

The Knowledge, Practices and Coverage (KPC) survey was carried out in 10 communities in the departments of Francisco Morazán and El Paraíso, Honduras, from December 6 to 29, 1995. This survey assessed baseline levels of the knowledge, practices and coverage of mothers and children from 0-23 months of age in infant feeding/nutrition, breastfeeding, growth monitoring, diarrheal disease control, respiratory illness, immunizations and maternal care/family planning.

The El Paraíso Child Survival Project is being implemented in the communities within the jurisdiction of the Health Centers with offices located in Morocelí and Yuscarán in the department of El Paraíso; Tatumbla, Santa Lucía, Valle de Angeles, San Juan de Flores, Villa de San Francisco; and the cities of Talanga and Guaymaca, of the Department of Francisco Morazán corresponding to the Sanitary Region #1. Also, the communities within the jurisdiction of the Health Centers of El Bosque and El Machén (city of Tegucigalpa), in the department of Francisco Morazán corresponding to the Metropolitan Sanitary Region. The information from the investigation will be used to adjust the objectives and develop a program implementation strategy for the WRH/El Paraíso Child Survival Project (CS XI).

The KPC survey followed the WHO "30-cluster" model. The initial questionnaire was developed by the PVO Child Survival Support Program (PVO CSSP) at Johns Hopkins University and was adapted to the project objectives and translated in the local language. A pilot test was conducted in the community of Villa Nueva, prior to the actual data collection. Major findings include:

Infant Feeding/Nutrition/Breastfeeding:

Breastfeeding levels were high with 98% of the children having received breastmilk at some point in their lives; 54.4% received breastmilk within the first hour after birth, and 73.7% within the first eight hours after birth. Only 19% of the mothers have exclusively breast-fed their children during the first 6 months of life and 35% persisted in breastfeeding their children up through 2 years of age (20-24 months).

Eighteen percent (18%) of mothers knew that foods should be introduced between 4-6 months.. The MOH message is to introduce foods at 6 months. Out of 39 children who were 6-9 months old, 35 (89.7%) were receiving complementary foods. 62% of the mothers give their children foods rich in Vitamin A. Only 20% of mothers add oil or fat to their child's diet, and 41% give them foods rich in iron. Thirty-two percent (32%) of the children had received a dose of Vitamin A in the past 6 months.

Growth Monitoring:

56% of the children had a growth monitoring card, and 13% of the children had been weighed and measured in the past 4 months.

Diarrheal Disease Control:

Prevalence of diarrhea in the last 2 weeks was 28%, and 81% of the mothers continued breastfeeding, 69% continued to give other liquids, and 61% continued to give foods. The ORT use rate was 42%.

Knowledge of danger signs of dehydration was low at 22%. Fifty-two percent of mothers used medications when their children had diarrhea. Of the mothers that sought treatment for their child with diarrhea, 71.4% went to a health professional.

Respiratory Illness:

Out of 296 children in the survey, 74 (25%) had an acute lower respiratory infection (ALRI) in the past 2 weeks. Out of the 74 children who had ALRI, 57 (77%) of mothers reported that they had sought help from a trained health professional (public hospital, health center, clinic or private doctor). Sixty-two percent (62%) of mothers recognized rapid breathing as a sign that they should seek help for their child.

Immunizations:

The percent of children 12-23 months who had access to EPI was 75%, 73% were covered by EPI, 72% had received measles vaccine, 68% were fully immunized, and the immunization drop-out rate was 3%.

Maternal Care/Family Planning:

Fifty-two percent (52%) of mothers have a maternal card, 47% of all women 15-45 have received 2 doses of TT. By self-report, 88% of mothers had at least one ante-natal care visit and 49% of the mothers are using modern family planning methods.

Knowledge Indicators:

Seventy-seven percent (77%) of mothers are literate, 44% of mothers know that measles vaccine should be given at 9 months, 15% of mothers knew that tetanus toxoid protects both the mother and the child, and 93% of mothers knew that ante-natal care should begin before the third trimester.

I. INTRODUCTION

A. Access to Health Care by Population of the Project Area

In most of Honduras, including the project area, lack of access to health care is a common problem for most of the population (in 1993, 35% of the population was not covered). Low economic and educational levels prevent people from accessing the health care available in Tegucigalpa. The Ministry of Health (Ministerio de Salud Publica--MSP) has limitations on the number of patients it can handle, lack of supplies, qualified personnel, and low morale.

However, a previous CS project in Honduras was successful in integrating project personnel and trained volunteers into the MOH. The project provided in-service training to MOH auxiliary nurses at the health centers to enable these nurses to directly supervise the network of volunteer health workers who will be integrated into the MOH system. An external evaluator documented this in the 1994 Final Evaluation Report which states:

The evaluation team found that WRH had been very successful in promoting institutional sustainability by closely coordinating the project with the MOH, especially at the regional and local levels, from the beginning of the project, and by coordinating some activities with PVOs.

By far, the most important linkage is that between health community volunteers and MOH auxiliary nurses at the local level. The support being given to each community volunteer by the auxiliary nurse, and vice versa, is an important key to the sustainability of the project. In August/September, 1993, responsibility for training and supervising the guardians was officially transferred from WRH to the MOH. Since December, 1993, the HIS developed under the project has been located within the local MOH health centers, and community volunteers now report data directly to the center.

In the proposal, WRH outlined a plan for sustainability involving the MOH. The 9 MOH health centers and the regional hospital can be used as locations to train block representatives (BRs). MOH personnel who will supervise and train the BRs include at least 20 auxiliary nurses, 10 sanitation promoters and 10 doctors. Project staff will train these MOH staff in standard case management for pneumonia, use of interactive techniques for training BRs, training and supervising TBAs, infant feeding emphasizing the use of mixing locally available cereals and legumes and the addition of extra oil to a small child's food.

World Relief Honduras hopes to build upon lessons learned in the previous project to strengthen the capacity of the MOH to provide services and education in the project areas.

B. World Relief Honduras' Activities and Project Survey Objectives:

Summary of World Relief/World Relief Honduras Child Survival Project Objectives

OBJECTIVES		YR 1	YR 2	YR 3	YR 4
Immunization		68%	80%	90%	90%
1.	Children completely immunized by 12 months				
Nutritional Improvement		10%	30%	45%	60%
2.	Children 0-23 months who do not gain weight regularly receiving nutritional counseling*				
3.	Children 0-5 months exclusively breastfed	19%	25%	30%	40%
Growth Monitoring		13%	30%	50%	70%
4.	Children 0-23 months weighed monthly				
Vitamin A		32%	50%	65%	80%
5.	Children 6-59 months receiving Vitamin A supplements every 6 months				
6.	Mothers receiving one dose of Vitamin A during the first month postpartum	20%	40%	60%	80%
Diarrhea Case Management		42%	45%	50%	60%
7.	Children 0-23 months with diarrhea in the last 2 weeks who have received ORT				
Pneumonia Case Management		62%	65%	70%	80%
8.	Mothers of children 0-23 months recognizing at least 1 sign of pneumonia for purposes of referral				
9.	Children with signs of pneumonia who receive treatment by trained professionals	77%	80%	85%	90%
Maternal and Newborn Care		47%	60%	75%	90%
10.	Women 12-49 years old receiving at least 2 doses of tetanus toxoid				
11.	Women with a partner using modern methods of birth spacing	49%	50%	55%	60%
12.	Pregnant women receiving prenatal care	88%	88%	90%	90%
Family Planning		49%	50%	55%	60%
13.	Women with a partner using modern methods of birth spacing				

* Rehabilitative home visits with food preparation demonstrations

Revisions made in objectives:	<u>Cooperative Agreement</u>	<u>Revised</u>
Children 0-23 months weighed monthly	60%	70%
Mothers of children recognizing at least 1 sign of pneumonia	40%	80%
Women with a partner using modern methods of birth spacing	40%	60%
Pregnant women receiving prenatal care	80%	90%

Also, the following objective was added in reponse to the technical review of the proposal:

OBJECTIVE	Year 1	Year 2	Year 3	Year 4
Children with signs of pneumonia who receive treatment by trained professionals	77%	80%	85%	90%

Project Survey Objectives:

The main objectives of the Baseline KPC survey were to:

1. Collect information on the knowledge and practices of the mothers of children under 2 years old in each of the Child Survival project interventions, and then share it with all the public and private organizations who can use it.
2. Investigate the community groups to whom the health messages should be addressed.
3. Define the knowledge, practices and coverage in each intervention, so as to allow us to make adaptations in the objectives, and in the direction and implementation of the project.
4. Train WRH's field staff on the methodology of survey by sampling, which can be carried out at a low cost and without external consultancies.

C. Beneficiary Population Description:

1. Size of Beneficiary Population

Estimated potential beneficiary population by the end of 1999 is 61,293 including 33,728 children under 5, 27,565 women 15-49 years of age.

2. Geographic Area

The El Paraíso Child Survival Project is being implemented in 10 communities in the departments of Francisco Morazán and El Paraíso, Honduras. These communities are within the jurisdiction of Health Centers with offices located in Moroceli and Yuscarán in the department of El Paraíso; Tumbula, Santa Lucía, Valle de Angeles, San Juan de Flores, Villa de San Francisco; and the Cities of Talanga and Guaymaca, of the department of Francisco Morazán corresponding to the Sanitary Region #1. Also, the communities within the jurisdiction of the Health Centers of El Bosque and El Machén (city of Tegucigalpa) are in the department of Francisco Morazán corresponding to the Metropolitan Sanitary Region.

3. History of Project Activities in the Area:

World Relief Honduras is an autonomous indigenous NGO, legally organized by WRC to respond to the Nicaraguan refugee crisis in Honduras in 1981. Since completing those refugee service activities, WRH has developed programs for Child Survival, community banks for women and disaster assistance.

WRC has implemented a previous CS program that began in 1989 and ended in 1994. In this program 18,000 children under 5 and 19,000 women 15-49 were served in the departments of Francisco Morazán and Olancho through 399 health guardians (community health workers) and

block representatives. Program staff also trained 590 traditional birth attendants (TBAs), 80 auxiliary nurses and 15 registered nurses.

World Relief Honduras targets the poorest of the poor, the most vulnerable groups of people. Key interventions of the Child Survival project include immunization, diarrhea control, control of acute respiratory infections (ARI), nutrition, Vitamin A, maternal care and family planning.

World Relief Honduras also operates a community bank program that began in July 1991 and reached a total of 160 banks and 6,000 current members by September 1994. Bank members have accumulated nearly \$500,000 in savings and have repaid 100 percent of their loans. The program combines financial assistance, social organization and health education. Each supports the other and the whole is truly greater than the sum of the parts.

4. Schedule of Activities:

December 1995

- 6 Training of supervisors and interviewers: sampling methodology, sampling and selection of clusters. Initial review of the questionnaire: purpose of each question.
- 7 Review of questionnaire: filling the questionnaire, the language and way of making each question, role playing to practice the interview.
- 8 Field test in Colonia Villanueva (a peri-urban area of Tegucigalpa).
- 11 Final adaptations of the questionnaire; practice in tabulation and analysis of data; organization of the raising of data; logistical preparations.
- 12-14 Gathering the data.
- 15 Manual analysis and introduction of data into the computer.
- 29 First draft of the report.

II. INVESTIGATION METHODOLOGY

A. The Questionnaire

The project used the generic questionnaire designed by the PVO CSSP/Johns Hopkins for KPC surveys. The questions were chosen from the basic questionnaire according to the project's objectives. Then, the first draft was discussed with the field staff, adapting it to the local language. Finally, a field test was carried out in Colonia Villanueva, in order to subsequently make the final adaptations and determine the final questionnaire (see Appendix 1).

The final questionnaire was designed to be used with mothers of children under 24 months of age,

and consists of 45 questions distributed according to the following areas:

1-2:	Identification of the child and the mother, questions
3-5:	Education/occupation of the mother, questions
6-12:	Breastfeeding/Nutrition, questions
13-16:	Growth Monitoring
17-25:	Diarrheal Diseases
26-30:	Respiratory Illnesses
31-36:	Immunizations
37-45:	Maternal Health

B. Determination of Sample Size

Due to the fact that this study includes diverse Maternal Child Health interventions which have different sized universes, the size of the sample was defined using the intervention which needed the largest sample. The prevalence of breastfeeding was used, which was the lowest intervention and would need a larger sample size, exclusive with a 5% (according to a KPC CEE study, 1994), and a $d = 3\%$.

The following formula was used to calculate the size of the sample: $n = z^2pq/d^2$, where n = the size of the sample; $z = 1.96$ (for a trust limit of 95%); p = coverage or prevalence rate; $q = 1 - p$; and d = the desired precision, through which we obtained the following calculation:

$$\begin{aligned}n &= (1.96 \times 1.96) (0.05 \times 0.95) / (0.03 \times 0.03) \\n &= (3.84) (0.0475/0.0009) \\n &= 203 = \text{size of the sample}\end{aligned}$$

In order to reduce the possible obstacles to a minimum, it was decided to use 300 as the size of the sample (10 per cluster). At the end there was a need to eliminate 4 surveys, one of them because the child was older than 24 months, and the other three because there was a page missing in each of them.

The trust limits for some of the results were calculated using the following formula:

95% of the trust limit = $p \pm z\sqrt{(pq)/n}$, where p = coverage or prevalence rate; $z = 1.96$; $q = 1 - p$; and n = the size of the sample.

C. Selection of the Sample

The sample was taken only from the sampling framework of women with children under 24 months of age, in the influence area of the project, due to the greater priorities of this population type within the Child Survival interventions. Thirty clusters were selected following the technique described in the "Household Survey Manual: Diarrhoea Case Management, Morbidity and Mortality, WHO, Geneva 1989."

For the selection of the clusters, the project considered the population of each of the sectors,

neighborhoods, peri-urban areas or villages where it is carrying out interventions, and each of these was considered as one community. The population data per community provided by the MOH was used. The sampling interval was calculated by dividing the total cumulative population by 30. Then, using a number at random as a starting point, 30 clusters were chosen, adding a sampling interval to select the subsequent clusters (see Appendix 2).

Three teams of interviewers were organized in order to carry out the data gathering, each one under a supervisor. A total of 10 interviewers participated.

The procedure used for the selection of the starting point in each community is the one described in the World Health Organization (WHO) manual, where a first house is chosen at random and then the closest one thereafter.

Ten mothers were interviewed in each cluster. In cases where the mother was not available another house was selected. In homes where there were two children under 2 years of age, the information was taken for the younger child; and in the ones where there was more than one mother with children under two years old, only one mother was interviewed.

D. Training of Supervisors And Interviewers

All the participants were project staff. The supervisors were Guadalupe Solís, Rosbinda Zúniga and Claudia Gómez. The interviewers were Berenice Reyes, Alba Luz Cruz, Martha Godoy, Lourdes Medina, Veneranda Cáceres, María Elena Aceituno, Yolani López, Leticia Cabañas, Alba Isabel Rosales, Carmen Molina.

Dr. Orestes Zúniga, the Project Director, and Dr. Joel Daniel Durón, Area Coordinator, led the investigation and the training of the staff. The supervisors and interviewers were trained on: a) the purpose of the survey, b) the sampling methodology, c) the starting point methodology, d) the review of the questionnaire, and e) the role of the supervisor.

The last day of the training was used to test the instrument for collecting data in Colonia Villanueva, later making the final adaptations and proceeding to print the final surveys (see program in Appendix 3).

E. The Interviews

The interviews were carried out during three consecutive days, from Tuesday, December 12 through Thursday, December 14. Each supervisor was present at least once during a complete interview led by each interviewer, by way of training.

F. Data Analysis

The EPI INFO 5.1 program was used for processing and analyzing the data. The programmer, Emerson Castro, was in charge of the digitation and data processing and he was also present during the whole training process.

III. SURVEY RESULTS

A. Demographic Data

Table No. 1: Mothers according to age group

Mother's Age	Frequency	Percentage
12 - 17	20	6.8
18 - 35	256	86.5
36 - 49	19	6.4
50 and over	1	0.3
Total	296	100

Table No. 2: Children according to age group

Child's Age	Frequency	Percentage
0 - 3	51	17.2
4 - 5	28	9.5
6 - 9	53	17.9
10 - 12	42	14.2
13 - 23	122	41.2
Total	296	100.0

Table No. 3: Highest level of education achieved by the mother

Mothers' Education	Frequency	Percentage
None	18	6.1
Primary/doesn't read	50	16.9
Primary/reads	131	44.3
High School/Sup.	97	32.8
Total	296	100.0

Table No. 4: Location of the mothers' jobs

Category	Frequency	Percentage
In their home	248	83.8
Outside their home	48	16.2
Total	296	100.0

Table No. 5: Person who takes care of the child while the mother works

Caretaker	Frequency	Percentage
Mother takes the child along	6	12.0
Husband/mate	2	4.0
Older siblings	7	14.0
Relatives	23	46.0
Neighbors/friends	4	8.0
Maid	8	16.0
Total	50	100

B. Appropriate Infant Feeding Practices: Breastfeeding and Nutrition

Table No. 6: Mothers who are presently breastfeeding

Breastfeeds	Frequency	Percentage
Yes	194	65.5
No	102	34.5
Total	296	100.0

Table No. 7: Mothers who are not presently breastfeeding but who did so before

Has breast-fed	Frequency	Percentage
Yes	96	94.1
Never	6	5.9
Total	102	100

Table No. 8: Moment at which the child was breast-fed for the first time after delivery

Was breast-fed for the first time	Frequency	Percentage
1 hour after delivery	161	55.3
1 to 8 hours after delivery	57	19.6
More than 8 hours after delivery	66	23.0
Does not remember	6	2.1
Total	290	100.0

Table No. 9: Exclusive breastfeeding in children 0 - 5 months

Exclusive Breastfeeding	Frequency	Percentage
Yes	15	19.00
No	64	81.00
Total	79	100.00

Table No. 10: Mothers' knowledge about the age at which she should start feeding the child with something other than breastmilk

Age She Should Begin	Frequency	Percentage
Before 4 months	84	28.4
Between 4 and 6 months	54	18.3
At 6 months or later	149	50.3
She doesn't know	9	3.0
Total	296	100.0

Table No. 11: Foods she would give to the child besides breastmilk (Multiple answers, n=296)

Type of food	Frequency	Percentage
Doesn't know	7	2.4
Add oil to the food	58	19.6
Foods rich in Vit. A	182	61.5
Foods rich in iron	120	40.5
Others (*)	217	73.3

...Table No. 11 (cont.)

(*) Type of foods/others	Frequency	Percentage
Cereals, legumes	33	15.2
Potatoes, yucca (mashed)	88	40.6
Fruits (watermelon, bananas, etc.)	21	9.7
Soups, porridge	52	24.0
Vegetables (squash, cabbage, etc.)	6	2.7
Powdered milk or cow's milk, meat	7	3.2
	10	4.6
Total	217	100.0

Table No. 12: Knowledge of the mothers about the foods which contain Vitamin A (Multiple answers, n=296)

Type of Food	Frequency	Percentage
Doesn't know or other	166	56.1
Vegetables w/dark green leaves	7	2.4
Dark yellow vegetables and fruits	118	39.8
Meat/fish	16	5.4
Breastmilk	3	1.0
Egg yolk	4	1.4

Table No. 13: Distribution of children by age, according to doses of Vitamin A received

Age of Child (months)	Doses of Vitamin A received								Total Children
	1	%	2	%	3	%	4	%	
0 - 5	1	1.3	0	0.0	0	0.0	0	0	79
6 - 11	30	37.0	1	1.2	0	0.0	0	0	81
12 - 23	80	59.0	26	19.1	3	2.2	0	0	136
Total	111	37.5	27	9.1	3	2.2	0	0.0	296

C. Growth Control

Table No. 14: Distribution of children according to presentation of weight control card or chart

Control Card/Chart	Frequency	Percentage
Has the card/chart	166	56.1
Mother lost it	56	18.9
Never had one	74	25.0
Total	296	100.0

Table No. 15: Children who were weighed during the last four months

Category	Frequency	Percentage
Were weighed	39	23.5
Were not weighed	127	76.5
Total	166	100.0

D. Control of Diarrheal Diseases

Table No. 16: Children with diarrhea during the last two weeks

Had Diarrhea	Frequency	Percentage
Yes	84	28.4
No	209	70.6
Assigned	3	1.0
Total	296	100

According to Table 18, the prevalence of diarrhea during the last two weeks before the interview was 28.4%, ranging from 23% to 33%, as follows:

$$\begin{aligned}
 [95\% \text{ trust limit} &= p \pm z\sqrt{(pq)/n}; \text{ where } p = 0.28 \quad z = 1.96 \quad q = 1 - p \text{ and } n = 296, \text{ thus:} \\
 95\% \text{ trust limit} &= 0.28 \pm 1.96\sqrt{(0.28 \times 0.72/296)} \\
 &= 0.28 \pm 1.96 (0.026) \\
 &= 0.28 \pm 0.051 \\
 &= 0.23 \text{ at } 0.33
 \end{aligned}$$

Table No. 17: Mothers who breastfed their children while they had diarrhea

Breastfed during Diarrhea	Frequency	Percentage
More than usual	16	19.0
The same as usual	26	31.0
Less than usual	9	10.7
Totally stopped breastfeeding	1	1.2
Was not breastfed	32	38.1
Total	84	100

Table No. 18: Mothers who gave their children liquids during diarrhea

Liquids during Diarrhea	Frequency	Percentage
More than usual	25	29.8
The same as usual	23	27.4
Less than usual	14	16.7
Stopped giving the child liquids	8	9.5
Only breastfed him	14	16.7
Total	84	100

Table No. 19: Mothers who gave soft foods or porridge to their children during diarrhea

Foods Given during Diarrhea	Frequency	Percentage
More than usual	7	8.3
The same as usual	36	42.9
Less than usual	22	26.2
Stopped feeding completely	6	7.1
Only breastfed him	13	15.5
Total	84	100

Table No. 20: Treatment given to child during diarrhea (Multiple answers, n = 84)

Treatment	Frequency	Percentage
None	12	14.3
Commercial ORS (Litrosol)	24	28.6
Homemade ORS	11	13.1
Porridge made from cereals	3	3.5
Teas or other liquids	6	7.1
Medicines (antibiotics, anti-diarrheal medicine)	47	55.0
Others (*)	7	8.3

(*) Treatment/others	Frequency	Percentage
Antacids	1	14.3
Brews (herbs)	1	14.3
Piperacine	1	14.3
Soymilk	1	14.3
I.V. solution	1	14.3
Vitamins	1	14.3
Not assigned	1	14.3
Total	7	100.0

Table No. 21: Sought advice/treatment for child's diarrhea

Sought Advice	Frequency	Percentage
Yes	56	66.7
No	28	33.3
Total	84	100.0

Table No. 22: Person/institution who gave advice or treatment for the child's diarrhea (Multiple answers, n = 56)

Gave Advice/Treatment	Frequency	Percentage
Public hospital/IHSS	10	17.9
Health center	19	33.9
Private clinic/doctor	13	23.2
Pharmacy	2	3.6
Health volunteer	1	1.8
Traditional medicine man	1	1.8
Traditional birth attendant	0	0.0
Relatives/friends	9	16.1
Others	2	3.6

Table No. 23: Distribution of mothers, according to signs of serious illness which would make them seek treatment if their child had diarrhea (Multiple answers, n = 296)

Sign of Serious Illness	Frequency	Percentage
She doesn't know	27	9.1
Vomiting	82	27.7
Fever	76	25.6
Dry mouth, sunken eyes, less urine (dehydration)	65	21.9
Extended diarrhea (more than 14 days)	44	14.9
Blood in the stool (feces)	5	1.7
Loss of appetite	26	8.7
Weakness/Tiredness	21	7.1
Others (*)	110	37.2

(*) Signs of Serious Illness/Others	Frequency	Percentage
When he firsts starts to have diarrhea	26	23.6
Very frequent diarrhea	48	43.6
Liquid diarrhea	10	9.1
Pain	3	2.7
Bad smelling stools	2	1.8
Green stools	3	2.7
The child suddenly becomes sad	1	0.9
The child is losing weight	3	2.7
His stool has mucus	1	0.9
If he also has a cold	2	1.8
If he cries very much	4	3.6
If he gets cholera	1	0.9
She doesn't know	4	3.6
The child looks sad	1	0.9
His health doesn't improve	1	0.9
Total	110	100.0

Table No. 24: Distribution of mothers according to what they would do if their child was recovering from diarrhea (Multiple answers, n = 296)

What They Would Do	Frequency	Percentage
She doesn't know	30	10.1
Give him food more frequently	43	14.5
Give him more food than usual	32	10.8
Give him food with more calories	22	7.4
Others (*)	216	72.9

*What They Would Do/Others	Frequency	Percentage
Follow hygienic practices	69	31.9
Give him soft foods (mashed)	15	6.9
Stop giving him foods	5	2.3
Give him his usual food	14	6.5
Give him vitamins	4	1.9
Keep giving him liquids	60	27.8
Give him only breastmilk	4	1.9
Not give him cow's milk	6	2.8
Give him boiled water	27	12.5
Give him food without grease	7	3.2
Well cooked foods	8	2.3
Total	216	100

E. Respiratory Diseases

Table No. 25: Children with a cough or breathing difficulty during the last two weeks

With Cough or Breathing Difficulty	Frequency	Percentage
Yes	133	44.9
No	163	55.1
Total	296	100.0

Table No. 26: Children suspected of having pneumonia (had cough or breathing difficulty, plus he breathed as if he was tired and faster than usual).

Suspected of Having Pneumonia	Frequency	Percentage
Yes	74	55.6
No	59	44.4
Total	133	100.0

Table No. 27: Mothers who declared having sought advice or treatment for their child's respiratory illness (children suspected of having pneumonia)

Sought Advice/Treatment	Frequency	Percentage
Yes	64	86.5
No	10	13.5
Total	74	100.0

Table No. 28: Person/institution whom the mother sought to treat her child's cough and/or respiratory illness (Multiple answers, n = 64)

Person/Institution She Sought	Frequency	Percentage
Public hospital/IHSS	10	15.6
Health center	30	46.9
Private clinic/doctor	19	29.7
Health volunteer	0	0.0
Traditional birth attendant	0	0.0
Traditional medicine man	0	0.0
Pharmacy/medicine store	4	6.3
Relatives/friends	1	1.6
Others (*)	2	3.1

Table No. 29: Symptoms of respiratory infection the mother declared would make her take her child to a health center (Multiple answers, n = 296)

Symptoms	Frequency	Percentage
She doesn't know	24	8.1
Has trouble breathing/breathes very fast	182	61.5
Area under ribs is sunken in	17	5.7
Loss of appetite	26	8.8
Fever	97	32.8
Cough	82	27.7
Others (*)	42	14.2

(*) Symptoms/Others	Frequency	Percentage
Nasal congestion	8	19.1
Asthma	3	7.1
Cries a great deal	2	4.8
"Hears noises in his chest"	10	23.8
Any symptom	3	7.1
Infection of his lungs	1	2.4
Secretion through the ears	1	2.4
Vomiting	3	7.2
Convulsions	1	2.4
Loss of appetite	1	2.4
He seems very sick	3	7.1
Irritable/cries very easily	3	7.1
Doesn't sleep	2	4.8
Doesn't breastfeed	1	2.4
Total	42	100.0

F. Immunizations

Table No. 30: Children who have been vaccinated at least once

Has Been Vaccinated	Frequency	Percentage
Yes	291	98.3
No	4	1.4
She Doesn't Know	1	0.3
Total	296	100.0

Table No. 31: Age in months in which the child should be vaccinated against measles, according to the mother's opinion

Age in Months	Frequency	Percentage
1	2	0.7
2	12	4.0
3	5	1.7
4	5	1.7
5	3	1.0
6	12	4.0
7	3	1.0
8	2	0.7
9	131	44.3
11	1	0.3
12	16	5.4
14	1	0.3
18	2	0.7
24	2	0.7
Doesn't know	99	33.4
Total	296	100

Table No. 32: Reasons for which a pregnant woman should be vaccinated against tetanus, according to the mothers

Reasons	Frequency	Percentage
Protect the mother and the child	43	14.5
Protect only the mother	6	2.0
Protect only the child	60	20.3
She doesn't know	187	63.2
Total	296	100.0

Table No. 33: Amount of vaccines against tetanus which a pregnant woman should receive in order to protect her child, according to the mothers

Amount of Vaccines	Frequency	Percentage
One	32	10.8
Two	35	11.8
More than two	188	63.5
None	0	0.0
She doesn't know	41	13.9
Total	296	100.0

Table No. 34: Mothers who presented the child's vaccination card

Card	Frequency	Percentage
Presented card	234	79.1
Lost the card	57	19.3
Never had one	5	1.7
Total	296	100.0

Table No. 35: Coverage of anti-polio vaccine, according to age group

Age of Child	1st dose	2nd dose	3rd dose	Total Children
0 - 11 months	109/68.1	82/ 51.3	55/34.4	160
12 - 23 months	102/75.0	101/74.3	99/72.8	136
Total	211/71.3	183/63.8	154/52.0	296

Table No. 36: Coverage of DPT vaccine, according to age group

Age of child	1st dose	2nd dose	3rd dose	Total Children
0 - 11 months	107/66.9	82/51.3	53/33.1	160
12 - 23 months	102/75.0	101/74.3	99/72.8	136
Total	209/70.6	183/61.8	152/51.4	296

Table No. 37: Coverage of anti-measles vaccine, by age groups

Age of the Child	Frequency/Percentage	Total Children
9 - 11 months	25/59.5	42
12 - 23 months	98/72.1	136
Total	123/69.1	178

Table No. 38: Coverage of BCG vaccine, by age groups

Age of the Child	Frequency/Percentage	Total Children
0 - 11 months	123/76.88	160
12 - 23 months	98/72.06	136
Total	221/74.7	296

Table No. 39: Children with a complete vaccination chart, by age groups

Age of the Child	Frequency/Percentage	Total Children
9 - 11 months	24/57.14	42
12 - 23 months	93/68.38	136
Total	117/65.7	178

G. Maternal Health

Table No. 40: Mothers who have their vaccination card*

Has Card	Frequency	Percentage
Yes	154	52.0
She lost it	108	36.5
She never had one	34	11.5
Total	296	100

*Note: The maternal vaccination card is not the same as a maternal card, but the maternal vaccination card is the only card presently distributed to mothers by the MOH. Recently, maternal cards have begun to be introduced in the project area, and the project hopes to incorporate them by the Midterm Evaluation.

Table No. 41: Doses of tetanus toxoid the mothers have received (according to their vaccination card)

Doses of TT	Frequency	Percentage
One	15	9.7
Two or more	139	90.3
None	0	0.0
Total	154	100.0

Table No. 42: Mothers who are presently pregnant

Pregnant	Frequency	Percentage
Yes	14	4.7
No	278	93.9
She doesn't know	4	1.4
Total	296	100.0

Table No. 43: Mothers who wish to have another child within the next two years

Desires Another Child	Frequency	Percentage
Yes	38	13.2
No	231	86.8
She doesn't know	13	0.0
Total	282	100

Table No. 44: Mothers who are using some family planning method

Use Family Planning Method	Frequency	Percentage
Yes	129	45.7
No	153	54.3
Total	282	100

Table No. 45: Main family planning methods used

Family Planning Method	Frequency	Percentage
Tubal ligation	15	11.6
Vasectomy	0	0.0
Injections	1	0.8
Contraceptive pills	45	34.9
IUD	45	34.9
Diaphragm	1	0.8
Condom	9	7.0
Foam/Gel/Ovules	0	0.0
Amenorrhea due to breastfeeding	3	2.3
Rhythm	7	5.4
Abstinence	3	2.3
Coitus interruptus	0	0.0
Others	0	0.0
Total	129	100

Table No. 46: Gestational age at which prenatal control should start, according to the mothers

Gestational Age	Frequency	Percentage
1 - 3 months	263	88.9
4 - 6 months	11	3.7
7 - 9 month	1	0.3
Doesn't need control	0	0.0
She doesn't know	21	7.1
Total	296	100.0

Table No. 47: Prenatal control attendance during their last pregnancy, according to the mothers

Attended Prenatal Control	Frequency	Percentage
Yes	260	87.8
No	36	12.2
Total	296	100.0

Table No. 48: Person who conducted the birth delivery, according to the mothers

Conducted the Delivery	Frequency	Percentage
Herself	1	0.3
A family member	3	1.0
Traditional birth attendant	45	15.2
Doctor or nurse	247	83.1
Other	0	0.0
She doesn't know	0	0.0
Total	296	100

H. Practices and Coverage Indicators

1. Initiation of Breastfeeding

1a. Percent of children (less than 24 months) who were breastfed within the first hour after birth.

Numerator: (Response #1 to question 8)

Denominator: (Total number of mothers interviewed)

$$(161/296) \times 100 = 54.4\%$$

1b. Percent of children (less than 24 months) who were breastfed within the first 8 hours after birth.

Numerator: (Response #1 and #2 to question 8)

Denominator: (Total number of mothers interviewed)

$$(218/296) \times 100 = 73.7\%$$

2. Exclusive Breastfeeding

Percent of infants less than six months who are being given only breastmilk.

Numerator: (For children 0, 1, 2, 3, 4 and 5 months of age: number of mothers who responded "no" to all questions 9a, 9b, 9c, 9d, 9e, 9f, 9g, 9h, 9i)

Denominator: (Total number of children aged 0, 1, 2, 3, 4 and 5 months)

$$(15/79) \times 100 = 18.98\%$$

3. Introduction of Foods

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

Numerator: (Number of mothers who responded "yes" to at least one of the questions 9c, 9d, 9e, 9f, 9g, 9h, 9i)

Denominator: (Total number of infants 6, 7, 8, and 9 months of age)

$$(35/39) \times 100 = 89.74\%$$

4. Persistence of Breastfeeding

Percent of children between 20 and 24 months who are still breastfeeding (and being given solid and semi-solid foods).

Numerator: (For children 20, 21, 22, and 23 months of age, who responded "yes" to questions 6)

Denominator: (Total number of children 20, 21, 22 and 23 months of age)

$$(15/43) \times 100 = 34.88\%$$

5. Continued Breastfeeding

Percent of infants/children (less than 24 months) with diarrhea in the past two weeks who were given the same amount or more breastmilk.

Numerator: (Responses #1 and #2 to question 18)

Denominator: (Number of "yes" responses to question 17 minus number of #5 responses to question 18)

$$(42/52) \times 100 = 80.76\%$$

6. Continued Fluids

Percent of infants/children (less than 24 months) with diarrhea in the past two weeks who were given the same amount or more fluids other than breastmilk.

Numerator: (Responses #1 and #2 to question 19)

Denominator: (Number of "yes" responses to question 17 minus number of #5 responses to question 19)

$$(48/70) \times 100 = 68.57\%$$

7. Continued Foods

Percent of infants/children (less than 24 months) with diarrhea in the past two weeks who were given the same amount or more foods.

Numerator: (Responses # 1 and #2 to question 20)

Denominator: (Number of "yes" responses to question 17 minus number of #5 responses to question 20)

$$(43/71) \times 100 = 60.56\%$$

8. ORT Usage

Percent of infants/children (less than 24 months) with diarrhea in the past two weeks who were treated with ORT.

Numerator: (Number of mothers who answered #21 with any of the following responses: 2, 3, 4 or 5)

Denominator: (Number who answered yes to question 17)

$$(35/84) \times 100 = 41.7\%$$

9. Pneumonia Control: Medical Treatment

Percent of mothers who sought medical treatment for infant/child (less than 24 months) with cough and rapid, difficult breathing in the past two weeks.

Numerator: (Number of mothers who responded to question 29 with any of the following responses: 1, 2 or 3)

Denominator: (Number of "yes" responses to question 27)

$$(57/74) \times 100 = 77.0\%$$

10. Immunization Coverage (Card): EPI Access

Percent of children 12-23 months who received DPT1.

Numerator: (Question 36: DPT1 recorded)

Denominator: (Total number of children aged 12-23 months)

$$(102/136) \times 100 = 75\%$$

11. Immunization Coverage (Card): EPI Coverage
Percent of children 12-23 months who received OPV3.

Numerator: (Question 36: OPV3 recorded)

Denominator: (Total number of children aged 12-23 months)

$$(99/136) \times 100 = 72.79\%$$

12. Immunization Coverage (Card): Measles Coverage
Percent of children 12-23 months who received measles.

Numerator: (Question 36: measles vaccine recorded)

Denominator: (Total number of children aged 12-23 months)

$$(98/136) \times 100 = 72.06\%$$

13. Immunization Coverage (Card): Drop-out Rate

Numerator: (Number of children who have received DPT1 minus the number of children who have received DPT3)

Denominator: (Number of children 12-23 months who have received DPT1)

$$(102-99) / 102 \times 100 = 2.94\%$$

14. Maternal Card

Percent of mothers with a maternal card.

Numerator: (Responses "yes" to question 37)

Denominator: (Total number of mothers in the survey)

$$(154/296) \times 100 = 52\%$$

15. Maternal Care: Tetanus Toxoid Coverage (Card)

Percent of mothers who received two doses of tetanus toxoid vaccine (card).

Numerator: (Response #2 to question 38)

Denominator: (Total number of mothers interviewed)

$$(139/296) \times 100 = 46.95\%$$

16. Maternal Care: One or more ante-natal visits (Self-report)

Percent of mothers who had at least one pre-natal visit prior to the birth of the child.

Numerator: (Responses #1 to question 44)

Denominator: (Total number of mothers interviewed)

$$(260/296) \times 100 = 87.83\%$$

17. Maternal Care: Modern Contraceptive Usage

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

Numerator: (Responses #1 through #9 to question 42)

Denominator: (Responses #2 and #3 to question 40)

$$(119/244) \times 100 = 48\%$$

I. Knowledge Indicators

1. Mother's Literacy

Percent of mothers who are literate.

Numerator: (Responses #3 and #4 to question 3)

Denominator: (Total number of mothers interviewed)

$$(131 + 97) / 96 \times 100 = 77\%$$

2. Immunization Knowledge: Timeliness of Measles

Percent of mothers who know that measles vaccine should be given at nine months.

Numerator: (Response "9 months" to question 32)

Denominator: (Total number of mothers interviewed)

$$(131/296) \times 100 = 44.3\%$$

3. Immunization Knowledge: Tetanus Toxoid Protection

Percent of mothers who know that tetanus toxoid protects both the child and the mother.

Numerator: (Response #1 to question 33)

Denominator: Total number of mothers interviewed

$$(43/296) \times 100 = 14.53\%$$

4. Maternal Care Knowledge: Timeliness of Ante-natal care

Percent of mothers who know that pregnant women should start ante-natal care before the third trimester.

Numerator: (Responses #1 and #2 to question 43)

Denominator: (Total number of mothers interviewed)

$$(274/296) \times 100 = 92.55\%$$

IV. DISCUSSION

A. Demographical Data (questions 1-5)

a. Comparisons to comparable data

A greater proportion of mothers (77.1%) are able to read, making it possible for them to receive printed messages and participate in educational sessions that use printed materials. Table 3 shows that 23.0% of the mothers are illiterate. This illiteracy rate, less than the national average (32%), reveals the influence of the metropolitan area where there is greater access to education.

However, since most of the project areas are primarily rural, project staff will have to remain sensitive to preliterate women in their educational efforts.

b. Discussion of implications

The majority of the women interviewed are young mothers between 18 and 35 years of age (86.5%). A 6.8% and a 6.7% are women in the extreme ranges, who are considered at risk since they are younger than 18 or older than 35, respectively. (See Table 1.)

In Table 2, it can be observed that approximately 41.2% of the children are older than one year of age, the rest are under one.

A majority of the mothers interviewed (83.8%) work at home and do not delegate the care of their children to others (see Table 4). Fifty-four percent (54.1%) of the mothers who do work outside the home leave their children under the care of their relatives (see Table 5). This data confirms that the population group that should primarily be targeted with health education messages is the family.

The practice of not delegating child care is good and will be encouraged; but due to the economic crisis in Honduras, mothers should be encouraged to seek out an economic activity they can do from within their home. Other World Relief Honduras activities in the project areas (such as poverty lending programs) will seek to address these concerns.

B. Appropriate Infant Feeding Practices (questions 6-12)

a. Comparisons to comparable data

Breastfeeding rates for the region have traditionally been high. Earlier KPC surveys in the region

reveal rates of 98% in May 1991; 98% in June 1994 and 93% in May 1995. The project hopes to maintain these high levels of breastfeeding.

Although many women breastfeed, comparatively few (19%) exclusively breastfeed. Even this figure is high compared to a National Epidemiological Survey of Family Health carried out by the MOH in 1991 (ENESF, 1991) that showed rates of exclusive breastfeeding of 26.1% in the first month, 10.7% during the second month, 2.3% during the third month, and only 0.4% during the fifth month.

A baseline KPC done in July 1994 in five Sanitary Regions of the country including region number 1 (a region of the project) showed that only 5% of children under 6 months were receiving breastmilk exclusively (European Economic Community Survey).

This KPC found 54% of breastfeeding was initiated in the first hour of life, whereas the ENESF found 34.3% in 1987 and 38% in 1991, respectively. This shows a positive trend in Honduras towards the practice of "apego precoz" (precocious affection). The project hopes to strengthen this practice of early initiation of breastfeeding, since it facilitates the practice of exclusive breastfeeding.

Compared to national averages, the KPC figure for initiation of breastfeeding within 8 hours of birth (74%) has been the same since 1991 (78.2%, ENESF, 1991), although significantly increased since 1987 (63.7%, 1987 ENESF).

b. Discussion of implications

In Table 7 it can be observed that only 6 of the 296 children had never been breastfed, therefore 98.0% of the children have breastfed during some stage of their lives. The project hopes to use this acceptance of breastfeeding as a stepping stone to encourage the more difficult practices of exclusive breastfeeding and persistence of breastfeeding.

Fifty-four percent of mothers initiate breastfeeding within the first hour of an infant's life, and by 8 hours, 73.7% of infants have begun to breastfeed. Only 19.0% of infants under 6 months of age are exclusively breastfed. Ninety percent (90.0%) are receiving solid or semisolid food at the appropriate age, but only 35% are breast-fed after 20 months of age.

A full 28.4% of mothers believed that children under 4 months of age should be fed with something other than breastmilk. This practice increases the risk of infection, food intolerance and allergies. Only 18.3% of mothers knew that foods should be introduced between 4 and 6 months. The MOH message is to introduce foods at 6 months.

Sixty-two percent (61.5%) of the mothers claim to add food rich in Vitamin A besides breastmilk; 19.6% add vegetable oil to the food; 40.5% add food rich in iron; 2.4% don't know and the great majority (58.4%) add food mainly consisting of carbohydrates.

Fifty-six percent (56.0%) of the mothers don't know which foods are rich in Vitamin A. This contrasts with 62% of mothers, who say they give foods rich in Vitamin A. This indicates a gap

between knowledge and practice; the will to give their children foods rich in Vitamin A is greater than the knowledge about Vitamin A rich foods. This will be an educational priority for the project.

Only 37.0% of the children from 6 to 11 months of age and 58.8% of those 12 to 23 months of age (Table 13) have received their corresponding first dose of Vitamin A. These percentages reflect a low coverage in the provision of Vitamin A to the children. The project will seek to raise these percentages via Vitamin A supplements given by block representatives and education encouraging mothers to give their children foods high in Vitamin A.

C. Growth Monitoring (questions 13-16)

a. Comparisons to comparable data

Previous KPC surveys carried out in 1990 in communities with and without health promoters found 32% of children 0-23 months were being weighed monthly. In comparison, 74% of children in project communities were being weighed regularly, almost reaching the 5-year objective of 80%.

b. Discussion of implications

Table 14 shows that 56.1% of the mothers have a growth monitoring card or chart for their children. Of the children with a card, only 23.5% had been weighed during the last four months before the date of the interview; which means that only 13.2% of all the children surveyed are attending growth monitoring and counseling sessions.

Growth monitoring is important because mothers need to be able to visualize how their child is growing. Project staff will focus on encouraging growth monitoring and using those opportunities to counsel mothers on proper nutrition for her child.

Based on WRH's previous experience, project staff believe growth monitoring goals can be reached, even given the initially low figures for GMC attendance by 0-23 month-old children.

D. Control of Diarrheal Diseases (Questions 17-25)

a. Comparisons to comparable data

The prevalence of diarrhea in the KPC survey (28.4%) was similar to prevalence found by the MOH in Metropolitan Sanitary Region (23%), and the Sanitary Region #1 (27%) in 1987 (Encuesta Nacional de Nutrición-ENESF/National Nutritional Survey).

b. Discussion of implications

Over 60.0% of mothers of children with diarrhea continue breastfeeding, using other liquids, and giving food to their children. Only 42% use ORT when their child has diarrhea. The project will encourage these behaviors and seek to increase the number of mothers who use ORT for their child with diarrhea.

A major problem is that many mothers (56%) use medicines (anti-diarrheal medicines and/or antibiotics) to treat their children's diarrhea. Out of the 56 mothers who sought treatment for their children with diarrhea, 40 (71.4%) reported that they sought out a health professional (hospital, health center, clinic/private doctor*). This may mean that mothers who go to a health professional are given medications instead of or in addition to ORS. The project will be seeking out ways to train the health community to encourage ORT and ORS among their clients, and not rely so heavily on medications. (*Note: pharmacies are not considered health professionals.)

Only 22% of the mothers know how to recognize the signs of dehydration that should cause them to seek treatment if their child had diarrhea (Table 23). Diarrhea control health messages will include messages on how to recognize dehydration, as well as prepare and administer ORS and other home available fluids.

Out of 296 mothers, 91 (30.7%) reported that they gave food more frequently, more food than usual, or foods with additional calories when their child is recovering from diarrhea. Most (73%) gave other answers and 10.0% said they didn't know what to do with their child after he had gone through an acute episode of diarrhea. Of those who responded with "other" replies, 69 mentioned "follow hygienic practices," 60 mentioned "keep giving him liquids" and 27 mentioned "give him boiled water." It appears that the health message of continued liquids has penetrated to a certain extent, but most mothers still do not continue to give foods to a child with diarrhea.

ORT use rates need to be improved, as 58% of mothers do not use ORT when their child has diarrhea, 39% feed them less and 32% give less liquids during a diarrheal episode. Project health messages will be developed with the mother's knowledge base in mind, reinforcing continued liquids and encouraging continued foods and particularly ORT use.

E. Pneumonia Control (Questions 26-30)

a. Comparisons to comparable data

In 1991, the MOH began to manage ARIs in children based on the presence or absence of pneumonia. Now there are a high percentage of mothers (62%) who know that rapid breathing is a sign of needing to seek out treatment. This will be reinforced by the project.

The prevalence of ARI (25%) is slightly lower than the prevalence found in other KPC studies done by WRH (33% in 1991, 30.5% in 1994, and 30% in 1995).

b. Discussion of implications

The prevalence of respiratory infections according to the sample in Table 25 was 44.9%. In Tables 25 and 26, it can be seen that out of 296 children surveyed, 74 (25%) have symptoms indicating ALRI (possible pneumonia).

Out of 74 children suspected of having pneumonia, 57 (77%) of mothers reported that they had sought help from a trained health professional (public hospital, health center, clinic/private doctor).

Sixty-two percent (62%) of the mothers recognize the increase in respiratory frequency as a reason to take their children to a health center and 86.5% of those have sought treatment when they suspected it was pneumonia. This shows mothers have a good knowledge base in this area and a satisfactory practice in the handling of the ARIs, data that was not found on similar baseline studies carried out by WRH in the past (WRH KPC Survey, 1991). The project will reinforce this information and continue to educate mothers on signs and symptoms of pneumonia.

F. Immunization Coverage (Questions 31-36)

a. Comparisons to comparable data

The EPI coverage in the project area (Polio 3 = 73%; DPT 3 = 73%; Measles = 72%; BCG = 72%) is much lower compared to MOH data from a different area of the Sanitary Region #1 collected in December, 1995 evaluation. These figures were as follows: (Polio 3 = 92%; DPT3 = 93%; Measles =90%; BCG = 85%).

These differences are probably due to the fact that the MOH data are based on average populations and percentages of coverage of these populations, and not based on numbers of children vaccinated. Lower coverage rates could be due to lower rates of access to EPI (75%).

Indicator	Percentage Coverage
Polio 3 in children 12-23 months	73.0%
DPT3 in children 12-23 months	73.0%
Coverage of anti-measles in children 12-23 months	72.0%
BCG in children 12-23 months	72.0%
Children 9-11 months with a completed immunization card	57.0%
Children 12-23 months with a completed immunization card	68.4%
Access to EPI: % of children 12-23 months who received DPT1	75.0%
Drop out rate DPT1--DPT3: % of desertion between DPT1 and DPT3	2.9%
Global drop out rate (children with BCG less children with measles divided by children 12-23 months with BCG)	1.3%
Knowledge about timeliness of anti-measles (% of mothers who know that the measles vaccine should be applied when the child is 9 months old)	44.3%
Knowledge about the protection which tetanus toxoid gives both mother and child	14.5%

b. Discussion of implications

Access and coverage for EPI is still low, which indicates that the project will have to work even harder than was foreseen to be able to reach EPI coverage levels over 90%.

WHO suggests that there is a public health problem when the drop out rates are higher than 10% (Key Indicators of Child Survival Project Performance for AID/FHA/PVC PVO Child Survival Projects), which is not the case in the project area. The drop-out rate of 1.3% is acceptably low.

It is interesting that only 131 (44.3%) of all the mothers surveyed knew that the measles vaccination should be administered at 9 months, with 99 (33.4%) not knowing when it should be given at all. The immunization health messages will encourage mothers to vaccinate their children at the proper times.

Given the low coverage and low drop out rates, the project will seek to find ways to increase access to EPI and thus EPI coverage. Given a history of low drop out in the area, project staff are confident that changes in this area will be sustainable, particularly if cooperation with the MOH remains a hallmark of the project.

G. Maternal Care/Family Planning (Questions 37-45)

a. Comparisons to comparable data

Out of 296 mothers surveyed, 154 (47%) had 2 doses of TT according to their vaccination card. This is lower than the Health Information System of the MOH found in Sanitary Region #1 (93%) and in the Metropolitan Sanitary Region (92%). This could be because a high percentage of the maternal vaccination cards for this KPC survey were misplaced (37%), and because the MOH data is based on average population of women of fertile age and coverage levels in the said populations, and not on actual numbers of women immunized. Raising these coverage levels will be a challenge to the project.

The percentage of women using modern methods of family planning (48.7%) were similar to national averages found in 1991 ENESF (46.7%).

Ante-natal care by a doctor or nurse (90%) is high compared to the national average (70.2%) found in 1991 (ENESF). Similarly, having a doctor or nurse attending the delivery (83.1%) is similar to the average found in Tegucigalpa (87.1%) (ENESF, 1991). The Project will work towards keeping these rates high.

b. Discussion of implications

Table 40 shows that 88.5% of the mothers have or have had a vaccination card against tetanus toxoid (TT), although 36% had lost their vaccination card. This shows that women have good access to the MOH Immunization Program. Forty-seven percent of all the mothers surveyed have received two or more TT vaccines (according to their vaccination cards). It could be that actual coverage levels are higher, since such a high percentage of women had lost their cards.

It is interesting to note that 68.4% of children 12-23 months are completely immunized, which shows that mothers are more concerned about their child's immunizations than their own. Related data in table #32 indicate that only 43 (14.5%) mothers knew that a TT vaccination protects both mother and child, and 60 (20.3%) answered that it protected only the child. The vast majority, 187 (63.2%) did not know why a mother should be vaccinated against tetanus.

This lack of knowledge may account for the comparative lack of value placed on TT vaccination, compared to getting their child vaccinated against various childhood illnesses. It may be beneficial to encourage mothers to get themselves vaccinated at the same time they have their children vaccinated as well, if possible. Project health messages should focus on the importance and reason for a mother being immunized against tetanus.

Of the 296 mothers who were interviewed, 282 (95.2%) are not presently pregnant (or were not sure), and of these, 244 (86.5%) said they did not wish to have another child or were not sure during the next two years. 129 (52.9%) of the women who did not want any more children (244) were using some family planning method. Of all women surveyed who did not or were not sure they wanted children (244), 116 of them (47.5%) use a modern contraceptive method (including LAM).

The project's child spacing messages will seek to encourage those women who do not want to have another child in the next two years to use a modern contraceptive to help reduce their reproductive risk.

It was found that 83.1% of the mothers received assistance from a doctor or nurse during their last birth delivery, and only 15.2% from traditional birth attendants. Ninety-three percent of the mothers interviewed declared that the prenatal control should begin before the third trimester of the pregnancy, and 87.8% of them received ante-natal care during their last pregnancy. This indicates that mothers have readily received and responded to health messages about prenatal care.

V. FEEDBACK SESSIONS

The results were shared with the Health Region #1 staff on January 19, 1996. Present at this meeting were Dr. Julio Cesar Arita, Regional Director, Dr. Juan Paul López, the Regional Epidemiologist, Dr. Janeth Varela, Director of Region 2, Dr. Filadelfo Pineda, Director of Region 4, Lic. Rubenia de Velásquez, Director of Nurses, and Lic. Rubenia García, Regional Director of Child Attention.

VI. SURVEY COSTS

Per Diem for interviewers	\$163.00
Transportation	\$ 10.00
Meals	\$ 20.00
Printing of Questionnaires	\$ 11.00
Other	\$ 18.00
Total:	\$222.00

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Appendices

- A. Training Program for KPC Survey**
- B. Survey questionnaire in English**
- C. Survey questionnaire in Spanish**
- D. Population data used to select 30-clusters**

Appendix A

TRAINING PROGRAM FOR KPC SURVEY

First day: Wednesday, December 6, 1995
Objective: Training of Survey Team/Field Test

<u>HOUR</u>	<u>ACTIVITY</u>
8:30 am	Devotional
8:45 am	Purposes of the Survey
9:15 am	Presentation of Work to be Carried Out during Survey
9:45 am	Revision of Sampling Methodology
12:15 pm	Lunch
1:30 pm	Sampling Methodology (cont.)
2:00 pm	Review of Questionnaire: Purpose of each question
4:00 pm	End of the day's activities

Second day: Thursday, December 7, 1995
Objective: Training of Survey Team/Field Test (cont.)

<u>HOUR</u>	<u>ACTIVITY</u>
8:30 am	Devotional
8:45 am	Review of How to Fill Out the Questionnaire
11:00 am	Review of the Language Used and the Way to Present Each Question (Interview Techniques)
12:15 pm	Lunch
1:30 pm	Continuation of previous activity
2:30 pm	Roleplaying: observation and demonstration of bad and good interview techniques
4:00 pm	End of the day's activities

...Training Program for KPC Survey (cont.)

Third day: Friday, December 8, 1995
Objective: Training of Survey Team/Field Test (cont.)

<u>HOUR</u>	<u>ACTIVITY</u>
8:30 am	Devotional
8:45 am	Roleplaying (cont.)
9:45 am	Review of the Supervisors' Role
10:30 am	Review of Starting Point Methodology
11:30 am	Explanation of Field Test
12:15 pm	Lunch
1:00 pm	Trip to Colonia Villanueva to Carry Out Field Test
4:30 pm	End of the day's activities

Fourth day: Monday, December 11, 1995

<u>HOUR</u>	<u>ACTIVITY</u>
8:30 am	Devotional
8:45 am	Review of the tables and process of analysis of the data obtained through the field test
12:15 pm	Lunch
1:30 pm	Assigning of locations, formation of interviewer teams and preparation of schedules for raising of data
4:00pm	End of the training

**WORLD RELIEF HONDURAS
HEALTH PROGRAM - CHILD SURVIVAL PROJECT - EL PARAISO**

Questionnaire on Knowledge, Practices and Coverage (KPC)

All the questions should be addressed to the mothers with children under two years of age (less than 24 months old).

Date of Interview $\frac{\quad}{(d/)} / \frac{\quad}{m/} / \frac{\quad}{y}$

Date of New Interview $\frac{\quad}{(d/)} / \frac{\quad}{m/} / \frac{\quad}{y}$

1. Name and age of mother

Name _____ Age (years) _____

2. Name of the child under 24 months of age

Name _____

Date of birth _____ / _____ / _____ (day/month/year)

Age in months _____

Education/Occupation of the Mother

3. What was the last grade you finished at school?

- 1. None ()
- 2. Primary school. Does not read. ()
- 3. Primary school. Reads. ()
- 4. High school or more ()

4. Do you work outside your home?

- 1. Yes -----> continue ()
- 2. No -----> go to question # 6 ()

5. Who takes care of (name of the child) while you are outside the home?

(It's possible that she will give several answers. Write them all down.)

- 1. The mother takes the child along.....()
- 2. Husband/Mate.....()
- 3. Her older children.....()

- 4. Relatives.....()
- 5. Neighbors/friends.....()
- 6. Maid.....()
- 7. Daycare center.....()

Breastfeeding/Nutrition

6. Are you breastfeeding (name of the child)?

- 1. Yes () ----> Go to #9
- 2. No ()

7. Have you ever breastfed (name of the child)?

- 1. Yes ()
- 2. No () ----> Go to #10

8. After he was born, when did you breastfeed (name of the child) for the first time?

- 1. During the first hour after birth.....()
- 2. 1 to 8 hours after birth.....()
- 3. More than 8 hours after birth.....()
- 4. She does not remember.....()

9. a. Are you giving (name of the child) water, coffee or tea, for example chamomile, lemon grass, aniseed, cinnamon, orange leaves, etc.?

- 1. Yes ()
- 2. No ()
- 3. She doesn't know ()

b. Are you giving (name of the child) cow's milk, goat's milk, powdered milk or soy milk?

- 1. Yes ()
- 2. No ()
- 3. Doesn't know ()

c. Are you giving (name of the child) soft foods such as porridges or soups?

- 1. Yes ()
- 2. No ()
- 3. Doesn't know ()

d. Are you feeding any fruits to (name of the child)?

- 1. Yes ()
- 2. No ()
- 3. Doesn't know ()

- e. Are you feeding **(name of the child)** carrots, squash, ripe mangoes, melons, papayas or ripe plantains?
1. Yes ()
 2. No ()
 3. Doesn't know ()
- f. Are you feeding **(name of the child)** dark green leaves, for example: spinach, mustard leaves, cilantro, celery, or radish, yucca or beet leaves?
1. Yes ()
 2. No ()
 3. Doesn't know ()
- g. Are you feeding **(name of the child)** beef, chicken or fish?
1. Yes ()
 2. No ()
 3. Doesn't know ()
- h. Are you feeding **(name of the child)** green beans, rice with beans or soy beans?
1. Yes ()
 2. No ()
 3. Doesn't know ()
- i. Are you feeding **(name of the child)** eggs, cheese or soft cheese?
1. Yes ()
 2. No ()
 3. Doesn't know ()
- j. Are you adding green leaves, for example, spinach, celery, cilantro, or mustard, radish, yucca, or beet leaves to **(name of the child)**'s food?
1. Yes ()
 2. No ()
 3. Doesn't know ()
- k. Are you adding honey, brown sugar or regular sugar to **(name of the child)**'s food?
1. Yes ()
 2. No ()
 3. Doesn't know ()
- l. Are you adding lard or oil to **(name of the child)**'s food?

1. Yes ()
2. No ()
3. Doesn't know ()

10. At what age should a mother start giving the child food besides breastmilk?

1. She should start before he is four months old.....()
2. She should start between four and six months old.....()
3. She should start at six months or later.....()
4. She doesn't know.....()

11. Which foods should be given to the child besides breastmilk?
(It's possible that she will give several answers. Write them all down.)

1. She doesn't know.....()
2. Fried foods, or add oil to the food.....()
3. Foods rich in Vitamin A (vegetables with a deep yellow pulp, dark green leaves, eggs).....()
4. Foods rich in iron (inner organs [viscera], meat, vegetables with dark green leaves).....()
5. Others (specify).....()

12. What foods contain Vitamin A to avoid going blind?
(It's possible that she will give several answers. Write them all down.)

1. She doesn't know or other..... ()
2. Vegetables with dark green leaves..... ()
3. Vegetables or fruits of a dark yellow or orange color()
4. Meat/fish.....()
5. Breastmilk.....()
6. Egg yolk.....()

Growth Monitoring

13. Does (name of the child) have a card or a chart for his weight control?

1. Yes, he has a card () (have her show you the card)
2. She lost the card () -----> go to #17
3. No, he never has had one () -----> go to #17

14. Observe the child's growth chart and register the following

information: has he been weighed during the last four months?

1. Yes..... ()
2. No..... ()

15. Also observe the child's growth chart and indicate if the Vitamin A doses are registered in any of the spaces.

1. Yes..... ()
2. No..... () -----> Go to #17

16. If this is so, in the space below register all the dates on which the child received a dose of Vitamin A.

- (day/month/year)
- 1^a (____/____/____)
 - 2^a (____/____/____)
 - 3^a (____/____/____)
 - 4^a (____/____/____)

Diarrheal Diseases

17. Has **(name of the child)** had diarrhea during the last two weeks?

1. Yes..... ()
2. No..... () -----> Go to #24
3. Doesn't know..... () -----> Go to #24

18. During **(name of the child)'s** diarrhea did you breastfeed him...
(read the options to the mother)

1. More frequently than usual?..... ()
2. The same as usual?..... ()
3. Less than usual?..... ()
4. Did you totally stop breastfeeding?..... ()
5. He/she was no longer breastfeeding..... ()

19. During **(name of the child)'s** diarrhea, did you give him any other liquids besides breastmilk? **(read the options to the mother)**

1. More frequently than usual?..... ()
2. The same as usual?..... ()
3. Less than usual?..... ()
4. Did you totally stop giving him/her liquids?.. ()
5. Did you only breastfeed him/her?..... ()

20. During **(name of the child)'s**, did you keep giving him normal food or soft foods such as porridges or mashed vegetables? **(read the options to the mother)**

1. More frequently than usual?..... ()

- 2. The same as usual?..... ()
- 3. Less than usual?..... ()
- 4. Did you totally stop giving him/her food?..... ()
- 5. Did you only breastfeed him/her?..... ()

21. When (name of the child) had diarrhea, what did you give him?
 (It's possible that she will give several answers. Write them all down.)

- a. Nothing..... ()
- b. Commercial oral rehydration salts (Litrosol).. ()
- c. Homemade oral rehydration salts..... ()
- d. Porridges made of rice, corn starch..... ()
 (continues)
- e. Teas, brews or other liquids..... ()
- f. Anti-diarrheal medicines or antibiotics..... ()
- g. Others (specify) _____ .. ()

22. When (name of the child) had diarrhea, did you seek advice or treatment?

- 1. Yes ()
- 2. No () -----> Go to #24

23. Who gave you advice or treatment for (name of the child)'s diarrhea?
 (It's possible that she will give several answers. Write them all down.)

- a. public hospital..... ()
- b. health center..... ()
- c. private clinic/doctor..... ()
- d. drugstore..... ()
- e. community health volunteer..... ()
- f. traditional medicine man..... ()
- g. traditional birth attendant..... ()
- h. relatives and friends..... ()
- i. others (specify) _____ .. ()

24. If (name of the child) had diarrhea, what symptoms that he was seriously sick would make you seek advice or treatment? (It's possible that she will give several answers. Write them all down.)

- a. She doesn't know..... ()
- b. Vomiting..... ()
- c. Fever..... ()
- d. Dry mouth, sunken eyes, less urine (dehydration)..... ()
- e. Extended diarrhea (at least 14 days)..... ()
- f. Blood in the stool (feces)..... ()
- g. Loss of appetite..... ()
- h. Weakness or tiredness..... ()
- i. Others (specify) _____ .. ()

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25. What important things should a mother do when her child is recovering from diarrhea? (It's possible that she will give several answers. Write them all down.)
- a. She doesn't know..... ()
 - b. Give the child less food, but more frequently..... ()
 - c. Give the child more food than usual..... ()
 - d. Give the child food with a higher content of calories... ()
 - e. Others (Specify) _____ ()

Respiratory Diseases

26. Has (name of the child) been sick with a cough or has he had difficulty breathing during the last two weeks?
- 1. Yes ()
 - 2. No () -----> Go to #30
27. Did (name of the child) breathe as if he was tired and more frequently than usual when he got sick from the cough?
- 1. Yes ()
 - 2. No () -----> Go to #30
 - 3. Doesn't know () -----> Go to #30
28. Did you seek advice or treatment when (name of the child) was sick or had a hard time breathing?
- 1. Yes ()
 - 2. No () -----> Go to #30
29. Who did you go to for advice/treatment for (name of the child)'s respiratory difficulty? (It's possible that she will give several answers. Write them all down.)
- a. public hospital..... ()
 - b. health center..... ()
 - c. private clinic/doctor..... ()
 - d. community health volunteer..... ()
 - e. traditional birth attendant..... ()
 - f. traditional medicine man..... ()
 - g. drugstore/medicine store/general store.... ()
 - h. relatives and friends..... ()
 - i. others (specify) _____ ()
30. What are the signs or symptoms that (name of the child) is seriously ill when he has a respiratory disease which would make you take him to a health center or hospital? (It's possible that she will give several answers. Write them all down.)

- a. She doesn't know..... ()
- b. He has a hard time breathing or breathes very quickly.... ()
- c. His stomach or the space under his ribs is sunken in..... ()
- d. He has lost his appetite..... ()
- e. He has a fever..... ()
- f. He has a cough..... ()
- g. Others (specify) _____..... ()

Immunizations

31. Has (name of the child) ever been vaccinated?

- a. Yes..... ()
- b. No..... ()
- c. She doesn't know..... ()

32. At what age should (name of the child) receive the measles vaccine?

- 1. Specify in months..... (___/___)
- 2. She doesn't know..... () (99)

33. Do you know the main reason why pregnant women need to be vaccinated against tetanus?

- 1. To protect the mother and the child against tetanus.....()
- 2. To protect only the woman against tetanus..... ()
- 3. To protect only the newborn against tetanus..... ()
- 4. Doesn't know or other..... ()

34. How many vaccines against tetanus should a pregnant woman receive in order to protect her newborn from tetanus?

- 1. One..... ()
- 2. Two..... ()
- 3. More than two..... ()
- 4. None..... ()
- 5. She doesn't know..... ()

35. Do you have (name of the child)'s vaccination card?

- 1. Yes, she has the card..... ()
(You should ask her to show you the card.)
- 2. She lost the card..... () ----> Go to #37
- 3. The child never had one..... () ----> Go to #37

36. Glance through the vaccination card and register the dates of all the

immunizations in the following spaces:

(day/month/year)

1° OPV	1 ^a	____/____/____
	2 ^a	____/____/____
	3 ^a	____/____/____
2° DPT	1 ^a	____/____/____
	2 ^a	____/____/____
	3 ^a	____/____/____
3° Measles		____/____/____
		____/____/____
4° BCG		____/____/____

Read the immunization card and indicate if there is a space to write down the doses of Vitamin A. If there is, -----> go to # 16 and register in the boxes all the dates when the child was given Vitamin A capsules.

Maternal Health

37. Do you have a vaccination card?

- 1. Yes..... ()
- 2. She lost it..... () -----> Go to #39
- 3. She never had one..... () -----> Go to #39

38. Glance through the mother's vaccination card and write down the amount of TT vaccinations in the space below:

- 1. One..... ()
- 2. Two or more..... ()
- 3. None..... ()

39. Are you pregnant at the moment?

- 1. Yes..... () -----> Go to #43
- 2. No..... ()
- 3. She doesn't know..... ()

40. Would you like to have another child within the next 2 years?

- 1. Yes..... ()
- 2. No..... ()
- 3. She doesn't know..... ()

41. Are you presently using some method to avoid getting pregnant?

- 1. Yes..... ()
- 2. No..... () -----> Go to #43

42. What is the main method you and your husband are using to avoid getting pregnant?

1. Women's sterilization (tubal ligation).....()
2. Men's sterilization (vasectomy).....()
3. Injections.....()
4. Contraceptive pills.....()
5. IUD.....()
6. Diaphragm.....()
7. Condom.....()
8. Foam/gel/ovules.....()
9. Amenorrhea through exclusive breastfeeding.....()
10. Rhythm (Billings method).....()
11. Abstinence.....()
12. Coitus interruptus.....()
13. Others (specify) _____.....()

43. After how many months of pregnancy should a woman be under the control of her doctor, nurse or birth attendant? **(Ask her according to months.)**

1. First quarter, 1-3 months..... ()
2. Halfway through the pregnancy, 4-6 months..... ()
3. During the last quarter, 7-9 months..... ()
4. She doesn't need to go to prenatal control..... ()
5. She doesn't know..... ()

44. When you were pregnant with **(name of child)**, did you visit some health center, clinic or hospital for control of your pregnancy?

1. Yes..... ()
2. No..... ()

45. When **(name of child)** was born, who cut his/her umbilical cord?

1. Yourself..... ()
2. A family member.....()
3. The traditional birth attendant..... ()
4. A health professional (doctor or nurse)..... ()
5. Other (Specify) _____..... ()
6. She doesn't know..... ()

6. Trabajadora.....()
 7. Guardería.....()

Lactancia Materna/Nutrición

6. ¿Le está dando pecho a (nombre del niño)?
1. Sí () ----> Vaya a la #9
 2. No ()
7. ¿Le ha dado de mamar alguna vez a (nombre del niño)?
1. Sí ()
 2. No () ----> Vaya a la #10
8. Después del parto, ¿cuándo le dio de mamar a (nombre del niño) por primera vez?
1. Durante la primera hora después del parto....()
 2. De 1 a 8 horas después del parto.....()
 3. Más de 8 horas después del parto.....()
 4. No se acuerda.....()
9. a. ¿Le está dando agua, café o té de hierbas por ejemplo de manzanilla, zacate de limón, anís, canela, naranjo, etc. a (nombre del niño)?
1. Sí ()
 2. No ()
 3. No sabe ()
- b. ¿Le está dando a (nombre del niño) leche de vaca, de cabra, de lata o de soya?
1. Sí ()
 2. No ()
 3. No sabe ()
- c. ¿Le está dando a (nombre del niño) comidas blandas como poleadas, sopas o atoles?
1. Sí ()
 2. No ()
 3. No sabe ()
- d. ¿Le está dando a (nombre del niño) frutas?
1. Sí ()
 2. No ()
 3. No sabe ()

- e. ¿Le está dando a (**nombre del niño**) zanahoria, ayote, mango maduro, melón, papaya o plátano maduro?
1. Sí ()
 2. No ()
 3. No sabe ()
- f. ¿Le está dando a (**nombre del niño**) hojas verdes oscuro, por ejemplo: espinaca, mostaza, culantro, apio, hojas de rábano, de yuca, o de remolacha?
1. Sí ()
 2. No ()
 3. No sabe ()
- g. ¿Le está dando a (**nombre del niño**) carne, pollo o pescado?
1. Sí ()
 2. No ()
 3. No sabe ()
- h. ¿Le está dando a (**nombre del niño**) frijoles tiernos, arroz con frijoles o soya?
1. Sí ()
 2. No ()
 3. No sabe ()
- i. ¿Le está dando a (**nombre del niño**) huevos, queso o quesillo?
1. Sí ()
 2. No ()
 3. No sabe ()
- j. ¿Le está agregando hojas verdes, por ejemplo espinaca, mostaza, apio, culantro, hojas de rábano, de yuca, de remolacha, a la comida de (**nombre del niño**)?
1. Sí ()
 2. No ()
 3. No sabe ()
- k. ¿Le está agregando miel, dulce de panela o azúcar a la alimentación de (**nombre del niño**)?
1. Sí ()
 2. No ()
 3. No sabe ()
- l. ¿Le está agregando manteca o aceite a la comida de (**nombre del niño**)?

- 1. Sí ()
- 2. No ()
- 3. No sabe ()

10. ¿A que edad del niño debe comenzar una madre a darle comida además del pecho?

- 1. Debe comenzar a darle antes de los cuatro meses.....()
- 2. Debe comenzar a darle entre los cuatro y seis meses.()
- 3. Debe comenzar a darle a los seis meses o después....()
- 4. No Sabe.....()

11. ¿Cuáles serían los alimentos que le daría al niño además de la leche materna? (Es posible varias respuestas. Regístrelas todas)

- 1. No sabe.....()
- 2. Frituras, o agregarle aceite a las comidas...()
- 3. Alimentos ricos en vitamina A (Vegetales de pulpa amarillo intenso, o de hojas verde oscuro, huevo).....()
- 4. Alimentos ricos en hierro (Visceras, carnes, legumbres de hojas verde oscuro).....()
- 5. Otros (especifique) ()

12. ¿Qué comidas contienen Vitamina A para evitar "la ceguera"? (Es posible que seleccionen varias respuestas. Regístrelas todas.)

- 1. No sabe u otro ()
- 2. Vegetales de hoja verde oscuro ()
- 3. Vegetales y frutas tipo amarillo oscuro o anaranjadas ()
- 4. Carne/pescado ()
- 5. Leche materna ()
- 6. Yema de huevo ()

Monitoreo de Crecimiento

13. ¿Tiene (nombre del niño) su carnet o gráfica, para el control de peso?

- 1. Sí, tiene carnet () (usted debe ver carnet)
- 2. Perdió el carnet () -----> vaya a la #17
- 3. No, Nunca ha tenido () -----> vaya a la #17

14. Observe la gráfica de crecimiento del niño y registre la siguiente información: ¿se ha pesado al niño durante los últimos cuatro meses?



1. Sí ()
 2. No ()
15. Observe también el carnet de control de crecimiento del niño e indique si en algún espacio están registradas las dosis de Vitamina A.
1. Sí ()
 2. No () -----> Vaya a #17
16. Si es sí, registre en el espacio de abajo todas las fechas en que el niño recibió vitamina A.
 (día/mes/año)
- 1ª (___/___/___)
 2ª (___/___/___)
 3ª (___/___/___)
 4ª (___/___/___)

Enfermedades Diarréicas

17. ¿Ha tenido (nombre del niño) diarrea durante las últimas dos semanas?
1. Sí ()
 2. No () -----> Vaya a la #24
 3. No sabe () -----> Vaya a la #24
18. Durante la diarrea de (nombre del niño) le dio pecho (léale las opciones a la mamá)
1. Más de lo acostumbrado? ()
 2. Igual que lo acostumbrado? ()
 3. Menos de lo acostumbrado? ()
 4. Dejó de darle completamente? ()
 5. Ya no recibía pecho ()
19. Durante la diarrea de (nombre del niño), ¿le dio otros líquidos además de leche de pecho? (léale las opciones a la madre)
1. más de lo acostumbrado? ()
 2. Igual que lo acostumbrado? ()
 3. menos de lo acostumbrado? ()
 4. dejó de darle líquidos completamente? ()
 5. le dio solamente pecho? ()

20. Durante la diarrea de (nombre del niño), ¿le siguió dando su comida normal o alimentos blandos como: atoles y purés? (léale las opciones a la madre)

- 1. más de lo acostumbrado? ()
- 2. Igual que lo acostumbrado? ()
- 3. menos de lo acostumbrado? ()
- 4. dejó de darle comida completamente? ()
- 5. le dio solamente pecho? ()

21. ¿Cuándo (el nombre del niño) tuvo diarrea, qué le dio? (Es posible que seleccionen varias respuestas. Regístrelas todas)

- a. Nada ()
- b. Litrosol ()
- c. Suero casero ()
- d. Atoles de arroz, maicena, poleada ()
- e. Tés, tizanas u otros líquidos ()
- f. medicina antidiarreica o antibióticos ()
- g. otros (especifique) _____ ()

22. Cuando (el nombre del niño) tuvo diarrea, ¿pidió consejo o tratamiento?

- 1. sí ()
- 2. no () -----> Vaya a la #24

23. ¿De quién recibió consejo o tratamiento para la diarrea de (nombre del niño)? (Es posible que seleccionen varias respuestas. Regístrelas todas)

- a. hospital público ()
- b. centro de salud ()
- c. clínica privada/médico ()
- d. farmacia ()
- e. voluntario de salud de la comunidad ()
- f. curandero tradicional ()
- g. partera tradicional ()
- h. familiares y amigos ()
- i. otros (especifique) _____ ()

24. ¿Si (nombre del niño) tuviera diarrea, ¿Qué síntomas de gravedad le harían buscar consejo o tratamiento? (Es posible que seleccionen varias respuestas. Regístrelas todas)

- a. no sabe ()
- b. vómito ()
- c. fiebre ()
- d. boca seca, ojos hundidos, orina menos (deshidratación) ()
- e. diarrea prolongada (14 días por lo menos) ()
- f. sangre en las heces ()
- g. pérdida de apetito ()
- h. debilidad o cansancio ()
- i. otros (especifique) _____ ()

25. ¿Qué cosas importantes debe hacer una madre cuando un niño se está recuperando de diarrea? (Es posible que mencionen varias respuestas. Regístrelas todas)

- a. no sabe ()
- b. darle comida al niño en menor cantidad, pero más frecuentemente ()
- c. darle más comida de lo acostumbrado ()
- d. darle comida con un alto contenido de calorías ()
- e. otros (especifique) _____ ()

Enfermedades Respiratorias

26. ¿Ha estado (nombre del niño) enfermo con tos o dificultad para respirar en las últimas dos semanas?

- 1. sí ()
- 2. no () -----> Vaya a la #30

27. ¿(nombre del niño) respiraba como cansado y más rápido de lo normal cuando se enfermó de tos?

- 1. sí ()
- 2. no () -----> Vaya a la #30
- 3. no sabe () -----> Vaya a la #30

28. ¿Buscó usted consejo o tratamiento cuando (nombre del niño) estuvo enfermo con dificultad para respirar?

1. sí ()
2. no () -----> Vaya a la #30

29. ¿A quién consultó para tratar la dificultad respiratoria de (nombre del niño)? (Es posible que mencionen varias respuestas. Regístrelas todas)

- a. hospital público ()
b. centro de salud ()
c. clínica privada/médico ()
d. voluntario de salud de la comunidad ()
e. partera tradicional ()
f. curandero ()
g. farmacia/venta de medicinas/pulpería ()
h. familiares y amigos ()
i. otros ()

30. ¿Cuáles son las señales o síntomas de gravedad cuando (nombre del niño) se enfema del pecho que le harían llevarlo a un centro de salud u hospital? (Es posible que mencionen varias respuestas. Regístrelas todas)

- a. no sabe ()
b. le cuesta respirar o respira muy rápido ()
c. cuando se le hunden los vacíos o debajo de las costillas ()
d. ha perdido el apetito ()
e. tiene fiebre ()
f. tiene tos ()
g. otros (especifique) _____ ()

Inmunizaciones

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

- a. sí ()
b. no ()
c. no sabe ()

32. ¿A qué edad (nombre del niño) debería recibir la vacuna de sarampión?

1. especifique en meses (____/____)
2. no sabe () (99)

33. ¿Sabe usted cual es la principal razón de por qué las mujeres embarazadas necesitan ser vacunadas contra el tétanos?
1. para proteger a la madre y al niño contra el tétanos. ()
 2. para proteger solamente a la mujer contra el tétanos. ()
 3. para proteger solamente al recién nacido contra el tétanos. ()
 4. no sabe u otro ()
34. ¿Cuántas vacunas contra el tétanos debe recibir una mujer embarazada para proteger a su recién nacido de tétanos?
1. una ()
 2. dos ()
 3. más de dos ()
 4. ninguna ()
 5. no sabe ()

35. ¿Tiene usted el carnet de vacunas de (nombre del niño)?
1. sí, tiene carnet () (usted debe ver el carnet)
 2. perdió el carnet () ----> Vaya a la #37
 3. nunca tuvo uno () ----> Vaya a la #37

36. Observe el carnet de vacunación y registre las fechas de todas las inmunizaciones en el espacio correspondiente:

(día/mes/año)

1º	OPV	1ª	___/___/___
		2ª	___/___/___
		3ª	___/___/___
2º	DPT	1ª	___/___/___
		2ª	___/___/___
		3ª	___/___/___
3º	Sarampión		___/___/___
4º	BCG		___/___/___

Observe la tarjeta de inmunización e indique si hay un espacio para anotar las dosis de Vitamina A. Si hay, ----> vaya a la #16 y anote en los cuadros todas las fechas cuando se le administró cápsulas de Vitamina A a este niño.

Salud Materna

37. ¿Tiene usted su carnet de vacunas?

1. sí ()
2. lo perdió () -----> Vaya a la #39
3. nunca tuvo uno () -----> Vaya a la #39

38. Observe el carnet de vacunas de la madre y anote el número de vacunaciones de TT en el espacio de abajo:

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

39. ¿Está usted embarazada ahora?

1. Sí () -----> Vaya a la #43
2. No ()
3. No Sabe

40. ¿Quisiera usted tener otro hijo en los próximos 2 años?

1. Sí ()
2. No ()
3. No Sabe ()

41. ¿Está usted ahora usando algún método para no salir embarazada?

1. sí ()
2. no () -----> Vaya a la #43

42. ¿Cuál es el principal método que usted y su esposo están usando para no salir embarazada?

1. Ligadura de las Trompas (operación en la mujer) ()
2. Vasectomía (operación en el hombre) ()
3. Inyecciones ()
4. Pastillas anticonceptivas ()
5. Dispositivos Intra Uterino (anillo) ()
6. Diafragma ()
7. Condón ()
8. Espuma/gelatina/Ovulos ()
9. Método de amenorrea por lactancia (Lactancia Materna Exclusiva) ()
10. Método del Ritmo (Billing) ()
11. Método de abstinencia ()
12. Coito interrumpido ()
13. Otros (especifique) _____ ()

43. ¿A los cuántos meses de embarazo una mujer debe ponerse en control con su médico, enfermera o partera?

(Indague por meses)

1. Primer trimestre, 1-3 meses ()
2. A la mitad del embarazo, 4-6 meses ()
3. En el último trimestre, 7-9 meses ()
4. No necesita ir a control prenatal ()
5. No sabe ()

44. Cuando estuvo embarazada de (nombre del niño), visitó algún Centro de Salud, clínica u hospital para el control de su embarazo?

1. Si ()
2. No ()

45. Cuando nació (nombre del niño), quién le cortó el ombligo?

1. Usted misma ()
2. Un miembro de la familia ()
3. La partera ()
4. Un profesional de salud (médico o enfermera) ()
5. Otro (especifique) _____ ()
6. No sabe ()

Fecha Nueva Entrevista / /9
(d/ m/ a)

Nombre del Entrevistador _____

Nombre del Supervisor _____

Comunidad _____

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WORLD RELIEF (AUXILIO MUNDIAL) DE HONDURAS
PROGRAMA DE SALUD

**Investigación sobre Conocimientos Prácticos y Cobertura (CPC)
Selección de 30 Conglomerados para Estudio de CPC del PSI-EI Paraíso
A Realizarse en la Primera Quincena de Diciembre de 1995**

No.	Comunidad	Poblac. 1995	Poblac. Acumul.	LISTA DE SELECCION	
				No. de Selección	No. Congl.
1	Morocelf	2,994	2,994	364	1
2	Las Minas (M)	42	3,036		
3	El Ocotal (M)	45	3,081		
4	El Carrizal (M)	102	3,183		
5	El Plan (M)	184	3,367		
6	El Llano (M)	150	3,517		
7	Las Posas (M)	181	3,698		
8	Valle Arriba (M)	259	3,957		
9	Mesías (M)	180	4,137		
10	Los Limones (M)	447	4,584		
11	El Suyate (M)	414	4,998		
12	El Retiro (M)	254	5,252	5,047	2
13	Buenas Noches (M)	396	5,648		
14	El Chile (M)	414	6,062		
15	Mata de Plátano (M)	423	6,485		
16	El Chaguite (M)	180	6,665		
17	La Providencia (M)	76	6,741		
18	Condega (M)	84	6,825		
19	Nahuara (M)	175	7,000		
20	Yuscarán	2,190	9,190		
21	El Ocotal (Y)	609	9,799	9,730	3
22	Laínez (Y)	380	10,179		
23	El Teñidero (Y)	449	10,628		
24	El Zarsal (Y)	272	10,900		
25	Agua Fría (Y)	160	11,060		
26	El Rodeo (Y)	120	11,180		
27	El Tamarindo (Y)	149	11,329		
28	El Pericón (Y)	192	11,521		
29	La Crucita (Y)	160	11,681		
30	Las Crucitas (Y)	645	12,326		
31	Robledal (Y)	427	12,753		
32	El Cordoncillo (Y)	308	13,061		
33	Cidra - Vachán (Y)	404	13,465		
34	Tatumbia	901	14,366		
35	Linaca (T)	1,434	15,800	14,413	4
36	Cofradía (T)	451	16,251		
37	La Lima (T)	492	16,743		
38	Plan La Lima (T)	328	17,071		
39	El Rodeo (T)	286	17,357		
40	El Ciprés (T)	205	17,562		
41	Santa Lucía	2,277	19,839	19,096	5

42	El Chimbo (S.L)	1,277	21,116		
43	Sarabanda (S.L)	445	21,561		
44	Montana El Eden (S.L)	373	21,934		
45	El Ciprés (S.L)	153	22,087		
46	Qubrada Honda (S.L)	125	22,212		
47	Sabaneta (S.L)	88	22,300		
48	Agua Podrida (S.L)	112	22,412		
49	El Tunel (S.L)	108	22,520		
50	Valle de Angeles	3,700	26,220	23,779	6
51	Cerro Grande (V.A)	812	27,032		
52	El Retiro (V.A)	362	27,394		
53	Montaña Grande (V.A)	362	27,756		
54	Macuellzo (V.A)	542	28,298		
55	Las Cañadas (V.A)	993	29,291	28,462	7
56	Liquidambar (V.A)	270	29,561		
57	La Mina (V.A)	593	30,154		
58	El Sauce (V.A)	270	30,424		
59	Los Corrales (V.A)	90	30,514		
60	San Juan de Flores	3,088	33,602	33,145	8
61	El Naranjal (S.J.F)	738	34,340		
62	Sabaneta (S.J.F)	242	34,582		
63	Pajarillo (S.J.F)	405	34,987		
64	San José de Ramos (S.J.F)	333	35,320		
65	Chandala (S.J.F)	422	35,742		
66	Cerro Bonito (S.J.F)	282	36,024		
67	El Carbón (S.J.F)	347	36,371		
68	El Ocote (S.J.F)	280	36,651		
69	El Jicarito (S.J.F)	275	36,926		
70	Poncaya (S.J.F)	148	37,074		
71	El Bosque (S.J.F)	140	37,214		
72	Sicaguara (S.J.F)	175	37,389		
73	Suyapa (S.J.F)	143	37,532		
74	Villa de San Francisco	4,983	42,515	37,828 + 42,511	9, 10
75	Guadalajara (V.S.F)	663	43,178		
76	Quebrada Grande (V.S.F)	101	43,279		
77	Granadilla (V.S.F)	107	43,386		
78	Guanacaste (V.S.F)	268	43,654		
79	Guaruma (V.S.F)	124	43,778		
80	El Hato (V.S.F)	124	43,902		
81	La Meza (V.S.F)	225	44,127		
82	El Coyolito (V.S.F)	748	44,875		
83	El Pedregal (V.S.F)	328	45,203		
84	Talanga (*)	11,618	56,821	47,194 + 51,877 + 56,560	11, 12, 13
85	Guaymaca (*)	7,694	64,515	61,243	14
86	El Manchén	1,892	66,407	65,926	15
87	Villa Delmi (E.M)	1,307	67,714		
88	Azcona (E.M.)	1,156	68,870		
89	Suazo Córdoba (E.M.)	1,745	70,615	70,609	16
90	San Pablo (E.M)	2,687	73,302		
91	Reparto Abajo (E.M)	5,138	78,440	75,292	17
92	Reparto Arriba (E.M)	4,194	82,634	79,975	18
93	El Sitio (E.M)	3,923	86,557	84,658	19

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94	La Fraternidad (E.M)	1,515	88,072		
95	Guillén (E.M)	4,346	92,418	89,341	20
96	Santa Rosa (E.M)	4,014	96,432	94,024	21
97	La Tigra (E.M)	789	97,221		
98	Loma Las Minutas (E.M)	1,231	98,452		
99	El Rincón (E.M)	1,731	100,183	98,707	22
100	Modesto Rodas (E.M)	1,754	101,937		
101	El Cerrito (E.M)	1,139	103,076		
102	Villas del Río (E.M)	983	104,059	103,390	23
103	F. Calderón (E.M)	889	104,948		
104	Casamata (E.M)	3,168	108,116	108,073	24
105	Altos de la Cabaña (E.M)	1,237	109,353		
106	El Bosque	5,038	114,391	112,756	25
107	Buenos Aires (E.B)	6,429	120,820	117,439	26
108	Buena Vista (E.B)	434	121,254		
109	La Cabaña (E.B)	2,689	123,943	122,122	27
110	Las Canteras (E.B)	1,237	125,180		
111	El Edén (E.B)	1,837	127,017	126,805	28
112	Japón (E.B)	792	127,809		
113	La Leona (E.B)	4,152	131,961	131,488	29
114	El Mirador (E.B)	924	132,885		
115	El Picachito (E.B)	1,111	133,996		
116	Los Tubos (E.B)	1,160	135,156		
117	El Carpintero (E.B)	1,237	136,393	136,171	30
118	Casa Quemada (E.B.)	258	136,651		
119	Brisas del Picacho (E.B)	612	137,263		
120	Colonia Viera (E.B)	735	137,998		
121	La Finca (E.B)	135	138,133		
122	Las Crucitas (E.B)	502	138,635		
123	El Hatillo (E.B)	926	139,561		
124	El Rincón (E.B)	72	139,633		
125	El Trigo (E.B)	92	139,725		
126	Lo de Ponce (E.B)	110	139,835		
127	Corralitos (E.B)	406	140,241		
128	Altos del Hatillo (E.B)	253	140,494		

Observaciones:

- (*) Población de 1995 que corresponde sólo a las cabeceras municipales proyectadas del censo de población y vivienda de 1988. SECPLAN
- M= Comunidades de Morocelí; Y= Comunidades de Yuscarán; T= Comunidades de Tatumbla
S.L.= Comunidades de Santa Lucía; V.A= Comunidades de Valle de Angeles;
S.J.F = Comunidades de San Juan de Flores; V.S.F= Comunidades de la Villa de San Francisco;
E.M.= Colonias y Barrios del Centro de Salud de El Manchén; EB= Colonias y Barrios del Centro de Salud de El Bosque.

3. Intervalo de Muestreo= $\frac{140,494}{30} = 4,683$

4. Número al Azar= 0364

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