

PEACE CORPS



April 16, 1987

MEMORANDUM

TO: Douglas Frago, Country Director/Guatemala
Jill Carty, APOD/Guatemala

THROUGH: Mary Killeen Smith, Director/OTAPS
Jim Ekstrom, Director of Program Support/OTAPS

FROM: Peggy Meites, Nutrition Specialist/OTAPS

SUBJECT: Peace Corps Guatemala Child Survival Conference and Growth Monitoring IST

We would like to express our appreciation to both you and your staff for your willingness to take on and successfully implement the Child Survival Conference and Growth Monitoring IST. We were particularly pleased with the active role of the MOH in the conference, as partners in designing and conducting the IST, the collaboration with PVOs and the use of in-country technical resources such as INCAP.

It is always difficult to initiate new models for Government collaboration and new training directions. We fully support your approach and feel it will strengthen both PCH/MOH programs. Jill Carty's recent cable citing the MOH follow-up to the IST, ie; site visits to observe growth monitoring, development of a growth monitoring manual and interest in using PCVs as trainers in MOH/CARE growth monitoring training, are certainly an excellent testimonial to the impact of the IST.

In addition to the enclosed original report, translated from Spanish, we asked the consultant, Judith Ann McNulty, to provide us with an evaluation of the training process and a list of recommendations in regards to conducting the IST with PC/HCN training teams. This report is also enclosed. We would be most interested in having any additional information on insights on integrating HCNs into the PC training process and follow-up on the IST.

Again thank you for the cooperation and willingness to experiment. Look forward to your next steps.

cc: Robert Clay, Health Advisor, USAID
John Grant
Ike Hatchimonji, Agricultural Officer, USAID
Jose Velasco, Regional Director/IA
Katie Wheatley, Country Desk Officer/Guatemala
Judith Ann McNulty

806 Connecticut Ave., N.W. Washington, D.C. 20526

*Sallie Jan 4/17
Mike NL handles have
as to share for
PC activities
CS and GM.
An example of
future directions
discussed in
Peggy's memo.
Jill*

105

FINAL REPORT

Staff Conference - Child Survival
and
Growth Monitoring Workshop

Guatemala

February/March, 1987

Judiann McNulty, Consultant

STAFF CONFERENCE

The overall goal of the Staff Conference was to promote cooperation between private voluntary organizations, international agencies, and the Ministry of Health with particular regard to the Child Survival Program. Peace Corps took the initiative in promoting, planning, and executing the conference. Their role during the conference itself was that of facilitator. They were assisted in the planning and execution stages by a representative from the Ministry of Health. The Nutrition Institute of Central America and Panama (INCAP) became a sponsor in the final stages and provided a representative to assist with planning the agenda and the group work exercise.

The conference was held in Antigua Guatemala on February 26 and 27, 1987. The pleasant accommodations in the chosen hotel with its new conference facilities provided an element of added significance.

The Ministry of Health and INCAP provided the lists of PVO'S and international agencies to be invited. Of the 33 originally invited, 18 attended and substitutions were made for others bringing the attendance from that sector to 21. Fourteen officials from the Ministry of Health and seven persons from Peace Corps including both staff and volunteers also attended. A list of participants is attached.

The agenda for the first day included presentations by MOH officials on the need for a Child Survival program in Guatemala and basic data on specific components including immunizations and growth monitoring. A panel of the major international agencies present (CARE, PAHO, UNPFA, AID, and INCAP) explained their role in Guatemala's child survival program and related efforts.

107

On the second day, conference participants were divided into groups by geographic region or area of specialty and asked to suggest ways in which they could assist the MOH in various aspects of Child Survival. In the second session of the day, after briefly summarizing the activities and objectives of their particular agency, they were asked to discuss ways in which they might help each other to attain more efficiency in their efforts with less duplication. At the end of these sessions, each working group presented their suggestions and recommendations to the MOH.

An over-riding concern was the lack of communication with the Ministry. Another consensus was that the problems in cooperating are most frequently encountered at the local level. Discrepancies in programming activities within the Ministry itself were pointed out. Lack of flexibility in accepting PVO offers of cooperation was another issue. Overall, the PVO's indicated a strong willingness to cooperate with the MOH where possible.

The Ministry responded by emphasizing the relatively new role of a coordinator with PVO's. That individual, Caesar Aquilar, explained the need for establishing more formalized agreements between the MOH and PVO's which would enable the Ministry to reciprocate any cooperation by arranging for the importation of vehicles and acquisition of visas of foreign personnel. The coordinator expressed a desire for direct contact with each PVO and an interest in gaining a better understanding of their objectives and programs. The MOH is very interested in learning from the experience of the PVO's and sharing ideas.

A suggestion was made to form an advisory committee made up of PVO representatives, but this move encountered resistance from the Ministry and the idea was dropped. The MOH did not make any commitment as to how they intend to follow-up the conference.

RECOMMENDATIONS:

1. As suggested by the representative of PAHO, Peace Corps could encourage the MOH coordinator of PVO s to publish a regular newsletter. This would not only establish tangible communication, but would also encourage the Ministry to finalize plans and dates for events such as vaccination campaigns well in advance.
2. Since most of the PVO s felt that the problems in cooperation arise at the local level, the Ministry of Health and Peace Corps could follow-up now by arranging local level meeting involving not only MOH and PVO field staff but also community officials. Misunderstanding and doubts could be talked out and more concrete plans for cooperation made at that level.
3. If a consultant is deemed necessary for any future staff conferences, he/she should be sent two to three weeks in advance to participate in the actual planning and to carry out the arrangements. This would be a more significant role and would minimize problems of transition from the APCD.
4. An alternative to sending a consultant would be to form a PVO - PCV committee to share the planning and preparations. A two-member PCV team was activated three days prior to the conference. Besides providing a learning experience for them and distributing responsibilities, their assistance was invaluable.
5. The efforts of the MOH-assigned co-planner and the INCAP person who assisted in the final phase of planning were exemplary. Host country nationals such as these individuals should be included in planning any future staff conferences.
6. The APCD involved in this project commented that pre-planning activities were initiated in November and by January first, three key MOH officials had been changed resulting in a necessary repetition in many efforts. The month or six weeks prior to the conference would be the most effective planning time for such an event.

SEMINAR - WORKSHOP ON Child Survival

Antigua, Guatemala

26-27 February 1987

AGENDA

Thursday 26 February

<u>TIME</u>	<u>ACTIVITY</u>
08:00-09:00	Inscription
09:00-09:30	Coffee
10:00-10:15	Introduction of participants
10:15-10:30	Objectives and methodology of seminar Licda. Margarita de Alonzo, Maternal-Infant Dept.
10:30-11:15	Conference: "The need for a child - survival plan in Guatemala" Dr. Gonzalo Saenz Aguilar, Chief Executive Unit of Applicable Programs
11:15-12:00	Conference: "The importance of and components of the child-survival plan" Dr. Juan José Hernandez, Coordinator Child -Survival and Chief of the Maternal-Infant Dept.
12:00-12:45	Conference: "Growth Monitoring" Lic. Luis Ariza, Department of Nutrition
12:45-14:00	Lunch
14:00-14:45	Conference "Description of Immunization Program" Dr. Otto Zeissig, Chief of the Division of Vigilence and Control of Diseases

110

14:45-15:30

Conference:

"The need for a intersectorial coordination for the national plan of the Child survival"

Lic. Cesar del Aguila, Chief
Unidad Coordinadora de Instituciones no Gubernamentales
(Coordination Unit of Non-Governmental Institutions)

Prof. Hector Barrios, Extracurricular Education

16:16-16:30

Recess

16:30-17:30

Panel:

PAHO - Dr. Edilberto Antezana
AID - Lcda. Lilliana Ayalde
CARE - Lcda. Heather Nesbitt
INCAP - Dr. Adan Montes

"Support from the External Cooperative Agency to the National Plan for Infant Survival"

Friday 27 February

08:00-08:30

Group Organization

08:30-10:00

Working Group I

"Coordination of the Non-governmental Organizations with the Ministry of Public Health"

10:00-10:15

Recess

10:15-12:30

Working Group II

"Coordination between the Non-governmental Organizations"

12:30-14:00

Lunch

14:00-15:30

Conclusions and recommendations, comments, suggestions
Dr. Juan Jose Arroyo Hernandez, Chief Dept. Maternal-Infant

15:30-15:45

Establishment of a contract coordination
Lic. Cesar del Aguila, Chief, Coordination Unit of the Non-Governmental Institutions

15:45-16:30

Closure

111

LISTA DE PARTICIPANTES EN CONFERENCIA DE

SOBREVIVENCIA INFANTIL

Febrero 26-27, 1987

Antigua, Guatemala

MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL

1. Dr. Pablo Werner Ramírez,
Viceministro de Salud Pca. y Asistencia Social
Vice-minister of Public Health and Social Assistance
2. Dr. Byron Sisniega,
Asesor de la Dirección Gral. de Servicios de Salud
Advisor of the General Direction of Health services.
3. Dr. Otto Zeissig Bocanegra,
Jefe División de Vigilancia y Control de Enfermedades
Division Chief of Vigilance and Control of Diseases
4. Dr. Juan José Arroyo,
Coordinador del Programa Supervivencia Infantil
Coordinator of Child Survival Program
5. Dr. Eduardo Tejada de la Vega,
Jefe Regional
Regional Chief
6. Sr. César del Aguila,
Jefe Unidad Ejecutora de Instituciones No Gubernamentales
Chief of Executive Unit of Non-government Institutions (PVO's)
7. Dr. Gonzalo Sáenz Aguilar,
Jefe Unidad Ejecutora de Programas Aplicativos
Chief of the Executive Unit of Applied Programs
8. Dr. Julio Cabrera,
Jefe Unidad de Programas Específicos
Chief of the Unit of Specific Programs
9. Licda. Cristina Martínez, Nutritionist
División de Recursos Humanos
Division of Human Resources
10. Licda. Margarita de Alonzo, Nutritionist
Programa Supervivencia Infantil
Child Survival Program
11. Lic. Luis Ariza Solís, Nutritionist
Depto. de Nutrición
Nutrition Department
12. Dr. Raúl Rosemberg,
Unidad de Planificación Familiar, Depto. Materno Infantil
Family Planning Unit, Maternal-Child Health Department
13. Dr. Enrique Molina
14. T.S. Nelly Méndez,
Depto. Materno Infantil
Department of Maternal-Child Health

NACIONES UNIDAS (UNFPA)

15. Srita. Lucrecia Alegría

FACULTAD DE MEDICINA - UNIVERSIDAD DE SAN CARLOS DE GUATEMALA

Faculty of Medicine - University of San Carlos of Guatemala

16. Dr Ernesto Velásquez,
Centro de Investigaciones de Ciencias de la Salud17. Dr. Mario Figueroa Alvarez,
Coordinador del Programa Materno Infantil, Fase IIIA I D18. Licda. Lilibiana Ayalde,
Jefe de la Oficina de Desarrollo de Recursos Humanos
Director of the Office for Development of Human ResourcesINCAP

19. Dr. Adán Montes

VISION MUNDIAL INTERNACIONAL - World Vision International20. Licda. Emma Domínguez,
Técnico en Educación para la Salud

21. Licda. Mirna Acevedo

22. Sr. Hugo Arana

OPS/OMS - PanAmerican Health Organization/World Health Organization

23. Dr. Edilberto Antezana, Oficial Médico

CARE

24. Lic. Edward Brand, Director

25. Licda. Heather Nesbitt, Jefe del Programa de Alimentos

26. Licda. Donna Frago, Coordinadora Proyecto de Monitoreo y Supervisión

PROYECTO HOPE/QUETZALTENANGO - Project HOPE

27. Lic. Clifford Sanders

CLUB DE LEONES GUATEMALA, C.A. - Lions Club of Guatemala

28. Dr. Carlos Umaña Rodríguez

CHRISTIAN CHILDREN'S FUND

29. Dr. Augusto Contreras Argueta, Encargado Programa Salud y Nutrición

MEDICOS SIN FRONTERAS - SUIZA - Medics Sans Frontiers - Switzerland

30. Sr. Daniel Listir

MEDICOS SIN FRONTERAS - FRANCIA - Medics Sans Frontiers - France

31. Sr. Christopher Rondeleux

32. Sra. Aurelia Rondeleux

113

APROFAM - (National Family Planning Institute)

33. Dr. Carlos Fernando Contreras

PATRONATO PRO-NUTRICION INFANTIL - Foundation for Infant Nutrition

34. T.S. Arlina de Sánchez

ASECSA/CHIMALTENANGO - Association of Community Health Services

35. Sr. Florentín Tejaxun

HOSPITAL SANTIAGUITO/SOLOLA - Project Concern International

36. Srita. Betsy Alexander

FUNDACION PEDIATRICA GUATEMALTECA - Association of Guatemalan Pediatricians

37. Sra. Rebeca de Montalván

38. Arquitecto Nery Hernández

MIRANDA ASOCIADOS, S.A. - Peace Corps Pre-training39. Alexander Haartz,
Entrenador TécnicoLA LIGA DE LA LECHE - The Leche League

40. Maryanne Stone

41. Robin Archer

DECORACIONES JAUZEL (Factory that is making the Nabarro graphs for MOH)

42. Sr. Salvador Hernández

CUERPO DE PAZ/GUATEMALA - Peace Corps

43. Lic. Howard Lyon, Director Interino

44. Lica. Jill Carty, Directora Programas de Salud

45. Lica. Stacy Sloan, Directora Interina Programa de Salud Comunitaria

46. Cheryl Gutowsky, Nutricionista

47. Cynthia Robillard, Nutricionista

48. Jane King, Nutricionista

49. Licda. Judiann McNulty, Conferencista

INSTITUCIONES INVITADAS QUE NO PARTICIPARON EN EVENTO

1. Facultad de Medicina - Universidad Francisco Marroquín
2. ROCAP
3. UNICEF
4. ASINDES
5. SOCIEDAD PROTECTORA DEL NIÑO - Society of Protection of Children
6. MEDICOS DEL MUNDO - Doctors of the World
7. CLINICA BEHRHORST/CHIMALTENANGO
8. AGROSALUD
9. CDAG (Clínica Médica)
10. Ministerio de Agricultura
11. Médico de Bananera, Izabal

114

IN-SERVICE TRAINING ON GROWTH MONITORING

PLANNING

The planning team was made up of three nutritionists from the Ministry of Health and the consultant. The MOH nutritionists named by their respective departments were Luis Ariza from the Nutrition Section, Cristina Martinez from Recursos Humanos, and Margarita de Alonzo from Materno-Infantil. Luis is the only one directly involved in the Ministry's current growth monitoring program, which is being implemented in cooperation with CARE. He is the one who will be responsible for training MOH personnel in growth monitoring.

All three nutritionists received their academic training at INCAP with all successive work experience being in the MOH. Margarita had previously completed teacher's training, and Luis is currently completing his Masters in Nutrition at the University of San Carlos. Assessment of their training experiences and skills was done by interviewing a former co-worker, CARE personnel and two individuals from INCAP who have observed them.

Planning sessions were held in the conference room of the Materno-Infantil office. The team met for an average of six hours on each of five days and also completed assignments at home at night.

On the first day of the planning session, the team defined objectives for their work and for the workshop. They also set a work schedule for themselves and began to review materials. On the second day, four Peace Corps volunteers came at the invitation of the APCD to share their assessment of current growth monitoring activities and training. Each of the PCV s to participate in the workshop submitted a written assessment of their nurse and promotor counterpart's skills in growth monitoring and nutrition education. These were used in lieu of a pre-test.

That afternoon and the following morning, discussion centered around the objectives and merits of the two different methodo-

logies for growth monitoring being espoused by the Ministry of Health. These are weight for age and weight for height using the Nabarro-McNab graph. In an effort to minimize misunderstanding and confusion of children's parents, the team recommended to Materno-Infantil a change in the format and color-coding of the weight for age charts given to the parent. Both CARE and INCAP representatives contributed to these discussions.

On Wednesday afternoon, representatives from the health committee of the village selected to provide field experience for the workshop participants arrived to help in planning that activity. Thursday was devoted to revising the agenda, discussing content, and developing formats for a community diagnosis and interviews of mothers. On Friday, the team met to review lesson plans, discuss teaching methods, and plan final details.

EXECUTION OF IN-SERVICE

The in-service training for growth monitoring and nutrition education was held at a hostel near Antigua Guatemala from March 9 - 12. Eleven Peace Corps volunteers, eleven health promoters, one social worker, one health technician, and seven auxiliary nurses participated. A supervisor from CARE attended and provided valuable input and assistance.

All of the PCV s attending are within a few months of terminating. They were asked to provide on-going evaluation of workshop content, activities, and training methodologies. They were utilized as group leaders, and asked to prepare or participate in specific activities. Two of the volunteers had been put in charge of logistics and detail work the proceeding week and continued as assistants throughout the workshop. Their help was a great asset in carrying out the workshop.

Presentations and group exercises on the first day led the participants to analyze their local diet, discuss the causes and consequences of malnutrition, and to focus on the factors

in the community and within families which lead to malnutrition and poor health. The food systems calendar and a community diagnosis were presented as tools with which to detect these underlying factors in an effort to solve them and hence, prevent malnutrition.

The second day was devoted to a discussion of the objectives of growth monitoring, an explanation of the two methodologies, and interpretation of the data, followed by several hours of practical experience in a nearby day care center.

On Wednesday morning, topics which should be covered in counselling mothers were outlined. These included pre-natal care and nutrition, infant feeding, and utilization of CARE food. Recuperation of malnourished children was briefly discussed. In the afternoon, the entire group was transported to a village where they conducted a community diagnosis, interviewed mothers, and weighed and measured children in their homes.

On the final day, participants were asked to develop plans for implementing a growth monitoring program in their community. This served also as an evaluation of what they had learned in the course. Each participant also completed a formal evaluation of the course. Their comprehension and skills will have to be evaluated over time in their work sites.

FINALIZATION OF TRAINING PLAN

Each morning during the workshop, participants were involved in oral exercises to assess their comprehension of the previous day's content. These evaluations, their formal evaluation, the PCV's on-going comments, and the training team's own assessments were all used as a basis for making a final draft of the proposed training plan. This was completed on the same day the workshop ended while it was still fresh in everyone's mind. A major consideration was to condense the important material

to fit a shorter time frame which would be feasible for training MOH personnel. Another consideration in making the final plan, was adapting methodology to be used in a rural site with limited facilities and equipment. The final plan which is attached may be adopted by CARE and the MOH for their future training in growth monitoring.

RECOMMENDATIONS AND CONCLUSIONS

1. Planning sessions should be held in a quiet place apart from the Direccion General or the Peace Corps Office to avoid interruptions and distractions.
2. No agenda should be written up before the planning/training session. The set time frame and pre-determined content limited flexibility for planning the most effective IST. All of the trainers felt the subject could have been covered in less time.
3. The cooperation and participation of the PCV's in this IST were excellent. Ideally, the volunteers who have more time left in the country would benefit more and would be able to follow-up longer with their promoters and auxillary nurses.
4. For the IST field trip to the village, rental of a microbus would have expediated that activity considerably.
5. CARE, INCAP, and UNICEF could have been more involved in determining training strategies, objectives, and content. This would have necessitated making arrangements far in advance.
6. This IST might have been better planned as an event entirely separate from the staff conference, thus giving the APCD and the consultant a few days prior to the planning session to devote attention to pre-planning activities.

AGENDA

WORKSHOP ON GROWTH MONITORING

Artigsa, Guatemala
March 9-12, 1987

TIME	MONDAY 9	RESPONSIBLE PERSON	TUESDAY 10	RESPONSIBLE PERSON	WEDNESDAY 11	RESPONSIBLE PERSON	THURSDAY 12
7:00 8:00	BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST
8:00 9:00 9:45	Welcome Presentation of the workshop's objectives Working groups Exploration of the daily consumption in the communities	Luis Ariza Margarita de Alonzo Cristina Martinez	Growth Monitoring - Objectives - Growth Chart - Age weight - Data entry	Luis Ariza	Nutrition of the pregnant mother Introduction of solid foods to small children	Margarita de Alonzo Cristina Martinez	Elaboration of the Action and presentation of the Plan
9:45 10:00	RECESS		RECESS		RECESS		RECESS
10:00 12:30	Adequate diet Utilization of available foods Improvement of the availability of foods at community and family level	Margarita de Alonzo Cristina Martinez	Data Interpretation Preparation of the field practice	Luis Ariza Manuel Marroquin	Nutrition of child with on risk of malnutrition Recuperation of the malnourished child Utilization of the foods supply by CARE	Luis Ariza Cheryl Cutowsky	Recommendations and conclusions Closure (Luis Ariza)
12:30 14:00	LUNCH		LUNCH		LUNCH		LUNCH
14:00 16:00	Malnutrition Health and community problem identification	Cristina Martinez Margarita de Alonzo	Practice and standardization in a child care center	Luis Ariza	Community Practice	Luis Ariza and group	
16:00 16:15 16:15	RECESS		RECESS		RECESS		RECESS
16:15 18:00	Film: Hungry Angels		Discussion of practice and found situations	Group	Practice summary Socio-drama	Group	
19:00	DINNER		DINNER		DINNER		DINNER
20:00	Food lottery	Cheryl Cutowsky Marianne Joyce			Film		

LISTA DE PARTICIPANTES EN TALLER "MONITOREO DE CRECIMIENTO"

MARZO 9-12, 1987

1. Lynne Varney, Centro de Salud, San Raimundo, Guatemala
 - a. Norma Marroquín de Castillo, Trabajadora Social, Centro de Salud, San Raimundo
 - b. Agustín Figueroa Estrada, Promotor de Salud
2. Cynthia Robillard, Centro de Salud, San Pedro Sacatepéquez, Guatemala
 - a. María Dolores Hernández, Auxiliar de Enfermería, Centro de Salud, San Pedro Sacatepéquez
 - b. Gladys García del Cid, Promotora de Salud
3. Jane King, Centro de Salud, San Pedro Ayampuc, Guatemala
 - a. Sofía A. de Muralles, Auxiliar de Enfermería, Aldea La Lagunilla
 - b. Sandra Maribel Muralles Muralles, Promotora de Salud
4. Cheryl Gutowsky, Nueva Chinautla, Guatemala
 - a. Rosa Marina del Cid, Promotora de Salud
 - b. Enriqueta López de Alvarado, Auxiliar de Enfermería, Centro de Salud, Nueva Chinautla, Guatemala
5. Brenda Brown, Centro de Salud, San Juan Sacatepéquez, Guatemala
 - a. Ricardo Pirir, Promotor de Salud
 - b. Carlos Humberto Ceren Yanez, Auxiliar de Enfermería, Puesto de Salud Los Pirires, San Juan Sacatepéquez
6. Ann Heffernan, Centro de Salud, Sansare, El Progreso
 - a. Elva Arcely de Paz, Promotora de Salud
 - b. Rodolfo Méndez Juárez, Técnico en Salud Rural, Centro de Salud, Sansare
7. Mary Feagin, Centro de Salud, San Antonio La Paz, El Progreso
 - a. Hortencia Morales de Osorio, Promotora de Salud
 - b. Sóstenes Morataya, Promotor de Salud
8. Lawrence Pontrelli, Centro de Salud, Morazán, El Progreso
 - a. Janet Estrada, Promotora de Salud
 - b. Victoria Romero Guzmán, Auxiliar de Enfermería, Morazán
9. Richard Backman, Centro de Salud, San Agustín Acasaguastlán, El Progreso
 - a. Sandra Quintana, Auxiliar de Enfermería, Centro de Salud, San Ag. A.
 - b. Lucida Eneida Hernandez Lopez, Promotora de Salud
10. Marianne Joyce, Puesto de Salud, Panquix, Totonicapán
 - a. Magdalena García López, Auxiliar de Enfermería, Puesto de Salud, Panquix
 - b. Miguel Rafael Tzoc García, Promotor de Salud

120

TRAINING PLAN OF GROWTH MONITORING

1. **Malnutrition**
 - a. **Symptoms:**
 - Protein-energy malnutrition
 - Anemia
 - b. **Consequences:**
 - Loss of size (stunting)
 - Slow physical and mental development
2. **Adequate diet**
 - a. Daily community consumption
 - b. Better reach of food at family and community level
 - c. The diet of pregnant and lactating women
 - d. Introduction of solid food to small children
 - e. Feeding children that are at risk of malnutrition
3. **Conditional factors of malnutrition**
 - a. **Community**
 - Environmental health
 - b. **Family**
 - Economic, social and cultural factors
 - c. Infections, parasites, other diseases, transmittable diseases and immunizations
 - d. Availability of food
 - e. Diagnosis of the nutrition and health situation, utilization of a community study and interviews
4. **Human relations between the health worker and patients**
5. **Growth monitoring**
 - a. Objectives
 - b. Anthropometric measurements
 - Growth chart and weight for age
 - Process explanation
 - c. Registration and interpretation of data
 - d. Importance of standardization
6. **Field practice**

Training Process - Special Report

Situation encountered in Guatemala

1. The Guatemalan Ministry of Health has begun to revamp its health care delivery system gradually instituting a new method called channeling. The child survival program is being introduced simultaneously with this new system. Channeling is a move to get health care personnel out of the clinics and dispensaries to do a major part of their work in preventive health care in the communities and in the people's homes. Each auxiliary nurse, health technician, and health promotor will be assigned from 20 to 50 families for which they are responsible for immunizations, ORT, growth monitoring, health education, family planning, etc. This new system with the child survival components is being introduced very gradually region by region. It had been instituted in approximately one-fifth of the country by March first. Some regions, including the one from which half of the IST participants come, are not stated to begin channeling and hence child survival until June of next year.
2. Growth Monitoring

At present there exist two methods of growth monitoring within the Ministry. The Maternal-Child health department which is charge of the child survival program expects health care personnel to conduct monthly monitoring using weight for age. In this, they are backed by UNICEF. Purpose is to detect child health status. Late last year, the Nutrition Department in cooperation with CARE adopted the Nabarro-McNab Graph (wt for ht) to place in each health clinic. CARE's primary objective was to detect communities with the highest prevalence of malnutrition in order to redistribute allotments of PL-480 food. The Nutrition Department, however, feels that the graph should be used as the monthly growth monitoring method rather than for intermittent checks of population nutrition status. To that end, they have constructed portable Nabarro graphs to be used by health personnel in the channeling system.

Each of the growth monitoring systems comes with separate forms and parent records which will present a burden to the health workers. Seeing that conflicting colors on the parent records would cause confusion, the trainers decided to resolve that by taking the colors off the weight for age chart. Confusion and misunderstanding will still result from the fact that many children who are malnourished by the weight for age standard will appear normal on the Nabarro graph.

The trainers spent approximately one-half of the time allotted for IST preparation discussing this issue, but were forced to leave the two systems in effect because of differing objectives. Each of the three backing institutions consulted, UNICEF, INCAP, and CARE, presented distinct viewpoints based on their perspectives and goals. Representatives of each institution were to meet with the three MOH nutritionists on March 15.

3. Luis, from the MOH Nutrition Department, is responsible for implementation of the Nabarro graphs and for training the MOH personnel in growth monitoring. He has already begun training in the regions where canalization is already in effect. Before the IST, Luis was decidedly opposed to nutrition education. He believes the answer to malnutrition is to provide supplemental food (PL-480). He is interested in developing formulas of these foods for pregnant women and for the recuperation of malnourished children.

The trainers spent approximately ten percent of the total preparation time discussing the value and effectiveness of different nutrition education approaches. While direct evaluation was impossible, Luis did show a positive attitude change on the subject.

MOH Training Plan

The Nutrition Department and CARE have developed a long range plan for training MOH personnel in growth monitoring and use of the Nabarro-McNab graphs. The plan is to begin training with the doctors and graduate nurses who are in charge of area health units. They will be trained together in their region by Luis. After being oriented and trained, each of them will be responsible for training the staff at their particular health unit.

Trainers

Luis Ariza - will be responsible for training the professional staff (Drs. and graduate nurses) for whom he has already worked out a training plan. He has previously done training on diverse levels. While pre-evaluations by a CARE staff member and PCV indicated that he was not effective, nor able to gear his presentations to the level of his audience, during the IST his performance was good to excellent. He saw this experience as a favor to Peace Corps and a way to promote the Nabarro graphs. Follow-up might show positive changes in his training plan/method and incorporation of nutrition education.

Cristina Martinez's primary job is in staff development particularly the development of training manuals. She, more than the others, understood that the objective of this experience was to create a workable training methodology. She enjoyed the

experience and performed well considering her lack of background in teaching methods. She plans to produce a training manual for health promotor training based on this experience.

Margarita Alonzo is not involved in either training nor the production of training materials. She was appointed by her department at P.C.'s request because she is a nutritionist. Furthermore, she was not relieved of her other responsibilities during this time and therefore, was unable to devote her full time and attention. She had taken teacher's training prior to entering nutrition studies at INCAP. This training in Guatemala emphasized formal, non-dynamic type of teaching. During the IST, she felt very much out of her element. She does exhibit outstanding skills in planning and evaluation. She can be expected to proceed with resolving the two-system GM issue even if it means her department giving in.

Planning Process

There were several factors which had to be taken into account when working with the trainers.

1. The group started with a pre-set agenda developed by Luis and the APCD. The other two trainers had also seen the agenda with the idea that it was to be followed. Some activities such as the trip to the day care center had been definitely arranged. The time-frame was fixed and could not be altered.
2. The trainers all came to the planning with considerable experience in training and/or growth monitoring. Because of their educational background, they are strong on theory. Also, being from middle class urban areas, they do not always identify with the needs of the rural poor.
3. The participants in the IST came from very different levels: the PCV's are all college graduates, the auxiliary nurses and technicians have high school-level training or less, and the health promotors ranged from barely literate to high school-level. Furthermore, they are from or work in areas of the country with very distinct ethnic and geographic differences.

Mechanics of Planning/Training

The first activity was to define objectives for our own work. A copy of these objectives is attached. From there, we began to formulate broad outcome objectives for the IST which were eventually reduced to specific behavioral objectives for the content.

Discussion of content in relation to outcome objectives was aided by reviewing several of the resources including the Ferris-Morris Module and also the new INCAP manual on growth monitoring. Particular attention was devoted to the Swazi manual. Final

decisions on content were most influenced by the trainers' weighing of importance and the pre-made agenda, which was modified significantly.

The trainers felt that future training on growth monitoring would be limited to two days due to practical constraints such as the participants' work load, per diem, etc. They also felt that it would be feasible to present the desired content in that amount of time. Therefore, we found ourselves stretching the content to fit the IST time-frame. Also, content had to be juggled around scheduled activities which led to some discontinuity. In trying two different approaches to some nutrition education elements, apparent repetition resulted.

After deciding on content, weighting, and timing, the learning objectives were modified, and lesson plans developed. This work was done individually and then evaluated by the group for teaching methods and strategies.

In these evaluations and in discussing the issue of the two growth monitoring systems, the group or myself used role-playing to better conceptualize misunderstanding which might occur. In the discussions of nutrition education, all trainers shared personal experiences in that area in an attempt to clarify the issue.

Prior to any decisions on content, the trainers had input from PCV s who were later IST participants. These volunteers presented their assessment of their counterparts' background in, and attitude towards nutrition and growth monitoring. All PCV participants had previously completed written assessments in skills in these areas. These assessments' were used in place of a pre-test.

A major learning activity for the trainers was the development of a survey form and an interview questionnaire (for mothers) to be used in carrying out a community diagnosis. This was significant to the trainers in helping them conceptualize the reality of the rural population and factors affecting health and nutrition status. To develop these diagnostic tools, the group first defined objectives and then formulated the questions to elicit the desired information.

A weakness in the planning was lack of development of daily evaluation activities. These were later developed on the spot and, while relatively effective, proved to be time-consuming and uninspiring to the participants. A final evaluation levice was developed and utilized. The emphasis of this evaluation was not so much on methodology as on practicality and comprehension of content. This will prove useful in development of content for a training manual or for future courses.

On the final day of the IST, the trainers drew up an outline of the content which they felt should be included in training for

growth monitoring. This outline and the Swazi manual were taken by Cristina to be used as the basis for developing any future training manual.

Evaluation and Adaptation of Resources

After selecting the references related to the content for the training, I distributed them to the 3 trainers to review over the weekend and first days of the planning. All three read and understand English reasonably well. Only the Ferris-Morris Module was translated to assure clarity.

The Peru manual initially attracted the most attention but discussion determined that it provided no new significant concepts nor methodologies for training. It was decided that it was not directly applicable in Guatemala because of the distinct differences in foods between the two countries.

The Swazi manual was perhaps the most useful and appealing. Not only was the subject matter clearly and logically presented, the illustrations were found to be excellent as teaching tools. Three were given to an artist to enlarge and adapt and were subsequently used in the IST. Cristina retained a photocopy of this manual to use as a model.

All trainers have their own copies of the WHO "The Growth Chart" and consider it indispensable for a reference. We devoted some attention to the section on training health workers. It was also useful in the discussions on the objectives and relative merits of the different anthropometrics.

While I personally found the APHA "Growth Monitoring" booklet interesting and helpful, the trainers found it hard to follow and were unable to glean useful information or techniques. They did, however, use selected portions of the CCCD manual section on health education to back up their ideas and plans.

In the nutrition education discussions with Luis, both "Growth Monitoring and Nutrition Education: Can Unification Mean Survival"? by Griffiths and chapter 5 of Improving the Nutritional Status of Children During the Weaning Period were used by Cristina, Margarita, and myself to explain nutrition education out of the stereotyped, traditional contexts. Concepts from the latter publication were developed and presented in the IST.

The food systems calendar was proposed by Cristina as a method for the course. She had previously used a different version and we were able to successfully combine and adapt the two. The problem we encountered with this activity during the course was that the participants were from such widely differing climatic, and hence, agricultural areas that group work was nearly impossible. Having each participant make his/her own

calendar and bring a growth chart from his/her area would have been a better approach. This activity would be much easier and more effective when the training is done on site in a particular region.

The most used resource was the manual "Physical Anthropometric Studies" which was developed by INCAP in 1986 as a guide to training personnel in growth monitoring. While this is presented in a rather technical fashion, the concepts are all there and the information is specific to Guatemala. The trainers seemed able to adapt the theory to a less-technical level.

127

EVALUATION

"Inservice Training in Growth Monitoring"- Module by M. Ferris-Morris

1. The content and level are good for IST participants with little or no previous concept or practice in growth monitoring.
2. The approach implies that we are starting from scratch in developing a growth monitoring program, which in this case, we were not. Guatemala has two GM systems with strict format and differing objectives, and a highly structured national plan for implementation and training.
3. I found it was difficult to persuade these trainers, who have highly-technical backgrounds and pre-set ideas about growth monitoring and nutrition education, that the concepts presented in the modules were sufficient for imparting the intended messages. For example, they are/were convinced that it is impossible to talk about nutrition and healthy eating without explaining the Three Basic Food Groups. The Peace Corps volunteers felt the same way as the trainers on this point.
4. In the second module on determining needs of the community and prioritizing problems, this would be most effective and best carried out by the participants in their own communities. The same is true for the fourth module, which builds on the second. Ideally, the first and third modules could be presented in a regional or national training, and then, the second and fourth conducted as "walk-through" exercises once the participants are back in their sites. The best method would be for the trainer to go to them there, but it is possible they could be given instructions to carry out the activities in part two over a weekend, and return with the results to the training center where they could then proceed with the activity of part four based on the data they collected.
5. As far as trainers(host-country) using this Module, I think in most cases it would be adaptable. The only section that seemed hard to follow was part four. One drawback in trainers using the module as it is presented is that they would normally not have access to the resources which are constantly referred to. If this was to be used by host-country trainers, the information would have to be written into the module. The other major weakness in the module being used by them, is that teaching methods are not really outlined in the model. The overall strategies are there, but most trainers would need more ideas of methodology to get the concepts across. Otherwise, they would need much more time to develop and test the appropriate methods themselves.

Overall, the module is good and could be successfully used by any U.S. trainer doing an IST for either PCV's or host-country nationals who have little or no background in growth monitoring. It will need work to make it more useable by host-country trainers with technical backgrounds and some previous training experience.

128