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Practicum Site:
Primeros Pasos
Quetzaltenango, Guatemala

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Designing and Implementing a Monitoring and Evaluation Protocol for a Nutrition Outreach Program

Guatemala has one of the highest rates of childhood malnutrition in the world. Over 50% of children under age 5 suffer from stunting, and children in rural indigenous villages are disproportionately affected. Poverty is a root cause, but lack of education about appropriate dietary choices also looms large. In villages where illiteracy is common, the diet most often consists of rice, beans, eggs, and corn with little variation—depriving children from essential micro and macronutrients. Superimposed on dietary insufficiency is poor access to a safe drinking water source in many villages—leading to recurrent parasitic infections in both adults and children.

Primeros Pasos is a primary care clinic and outreach center located outside of Quetzaltenango, Guatemala's second largest city. It provides medical and dental services to the inhabitants of the Palajunoj valley, a collection of 10 mountainous villages populated almost exclusively by Indigenous K'iche' Maya. In addition to a brick and mortar clinic, Primeros Pasos has provided a number of outreach services including nutrition and health education to local schools and groups of mothers.

In 2017, Primeros Pasos began the process of strategically realigning their resources and activities to meet current community need as conditions have evolved in the valley over the past 15 years. As part of my practicum I spent three months with Primeros Pasos to help design a new nutrition outreach program to ensure proper monitoring, evaluation, and sustainability.

In collaboration with key staff and volunteers at the clinic, Specific, Measurable, Achievable, Relevant and Timely (SMART) goals were created to make sure everyone was on the same page for the desired outcomes of the nutrition outreach program. Using principles of backwards design, we developed a logical framework that was comprehensively edited by multiple stakeholders. Next, we created a monitoring and evaluation framework to ensure adequate measurement of the effect of program activities as they pertained to the stated goals. Lastly, to gather data, a longitudinal REDCap survey was designed and staff members were trained in its administration and use.

We encountered challenges during the practicum such as included multiple failures of technology necessary to administer surveys, miscommunication about goals among the principal staff, repeated adjustments of the surveys to make them more culturally appropriate, and poor attendance of nutrition outreach sessions in the target communities. Data collection is ongoing and results will be analyzed following the end of the program's calendar year.

