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**PSC. Korea. Brief Note on ANP Villages Field Trip. PSC Unit, Seoul, Korea**

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The purpose of the field trip was to introduce a PSC input into the nutrition pilot projects. Information was gathered through informal interviews with field staff and villagers. Questions covered both ANP related issues and general health matters.

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BRIEF NOTE ON ANP VILLAGES FIELD TRIP

- Date : 16 - 17 June 1981
- Place : a) Pungdug Village, Jenae-li, Joodug-myon, Jungwon-gun, Chung-buk Province(16/June).  
b) Yoo-chon, Yookok 2-li, Nardong-myon, Sangjoo-gun, Kyung-buk Province(17/June)
- Participants : Mr. Sung-Kyu Chun, Director, KRNI  
Dr. Moo-Keun Lee, School of Agriculture, Seoul National University.  
Mr. Han-Kee Lee, Training Section, KRNI  
Mr. Jung-Whan Kim, General Affairs Section, KRNI  
Mr. Kjell Linder, UNICEF Korea Office  
Miss Hyun-Sook Lee, "

This field trip was a follow-up of the recent KRNI PSC Work-Conference(please see the workshop document) as well as KRNI's own plan to introduce a PSC input into their ANP pilot projects. KRNI has 5 ANP pilot projects, each centered on one village representative of an average rural village in Korea (i.e. No. of household : around 50-80, socio-economic status : common middle class in terms of rural standard, location... ..).

Mr. Chun, Director of KRNI, provided the following background information :

Three kinds of base line survey is done by KRNI for each pilot project area :

- a) Agricultural Structure : <sup>ind</sup> - cash-crop cultivation
- subsistance "
- tenant "
- part-time "

Social Survey : life style, food habits... etc.

Present Situation of the Village :mobility,  
demographic structure, cost  
of living etc.

b) Time Utilization : e.g. How many hours are  
spent for cooking, farming,  
recreation, etc.

c) Health Conditions.

The purpose of the above surveys is to formulate an integrated ANP plan. The results of the surveys will be reflected in KRNI's training programmes as well as in the development of the education/communication materials. The KRNI Director feels a strong need for a PSC input in these activities and is planning to hold another PSC Workshop in October 1981. As in the case of previous workshop the emphasis of this workshop would be to strengthen the field delivery capacity. Some UNICEF contribution to this workshop might be sought.

FIELD VISIT PROFILE : The following information is based on informal interviews with field staff and villagers. In line with the integrated approach, the questions did not merely cover ANP issues, but health matters as well.

A) Pungduk Village (Chung-buk Province, 16/June)

Cooperative Day-Care Centre Project \*1)

Fifty children from nearby eight villages. Eighteen of them come here by bus. Children arrive at 9:00 a.m., and normally return by 12:00. Compared with other Day-Care Centres, the building is very big, and has very good facilities. (almost

commercial Kindergarten level). One Kindergarten nurse and her assistant take care of the children. The age of the children is 5-7 years, normally one year before primary school.

\* Children's Group Feeding : one meal and two snacks.

All the parents are responsible for preparing meals and the cost of food ingredients. They ~~pay~~ <sup>\$ 4.30</sup> pay W3,000 per month, and the parent (usually the mother) prepares meals and snacks by turn according to the recommended menu.

\* Interview with kindergarten nurse :

Q) What is your experience from working as a kindergarten nurse?

A) I have worked here 4 months. When I started my work, the children's education was very basic. They did not receive any proper home education. They were very much left on their own. Now, they have greatly improved in terms of manner, behaviour, keeping rules etc. To me, this is the most rewarding result.

Q) Do you have any difficulties or troubles as a kindergarten nurse?

A) Most parents' educational background is very low, so they do not understand the need for pre-primary education. For children, there's no consistency in what is being taught at the Day-Care Centre and their home environment. To overcome this problem I am organising Parent-Teacher meetings every month. Parent's attitudes are gradually

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from page 2. \*1) There are 4 kinds of Day-Care Centres under each Ministry :

- Street Day-Care Centre : Ministry of Health and Social Affairs.
- Cooperative Day-Care Centre : Ministry of Home Affairs
- Infant Class : Ministry of Education.
- Seasonal Day-Care Centre : Ministry of Agriculture and Fisheries (this one is the biggest project in terms of quantity).

improving, and their present rate is quite high. Most of parents, especially mothers, attend these meetings.

Q) Are there any local resources participating in this project? e.g. High school girl's assistance, or others?

A) No.

\* Interview with Women's Club leader:

Q) You may have undertaken several training courses. What kind of training methods are the most successful?

A) Practical demonstration, e.g. cooking class. Film shows are also very interesting. Posters and leaflets I find of little value. They are easily forgotten or neglected.

Q) How about field trips to another model village?

A) Yes, that is very effective. We can easily adopt experience from other villages.

Q) Is there any resistance towards recommended nutritious food?

A) Yes, very much. Often it is disagreeable with our taste.

For example, ORD recommends green and orange colour vegetables e.g. carrot and spinach for growing in our kitchen garden. So we grew these vegetables, but nobody likes to eat them. Last year, because of brought, the harvest was bad, but two houses still obtained a rich harvest, which was shared between all houses in this village. Fortunately, it was quickly consumed and nothing went to waste. Another example is when we have meetings with other village leaders, on this occasions, ORD County Office prepares lunch for us based on a recommended nutritious menu by ORD. Rice with mixed with vegetables we found particularly unappetising as it is too greasy. Most leaders said, they would prefer to have simple noodle instead of this strange rice.

Q) How frequently do health workers visit your village?

A) Very often. Especially the family planning workers. In most of cases, the family planning worker comes here together

with the MCH workers. But we have not much relationship with MCH workers. They just ask a few questions, and we answer.

Q) To what extent do you use the MCH Centre? (for example, pre-post natal care, delivery, infant disease...)

A) We do not trust the MCH people. The MCH Centre is of very poor quality. Therefore, for delivery we ask assistance from parent, grandmothers or nearby elders. The well-to-do prefer going to the hospital or a mid-wife instead of the MCH worker or Health Clinic.

Q) In general, do you trust the health worker?

A) Not quite. But since they are from the myon(sub-county) office, we treat them nicely.

B) Yoo-Chon (Kyung-buk Province, 17/June)

Seasonal Day-Care Centre Project

When we arrived there, one 19 years old volunteer kindergarten nurse, high school graduate but with no special Day-Care Centre training, takes care of about 10 children of low-income parents. All children are between 3 - 5 years old, and are fed a diet of steamed bread and tomato. Judging by the taste, the bread appeared to be steamed with rice wine(makkoli) yeast and saccharine. The children ate the bread but without much enthusiasm. We also found one box of instant "Ramyon Tang!" in the room presumably intended as between the meals snack. The cost is 10 won. It has no nutritional value, only starch and antiseptic, and has been criticised in the Seoul press.

The volunteer girl, although enthusiastic and pleasant, merely acts as a baby-sitter, playing and singing with the children.

We also had very interesting conversation with Mrs. Sung-Rok Cho, 56 years old, Leader of Saemaul Woman's Association.

Following is the questions and answers of this interview :

Q) What kind of utensils do you have for ANP project?

A) Big steamed rice kettle, milling machine, mixer and other simple utensils for group feeding. But we do not use the steamed rice kettle, because it is designed for Yuntan ( coal) which is not being used in our village. Also it is a very luxurious kettle, so we are afraid to break it. It is better to use our own big kettle which belongs to one of our neighbours. A problem is that we have to carry cooked rice from his home to this ANP Centre by small cab.

Q) What are your ANP project activities and what do you think about the ANP project?

A) First of all, the ANP project is a nuisance. Unlike the situation in the cities, in the rural areas we have to eat what we can grow on our own land. This does not cost a lot of money. The ANP project involves further expenses, and we do not like the taste of the food that ANP recommends. But this is Government order, so we try to follow. Last year, the ANP worker guided us to grow carrot, and spinach and to buy dried small anchovy, sea-weed, small dried Alaska pollack. We did. They also recommended a new menu for nutritional improvement. But our children grow very healthy and well without those efforts and mother's home cooking is much better than those modern methods.

Q) Is there any difference in accepting ANP ideas between different age groups?

A) Generally the young generation is much more responsive to the ANP project.

Q) If we ask you very frankly, do you yourself believe in the ANP project?

A) (smile for a while) No. But I try to do my best because it is a Government activity.

Q) How often do you have cooking demonstrations?

- A) Every three months. Two ANP workers from the County Office visit here regularly.
- Q) What kind of health problems do you have in this village?
- A) No disease. Sometimes, the County Office requires us to write a report of the disease situation, but really we do not have any problem... .. except that our children have very bad teeth.
- Q) Do you see any connection between the condition of your children's bad teeth and the nutritional standard of your diet?
- A) Maybe. We have often thought about that but we do not know.

FINAL REMARKS :

It is quite obvious that the aims and practicality of the ANP project are not fully understood or appreciated by the villagers in either of the above visited villages. This fact is also reflected in the accounts of the ANP, Health and Home Improvement workers who attended the recent PSC Workshop in KRNI.

Suggestions for overcoming the communication aspects of this problem will be discussed with the Director of KRNI on 24 June 1981.

Possibilities include the production of a film and/or slide/sound set to visualise the problem especially with regard to the long-term effects of mal - or under - nutrition on children of low income families.

Suggestions will also be made for improving field worker training in respect of inter-personal communication techniques. For example, how can a field worker gain credibility and create a positive response by relating the aims of the ANP project to problems actually perceived by the villagers? In the case of Mrs.



Cho, she recognised the problem of decayed teeth among their children and did not reject the possibility of a link between this problem and the nutritional status of their diet.

23/June/1981

PSC Unit