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CONSULTANT REPORT SERIES

PEOPLE'S REPUBLIC OF THE CONGO

— September 20 - 30, 1983 —

Project evaluation of the CARE/Congo Nutrition Education Development and Training Project.

International Nutrition Communication Service

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Project evaluation of the CARE/Congo Nutrition Education Development and Training Project.

by

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INTRODUCTION

In the world of nutrition education, there is often too much rhetoric and too little action. Thus it is uplifting to learn of the sustained commitment being made to nutrition education in the People's Republic of the Congo. For three years now a variety of government and non-government organizations have cooperated on a multi-sectoral program aimed at strengthening existing nutrition and health education programs in the country. The institutions involved include five Congolese agencies (Affaires Sociales, Sante Maternelle et Infantile, Alphabetisation, Radio Rurale, U.R.F.C. and Service de Sante) and CARE/Congo. INCS has provided technical assistance to the project in various stages in its evolution.

INCS consultant Ron Parlato, together with Mellen Duffy of USAID/Washington's Africa Bureau and Dr. Banea from the National Nutrition Planning Center in Zaire, was asked by A.I.D. to make an on-site evaluation of the project. The following report summarizes the evaluation team's findings. The overall impression I get (from reading the report, talking to team members and others involved with the Project) is that it has taken three years for the Project to ready itself for impact. This is an important lesson to learn, because in many instances nutrition education projects are entered into without having the proper infrastructure in place to carry out a program. Many of those involved in the Congo project view the experience to date as essentially one of institution building. There now exists in the Congo a cadre of professionals with skills and experience in nutrition education, survey design and implementation, message design, materials development, and training. The Congolese now have a fairly clear understanding of major behavior-related nutrition problems in their country, and, most importantly, they now know how to develop and harness education, communication and training interventions that will help solve those problems.

The Congolese and CARE/Congo are in the process of designing a proposal for a second three year nutrition education project, aimed at putting into practice the resources and expertise developed during the Project's first three years. In my opinion their proposal will deserve our support.

Ron Israel
Director, INCS

November, 1983

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Background

CARE/Congo, having received a USAID OPG, funding from CARE/New York, and in-kind contributions from the Government of the Congo, implemented a nutrition education development and training project over the course of three years--1980 to 1983. USAID, CARE, and the Government, wishing to assess the progress, impact, and overall value of the Project, requested INCS to field a team of consultants who would evaluate the Project and make recommendations for future action.

This team, comprised of Mellen Duffy, USAID/Washington, Africa Bureau; Ronald Parlato, INCS consultant; Dr. Banea, representative from CEPLANUT (National Nutrition Planning Center), Kinshasa; Hubert Nganouyi, delegate from the MCH Service (SMI) of the Ministry of Health; and advised by Dale Huntington, CARE/Congo Project Director and Gertrude Tchicayat, CARE/Congo Project Coordinator, worked in the Congo between September 20 and 30.

The objective of the evaluation was to assess the performance of the Project: that is, to determine to what degree the Project had met stated objectives and to analyze the quality of the work done to meet those objectives. Although initially an impact evaluation had been considered, it was quickly found that since the time that had passed since the actual initiation of educational activities was too short to expect significant changes, insufficient data had been collected as baseline information; and no systematic control had been exerted at the beginning of the Project to identify and isolate non-Project variables that would likely influence behavioral change. Therefore, an impact evaluation would not be possible.

Furthermore, although some small surveys had been done to assess awareness of messages and their comprehension, such surveys had been intended more as instruments of formative evaluation rather than of national surveys.

The methodology of the evaluation team was to: (a) be thoroughly briefed by CARE/Congo about the development, design, and execution of

the Project; (b) discuss the Project with representatives of Government agencies which had been involved in various stages of development and execution;[1/] (c) make site visits to discuss the Project with concerned officials and Project staff and to observe nutrition education activities.

A final team meeting was held at the close of the evaluation to agree upon findings and recommendations, and therefore the contents of this report should be considered as the collective opinions of the entire team, and not just of the authors, Parlato and Duffy.

During the course of the evaluation, the USAID representative in Brazzaville was fully and regularly apprised of the progress and findings of the team, as was the U. S. Embassy Charge d'Affaires (in the absence of the Ambassador).

A meeting was held at the end of the Mission in the Congo with representatives of USAID/Kinshasa, the USAID representative in Brazzaville, team members Parlato, Duffy, and Banea, the CARE/Congo Project Director. The purpose of the meeting was to present the team's findings and recommendations to USAID.

General Findings and Recommendations

The consensus of the team was that the Project was well-conceived, particularly regarding its emphasis on interministerial participation, both in development and execution; and regarding its balance among mass media, interpersonal communication, support media, and training. It was also felt that the Project was managed well, meeting to a large degree both its timetable and schedule of production. The Project also successfully blended the resources of CARE staff, Government counterparts, and INCS consultants.

The team found, however, that despite good conception and overall management, there were a number of weak points that lessened the probable impact of the Project. These points--discussed in detail in

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1/ See Annex XX for list of persons contacted.

the following sections of this report--all refer to an underestimation of the levels of effort required to plan, design, and manage a complex educational campaign.

It was felt, however, that despite certain problems, the Project should be continued for a second phase, but that that phase should be characterized by improvement and strengthening of existing activities rather than extension of them.

I. PROJECT BACKGROUND

The Nutrition Education Project of CARE/Congo, designed to reinforce existing nutrition and health education programs in the country, had the following components:

- training;
- production of materials;
- supply of purchased materials; and
- research and evaluation.

The objectives of this evaluation were to assess the degree to which this reinforcement and support were successful and to suggest recommendations for future program activities.

The Project is in its third year of operation and has done the following:[1/]

1. Executed a baseline nutrition survey designed to determine levels of knowledge, attitudes, and practices concerning nutrition and health issues and to determine nutritional status. The purpose of this survey was to provide information useful in thematic, message, and materials design.

2. Selected and trained Project personnel delegated from the Ministries of Health and Social Welfare and other Ministries associated with the Project to act as supervisors and animateurs for Project activities.

3. Developed a series of educational materials to be used both in training and in community education efforts. These materials included:

- teaching manuals;
- a field guide;
- posters;
- radio programs; and
- flannelgraph kits.

1/ See Annexes I and II.

In addition, supplementary media, such as ink stamps and coloring books were produced and food demonstration equipment was purchased.

4. Created a documentary resource center, comprised of journals and technical books, which was placed at the disposition of professionals and students.

The Project, administered from Brazzaville, set up a supervisory system comprised of the above-mentioned supervisors plus specially selected animateurs, and a formal reporting system was put in place.

In terms of meeting stated objectives, the Project made significant progress in establishing a viable structure for improved nutrition and health education activities. In addition, most of the materials to be used within this operational structure have been produced.

However, the evaluation team felt that certain critical aspects of Project design and implementation needed revision or modification to assure effective education and eventually impact on nutritional behavior.

Following is an abbreviated list and discussion of those aspects.

II. PROJECT DESIGN AND IMPLEMENTATION

A. Training and Recruitment of Personnel

The main cadre of field personnel are the animateurs designated to work at community level. This personnel was drawn from the Government services of SMI, Adult Literacy, Social Affairs, Rural Radio (Ministry of Rural Economy) and from the Revolutionary Union of Congolese Women (URFC). All Government personnel are permanent employees of their service, but have been given the additional responsibilities of serving as CARE/Congo educators. URFC women are volunteers.

The animateurs are both men and women, have--on the average--primary school education, and are at the approximate level of Assistant Sage-Femme in the SMI.

Animateurs were trained regionally by previously trained supervisors (see below) and by CARE Project staff, using a training manual

prepared by the Project. The training lasted for five days and focused on both nutrition and health issues and techniques of education.

Project supervisors, drawn from a higher level of government service (Sage-Femme level of SMI) are responsible for the training of animateurs and for the supervision of their activities. Supervisors, like animateurs, are drawn from the above-mentioned services of government.

Supervisors were given a nine-day training course in Brazzaville, run by CARE/Congo staff. A teaching manual was developed for this training. In addition, the training manual for animateurs and animateur Field Guide (Cahier d'Animation) --see below--were used as materials in this training course. Two hundred sixty-six supervisors and animateurs have been trained out of a projected 300.

Animateurs principaux, selected from the ranks of animateurs have been designated to act as district supervisors--that is, supervising five to 10 other animateurs. These animateurs principaux were given no separate or systematic training, but some did participate in the supervisor training course in Brazzaville.[1/]

Commentary

Following is a resume of critical comments made concerning personnel and training:

1. The five-day training course for animateurs seemed inadequate considering: (a) the experience, background, and prior education of most animateurs; (b) the complexity of the subject matter, the persistence of local beliefs, and the subtlety required to elicit meaningful responses from clients.

2. The animateur training course used only CARE/Congo staff and supervisors as trainers and did not draw on the resources of experienced government professionals, such as those responsible for rural education in Social Affairs, Rural Radio, or Functional Literacy.

1/ See Annexes III, IV, V, VI, VII, VIII, IX, X, XI, XII.

3. Too little emphasis was placed on working within the socio-economic and cultural context within which nutrition problems occur. Good education--particularly that which benefits from dialogue and community participation--should be based on an understanding of the environment (milieu) in its broadest sense.

4. Although the Field Guide was well-conceived and thorough, a need for more "messages" to be used in teaching was stated by certain animateurs. It is felt that this need has resulted partially from the short training course--insufficient to give a thorough understanding and appreciation of the many issues relating to health and nutrition; and in part, from a reliance on teaching guides that have been designed for and used as lesson plans.

5. The training program is considered to be somewhat limited in scope, providing for no: (a) in-service training of animateurs; (b) systematic sensitization (providing basic information about Project goals and objectives and operations) of regional and national officials associated with the Project (e.g., medecin-chefs of the regions); (c) longer, more in-depth training at regional African or U. S. training centers (e.g., Lome, CEDPA, Washington) for Project administrative personnel; (d) short, regional African seminars to upgrade the skills of more promising Project personnel.

6. Although the Project goal of recruiting field personnel from all services is an important one and represents a major step towards a truly integrated nutrition/health education Project, a number of considerations have been discussed:

(a) There has been no clear indication concerning the exact educational role of animateurs from URFC and Social Affairs in the Project. That is, although it is understood that they are expected to teach nutrition education within the context of their service, it is not clear how--institutionally or organizationally--they are to accomplish the task.

(b) Moreover, Social Affairs has stated that it needs to rely on URFC, since the former is no longer making home visits, and URFC has indicated that they have to work closely with Social Affairs--both implying that the other will be the prime community organizer and

facilitator. However, neither has apparently taken any initiative.

(c) Although in fact most Project supervisors are from SMI (Health) there are a certain number who are not. Questions have been raised about the appropriateness of a non-technical person (i.e., non-health) to supervise personnel who are primarily from Health (most animateurs are from SMI). Thus, although integration has been given priority, the question remains as to the appropriateness of this integration at all levels.

B. Supervision

As has been suggested above, a supervisory system has been put in place and is comprised of: (a) regional supervisors; (b) animateurs principaux. Each regional supervisor is responsible for approximately 15 animateurs, and each animateur principal is responsible for five to 10 animateurs. The current responsibilities of all supervisory personnel are periodic review of project activities and regular submission of project forms that provide information on both quantitative and qualitative aspects of the Project.

Commentary

1. Although animateurs principaux and supervisors have been given the specific task of reviewing project activities and are guided by the above-mentioned forms, it is felt that the specific terms of reference for supervision for each category of personnel have not been spelled out. Such terms of reference might include in-service training, program review, administrative review, formative evaluation.

Supervision of Project activities has been conceived as a largely administrative function--the collection of quantitative, and some qualitative, information concerning numbers of group sessions held, numbers of mothers present, comments on the sessions, etc. The central supervisory tool is the Reporting Form, requiring supervisors to fill in on a regular basis information concerning Project progress. Such supervision appears limited in nature and does not encourage a more active involvement in Project activities.[1/]

1/ See Annexes XIII, XIV.

2. Clear divisions of responsibility between animateurs principaux and supervisors--that is, who is to do what--have not been made.

3. No system of professional support for supervisory personnel has been established to promote increased participation in, dedication to, and support of Project activities. Such support might take the form of attendance at seminars, subscription to professional magazines, and participation in national nutrition and health education planning.

4. Supervisors, having other non-Project responsibilities, often have little time for field supervision.

5. Supervisors of one ministerial service have experienced some difficulty in receiving authorization from their superiors to spend time supervising animateurs from other than their own service.

The strengthening of supervisory activities is considered essential not only to enable continued surveillance of Project activities but to permit the possible modification of the very programs which Project activities were designed to support and strengthen. It has been suggested that even though Project activities may be of a high quality, their overall impact may be limited by the weaknesses of the programs of which they are a part.

C. Technical Innovations

Although the objective of the Project has been clearly expressed--to strengthen existing nutrition efforts in the Congo--it is felt that a number of innovations could have been introduced into existing programs. Such innovations might include:

- more widespread use of children's growth monitoring chart, already adopted in principle by the Government, but limited because of lack of funds in distribution;
- better use of existing health control cards--child records that contain information on vaccinations, reasons for visiting the health facility, etc. It is felt that use of the cards by animateurs could provide them an additional means of

personalizing health education and to evaluate the effect--if any--of their efforts;

- more well-defined and more active village-level education. Apparently little has been done to study existing techniques of village-level education (done by Rural Radio, Functional Literacy, etc.) and to try to work more creatively within existing programs. The present training, as presently designed, for example, seems ideally set up for a group education session, but may not be suitable for a more participatory style of education that one might expect to find in local political gatherings.
- Clearer definition and structuring of nutrition/health education programs within SMI. For example, questions have been raised by supervisors concerning the progression of lessons--that is, should an animateur try to teach one selected group of mothers all lessons or should s/he give lessons according to the lesson plans given in the Field Guide regardless of who is present? At the same time, more flexibility might be encouraged--allowing the animateur to tailor education to group and/or individual needs.
- Furthermore, the development of allied community-based activities--such as the cooperative management of applied technology (such as food mills) might have been feasible where food availability is a major constraint in applying nutritional knowledge.

D. Library

Although the Project has collected a reasonably large selection of books and periodicals on health and nutrition, it appears that this collection has not been well utilized for the following reasons:

(a) no full-time librarian has been appointed by the Government;

(b) no funds are available for the editing of informational materials that could be sent out to professionals both in Brazzaville and the field;

(c) the physical accomodations made available for the library are not suitable--it is more of a passage than a reading room; and

(d) although the Project staff did initially publicize the library, no follow-up publicity efforts have been mounted (in part because of the delay in appointing a librarian).

Recommendations

1. Training and Recruitment

1.1 Institute a well planned regular program of in-service training for those animateurs trained in the first phase. This training should focus on deepening the understanding of the animateurs in terms of both health and nutrition issues and the socioeconomic and cultural context within which they occur and in providing additional instruction on how to teach about these problems.

1.2 This in-service training should be varied: training during supervisory visits, short regional workshops, regional seminars, national seminars, etc.

1.3 This in-service training should be multidisciplinary in both approach and execution--that is, there should be active participation by members of all services in actual training courses.

1.4 This in-service training should be based on existing training materials, but the materials should be amplified to include new elements.

1.5 No new animateurs should be trained until CARE/Congo and the Government are satisfied that existing animateurs have mastered their subject.

1.6 All new training material should be thoroughly pretested--both for understandability and ease of adoption and educational techniques.

1.7 Consideration should be given to the training needs of higher level government personnel--training not so much geared to technical skills, but more towards creating an awareness and understanding of the problems addressed and the solutions proposed by the Project.

1.8 Similarly, consideration should be given to the training needs of administrative-level Project personnel--short courses, for example, on program management, evaluation, and design.

1.9 Detailed activity plans should be developed for and in conjunction with personnel from URFC and Social Affairs to ensure maximum educational impact at village level.

1.10 Decisions should be made concerning the selection of Project supervisors and whether those not from SMI should be replaced by SMI staff.

2. Supervision

2.1 Develop clear terms of reference for both supervisors and animateurs principaux.

2.2 Accomodate the new and expanded terms of reference (in-service training, program modification, administration, evaluation, etc.) with a new, appropriate schedule of supervisory visits.

2.3 Assure that logistical support is made available for that supervision.

2.4 Assure that government authorization for interministerial supervision is clearly made in formal Phase II Project agreements.

2.5 Develop a well-defined program of professional incentives for supervisory staff--including subscription to possible Project newsletters, participation in their own in-service training programs, possible study abroad, etc.

3. Technical Innovations

3.1 Consider ways to use both the existing Child Health Card and the model growth monitoring chart in SMI education programs.

3.2 Investigate ways to structurally change SMI education programs—on a pilot basis—to include more individualized educational contact. This might include contact with mothers as they enter the clinic; at the time of vaccinations; after or before medical consultations. Also, consider the progression of ideas taught—how best to achieve continuity.

3.3 Study all non-health Project community education activities to assess their regularity, continuity, appropriateness, and progress.

3.4 Realign these efforts to more suit community needs, if required.

3.5 Investigate the possibility of associated non-Project activities at the community level—such as cooperative development, income generation, appropriate technology, etc.

4. Library

4.1 Expedite the appointment of a librarian by the Government.

4.2 Develop precise terms of reference, spelling out exact responsibilities of this librarian—either strictly librarian, librarian/editor, editor only, etc.

4.3 Consider the possibility of hiring as CARE representative a professional skilled in newsletter editing (combined, perhaps with skills in training).

4.4 Develop a newsletter, possibly in collaboration with PHC project newsletter, based on existing Project documents plus OMS library consultation, sent primarily to paramedical staff, but of interest to other, higher level health professionals as well.

4.5 Make the physical accomodations of the library more fitting for study and have a policy of in-library study only.

4.6 Publicize the library through various channels—publications of various government services, radio, direct mail, etc.

4.7 Consult OMS on ways in which both CARE/Congo and OMS library facilities can be shared.

E. Materials

A baseline study was carried out in a sample of the Congolese population to identify existing nutrition practices, determine status among young children and provide information on selected health and socioeconomic factors. After analyzing the survey results, five areas for emphasis in materials development were chosen

1. Length of breastfeeding
2. First foods/weaning practices
3. Supplementary foods
4. Diarrheal treatment
5. Prenatal care

The messages presented by the various media utilized by the Project all relate to these priority subjects.[1/]

The communication methods chosen and developed were "face-to-face" materials to be used in individual and group contacts (flannelgraph kits, "educational" guides, food demonstration equipment, ink stamps, and scales), mass media (radio messages and posters), and other activities (coloring books). All materials were pretested.

Flannelgraph kits, consisting of a variety of figures and food items and a display board, were distributed to all animateurs trained by the Project. Posters have been made available to supervisors in all regions for them to share among the field sites. The ink stamps, scales, and cooking equipment have been similarly shared. The coloring books have not yet been utilized.

Radio "spots" were developed in collaboration with Radio Rurale but have not been disseminated as regularly as planned.[2/]

Commentary

1. The rationale for the selection of media and communication methods emphasized by the Project (i.e., posters, flannelgraph kits, and educational guides) is not clear. It appears that the Project lacked

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1/ See Annex XV.

2/ See Annex XVI.

the process of developing a comprehensive communications strategy with all potential elements examined and evaluated for cost effectivness. This probably would have resulted in a different mix of educational techniques with perhaps lower cost and a higher proportion of the target group reached (i.e., less emphasis on posters and more stories created or radio programs aired).

2. The animateurs feel that the flannelgraph kits and accompanying "educational" guide are helpful to them in their work and they very much appreciate them. It does not appear, however, that these field workers are able to improvise and create new lessons or stories with the materials they have been given, but remain faithful to the examples taught to them.

3. The "educational" guide (Cahier d'Animation) is well organized, contains appropriate information and activities in the form of 10 lessons, and has supplementary material on nutrition and health. It is in looseleaf form to permit portions to be added so that lessons are removed and easily replaced.

4. There is consensus among Congolese personnel that food demonstrations are important teaching tools. There have been, however, constant problems with the execution of demonstrations; lack of funds for gas, petrol, or wood to cook with; women unwilling to donate foods to be shared by the group when not everyone has contributed something; others reluctant to pay the expenses for food or fuel, etc. The team did not observe a demonstration.

5. Even though scales have been made available, the team saw no evidence of their use. In addition, systematic growth monitoring has not yet been introduced in the Project and growth charts are not available.

6. The use of complementary radio programs and radio listening groups through Radio Rurale and/or the SMI program on the national radio station could have been an effective way of reinforcing face-to-face contacts with trained animateurs as well as reaching a larger audience. Operational difficulties with the broadcast services and demands of other Project activities have limited the implementation and success of the component.

7. The cost effectiveness of posters, which were produced in the Congo at $2.00 each, is questioned. There was no evidence that animateurs were using the posters or that people were looking at them as they hung on health center walls.

Recommendations

1. The relative cost effectiveness of all types of communication methods should be evaluated and a comprehensive strategy outlined. Each currently used material should be closely examined for its contribution.

2. The process of materials design should be continuous. As Project personnel learn to probe more deeply into the causality of nutrition problems or the ways people learn best, educational messages and activities should be revised. If posters are used, for example, there should be a new series printed regularly. Animateurs should be taught to create their own stories for use with the flannelgraph kits. Feedback from internal evaluation will reveal additional considerations about people's beliefs to be added to radio program discussions.

3. If food demonstrations are to be continued, a means of covering the costs must be determined and a firm policy enunciated. One possible way would be for the Project to purchase grain/legume grinders that women could use for a fee (covering operational costs plus extra for food demonstrations).

4. Radio programming should be more structured to insure better, more regular and more continuous use of the medium--both in terms of message and thematic development, as well as in terms of administrative control and scheduling.

III. ADMINISTRATION AND THE ROLE OF PARTICIPATING ORGANIZATIONS

The Project is managed by CARE/Congo, which has appointed a full-time project manager. The Project agreement was signed with the Ministry of Health and Social Affairs (MOHSA). The MOHSA has seconded a full-time person who works as coordinator with the CARE/Congo

manager, USAID/Kinshasa, and their representative in Brazzaville provide administrative support and technical monitoring as required. Project reports and financial accountability are the responsibility of CARE/Congo. Coordination with other ministries and organizations is done on an informal basis, although in the very early stages of the Project contacts were frequent. A National Nutrition Conference was held in December 1981 to present results of the baseline survey and to identify priority nutrition concerns. The International Nutritiion Communication Service (INCS) has provided several consultants to the Project for assistance in specialized technical tasks.

Commentary

1. The Project is not firmly installed within any GPRC institution. This has advantages in terms of management flexibility and communication with diverse groups. However, while several ministries and organizations are being touched by the Project activities, the process of materials development, training program design, evaluation, etc. are not being transferred to any institution for lasting effect.

2. It appears that the MOHSA desires to house the Project more firmly within its structure. The choices for placement include: 1) the existing Health Education Service of SMI; 2) the placement as a separate project under the direction of the head of SMI (like the UNFPA project); 3) within the to-be-created Service of Food and Nutrition in the SMI; 4) within the proposed Directorate for Primary Health Care; or 5) as a semiautonomous project linked administratively to the MOHSA.

3. The Project was designed to strengthen existing nutrition education activities within the many governmental and nongovernmental agencies in the Congo. To this end, several ministries and organizations were involved in the initial phases of the Project and representatives of some of these groups have been selected and trained as supervisors and animateurs. Despite the early efforts to insure participation of all concerned groups, the Project has not yet devised a workable means of on-going coordination for planning or implementing nutrition education efforts. This has resulted in some reduction in

understanding and support by some groups and a lack of clear policies for administration of interagency matters at the field level. More regular contact with Radio Rurale may have prevented the failure to integrate radio messages in the Project's communications strategy.

4. In general, the Project staff were satisfied with the assistance provided by INCS consultants. The evaluators found good evidence that these specialists contributed to the Project and complemented the skills of Project staff. There were a few instances of poorly timed visits and misunderstandings regarding scopes of work, perhaps because requests and other communications between Project personnel and INCS consultants had to pass through several intermediaries.

5. The Project would have benefitted from participation of an experienced INCS technician early in the review and selection of cost effective media for Project activities, as planned in the Project document. The terms of reference of the one consultant selected to work on message development and media modules could possibly have been changed to include this type of analysis.

6. The Project Co-Director (CARE) and the Co-Directrice (GPRC) share management responsibility for the Project. Together they train and supervise field staff and perform other technical functions. Each is responsible for liaison with his and her respective organization. This arrangement has apparently been satisfactory to all parties.

Recommendations

1. Together with the Ministry of Health and Social Affairs and the Ministry of Cooperation, consider all alternatives for administrative placement of the Project. The choice should be made considering: (a) the institution building effect, i.e., how to best achieve the Project's intention of "developing within the ministries the capability of developing nutrition education materials"; (b) flexibility to work with various ministries and organizations; and (c) administrative simplicity.[1/]

1/ See Annex XVII.

2. It is essential that a mechanism be developed to ensure continuous participation of all concerned organizations at national and regional levels. This will be especially important if the Project is lodged within a specific section of the MOHSA. Coordination is needed for nutrition and health themes and messages, content of training programs, and administrative responsibility and support at regional and community levels.

3. A technical assistance plan should be developed and cleared by all concerned parties, which details the scopes of work, timing and qualifications needed for all consultants. This plan can be amended as required during the course of the Project.

4. Special consideration should be paid to the integration of the Project into Congolese Primary Health Care activities, particularly those of CARE/Congo.

5. Thought should be given to delineating the roles and tasks of each Co-Director. Perhaps the GPRC Co-Directrice should handle administrative matters while the CARE person devotes him/herself to training, newsletter development, and other technical matters. A planning and management committee, including these two professionals, would make major project decisions and monitor progress.

IV. EVALUATION

One of the components of the Project, as originally designed, was evaluation. It was thought that on the basis of a preliminary baseline-type survey, an evaluation measuring impact on knowledge, attitudes, and practice (KAP) and perhaps nutrition status could be mounted.

Furthermore, it was felt that a series of formative evaluation surveys, designed to measure degrees of understanding and awareness concerning Project media and messages, would be helpful in providing information needed to modify and improve educational methods.

A background baseline survey was executed in the early phases of the Project. The baseline survey was carried out and analyzed to provide data on nutritional status, practices, and related health

and socioeconomic factors. These data were to be used in selecting nutrition education messages and measuring improvements in nutrition practices, attitudes, knowledge, and status among women and young children in the Congo. Formative evaluation surveys have recently been introduced.

Commentary

1. It was unrealistic to expect this Project to be able to demonstrate changes in nutritional status within three years. Primarily the time frame is too short. Secondly, the infrastructure to collect nutritional status data is not yet in place within the country. A third reason is that nutrition status is a result of complex factors and an attempt to attribute changes to Project efforts must be carefully and scientifically designed. This was not planned or budgeted for in the Project; further, the baseline survey did not in fact provide necessary information related to specific campaign messages.

2. Setting up the Project operations, designing and producing materials, and training trainers and animateurs have taken much longer than anticipated by the Project designers and funding agencies. Consequently the process of evaluating actual improvements in knowledge, attitudes, and practices has just begun. The system required, consisting of trained supervisors, animateurs principaux, and animateurs within a defined management structure, is in place. Reports are now completed and submitted that focus on such factors as numbers of sessions, lessons given, attendees, and performance of home visits.

3. A "pre-evaluation questionnaire,"[1/] as part of the formative evaluation, was developed by the Project and recently carried out among 100 mothers by the Project Co-Directrice. Factors that are highlighted in lessons given by animateurs and poster messages were assessed. The results have been tabulated. Some of the questions are similar to the baseline survey, others go much more into detail regarding certain nutrition practices. This baseline information is to be used in measuring changes in knowledge and practices within a sample of the target population and a small control group.

4. The baseline survey has provided a good deal of quantified information on nutrition and related factors among target groups. This data has been used to determine priority themes and lessons for the Project. The survey does not, however, satisfy the need to understand in depth the constraints, motivations, beliefs, attitudes, and knowledge of target mothers and their families. Without such detailed probing in a small number of representative households, truly effective nutrition education materials and more especially talks and radio programs, cannot be created.

5. Although cost data have been gathered by the Project to enable staff to make comparisons of relative cost-effectiveness of different educational activities, no such comparisons could be made because of the lack of data concerning impact (i.e., effectiveness).

Recommendations

1. A detailed and realistic evaluation plan should be developed that will enable project personnel and decision makers to: 1) assess the relative cost-effectiveness of different educational efforts to improve nutrition status; and 2) determine if nutrition status can be improved within a reasonable cost through nutrition education efforts.

2. It is further recommended that the intermediate steps leading to nutrition status improvement, i.e., knowledge, attitude, and practice changes, be regularly measured to permit comprehensive program evaluation.

Phases des Activites du Projet d'Education Nutritionnelle

Phase A: Collection du Materiel pour la Bibliotheque
de 1/81 en 7/82 : 19 mois

Phase B: Etude des Habitudes Nutritionnelles Existant
de 1/81 en 6/82 : 18 mois

Phase C: Determination des Programmes d'Education Nutritionnelle Existant, et le Procurement du Materiel
de 10/81 en 6/82 : 11 mois

Phase D: Developpement du Materiel Educatif
de 11/81 en 6/82 : 8 mois

Phase E: Production du Materiel Educatif
de 3/82 en 10/82 : 6 mois

Phase F: Developpement des Stages de Formation
de 7/82 en 9/82 : 3 mois

Phase G: Developpement du Mode d'Evaluation
de 10/82 en 12/82 : 3 mois

Phase H: Formation du Personnel
de 1/83 en 8/83 : 8 mois

Phase I: Distribution du Materiel
de 2/83 en 10/83 : 9 mois

Phase J: Evaluation du Projet, Supervision des Activités
de 2/82 en 4/83 : 14 mois

ANNEX II

SUMMARY SHEET

Schedule of Project Activities : USAID 679.0005
CARE 700304

I. Financial ($000)

a) OPG : 09/26/80 to 10/26/93 : 227.0

b) Actual life of OPG : 09/26/80 to 12/31/82 : 225.5
09/83 1.5
227.0

c) Maternal and Infant Nutrition :
09/26/80 to 09/25/82 : 68.5
(931-1010)

d) Actual life of 931-1010 :

e) Actual CARE Funds : 1/81 to 6/83 : 259.5

f) GPRC In-Kind contribution : 09/26/80 to 10/26/83 42.3

g) Actual GPRC In-Kind : 1/81 to 9/83 : 85.9

II. Review of OPG Funds

Period of SF 1034	Amount $	Amount as % of OPG	Period as % of Project life 36 months (*)
1/81 - 6/81	25.866	11 %	16 %
7/81 - 8/81	11.917	17 %	22 %
9/81 - 10/81	35.710	32 %	27 %
11/81 - 12/81	1.226	33 %	33 %
1/82 - 2/82	3.321	34 %	38 %
3/82 - 4/82	31.840	48 %	44 %
5/82 - 6/82	14.774	55 %	50 %
7/82 - 8/82	44.102	74 %	55 %
9/82 - 10/82	27.303	86 %	61 %
11/82 - 12/82	29.435	99 %	66 %

(*) % of project life is based on starting date of project activities (as opposed to OPG dates of signing) 1/81

III. Project Phases (page 12, project document)

	Scheduled	Actual
Phase A	09/80-2/81:6 months	01/81-7/82:19 months
Phase B	09/80-2/81:6 months	01/81-6/82:18 months
Phase C	12/80-6/81:7 months	10/81-8/82:11 months
Phase D	3/81-10/81:8 months	11/81-6/82: 8 months
Phase E	11/81-4/82:6 months	5/82-10/82: 6 months
Phase F	11/81-1/82:3 months	07/82-9/82: 3 months
Phase G	02/82-4/82:3 months	10/82-12/82 3 months
Phase H	5/82-2/83:10 months	01/83-8/83: 8 months
Phase I	5/82-2/83:10 months	2/83-10/83: 9 months
Phase J	5/82-10/83:16 months	2/83-4/83 :14 months

IV. CARE International Staff

a) Patricia Mathews 11/80 - 6/81
b) Dale Huntington 7/81 -10/83

V. GFRC Personnel

a) Cecile Ahissou 1/81 - 3/82
b) Gertrude Tchicayat 4/82 - indefinite
c) Lambert Taty 12/81 - indefinite.

BUT DU STAGE DE FORMATION DES FORMATEURS

La formation des formateurs capables : 1) de gerer un programme d'education nutritionnelle sur le terrain en employant les agents de développement communautaire; et 2) de former ces agents de développement communautaire dans le contexte du Projet de l'Education nutritionnelle de CARE-Congo.

Les objectives globales pour les Formateurs :

Apres le stage de formation, les formateurs seront capables de faire ce qui suit :

Du Point de Vue Administratif

1. Identifier leur rôle dans le Projet de l'Education Nutritionnelle de CARE-Congo

2. Identifier les objectives d'un stage de formation pour les animatrices dans le cadre de ce projet.

3. Developper un plan pour l'appui, la supervision et l'evaluation des animatrices sur le terrain.

4. Organiser deux stages de formation pour les animatrices y compris les préparations du personnel, des logistiques, des finances nécessaires et la distribution des matériaux.

Du Point de Vue Pédagogique

1. Demontrer l'exécution des leçons exemplaires du CAHIER d'ANIMATION, y compris la manipulation du flannellographe et des instruments pour les séances de démonstration.

2. Executer deux stages de formation en employant les onze sessions du CAHIER de formation.

3. Faire un controle des resultats d'un stage de formation basé sur les objectives ecrites.

4. Demontrer les aptitudes suivantes :

   comment animer une classe en employant les méthodes du dialogue, du conte et de la situation de cas.

- comment éliciter des idées des stagiaires et les traduire en mots clés sur le tableau
- comment faire le contrôle des résultats d'une leçon.
- comment organiser les petits groupes de travail
- comment organiser les travaux pratiques en utilisant le jeu de rôle
- comment exécuter la critique d'une leçon.

	1er Jour	2e Jour	3e Jour	4e Jour	5e Jour	6e Jour	7e Jour	8e Jour	9e Jour
7.30 9.30 10.30	SESSION N° I Introduction au Projet Exercice de Contact SESSION N° II Théorie sur la nutrition	SESSION III - B Partie b Confection des figurines	SESSION IV Partie N°2 Explication du Jeu de Rôle Travaux Pratiques	SESSION IV No. 5 Travaux Pratiques Jeu de rôle du dialogue	SESSION V A No. I Travaux Pratiques Sessions - 1 - 2	SESSION V, A No. III, Suite Travaux Pratiques Leçon 7 SESSION V A No. iv Travaux Pratiques Leçon 8	SESSION VI TACHES DE SUPERVISION PAR LES FORMATEURS Nomination des Animatrices Principales, Evaluation du stage de formation ---------- SESSION VI B : Nomination des Animatrices, Préparation	SESSION VI, D : Utilisation du Matériel ---------- SESSION VI, E - Les Visites à Domicile	
11.00	SESSION N° III, A Présentation des Thèmes & Messages du Projet	Confection des figurines	SESSION IV Partie 3 Explication et contrôle des Résultats SESSION IV N° 4 Explication et Démonstration du Dialogue.	SESSION IV, N° 6 La Situation de Cas comme Méthode d'enseignement	SESSION V, A, No. II Sessions 3 - 4	No. iv, suite Leçon 9	du stage de Formation des Animatrices	Les Visites à Domicile	
2.30									

ANNEX IV

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						6e Jour	7e Jour	8e Jour	9e Jo
30	SESSION III B Introduction aux Cahiers d'Animation Partie A Explication et Démonstration des Matériaux.	SESSION IV Partie 1 Explication aux Méthodes d'Enseignement Explication et Démonstration du Contr-	SESSION I, No. 4 suite: Film : Soins Prén	SESSION V, A, No. I Présentation des Cahiers de Formation Film : Diagnostic de la Malnutrition	SESSION V, A, No. III Travaux Pratiques 5, 6	SESSION V A, No. V Travaux Pratiques Leçons 10 et 11	SESSION VI, C : Distribution du matériel pour les Séances de Démonstration et les Affiches Film : Soins aux Déshydratés	Film : Surveillance de l'enfant : avant un an, de un à six ans Procédures Administratifs : - Indemnités - Frais de voyage	

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LES OBJECTIFS GLOBAUX DU STAGE DE FORMATION DES ANIMATEURS

Après le stage de formation, le stagiaire sera capable de

1. Faire les préparations nécessaires, et l'exécution des leçons du CAHIER D'ANIMATION POUR L'EDUCATION NUTRITIONNELLE.

2. Contrôler les résultats de chaque leçon en utilisant les "Effets Attendus", et les visites à domicile.

3. Manipuler les figurines sur le flannelographe en conjonction avec les trois méthodes d'enseignement du CAHIER.

   - Conte
   - Dialogue
   - Situation de cas.

4. Démontrer avec les instruments de cuisine la préparation des bouillies diverses, et la solution buvable pour l'enfant déshydraté.

5. Créer soi-même les points suivants :

   - Contes
   - Situations de cas
   - Dialogues
   - Recettes d'une alimentation équilibrée pour les enfants et les adultes.

"Capable de faire égal un ensemble de comportements qui permettent de conclure que l'étudiant a des connaissances, l'habileté technique, et les attitudes voulues."

Gilbert, J. J., Guide Pédagogique, P. 112.

STAGE DE FORMATION DES ANIMATRICES

	1er Jour	2ème Jour	3ème Jour	4ème Jour	5ème Jour
07.30	**SESSION N° 1** **Ouverture** - Description du Projet - Objectif global du stage - L'emploi du temps du stage - Indemnité - Confection des figurines	**SESSION N° 2** - Introduction aux Cahiers - Comment préparer une leçon **SESSION N° 3** - Introduction aux méthodes d'enseignement - Explication du conte	**SESSION N° 5** Explication et contrôle des résultats **SESSION N° 6** Explication et Démonstration du Dialogue comme Méthode d'Enseignement **SESSION N° 7** Préparation et Exécution des leçons N°s 2 & 3	**SESSION N° 10** La Situation de Cas Comme Méthode d'Enseignement - Preparation et Exécution des leçons N°s 5 à 10	**SESSION N° 12** Les Visites à Domicile
10.00	- Confection des figurines	Démonstration du conte	(Jeu de rôle)	(Session N° 10)	**SESSION N° 13** Fiches sur la Fréquence d'Utilisation du Matériel
12.30	MIDI	MIDI	MIDI	MIDI	CLOTURE -
15.30	- Rôle de l'animatrice Confection des figurines (toutes les figurines doivent être confectionnées à la fin de la journée)	**SESSION N° 4** - Travaux Pratiques - Explication du jeu de rôle - Préparation et exécution des leçons N°s 1 et 2	**SESSION N° 8** - La Théorie sur la nutrition **SESSION N° 9** Les causes et le traitement de la Déshydratation	**SESSION N° 11** Distribution du Matériel pour les Séances de Démonstration	**EVALUATION DU STAGE DE FORMATION** - Formateur - Animateurs Principaux - Personnel du Projet

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ANNEX VII

LA FICHE DES CRITERES POUR LES ANIMATRICES

Pour choisir les animatrices dans la région, on prend en considération deux éléments :

- Les qualités estimables pour une animatrice
- La répartition équilibrée multisectorielle entre :
  - Affaires Sociales
  - Santé Maternelle et Infantile
  - Alphabétisation
  - Radio Rurale
  - U.R.F.C.
  - Service de Santé.

Les Qualités estimables

- C'est une femme qui sait lire et écrire et qui est choisie par la collectivité locale et avec son accord pour s'occuper des problèmes de santé et surtout des problèmes nutritionnels des individus et de sa collectivité.
- La femme qui est choisie par la collectivité doit être active, simple, modeste, propre, efficace, disponible à toute heure pour répondre aux appels d'urgence. Elle doit agir en toutes circonstances de ses limites et de ses responsabilités.
- Elle doit aimer la collectivité et surtout les mères et les enfants.
- Elle ne doit pas quitter la collectivité sans en informer préalablement les autorités locales.
- Elle doit participer aux stages de formation organisés par le service de santé surtout en matière de nutrition.

N.B.

S'il y a déjà des animatrices dans chaque secteur (Alphabétisation, Affaires Sociales, Radio Rurale, SMI/Santé, U.R.F.C.) travaillant dans les comités et ayant les mêmes qualités estimables citées dans notre Fiche de Critères pour les Animatrices, il est mieux de les garder suivant la répartition multisectorielle proposée. S'il n'y a pas assez d'animatrices déjà associées pour les secteurs proposés, ajoutez celles qui manquent à lon les critères notés dans la fiche. Une bonne répartition géographique des animatrices dans les district est souhaitable.

ANNEX VIII

STAGE DE FORMATION DES ANIMATRICES

	1er Jour	2ème Jour	3ème Jour	4ème Jour	5ème Jour
07.30"	**SESSION N° 1** **Ouverture** - Description du Projet - Objectif global du stage - L'emploi du temps du stage - Indemnité - Confection des figurines	**SESSION N° 2** - Introduction aux Cahiers - Comment préparer une leçon **SESSION N° 3** - Introduction aux méthodes d'enseignement : - Explication du conte	**SESSION N° 5** Explication et contrôle des résultats **SESSION N° 6** Explication et Démonstration du Dialogue comme Méthode d'Enseignement **SESSION N° 7** Préparation et Exécution des leçons N°s 2 & 3	**SESSION N° 10** La Situation de Cas Comme Méthode d'Enseignement : - Préparation et Exécution des leçons N°s 5 & 10	**SESSION N° 12** Les Visites à Domicile
10.00	- Confection des figurines	Démonstration du conte	(Jeu de rôle)	(Session N° 10)	**SESSION N° 13** Fiches sur la Fréquence d'Utilisation du Matériel
12.30	MIDI	MIDI	MIDI	MIDI	CLOTURE
15.30	- Rôle de l'animatrice - Confection des figurines (toutes les figurines doivent str confectionnées à la fin de la journée)	**SESSION N° 4** - Travaux Pratiques - Explication du jeu de rôle - Préparation et exécution des leçons N°s 1 et 9	**SESSION N° 8** - La Théorie sur la nutrition **SESSION N° 9** Les causes et le traitement de la Déshydratation	**SESSION N° 11** Distribution du Matériel pour les Séances de Démonstration.	**EVALUATION DU STAGE DE FORMATION** - Formateur - Animateurs Principaux - Personnel du Projet

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ANNEX IX

LA FICHE DES CRITERES POUR LES ANIMATRICES

Pour choisir les animatrices dans la région, on prend en considération deux éléments :

. Les qualités estimables pour une animatrice

. La répartition équilibrée multisectorielle entre :
  - . Affaires Sociales
  - . Santé Maternelle et Infantile
  - . Alphabétisation
  - . Radio Rurale
  - . U.R.F.C.
  - . Service de Santé.

Les Qualités estimables

- C'est une femme qui sait lire et écrire et qui est choisie par la collectivité locale et avec son accord pour s'occuper des problèmes de santé et surtout des problèmes nutritionnels des individus et de sa collectivité.

- La femme qui est choisie par la collectivité doit être active, simple, modeste, propre, efficace, disponible à toute heure pour répondre aux appels d'urgence. Elle doit agir en toutes circonstances de ses limites et de ses responsabilités.

- Elle doit aimer la collectivité et surtout les mères et les enfants.

- Elle ne doit pas quitter la collectivité sans en informer préalablement les autorités locales.

- Elle doit participer aux stages de formation organisés par le service de santé surtout en matière de nutrition.

N.B.

S'il y a déjà des animatrices dans chaque secteur (Alphabétisation, Affaires Sociales, Radio Rurale, SMI/Santé, U.R.F.C.) travaillant dans les comités et ayant les mêmes qualités estimables citées dans notre Fiche de Critères pour les Animatrices, il est mieux de les garder suivant la répartition multisectorielle proposée. S'il n'y a pas assez d'animatrices déjà associées pour les secteurs proposés, ajoutez celles qui manquent à lon les critères notés dans la fiche. Une bonne répartition géographique des animatrices dans les district est souhaitable.

LES OBJECTIFS GLOBAUX DU STAGE DE FORMATION DES ANIMATEURS

Après le stage de formation, le stagiaire sera capable de :

1. Faire les préparations nécessaires, et l'exécution des leçons du CAHIER D'ANIMATION POUR L'EDUCATION NUTRITIONNELLE.

2. Contrôler les résultats de chaque leçon en utilisant les "Effets Attendus", et les visites à domicile.

3. Manipuler les figurines sur le flannelographe en conjonction avec les trois méthodes d'enseignement du CAHIER.

   - Conte
   - Dialogue
   - Situation de cas.

4. Démontrer avec les instruments de cuisine la préparation des bouillies diverses, et la solution buvable pour l'enfant déshydraté.

5. Créer soi-même les points suivants :

   - Contes
   - Situations de cas
   - Dialogues
   - Recettes d'une alimentation équilibrée pour les enfants et les adultes.

"Capable de faire égal un ensemble de comportements qui permettent de conclure que l'étudiant a des connaissances, l'habileté technique, et les attitudes voulues."

Gilbert, J. J., Guide Pédagogique, P. 112.

PROGRAMME DU STAGE DE FORMATION DES ANIMATRICES RURALES.

Cuvette : du 3.10 . Au 15. 10 . 1983.

Horaire	1er Jour	2è Jour	3è Jour
8h - 9h oo	**Ouverture** - Discours d'usage - Description du Projet - Objectif global du stage - l'emploi du temps du Stage	**Des Aliments** - Propreté et Conservation - Groupes d'aliments - Alimentation équilibrée	**Entretien de la Maison** - Ustensiles de cuisine - literie - Plancher et les ouvertures (aération) - Les alentours de la maison
12h - 15hoo	REPOS	REPOS	REPOS
	- La prévention des maladies transmissibles : - Les vaccinations Exposé	- Hygiène corporelle et vestimentaire - Poux - punaise - puces - Utilisation du savon - Gale , Teigne .	- L'eau potable - Emplacement du fumier et des batrines - péril fécal - Assainissement du milieu

Horaire	4ème Jour	5ème Jour	6ème Jour
8h - 9h oo	- Alimentation de la femme enceinte - Alimentation de la nourice - Alimentation infantile et des adultes.	Démonstration nutritionnelle. - Bouillie du Foufou pour enfant de 3 mois plus compéments . - Bouillie de foufou à la banane pour enfant de 4 mois plus compléments	- lutte contre le Paludisme - La rougeole - Petits soins courants - Conseils pratiques
12hoo - 15h	Repos	Repos	Repos
15h30-17h30	- Sous alimentation - Malnutrition . - Sévrage.	- Sévrage correct - Surveillance de la combe du poids	- Siquelles de la malnutrition exposé.

Horaire	7ème Jour	8ème Jour	9ème Jour
8hoo - 9hoo	- La valeur nutritive des Aliments (Groups) - Puré des haricots aux légumes - Repas type pour adultes.	Les vers Intestinaux - Comment prévenir la diarrhée - Petits soins courants (Démonstration) - Soins d'urgence pour les accidents et blessures	- Démonstration nutritionnelle suite pour enfant de 6-24 mois - l'allaitement maternel et artificiel. - Inconvénients et Avantages .
12hoo - 15hoo	Repos	Repos	Repos
15h30-17h30	- Hygième de la Femme enceinte - Accouchement à la maternité (Exposé)	- Surveillance de la Santé générale (Exposé) - Nivaquisation .	- Budget Familial. - Future maman et les Travaux champêtres Exposé

Horaire	10ème Jour	11ème Jour	12ème Jour
8hoo- 9hoo	- Premiers soins du nouveau - né - tétans - Fièvre - Démonstration nutritionnelle (révision)	- l'Organisation du travail dans le village - Qu'est -ce que la réunion d'Animation. - Notion sur l'Education des adultes.	- Evaluation du Stage - Voir fiche d'Evaluation - Conseils pratiques - Conclusion et suggestion
12h - 15hoo	Repos	Repos	Repos
15h30-17h30	- Les qualités d'une bonne Animatrice exposé	- Les Buts du Groupement dans un village - Comment Installer une pharmacie dans un village.	Clôture

N.B. Les après midi de Samedi et la Journée de Dimenche sont chomés .

LISTE DES FORMATEURS & ANIMATEURS DES REGIONS SANITAIRES

REGION	VILLE		
Brazzaville	1. Poto-Poto	Formateur :	Mme Bakekolo Bernadette
		Animateurs:	Mme Kouamala Martine
			" Dilou Juliette
date du stage du 29/03 au 02/04/83			Leheba Agathe
			Bocomba Raymonde
			Wabeli Claire
			Mr. Tsiba Ngouonimba Aimé
	2. Bacongo	Formateur :	Mme Gatsongo Nicole
		Animateurs:	Mme Malongo Philomène
			" Miamoneka Béatrice
			" Loubayi Yvette
			" Locko Aimée Flore
			" Miagambana Eulienne
			" Ninguissa Louise
			Mr. Louya Marcel
			" Mbemba Victor
	3. Talangaï	Formateur :	Mr. Kinani Victor
		Animateurs:	Mme Itoua-Ndinga née Gramignan
			" Engou née Ebayibé Cathérine
			" Ekia née Epongo Monique
			" Malekala née Elinda Monique
			" Ossié Marie Claudette
			" Awassi-Songo Colette
			" Opoma Antoinette
			" Mfourga Marguerite
			"" Ohounga Henriette
			" Madzou Pierrette
			" Ndoki née Maleka Adèle
			" Oumba Yvette
Bouenza	1. Madingou	Formateur :	Mme Madienguela L. Clémentine
		Animateurs:	Mme Malonga Bouesso Evelyne
			" Mouanga Honorine
			Doni Ololi Jacqueline
			Senga Martine
date du stage du 04 au 09/04/83			Assa Véronique
			Lembe Lembe Marie
			Ndoulou Véronique
			Boueya Suzanne
			Ndzikou Gina
			Tchihuda Tchiloundou Solang
			Bouanga Julienne

.../...

	Madingou	**Animateurs:**	Mmes Kouka Boumpoutou Moutombo Joséphine Matala Jeanne Nkosso Elisabeth Mrs. Touadikissa Alphonse Mouanda
	2. **Mouyondzi**	**Formateur :**	Mme Nkengue-Mboungou
		Animateurs:	Mmes Nkombo Nzoussi Véronique Malounda Angèle Vibidila Kaya Jeanne Moukouyou Joséphine Bouli Antoinette Koussoukama Alphonsine Salabandzi Pauline Nkombo Dénise Lembe Dénise Kibou Mpory Blanche Mrs. Bavibidila Roger Molamo Amedé Massengo Boniface
date du stage du 04 au 09/04/83			
Niari	1. **Loubomo**	**Formateur :**	Mme Mpala Suzanne
		Animateurs:	Mmes Bouanga Suzanne Bayena Charlotte Kombeaud Dénise Makaya Bernadette Massamba Charlotte Mabika Mpassi Mouyabi Madeleine Bissala Julienne Loundou Moupiya Suzanne Kioussa Céline Etioka Marie Hortense Mpouele Monique Manda Elisabeth Boumba Angélique Kouloungou Nyaté Monique Yembessé Mpika Elisabeth
date du stage du 15 au 19/03/83			
	2. **Mossendjo**	**Formateur :**	Mme Koumba Rose
		Animateurs:	Mrs Bitheyi-Ibouanga Ibounga Robert Mmes Satou née Tsho Marie Claire Loundou née Youngui Elisab. Poungui Hélène Mombo Pierrette Ngouomo Hélène Mavoungou Mathurine Ngoma Moulou Pauline Mouroko Monique Pembé Jacqueline
date du stage du 08 au 12/03/83			

.../...

Cuvette — 1. **Makoua**

Formateur : Dr. Loubaki Joseph

Animateurs: Mmes Tsiba Ngandziami
Itoko Marie
Ikouma Marie Claire
Kosso Henriette
Mboualé Marie Véronique
Nzonga Germaine
Mrs Onguenda Marcel
Elenga Jean Marie
Ongagna Jean Ernest
Ambako André

date du stage du 23 au 28/5/83

2. **Owando**

Formateur : Mme Ngala Henriette

Animateurs: Mmes Makimouna Pierrette
Botoukou Sophie Evelyne
Gouvandé Lucienne
Makanda Gisèle
Bokadzinga Elisa
Sova Marie Pauline
Okissa Kossy Pauline
Foukou Anna
Kiadzami Yvonne
Mrs Ngoka Marcel
Nganguia Léonard
Ngouembe Jean Firmin
Iloki Daniel

date du stage du 23 au 28/5/83

Kouilou — 1. **Pointe-Noire**

Formateur : Mme Kanda Kodia Louise

Animateurs: Mmes Tchibenet Cécile
Nkenguet Jeanne
Loutaya Marie Cécile
Niangui Valentine Franscie
Ngoni Martine
Yimbou Henriette
Meno Félicité
Nsembani Jeanne
Bassouboukila Yvette
Sathoud Hélène
Boungou Irène
Moussitou Christiane
Goma Brigitte
Mbemba Martine
Macosso Angèle
Nimi Maboumba Elisabeth
Yimbou Odette
Mavoungou Marie Joséphine
Soeur Jean Marc Bourel
Mr. Malouomo Yvon

date du stage du 9 au 14/03/83

a) **Arrondissements I & II**

.../...

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b) Arrondissement III

date du stage du 16 au 22/03/83

Formateur : Mme Kanda Kodia Louise

Animateurs: Mmes Bandziemo Angélique
Nzaou Valette Claude
Mabandza Julienne
Mpika Christine
Kounkou Elisabeth
Mikieme Albertine
Bongo Esther
Jubeth Ernestine
Mrs. Maloyi Jacques
Gomat Bénoit

2. M'Vouti

date du stage du 26 au 30/07/83

Formateur : Mr. Mavoungou-Mavoungou

Animateurs: Mr. Pongui Loufouma
Mmes Samba Félicité
Tchissoungou Pauline
Koufouta Marie José
Mpemba M. Jeannette
Sow Pinda Clotilde
Massinga Cuabou Antoinette
Bissouta Christiane
Mouembila Henriette
Taty Antoinette

3. Madingo-Kayes

date du stage du 30/7 au 11/08/83

Formateur : Mr. Makoua-Sakala Firmin

Animateurs: Mrs. Tsiba Dominique
Dembi Albert
Mavoungou Jean Omer
Bouyou Barthelemy
Tchivika-Ngoma
Mmes Poudy Edwige
Mabiala Thérèse
Koumba Célestine
Boumba Mélanie
Pouta Cécile
Mackosso Célestine
Gouly Delphine

Lékoumou

1. Sibiti

date du stage du 27/4 au 2/5/83

Formateur : Mr. Ngoubili Jean

Animateurs: Mmes Vouala Yvonne
Moubouti Julienne
Nzama Jeanne
Binda Caroline
Moussoungana Yadinga
Massala Adèle
Kanobe Essebendo
Mrs. Batsimba Daniel
Atali Antoine Cyriaque
Tsoumou Marcel
Mbani Abraham
Sambala Raphaël
Mouayimbete Daniel

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	Sibiti (suite)	Animateurs:	Mrs. Maba Gabriel Biyo Boniface
	2. Komono	Formateur :	Mr. Badingoussou Gilbert
date du stage du 1er au 5/6/83 à Mossendjo		Animateurs:	Mmes Mayouma Céline Massa Augustine Ngoli Jeanne Mayouma Delphine Limningui Louise Moutango Joséphine Sengouene Célestine Mrs. Toutou Ngamiye Jean Denis Mbani Likibi Jean Lucien Okamba Service Raoul Saya Michel Mpouo Alphonse Tsiba Pierre Mazouka Georges
Pool	1. Mindouli	Formateur :	Mmes Matsanga Céline
date du stage du 9 au 14/5/83		Animateurs:	Mmes Ndembi Packa Léonce Massolola Babindamana Agnès Tondolo Hélène Mounzenze Jacqueline Piaboga Honorine Nkoussou Henriette Kizolele Anne Monique Matingani Albertine Bikindou Jeanine Mrs. Koubouana François Bombankanda Michel Boudimou Jean Claude Bimoko Célestin Boubayi Albert Mavoungou Kila
	2. Boko	Formateur :	Mme Dzoumali Henriette
date du stage du 7 au 11/6/83		Animateurs:	Mmes Koussou Pauline Matsanga Céline Bekalouoma Béatrice Mpika Delphine Loukombo Céline Moussamboté Pauline Pembé Delphine Moukala Marie Miatoko Dorothée Sita Joséphine Koutouma Thérèse Tsiti Anne Marie Koukaba Philomène Mr. Bidounga Bernard

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Plateaux	1. **Djambala**	**Formateur** :	Mr.	Ankiba Anasthas
		Animateurs:	Mmes	Ngabouo Françoise
				Oko née Issié Henriette
				Peya Alphonsine
date du stage du 20 au 25/04/83				Ketsoua Julienne
				Makasso Marie
				Moundoba Marie
				Wamona Simone
				Moussounguila Angélique
				Mavounia Santou Aurelle
				Bouzi Esther
				Ndzoumba Joséphine
				Yoka Henriette
				Mpouo née Kibieme Yvonne
				Ngali Suzanne
				Mbani Simone
			Mr.	Mpirambeya Pascal-Bruno
	2. **Gamboma**	**Formateur** :	Mr.	Abouma Yvon Vincent
		Animateurs:	Mmes	Ngomou Suzanne
				Mbassa Elisabeth
				Ondzie Okaka
				Moudiba Elisabeth Louise
date du stage du 18 au 23/04/83				Douniana née Elion Joséphine
				Kabat née Waboyi Antoinette
			Mrs.	Itoua Olambom Mossa
				Sou Blaise
				Okouba Alphonse
Brazzaville	**Hopital Général**	**Formateur** :	Mme	Tchicayat
		Animatrices	Mmes	Bakalafoua Germaine
				Mouloungui Lucie
				Mberi Colette
date du stage du 25 au 30/07/83				Banguissa Augustine
				Satout Chantal (2 jours)
		remplacée par		Bassoumba
				Nkodia Lucie

Nombre Total des Animateurs et Superviseurs = 266

Fiche Technique pour la Préparation de la Synthèse de la Fréquence d'Utilisation du Matériel Mensuel

I. En utilisant la même fiche des animatrices, préparez une synthèse chaque mois.

II. Répondez aux questions :

1. Combien de fois êtes-vous descendus sur le terrain ?

   _____

2. Combien de cours d'animation avez-vous participé ?

   _____

3. En référence à "la fiche critique pour l'observation en jeu de rôle" (stage de formation),

   Quelles sont les difficultés que les animatrices ont rencontré ? (écrivez les réponses dans la boite de l'observation sur la fiche de synthèse)

4. Combien de fiches remplies par les animatrices et combien avez-vous reçu ?

III. Envoyez les fiches des animatrices avec la synthèse à CARE-CONGO, B.P. 1055 Brazzaville.

FREQUENCE D'UTILISATION DU MATERIEL POUR CHAQUE COURS

Leçon 15.

Nom de l'Animatrice :

Poste d'Affectation : Région de :

Nom de votre Superviseur :

Date que votre stage a commencé

Date de ce cours :

Lieu de ce cours :

Combien de fois avant avez-vous donné ce cours aux femmes ?

Nombre de femmes qui ont participé au cours d'aujourd'hui :

Nombre de femmes qui ont participé au cours précédent :

Nombre de femmes qui ont participé aux deux cours précédents ou plus :

	Oui	Non	Observations
Avez-vous utilisé le flannelographe pour ce cours ?			
Avez-vous utilisé le matériel pour les séances de démonstration			
Avez-vous utilisé la leçon comme on la trouve dans le cahier d'animation ?			
Avez-vous assez de temps de finir ce cours pendant une séance ?			

ANNEX XV

EDUCATION NUTRITIONNELLE
CARE-CONGO
USAID

THEME No. 1 MAMAN NOURRIT L'ENFANT AU SEIN PENDANT LES DEUX PREMIERES ANNEES

Messages :

1. L'enfant qui marche a aussi besoin du lait maternel
2. L'enfant qui a la diarrhée : continuer à lui donner le sein.
3. Les relations des parents ne changent pas la bonne qualité du lait maternel.
4. Le lait de la maman est le meilleur aliment pour l'enfant.

THEME No. 2 ENFANT AGE DE 4 MOIS : EN PLUS DU SEIN DONNEZ-LUI SA PREMIERE BOUILLIE

Messages :

1. Il est mieux de donner la bouillie locale que les bouillies importées.
2. La première bouillie doit être légère.
3. Touchez et nourrissez l'enfant avec les mains et les instruments propres.
4. L'enfant qui refuse de manger : nourrissez-le avec les bouillies variées et au lait maternel.

THEME No. 3 VIANDE, POISSON, OEUFS, FRUITS ET LEGUMES SONT DES COMPLEMENTS INDISPENSABLES A LA BOUILLIE DE L'ENFANT

Messages :

1. Avant que l'enfant ait des dents : reduire les repas des adultes en purée et donnez à l'enfant.
2. L'enfant a des dents : il mange le même repas que les adultes.
3. Donnez les repas à l'enfant quatre fois par jour pour qu'il soit fort.
4. Après les repas, donnez le lait maternel.

THEME No. 4 **COMME LE LAIT, LA VIANDE, LES LEGUMES : LES FRUITS SONT INDISPENSABLES A L'ENFANT**

Messages :

1. Après le repas, donnez toujours un fruit propre à l'enfant.

THEME No. 5 **MEME MALADE, L'ENFANT A TOUJOURS BESOIN D'UNE NOURRITURE SAINE**

Messages :

1. L'enfant qui a la diarrhée : continuer à lui donner le sein.
2. Protéger la nourriture de l'enfant pour éviter les maladies.
3. Donnez toujours à l'enfant l'eau bouillie et refroidie.
4. L'hygiène de la mère est indispensable pour la santé de l'enfant.

THEME No. 6 **LA FEMME EN GROSSESSE : MANGEZ DES REPAS VARIES ET COMPLETS POUR LA SANTE DU FUTUR BEBE**

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Thème No. 6

LA FEMME EN GROSSESSE : MANGER DES REPAS VARIES ET COMPLETS POUR LA SANTE DU FUTUR BEBE

- véhicule : tous

L'importance de ce thème est la bonne nourriture des femmes en grossesse : soins prénataux.

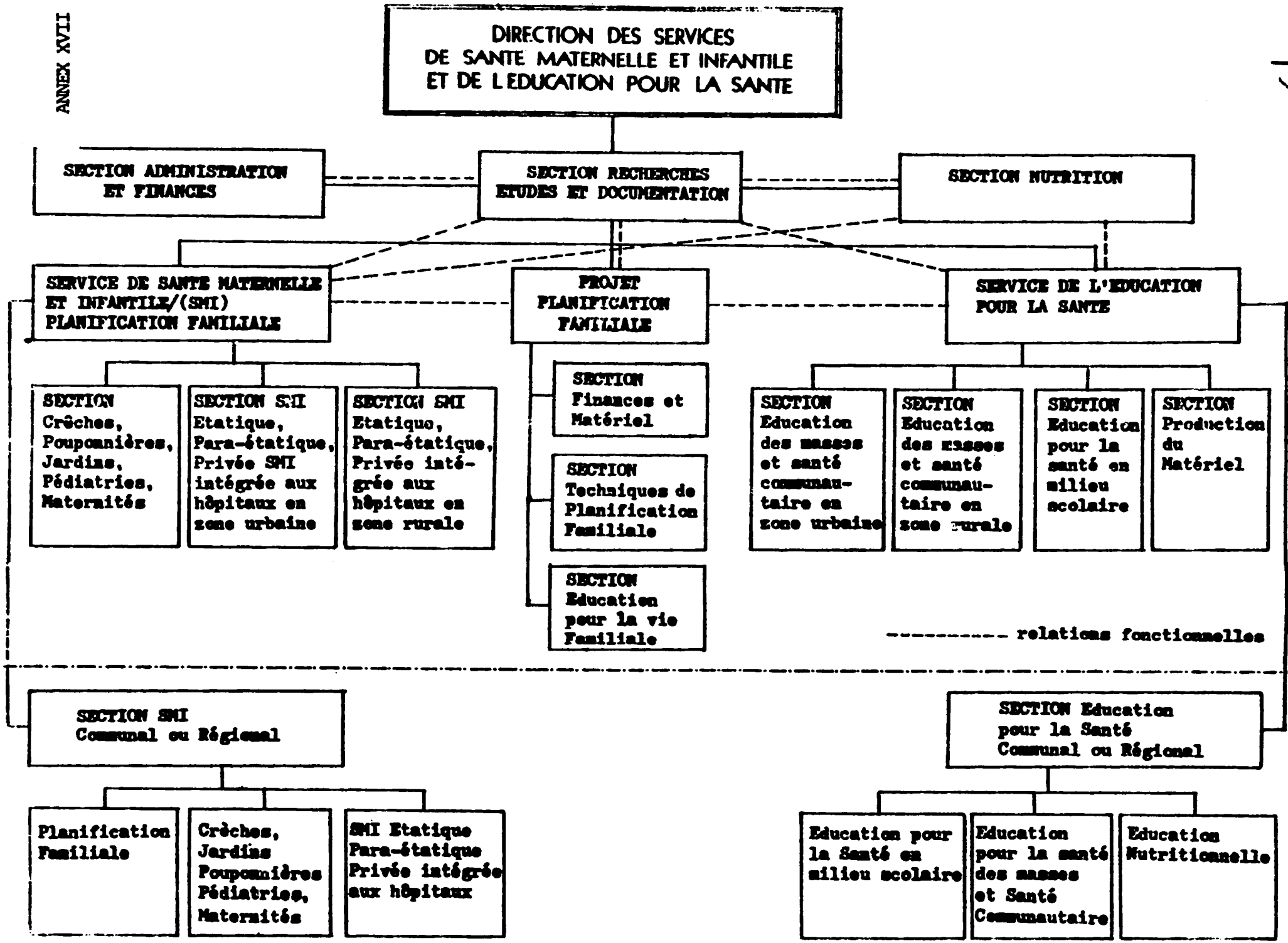
L'objectif global est d''ncourager la bonne nutrition des femmes en grossesse et les soins prénataux.

ANNEX XVI

Matériel du Projet qui reste à distribuer/produire

1)	Boites à Flannelographe	64 boites/350
2)	CAHIER d'ANIMATION	70 /350
3)	Cachets	12 sachets/525 cachets
4)	"Coloring Book"	509/509
5)	Crayola Crayons	210 boites/210
6)	Affiches 6 models; 1,000 of each	5 paquets de 300 affiches (lingala) plus 225 non emballés
7)	Cartons de matériel de cuisine	23 (18 au bureau, 5 à SATA) 200 packages
8)	Balences	19 balences/100

Fait à Brazzaville,
le 15 Septembre 1983


DIRECTION DES SERVICES
DE SANTE MATERNELLE ET INFANTILE
ET DE L'EDUCATION POUR LA SANTE
SECTION ADMINISTRATION ET FINANCES
SECTION RECHERCHES ETUDES ET DOCUMENTATION
SECTION NUTRITION
SERVICE DE SANTE MATERNELLE ET INFANTILE/(SMI) PLANIFICATION FAMILIALE
PROJET PLANIFICATION FAMILIALE
SERVICE DE L'EDUCATION POUR LA SANTE
SECTION Crèches, Poupomnières, Jardins, Pédiatries, Maternités
SECTION SMI Etatique, Para-étatique, Privée SMI intégrée aux hôpitaux en zone urbaine
SECTION SMI Etatique, Para-étatique, Privée intégrée aux hôpitaux en zone rurale
SECTION Finances et Matériel
SECTION Techniques de Planification Familiale
SECTION Education pour la vie Familiale
SECTION Education des masses et santé communautaire en zone urbaine
SECTION Education des masses et santé communautaire en zone rurale
SECTION Education pour la santé en milieu scolaire
SECTION Production du Matériel
relations fonctionnelles
SECTION SMI Communal ou Régional
Planification Familiale
Crèches, Jardins Poupomnières Pédiatries, Maternités
SMI Etatique Para-étatique Privée intégrée aux hôpitaux
SECTION Education pour la Santé Communal ou Régional
Education pour la Santé en milieu scolaire
Education pour la santé des masses et Santé Communautaire
Education Nutritionnelle

ANNEX XVIII

Les Indicateurs de la Pré-Evaluation

1. L'âge à arrêter de l'allaitement maternel à l'enfant
2. L'enfant qui marche a besoin du lait maternel
3. L'enfant qui a la diarrhée continuez le lait maternel
4. L'âge de l'introduire à la première bouillie
5. L'origine de cette première bouillie
6. La composition de la première bouillie
7. Les variations des régimes alimentaires de l'enfant
8. Fréquence des repas de l'enfant
9. Les fréquences des aliments supplémentaires en dehors du repas de l'enfant
10. Fréquence de consommation des fruits par l'enfant
11. Propreté des instruments et les mains avant de faire la cuisine
12. Protéger les aliments contre les mouches dans un endroit propre
13. Variation des aliments des femmes en grossesse et allaitantes
14. Fréquence des visites prénatales.

PERSONS CONTACTED DURING EVALUATION

Mr. Nayo Justin, Chef des Services d'Education et des Emissions, Radio Rurale

Le Representant de la Directrice des Affaires Sociales

Ms. Arleen Render, American Chargé d'Affaires

Mme. Nkanda Louise, Superviseur du Project Care/Congo, Commune de Pointe Noire

Soeur Jean Marc Beurel, Animatrice Principale du Project CARE/Congo, Pointe Noire

Mr. Yuon, Assistant Social, Animateur Principal du Project CARE/Congo, Pointe Noir

Mr. Malouoma Jacques, Assistant Social, Animateur Principal du Project CARE/Congo, Pointe Noire

Dr. Balongana, Medecin Directeur de la Region Sanitaire à Pointe Noire

Camarade Dambet Guy Germain, Secretaire General du Commisaire Politique à Pointe Noire

Mlle. Mayanda, Sage Femme, Centre SMI, Pointe Noire

MMe. Gilberte, Sage Femme Principale, Centre SMI, Pointe Noire

Dr. Mouellet, Medecin Directeur de la Region Sanitaire du Niari

Mme. Mpala Suzanne, Sage Femme, Superviseur du Project CARE/Congo, Loubomo

Commissaire Politique de la Region du Niari

2 animatrices principales a Loubomo

Mms. Samba Dehlot Collette, Coordinatrice des Programmes OMS Congo

Dr. Makita, Directeur de la SMI

Dr. Nioty Benze, Directeur Medecine Preventive

Dr. Randnamanana, Section Nutrition, OMS

Mme. Apisson Cecile, URFC Congo

Dr. Batanga Simon, Medecin Directeur du Pool

Mme. Matsanga Celine, Sage Femme, Superviseur du Project CARE/Congo, Mindouli

2 animateurs principales à Mindouli

Mr. Benze Poty, Directeur de Cabinet, Ministère de la Santé

Dr. Lembet Benoit, Directeur General de la Santé

Mr. Mbaloula Edouward, Directeur de la Planification et des Études, Ministère de la Santé

Mr. Steve Wallace, Assistant Director, CARE/Congo

Mrs. Anne Rapoza, Health Training Specialist, CARE/Congo

Questionnaires Pour la Pré-Evaluation
Projet d'Education Nutritionnelle
P. R. C. CARE-CONGO USAID

No. M._____

Nom du pré-évaluateur_____

Date de pré-évaluatior_____

Lieu de la pré-évaluation_____

Nom de la Femme_____
Famille Prénom Age

L'adresse du ménage_____

Nom de l'enfant_____

L'âge de l'enfant (en mois)_____

Date de naissance_____

Mode de détermination de la date de naissance_____

_____

Questionnaire

1- L'enfant est-il nourrit au sein maintenant ?
Oui _____ Non _____

2- (Si Oui), Combien de fois par jour est-ce-que vous lui allaitez ?
(en mois) 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8+____

Pas de rapport _____

3- (Si Non), A quel âge de l'enfant avez-vous arrêté de l'allaiter ?

en mois :
1. 1 - 3 ____
2. 4 - 5 ____
3. 6 - 8 ____
4. 9 - 10 ____
5. 11 _ 12 ____
6. 13 - 14 ____
7. 15 - 16 ____
8. 17 - 18 ____
9. 19 - 20 ____

.../...

No. M._____

10. 21 - 22 _____
11. 23 - 24 _____

Pas de Rapport _____

4. Pourquoi avez-vous décidé d'arrêter l'allaitement au sein ?

   1. L'enfant a la diarrhée _____
   2. L'enfant a commencé de marcher _____
   3. Le lait n'est pas bon _____
   4. Autres réponses (écrivez) _____
   5. Pas de rapport _____

5. Donnez-vous le lait maternel à l'enfant qui marche ?
   Oui ____ Non ____ Pourquoi ? _____

6. Donnez-vous le lait maternel à l'enfant qui a la diarrhée ?
   Oui ____ Non ____ Pourquoi ? _____
7. Vous lui avez donné sa bouillie en plus du sein ?
   Oui ____ Non ____
8. (Si Oui), A quel âge vous lui avez donné sa bouillie ?
   (en mois) 1____ 2 ____ 3 ____ 4 ___ 5 ___ 6 ___ 7 ___ 8+ ___

   Pas de rapport ____

9. Donnez-vous la bouillie importée à votre enfant ?
   Oui ____ Non ____
10. Donnez-vous les bouillies locales ?
    Oui ____ Non ____
11. Quelle bouillie est la meilleure, la bouillie locale ou la bouillie importée ?

    a) La bouillie locale ____ Pourquoi ? _____

    b) La bouillie importée ____ Pourquoi ? _____

No. M._____

c) Autres réponses_____

Pourquoi ?_____

12. Quels sont les aliments principaux que vous avez l'habitude d'utiliser dans la bouillie locale ?

1. farine de manioc____ 4. ignames____

2. manioc____ 5. pomme de terre____

3. farine de maïs____ 6. foufou____

7. autres réponses_____

13. Dans la composition de votre bouillie est-ce-que vous ajoutez d'autres compléments à cet aliment ?

Oui____ Non____

Si Oui, quels empléments _____

_____

14. Combien de repas est-ce-que l'enfant mange par jour ?

1____ 2____ 3____ 4____ 4+____

15. Est-ce-que l'enfant mange les aliments entre les repas, en plus du sein ?

Oui____ Non____

16. (Si Oui), Quels aliments est-ce-qu'il mange entre les repas ? (écrivez les aliments)_____

_____

Pas de rapport_____

17. Est-ce-que l'enfant mange les fruits ?

Oui____ Non

No. M._____

18. Si Oui, Quels fruits ?

bananes____ ananas____ barbadine____ mangues____ oranges____

avocat____ papaye____ citron____ safou____ corrossol____

autres réponses_____

Pas de rapport_____

19. Avant de faire la cuisine, que faites-vous ?

Réponse :_____

Pourquoi ?_____

20. Avez-vous l'habitude de laver les instruments de cuisine ?

Oui_____ Non_____ Pourquoi ?_____

_____

21. Mettez-vous les aliments dans un endroit spécial ?

Oui_____ Non_____ Si Oui, Où ?_____

_____

22. Comment est-ce-que vous gardez ces aliments ?

_____

_____

23. Mangez-vous les aliments spécifiques quand vous êtes en grossesse ?

Oui_____ Non_____

24. (Si Oui), Quels aliments spécifiques ?

_____

Pas de rapport_____

25. Mangez-vous les aliments spécifiques quand vous donnez le sein ?

.../...

No. M._____

Oui____ Non____

26. Si Oui, Quels aliments spécifiques ?

_____

_____

Pas de rapport_____

27. Combien de visites prénatales avez-vous faites pendant votre dernière grossesse ?

1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____

9____ 9+____