

*NUTRITION: Technical Assistance  
in Nutrition Education*

NUTRITION EDUCATION TECHNICAL ASSISTANCE - INCS EVALUATION 93/1065

VOLUME I

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## SECTION I: EXECUTIVE SUMMARY

In September 1979, a group of organizations called International Nutrition Communications Services (INCS) was selected by AID through a competitive process. The consortium consists of Education Development Center (EDC) as prime contractor and Manoff International and Save the Children Federation as subcontractors. INCS was asked to accomplish the following objectives:

1. Provide technical assistance in response to field requests, to a variety of nutrition education activities in developing countries for the purpose of improving the quality of these activities, to promote more widespread use of nutrition education as a program component across sectors, and to help develop LDC capabilities in nutrition education.
2. Promote breastfeeding and improved infant feeding practices through sensitization of policymakers and health practitioners, training of health professionals, strengthening mothers support groups, campaigns for the lay public and field research to better understand patterns of infant feeding.

This report summarizes an evaluation of INCS' activities conducted between May and September 1985. The findings are based on site visits to two countries and a training center; questionnaire responses from 26 USAID missions; interviews with USAID mission staff, AID/W Regional Bureau, S&T, and FVA staff; interviews with INCS consultants and communications experts and INCS leadership in EDC; review of AID project design and contract documents; and review of approximately 100 out of the approximately 160 reports produced by INCS.

Results of the evaluation indicated that INCS met AID contractual obligations in terms of responsiveness to field requests for short-term technical assistance, conferences and training. Given the inadequate funding for clearinghouse functions, INCS could only minimally support field needs in this area.

Outcomes included:

- 35 countries given TA;
- 30 conferences, training workshops held;
- Approximately 120 person months of training provided;
- At least 20 projects designed, improved, expanded or evaluated of which at least ten have shown preliminary indications of sustained changes;
- Breastfeeding promotion initiated, expanded or improved in about 12 countries of which two have demonstrated reduced diarrheal morbidity and increased breastfeeding prevalence;

- Improved information collected and analyzed on infant feeding practices in four countries of which two countries have proceeded to intervention design and implementation.

As a result of the above field support activities, new methodologies and techniques appropriate for wider dissemination and utilization in current AID field projects emerged, including:

- A refined social marketing methodology appropriate for changing nutrition behavior;
- Application of the above in utilizing growth monitoring to strengthen behavior change;
- In-service training curricula and sensitization forums for changing hospital practices and health policy to support breastfeeding.

The chief constraints in achieving a larger impact were identified as being:

- Lack of continuity or follow-up in providing technical assistance. Key factors were the unavailability of highly experienced consultants, inadequate communication with clients; inadequate promotion regarding INCS role through key AID channels; and inadequate resources in the contract relative to the broad waterfront of requests required to be covered. This included areas where methodology development or field testing were needed prior to dissemination.
- Inadequate awareness, knowledge, credibility and commitment in USAIDs and PVOs regarding the best use of INCS. In addition to problems noted above, a key factor was the insufficient nutrition programming background of USAID and PVO staff who must develop, supervise and utilize opportunities for short-term TA across a range of sectors.
- Project management was adequate to meet contractual obligations. However, greater use of technical strengths among subcontractors and consultants for setting priorities, development of conceptual models and strategies may have increased effectiveness.

Recommendations for future technical assistance include:

- No major change in the goal or purpose of the Nutrition Education Project;
- Continuation of a mechanism for field support to USAIDs and PVOs through short-term technical assistance (tier 1 projects) but with more flexibility to provide seed funds and longer-term technical assistance especially to high priority activities (tier 2 projects);
- Stronger role of key AID/W staff in S&T and other Bureaus in identifying opportunities and supervising TA quality, outcomes and other AID programs;

- Develop a few intensive field sites for the purpose of improving methodologies or techniques in high priority areas and to develop a larger pool of experienced consultants for the future (tier 3).

Criteria recommended for prioritization include:

- Content areas or behavior with greatest likelihood of demonstrating high impact on child survival and nutritional status (a) breastfeeding, (b) increased use of growth monitoring, and (c) infant feeding practices during infections, especially diarrhea;
- Communications approaches proven to be effective in changing behavior, i.e. social marketing with stronger monitoring/supervision and evaluation mechanisms;
- Program context which provides at least a minimal level of commitment, infrastructure, and resources that can be used for sustaining activities. AID projects that participate in buy-ins in the first two years should receive top priority.

Projections based on past utilization rates and factoring in expanded field needs due to child survival projects as well as new or expanded centrally funded TA indicate that over the next five years approximately 250 person months of TA will be needed in about 40 countries. The cost of a three tiered program is estimated at \$ 4.8 million over a five year period with an estimated 30 percent in buy-ins.

- The report is divided into eight sections. Findings, conclusions and recommendations are covered in Sections VI and VII. The evaluation objectives and methodology are described in Section II and III respectively. Section IV covers the program strategy. Volume III contains brief reviews of each consultant report.

## SECTION II. INTRODUCTION

In September 1979, a group of organizations specializing in educational management and research, international mass media communications, and participatory community educational techniques was selected through the competitive process to implement the S&T/N Education Field Support Project and the nutrition education components of the S&T/N Maternal and Infant Nutrition Project.

The objective of the Nutrition Education Field Support project was to provide technical assistance to USAIDs, host country, counterparts, Private Voluntary Organizations (PVOs), and to the Peace Corps. This was for the development, implementation and evaluation of nutrition education components of sectoral programs in agriculture, health, food commodity programs, education etc., as well as of direct nutrition projects. The project was considered S&T/N's principal mechanism for implementing the educational component of AID's nutrition strategy.

Recognizing that a number of factors may cause nutrition problems, AID's nutrition strategy (January 1984) was composed of four models of malnutrition, each addressing a key problem area as follows:

1. Supply (production and imports);
2. Demand (distribution, food price, consumer income);
3. Ignorance and motivation;
4. Malabsorption or poor biological utilization of nutrients.

For the ignorance and motivation model (#3 above), motivation through education, backstopped by applied research, was suggested as the programming strategy.

"AID field missions will support public motivation and education programs, especially through the schools, maternal and child health centers, and non-formal education programs."

The objective of the Maternal and Infant Nutrition project was to influence policies and programs in developing countries so that good infant feeding practices, especially breastfeeding, are supported. Nutrition education technical assistance was provided along with distribution of a newsletter worldwide; research grants and conferences/workshops.

The chief contractor for these nutrition education activities, was the Education Development Center (EDC), with Save the Children Federation and Manoff International as subcontractors. Collectively, they were referred to as the International Nutrition Communication Service or INCS.

INCS functioned as a consortium of educational, medical, marketing and social service institutions which provides technical support for nutrition education/communications activities in the Third World. Founding institutions, in addition to Education Development Center, Manoff International, Save the Children Federation, included the Harvard School of Public Health, the University of California at Los Angeles School of Public Health, and La Leche League International. EDC coordinated the INCS consortium activities, sharing project implementation with Manoff International and Save the Children.

INCS has been financially supported by AID largely through S&T/N but also by the Regional Bureaus and FVA. Limited additional funding has been provided by the United Nations (UNESCO, FAO, UNICEF and WHO (in-kind)).

INCS provided short-term technical assistance and seed money to nutrition and nutrition education projects overseas. It also produced reference materials for projects in the field, such as country nutrition data profiles and catalogues of exemplary nutrition education materials.

Work conducted by INCS with funds and AID/W directions coming out of the Nutrition Education Field Support project were called Part I activities and others out of the Maternal and Infant Nutrition project were called Part II activities to coincide with the two parts of the initial RFP.

Since 1979, the modus operandi and substantive focus of INCS activities have changed to accommodate changing needs of clients in AID/W and overseas and to incorporate lessons learned during the course of contract implementation. Part I of the contract was converted into a Cooperative Agreement in 1983 and extended to 1985. Part II of the contract was amended in 1982 and extended to 1985.

In anticipation of the expiration of both contract and agreement in late 1985, AID's Office of Nutrition funded an evaluation of the INCS contract in its entirety. The focus of the evaluation is assessment of:

- compliance with the contract/cooperative agreement objectives;
- results achieved;
- effectiveness and efficiency of administrative functions;
- observable impact of nutrition technical assistance activity on host country programs and institutions (i.e., follow-on nutrition activities, institution-building).

The evaluation is designed to answer two questions of primary interest to AID:

1. Has the Nutrition Education Field Support Project been designed, implemented and managed effectively by INCS to achieve the stated project objectives as defined in the contract and cooperative agreement scope of work?
2. Is a broad based technical assistance model the most effective way for AID/W to provide support services for maternal/infant nutrition and nutrition education and to achieve institution-building in the project's recipient countries? What alternative models might be more effective?

### SECTION III. EVALUATION METHODOLOGY

Information and data for the evaluation came from four primary sources.

- Interviews with AID Office of Nutrition and other AID staff, INCS staff, INCS Board members and consultants;
- Review of INCS reports and other project documentation;
- Field visits to San Diego Lactation Program, Indonesia and Thailand;
- Survey questionnaire of USAID Missions about INCS' assistance.

Each of these sources is described in a separate section in the following pages.

#### Interviews

From April through June 1985, three meetings were held with staff from the AID Office of Nutrition to discuss the background to the INCS contract and cooperative agreement, and AID's expectations for the evaluation. The AID Project Monitors for the contract and cooperative agreement respectively provided copies of INCS reports and correspondence concerning all aspects of INCS activities since 1979. Office of Nutrition staff briefed the evaluators on those aspects of the INCS project on which they wanted the evaluation to concentrate. These were:

1. Organizational issues
  - a. management
  - b. finance
2. Technical issues
  - a. technical assistance
  - b. training
  - c. information/publications

Discussions were held in Boston with all the INCS staff, and the President of Educational Development Center, INCS' parent organization. Separate discussions were held with INCS Board members, with Manoff International, and with selected consultants.

In addition to staff of the Office of Nutrition, a nutrition or health project officer in each of the AID Regional Bureaus was interviewed, as were individuals from the Food for Peace Office.

#### Review of Project Materials

During the life of the contract and agreement, INCS has published over 160 consultant reports, two catalogues on educational materials, 33 Maternal/Infant Nutrition Reviews (MINRs), and several proceedings of workshops, technical issues papers, etc. Because it was impossible for the evaluators to thoroughly review each of these documents, a selected sample of consultant

reports was chosen, which best illustrated the role played by INCS and which represented geographic regions, nutrition education (Part I), and maternal/infant nutrition (Part II), activities and content areas. Under Part I, the Nutrition Education component, INCS assistance to projects in the Dominican Republic, Ecuador, Cameroon and Congo were reviewed. Under Part II, the Maternal/Infant Nutrition component, focus countries were Burma, Cameroon, Honduras, Indonesia, Thailand and Tunisia.

### Field Visit

From June 19 through July 6 1985, an evaluator spent one day visiting the San Diego Lactation Program, and a week each reviewing INCS supported activities in Indonesia and Thailand. A detailed report of this field trip is given in Volume II.

### Survey Questionnaire

Because the primary focus of INCS activities has been support and technical assistance of field projects, the evaluators felt it was important to obtain feedback from the field staff of USAID missions regarding INCS activities. A questionnaire was developed which was used to survey 40 USAID Missions worldwide asking for their assessment of the overall usefulness of INCS assistance. Comments on the MINR for each country were also solicited, as well as suggestions for future planning of AID centrally managed technical assistance in nutrition education/maternal/infant nutrition. A copy of this questionnaire is provided in Appendix 2. Out of a total of 40 questionnaires mailed, responses were received from 26 Missions, for a response rate of 65 percent.

## SECTION IV: PROGRAM DESCRIPTION

The INCS program contained two components: Part I, to provide short-term technical assistance in response to field requests and Part II to provide more focused assistance in support of breastfeeding and maternal/infant nutrition projects.

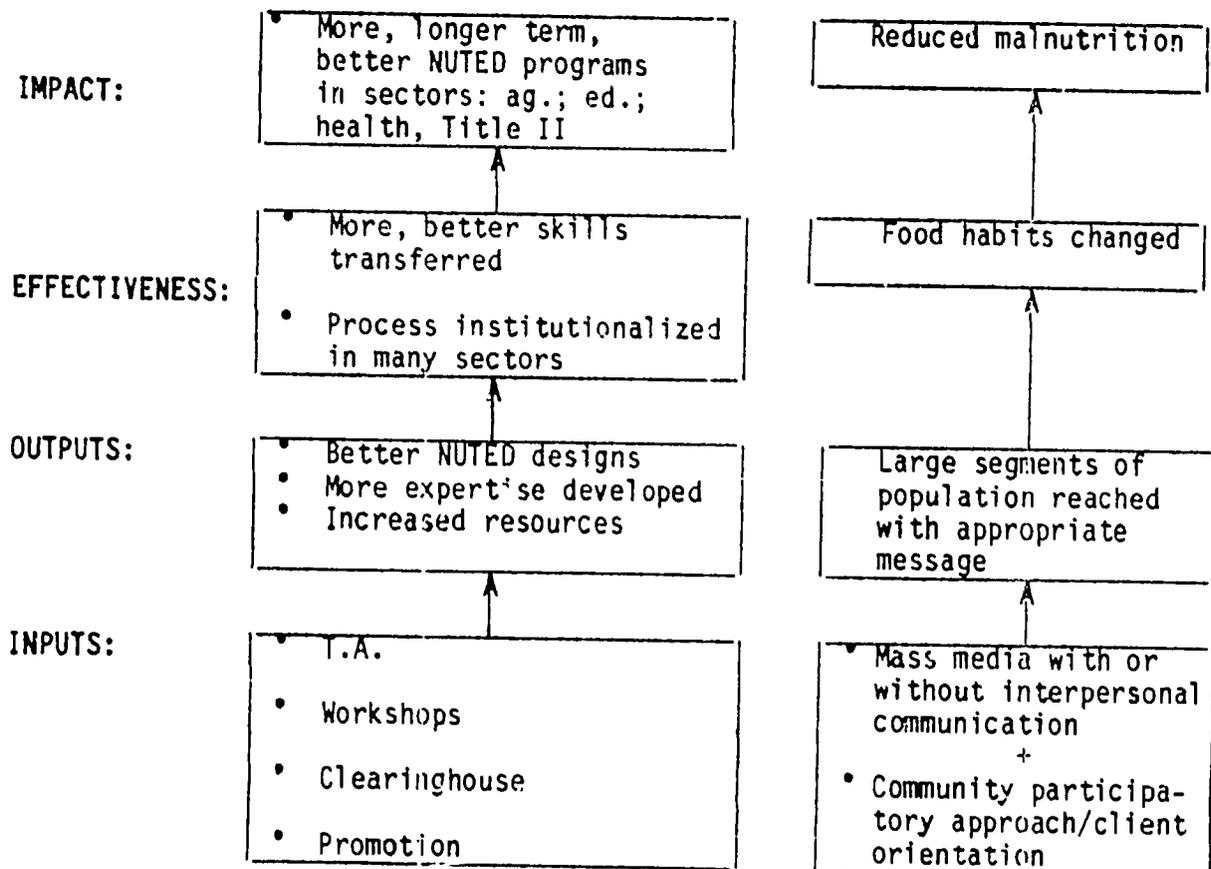
### A. Part I: Nutrition Education

#### 1. Background

The project paper for nutrition education (Project No. 931-1065) was developed in 1978 and approved in 1979. The rationale behind establishing a centrally funded source of technical assistance in nutrition education consisted of the following:

- Food habits are a key determinant of nutritional status of vulnerable groups;
- Newly developed methodologies which use mass media and other techniques can successfully change food habits;
- Expertise is now available especially in mass media to provide the needed technical assistance (see Figure 1 below).

**FIGURE 1. PROJECT DESIGN**



The decade preceding the design of project 931-1065 had seen a significant investment by AID (S&T/N) in the then brand new belief that "if you can sell soap...you can sell nutrition." Manoff International, a private sector ad agency, had been commissioned to test these ideas in the Philippines and Nicaragua. Evaluation of these activities had proven positive. Other international agencies, e.g., CARE and UNICEF and other AID units had independently arrived at the same conclusion, that commercial marketing techniques had much to offer in programs with social objectives such as nutrition and health.

AID field missions were polled via cable in mid-1978 for their input in designing a centrally funded nutrition education project. A number of missions cabled back positive responses--some specifically identifying projects, subject areas, activities and level of effort for the short-term technical assistance. The greatest response was from the Latin America/Caribbean region. This region has proved to be the primary user of this service over the past six years.

## 2. Strategy

A \$1.98 million four-year strategy was developed to meet field needs and project goals. This consisted of the following activities:

- One-week planning workshops followed by one week of TA and/or training will be held in each participating country, funded by the new project with the intent to develop a country specific program plan.
- Country host institution and/or USAID/other donor will design, fund and implement follow-on activities resulting from the program plan devised above. No implementing funds or extended TA would be provided by the new project.
- Up to 8 regional conferences will be held in all regions to promote information exchange.
- An information clearinghouse will be formed to collect and loan examples of education materials in use worldwide;
- A series of analytical and descriptive papers or compendium will capture lessons of experience from project funded and other activities.
- An S&T/N managed set of small research grants (not to exceed \$50,000) will be used to help fill identified gaps needing operations research in the field.

There were no special types of programs identified as having priority, in part due to the broad range of needs identified in mission responses to the cable. The activities were oriented towards providing rapid assessments of the nutrition-education status in a participating country followed by development of "plans". Presumably this would enable the newly available techniques to be incorporated into whatever was already under way, i.e.: to institutionalize the process.

The contract was designed to play a purely supportive role, there was no notion of "research and development", no intention of running project-controlled field programs with specific intended outcomes. Whatever knowledge was available was to have been transferred with development of new technologies, a welcome by-product at best. However, to enable non-participating countries to share in the project's benefits, lessons learned in applying known technologies to different situations were to be written up--published in compendium form and examples of materials, existing and newly developed, were to be shared widely through the clearinghouse. An improved, effective set of nutrition education activities would presumably have resulted from using more mass media, more formative evaluation and other new techniques, more participatory approaches for message design in the participating countries. In actuality little was done to capture lessons learned in a form that could be easily used for future activities.

The project evolved considerably from its original precept in 1979. Much enhancement in the state-of-the-art occurred. Other Manoff International projects, mainly the World Bank funded Indonesia project, broke new ground in applying social marketing to nutrition behavior. In particular, methodologies for pre-project investigations into feeding behavior constraints were improved upon. The importance of message design and media selection were reinforced. Qualitative techniques and a disciplined approach to program development were identified. Results convincingly demonstrated behavior changes and improved nutritional status.

When the INCS program was designed in 1979, the total level of effort under the contract was estimated at 70 person months for 4 years at an estimated cost of \$1.2 million. The level of effort and project deliverables planned versus achieved are given in Table 1.

TABLE 1: PROJECT DELIVERABLES

(931-1005 Nutrition Education)

PRODUCTS	PLANNED		ACCOMPLISHED
	4 Years	Projected to 6 Years	6 Years
1. TA and workshop reports	24	36	76
2. Conferences	8	12	6
3. Compendium	1	1	0
4. Catalogues	0	0	2
5. Person Months TA	70	105	132
6. Person Months Training	?	?	85
7. Budget (\$)	\$1.2m	\$1.98m	\$1.98

The volume of requests and therefore person months and reports generated greatly exceeded expectations. However, availability of experienced consultants, lack of communication to adequately plan and use the technical assistance provided, and limited programming or absorptive capacity in the clients hindered achievement of program goals. In many instances, recommendations and other outputs of the technical assistance were not fully used.

INCS seems to have assigned low priority to synthesis of lessons learned into conceptual models for improved nutrition education. This is indicated by the absence of the compendium or other product to transmit the state-of-the-art. This was to have been a key element of AID's strategy for promoting better nutrition education. It is recommended that INCS be directed by AID to complete the compendium as soon as possible.

A management review was conducted in 1982 by S&T/N with representatives from other Bureaus. They concluded that project design not be changed. However, more promotion was needed in the field to make known the services available. The review team noted that "...the technical competence of the contractor and consultants has been of high caliber, the project is meeting the defined objectives and the activities conducted have been responsive to field needs."

In 1982 S&T/N decided to extend the duration of INCS activities to 1985 due to continued demand from the field. Additional funds were provided to bring the total contract amount for generic nutrition education to \$1.98 million. The substantive focus was later sharpened and modus operandi altered in 1984 to improve its effectiveness as follows:

- Nutrition education TA in support of the following areas where work was already scheduled would receive higher priority:
  - PL 480 Title II supplementary feeding program
  - Agriculture school curricula
  - Primary health care and agriculture extension programs
  - Undergraduate public health nutrition
  - Mass media campaigns
  - Library and clearinghouse for education materials
- In addition to TA, INCS would provide seed money for projects and fund conferences.
- INCS would more actively promote high priority activities in selected countries and not simply wait to respond to requests from the field.
- The procurement mode was changed from contract to cooperative agreement. This implies less control by AID and fewer pre-procurement specifications regarding INCS activities and products respectively. The intention is to support a center of excellence for the public good.

In retrospect, the evaluation team did not find sufficient justification for awarding the Cooperative Agreement to EDC in lieu of a contract. Because few USAID field staff had nutrition programming expertise, AID/W technical officers had to play a stronger, not weaker, role in monitoring technical assis-

tance relevance and quality. Subcontractors and other institutions within INCS had widely acknowledged world leadership and made recognized contributions in the technical areas of international nutrition, MCH and social marketing. EDC, on the other hand, provided mainly administrative coordination for the INCS project. There was no evidence of EDC's commitment to maintaining INCS as a center of excellence without ongoing AID support.

## B. Part II: Maternal and Infant Nutrition

### 1. Background

In 1977 a new mandate was added to AID's legislation "encouraging AID to devise and implement maternal nursing education programs integrated with nutrition and health improvement programs for mothers and children." This grew out of concern internationally about the declines in breastfeeding and the growing controversy about the use of infant formula. AID, as well as other international organizations, developed recommendations for priority activities to improve international assistance for alleviating nutritional problems of pregnant women and young children.

The AID strategy which emerged focused on several components:

- Sensitization and education of policy makers, medical professionals regarding the importance of breastfeeding;
- Improving public awareness and motivation by dissemination of information;
- Training of service delivery personnel in problem management of breastfeeding;
- Studies to improve understanding of patterns and determinants of infant feeding and maternal nutrition problems.

The scope of work of Part II of the INCS contract was directly related to these priorities, calling for a series of "sensitization" workshops for health professionals on breastfeeding, mass media campaigns, survey research on infant feeding, and publications. Although the initial focus of the INCS contract was defined as "maternal and infant diet practices: nutrition education and training," a joint decision between S&T/N and INCS narrowed that focus almost exclusively to breastfeeding in 1982. The INCS scope of work was altered to reflect this change of emphasis. The goals and activities to be undertaken are listed in the following section on strategy.

### 2. Strategy

The original contract which INCS signed with the Office of Nutrition in 1979 was in the amount of \$1,786,192, and was to extend through September, 1983. Of that total, \$554,220 was earmarked for Part II activities: education, training and workshops specifically in the breastfeeding, weaning and maternal nutrition. However, that four-year budget was spent during the first two and one-half years of the contract due to the number of requests from the field for assistance. As a result, the INCS contract was amended in

April, 1982, and an additional \$589,265 was allotted to INCS for activities under Part II of the contract. The strategy for Part II of the contract focused on four areas:

1. Assist developing countries and PVOs in strengthening their capabilities to design national strategies, formulate policy and develop programs for improving maternal and infant diets through education and training activities.

Goal: Better national maternal and infant feeding strategies and programs in at least five developing countries, through

- Workshops -- to assess ongoing programs and policies; to identify mechanisms and involve key policymakers in implementing programs; to design educational and training programs; and to identify financial and technical resources to support program and policy changes.
- Develop and manage country specific data bases for planning and program design -- compilation and analysis of existing data in the form of Maternal and Infant Nutrition Reviews; and short-term technical assistance to develop counterpart capability to design, collect and analyze information on determinants of maternal and infant feeding practices.

2. Develop modules on breastfeeding, weaning and maternal nutrition appropriate for medical and paramedical curricula and for short-term training and program managers, supervisors, and trainers in health and nonhealth sectors.

Goal: Medical and paramedical curricula in maternal nutrition and infant feeding introduced or improved in at least five developing countries; program managers trained in at least three developing countries, through

- Workshops -- designed to update medical personnel regarding maternal nutrition and infant feeding practices; to develop and adapt new scientific knowledge into training modules for country and regional use; and to test and evaluate training modules.
- Technical assistance -- assist developing country counterparts in curricula design in maternal nutrition and infant feeding practices and establish mechanisms for providing new information in this field.
- Publications -- design and reproduce training manuals in languages as needed.

3. Strengthen mothers support groups.

Goal: Integrate breastfeeding mothers' support groups into national education strategies to improve infant feeding behavior in at least three developing countries, through

- International conference -- to bring together national representatives of mothers support groups from developing countries to exchange experience and develop country specific strategies for strengthening such groups.
  - Technical assistance -- provide short-term consultants to work with mothers support groups in planning, implementing and evaluation of activities, and seek funds from other donors.
4. Design and evaluate mass media and other communications interventions.

Goal: Demonstrated impact of at least three mass media and/or other education programs on improved maternal nutrition and infant feeding practices in developing countries, through

- Technical assistance -- to develop in-country capability to design and evaluate communications strategies.
- Workshops -- to develop guidelines for design and evaluation of cost-effective communications strategies aimed at improving maternal nutrition and infant feeding practices based on actual case studies.

### Combining Parts 1 and 2

At the time that the nutrition education project RFP was drafted, an RFP for nutrition education TA focused only on infant feeding (breastfeeding in particular) was also being drafted (project 931-1010). The Office of Nutrition decided to combine the two RFP's based on the following rationale:

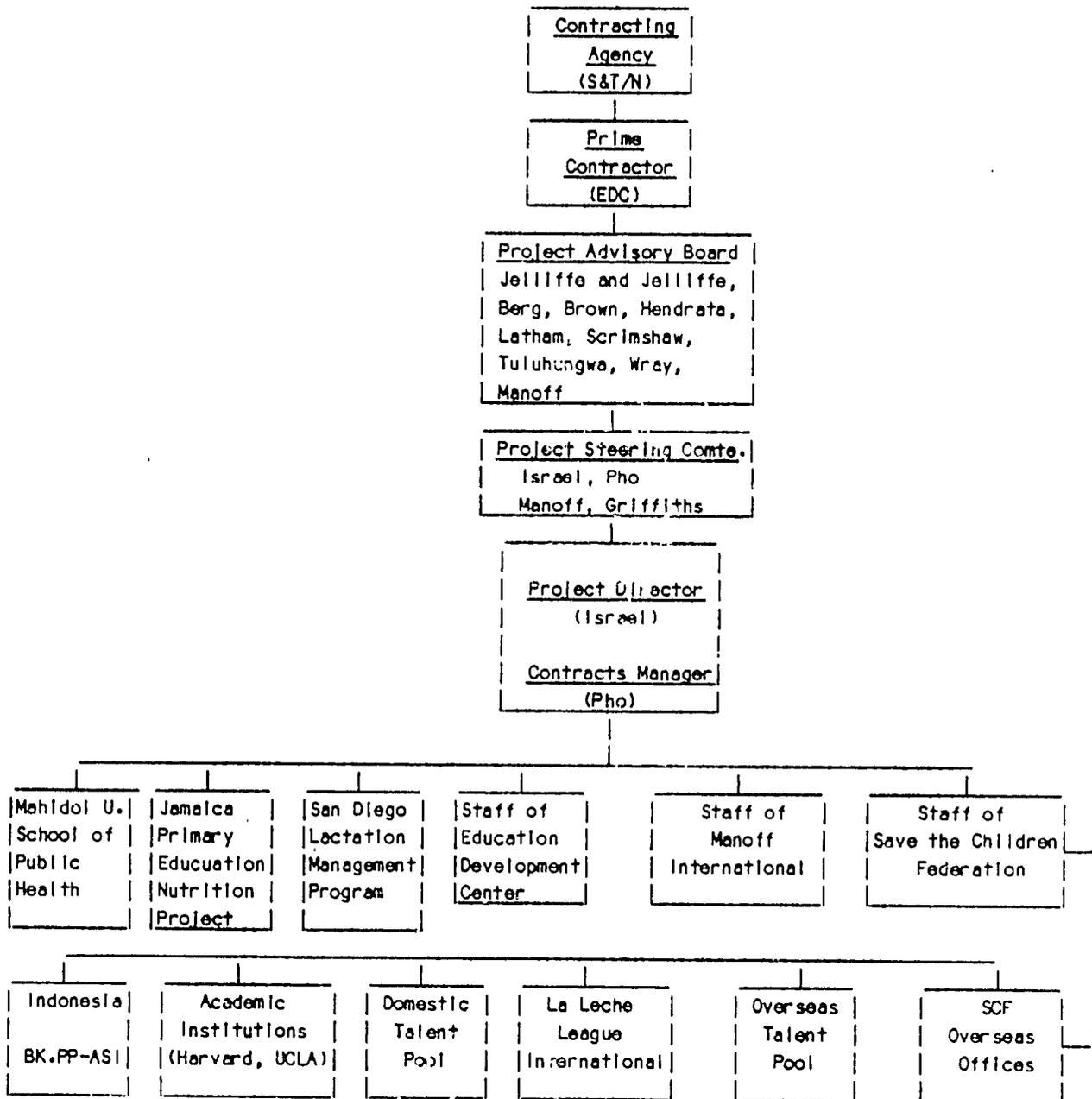
- The same state-of-the-art level of technical expertise and similar types of skills were needed to achieve both project goals.
- Host country projects wished to utilize both types of nutrition education TA (the more generic type under project 931-1065 and the infant feeding oriented TA under project 931-1010).
- Duplication, contradiction and limited cross-fertilization of ideas could result from two different contractors providing TA for each of the two projects. It would be most cost-effective, therefore, to concentrate resources.

While the same contractor would provide all the TA, Project Management at the S&T/N level was kept separate, primarily to ensure that the project goals of the two projects would be met.

### C. Organization and Management

INCS functions as a consortium of organizations and individuals of which EDC as prime contractor and Manoff International and SCF as subcontractors have formal contractual relationship with AID. INCS is primarily funded by AID and has been in existence since 1979. See Figure 2 for INCS organization.

FIGURE 2. INCS ORGANIZATION



EDC (Education Development Center), a non-profit organization located in Newton, Massachusetts, is on the outskirts of the Boston-Cambridge area. Through USAID mission contracts e.g., Mali Primary Health Care Project EDC had developed international programming expertise prior to the INCS program. At present, however, S&T/N is its major source of funds for international health and nutrition education programs. See Table 1A.

EDC directs the overall project in terms of:

- Consultant selection
- Role of advisory board
- Liaison with AID
- Setting priorities

**Table 1a: EDC INTERNATIONAL HEALTH EDUCATION PROJECTS**  
1975 - 1985

**PROJECT HIGHLIGHTS**

<u>Project Title</u>	<u>Funding Source</u>	<u>Level of Effort</u>	<u>Duration</u>
Colombian National Health Survey	UNICEF & Colombian MOH		
Mali Rural Health Project	AID & the Govt. of Mali	\$2,650,000	1978-82
International Nutrition Communication Service	AID/Office of Nutrition - S&T	\$3,549,800	1979-85
The Weaning Project	AID/Office of Nutrition	\$ 61,549 (EDC only)	1984- (3 yrs.)
UNESCO Health Education Projects	UNESCO	\$ 10,000	1984-
Short-Term Medical Seminars	ARAMCO Services, Inc.	\$ 18,000	June 1985
Primary Health Care Technology Project II	AID	\$1,500,000	1985-90
<b><u>TOTAL:</u></b>	7 projects	\$8,465,596	10 years

Subcontractors and other members of the consortium were called upon as EDC deemed necessary. With no substantive areas subcontracted out however, certain institutions tended to be called upon more frequently to provide consultants for certain substantive areas. Examples:

- Manoff International for mass media, message and materials design
- SCF for community-based training using participatory approaches
- UCLA and Harvard for surveys and training health professionals
- EDC for formal curriculum
- La Leche League for breastfeeding techniques

The functional components of INCS included:

- Advisory Board
- Steering Committee
- Management Staff
- Consultant Pool

The Advisory Board, consisted of seven experts in breastfeeding, health and nutrition education, maternal and infant nutrition, non-formal and commu-

ity-based education, communications and social marketing. It met approximately annually. Current members are listed in Figure 2.

The project Advisory Board expected to play an important role in the project, particularly in helping to design the initial seminars and workshops; establish and monitor the work of the clearinghouse; determine the proper mix between media, training, and other forms of assistance; design baseline data surveys; and design and monitor evaluation techniques. The Advisory Board is responsible for formulating project policy and strategy in the early stages of implementation of each project. In fact, it was difficult to utilize the Board or its members in making key decisions on a day to day basis. Meetings served an informative exchange purpose. Few decisions or policy directions were taken by the Board.

A project Steering Committee, consisting of one representative of each implementing institution, along with the Project Director, was scheduled to meet regularly and was the chief implementing body of the project. Its decision-making role focuses on project personnel, relations among the collaborating institutions, project finances, logistical issues, and practical considerations bearing on effective field work. The Steering Committee is currently composed of the following members:

- Ron Israel, EDC  
Director of International Programs
- Richard Manoff, Manoff Intl  
President
- Lan Pho, EDC  
Contracts Manager
- Marcia Griffiths, Manoff Intl  
Senior Vice President

To carry out its day to day tasks, INCS relies on a Management Staff composed of the following members:

- Project Director -- RONALD C. ISRAEL
  - Strategic planning
  - Project design
  - Substantive guidance of consultants
  - Project monitoring
  - Review reports
- Contract Manager -- LAN T. PHO
  - Project management and administration
  - Day-to-day communication with AID
  - Liaison with subcontractors
  - Review reports
- Nutrition Communication Specialist -- CHRISTINE HOLLIS
  - Overseas TA
  - Briefing and debriefing consultants
  - Weaning Foods liaison
  - Review reports

- Editorial and Administrative Assistant -- CHRISTINA WARE

- Materials production and dissemination
- Travel and clerical
- Consultant report production and distribution

INCS has witnessed some turnover in key management staff; the Contract Manager, Nutrition Communication Specialist and Editorial and Administrative Assistant are new personnel. The contract manager and nutrition communication specialist positions were strengthened in response to AID and INCS felt needs, particularly for improving AID - INCS communication on management (consultant scopes, selection, briefing, reports, etc.) and technical issues (need to institutionalize and control quality of TA in the communications approach being promoted). For more details on INCS functioning, see Volume III.

## SECTION V. EVALUATION FINDINGS - TECHNICAL ISSUES

### A. PART I AND COOPERATIVE AGREEMENT: NUTRITION EDUCATION

The project was designed in 1979 and revised in 1983 with certain stated and implicit assumptions; some of which were proven correct during the next six years. These were:

- Field missions and PVOs needed centrally funded and managed short-term TA in nutrition education on an ongoing basis.
- Demand for TA came from projects across a range of sectors including agriculture, health, education, community development, and nutrition, per se.
- The state-of-the-art in communication or social marketing as applied to nutrition or MCH was not accessible to field programs except through this type of AID/W project.
- A wide gap exists between how nutrition education is done in the field and the current state-of-the-art.
- Short-term TA and workshops played an effective role in bridging the gap between what is known to be effective and what is actually practiced (though longer-term TA and seed funds need to be provided as well).
- The application of social marketing disciplines enhanced the effectiveness of nutrition education programs.

Assumptions that needed modification or were not proven correct included:

- Ready availability of high quality technical expertise in the application of social marketing to nutrition behavior.
- Sufficient awareness and therefore demand existed for expanding the use of radio and other broadcast communications in nutrition education, and for application of participatory approaches to strengthen training activities
- Short-term TA (1-2 weeks) and workshops alone provided the catalytic force needed to promote and institutionalize the newly developed state-of-the-art in nutrition education.
- A global clearinghouse on nutrition education for dissemination of materials and methodologies could be developed and run with minimal resources.

#### 1. Analysis of Project Design

Since INCS began providing technical assistance under Part I of the contract in December 1979, it has assisted 30 countries in nutrition education. Twenty-three of these were in Latin America and Africa. In many instances,

more than one visit was made to each country, totaling 76 country assignments through the end of May, 1985.

### INPUTS

The project utilized approximately \$1,980,000 for the nutrition education component. This represents 132 person months of technical assistance. Tables 2 and 3 provide a breakdown of the inputs by region.

**TABLE 2: PART I - ASSISTANCE BY ACTIVITY**

TYPE OF ACTIVITY	PERSON MONTHS
1. Training workshops	23.3
2. Food aid	19.4
3. School curriculum	17.3
4. Mass media	12.6
5. PHC and Ag Extension	11.4
6. Non-formal/Participatory	7.7
7. Other	40.9
<b>TOTAL</b>	<b>132.6</b>

**TABLE 3: PART I - ASSISTANCE BY REGION**

REGION	PERCENT	COUNTRY
LATIN AMERICA	65%	(Honduras, Ecuador, Panama)
AFRICA	25%	(Congo, Cameroon)
ASIA	10%	(Indonesia)

## OUTPUTS

The following variables reflect the highly responsive, flexible and adaptive nature of this contract. Changes were made in project strategy to accommodate field needs.

**A. Technical Assistance:** Short-term TA was the chief output of this contract as intended in the design. Over 75 technical assistance assignments were undertaken in 30 countries. These were in the following areas.

1. **Country Programs Improvement:** Government and PVO nutrition education programs were assisted in needs assessment, strategy development, implementation and evaluation. Most were free-standing nutrition programs or nutrition education agencies in India, Thailand, Sudan, Honduras, and Guatemala. In others the assistance was provided to a nutrition education component within another sector, for example, Bolivia, Jamaica, and Peru (Ministry of Education), CRS in the Dominican Republic (Community Development), Cameroon (Ministry of Health). Of a total of approximately 42 activities, 30 were for needs assessment and various stages of project design. Eleven activities related to evaluation of programs.
2. **Training:** About 20 activities were undertaken for in-service training workshops and working conferences. Of these, six were to plan workshops and 14 to participate as trainers and resources. See Appendix 3, Volume 3 for a listing of all INCS training over seas.
3. **Curricula and Materials:** About 17 activities were focused on design and testing of nutrition curricula (Education, Health and Agriculture Sectors) or materials (mainly in the MCH context).

The format of short-term TA differed considerably from the original project design to accommodate field needs. Rarely did a team of consultants operate in a "planning workshop." Rather, individuals or teams worked one-on-one with counterparts in group meetings and side-by-side, in the field for designing, evaluating, and conducting needs assessments. Also, INCS responded positively to repeat requests for follow-up, providing a series of centrally funded, short-term TA if needed. The original contract had predicted one or two planning/training visits per country.

The content of TA varied widely, depending upon the individual consultant selected/available for each assignment. There is no evidence of synthesizing lessons learned and developing standardized approaches even in subject areas for which requests were received repeatedly, e.g., growth monitoring (Sudan vs. Dominican Republic), evaluation (Costa Rica, Zaire, Chile). The educational approaches or ideologies propagated ranged from the Srinivasan participatory methods (broad-based community development with self-sufficiency objectives conducted on a micro scale of one community at a time) to the Manoff reach and frequency approach of commercial advertising. There was an interesting experiment in Panama to combine Social Marketing and participatory approaches which could not be followed up fully due to time constraints of the consultants.

INCS appears to have functioned as a clearinghouse of technical assistance which made available an assortment of approaches. This seems to have worked best when the requester was knowledgeable enough to explicitly request a consultant by name. There was no consensus among communications experts and users whether more could have been gained from the INCS contract if some effort were made to refine and promote only selected approaches. Efficiency could have been improved by systematically reviewing experiences within each major category of work and developing a mechanism of briefing or guiding subsequent consultant regarding what was learned. INCS had access to highly experienced consultants who could have led these efforts for each major category to ensure continuity and high technical quality.

It was difficult to assess the success with which client needs were matched with consultant strengths other than for language and general experience. Overall, AID missions and AID/W staff were satisfied with the services provided. However, complaints were made about the lack of sufficient consultant time in-country, insufficient follow-up TA and lack of continuity or consistency among a series of consultants going to a particular country for the same assignment. Delays in reports were also cited as a serious issue in a few countries. Debriefing and periodic reviews for AID/W technical officers would also have strengthened INCS effectiveness.

**B. Workshops and Conferences:** Apart from providing short-term TA to a variety of training workshops, INCS conceptualized, planned and funded working conferences. These were:

- Regional Seminar for Latin America in Panama in 1980;
- Regional Conference for Francophone African Countries in Cameroon in 1980;
- Nutrition Education Workshop for Anglophone Africa in Sierra Leone in May, 1981;
- National Seminar on Materials in Peru in 1981;
- Message and Materials Development for South Pacific in Fiji in October, 1982;
- Adaptation of Prototype Nutrition Education Materials in Ghana in September, 1982;

This activity was a major deviation from the project design which called for two regional conferences per region during a four year period for information exchange purposes. Regional bureaus, missions, consultant and counterpart feedback indicated that this should receive lower priority than in-country technical assistance and training workshops relevant to specific project activities.

**C. Clearinghouse:** A library of one-of-a-kind nutrition education materials has been developed with persistence and care. Individual consultants, other clearinghouses in the U.S. and overseas have provided the materials. These are housed at EDC in Newton, Massachusetts. Budgetary provisions for this

activity could not support the staff and other direct costs (printing, supplies, postage) needed to effectively synthesize and disseminate materials. INCS followed the cost-effective strategy of publishing catalogues of materials held in the library. These contain annotation and a practical indexing system to guide the user. Individual materials are not distributed and cannot easily be borrowed. Approximately 15-20 developing country personnel come through EDC per year and peruse the display of materials. Individual requesters of information are referred to the catalogues or may be sent one of the few technical papers published or referred to another clearinghouse.

A compendium or manual comprised of case studies and synthesizing lessons learned was in the original contract and the cooperative agreement but has not been published to date. It is recommended that INCS do so as soon as possible.

During the past two years the INCS nutrition education library responded to over 600 requests from the field regarding the acquisition of nutrition education materials. The most recent catalogue published by the clearinghouse was entitled A Guide to Mass Media and Support Materials for Nutrition Education in Developing Countries. The Guide contained reviews of over 325 nutrition education and mass media support materials, as well as a nutrition education game and a "how to" section on nutrition education message development. The "how to" section was one of the few attempts to synthesize lessons learned for wider dissemination.

In addition to the two catalogues (3,000 copies each), the technical paper by Nichter and Nichter on anthropology and nutrition education has been the most frequently requested publication (150 copies).

## EFFECTIVENESS

A. The contract achieved its effectiveness targets in terms of transferring improved techniques for designing and implementing nutrition education materials and programs. This is based on qualitative feedback from field missions and assessments of consultants and their professional peers who had the opportunity of working closely with INCS. The chief areas of skills transfer seem to be:

- The social marketing process
- Materials design and pre-testing
- Participatory methods for training community level workers
- Radio production

Approximately 85 person months of in-service training was accomplished through the workshop mode. More importantly, substantial transfer appears to have occurred due to the short-term nature of consultant presence in-country. This left a considerable amount of the actual fieldwork to counterparts. This appears to be a long, drawn out process, but INCS consultants are satisfied that gains are being made. Accomplishments in this regard in Ecuador and the Dominican Republic for transferring the knowledge of social marketing process and materials development are most impressive.

Overall, it was impossible for this evaluation team to quantify these

outcomes. A number of recommendations were obtained by the team on how effectiveness could be further strengthened. In particular, longer term and more frequent TA combined with seed money for follow-up action were needed.

**B. Institutionalization of nutrition education in other sectors:** This was one of the explicitly stated intended outcomes of the project. Focus areas identified under the cooperative agreement reflect this intention.

1. **Agriculture:** INCS role was to fund technical assistance to help pretest and initiate use of curricula developed by FAOs for schools of agriculture. Local costs for pretesting and translation into Spanish were also funded by INCS in Chile. The curriculum was adopted and is in use in Chile. Pretests were not successful in Indonesia. INCS did not attempt to develop this area beyond the two activities.

2. **Food Aid:** The desired outcome was strengthening nutrition education components of food aid (PL 480 Title II, in particular). Several attempts were made in Honduras (CARE) but with no visible accomplishment so far. The small scale project in Ecuador is the most promising attempt at present. Effort was made to synthesize results of INCS activities with food aid projects in 1983.

3. **Education:** Few gains were made in this difficult area. Activities undertaken in Bolivia and Honduras were not followed up. Despite serious problems locally, the Jamaica program, co-sponsored by UNESCO is considered promising by INCS.

4. **Health:** Nutrition education has traditionally been a component of health programs. Most INCS assistance was utilized and appears to be institutionalized in this sector.

**C. Improved State-of-the-Art:** See the section on outcomes below. The Dominican Republic, Ecuador and Jamaica have provided opportunities to further the state-of-the-art in nutrition education.

### Impact

This evaluation could not measure impact of nutrition education activities, primarily due to limitations of time (elapsed since the project began) and access to counterparts in host countries. The chief variable recommended for longer term assessment of impact is whether more and better nutrition education programs were instituted in various sectors (agriculture, education, health, food aid) over the next five to ten years in those countries where INCS provided the most assistance. Impact will be visible with Dominican Republic and in Ecuador.

The majority of INCS assistance did not go to USAID funded activities. Rather, the centrally funded project appears to have been used as a substitute for mission activities. In the absence of adequate nutrition programming skills in all but two or three of the 73 missions overseas, INCS was viewed as a convenient mechanism to demonstrate AID responsiveness to nutrition issues. Problems arose from inadequate knowledge in AID/W about the specific circumstances and needs of clients around the world that was essential to tailor the technical assistance effectively. Some TA assignments, therefore,

were not suitably matched for timing, expertise, or preparedness. Additionally, there was little follow-up, and only a few have shown evidence of impact on the depth and breadth of nutrition education activities.

<u>Country</u>	<u>USAID Involvement</u>
1. Dominican Republic .....	Mission OPG with CRS
2. Ecuador.....	USAID contractor in country back-stops INCS work
3. Congo .....	USAID OPG with CARE
4. India .....	Bilateral project with direct hire nutrition advisor in country

Honduras, Panama, and Cameroon are other countries where greater USAID involvement has strengthened the impact of the heavy INCS input. CARE in Honduras, a frequent recipient of INCS TA under Part I (over 20 person months), has shown little evidence that the state of nutrition education activities advanced significantly. In addition to the role of USAID involvement, factors that may have strengthened impact in Honduras include: greater involvement, the PVO (headquarters and local) technical staff, development of a logical master plan for providing TA, consistency in approach across the variety of consultants used. These factors seem to have greatly increased the cost-effectiveness of INCS work in the Dominican Republic for example, where only six person months of TA have yielded significantly more and better nutrition education activities with a good likelihood of nationwide expansion (through UNICEF) and institutionalization of the methodology in the PVO (CRS) as well as the government.

## 2. Outcomes

The collective implications of INCS work during the past six years are summarized below to the extent that this evaluation team could determine them within the time and logistical constraints of this assignment. INCS board members and INCS consultants were the primary sources of this information. Any in-depth analysis and synthesis will need more time and content expertise. It is highly recommended that AID direct and guide INCS to do so as soon as possible.

The evaluators asked the question "what are the finite techniques, materials, procedures, etc. that can be applied to AID programs immediately or after a short interval of adaptation and further testing, have emerged from INCS' work?"

1. The "Social Marketing" methodology used by Manoff International: A systematic methodology for making intelligent decisions regarding nutrition education activities is available through the refinement of the Manoff International approach which occurred primarily in the Dominican Republic and to some extent in Ecuador under INCS. It represented a quantum jump forward in ways to design new activities or review existing ones for the purpose of

improving their behavioral impacts through careful message design and media selection.

The INCS/Manoff communication approach is summarized in a recent definition given by Richard Manoff:

"Social marketing is a strategy for translating scientific findings about health and nutrition into education and action programs adapted from methodologies of commercial marketing."

The methodology drew from a number of disciplines including marketing, systems analysis, anthropology and nutrition. It was consumer responsive and based on an iterative process that depended heavily on early feedback during implementation.

A program plan emerged from a series of steps including:

- Identification of priority nutrition problems generally based on existing quantitative data and supplemented with rapid qualitative and/or quantitative research;
- Target audience segmentation;
- Media selection to reach identified audience segments and ability to convey desired messages with the desired frequency and continuity;
- Breaking down education goals into messages and message development that is appropriate to the target audience in terms of solution or proposed behavior change, tone, language and promised benefits;
- Development of a strategy for using various media and materials and selecting them to play complementary roles having approximate frequency, continuity and weight goals to provide the needed exposure at the right times.

A substantial part of the design, including concept development, message design, etc., drew heavily from intensive fieldwork with target audiences using anthropological and market research techniques. The mothers' and families' point of view is emphasized. It is their knowledge and skills base that are the foundation for new behaviors, and their constraints and motivations are responded to.

Formative evaluation at the message design stage is especially stressed "for insights into target audience attitudes that could thwart educational efforts. Only qualitative inquiry--loosely structured so people were not merely respondents to rigid pre-structured questionnaires, but participants in the process, volunteering information and initiating questions undreamed of by the project planners -- could provide these invaluable insights for designing the content of the messages and the media plans and materials" (Manoff). One of the reasons given was that they are far less costly than quantitative studies.

The need for continuous feedback and self-correction is recognized. According to Manoff, "even assuming proper messages and exposure, it is impossible to predetermine the continuity needed for the desired effect. If pro-

cess evaluation reveals changes in attitudes and knowledge and hints of behavior shifts, it should continue in the expectation that changes may be in the offing. If no such dynamics are emerging, then messages and media plans need reassessment." Media plans may involve "short intensive bursts" or long-term continuity depending on the nature of the problem and objective.

The overall thrust was to do a more cost-effective job of changing behavior than "traditional nutrition education." In addition to using popular and effective marketing techniques, the use of mass media played a key (though not mandatory) role in improving cost effectiveness. "Mass media costs little by comparison with face-to-face education and could have a synergistic impact on the work of schools and health centers. The effect could add up to more than the sum of the expenditures."

Social marketing according to this approach, did not necessarily involve either a product or a mandatory use of the mass media. Also, a distinction was made between media (i.e., TV and radio) and media materials (i.e., tape recordings, comic books, etc.). Materials needed media or a distribution agent for delivery. Decisions regarding strategy need to be re-examined throughout implementation. If a particular medium or material achieved less than the desired exposure frequency or continuity then other channels would receive greater and maybe different emphasis.

The consultancy which assisted the CRS program in the Dominican Republic in devising a comprehensive nutrition education component best illustrated INCS' state-of-the-art in communications as applied to community health and nutrition programs. The consultants guided counterparts to select educational priorities (in this case infant feeding, childhood infections, increased food production and community organization) and then helped them develop a detailed strategy for those priorities.

(1) "Educational Priorities"

- Review of quantitative baseline (survey and case studies) to identify 'problem' areas and target population characteristics;
- In-depth exploration of mothers' feelings on current and proposed practices to identify solutions and constraints through focus groups on child growth, breastfeeding, infant foods, diarrhea prevention and treatment.

(2) Strategy Formulation

- Specify role of education program, i.e., change mothers' behavior and promote program;
- Articulate objectives consistent with role;
- For each major objectives, such as, "improve nutrition through household level actions," spell out subobjectives, such as, exclusive breastfeeding for 0-4 months and weaning practices, etc.
- For each subobjective define target group/audience, "action objectives" (what the audience should do) and resistance points or constraints;

- For each audience under subobjectives indicate media and materials to be used.

### (3) Implementation Plan Developed

- Indicate sequence and duration of each activity.

Did the methodology work? Results of an evaluation of the Manoff International project in Indonesia showed that project children

- Consumed more of the recommended foods than children in the control sample;
- Had significantly higher protein and caloric intakes than children and mothers in the control sample;
- Grew significantly faster after five months of age than children in the control sample;
- Never fell below the normal zone on growth charts compared to control children who dropped below the normal zone after the 13th month of life;
- Had a mean weight at 23 months 1 kg higher than control children; and
- 40 percent of the project children had improved nutritional status.

Effectiveness of the growth monitoring program implementation improved in terms of reaching more mothers and children with services (home visits and weighing sessions).

### Applications:

The greatest experience to date has been in applying this methodology to programs with the following characteristics:

- a. MCH programs with growth monitoring.
- b. MCH programs without growth monitoring.
- c. Radio campaigns for maternal and infant nutrition.
- d. Food aid programs (MCH).

It is recommended that during the next phase of application and expansion these activities should devote some resources to strengthening the following elements:

- Methodology or steps to design supervision protocols suitable for MCH nutrition education;
- Analysis of cost implications for expanding activities and continuing them;

- Impact evaluation indicators and methodologies to usefully reflect progress and problems;
- Systematic approach to institutionalize the approach.

**2. Effective Use of Growth Monitoring as a Motivational Tool for Mothers:** One of the most promising breakthroughs resulting from INCS work was the development of a replicable technology for making effective use of growth monitoring as a motivating factor in bringing about better nutritional status. Based on the techniques developed in Indonesia, methods were refined and applied in Dominican Republic and Ecuador. These can be transferred immediately to other programs. As noted in item 1 above, the following components may need increased attention, now that the methodology has evolved considerably:

- Supervision and monitoring options
- Projecting costs
- Evaluation indicators and methods

In addition, the use of growth monitoring to expand immunization and ORT coverage needs to be developed.

**3. Short In-Service Training Courses for Nutrition Educators:** This related to item number 1, and was an effective dissemination tool for the social marketing methodology. In several cases, the process ended at materials pretesting. The curriculum covered an overview of the approach, using existing and new information to establish educational priorities; field experience with qualitative methods for identifying solutions and resistance points, prioritizing messages and testing materials; developing implementation plans. Workshops conducted in Peru, Fiji, Panama, Dominican Republic and Sierra Leone reached some 125 educators.

**4. Participatory Approaches for Training Community Nutrition Workers:** Consultancies through the Save the Children subcontract focused on participatory approaches. These were used in programs to motivate and train community level workers in PVO programs having a community development orientation. Examples included IIRR in the Philippines and Guatemala.

There may be a complementary role for the social marketing and participatory approaches within programs such as the experiment conducted by INCS in Panama with DINNFA. This could not be satisfactorily concluded due to other reasons. The full potential of participatory approaches cannot be demonstrated from INCS' work so far but needs further exploration.

#### CASE STUDIES

A total of 30 countries have received INCS assistance so far as follows:

- Africa 11
- Asia 7
- Latin America/Caribbean 12

Countries which have received the most assistance are Honduras, Congo, Ecuador, Panama, Cameroon, and Indonesia.

Based on the level of INCS input and INCS recommendations the following countries were chosen to exemplify the role that short-term TA has played and could play in the future.

## DOMINICAN REPUBLIC

### Background and INCS Role

The program, Applied Nutrition Education Program (ANEP), is a 3-year USAID OPG with CRS operating in 70 rural and urban communities scattered nation-wide. AID/W was asked to provide TA in two areas:

- (a) Monitoring and Evaluation. This consultancy (not through INCS) led to the use of a baseline instrument and an information system for child growth indicators that serves community level to national level program managers.
- (b) Nutrition Education. Through INCS, a series of three consultancies has led to qualitative and survey research for program design; comprehensive plan for nutrition education activities including messages, implementation plan and a radio component. The MIS in (a) above was enlarged to include behavioral and cognitive indicators that would serve nutrition education components of the program as well.

An important continued role of INCS resulted from two factors: the perseverance of the S&T/N project manager at the time of project design and the success of the INCS consultants who initiated TA activities.

The project covers the following activities:

- Growth monitoring
- Nutrition education
- Income generating projects
- Home gardens
- Water and sanitation

### Issues

- Cost of materials and appropriateness for large-scale expansion.
- How were messages identified and prioritized? Goal oriented? Goal of overall program reinforced with materials? Evidence that behavior(s) will result in impact? What is INCS philosophy and techniques for message selection and prioritization?
- Nutrition education for changing feeding behavior addresses only one of two main proximal determinants of nutritional status, the other one being infection. Content of materials and messages indicate efforts to work on ORT -- but was infrastructure available to support successful ORT? Should INCS be asked to assume responsi-

bility for these health-type components or does this responsibility lie at AID level, e.g.: coordinating with other TA groups and reviewing project designs such as of the CRS - OPG so that parallel TA in ORT could be scheduled from other sources?

- Evidence that management information system for child growth and feeding behavior was useful? Other key management areas, namely, supplies, competition among worker tasks, and supervision and worker motivation were identified as a constraint in program effectiveness. What TA can INCS provide in these program management areas? Is expertise in nutrition program management available--does it need to be developed a focused way? Need for building in stronger evaluation elements in INCS activities.
- How to deal with behaviors identified as most resistant to change in mother, such as, intra-household targeting of foods to mother or a child, continued feeding during diarrhea and using spoon and plate instead of bottles for feeding infants?

### Strengths:

1. Emphasis on pre-program design research focused on behavioral constraints and motivational research early during implementation. Examples:
  - Focus groups on child growth, feeding children 0-8 months of age and prevention and treatment of diarrhea before messages, formats and materials were selected;
  - Discussions on materials and messages approximately three months after larger scale implementation began.
2. Design and production of effective materials developed with careful pretesting.
3. Flexibility in choice of media, i.e., switch from radio to cassettes for group discussion.
4. Magnitude of work accomplished and evidence of continued follow-up by counterparts following short duration TA. AID getting large effect for limited cost.
5. Strong indication of skills transfer and likelihood of institutionalization.
6. UNICEF likely to fund nationwide expansion.

### ECUADOR

#### Background:

The Maternal-Child Food Assistance Program (PAAMI) of Ecuador is a PL-480 food aid program in which no external P/Os are involved. The MOH has

overall responsibility for the manufacture and distribution of the food-mix (dried milk and oatmeal/milk and rice). PAAMI, an MOH entity, is responsible for the distribution of the foods through a network of health centers.

### INCS Role:

USAID requested short-term TA through INCS for evaluating the program's nutrition education component prior to MOH making improvements in its operation. Marcia Griffiths of Manoff International was requested by name. Through negotiation with USAID and MOH, the SOW was modified so that INCS role was redefined as:

- Helping construct a framework for assessing the existing educational component;
- Outlining a procedure for improving the educational component;
- Establishing a procedure for monitoring and evaluating the improved program.

The activity focused almost entirely on the development and monitoring of a nutrition education component which was found to be "almost nonexistent."

The process began with a brief qualitative investigation with a small sample of PAAMI beneficiaries. Focus groups and in-depth interview were used. The strategy depended primarily on face-to-face communication using individual counselling and growth monitoring as motivational tools as well as group meetings. Pilot programs in each of Ecuador's three regions are being undertaken at present for the purpose of developing the education components. This will be evaluated using a non-participating comparison group for assessing behavior change and improvements in nutritional status.

INCS consultancies were undertaken as follows:

1. M. Griffiths, October 1983 - baseline instrument operational plan;
2. M. Griffiths, August 1984 - Review results of baseline; plan next steps; train project team to implement plan;
3. Patricia Avila deHails, February 1985 - Field-testing of materials developed by the project team.

### Issues:

Would use of seed money and availability of even a junior longer-term (3-6 months) consultant have enhanced effectiveness?

- Need to identify and train more consultants who could provide needed follow-up using consistent approach.
- Institutionalization jeopardized due to lack of counterpart entity for nutrition education.

- Role of S&T/N and USAID in ensuring transfer of valuable program design research to new nationwide CSAP. Continued cross-over from pilot areas to CSAP would be highly cost-effective.

### Strengths:

- Transfer of skills highly likely given major implementing role of counterparts.
- State-of-the-art advances being made in strengthening nutrition education components of food aid and nutrition education components for growth monitoring programs.
- Possibility of developing practical evaluation methodology for MCH nutrition education program.

### CONGO:

#### Background

USAID funded a nutrition education project during 1980-1983 through OPG to CARE. Continued INCS technical assistance was written into the project by the Africa Regional Bureau advisor and S&T/N project manager. The project consisted of:

- Training
- Production of materials
- Supply of purchased materials
- Research and evaluation

#### INCS Role:

Several short-term consultancies were provided based on CARE initiated scope of work and schedules. These were:

1. Franklin Baer, April 1981 - Design nutritional status and KAP survey.
2. B. Tisa, November 1981 - Workshop to develop material.
3. Robert Franklin, May 1982 - Present results of computer analysis of survey.
4. B. Tisa, June 1982 - Design messages and materials.
5. Karen Gridley, July 1982 - Develop participatory training modules.
6. K. Gibbons, October 1982 - Design evaluation scheme.
7. R. Parlato, October 1983 - Participate in evaluation team.

INCS or AID/W had little input on specific scopes of work or scheduling of TA other than consultant availability. These were controlled by CARE/

Brazzaville. An evaluation of the OPG was conducted by Mellen Duffy AFR/DR and IMIS consultant R. Parlato in 1983. The evaluation team assessed INCS effectiveness as follows.

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 the 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.

"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."

### Issues:

- Could S&T/N, Regional Bureau or INCS have tried harder to come to an understanding with CARE/Brazzaville regarding best expertise available for each of the project's TA needs and collaboratively developed SOWs? Should a "high-powered" team have attempted to do so early on?
- Should INCS be expected to continue to provide TA if the requesters' position and approach are not consistent with AID/W and S&T/N understanding of the best approach that should be used?
- State-of-the-art, practical evaluation approach missing in INCS strategy.
- Did INCS reinforce CARE's print materials orientation?

### Strengths:

- Flexibility and ability of INCS to respond to field needs.
- Transfer of skills in materials design.

### JAMAICA:

#### Background

The Ministry of Education in Jamaica convened an inter-agency committee to advise on issues related to nutrition education, curriculum development and teacher training. INCS was asked to provide technical assistance in collaboration with UNESCO which is also funding some local costs. The project goals are to:

1. Demonstrate that reading abilities and nutritional understanding of students in grades four and five can be improved through combined materials;
2. Demonstrate effectiveness of participatory approaches in curriculum materials development;
3. Demonstrate that simple and effective materials can be rapidly introduced into the curriculum.

#### INCS Role:

Several short-term TA activities were conducted:

1. Ronald Israel, September 1984 - Develop overall plan.
2. C. Myers - May 1985 - Needs assessment and baseline survey.
3. C. Hollis, July 1985 - Workshop resources on curriculum and materials development.

#### Issues:

- Did INCS have even a conceptual model and tentative approach from experienced consultants on how to address the issue of nutrition education in primary schools?
- Relationship with experience of B. Levinger and V. Arboledo in Bolivia and Honduras?
- Was materials dependency built into project?
- Activity not considered a priority for USAID.

#### Strengths:

- Ability to foster local skills development by playing key but low--key role in the process.
- Collaborative funding with UNESCO.
- EDC in-house strengths in reading curriculum helped strengthen TA.

### B. PART II - MATERNAL AND INFANT NUTRITION

#### 1. Analysis of Project Design

The emphasis of Part II of the original INCS contract, on maternal and infant dietary practices, had its origin in the infant formula controversy of the late 1970s, and particularly in the worldwide concern about the growing trend away from breastfeeding. The World Fertility Survey, Contraceptive

Prevalence Surveys, and numerous national nutrition surveys documented the often dramatic declines in the number of women initiating breastfeeding and shortened duration of breastfeeding, particularly in urban areas. AID support for breastfeeding included the Population Council-led consortium's four-country study of infant feeding practices. Support to INCS was intended to support mass media approaches to promotion of nutrition topics such as breastfeeding.

### INCS STRATEGIES AND ACTIVITIES - PART II

INCS STRATEGY	MAIN ACTIVITIES
Lactation management training for health professionals	San Diego Lactation Management Training Program
Improved hospital practices	Sensitization workshops
Breastfeeding policies and regulations	Bangkok breastfeeding promotion project; intensive technical assistance to PROALMA Project in Honduras
Strengthened community-based support groups for breastfeeding mothers community-based support groups	Help draft Thailand hospital practices regulations; Nyeri workshop gives birth to Kenyan regulations
Improved data base	Technical support for CALMA Project International conference for breastfeeding mother community-based
Development of overall conceptual model of breastfeeding promotion	MINRs
	INCS technical assistance missions to 12 countries

#### Inputs:

Under Part II, 3,272 person days, at a cost of \$1,394,938 were attributed to Maternal/Infant Nutrition activities.

Since 1979 INCS has provided assistance to 31 countries under Part II, totaling 86 consultant assignments. Tables 4 and 5 break down the costs of inputs and the number of person days by region and activity.

**TABLE 4: ASSISTANCE BY ACTIVITY**

TYPE OF ACTIVITY	LEVEL OF EFFORT ESTIMATED PERSON DAYS	ESTIMATED COST
PL-480	39	38,000
Evaluation	32	14,431
Clearinghouse & Publications	76	31,135
Breastfeeding Promotion Program Design & Evaluation	507	232,871
Lactation Management Training	827	499,796
Maternal/Infant Nutrition Surveys	550	171,399
Maternal/Infant Nutrition Programs Implementation	229	122,948
Publications	929	230,465
Other	83	53,893
<b>TOTAL, PART II</b>	<b>3,272</b>	<b>\$1,394,938</b>

**TABLE 5: ASSISTANCE BY REGION**

REGION	COST	PERSON DAYS
Africa	\$ 137,544	352
Asia	388,735	733
Latin America/Caribbean	323,692	757
Near East	7,057	177
<b>TOTAL</b>	<b>\$ 917,028</b>	<b>2,019</b>

Outputs:

The outputs under Part II were grouped into three main areas:

- Short term technical assistance
- Workshops and training
- Publications

Short Term Technical Assistance:

As was intended in the project design, the main activity of the INCS contract was the provision of short term technical assistance. INCS technical assistance missions to 12 countries resulted in the development of an "overall model of breastfeeding promotion." INCS consultants in Cameroon and Honduras pioneered a new approach to integrating anthropological research (ethnography) into a larger cross sectional survey of infant feeding practices.

Initially Part II focused primarily on survey research. INCS provided consultants to help design infant feeding surveys in Bolivia, Congo, Cameroon, Bangladesh, Tunisia and Haiti.

Workshops and Training:

Beginning in 1979 INCS sent consultants to help organize or participate in "sensitization workshops" in nine countries, intended to create awareness of the importance of breastfeeding and the influential role of health professionals. As a result of these traveling seminars in Indonesia, approximately 250 health professionals were provided with information on breastfeeding promotion, lactation management, and weaning practices.

Through the San Diego Lactation Management Training Program, teams of health professionals from seven countries were trained in a series of four training sessions. They in turn trained approximately 2,500 other health professionals during hospital in-service training programs in their home countries.

Along with several other international agencies, INCS participated in an international conference for breastfeeding mothers community-based support groups, held in Jamaica in 1983.

Publications:

INCS produced Maternal/Infant Nutrition Reviews for 33 countries. These are profiles of maternal and infant nutrition beliefs and practices, status, policies, and programs. INCS also prepared a monograph on Maternal Nutrition. It, as well as a Breastfeeding Guide, also developed by INCS, await S&T/N approval for publication. Further details on these outputs are given in the Outcomes sections.

### Effectiveness:

The INCS project was effective in achieving some of the aims of the Maternal Infant Nutrition focus of the the contract. The two areas where the project was most successful were:

- Lactation management training for health professionals;
- Development of a model for using ethnographic research on infant feeding practices to direct and focus cross-sectional surveys on infant nutrition and feeding.

### Lactation Management Training

During the period August 1983 through January 1985, the Lactation Specialist Training Program in San Diego trained twenty physicians, twelve nurses and three nutritionists from 14 teaching hospitals and two research institutes from 10 countries. The training course was effective in transferring knowledge about lactation management. Trainees were given pre-test and posttests during each of the four sessions. The combined scores from all participants was 47.6 percent in the pretest, 81.3 in the post test, for a change of +33.7 percent.

Since finishing the San Diego training the participants have given over 33 other training courses, workshops and lectures to over 2,500 health workers in their countries. The participants themselves, interviewed during the field visit to Indonesia and Thailand, and the AID mission staff in those countries, were unanimous in their support of the San Diego course.

Based on the experience of the San Diego program, several criteria were identified which would maximize effectiveness of any future training courses:

- It is essential that the trainees form a team, with both medical and nursing professionals represented. Each team should include a pediatrician, an obstetrician, and a nurse.
- The trainees should come from a teaching hospital or research center.
- Trainees should be in a position of sufficient authority to enable them to institute changes in hospital practices once they return home.
- There should be evidence of institutional support for the trainees (such as a statement by the hospital administrator supporting the trainees and providing support to the trainees once they return.)
- There should be a means of financial support for the trainees to develop their own training programs, materials, and "seed money" to develop projects, such as research or evaluation activities.

### Ethnographic Research

In Cameroon anthropologists supported by INCS pioneered a new approach to collection of information about infant feeding practices. Using ethnographic methods (through village based observations of what, how, and by whom infants are fed), they were able to collect specific information about local feeding customs, which was later incorporated into a cross-sectional survey of feeding practices. This model was used successfully in Honduras as well. INCS consultants, and the principal investigator of one study, who were interviewed about the research model confirmed the effectiveness of this approach.

It is difficult to generalize about the effectiveness of many other INCS activities, either because the assistance provided was limited and short-term, or the activity itself was not evaluated. Descriptions of the effectiveness of INCS involvement in other target areas are given below.

### Workshops and Conferences

Beginning in 1979 INCS sent consultants to help organize and/or participate in "sensitization" workshops in nine countries. Although these workshops were originally intended to create awareness of the importance of breastfeeding among health professionals, it soon became clear that sensitization was not the issue. In fact, most health professionals attending the workshops were already committed to the benefits of breastfeeding. The most serendipitous outcome of these meetings was the realization that instead of sensitization, training the practical aspects of lactation management was needed by health professionals in developing country hospitals. These workshops were effective in identifying a critical area of breastfeeding promotion which had not been addressed earlier. The workshops also led to numerous follow-on projects in Thailand and Indonesia (see those sections for further detail).

### Improved Maternal/Infant Feeding Policies

Although changes in national level policies were originally goals of the contract, in reality that proved a difficult task. For example, INCS supported a workshop for policy makers in Kenya which produced a set of recommendations. However, without funds and an individual able to stimulate and coordinate planning and activities in country, INCS was limited in the role it could play in formulating policy change. It was, as INCS characterized it, "a long term problem with a short term approach." However, INCS helped develop a new form of supportive policy (i.e., regulations covering infant feeding practices in public hospitals) as an outgrowth of the Kenya workshop. Similar policies were developed in Thailand and Brazil.

### Mass Media or Education Programs in Improved Maternal Nutrition and Infant Feeding

Mass media/communications approaches in support of maternal and infant nutrition were another goal of the project. However, INCS was able to identify very few opportunities to work with mass media nutrition programs. One of the few was the Brazilian national breastfeeding campaign, to which INCS pro-

vided short term technical assistance. Mass media was a key to the apparent success of this project. INCS association with other mass media program efforts was limited.

### Impact:

Many INCS inputs were short-term TA visits to assist with one aspect of a project such as a needs assessment, or project design. In other cases, INCS provided consultants to make presentations or participate in workshops and conferences. It was very difficult to identify impact indicators for these types of activities, given the nature of the evaluation.

## 2. Outcomes

The outcomes of Part II are discussed in relation to the four stated goals for Maternal/Infant Nutrition. These were:

- Better national maternal/infant feeding strategies and programs in at least five countries;
- Medical and paramedical curricula for short-term training in at five countries;
- Integration of breastfeeding mothers support groups into national education strategies to improve infant feeding in at least three countries;
- Demonstrate impact of at least three mass media or education programs in improved maternal nutrition and infant feeding in developing countries.

The most significant activities in support of these goals are presented in Table 6 and discussed in the sections which follow:

### Lactation Management Training

In August of 1983, the San Diego Lactation Program began the Lactation Specialist Training Program. The goal of the project was "to assist the promotion of breastfeeding in developing countries by improving the knowledge regarding the clinical management of lactation and breastfeeding of current and future prenatal health care providers." The project, under the direction of Dr. Audrey Naylor and Ms. Ruth Wester, had four basic objectives.

- To train teams of physicians and nurses from teaching hospitals in developing countries as lactation specialists.
- To assist these teams in developing a model of service delivery and teaching appropriate to their own hospital conditions.
- To assist each team in designing in-service and training activities in support of breastfeeding for their physician and nursing colleagues.

To assist the teams in selecting or developing appropriate teaching materials for their own programs.

Between August 1983 and February 1985, four training sessions were conducted. A total of twenty physicians (18 pediatricians and two obstetricians), twelve nurses and three nutritionists have attended the course. They represent fourteen teaching hospitals and two research institutes, from ten countries. Follow-up visits to six of these institutions in three countries have also been made by Dr. Naylor and Ms. Wester.

The San Diego trainees have given some 33 courses, workshops or lectures and reached over 1,500 other health professionals. The participants in these sessions have provided further training courses for over 300 others, and by the end of 1985 training for a minimum of 600 more will have taken place. Rooming-in care for mothers and infants increased in most of the hospitals where there was training, and lactation clinics have been established by four of six teams who had completed the training in Sessions I and II. Five teams have undertaken research and/or evaluation projects.

The San Diego Program prepared an estimate of the five year impact of the Lactation Specialist Training Project on breastfeeding mothers and their infants. Based on estimates of the number of mother-infant pairs in hospitals the teams provided training or are affected by health professionals who received continuing education from team members (approximately 1,500, 138 pairs) and the cost of Sessions I-IV of the San Diego Program (\$333,041), the cost is about 22.2¢ per pair.

It is clear from discussions and observations both in Indonesia and Thailand, and from reports on the four training programs offered by the San Diego Center during 1983-85, that the Lactation Specialist Program has met its objectives. The Indonesia USAID Mission believes that the Program has had a "profound influence" on the focus and direction of breastfeeding activities in Indonesia. The Program has been very successful in transferring information and skills in the clinical management of lactation to the individuals who have undergone the training. In each case, the trainees have returned home with a plan of action for undertaking follow on projects and training. The program has also been able to generate a genuine enthusiasm for breastfeeding promotion which has been evidenced in the range and intensity of activities in both Thailand and Indonesia. Dramatic changes have taken place in hospital practices in both countries as a result of the training in San Diego Program. These in-hospital changes are discussed in more detail in the separate sections on those country case studies.

### Improved Hospital Practices: Indonesia, Thailand

One of the most successful INCS strategies was that of improving hospital practices and changing the attitudes of health professionals in support of breastfeeding through the Lactation Management Training Program (described later). The INCS experience with this model proved effective in both Indonesia and Thailand, where a multiplier effect enhanced the impact of the initial training. The key lessons to be learned are:

- Using a core team of health professional from a teaching or research center, provide subsequent in-service training to colleagues,

is effective, as long as the individuals have sufficient authority to undertake changes in their own institutions.

- The returned trainees are more effective if they have a source of funds, seed money for materials, or equipment to develop their own activities at home.
- An in-country coordinating body (like BK.PP-ASI in Indonesia or Mahidol University in Thailand) can greatly assist the trainees by providing institutional/organizational support for expanded activities.

### Breastfeeding Policies and Regulations

Three countries where INCS was active in attempting to directly affect changes in breastfeeding policies and regulations were Kenya, Indonesia, Thailand, and Brazil.

INCS supported a workshop for Kenyan policy makers in 1983 in which the results of a study of the use of infant formula and substitute foods were presented. The workshop passed a comprehensive set of recommendations dealing with

- Programs and policies for training in health and other disciplines
- Government regulations and other strategies related to marketing and distribution of breast milk substitutes
- Policies and strategies to improve infant feeding through health services
- Policies related to women in paid employment
- Programs and policies related to public information and education to improve infant feeding

After the workshop the Director of Medical Services issued a decree to all public health service hospitals to adopt rooming-in and other practices supportive of the breastfeeding mother. The impact of the other recommendations which grew out of the Kenya workshop are hard to assess, demonstrating Ron Israel's conclusion that INCS assistance to Kenya represents the problems involved in "providing short-term consultants to resolve long-term issues." Moreover, one of the problems INCS faced in the Kenya was that although it could make recommendations, the organization had no means available to ensure implementation.

Descriptions of the efforts to alter policy in Thailand and Indonesia are given in the respective sections on those countries.

SUMMARY OF PART II BREASTFEEDING SIGNIFICANT OUTCOMES

TABLE 6

Objectives	Proposed Activities	Activities Actually Carried Out	Description of Results Achieved
1. Better national maternal/ infant feeding strategies and programs in at least 5 countries	<ul style="list-style-type: none"> <li>• Workshops                             <ul style="list-style-type: none"> <li>- for policy makers</li> <li>- training</li> </ul> </li> <li>• Develop country specific data bases                             <ul style="list-style-type: none"> <li>- MINRs</li> <li>- Short-term TA</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 1983 workshop held in Kenya for policy-makers</li> <li>• TA and training provided to national programs in Burma and Tunisia</li> <li>• 33 MINRs produced and disseminated</li> <li>• Draft breastfeeding policy prepared in Thailand</li> <li>• TA provided to more than 5 countries</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Medical Services issued decree to hospitals in support of rooming-in</li> <li>• In Tunisia, nutrition messages are being used in child health centers</li> <li>• Field questionnaire gave mixed review to utility of MINRs</li> <li>• Thai MOH awaits project results before implementing policy changes</li> </ul>
2. Medical and paramedical curricula for short-term training in at least 5 countries	<ul style="list-style-type: none"> <li>• Workshops                             <ul style="list-style-type: none"> <li>- "Sensitization"</li> <li>- Training modules</li> </ul> </li> <li>• Technical Assistance</li> <li>• Publications</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitization workshops held in 9 countries</li> <li>• 4 lactation specialist training courses given in San Diego</li> <li>• TA and in-service training in lactation management given in at least 5 countries</li> <li>• TA in development of a manual on breastfeeding practices</li> <li>• Guidelines for breast feeding developed</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up activities began in several countries</li> <li>• Multiplex effect from original trainees to over 300 health professionals</li> <li>• Development of an effective training model</li> <li>• Manual published by Felicity King</li> <li>• Not yet published; awaits S&amp;T approval</li> </ul>
3. Integrate breastfeeding mothers' support groups into national education strategies to improve infant feeding in at least 3 countries	<ul style="list-style-type: none"> <li>• Conduct International conference</li> <li>• Provide technical assistance</li> </ul>	<ul style="list-style-type: none"> <li>• International conference held in 1982 in Jamaica - INCS supported along with other international agencies</li> <li>• TA to develop proposal for CRS project targeted to unwed mothers in Kingston</li> </ul>	<ul style="list-style-type: none"> <li>• INCS published conference proceedings</li> <li>• Project was never implemented</li> </ul>
4. Demonstrate impact of at least 3 mass media or education programs in improved maternal nutrition and infant feeding in developing countries	<ul style="list-style-type: none"> <li>• Technical assistance</li> <li>• Workshops</li> </ul>	<ul style="list-style-type: none"> <li>• TA provided to breastfeeding promotion campaigns in at least 6 countries</li> <li>• TA in design and implementation of pilot weaning food nutrition education project in Bangladesh</li> </ul>	<ul style="list-style-type: none"> <li>• Project not yet completed</li> </ul>

\* As stated in the 1982 contract amendment SOW

### International Conference of Community Based Support Groups for Breastfeeding Mothers

In 1982 INCS sent four consultants to take part in the International Conference of Community Based Support Groups for Breastfeeding Mothers, held in Jamaica. The conference was sponsored by several international organizations including La Leche International, the Caribbean Food and Nutrition Institute, UNICEF, USAID, WHO and INCS. The conference was attended by representatives of mothers' support groups and policy makers from 23 developing countries. Among the topics discussed at the meeting were: the role of support groups in promoting breastfeeding in LDCs, changing hospital practices, working with the medical establishment, training, policy making and organizational structure. The conference produced an extensive set of recommendations.

INCS supported publication of the proceedings of the conference which provided guidelines for mothers breastfeeding support groups. An indirect outcome of the conference was the development of a new international organization called the International Breastfeeding Mothers Support Group, which held a meeting in Kenya earlier this year.

Although a number of the breastfeeding support groups present at the 1983 conference have requested INCS assistance in support of their activities, INCS has deferred these requests pending clarification of its future status and funding.

### Maternal Infant Nutrition Reviews (MINRs)

INCS has prepared and published thirty-one Maternal and Infant Nutrition Reviews since the project began. The MINRs are profiles of maternal infant nutrition status, beliefs and practices, programs and policies in Third World countries. They are distributed by INCS to AID/W, AID missions, the INCS Advisory Board and to affiliated organizations in developing countries. Although no formal evaluation of the MINRs has been carried out, INCS believes these reports have been well-received, judging from the informal responses they have had from the field.

Other respondents interviewed during the evaluation were less complimentary about the reports, and the overall reaction was mixed. Several criticisms noted were:

- The information contained in the reports was not well organized, was out of context, and was limited in its usefulness.
- The format was cumbersome and inefficient.
- The information in the reports was quickly out of date, with no mechanism for keeping it current.
- Field missions were not asked for their inputs.

TABLE 7: SUMMARY OF USAID RESPONSES TO EVALUATION QUESTIONNAIRE

REGION/COUNTRY	MATERNAL INFANT NUTRITION REVIEWS
<u>AFRICA</u>	
Sudan	DK
Cameroon	DK
Ghana	Not Avail
Liberia	Not too useful
Kenya	++
Rwanda	DK
<u>ASIA</u>	
India	Not seen
Philippines	Useful
Indonesia	No
Burma	Not seen
Thailand (BF)	Not seen
Thailand (MCH)	Not seen
<u>LATIN AMERICA/ CARIBBEAN</u>	
Costa Rica	Not seen
Peru	Not seen
Panama	Not seen
Jamaica (School)	Useful
Jamaica	Useful
El Salvador	Not seen
Ecuador	Maybe
Dominican Republic	Yes
<u>NEAR EAST</u>	
Tunisia	Yes

KEY: DK = Don't Know

## Development of Conceptual Models for Infant Feeding Research and Promotion

INCS was involved in the design of a model for research on infant feeding in Cameroon and Honduras. A description of the innovative work done using an ethnographic approach is given in the case studies on those respective countries.

INCS provided technical assistance in the design or implementation of several countries, including Haiti, Brazil, Honduras, Thailand, Indonesia and Panama. Examples of the types of assistance provided were:

- Design of a breastfeeding project proposal for the Cite Simone area of Haiti;
- Assistance in the design and implementation of a weaning food nutrition education campaign in Bangladesh;
- Design of the Bangkok area breastfeeding promotion project in Thailand;
- Technical assistance to the ongoing Brazil national breastfeeding campaign;

INCS collaboration with Mahindol University in Thailand on a collaborative breastfeeding promotion project represented a departure from the usual pattern of INCS assistance in that TA was provided in all aspects of the project including design, implementation and evaluation. In other countries, this was often not the case. INCS believes that as a result of the work in Thailand, it will "have a real model of a hospital-based breastfeeding promotion project to disseminate to other interested countries." INCS has never been able to point to such a prototype before.

## Country Case Studies

### Burma

In early 1980 the Government of Burma through USAID requested INCS assistance to identify problems related to infant feeding practices. The team which INCS sent consisted of Dr. D.B. and E.F.P. Jelliffe and Dr. G. Berggren, who spent one week in country. The USAID Mission was particularly pleased that individuals of such international reknown were able to provide assistance.

The consultants found that growth retardation in the weaning period was a major documented nutrition problem, particularly in the Rangoon area. They also identified the need to collect information about feeding habits in areas outside of Rangoon. The three syndromes of malnutrition of public health significance they found were:

- late marasmus, concentrated in the weaning or transitional period;
- maternal malnutrition, manifested by very poor weight gains during pregnancy;

Early marasmus, essentially caused by "defective" breastfeeding.

Based on these findings, and taking into consideration the various supportive factors in the Burmese context, the consultant team made recommendations in five areas:

1. Community investigations
2. Development of services
3. Evaluation
4. Food production
5. Coordination

The consultants felt that in view of the very limited staff in the Ministry of Health's Nutrition Project, the key recommendation was

"technical assistance be made available to help Burmese colleagues with the development and implementation of a carefully dove-tailed educational strategy and sequence for the different cadres involved, involving practical, task-oriented curricula design and the development and testing of educational and training materials."

This type of assistance was to be provided by an education methodologist, who had considerable experience in developing country, cross cultural circumstances. The consultants cautioned however, that this type of assistance could not be undertaken in a few weeks and would need at least six months.

This recommendation was modified somewhat during a return trip to Burma in September of 1980 by the Jelliffes. It was then suggested that INCS provide shorter term consultants in three main areas: curriculum design and data analysis; communications, in the area of mass media and various print materials; and in nutritional anthropology.

During the period 1981-83 INCS sent a series of consultants to Burma to assist primarily with design and testing of nutrition education materials as part of the Primary Health Care Project. Another consultant assisted with the design of an evaluation framework for the PHC Project. Six surveys were planned which were later incorporated into the government's plans.

The only criticism of the work in Burma related to a perceived failure of technical assistance to actually transfer skills to the host country counterparts. For example, in an early consultancy with the objective of message design and materials pretesting, the consultant was not able to use focus groups or concept testing since he was not familiar with the techniques and was not given an orientation prior to the Burma work. As a result, the methodology which INCS endorsed for use in message design and materials pretesting was not utilized. It would have been helpful for the consultant (and his host country colleagues) to have a "textbook" on use of these basic concepts.

Another obstacle outside the control of INCS to achieving a real impact in the Burma program, was the arrangement for funding of educational materials. The AID mission intended that PL-480 funds be used to support materials production, but due to some disagreements about the use of this money, the

funds never became available. The materials which had been developed were never produced. This led to a credibility problem for INCS and its future involvement there.

An evaluation of the Burma Primary Health Care Project in February, 1985, found that within the nutrition component of the Project, growth monitoring was surprisingly good at the village level. It is difficult, if not impossible, to attribute the success of this aspect of the program to any particular INCS input.

### Cameroon

INCS' involvement in Cameroon began in 1981, in support of a Ministry of Health/USAID initiative to survey weaning food practices in several northern provinces of the country. The USAID Mission in Cameroon asked INCS to provide technical assistance to the Institute for Medical Research (DGRST) to design and implement a study. INCS provided Dr. Gerald Murray, an anthropologist, and Dr. Warren Berggren, a public health physician for a period of two weeks.

The work in Cameroon was one of the first attempts by INCS to include anthropological information in a nutrition survey. This represented an innovative effort to develop a methodological approach to quantify observations about feeding practices obtained in an ethnographic study. The Berggren/Murray team conceptualized a survey instrument which blended anthropometric data (such as height and weight), socioeconomic indicators, and observed behaviors. They recommended a one-year study of the growth patterns and feeding practices of 300 infants in several northern communities. The following research was suggested:

- surveillance of health status of children, focusing on incidence of infectious diseases during the research year;
- a theoretical model which identified three levels of variables treating morbidity and feeding practice variables as intervening between anthropometric outcomes, and a cluster of socioeconomic, hygienic, domestic and ideational variables;
- observation procedures documenting feeding practices rather than reliance on parental recall and reporting;
- a substantial period of village-based preparation for the year's surveillance, in which the objective was to produce effective instruments, both for the observational study and survey components.

Following the March 1981 visit, INCS sent an epidemiologist to Cameroon in summer 1982, to identify in country epidemiology expertise and resources for the survey. Discussions were held with the S&T project manager, DGRST and USAID regarding next steps. Subsequently, DGRST requested a longer-term consultant to undertake the ethnographic study. Although no report of this consultancy was available, the survey director apparently accepted few of the recommendations, which differed markedly from her own approach to the research. INCS nominated anthropologist, Tom Price, to assist DGRST with the ethnographic component of the survey. The field work was carried out over

seven months from April to October 1983. Dr. Gretel Pelto, another anthropologist also worked on the study's ethnographic component. The latter two consultants helped design and conduct the preliminary research phase of the project's ethnography. On the basis of this ethnographic work, a full scale survey instrument was designed and the survey carried out by DGRST. Initial research findings documented a high level of malnutrition, early supplementation of breastmilk with water, and abrupt cessation of lactation when a woman became pregnant again. The initial ethnographic study provided a socioeconomic survey instrument for the general, interdisciplinary study of the second phase of research. The ethnographic base formed the direction of the nutritional and epidemiologic components of the general study, by isolating several hypotheses to be tested. The consultants believed that

"the combination of qualitative and quantitative methodologies permits more rapid and easy adaptation of research results to proposed programs. Proper ethnography should identify the causes of infant malnutrition but also suggest methods for affecting problems in infant care and feeding."

The most beneficial outcome of the INCS work in Cameroon was the development of a methodology for studying weaning practices which can be used as a model for conducting similar research elsewhere. Although not mentioned in any of the consultant reports available, the development of the research model came about only through a rather "painful" evolution for INCS, the consultants and the Mission. Some of the problems grew out of the short-term nature of the TA provided, especially when counterpart infrastructure was not strong and USAID could not provide sustained backstopping, others from the fact that the several consultants who assisted the research did not agree on a single methodology or approach.

It is not clear what impact, if any, the project had in Cameroon. Attempts were not made to "institutionalize" the technologies and concepts of the interdisciplinary approach used in the study. However, absence of counterparts made the short-term TA less effective than its full potential. The INCS assistance was deemed as "potentially successful" by the Africa Bureau, depending on whether the research results are used to develop national programs.

It is hoped that the Cameroon will be selected as one of the sites for the Manoff Weaning Food Project which would use the research's findings as background for project development.

### Honduras

In 1982 INCS began providing technical assistance to several organizations in Honduras, in support of two breastfeeding projects. AID requested that INCS provide consultants for one week to assist Dr. Chloe O'Gara and had counterparts with the ongoing study of infant feeding practices among low income women in Tegucigalpa. The objective of the survey, which was sponsored by the Ministry of Health and the official Honduran nutritional planning agency, SAPLAN, was to identify determinants of infant feeding practices. The study was planned in two phases: First, a four-month ethnographic study of 74 families to assess how income, social networks, health and nutrition beliefs affect infant feeding, and second, a cross-sectional survey of 7800 families in barrios of Tegucigalpa. The INCS consultants made recom-

mendations about the ethnography (i.e., doing anthropometric measures of infants), about the design of the cross-sectional survey, and data analysis.

USAID and ROCAP Health/Nutrition advisors assisted in obtaining initial S&T funding for the study.

The Honduras SAPLAN project was viewed by one observer as an excellent model of an infant feeding survey which was designed very specifically in response to the study-objectives. Techniques developed during the project, especially in the ethnographic component, have been replicated elsewhere. In fact, some of the techniques used in Honduras were described in a manual developed at INCAP, and now being used in 16 countries.

In Honduras, INCS' organizational role was perceived to be minimal, limited to providing consultants, but was judged to have provided "good TA at a time that was critical."

INCS support to the second Honduran organization, the Program in Support of the Nursing Mother, PROALMA, was an outgrowth of work being undertaken by local mothers' support groups and the infant feeding research. It began with assistance in the development of a proposal for a national breastfeeding promotion program. The project focused on low income urban women, health professionals at all national levels (i.e., family practitioners, residents, interns, nurses, midwives), through training and the development of educational materials. During the course of the two-year PROALMA project, two national medical seminars on breastfeeding were organized, for which INCS provided consultants. They gave technical presentations on aspects of breastfeeding. At the end of the first year of the contract, INCS sent two consultants to evaluate whether the project had met its objectives and what impact, if any, it had on the target audience. The evaluation was planned in four stages, concentrating on:

- Changes in hospital practices and routines;
- KAP survey of health personnel regarding breastfeeding;
- Survey of postpartum women in hospital sites to assess prenatal care;
- A survey of infant feeding practices in the community;

The preliminary evaluation findings show that the PROALMA project had a high level of success in changing hospital-based behavior. However, the major unknown remains the impact of the program on duration of breastfeeding, after a mother leaves a supportive hospital environment, although early analysis seems to show an effect.

### Indonesia

Almost since the beginning of its contract, INCS has been involved in nutrition activities in Indonesia. In August 1980, at the request of the USAID mission, INCS supported Drs. M. Cameroon and E. Cerutti's attendance at the Second National Symposium for Promotion of Breastfeeding in Indonesia. This seminar was intended to sensitize health professionals to the importance of breastfeeding. It was clear at this meeting that there was no consensus

on what constituted acceptable hospital practices relating to breastfeeding, and that there was resistance to change among many older physicians.

Again in 1982, INCS sent three consultants, Dr. D. B. and E. F. P. Jelliffe and Dr. A. Naylor, to Indonesia to take part in the "travelling seminars" on maternal and infant nutrition for Indonesian health professionals. Their presentations on breastfeeding, particularly Dr. Naylor's discussion of the hospital management of lactation, were well received by the Indonesians. As a result of these travelling seminars, Dr. Naylor was asked by one of the Indonesian pediatricians from Semarang to give a course in San Diego on lactation management for several teams of health professionals from Indonesia. The AID Office of Nutrition directed INCS to establish and support the San Diego International Lactation Program. The first training course was attended by the Indonesians who had determined that their objective was to first change hospital practices, and later policy.

Following the first training in early 1983, four more teams of Indonesians participated in the San Diego course. These returned trainees have served as the nucleus of a number of follow on activities which have since taken place in the country. The returned trainees organized training courses in their home institutions based on the San Diego model and materials. In addition to these training activities, the teams instituted rooming-in care for mothers and infants in nearly all of the hospitals where they work. Numerous "secondary courses" have been given, creating a multiplier effect of the original training. The attached table provides a breakdown of the teaching, service and research activities the Indonesian trainees have undertaken since their return.

In July of 1984, INCS supported the follow-up/technical assistance visit of Audrey Naylor and Ruth Wester to Indonesia to assess the progress the trainees had made since the San Diego training. Their findings are detailed in another report, but the overall impression was one of significant achievement, particularly in Semarang. Naylor and Wester comment:

"The lactation and breastfeeding promotion activities which are underway at Dr. Kariadi Hospital in Semarang are outstanding. Not only are the changes in postpartum and newborn care impressive, but the documentation of the subsequent breastfeeding incidence, formula use, and infant morbidity contributes significantly to the role this program can play as a model for other Indonesian hospitals and training programs."

The Semarang group was particularly successful in initiating hospital routines supportive of breastfeeding, making the changes immediately after their return from San Diego. Key to the success of the Semarang program were:

- The role of the Vice Rector of Diponegoro University in Semarang, who has been a long time supporter of breastfeeding;
- The influence of the pediatrician on the team, whose seniority and influence were instrumental in bringing about changes;

INCS' role as a catalyst to the breastfeeding activities in Indonesia has been most important. However, without a highly supportive USAID and

excellent mission backstopping, INCS resources could not have been used well. INCS has been able to respond in a timely and appropriate manner to most of the mission requests for assistance. The mission was particularly appreciative of INCS' flexibility in hiring a local consultant with considerable experience to assist in the planning and logistics of the travelling seminars. It was viewed as essential by the USAID staff that INCS provide well known and respected consultants, like the Jelliffes, in a consistent fashion, and to provide the follow-up necessary to the San Diego Lactation Training Program.

When the Population Council funds ran out before the final analysis of the infant feeding study data was completed, INCS brought in the Jelliffes to assist with the task, against the USAID Mission's recommendations. Because the consultants had not been involved with the study from its conception, it was very difficult to develop any meaningful analysis. A fortunate outcome of that visit, however, was the opportunity for the Jelliffes to spend time with BK.PP-ASI, helping that organization think through its priorities. An outgrowth of this was the INCS support of speakers for the Pediatric Conference (Audrey Naylor and Ruth Wester made presentations at this meeting during their follow-up trip to Indonesia in 1984).

In February of 1984, during a visit by Ron Israel to Indonesia, INCS made commitments to three projects in Indonesia:

1. The Semarang Lactation Center
2. A working women's project
3. Development of infant feeding modules for medical schools.

There was a long delay in the receipt of the equipment promised by INCS to the Semarang Lactation Clinic, apparently due to lack of follow through at INCS and staff turnover. During Israel's visit he helped BK.PPASI develop an organizational structure and proposal for core staff support which eventually was funded by the Ford Foundation. Even as late as June 1985, there was confusion about the status of INCS funding for the Semarang project, and support for BK. PP-ASI's working women's project.

INCS also believed delays in funding were in part attributable to lack of documentation (i.e., reports, vouchers, bank account numbers) by BK.PPASI.

Other INCS supported activities in Indonesia have not been so successful. The development and testing of a nutrition education curriculum for the School of Agriculture at Bogor was disappointing, with the end result that neither the curriculum materials nor the teaching methods were incorporated into the School. A longer term consultancy might have resulted in the development of training materials which were replicable throughout Indonesia.

TABLE 8: SAN DIEGO LACTATION PROGRAM

LACTATION SPECIALIST TRAINING PROJECT, SESSIONS I-III (AUGUST 1983 - DECEMBER 1984)

SUMMARY OF TEACHING, SERVICE AND RESEARCH ACTIVITIES IN INDONESIA  
CARRIED OUT SINCE TRAINING WAS COMPLETED

CITY	HOSPITAL	SESSION	TEACHING ACTIVITIES			SERVICE CHANGES			NO. OF RESEARCH PROJECTS
			Cont. Education(1) Session	Attendance	Routine Training(2)	R.I.(3)	L.C.(4)	Other	
Bandung	Dr. Hasan Sadikin	I	15	775	Yes	Yes	---	---	3
Denpasar	Sanglah	III	1	60	Yes	Yes			2
Jakarta	Dr. Cipto	I & III	6	400	Yes	Yes	Yes	VIDEO TAPE	2
Padang	Dr. Jamil	III			---	Yes	---		---
Palembang	General Hospital	III			---	?	Yes		
Semarang	Dr. Kariadi	I	6	150	Yes	Yes	Yes		6

(1) Refers to lectures, workshops and seminars for other health professionals.

(2) Refers to clinical teaching of medical and nursing students and residents.

(3) R.I. Rooming-In. Notes either that policy was initiated or improved.

(4) Lactation clinic established.

## Thailand

A study of infant feeding practices in Bangkok was carried out by the Nutrition Department of the School of Public Health at Mahidol University during 1981-1983. The purpose of the study was to investigate the reasons for the decline in initiation and duration of breastfeeding in Thailand, particularly in urban areas like Bangkok. One of the major findings of the study was that delivery in a hospital seemed to be associated with reduced breastfeeding. The Faculty of Public Health organized several workshops to review the findings of the study. INCS was asked to help support the costs of the workshop, to provide resource people and to help design a follow-up strategy. The most significant outcome of the workshop was development of a strategy to deal with the problems identified by the study. INCS agreed to provide support to Mahidol University to carry out the project. It had three main objectives:

- Promotion of rooming-in practices in nine target hospitals;
- Training for hospital staff in clinical aspects of lactation management;
- Reduction of the practice of routinely providing infant formula to new mothers.

The project was targeted to nine hospitals in Bangkok which account for 78 percent of all births in the city. The project strategy included a series of lactation management training seminars for staff from the nine hospitals, creation of supportive educational/motivational materials for health professionals and mothers (developed by a local advertising agency), and coordination and institutional support to the hospitals by the project director at Mahidol University. A four person team of health professionals from one of Bangkok's leading hospitals attended the Lactation Management Training Course in San Diego. They, along with the Project Director, Dr. Somchai Durongdej of Mahidol and an eminent pediatrician from Siriraj Hospital, formed the nucleus of the training unit. During the course of twelve months, this team organized training for 80 percent of the staff from the nine participating hospitals. Each hospital was invited to send a team consisting of a pediatrician, an obstetrician, a pediatric nurse and an obstetric nurse. The focus of the training was on practical aspects of breastfeeding in hospitals: early mother-infant contact, rooming-in by infants, reduction in prelacteal feeds, and elimination of infant formula supplementation or distribution.

The training provided by the project was received with considerable enthusiasm by the hospitals involved and most have made major changes in policy and routines in support of breastfeeding in hospital. Mahidol's role as project coordinator seems to have contributed greatly to the overall success of the activities, by providing logistic and material support to the hospitals.

Mahidol is in the process of completing an evaluation of the effect of the training on hospital practices, staff attitudes and patient behavior related to breastfeeding. Preliminary findings seem to indicate significant changes in the majority of the hospitals involved in the project. A table summarizing current hospital practices is attached. Although it is impossible to credit the project with any direct impact on breastfeeding behavior,

results from the 1984 Contraceptive Prevalence Survey concerning breastfeeding are suggestive of changes taking place in the country. It says:

"Data...suggest that the earlier trend toward reduced breastfeeding in Thailand may have started to reverse or level off with modest increases in the proportion ever breastfeeding and slight increases in the extent of breastfeeding infants under the age of one balancing some continued decline in prolonged breastfeeding. Given the limited degree of precision with which breastfeeding patterns can be monitored in national sample surveys, these results should be considered only suggestive.... Nevertheless the results are encouraging and the changing trend coincides more or less with some public and private efforts made to encourage breastfeeding among the Thai population."

The Thailand project was of special interest to INCS since it represented departure from the traditional manner in which it invested contract resources. This was the first case in which INCS actually funded a project rather than merely providing technical assistance to a project financed by another source. INCS believes the success of this activity should be used to disseminate the model of a hospital-based breastfeeding promotion campaign to other countries. The apparent successful outcome of this project has spurred INCS to move in the direction of project-based activities.

TABLE 9: HOSPITAL PRACTICES SUPPORTING BREASTFEEDING IN BANGKOK

INDICATOR	HOSPITALS								
	Rajvithi	Pramongkut	Prapinklao	Taksin	Bangkok Christian	Vachira	Siriraj	Ramathibodi	Huachiew
Analgesic and Sedative in Labor	+	+++	+	+++	++++	+++	+	++++	+++
Induction and Augmentation of Labor	+	+++	++	+++	+++	+++	+	++++	+++
Intake in Labor	Soft Diet	Nothing by Mouth	Soft or Liquid Diet	Nothing by Mouth	Nothing by Mouth	Soft Diet	Soft Diet	Nothing by Mouth	Nothing by Mouth
Average duration of labor (hr.)									
- Primi para	13	10	NA	9	10-12	7	15	12	10-12
- Multi para	9	4	NA	6	6-8	5	8	12	6-8
Prelacteal Feeding	Distilled Water	Infant Formula	no.	5% D/W	Distilled Water & Infant Formula	no.	no.	Distilled Water & Infant Formula	Infant Formula
Separation Period (hr.)	8-10	6-24	As soon as Possible	8	24	4	6-12	24	6-8
Overall Level of Support	good	good	outstanding	fair	fair	outstanding	outstanding	fair	excellent

KEY: +++++ = use more than 75%  
 +++ = use more than 50%  
 ++ = use more than 25%  
 + = use less than 25%

## Tunisia

INCS provided technical assistance to Tunisia on several occasions during the period 1980-1984, primarily to one institution, the National Institute of Child Health (INSE). INCS was asked, beginning in 1981, by the USAID Mission to help in strengthening the nutrition education capabilities of the Institute. In March of 1981, INCS sent two consultants to help the Institute design a feeding habits survey. In 1982, INCS sent another consultant to refine the methodology and content of a KAP survey on maternal and infant nutrition, and to clarify data processing needs for the data analysis from the survey. In 1983, INCS sent a consultant to undertake a management study of the Maternal/Child Health Centers, and later provided assistance with the selection and training in the use of the computer needed for the data and analysis.

In another effort to improve the educational capability at INSE, an INCS consultant visited to assess the audiovisual needs of the organization. INCS purchased the recommended audiovisual equipment and later conducted a one-week workshop in the use of the equipment and basic techniques of message design and materials development.

The USAID Mission in Tunis is laudatory about the quality of the technical assistance provided to INSE. It is viewed as a good example of "technology transfer".

When queried about the impact of INCS technical assistance at INSE, particularly in relation to institution building, and impact of the KAP and PMI Management studies, the USAID Mission in Tunis was very positive. They responded:

" A lab was set up at INSE for data handling/analysis, message production and training. A management study and a KAP study were undertaken and results led to Ministerial priority in the area of child nutrition. Several articles and dissertations were published based on the results of these efforts. In addition, the Ministry is considering managerial changes based on the management study. Nutritional messages were designated, designed and have begun to be in place in child health centers, based on project activities."

The Mission believes that a primary goal of the project, institution building, has been met in that INSE is now conducting other surveys to determine child health needs and is carrying out analysis of existent data. Staff trained under the project are now training other Tunisians resulting in a multiplier effect from the project.

## Dissemination of INCS Work

Several of the INCS outcomes can be disseminated through AID projects. Some examples are listed below of AID projects where potential use of the above should be explored:

## 1. New Activities Under the Child Survival Action Program

### a. FVA Grants

- Social marketing approach for MCH
- Growth monitoring
- Training

### b. Ecuador

- Growth monitoring: expansion of INCS pilot project
- Breastfeeding: radio campaign, lactation management training, sensitization and policy workshop
- Training course for nutrition educators from MOH and PVOs

### c. Indonesia (PVO Project)

- Growth monitoring
- Training course on nutrition education

### d. Haiti (PVO Project through AOPS)

- Growth monitoring
- Training course on nutrition education
- Social marketing approach

### e. Peru (PVO Health Promotion Network)

- Training on nutrition education

### f. ROCAP

- Growth monitoring
- Breastfeeding campaign
- Primary school curricula

### g. Reducing Nutritional Blindness

- Social marketing approach applied to Vitamin A
- Training for nutrition educators

### h. UNICEF Grant

- Design nuted component using social marketing principles
- Growth monitoring where applicable
- Training nutrition educators
- Lactation management
- Breastfeeding sensitization and policy formats

## 2. Weaning Project

- Ethnographic techniques for studying infant feeding behaviors and their determinants
- Growth monitoring

3. MCH Program Assisted by PRITECH
  - Social marketing in ongoing nuted activities
  - Growth monitoring where applicable
  - Training in nutrition education
4. Diarrheal Disease Control and Population Program in the Philippines
  - Lactation management
  - Breastfeeding campaign
5. Food Aid Programs
  - a. MCH
    - Social marketing oriented design of nuted components
    - Growth monitoring where applicable
    - Training nutrition educators
  - b. School Feeding
    - Nutrition in primary school education
6. Other Bilateral Diarrheal Disease Control Programs
  - Lactation management training
  - Breastfeeding campaign
  - Sensitization and policy forums
    - a. Egypt
    - b. Peru
    - c. Indonesia
    - d. Senegal (also growth monitoring and nutrition education training)

## SECTION VI. EVALUATION FINDINGS -- ORGANIZATIONAL ISSUES

### Overview

The focus of the INCS project, the way it views itself and the way it is perceived by outsiders has undergone a gradual transformation since AID funded EDC in 1979 and the INCS was created. The project was originally conceived as a mechanism of providing support to the field, primarily through short-term technical assistance, primarily at the request of USAID missions. The nature of the technical assistance, the duration, the geographic location, and the level of effort were all determined by the mission requests. This created practical and in some sense ideological problems for INCS, particularly in the later years of the contract. Ron Israel summarized the problem in his background paper for the 1985 INCS Board meeting this way:

"The role of INCS was to provide brief consultancies and advise on matters of design, implementation, or evaluation. Long-term or even medium-term technical assistance (beyond 3-4 weeks) was precluded, as was the provision of funding and materials support to in-country projects. Consequently, long-term relationships between INCS and a particular country or project were difficult to create. We had to trust that our words of wisdom, when we were in-country, rang true, and would be taken up by our host-country counterparts."

This limited INCS to being reactive rather than proactive. The potential impact of much of the early INCS TA was limited because there was no mechanism for follow-up. Since INCS could provide no project funding, and only limited short term technical assistance, the organization had very little leverage with in-country institutions. The influence that INCS was able to maintain derived from the fact that INCS was often able to provide internationally known and respected consultants (such as the Jelliffes or Richard Manoff) who were or still are INCS Board members. Until very recently almost none of the INCS work was project-based.

The nature of the two parts of the contract (and later the cooperative agreement) has also changed over time. Initially, Part II of the contract, focused extensively on survey research, and on "sensitization" workshops for health professionals concerning breastfeeding. Probably one of the most serendipitous outcomes of these workshops was the realization that training for health professionals in lactation was the need rather than sensitization of an audience already committed to breastfeeding benefits. In 1983, as a result of this realization, S&T/N made the decision to shift the focus of INCS Part II almost entirely to breastfeeding promotion activities. The San Diego lactation seminars were the core of this strategy, and have spawned some of the most impressive follow-up activities with which INCS has been associated. The Bangkok Breastfeeding Promotion Project also grew out of this work, and represents a significant departure from the usual INCS pattern in that INCS provided project support to a local institution.

This evolution within INCS from a passive to an active, promotional orientation, mirrors, in Ron Israel's words, "changes in the thinking regarding nutrition education--what it can do and its potential."

## A. Organization and Management of Technical Assistance

INCS developed a system for recruiting, processing and fielding consultants for technical assistance assignments. The adequacy of these various steps is discussed in the sections that follow.

### Consultant Recruitment

INCS consultants were recruited through a number of channels: contacts of Advisory Board members, affiliated organizations, and educational institutions. The INCS consultant roster is computerized, allowing the organization to identify a number of individuals with the appropriate skills, training and experience for each assistance request. In general, INCS does not believe it difficult to identify and recruit consultants who are acceptable. Rather, from the INCS perspective, the difficulties in arranging consulting assignments lies in matching the time availability of a consultant to the dates of the assistance request.

Several individuals interviewed during the evaluation commented on the way in which INCS consultants were recruited, citing cases of consultants who were essentially unknown in the organization. It was suggested that such unknown and untested consultants might reflect poorly on the organization. Financial and time constraints occasionally did not permit consultants to receive an orientation to the INCS organization. As a result, some consultants did not represent a point of view or a process endorsed by INCS. For example, consultants used by INCS to provide technical assistance in nutrition education/communication were not generally conversant with the Manoff approach to development of nutrition education materials. Excluding Board members or consultants closely affiliated with EDC or Manoff, others were not conversant with the organizational focus on priorities. Without these monitoring mechanisms, ensuring "quality control" of consultants was sometimes difficult.

As is always the case in organizations specializing in provision of short-term technical assistance, INCS was often asked to provide specialized consultants on short notice. Because INCS (and the Office of Nutrition) attempted to be responsive to the AID field missions, INCS tended to accommodate the occasional requests outside their primary scope of work or focus. This occasionally forced INCS to expend limited funds on nonpriority activities.

### Management System for Implementation of Technical Assistance Activity

Since the focus of the INCS project was provision of technical assistance in support of field activities, the majority of TA was carried out by shortterm consultants. INCS developed procedures for managing this TA administered by a Contract Manager and an Administrative Assistant. These procedures were composed of the following steps:

1. Consultant selection
2. Consultant engagement
3. Consultant backstopping
4. Consultant orientation
5. Consultant debriefing
6. Completion of assignment

In all but one or two cases, INCS consultants interviewed felt that they received adequate administrative support from INCS: travel and per diem were managed efficiently, payment was relatively fast, background or reference materials were provided when necessary. Some of the consultants interviewed did not receive predeparture briefings in Boston, although some were briefed by AID staff in Washington. Usually the consultants were "managed" by the USAID missions or by the local organizations with whom they worked (such as CRS, Save the Children, or a Ministry of Health). Many of the consultants mentioned that INCS' role was very limited, usually consisting of recruiting and processing the consultant. The consultants felt their primary responsibility was to the local organization or project with which they worked.

The individuals interviewed during the evaluation almost unanimously supported INCS' objectives and approach. INCS' success was attributed primarily to one factor: INCS provided a broad range of technical assistance in response to field requests. One individual commented "it was successful because it stuck to seminal TA, which was very enabling in many locations." Another remarked that the project "served a need that was essential in that it provided consultants who could look at nutrition problems in a broad way."

Since the first full year of project implementation in 1980 INCS arranged a total of 160 country TA assignments, through May, 1985. The annual breakdown of assignments is as follows:

<u>Year</u>	<u>No. of Assignments</u>
1980	23
1981	39
1982	35
1983	30
1984	23
1985	10 (through May, 1985 only)
Project Total	<u>160</u>

It was difficult to assess the efficiency of this system.

#### Adequacy of INCS Staffing

INCS employs a small number of core staff. The Project Director is the only full time technical staff member. In addition to provision of technical assistance, he is responsible for project planning and design, monitoring and review of INCS supported activities and provision of guidance to consultants. Throughout the project life, he has travelled extensively; since 1984 he has taken part in five technical assistance visits.

Two of three part time support staff are new to the organization; one joined a year ago, another in January, 1985. This has limited the organization's ability to provide continuity in its monitoring functions.

### Other Donor Support

Several times since 1980 INCS has tried to broaden its funding base by attempting to attract funds from organizations other than AID. Although INCS has cosponsored workshops and other activities with organizations such as UNESCO, WHO, UNICEF, and FAO, it did not obtain any significant source of financial support other than AID. INCS has been more successful in its role of providing technical assistance to projects sponsored by other organizations such as CARE and Helen Keller International.

### Relationship with Other Projects

In the past INCS has expressed interest in providing technical assistance to other AID funded projects, such as the Mass Media and Health Practices Project and the PRITECH Project, but has not been able to act on this interest. Given the nature and focus of these (and other AID centrally funded activities) it would seem a natural area of collaboration for INCS. INCS' expertise, particularly in breastfeeding, is unique among similar organizations. It was unclear why INCS has not been more proactive in seeking out opportunities for collaboration with other AID projects, given its association with PVOs in field activities.

### Board of Directors

The INCS Advisory Board is composed of seven people with experience in breastfeeding, health and nutrition education, biomedical issues in maternal and infant nutrition, nonformal and community-based education, communications and social marketing, school curriculum design, and survey research. The Board was scheduled to meet frequently (4-6 times per year) during the first two years of the project, and annually thereafter. In fact, the Board met once or twice during the first two years, and has met annually since 1983.

The Board was to play an important part in the initial design of the project in the first two years through monitoring the work of the clearing-house; determining the proper mix between media, training, and other forms of assistance; designing baseline data surveys; and in the development of monitoring and evaluation techniques. The Board was also mandated to assist in formulation of project policy and strategy in the early stages of implementation.

Throughout the course of the evaluation, the structure, composition and role of the Board were questioned. Among the comments made were the following:

- Expertise in nutrition education/communication was not adequately represented on the Board, although MCH was well represented.
- The Board's orientation was occasionally more academic than it should have been.
- The Board was not and could not have been knowledgeable enough about INCS everyday activities to act as a monitor.

- Board meetings were essentially "show and tell" concerning INCS activities and were seldom used as a forum for policy making and planning.

### One-Time Versus Multiple TA

The question of the efficacy of one-time versus multiple technical assistance to a country or project has been addressed at several times during the span of the INCS project. During the management review of the project by AID in February 1982, S&T/Nutrition noted that INCS activities were being provided on a "oneshot" basis and not integrated into ongoing USAID country programs. The midterm evaluation recommended that INCS "concentrate on countries willing to make commitments to a large scale, comprehensive nutrition education project", with the admonition that INCS should also continue to generate new activities in all regions.

INCS responded to this suggestion by shifting toward more integration in their overall work, with less emphasis on responses to ad hoc requests. This trend was supported in part by the recent focus on breastfeeding promotion. In fact, since January, 1984, all but a small percentage of INCS work under Part II of the contract has been in support of breastfeeding. INCS now believes that it has a conceptual model of how to develop, implement and evaluate national breastfeeding promotion programs. This model has been used in both Indonesia and Thailand.

### B. Finance Issues

INCS has received a total of \$4,099,665 from AID to conduct nutrition education activities. The breakdown is as follows:

#### I. Field Support for Nutrition Education

1. Obligated under Part I of contract AID/DSAN-C-0209	\$ 1,413,282
2. Obligated under the Cooperative Agreement DAN-1065-A-00-4026-00	\$ 598,263
Subtotal	<u>\$ 2,011,545</u>

#### II. Maternal and Infant Nutrition

1. Obligated under Part II of contract AID/DSAN-C-0209	\$ 2,088,120
TOTAL	<u>\$ 4,099,665</u>

Part II of the contract functioned much like a "buy-in" into the overall contract but with project management also shared between two S&T/N project managers. This created additional accounting responsibility for the contractor and was found to be cumbersome. However, since buy-ins should be encouraged in future field support activities, a more streamlined system needs to be developed.

For the purposes of this evaluation, INCS was asked to provide a breakdown of expenditures by region and type of activity. These are shown in the following tables:

**TABLE 10: LEVEL OF EFFORT AND FUNDING BY TYPE OF ACTIVITY**

**Part I (Nutrition Education Field Support)**

<u>Type of Activity</u>	<u>Level of Effort Estimated Person Days</u>	<u>Estimated Cost</u>
PL-480	192	79,893
Mass Media	221	89,856
PHC and Ag. Extension	151	70,636
Formal School Curriculum & Teacher Training	268	91,546
Evaluation	28	18,498
Nonformal/Participatory Nutrition Education	154	71,413
Training	466	81,054
Nutrition Education Planning	93	44,549
Breastfeeding Promotion Program Design & Evaluation	66	37,072
Lactation Management Training	12	2,725
Publications	508	125,229
Other	46	13,467
<b>TOTAL, Part I</b>	<b>2,205</b>	<b>\$725,938</b>

**Cooperative Agreement (Nutrition Education Field Support)**

<u>Type of Activity</u>	<u>Level of Effort Estimated Person Days</u>	<u>Estimated Cost</u>
PL-480	196	94,228
Mass Media	32	10,369
PHC & Ag. Extension	76	35,302
Formal School Curriculum & Teacher Training	79	23,523
Evaluation	16	18,498
Lactation Management Training	17	20,323
Maternal/Infant Nutrition Programs Implementation	14	12,185
Publications	18	21,930
<b>TOTAL, Cooperative Agreement</b>	<b>448</b>	<b>\$236,356</b>

TABLE 10 CONT.

## Part II (Maternal and Infant Nutrition)

<u>Type of Activity</u>	<u>Level of Effort Estimated Person Days</u>	<u>Estimated Cost</u>
PL-480	39	38,000
Evaluation	32	14,431
Clearinghouse & Publications	76	31,135
Breastfeeding Promotion Program Design & Evaluation	507	232,871
Lactation Management Training	827	499,796
Maternal/Infant Nutrition Surveys	550	171,399
Maternal/Infant Nutrition Program Implementation	229	122,948
Publications	929	230,465
Other	83	53,893
<b>TOTAL, Part II</b>	<b>3,272</b>	<b>\$1,394,938</b>

TABLE 11: LEVEL OF EFFORT AND FUNDING BY REGION

## Part I (Nutrition Education Field Support)

ASIA

<u>Country</u>	<u>Level of Effort Estimated Person Days</u>	<u>Estimated Cost</u>
Fiji	35	10,769
India	30	16,799
Indonesia	56	25,000
Papua New Guinea/Fiji	30	12,282
Philippines	12	4,730
Thailand	18	8,352
<b>TOTALS</b>	<b>181</b>	<b>77,932</b>

LATIN AMERICA

Bolivia	53	20,035
Chile	81	22,778
Costa Rica	40	17,514
Dominican Republic	48	23,252
Ecuador	76	29,391
El Salvador	12	2,725
Guatemala	41	18,109
Haiti	30	6,681
Honduras	408	58,353
Jamaica	37	14,454
Panama	101	48,574
Peru	66	18,225
<b>TOTALS</b>	<b>993</b>	<b>280,191</b>

TABLE 11 CONT.

## Cooperative Agreement (Nutrition Education Field Support)

<u>Country</u>	<u>Level of Effort Estimated Person Days</u>	<u>Estimated Cost</u>
<u>ASIA</u>		
Bangladesh	14	12,185
Indonesia	17	20,323
<u>TOTALS</u>	31	32,508
<hr/>		
<u>LATIN AMERICA</u>		
Dominican Republic	76	35,302
Ecuador	115	57,165
Guatemala	60	28,654
Haiti	14	3,000
Honduras	21	8,409
Jamaica	95	38,827
<u>TOTALS</u>	381	171,357
<hr/>		
<u>AFRICA</u>		
Ivory Coast	18	10,563
<u>TOTAL</u>	18	10,563
<hr/>		
<u>GRAND TOTAL</u>	430	214,428
<hr/>		
<u>AFRICA</u>		
Cameroon	72	34,345
Congo	204	81,907
Ghana	10	14,216
Liberia	5	1,978
Rwanda	32	10,093
Sierra Leone	51	33,940
Sudan	50	18,383
Sudan/Madagascar	29	12,750
Upper Volta	31	17,629
Zaire	20	7,462
<u>TOTALS</u>	514	232,703
<hr/>		
<u>WORLDWIDE</u>	14	3,347
<hr/>		
<u>GRAND TOTAL</u>	1,702	594,173

TABLE 11 CONT.

## Part II

ASIA

<u>Country</u>	<u>Level of Effort Estimated Person Days</u>	<u>Estimated Cost</u>
Bangladesh		
Burma		
Fiji		
India		
Indonesia		
Nepal		
Philippines		
Philippines/Thailand/Indonesia		
Sri Lanka		
Thailand		

TOTALSLATIN AMERICA

Bolivia	36	15,094
Brazil	85	35,923
Colombia	15	7,500
Costa Rica	57	25,028
Ecuador	8	5,334
El Salvador	79	26,312
Guatemala	90	25,073
Haiti	23	10,040
Honduras	203	68,617
Jamaica	58	35,788
Panama	64	30,983
Peru	39	38,000

TOTALS

757

323,692

AFRICA

Cameroon	181	29,425
Congo	50	26,116
Gambia	5	2,257
Gambia/Senegal	12	4,040
Kenya	85	67,283
Sierra Leone	19	8,423
Tunisia	177	67,057

TOTALS

529

204,601

USA

183

115,964

GRAND TOTAL

2,202

1,032,992

These tables do not include home office costs and other direct costs which account for 21 percent of the contract expenditures and 48 percent of the Cooperative Agreement expenditures.

The average cost of one person month of INCS TA provided is estimated at \$8,500 which is lower than the \$10,000 to \$12,000 range for similar AID field support projects.

## SECTION VII: CONCLUSIONS AND RECOMMENDATIONS

### A. Organizational Issues

1. Finding: The USAIDs were unanimous in their support of a project that meets their needs for broad based, ad hoc assistance, which is truly field supportive.  
  
Recommendation: Any follow-on project should have a provision to be responsive to the type of assistance requested by the missions.
  
2. Finding: Most missions are not presently staffed to best utilize short-term TA in nutrition education on an ad hoc basis without AID/W assistance.  
  
Recommendation: (1) S&T and Regional Bureaus undertake a sensitization and awareness raising campaign for key mission HPN and FFP staff regarding new approaches in nutrition education and how centrally funded TA can be used. Careful AID/W monitoring and oversight of TA needs and consultancies should be maintained.  
  
(2) High priority should be given to needs, assessments, and TA strategy visits by AID/W and senior contractor experts to assist USAIDs in developing schedules for a series of short-term TA to key country programs. Continued monitoring and in-country follow-up provisions in the mission or PVO should be obtained.
  
3. Finding: The countries where INCS has been the most successful were those in which multiple versus one-time TA was provided.  
  
Recommendation: Any follow-on project should place a high priority on sustained, consistent TA instead of single, ad hoc visits.
  
4. Finding: Because the project relied primarily on short-term consultants to provide technical assistance, the consultants did not represent a consistent point of view or lessons learned even within types of activities and approaches.  
  
Recommendation: Core staff or key consultants should receive training or orientation of each component of the strategy and methods central to the organization's "philosophy," such as in development of nutrition education messages based on qualitative research and evaluation approaches, use of radio and mass media, etc.
  
5. Finding: The activities where INCS has been the most successful were those where AID/W regional advisors and project

managers played a key role in guiding and negotiating on INCS' behalf. Countries where USAID missions or PVOs provided intensive backstopping and follow-up were often the ones where most impact was made.

Recommendations: (1) AID/W project managers and other Bureau staff increase their involvement in identifying appropriate opportunities for TA, monitoring its quality and disseminating findings.

(2) Preference in providing short-term TA should be given where adequate technical backstopping and follow-up mechanisms are known to be available.

6. Finding: Dissemination of project publications, reports and information was weak. For example, about half of the AID Bureau and mission staff had no knowledge of the MINRs for their regions/countries.

Recommendation: A much wider distribution system must be designed for information dissemination which takes into account the relatively high turnover in AID personnel both in Washington and overseas.

7. Finding: Experienced consultants in nutrition or health education appropriate for short-term TA are in extremely scarce supply.

Recommendation: Special provisions should be made to facilitate development of a pool of expertise through long-term on-the-job experience and collaboration with private sector sources. Funding for longer term advisors (1-2 years) and local costs should be provided at a few sites, partly to enable development of TA. Funding and incentives for private sector involvement should also be explicitly provided in follow-on field support activities.

8. Finding: The longer term usefulness of ad hoc, short-term TA can often be enhanced through provision of seed money for local costs of implementing consultant recommendations. This can help provide the opportunity for hands-on learning and demonstrate the effectiveness of new approaches being suggested.

Recommendation: In future field support activities, seed money should be made available where it would not substitute for local resources, create dependencies or delay commitment of local resources.

9. Finding: The potential demand for assistance in nutrition education far exceeds resources likely to be available. Also, requests are likely to be received from entities

not in a position to assess or articulate priority needs where AID TA can best be used.

Recommendation: Requests be carefully screened and efforts made to obtain sufficient background information on client needs before commitments are made to provide TA. USAID should play a stronger role in local needs assessments and prioritization based on the criterion of complementarities with USAID strategies. Activities linked directly with USAID funded projects should receive top priority to maximize cost-effectiveness of broad-based, ad hoc TA.

10. Finding: Focused attention to breastfeeding promotion within the umbrella project, helped advance the state-of-the art in a high priority area.

Recommendations: (1) AID continue work in breastfeeding promotion. Specifically to further refine and adopt the individual components developed under the INCS program into comprehensive national programs, demonstrate impact in selected countries and promote broader use of effective components through other donor agencies, government and non-government programs.

(2) Other high priority nutrition problems which have been shown to be amenable to nutrition education interventions should be selected for focused attention. Examples include growth monitoring as a motivational tool for improved MCH and infant feeding practices during episodes of illness especially diarrhea.

11. Finding: The number of technical staff in the project were not adequate to allow core staff to be actively involved in project development.

Recommendation: Two or three technical staff should be included in any future project, who can provide technical input in project design, development and implementation.

12. Finding: Although INCS expressed interest in providing TA to other AID-funded projects (i.e. PRITECH), no such collaboration was undertaken.

Recommendation: Any follow-on project should be active in seeking out opportunities to work with other AID funded projects. For example, assistance might be offered to the PRITECH Project in developing strategies to encourage early feeding of children during diarrhea episodes.

## B. Technical Issues - Part I and Cooperative Agreement Nutrition Education

1. Finding: Social marketing as practiced by INCS played an important role in strengthening behavioral impacts of nutrition/MCH education components in a variety of sectors (health, community development and education) as well as in nutrition programs. It can directly address two of the most powerful proximal determinants of nutritional status through behavior change at the household level which are:

- Achieving adequate nutrient intakes during weaning (6-24 months), pregnancy and lactation through motivation and improved knowledge; and preventing a decline in breastfeeding;
- Mitigating nutrient losses and the effects of poor utilization caused by infectious disease especially diarrhea, through behaviors such as early home rehydration, continued feeding during illness and recuperative feeding following episodes.

Recommendation: The social marketing approach developed within INCS by the Manoff group should be institutionalized in AID programming. Active promotion by AID (Regional Bureaus, FVA and S&T) is needed to fully use its potential especially in MCH programs. Specifically:

- INCS should produce the Compendium included in the current scope of work under AID supervision.
- Short-term TA for PP design, evaluation, materials and message development in mission activities should be carefully selected for relevance;
- In-service training for MCH/nutrition educators in developing countries and USAID MPH staff should be developed;
- Buy-ins from bilateral, regional and FVA projects in follow-on activities to assure continued, longer-term involvement for institutional development of PVOs, LDC public and private sector entities should be allowed.

2. Finding: Management and evaluation components of nutrition education activities did not receive adequate attention in the TA provided.

Recommendation: Make an effort to explicitly develop expertise in the following areas as components of nutrition education programs: evaluation, supervision, projecting costs, integrating other MCH entities, information systems.

3. Finding: Participatory or learner-centered approaches can provide tools for strengthening the motivational elements of the social marketing approach as well as provide innovative evaluation methodologies.

Recommendation: This approach needs to be more systematically applied in the following possible scenarios for project design in combination with social marketing and formal education approaches:

- Train village workers to motivate for community participation;
- Train village workers to motivate for highly resistant individual behaviors and intrahousehold reallocation of resources e.g. use of bottles, increase food intake during pregnancy and lactation, increased use of mother's time for infant feeding, etc.;
- Develop evaluation methodologies for in-depth probing.

4. Finding: A replicable and effective nutrition education package geared to maximizing the educational/behavioral change effects of growth monitoring activities is available for dissemination.

Recommendation: AID officers in Regional Bureaus, FVA and S&T should become familiar with this package and find appropriate mechanisms to make it available for field use.

5. Finding: There exists a need for a global clearinghouse on nutrition education. However, UNESCO appears to have established one already, which may be able to serve AID field needs. INCS failed to meet field needs in this respect. Significant resources are needed to build the capability of providing clearinghouse services.

Recommendation: AID needs to examine the feasibility of housing materials and information on nutrition education in the maternal and infant nutrition clearinghouse at APHA to:

- Increase access by AID/W staff and USAID/counterparts who visit Washington, D.C. on leave, TDY and for conferences and training;
- Increase cost effectiveness by reducing staff needs and set-up costs;
- Gain better access to the newsletter readership.

Follow-on activities of the INCS type should strengthen information collection and generate products for this APHA clearinghouse. The follow-on project should undertake more direct dissemination to AID and PVOs regarding their own role and resources.

C. Technical Issues - Part II Maternal and Infant Nutrition

1. Finding: Through the breastfeeding "sensitization" workshops, it was learned that health professionals in developing countries are aware of the benefits of breastfeeding. What they lack is information on how to support breastfeeding in practice.  
  
Recommendation: Continue with the type of training provided by the San Diego Lactation Specialist Program, which teaches health professional teams how to support breastfeeding in hospitals.
  
2. Finding: The San Diego Lactation Specialist Training Program for health professionals is an effective way to generate changes in hospital routines supportive of breastfeeding.  
  
Recommendation: Continue providing support to the San Diego Program to continue the Lactation Specialist Training Programs, for follow up activities in country.
  
3. Finding: Although increased breastfeeding has been documented in hospitals after training in lactation management and changes in hospital practices, little is known of the long term effect on breastfeeding.  
  
Recommendation: Concentrate on documenting what effect, if any, supportive hospital practices have on duration of breastfeeding.
  
4. Finding: Attempts to influence breastfeeding policies and regulations at the national level have not been very dramatic or visible.  
  
Recommendation: Emphasize the importance of changes in practices supportive of breastfeeding first, as was done in the hospitals in Indonesia and Thailand.
  
5. Finding: The model developed in Cameroon and Honduras, using ethnographic approach to collect data, and subsequently used to guide development of a wider survey of infant weaning practices, represented a true state-of-the-art advance.

Recommendation: The dissemination of this model should be encouraged, and the documentation of its utility in those two countries more widely publicized.

SECTION VIII. PROPOSED INSTITUTIONAL/ORGANIZATIONAL STRUCTURES FOR  
FUTURE TECHNICAL ASSISTANCE IN NUTRITION EDUCATION

A preliminary needs assessment was conducted to respond to the last objective of this evaluation which relates to recommendations for structuring continued nutrition education. The assessment consists of:

1. Interviews and responses from USAID's and AID/W (HNP Offices) regarding their needs and suggestions for centrally funded TA in nutrition education. A total of 21 questionnaires were returned from USAIDs. Those who responded to this section of the questionnaire:

- Agreed to the need for continued assistance;
- Requested longer-term and continued TA preferably provided by the same consultant(s) or different consultants having a consistent approach rather than ad hoc, one time TA of one to two weeks duration (Cameroon, Indonesia, Dominican Republic);
- Recommended that seed money and participant training be provided when needed (Thailand, Philippines);
- Requested strengthening of the clearinghouse activity in order to: provide a central location where counterparts could review exemplary materials (India) and to assemble/update nutrition information to backstop USAID mission HPII officers who may not have time/access to nutrition information (Kenya).

AID Bureaus

Within the AID Regional Bureaus there was a general consensus that the INCS project met a very fundamental mission need for a broad-based, flexible mechanism of obtaining technical assistance in nutrition. The verdict on the impact of some of that assistance was more mixed. Only two of the Bureaus were very familiar with the INCS project, and its activities within those regions. Not surprisingly, those Bureaus were the ones in which INCS has been the most active since the beginning of the contract.

In Latin America, for example, the Bureau was positive about the work done in the Dominican Republic in support of the Catholic Relief Service's applied nutrition education program. Similarly, the Bureau believes the INCS consultant's work in Jamaica in collaboration with UNESCO was good. (A more detailed assessment of the work in Dominican Republic is proved in Section V.-3.) The Bureau's reaction to work done in Honduras was mixed, although criticism was directed to the overall project design and impact. The quality of INCS technical assistance, however, was perceived to be good.

The Africa Bureau respondent interviewed remarked that he was "amibivalent" about the INCS project, but admitted that he had little contact with INCS (he was new to the Bureau) and did not have a clear concept of what the project was about. The only country in which he was aware of INCS technical assistance was in the Ivory Coast, where INCS provided a consultant to take part in a needs assessment for a nutrition education program. Apparently INCS did have extensive interaction with previous Bureau advisors.

The Asia Bureau, where INCS has been most active throughout the project, gave the most specific responses about the perceived impact of INCS assistance. A total of thirteen technical assistance activities were reviewed by the Bureau spanning the period 1980-83. In five of these consultancies, INCS assistance was judged to be good, with a beneficial impact. For example, Julia Walsh's work in India on maternal infections and effect on infant birth weight was perceived to be of high quality, as was Marion Zeitlin's work in Burma on the design of surveys for the Primary Health Care Program. The workshop held in the South Pacific was deemed successful in that it helped in adoption of the WHO/UNICEF Code, although it was questioned whether four persons were needed from INCS to participate in that meeting. This was potentially viewed as a case of "overkill" as were several of the other INCS activities in Asia. The primary criticism registered by that Bureau was a lack of consistency and follow-up to many of the activities undertaken. This lack of follow-up was viewed as limiting the overall impact of the technical assistance. As an aside, the Bureau felt it was not kept well informed by INCS of what follow-up, if any, had occurred in each of those countries.

The Near East Bureau has very few comments about INCS and could only report on work in Tunisia where a series of activities had been carried out in collaboration with the Institute of Child Health. A more detailed description of the INCS work in Tunisia is provided in the review of that country.

2. Review of state-of-the-art publications and individual discussions with experts in communications/social marketing in and outside AID (including INCS) who are familiar with centrally managed TA projects. This group suggested that:

- An INCS type of responsive mechanism should continue to be available for ad hoc field needs provided the preliminary needs assessment and follow-up mechanisms are adequate.
- In addition to short-term TA, longer-term TA and seed funds should be available for situations that need sustained assistance.
- the unavailability of experienced consultants could create a crisis and, nutrition education could lose credibility unless special efforts are made to enlarge the consultant pool.
- In a few sites, resources should be provided to implement programs for the purpose of furthering the state-of-the-art, demonstrating impact to generate broader commitment for nutrition education and to provide the opportunity for sustained hands-on learning.

3. INCS: Their Future Plans. During discussions held in Boston, the Director of EDC and the INCS Project Director were asked how they would like INCS to continue after the expiration of the contract and cooperative agreement. In an ideal world, INCS would like to continue a cooperative agreement arrangement with AID, since the organization believes this agreement is much more flexible and allows INCS to play a more proactive role in development of projects and technical assistance activities. INCS feels that there are several changes, however, which should be made in the organization of INCS to improve its ability to provide quality technical assistance in the future. They are:

- Addition of technical staff, especially in the areas of communication/education;
- Narrow the focus of activities and define priority topics and areas of concentration (examples are given below);
- Establish a set of ground rules for country involvement, e.g., host country commitment and financial support and commitment to a set of activities over time.
- Alter the role of the Advisory Board to increase its involvement.

In a statement at the 1985 Board meeting, Ron Israel said the INCS institutional focus should be on nutrition-related behavior changes, concentrating on a few, well-chosen projects. Communications should be INCS' overriding expertise while other program "ingredients" and resources be harnessed to support the educational effort.

In the future INCS would like to place more focus on the development of subproject activities within countries, and narrow its emphasis to certain selected topics which have been identified as priority areas in nutrition. These include:

- Improved dietary practices;
- Breastfeeding and working women;
- Use of appropriate household technologies, related to food;
- Vitamin A or other diet supplements;
- Establishment of nutrition education units within Ministries of Health, especially in Africa;

Members of the Advisory Board also suggested other areas on which INCS might concentrate. These are:

- Motivational research, relating to feeding and weaning behaviors;
- Evaluation, both process and method;
- Promotion of early feeding during periods of diarrhea;
- Development of participatory learning techniques, to be used with adults.

Discussions with a number of individuals yielded numerous suggestions as to how INCS might be restructured. Three possible scenarios suggested were:

- INCS has sufficient funds to support small project activities, such as was done in Thailand, and also provides technical assistance.

- INCS provides only technical assistance, over an extended period of time to a project, but does not provide any financial support to the project.
- INCS continues to provide ad hoc technical assistance, as it has done in the past, but with the right of refusal if the proposed activity does not meet INCS "ground rules" or represent one of its priority areas.

Based on the above needs assessments, the experience of other S&T projects which are related and review of lessons learned in INCS activities, the evaluation team recommends that follow-on activities contain the following elements:

1. A quick response mechanism to fill legitimate field needs in nutrition education. This should be backstopped with strong S&T, Regional Bureau and FVA (where relevant) involvement in monitoring requests and consultancies. Potential clients should be very clear about the services available, AID priorities and preconditions and what to expect in terms of response time, costs, reports, etc.

An estimated 75 person months of TA in the procurement should be allocated for this purpose. Buy-in mechanisms should be worked out and partially completed PIO/Ts with sample scopes of work provided through FVA and Regional Bureaus to potential funding sources. An accounting system for buy-ins should be developed to satisfy "buy-in" clients. Key preconditions or criteria for prioritization should be developed by AID suggested criteria were:

- a. Content areas and approaches where nutrition education has been shown to have made a difference;
- b. Evidence of careful needs assessment and follow-up mechanisms in place (USAID projects given top priority).

2. Availability of seed money and follow-up short-term TA. Seed money in the range of \$20,000 to \$50,000 for an approximate ten projects should be provided. Buy-in mechanisms and prioritization are the same as for #1 above.

3. Up to four sites should be selected over the course of the project for intensive, longer-term implementation. These could result from initial consultancies in response to ad hoc TA requests, or planned in advance as a part of a bilateral or FVA funded project. Long-term advisors are estimated at providing two years of TA per site, with an additional approximately 12 months in short-term. Project funding per site is estimated at \$150,000 per year for the first two years per site followed by \$100,000 for years three and four per year, per site, totalling \$400,000 per site for four years, excluding short-term TA. This would enable a full cycle of planning, implementation and evaluation to take place at each site. Approximately 200 person months should be allocated to this activity. Develop buy-in mechanisms in the same manner as described in #1 and #2 above. Criteria for selecting projects were:

- Where behavioral constraints rather than economic constraints are key determinants of nutritional status;

- Where a sufficient level of infrastructure and commitment existed to absorb technical assistance and new techniques for future nutrition education activities;
  - USAID support and encouragement, preferably buy-in from bilateral or OPG programs.
4. Focus on the following content areas is recommended in follow-on activities based on the assumption that no other existing mechanism can provide field support in these areas.
- a. Breastfeeding. Rationale includes need for continued backstopping of effective in-country activities begun through INCS and AID leadership in terms of experience with a viable package of interventions that have demonstrated preliminary impact. Also, countries reached through sensitization activities need support for changing practices and policies in the next phase. Specific objectives would be:
- Develop overall conceptual model and AID strategy to form a basis for expansion that incorporate INCS lessons of experience.
  - Expand and support work of San Diego training through sustained in-country activities aimed at achieving 100 percent coverage of private and public sector facilities and personnel. This should be in very close collaboration with the San Diego group.
  - Assist mothers support groups to play activist role for legislative and policy changes as well as to sensitize and support health sector practices in ways that suit the local environment in each country. Facilitate more networking across national groups.
  - Address needs of working women as appropriate in each country.
  - Use social marketing through the mass media and interpersonal channels to support the above.
  - Monitor changes in breastfeeding duration and incidence of bottlefeeding and their impact on mortality and morbidity at sentinel sites in key countries.
- b. Growth monitoring. Rationale includes potential use in AID field programs for enhancing child survival impacts of integrated programs that include improved infant feeding, ORT immunizations and the availability of a replicable methodology developed by AID under INCS. Specific objectives:
- Institutionalize and replicate INCS methodology through programs that currently propose to use growth monitoring;

- Strengthen delivery systems, management, supervision and evaluation components in the context of large programs.
  - Demonstrate the ability of growth monitoring activities to form a conduit for expanding immunization and ORT coverage through careful selection of few focus sites and systematically seeking diagnostic and follow-up services for immunizations and ORT. Evaluation components will need special attention for demonstration effect.
- c. Dietary Management of Diarrheal Disease. Rationale includes the fact that weight loss due to diarrheal disease is a major determinant of nutritional status that can be effectively addressed through behavior change mainly increased intake of home liquids and food during and following diarrhea episodes. Secondly, potential for application exists in a large number of AID-funded ORT programs. Thirdly, the content area is closely related to breastfeeding and growth monitoring--the other two recommended focus areas. Specific objectives are:
- Build on the work done under OIH/RSSA: MMHP (Gambia), Egypt Bilateral ORT program, INCS (Bangladesh study, Dominican Republic and Ecuador projects).
  - Support should be provided for
    - (1) The development of a finite communications package/methodology for widespread use in ORT programs similar to the growth monitoring package.
    - (2) The dissemination of the package through AID channels.
- d. Within the framework of affecting these behaviors through MCH or food aid programs, the following elements should be strengthened:
- Motivational research;
  - Management elements;
  - Impact on policy makers to gain support for nutrition in general and nutrition education in particular.

An illustrative budget is given below:

1.	Short-term, ad hoc TA and training 100 person months @ \$10,000 each	\$1,000,000
2.	Seed money @ \$50,000 for 10 projects	500,000
3.	Intensive project implementation \$400,000 per site for four sites	1,600,000
	Short-term TA support for 48 months	480,000
	Subtotal	<u>3,580,000</u>
4.	Management costs @ 35%	1,253,000
	Total	<u>\$4,833,000</u>

<u>Total person months:</u>	
Short-term TA	148
Long-term TA	96
	<u>244</u>

These estimates are appropriate for a five-year program. The INCS program provided approximately 300 person months over a six year period.

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APPENDIX I

List of People Contacted During Evaluation:

Agency for International Development, Washington, D. C.

Hal Rice, Asia Bureau  
Linda Morse, LA Bureau  
David Eckerson, Africa Bureau  
Charles Johnson, Near East Bureau  
David Merrill, Burma Desk  
Hope Sukin, Food for Peace Office  
Tony Meyer, S&T/Education  
Maura Mack, Office of Nutrition  
Sally Mahone, Office of Nutrition  
Chloe O'Gara, Office of Nutrition

EDC/INCS

Janet Whitla  
Ron Israel  
Lan Pho  
Christine Hollis  
Christina Ware

APHA Maternal Infant Nutrition Clearinghouse

Gayle Gibbons

INCS Board Members and Consultants

Marian Zeitlin	Robert Hornick
Susan Scrimshaw	Lukas Hendrata
Grete Pelto	Lyra Srinivasan
Ron Parlato	Derrick Jelliffe

Others

Michael Latham	R. Horner, CARE
Richard Manoff	G. Dacunha, UNICEF

Manoff International

Marcia Griffith

San Diego Lactation Program

Audrey Naylor  
Ruth Wester

Agency for International Development, Overseas

Molly Mayo Gingerich, USAID/Jakarta  
Terrance Tiffany, USAID/Bangkok  
James Vermillion, USAID/Tunis  
Audrey Wight, Consultant USAID/Quito  
Julie Klement, USAID/Jakarta  
Ray Martin, USAID/Cameroon

APPENDIX 2

The Office of Nutrition, AID/Washington is funding an evaluation of nutrition activities carried out to date by the International Nutrition Communication Service (INCS) under a contract and cooperative agreement with S&T/N. Evaluation team members are Jean Baker and Tina Sanghvi. The INCS mandate was to "assist developing countries to improve the nutritional status of malnourished and at risk groups through nutrition education interventions." Please use the enclosed stamped envelope to return the questionnaire. We would appreciate your response by June 30, 1985. Also enclosed is the table of contents page of the INCS consultant report relevant to your country.

QUESTIONNAIRE

Country:

Dates of Technical Assistance:

Main Host Country Counterpart:

Type of Technical Assistance:

Consultants/Technical Assistance Quality: (Please check appropriate category)

	Excellent	Satisfactory	Unsatisfactory	Don't Know
1. Compliance with scope of work/USAID guidelines				
2. Overall usefulness of TA				
3. Institution building/improvement local capability				
4. Good quality, timely reports				

Comments on the INCS Technical Assistance (in general):

Have you seen the Maternal and Infant Nutrition Review for your country?  
If so, was it useful?

Suggestions for future planning of centrally managed technical assistance in nutrition education/maternal infant nutrition:

\*\*\*

Thank you for your assistance.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

VOLUME II

INCS EVALUATION:

TRIP REPORT

June 19 - July 6, 1985

Jean Baker  
July 1985

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## INCS EVALUATION -- TRIP REPORT

Consultant: Jean Baker  
Date: June 19 - July 6, 1985

Places: 1. San Diego Lactation Program  
2. Indonesia (Jakarta, Semarang)  
3. Thailand (Bangkok)

### BACKGROUND

The International Nutrition Communication Service (INCS) has been assisting developing countries in the areas of nutrition education and improving maternal and infant nutrition, since 1979 under a contract and cooperative agreement with the Office of Nutrition of AID. In anticipation of the expiration of both contract and agreement during late 1985, the Office of Nutrition is funding an evaluation of the nutrition activities carried out to date by INCS. The objectives of the evaluation are to assess compliance with the contract/cooperative agreement objectives; results achieved; effectiveness and efficiency of the technical assistance process; and observable impact on nutritional technical assistance activity on host country programs and institutions.

Although INCS has provided technical assistance and support to a variety of countries and projects since 1979, one of the most notable has been INCS support of the San Diego Lactation Program. Starting in 1983, when INCS contracted with the San Diego Lactation Program to conduct training programs in lactation management for health professionals from developing countries, a total of four training sessions have been carried out. Seven teams from Indonesia and one team from Thailand have completed the course, as well as other activities. Because of the level of activity generated by the San Diego Program, it was decided to include in-country assessments in both Thailand and Indonesia. At the suggestion of the USAID Mission in Jakarta, a one day stop at the San Diego Lactation Program was added to the consultant's itinerary. The Mission believes that the Program has had a profound influence on the focus and direction of breastfeeding activities in Indonesia. It was felt that without a complete understanding of the San Diego program and approach, the effectiveness of that aspect of the evaluation would be diminished.

## I. SAN DIEGO LACTATION PROGRAM

### A. Background Information

In August of 1983, with support from AID through a subcontract with the International Nutritional Communication Service (INCS), the San Diego Lactation Program began the Lactation Specialist Training Program. The goal of the project was "to assist the promotion of breastfeeding in developing countries by improving the knowledge regarding the clinical management of lactation and breastfeeding of current and future prenatal health care providers." The project, under the direction of Dr. Audrey Naylor and Ms. Ruth Wester, had four basic objectives.

- To train teams of physicians and nurses from teaching hospitals in developing countries as lactation specialists.
- To assist these teams in developing a model of service delivery and teaching appropriate to their own hospital conditions.
- To assist each team in designing in-service and training activities in support of breastfeeding for their physician and nursing colleagues.
- To assist the teams in selecting or developing appropriate teaching materials for their own programs.

Between August 1983 and February 1985, four training sessions were conducted. A total of twenty physicians (18 pediatricians and 2 obstetricians), twelve nurses and three nutritionists have attended the course. They represent fourteen teaching hospitals and two research institutes, from ten countries. Follow-up visits to six of these institutions in Indonesia have also been made by Dr. Naylor and Ms. Wester.

## B. Evaluation Findings

### 1. Relationship with INCS

In general the relationship between INCS and the San Diego Lactation Program has been good, and where problems have occurred they have primarily been the result of administrative procedures required by INCS or AID. The Program has benefitted from its association with INCS in establishing an international network, especially in Asia, of contacts with teaching hospitals. The directors of the San Diego Program also believe INCS provided an important link between AID/Washington and the USAID Missions, who were especially helpful in identification of trainees.

Several times during 1983-84, the San Diego Program experienced long delays in the receipt of requested funds from INCS. These resulted in cash flow problems which strained relations between the Lactation Program and its parent organization, the Mercy Hospital Pediatric Corporation. The San Diego Program directors believe cancellation of the contract between Mercy Hospital and INCS came about primarily as a result of these financial difficulties. Fortunately, INCS was able to negotiate individual contracts with both Co-Directors of the Program which enabled them to continue their work. All funding ended in January 1985 when INCS notified the Program that any future support was uncertain. At present the future of the Program is very unclear.

Although INCS has indicated to the San Diego Program that it would like to continue the relationship established earlier and provide future financial support, the San Diego Program would prefer to receive funding from an agreement made directly with the Office of Nutrition. The directors believe this would eliminate most of the funding delays which have complicated program administration and would simplify planning and implementation of future training programs. Support through INCS is perceived to be unnecessary "layering," especially since the Program has developed a solid network of contacts through their work in the last three years. In the near future the San Diego Program hopes to add an administrative assistant, who would enhance

the Program's ability to handle administrative and financial arrangements, and would ensure adequate management of AID funds.

Ideally, the San Diego Program would like funding sufficient to cover all the expenses related to identifying trainees, supporting them through the training course, and some limited discretionary funds to allow follow-up projects in the trainees' home countries. Neither the Indonesia nor Thai Mission has flexible funds available for participant travel or for supporting follow-up activities once the trainees return home. Apparently this is generally true of most AID missions. The importance of follow-up visits by Naylor and Wester was underlined both in Thailand and Indonesia. Technical presentations during these visits have lent credibility to the trainees' own efforts to alter practices, and have served as opportunities for additional, expanded training.

## 2. Location of the Training Program

Although the directors of the San Diego Program have considered transferring the Lactation Specialist Training Program to a developing country location, they believe the advantages of offering the training in the U.S. must be carefully considered. The main advantage of U.S. based training are:

- Participants derive status from taking part in a U.S. based training program.
- The physical distance from home and work environments enables the participants to separate themselves from their daily responsibilities, and allows them to concentrate fully on the coursework.
- The relationship between the nurse/doctor members of the teams, which is established during the training in San Diego, is essential to ensure good coordination and cooperation once the trainees go home.
- Although U.S. and developing country hospitals differ in many ways, it is beneficial for the trainees to be able to see firsthand how the practices taught in the course are implemented in a large U.S. teaching hospital.
- Many developing country hospital centers are not equipped to provide the logistic and administrative support and facilities necessary to run an intensive one month training course for 12 people, several times a year.

## 3. Trainee Selection and Follow-up

The San Diego Program has identified several criteria for trainee selection which maximize overall effectiveness of the training.

- It is essential that the trainees form a team, with both medical and nursing represented. Each team should include a pediatrician, an obstetrician and a nurse.

- The trainee teams should come from a teaching hospital.
- Trainees should be in a position of sufficient authority to enable them to institute changes in hospital practices once they return home.
- All team members should be bilingual.
- There should be evidence of institutional support for the trainees (such as a statement by the hospital administrator which support the training and provides a commitment to work with the trainees once they return).

The San Diego Program has learned from its experience in the last three years that these factors enhance the probability that the training will be put to use once the trainees return home. For instance, in one case trainees from the same country, but representing different organizations, were unable to work effectively at home due to lack of coordination. The support system which develops among the representatives from all three medical disciplines is essential to good coordination and cooperation in the home institution. Trainees who are very junior have had difficulties in making changes in hospital routines, and have met resistance particularly from more senior staff. Although fluency in English is essential to understanding the training materials used in San Diego, varying degrees of competency have helped to build bonds between and among team members who help each other interpret and understand the training materials.

#### 4. Future Plans

With additional funding, the San Diego Program would like to continue the training programs developed over the last three years. Dr. Naylor believes that she can continue to offer 3-4 training programs per year for a maximum of 12 trainees per session. Each month-long course would be followed up with in-country several months after the initial training. Staggering the training throughout the year also allows time for new activities the Program would like to undertake. For example, the directors would like to continue development of training materials and establish a systematic method of organizing the over 1600 teaching slides used in the course. Ideally, an expanded slide and materials library for use by the trainees would be developed.

Current or updated reference materials are seldom available to the trainees once they return home. The Program would like to establish a communication/information system which would keep graduates informed of recent developments in breastfeeding promotion and lactation management. The Program proposes sending an information packet to all trainees on a regular basis, which might take the form of a short newsletter, or copies of selected reprints or journal articles.

#### C. Comments and Recommendations

It is clear from discussions and observations both in Indonesia and Thailand, and from reports on the four training programs offered by the San

Diego Center during 1983-85, that the Lactation Specialist Program has met its objectives. The Program has been very successful in transferring information and skills in the clinical management of lactation to the individuals who have undergone the training. In each case, the trainees have returned home with a plan of action for undertaking follow-on projects and training. The Program has also been able to generate a genuine enthusiasm for breastfeeding promotion which has been evidenced in the range and intensity of activities in both Thailand and Indonesia. Dramatic changes have taken place in hospital practices in both countries as a result of the training in San Diego Program. These in-hospital changes are discussed in more detail in the separate sections on those country visits.

With respect to the future of the San Diego Lactation Program the following recommendations are made:

- AID should continue to fund the San Diego Lactation Program, through a separate agreement made directly between the Program and AID.
- Trainees should be selected on the basis of criteria identified by the San Diego Program, with particular emphasis on pre-existing national or institutional support for breastfeeding.
- Additional funds should be earmarked for documentation and further evaluation of the results of the follow-up activities which have taken place in Indonesia, Thailand and other countries.

## II. INDONESIA (JAKARTA AND SEMARANG)

### A. Background Information

Since the beginning of the INCS contract in 1979, Indonesia has been one of the countries most consistent in utilizing INCS assistance in support of nutrition and particularly breastfeeding promotion activities. Below is a brief chronology of the INCS supported activities which have taken place in Indonesia.

August 1980 - INCS provided two consultants to the Second National Symposium for Promotion of Breastfeeding in Indonesia. These consultants gave presentations on the "Mechanics of Lactation" and on the role of supplementary foods in the breastfeeding period.

February 1981 - INCS sponsored a workshop in nutrition education techniques for the Indonesian staff of Helen Keller International (HKI). HKI then collaborated with INCS in the design of a multisectoral strategy for a nutritional blindness campaign.

August 1982 - INCS sponsored three consultants (Dr. D.B. Jelliffe, Mrs. E.F.P. Jelliffe, Dr. A. Naylor) to take part in travelling seminars on maternal/infant nutrition for health professionals in Indonesia designed to strengthen breastfeeding. These travelling seminars allowed key medical educators and health professionals to identify incorrect knowledge of lactation management as a major problem. These consultants took part in seminars in four locations: Semarang, Medan, Denpasar and Bandung. As a result of these seminars, the Lactation Specialist Training Course held in San Diego under the direction of Dr. A. Naylor was funded by INCS.

February - May 1983 - INCS sent a consultant to Indonesia to adapt guidelines for teaching nutrition in schools of agriculture in developing countries into a series of curriculum materials. These included a textbook, student workbook and teacher's manual. The materials were tested in a pilot project at the Institute Pertanian Bogor, a school of agriculture in Indonesia.

September 1983 - Six persons trained at the San Diego Lactation Program.

January - February 1984 - INCS sent Dr. and Mrs. Jelliffe back to Indonesia as speakers and resource persons for the Infant Feeding Practices Study meeting. Also in February that year, INCS Director Ron Israel travelled to Indonesia to assist the Indonesian Breastfeeding Association (BK.PP-ASI) in development of a national strategy, and to follow up with recently returned trainees to identify program areas where INCS could provide support (i.e., Semarang Lactation Clinic).

July 1984 - On behalf of INCS Dr. and Mrs. Jelliffe, A. Naylor and R. Wester participated in a joint BK.PP-ASI and PERINASIA workshop on breastfeeding and a national seminar on perinatology. They presented papers at the Indonesian Pediatrics Congress. Naylor and Wester made three follow-up visits to projects of San Diego trainees.

November - December 1984 - Nine persons trained at the San Diego Lactation Program.

## B. Evaluation Findings

### 1. Kariadi Hospital - Semarang

During 1981-1983 a study of infant feeding practices in Semarang was carried out by the Child Health Department of the University of Diponegoro. This "set the stage" for activities which followed there.

Of the seven teams of health professionals from Indonesia who have attended the San Diego Lactation Program training, the group from Semarang led by Dr. Soedibjakti, has been the most active in organizing subsequent activities promoting breastfeeding. Almost literally overnight, Dr. Soedibjakti made changes in practices and routines at Kariadi Hospital which altered behavior and ultimately attitudes in support of breastfeeding. Below is a summary of the things the Semarang team has accomplished in the two years following the training at San Diego.

November 1983 - The Breastfeeding Promotion Working Group was established at Kariadi Hospital. The Group is composed of three pediatricians, one nutritionist, one obstetrician, one psychologist, one social worker and one senior nurse.

November 1983 to January 1984 - the first "cadre" training course took place for senior ward nurses. Following this training, rooming in was instituted.

January 1984 - A lactation clinic was established as part of the Maternal/Child Health services of the outpatient department.

April 1984 - The second "cadre" training course was given for the staff of maternity clinics in Semarang as well as staff from other hospitals outside the city.

September 1984 - The third training course was conducted, for the teaching staff of nursing schools in the area.

November 1984 - Rooming-in was provided for breastfeeding mothers whose infants were hospitalized.

April 1985 - The fourth training program was conducted for staff of Dr. Jamil Hospital in Padang, West Sumatra.

June and July 1985 - Training was begun for the staff of the Department of Nutrition of Kariadi Hospital, which includes eight physicians and eight nurses.

July 1985 - The Lactation Clinic was moved to a new, expanded facility in the outpatient department of Kariadi Hospital. The clinic is open six days per week and provides group prenatal instruction on breastfeeding and individual counseling on lactation problems.

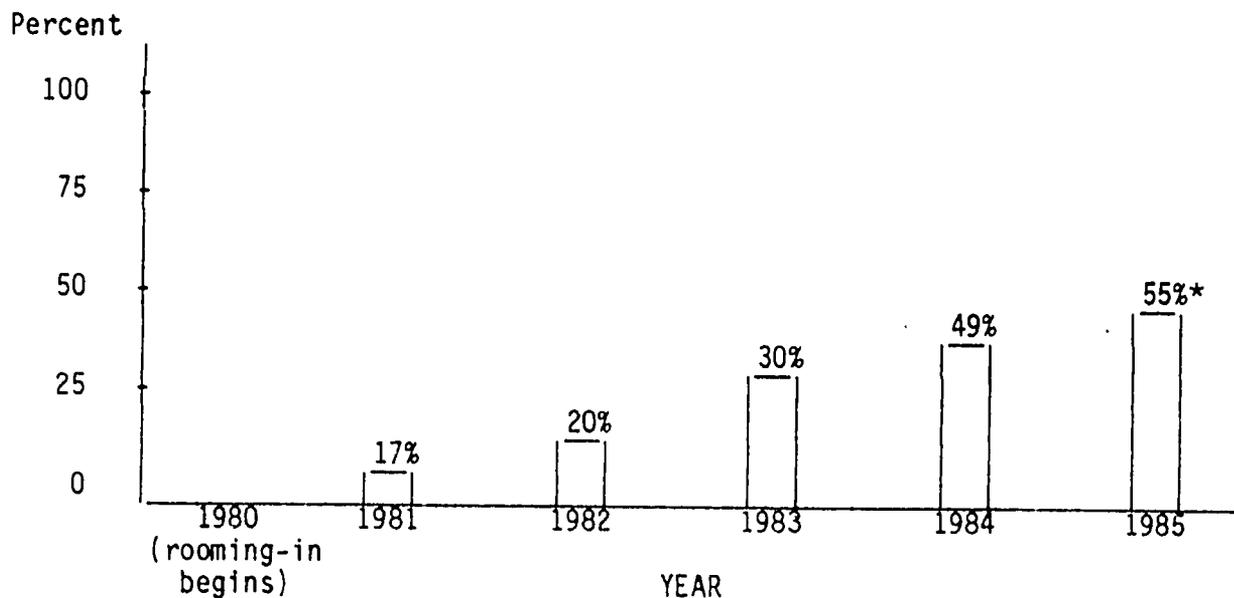
In an effort to document the effects of the changes made at Kariadi Hospital supporting breastfeeding, Dr. Soedibjakti and her colleagues have undertaken several small research projects. These studies have attempted to identify changes which have taken place related to the introduction of

rooming-in at the hospital. For example, a retrospective study of neonatal diarrhea and rooming-in showed a sharp decline in the incidence of neonatal diarrhea following the introduction of universal rooming-in. Similar data showed declines in use of infant formula following rooming-in, and an associated rise in breastfeeding incidence. Other research focussed on problems in lactation management identified by the lactation clinic, attitudes of mothers to breastfeeding and rooming-in, and breastfeeding patterns among working and nonworking women.

## 2. Cipto Hospital - Jakarta

In 1980 rooming-in was declared the policy for government hospitals in Indonesia, and Cipto Hospital was appointed as the site for a pilot project to test the effects of rooming-in. However, practices were slow to follow policy and very little had actually been done to implement true rooming-in before the team from Cipto Hospital attended the San Diego Training Program in 1984. One of the trainees, Dr. Rulina Suradi, believes that although supportive, hospital administration and staff were uncertain how to go about implementing rooming-in. When the team returned from San Diego, they organized a training program for obstetric and pediatric staff from Cipto. As a result, the move toward more supportive breastfeeding practices accelerated. The table below shows the increase in percentage of infants rooming-in.

Infants Rooming-in As a Percentage of Total Deliveries  
at Cipto Hospital, Jakarta



\* 1985 Estimated

Although still far from universal (in part due to the fact that the hospital takes only referral problem cases), the number of babies rooming-in has increased steadily at the hospital. Other changes have taken place as well. Pre-lacteal feeds, if given, are administered by spoon and not by bottle. In January 1985, a lactation clinic was begun which meets one day per week. Several small research projects have been undertaken by medical

residents, which examine the effect of rooming-in on infection rates, with neonatal diarrhea as one of the indicators. The study results show that rooming-in lessens the infection rate.

The Cipto team has been active in developing training programs for use in the hospital's prenatal and postpartum wards, as well as organizing seminars for groups outside the hospital. For example, Dr. Winahyo Prokoso, the obstetrician on the Cipto team, who is also the Secretary-General of PERINASIA (Indonesian Society for Perinatology), has organized sessions on breastfeeding and rooming-in for the Second PERINASIA Congress to be held next year. Cipto is in the process of developing a training manual which could be used by other hospitals interested in changing hospital practices.

### 3. BKPP-ASI - Jakarta

BKPP-ASI (National Working Group for Breastfeeding Promotion and Protection) was established in 1977. It is a private organization which is composed of individuals from a number of disciplines. Since 1983 the organization has been active in organizing seminars on breastfeeding. Dr. Paul Matulesky, the Executive Manager, outlined the four priorities BKPP-ASI has identified for the next year:

- 1) Training - BKPP-ASI will work with the returned San Diego trainees to develop six regional training centers in Indonesia;
- 2) Curriculum development - BKPP-ASI will collaborate in the design of a standardized curriculum for medical and nursing schools;
- 3) Working mothers - BKPP-ASI will organize an educational campaign promoting breastfeeding for working mothers;
- 4) Educational materials - BKPP-ASI will develop audiovisual materials such as video cassettes and slide/sound presentations.

BKPP-ASI has developed a proposal which incorporates the above activities and submitted it to the Ford Foundation and UNICEF for funding.

### 4. Other INCS Activities in Indonesia

In 1983 INCS sent consultant Dr. Leara Jane Harper to develop a nutrition education curriculum for the School of Agriculture at Bogor. Through a series of consultancies, Dr. Harper developed a curriculum and training materials which were tested for a semester at the university. The assessment of the Nutrition Officer in the Jakarta Mission was that the overall impact of this assistance was somewhat disappointing. The training materials were inappropriate to the Indonesian context and perhaps overly ambitious. The final cost of the published materials was so high that the project was not replicable for other Schools of Agriculture in the country. Also because the teaching methods and techniques suggested by the consultant were viewed as so new by the Indonesian teachers, they were not readily adopted. A longer term consultancy which allowed more "hand holding" by Dr.

Harper might have ensured greater success. However, some spinoffs from that project have occurred, such as a shift in emphasis within the Schools of Agriculture from home economics to a community nutrition approach. The AID Mission has not been able to fund any of the follow-up activities, which have been supported by FAO.

### C. Comments and Recommendations

Since 1980, INCS has been actively involved in nutrition in Indonesia, primarily in the area of breastfeeding promotion. The early consultants sponsored by INCS, the Jelliffes and Audrey Naylor, were instrumental in helping individuals and groups in Indonesia already interested in breastfeeding (like BKPP-ASI) focus on specific issues, such as hospital practices. Audrey Naylor's presentations on lactation management were particularly appropriate to the Indonesian situation and led to the initial training at San Diego for several Indonesian medical teams. Since the trainees returned from that program, lactation management training seminars have been conducted in several locations in the country and other activities supportive of breastfeeding have snowballed.

The current supportive practices found in several hospitals in Indonesia are the result of an evolutionary process of raised consciousness and shifting attitudes about the importance of breastfeeding and particularly the role of the hospital. Much of the current success grew out of the manner in which the change was brought about. INCS' greatest contribution to this change was through its role as a catalyst in assisting some of the early meetings and seminars. The travelling seminars brought about a consensus of opinion among the medical community in Indonesia as to what hospital practices should be. These group endorsements of a certain approach and set of accepted practices were important in a historical context, and set precedents for the changes which followed. Within Indonesia now there is agreement on the importance of early rooming-in, elimination of prelacteal feeds, and the role of education and counseling. One has the sense that the Indonesians are confident that they know how to proceed in encouraging breastfeeding within the hospital context. However, these practices are far from universal in the country and much work still needs to be done outside Java to bring other hospitals and maternity centers into conformity.

Only in a few of the larger hospitals has an attempt been made to document the medical, financial or other benefits of the effects of altered hospital practices. Data which support the benefits of the changes will aid those groups working to promote rooming-in, lactation clinics, and the overall contribution of breastfeeding to infant health.

### RECOMMENDATIONS

- Support should be provided to BK-PPASI and PERINASIA.
- Trainees from San Diego should be encouraged and assisted.
- Follow-up by Naylor and Wester is needed to help trainees resolve implementation difficulties in introducing new lactation practices.

BK-PPASI should be encouraged to find funding for the breastfeeding support project for working women they are developing and for which they had anticipated INCS support.

### III. THAILAND (BANGKOK)

#### A. Background Information

A study of infant feeding practices in Bangkok was carried out by Mahidol University School of Public Health during 1981-83. The study attempted to identify reasons for the dramatic decline in breastfeeding in Thailand and particularly in urban areas like Bangkok. The study consisted of three parts: an ethnography, a cross-sectional survey of 1,500 mothers with infants less than twelve months of age living in Bangkok, and a marketing survey of infant feeding and related products. Among the most important of the study's findings was the effect which hospital practices seemed to have on initiation and duration of breastfeeding. Delivery in a hospital was associated with a lower incidence of initiation of breastfeeding and short duration.

As a result of the findings of the study, Mahidol University developed a proposal to support interventions which would alter hospital practices in support of breastfeeding. The project had three main objectives:

1. Promotion of rooming-in practices in the hospitals.
2. Training for hospital staff in clinical aspects of lactation management.
3. Reduction of the practice of routinely providing infant formula to new mothers.

Ron Israel of INCS assisted Dr. Somchai Durongdej in the development of the project which was subsequently funded by INCS, at a total cost of \$50,000.

In early 1984, a team of four Thai health professionals attended the San Diego Lactation Program. When they returned home, with the assistance of the Mahidol project, they developed a plan for a series of short seminars on lactation management, based on their training in San Diego.

During 1984-85 four Lactation Management Seminars were held at Siriraj Hospital in Bangkok to provide in-service training for the staff of the nine hospitals in the project. To date approximately 250 health professionals have completed the training. Each hospital was invited to send a team consisting of a pediatrician, an obstetrician, a pediatric nurse and an obstetric nurse. The content of the Seminar training focussed on the practical aspects of breastfeeding practice in hospitals. These activities included early mother-infant contact, rooming-in, stopping prelacteal feeds, and elimination of infant formula supplementation or distribution.

**B. Evaluation Findings****Pramongkut Hospital - July 2, 1985**

Pramongkut is a government hospital under the administration of the Medical Department of the Royal Thai Army of Defense. Only about thirty percent of the patients, however, are military. The majority come from the general population, primarily low income groups. Four staff from Pramongkut attended the Lactation Management Seminar organized by Mahidol University in 1984. Immediately after attending that seminar, Dr. Therasak, an obstetrician, organized a training program for the hospital's obstetric and pediatric staff. He also developed audiovisual materials which are used in the hospital, including a video program on breastfeeding, shown in the prenatal clinic. He organized an exhibit on breastfeeding for the annual celebration of the hospital's founding, and a breastfed baby contest in which 100 breastfed infants participated.

Several changes in hospital practices have taken place since the 1984 training: Mothers can hold and nurse their babies immediately after a normal vaginal delivery; babies can room-in after a normal delivery within six to twelve hours instead of 24 hours as was the previous practice; a mothers' class which emphasizes breastfeeding is given in the prenatal clinic three days a week; a lactation clinic has been established one day per week, although at present it is very poorly attended; and at present 70-80 percent of all mothers are breastfeeding at discharge, whereas previously only 40-50 percent left the hospital breastfeeding.

Dr. Therasak feels that in spite of the progress made in support of breastfeeding, there are still problems which remain. For example, staff time is limited for breastfeeding activities because of the patient load, so no one acts as a full time breastfeeding coordinator. Lack of funds will not allow the Department to establish such a position. Although the Director of Obstetrics is very supportive of the breastfeeding activities, the hospital administration does not perceive it as a high priority. Some resistance remains among patients to the changes in hospital routine. Many patients are not knowledgeable of the benefits of breastfeeding, and feel prelacteal feeds or formula are necessary for the infant. Mothers who work cite their early return to work as reason for not initiating breastfeeding.

Although it is obvious that most babies are rooming-in soon after a normal delivery, there is still much evidence of prelacteal feeds. Almost every bed had a bottle of water available, and several mothers were observed giving either water or formula.

**Vachira Hospital - July 2, 1985**

Vachira is a government hospital, under the responsibility of the Bangkok Metropolitan Authority, utilized mainly by low income groups. About 8,000 deliveries per year take place in the hospital. Since a team from the hospital attended the 1984 breastfeeding training program at Siriraj Hospital organized by Mahidol University, hospital practices have been altered in support of breastfeeding. Rooming-in is routine for all normal deliveries. Daily educational classes promoting breastfeeding are given in the prenatal clinic, and a special education session on breastfeeding is given on the postpartum ward each day by means of a video presentation. As in all the other hospitals visited, water is given freely to all infants, although no formula was in evidence. The nursing head of the obstetric unit said that the change to total rooming-in has had several advantages in her opinion. Neonatal diarrhea has virtually disappeared, and nursing staff have more time for patients since they have been freed from formula feedings. Although there is not a formal milk bank in the hospital, mother's milk is given to all preemies, either from their natural mother or donated. Hospital staff estimate that between 80-80 percent of all mothers are breastfeeding on discharge.

**Rajvithi Hospital - July 3, 1985**

Rajvithi Hospital, a government hospital under the administration of the Ministry of Public Health, is well known for its maternity services. The hospital averages over 22,000 deliveries per year, and accounts for a third of all deliveries in Bangkok. Since its staff took part in the Lactation Management Training Program, sponsored by Mahidol, they have instituted several changes in hospital routines, supportive of breastfeeding. A breast examination clinic has been established as part of routine antenatal care, which emphasizes breastfeeding and attempts to identify early any anatomical problems which might interfere with lactation. Group lectures are also given daily during antenatal visits which emphasize breastfeeding along with information on maternal nutrition and infant care. Mothers are evaluated on the breastfeeding education session, by means of a short 3-4 question test of their knowledge of breastfeeding. If they answer adequately, a breastfeeding stamp is put on their patient chart which indicates they have "passed" the breastfeeding course.

Hospital discharge records indicate that almost 100 percent of all mothers are breastfeeding when they leave the hospital. However, up to fifty percent discontinue by one week. The obstetrician who led our tour of the hospital believes there are several reasons for this high dropout. Although mothers are motivated to breastfeed during prenatal visits, most patients are not able to begin rooming-in until 24 hours after delivery. This is not due to a hospital policy concerning separation of mother and baby but rather due to space limitations and staff shortages. Most mothers stay in the hospital only 2-3 days, so very little time is available for individual or group counseling once the baby rooms-in. The obstetrician coordinating breastfeeding activities in the hospital feels more can be done to train and motivate both staff and patients. He has equipped with a closed circuit system through which they can present educational programs. They now await the videotapes on breastfeeding for use in the system.

**Bangkok Christian Hospital - July 3, 1985**

Although a team from Bangkok Christian Hospital attended the Lactation Management Training Seminar in 1984, they have been able to make a very few changes in hospital routines. Of the nine hospitals involved in the initial training sessions, Bangkok Christian has been the least successful in breastfeeding promotion. There are several factors which account for this. Bangkok Christian is one of only two private hospitals in the project (Huachiew is the other), with a relatively high income population. Private physicians who use the hospital are apt to follow their own practices, most of which do not support breastfeeding. The hospital is in the process of substantial renovations which include changes in the layout of the maternity services. After normal deliveries, babies spend 24 hours in the nursery for observation and are routinely given prelacteal feeds and formula. The mothers are offered an opportunity to breastfeed only twice per day. C-section patients may wait up to 3-4 days before they have an opportunity to even see the baby. Most mothers are heavily medicated during labor and after, so staff feel they are not able to care for their infants. Obstetricians also prefer that mothers have an opportunity to "rest" after the delivery. Because of staff shortages, very little time is devoted either to counseling on breastfeeding in hospital or during the antenatal clinics. Information on breastfeeding is provided only during the prenatal education session in the morning and once per week a special film on breastfeeding is shown.

Despite these obstacles, the number of mothers breastfeeding on discharge has increased in the last 6-8 months, although breastfeeding drops off rapidly when mothers return to work.

**Prapinklao Hospital - July 4, 1985**

Prapinklao is a Thai Navy hospital, although only about 7 percent of all patients come from the military services. Its patients are primarily low income groups. Of the six hospitals visited, Prapinklao has made the most dramatic changes in support of breastfeeding. Intensive education begins in the antenatal clinics, and is carried through in the postpartum wards with both individual and group counseling about breastfeeding. Although the hospital had instituted rooming-in two years before the staff took part in the Lactation Management Training Program, the seminar instilled confidence in the Prapinklao staff that their practices were beneficial and medically sound. Babies are given to their mothers immediately after delivery and are encouraged to breastfeed. Four such mothers were viewed on the day of our visit to the hospital nursing their infants. After Caesarean deliveries, babies are observed for 12 hours and then room-in with their mothers' insistence. Unlike the other hospitals visited, very few drugs are used in labor, so mothers are breastfeeding at discharge, and hospital records show that 95 percent are still breastfeeding at one month.

**Ramathibodi Hospital - July 4, 1985**

Ramathibodi Hospital, a government hospital, is one of the more prestigious in Bangkok, in part because of its reputation as a teaching and research institution. The hospital follows strict policies on its maternity service, and not patient can delivery at the hospital without having completed all antenatal care at the hospital. After eight weeks or pregnancy, no patient will be allowed into the antenatal program. Although a team from Ramathibodi took part in the Lactation Management Training in 1984, but since hospital practices have been slow to change. All babies are observed for 8-12 hours after a normal delivery, then room-in. This is not the result of a supportive policy, but because of a lack of space in the nursery. Babies delivered by C-section are observed for 24-48 hours before being sent to their mothers. During visiting hours all babies are put in the nursery. Premature babies are not breastfed at all, but are routinely formula fed.

Although the hospital's policy is supportive of breastfeeding, several factors mitigate against full endorsement within the hospital. The pediatric staff believe there is resistance among obstetricians to early rooming-in, and prefer to have their patients "rest." This is in part because of the relatively high socioeconomic status of many of the patients who delivery at the work early, they do not want to breastfeed. These attitudes are reflected in the low percentage of mothers who are still breastfeeding at six weeks. Hospital data show that only about 30 percent are still breastfeeding at the postpartum check.

The pediatric staff feel that more education and motivation of both staff an patients would be useful in promoting breastfeeding, as would adoption of a "pediatric" rather than an "obstetric" point of view.

### C. Comments and Recommendations

Dr. Somchai Durongdej of Mahidol University is in the process of completing the evaluation of hospital practices, staff attitudes, and patient behavior related to breastfeeding in the seven hospital in the project. When compared to the baseline data collected earlier by Mahidol, the evaluation should show significant changes, in at least half of the hospitals.

Despite the progress of the project so far, there are several suggestions for follow-up activities which would enhance the overall value of the project for Thailand. They are:

- In addition to the evaluation of breastfeeding status at six weeks postpartum, an effort should be made to evaluate breastfeeding behavior again at three months. A subset of the original sample of mothers could be evaluated through home visits, possible using graduate students from the University.
- When training is resumed at the San Diego Lactation Program, Thailand should send a team from Rajvithi Hospital to attend the month-long course. If Rajvithi Hospital, which accounts for fully a third of all births in Bangkok, is to be developed as a training center for lactation management in Bangkok, training of a core team will be essential.
- Dr. Amorn Nondasuta and the Ministry of Public Health should be encouraged to provide funds for continued training of hospital personnel in breastfeeding promotion and lactation management. Reportedly, Dr. Amorn is awaiting results from the evaluation of the current project before the Ministry takes a position on the benefits of the program.
- Mahidol University should be encouraged to play an active role in coordination of breastfeeding promotion and training activities in Bangkok. Dr. Somchai's office has served as a focus for development of promotional materials and training activities.
- An effort should be made to develop a follow-up project stressing breastfeeding promotion and education for working women. There is universal agreement among hospital staff that a return to the workforce is a major deterrent to continued breastfeeding. This project would be considerably more difficult to undertake and would require the cooperation of an interdisciplinary group of government organizations.

List of Individuals ContactedSan Diego, June 20, 1985

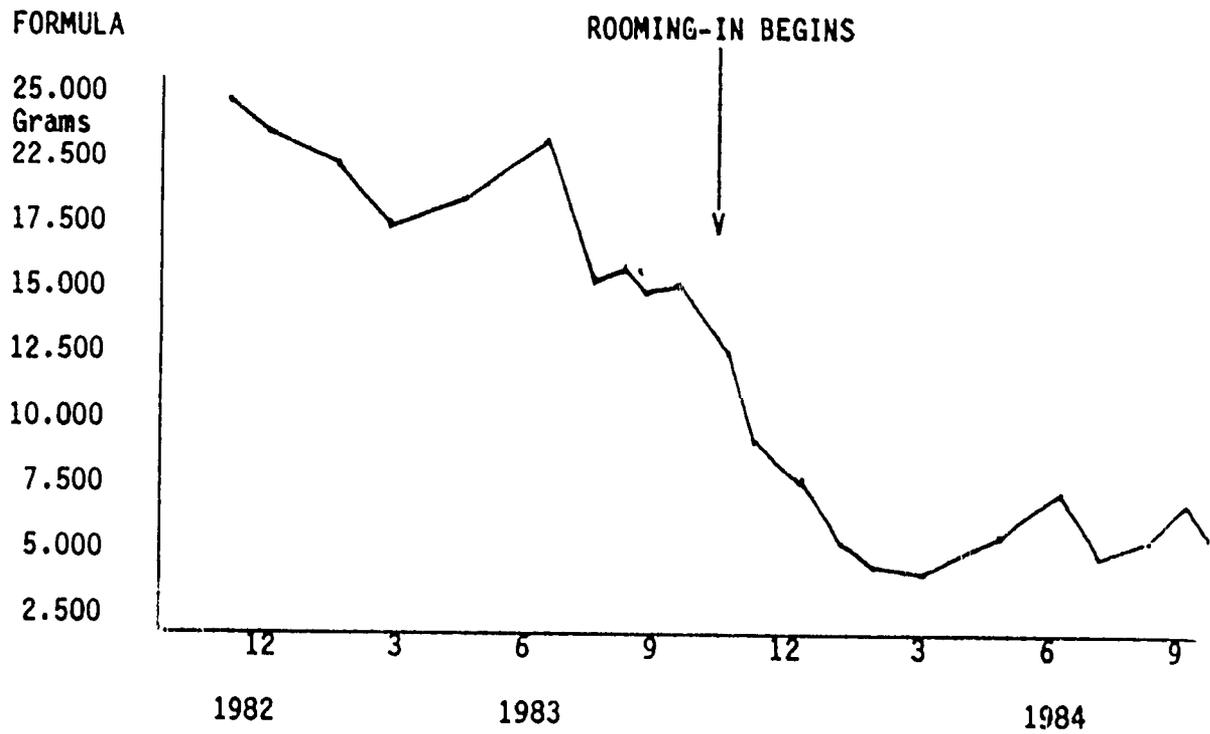
Dr. Audrey Naylor, Co-Director, San Diego Lactation Program  
 Ms. Ruth Wester, Co-Director, San Diego Lactation Program

Indonesia, June 23-29, 1985

Ms. Molly Mayo Gingerich, USAID/Jakarta  
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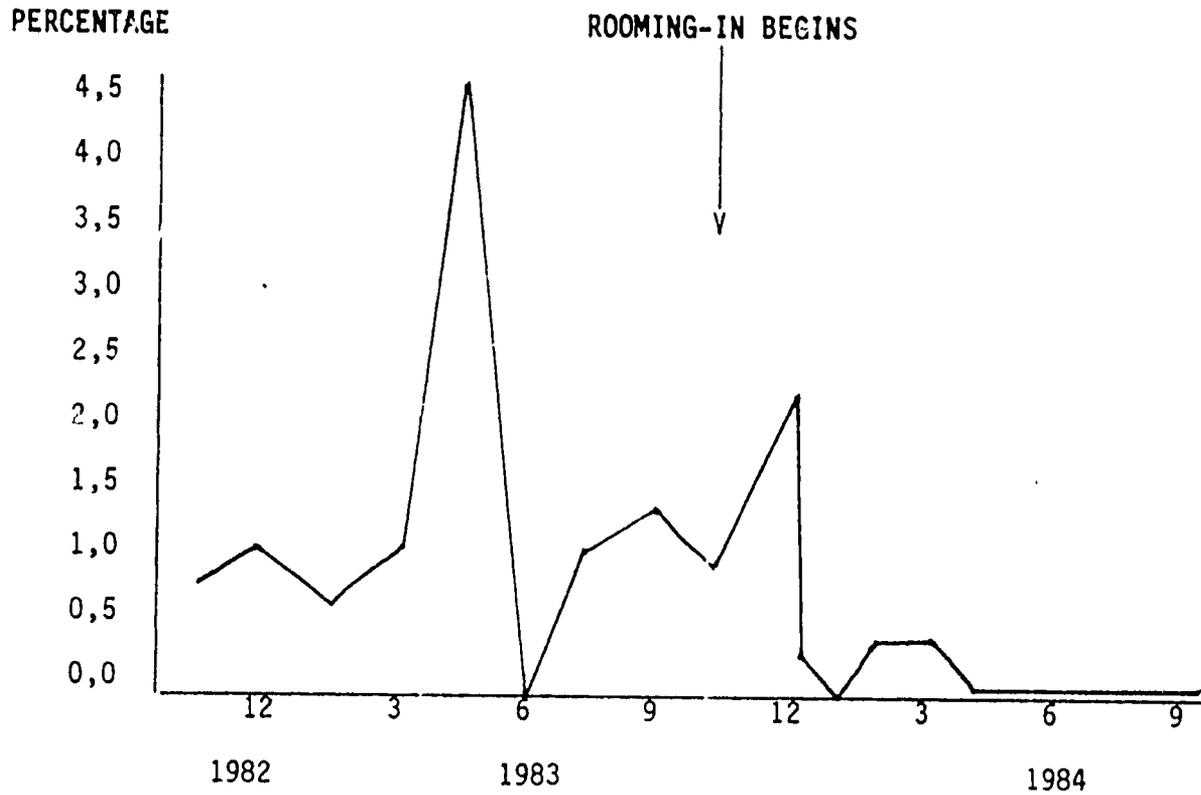
Thailand, July 1-6, 1985

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 Dr. Suhat Foongkiat, Vachira Hospital, Bangkok  
 Dr. Anupong Phenchada, Rajvithi Hospital, Bangkok  
 Dr. Somchai Kovitcharoenkul, Bangkok Christian Hospital, Bangkok  
 Capt. Paiboon Srithep, Prapinklao Hospital, Bangkok  
 Dr. Songsri Foongkiat, Prapinklao Hospital, Bangkok  
 Dr. Kraissid Tongtisirin, Ramathibodi Hospital, Bangkok  
 Dr. Anar Tachang, Ramathibodi Hospital, Bangkok  
 Dr. Aree Valyasevi Hospital, Ramathibodi Hospital, Bangkok  
 Dr. Chaavalit, Ministry of Public Health, Bangkok

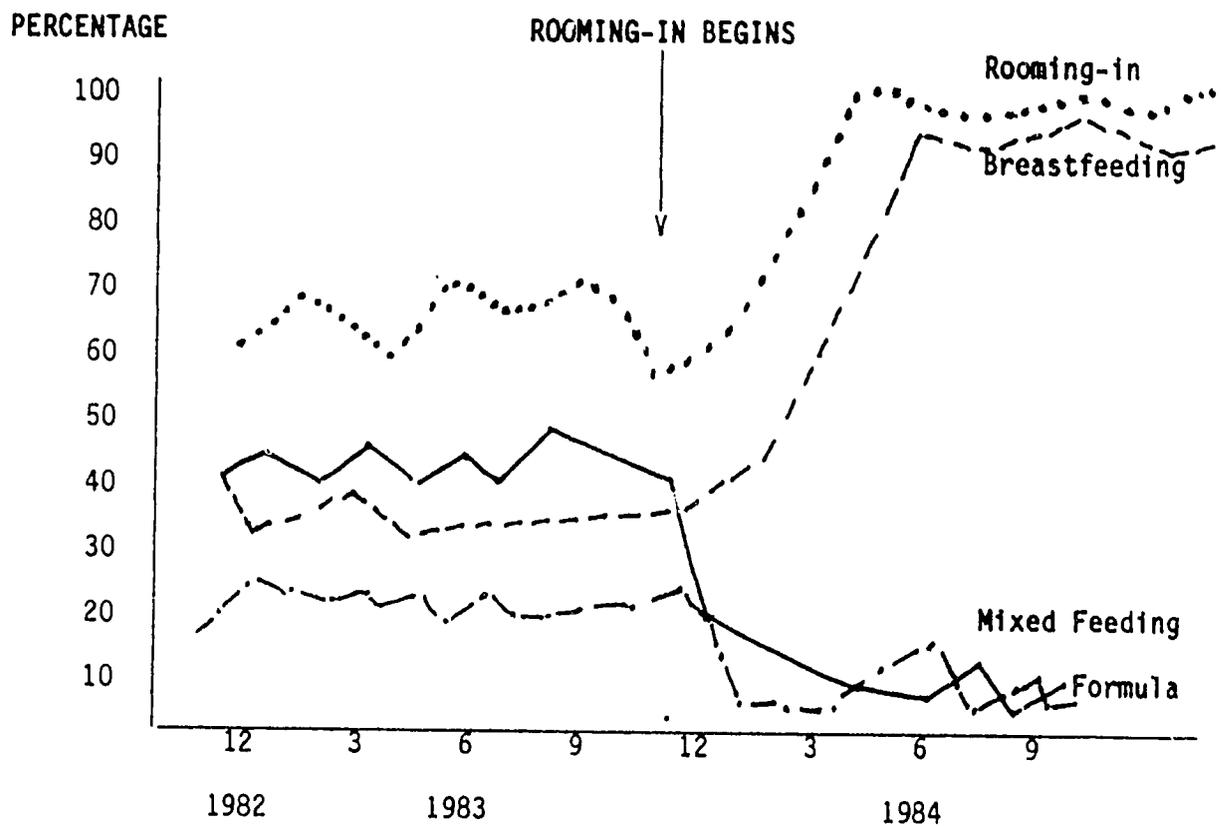


Use of infant formula at Kariadi Hospital, Semarang in relations to introduction of rooming-in.

Incidence of neonatal diarrhea related to rooming-in at Kariadi Hospital, Semarang.



Use of infant formula at Kariadi Hospital, Semarang in relations to introduction of rooming-in.



Infant feeding patterns related to rooming-in at Kariadi Hospital, Semarang

VOLUME IIISUMMARY REVIEW OF INCS CONSULTANT REPORTSAFRICA

Country: CAMEROON

Dates: June 1980, August 1981, August 1983

INCS Consultants: F. Lenglet, Joanne Leslie, R. Parlato

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Strengthen Nuted in MOH

Narrative (focus on accomplishments and future guidance):

1. Logical sequence of consultancies that resulted in transfer of concepts and some skills in communications as applied to health and nutrition.
2. F. Lenglet reports contain important lessons learned re: constraints in management/infrastructure/resources; provides a list of key references and identifies practical steps for progressing toward a nuted program in the Cameroon.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: CONGO

Dates: December 1981, May 1982, September 1983

INCS Consultants: B. Tisa, R. Parlato

Host Country Counterpart: CARE/Congo, Ministry of Health

Cost:

Nature of TA: Range of design and evaluation TA for nuted project.

Narrative (focus on accomplishments and future guidance):

1. The evaluation team (Parlato and McDuffy, et al) conclude that "in general project staff were satisfied with assistance provided by INCS consultants. Evaluators found good evidence that these specialists contributed to the Project and complemented the skills of Project staff."
2. There were a few instances of poorly timed visits and misunderstandings regarding scopes of work.
3. Project would have benefitted from participation if an experienced INCS technician early in the review and selection of cost effective materials and media for project activities as planned in the project document. Instead a consultant was asked to focus on message development and preselected media modules.

4. INCS was highly responsive to the requesting agency's SOW, even though there was dismay in SYT/N and at INCS that the SOW's were not amenable to change when it was evident that INCS consultants could have been more effective.
5. Evaluation report by McDuffy and R. Parlato contains useful lessons of experience for comprehensive nuted projects including an evaluation, use of consultants, role of materials, etc.
6. Role of qualitative methods for summative evaluation not covered.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: GHANA

Dates: September 12-19, 1982

INCS Consultants:

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Workshop on how to adapt nuted materials for use in medical schools.

Narrative (focus on accomplishments and future guidance):

1. Three modules from the WHO "Guidelines for Training in Nutrition of Community Health Workers" were adopted:
  - getting to know the community
  - \_\_\_\_\_ for young children
  - diarrhea and nutrition
2. Workshop process suggested for future: (a) analyze PHC system; (b) field observation in community; and (c) contacts modified
3. Problems in using "prototype" materials are listed.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

1. No mission staff recall workshop; therefore cannot comment.

Other Comments:

1. MINRs not available at mission.

Country: IVORY COAST

Dates: May 1984

INCS Consultants: S. Rubinoff

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Strengthen nuted skills starting with needs assessment.

Narrative (focus on accomplishments and future guidance):

1. Hoped assessment of technical and material resources and how they are used for health/nutrition education.
2. Management/logistics issues identified as key.
3. INCS responded with funds for equipment to a subsequent request from MOH and REDSO.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: LIBERIA

Dates: August 1980, October 1980

INCS Consultants: Ron Israel, M. Zeitlin

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Workshop on national nutrition planning.

Narrative (focus on accomplishments and future guidance):

1. Opportunity to achieve policy level impact of INCS.
2. Workshop planned and assisted very well, according to report.
3. Liberia adopted a national nutrition plan based on recommendations of the workshop.
4. Did S&T/N or INCS attempt to follow-up?

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: RWANDA

Dates:

INCS Consultants: Jon Cook

Host Country Counterpart: CRS

Cost:

Nature of TA: Review of take-home food distribution program.

Narrative (focus on accomplishments and future guidance):

1. Open-ended questionnaires were used to probe participating families' views about various aspects of the program.
2. Practical recommendations are made to improve participation and effectiveness of the program.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: CRS/NY found this consultancy useful and funded Cook for a similar assignment in Somalia.

Country: SIERRA LEONE

Dates: April 1981

INCS Consultants: Cooke, Carrol, Halls, Zeitlin

Host Country Counterpart:

Cost:

Nature of TA: Regional workshop on nutrition education.

Narrative (focus on accomplishments and future guidance):

1. Opportunity to have policy strengthening effect by making key contacts among participants.
2. Simulation exercise helped focus issues.
3. Process of nuted project design reviewed.
4. Follow-up scopes of work developed.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: SUDAN/MADAGASCAR

Dates: May 6-30, 1983

INCS Consultants: Star-Campbell, Lindzey

Host Country Counterpart: SAWS: Seventh Day Adventist World Service and MOH

Cost:

Nature of TA: Nutrition education component of PL 480-Title II program.

Narrative (focus on accomplishments and future guidelines):

1. Reviews background situation regarding nutrition and nuted activities.
2. Programs proposed are general topics listings and identifies some activities such as baseline survey.
3. Does not reflect INCS consortium emphasis on formative evaluation, qualitative/participatory research, skills building among counterparts.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.):

1. No evaluation possible due to delayed start-up of program on SAWS behalf. SAWS project agreement with MOH signed 11/84 and project manager in country 2/85.

Other Comments: NONE

Country: ZAIRE

Dates: February 1981

INCS Consultants: S. Barnes-Kalunda

Host Country Counterpart: Nutrition Planning Unit

Cost:

Nature of TA: Evaluation of mass media component of nutrition planning project.

Narrative (focus on accomplishments and future guidelines):

1. Common problems in mass media campaigns are highlighted in this report on Zaire:
  - Absence of pre-testing messages, materials
  - Strategy not based on systematic assessment of situation if audience analysis, media habits, etc. No prioritization of problems or actionable behavior.
  - No common theme or identity of the campaign.
  - Absence of formative evaluation early during implementation.
  - Lack of coordination with other components of the project and with other nutrition education activities in Zaire.
2. An evaluation survey is recommended to assess cost-effectiveness of the campaign.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: NONE

Country: SUDAN

Dates: October 1983

INCS Consultants: Richard Lockwood

Host Country Counterpart: UNICEF

Cost:

Nature of TA: Evaluation of a pilot growth monitoring project.

Narrative (focus on accomplishments and future guidelines):

1. The same consultant helped design this project.
2. Results were positive in terms of awareness and knowledge of growth, growth charts but not in percent of children malnourished.
3. Recommendations focus on logistics, supplies supervision, the design of the growth chart.
4. Lack of follow-up for children identified as "at risk" is emphasized.
5. Given logistics and resources constraints in Sudan, what are realistic projections for expansion?

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: NONE

Country: CAMEROON

Dates: March 9-21, 1981

INCS Consultants: Warren Bergaren and Gerald Murray

Host Country Counterpart: Medical Research Institute, Dr. Gladys Martin

Cost:

Nature of TA: Evaluate design of weaning food survey in country's northern provinces.

Narrative (focus on accomplishments and future guidelines):

In response to USAID request to help Institute design and implement study, consultants recommended a one-year study of growth and feeding patterns among 300 infants in northern provinces. They suggested framework for study with four components:

1. surveillance of health status;
2. identification of determinants of feeding practice;
3. observation;
4. village-based preparation for surveillance.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: NONE

Country: **CAMEROON**

Dates: July 9-16, 1982

INCS Consultants: Nancy Mock

Host Country Counterpart: Gladys Martin - DGRST

Cost:

Nature of TA: Assist DGRST with design of infant feeding survey

Narrative (focus on accomplishments and future guidelines):

No report on this consultancy is available.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: AID staff reported this consultancy was not successful because the consultant's approach and recommendations were unacceptable to the study's director.

Country: **CAMEROON**

Dates: March-November, 1983 (intermittant)

INCS Consultants: Tom Price and Gretel Pelto

Host Country Counterpart: Gladys Martin - DGRST

Cost:

Nature of TA: Conduct ethnographic study in four communities in northern area.

Narrative (focus on accomplishments and future guidelines):

Pelto and Price, in collaboration with Cameroon counterparts, observed household and community activities in four villages. Based on their observations, a questionnaire was constructed and used as part of survey in other area villages.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.):

Compliance with SOW was satisfactory. Overall usefulness of TA was rated satisfactory/unsatisfactory with the following footnote: "One of the early consultancies to set up the survey was poor; the others were ok."

There was no evidence of institution building.

More attention should be paid to in-country training and developing capabilities of local staff, including management training.

Avoid consultancies which negate what the predecessor began. Stick to good consultants and use the same people to follow-up their own work.

Other Comments: NONE

ASIA/NEAR EASTCountry: BANGLADESH

Dates: May 1984

INCS Consultants: Kathryn Kolasa

Host Country Counterpart: ICDDR,B

Cost:

Nature of TA: Message development from ethnographic research.

Narrative (focus on accomplishments and future guidelines):

1. Illustrate the advantages and disadvantages of academic ethnographic research in nutrition education programs.
2. Data will provide valuable information on key nutrition behavior such as dietary practices during diarrhea and the weaning process.
3. The abbreviated Manoff methodology for pre-program investigation more appropriate for action programs? How can a T. Dichter or R. Manoff take this ethnographic material and develop next steps for concept/message development?
4. Need to give priority to programming now -- not necessarily having to use the research as much as possible.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: NONE

Country: INDIA

Dates: 1983 - 1985

INCS Consultants: R. Parlato, J. Walsh, M. Latham

Host Country Counterpart:

Cost:

Nature of TA: Nutrition education, maternal nutrition/LBW research

Narrative (focus on accomplishments and future guidelines):

Parlato Report

1. Excellent review of education component of large MCH program and typical problems of a national program
  - Education objectives not broken down into behavior/actionable messages based on participatory research;
  - Lack of coordination among institutions who have the technical resources and those with implementing authority;
  - Overloaded field worker with low credibility;
  - Irrelevant training curriculum and heavy materials dependency;
  - Insufficient project identity and support at community level.

2. An action plan to begin to remedy these problems is described including a budget for USAID.
3. Recommendations regarding evaluation disappointing -- does it reflect S&T/N, INCS position?

USAID Mission Evaluation (compliance with SOW, accomplishments etc.):

1. Excellent compliance with SOW.
2. Excellent overall usefulness.
3. Excellent quality and timeliness of reports.
4. Satisfactory institution-building.
5. Each consultant was outstanding in his/her area.  
NOTE: USAID mission identified each individual for INCS.
6. Collection of clearinghouse materials should be made accessible through display/distribution center.

Other Comments:

1. MINR not seen/not useful.

Country: **INDONESIA**

Dates: February 9 - March 1, 1981

INCS Consultants: Marcia Griffiths

Host Country Counterpart: MOH, Nutrition Directorate and MKI

Cost:

Nature of TA: Nutrition education component of Vitamin A deficiency control project.

Narrative (focus on accomplishments and future guidelines):

1. Comprehensive report that can be used as an example for all Vitamin A projects that may be expanding to strengthen education components.
2. Includes four main objectives of an education program for Vitamin A:
  - Awareness re: Vit. A deficiency
  - Training
  - Community education
  - Capsule/distribution/compliance

USAID Mission Evaluation (compliance with SOW, accomplishments etc.):

1. Excellent compliance with SOW.
2. Overall usefulness - satisfactory.
3. Institutional development - satisfactory.
4. Reports - satisfactory.
5. Difficult to request timely support for activities - long delays in responses from INCS.

## Other Comments:

1. HKI has rediscovered this report in Indonesia and considers it an excellent resource in expanding their activities.
2. MINRs not considered particularly useful by USAID.
3. Focussed TA should be continued for 1-2 countries per region for longer-term commitment according to USAID.
4. Use locally available TA (USAID).

Country: PHILIPPINES

Dates: March 1981

INCS Consultants: Lyra Srinivasan

Host Country Counterpart: International Institute for Rural Reconstruction

Cost:

Nature of TA: Participatory approaches to strengthen nutrition component of community development program

Narrative (focus on accomplishments and future guidelines):

1. Excellent example of issues involved in strengthening participatory approaches for program planning.
2. Strengthening of nutrition component in a community development scenario.
3. Detailed consideration of role of facilitator in group planning; report describes activities in detail; emphasizes need to document process and change.
4. Identifies need for materials to be used in participatory mode.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.):

Consultant had little contact with Mission.

## Other Comments:

1. USAID recommends it would be useful to have a centrally funded project in this area for short-term TA and participant training as requested by missions.
2. MINR useful summary and starting point for more focussed literature search.

Country: SOUTH PACIFIC

Dates: December 1982

INCS Consultants: Bernice Kopel

Host Country Counterpart:

Cost:

Nature of TA: Curriculum in public health nutrition, Papua, New Guinea

Narrative (focus on accomplishments and future guidelines):

1. Strong process orientation in curriculum design e.g. skills oriented.
2. Could substantive focus e.g. on breastfeeding, nutrition education, etc. have been strengthened?
3. Does INCS have a process plus content masterplan for public health nutrition training?

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: NONE

Country: SOUTH PACIFIC

Dates: November 1982

INCS Consultants: Tisa and Baker

Host Country Counterpart:

Cost:

Nature of TA: Workshop on nutrition communications planning.

Narrative (focus on accomplishments and future guidelines):

1. Illustrates what can be realistically accomplished in a ten day workshop.
2. Again time found insufficient to meet objectives of workshop.
3. Heterogeneous participant backgrounds created frustration.
4. Program design elements were transferred up to a point.
5. Need for a regional clearinghouse and continued exchange of materials and expertise identified.

USAID Mission Evaluation (compliance with SCW, accomplishments etc.): NONE

Other Comments: NONE

Country: **THAILAND**

Dates: January 5-22, 1983

INCS Consultants: Dr. Lukas Hendrata

Host Country Counterpart: Nutrition Division, Department of Health

Cost:

Nature of TA: Nutrition education.

Narrative (focus on accomplishments and future guidelines):

1. Identifies issues in expanding a pilot program to national level; helps prioritize areas where decisions need to be made based on cost-effectiveness considerations e.g. self-financing, radio vs. materials, etc.
2. Report is a potential resource for APHA clearinghouse. Can examples of support materials be obtained?
3. Program policy issues such as: should the objective of growth monitoring be surveillance for malnourished (curative) or maternal motivation for infant feeding behavior change (preventative)?

USAID Mission Evaluation (compliance with SOW, accomplishments etc.):

1. Excellent compliance with SOW.
2. Excellent overall usefulness.
3. Excellent quality of report and timely.
4. Institution building satisfactory (this was not relevant to this consultancy).

Other Comments:

1. Mission recommends continuation of TA plus seed money to modify host country noted strategies and materials.

Country: **BURMA**

Dates: May 4-10, 1980

INCS Consultants: Dr. and Mrs. D. Jelliffe and G. Berggren

Host Country Counterpart:

Cost: \$15,261

Nature of TA: Identify priority problems in maternal and infant nutrition and recommend areas for TA in nutrition education.

Narrative (focus on accomplishments and future guidelines):

A report of recommendations for a range of TA focussing on (1) information on dietary practices leading to materials and message development, and (2) food technology and review of small-scale weaning food production.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.):

It was very helpful to the Mission that INCS could provide the Jelliffes who were well known and respected by the Burmese. Their recommendations were good.

The Mission questionnaire rated all the aspects of this consultancy as excellent.

Country: BURMA

Dates: Sept. 21-23, 1980

INCS Consultants: Dr. and Mrs. D. Jelliffe and G. Berggren

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Brief visit was to inquire about recommendations made in May 1980 on maternal and infant nutrition.

Narrative (focus on accomplishments and future guidelines):

A status report was given on changes and developments in plans for the PHC project.

More detailed recommendations for future TA needs were given.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: NONE

Country: BURMA

Dates: January 26-February 16, 1981

INCS Consultants: Lukas Hendrata and Dr. Satoto

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Help develop nutrition communications component of PHC program.

Narrative (focus on accomplishments and future guidelines):

Guidelines for message pretesting and basic messages were developed and presented in the consultant report.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments:

An INCS consultant remarked that real "concept testing" was never conducted because the procedure for concept testing was never taught to the Burmese, and they did not understand how to undertake it.

Country: BURMA

Dates: May 13-27, 1981

INCS Consultants: Dr. Satoto and Richard Manoff

Host Country Counterpart: Ministry of Health

Cost: \$22,014 (including Hendrata visit of Feb. 1981)

Nature of TA: Message and materials pretesting of basic nutrition messages for community health program.

Narrative (focus on accomplishments and future guidelines):

A workshop was held for one week with health workers and a second week with media people to develop nutrition messages. The workshop recommended a communications strategy with four promotional themes: (1) weight chart and monthly weighing; (2) improved feeding practices for infants/children 0-3 yrs.; (3) improved prenatal postnatal maternal nutrition; and (4) proper treatment of diarrhea.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments:

An INCS consultant reported that no materials were ever produced because the PL 480 funds intended to support production were never available. Reportedly this damaged INCS credibility with the Burmese.

Country: BURMA

Dates: Jan. 12-31, 1981; June 21-July 2, 1981, and May 1-28, 1982.

INCS Consultants: Marian Zeitlin

Host Country Counterpart: Ministry of Health

Cost: \$18,247

Nature of TA: Develop evaluation framework for Burmese PHC project.

Narrative (focus on accomplishments and future guidelines):

During first visit, planned six evaluation studies, later incorporated into government's program. Studies focus was (1) vital events as impact indicators in routine reporting system; (2) rural survey on morbidity/mortality and health care; (3) monitoring vital events, nutritional status and health care at village; (4) evaluation of time utilization by voluntary health workers; (5) evaluation of traditional birth attendants performance before and after training; (6) evaluation of weaning practices as an impact indicator for nutrition education.

Later visits were to assist with implementation of studies and with analysis of findings.

USAID Mission Evaluation (compliance with SOW, accomplishments etc.): NONE

Other Comments: NONE

Country: INDONESIA

Dates: August 25-September 1, 1980

INCS Consultants: Margaret Cameron and E. Cerutti

Host Country Counterpart:

Cost:

Nature of TA: Take part in conference on breastfeeding and weaning.

Narrative (focus on accomplishments and future guidelines):

The consultants gave presentations on breastfeeding and weaning. Breastfeeding supporters in the country began to ask for training materials on breastfeeding which INCS supplied.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

Ms. Cameron was an acceptable substitute for the Jelliffes, whom the Mission had originally requested; the Mission knew nothing about Mr. Cerutti's attendance until the meeting itself. They had no prior information about him from INCS.

At this early date it was not clear what the communication channel was between INCS, the Mission, and the Office of Nutrition.

Other Comments: NONE

Country: INDONESIA

Dates: August 23-September 9, 1982

INCS Consultants: Dr. and P. Jelliffe and A. Naylor

Host Country Counterpart:

Cost: \$39,235

Nature of TA: Take part in travelling seminar for health professionals on maternal and infant nutrition.

Narrative (focus on accomplishments and future guidelines):

Consultants gave presentations on topics related to breastfeeding and lactation management. As a result of Dr. Naylor's presentations, the Indonesians asked to take part in the San Diego Training Program.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

Mission believes these seminars were an important catalyst for many of the activities which followed in Indonesia, in support of breastfeeding.

Other Comments: NONE

Country: INDONESIA

Dates: January-February 1984

INCS Consultants: Dr. and P. Jelliffe and M. Latham

Host Country Counterpart: Deponegoro University - Semarang

Cost: \$7,234

Nature of TA: Assist with analysis and recommendations of infant feeding study at Semarang; to make recommendations for future breastfeeding activities.

Narrative (focus on accomplishments and future guidelines):

Take part in a national conference on infant feeding at which the presentation of data from the Semarang study was made.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

USAID felt the recommendations coming out of this meeting were weak as the prior analysis was not adequate since Population Council funds ran out. Later the Ford Foundation spent six months assisting the Semarang group complete a much better report.

Other Comments: NONE

Country: INDONESIA

Dates: July 1984

INCS Consultants: Dr. and P. Jelliffe

Host Country Counterpart:

Cost:

Nature of TA: Participate in workshop on breastfeeding/seminar on perinatology and Sixth Indonesia Pediatric Congress.

Narrative (focus on accomplishments and future guidelines):

The consultants presented papers on "Community Influences and Breastfeeding" and "Breastfeeding: Education and Training of Health Professionals" at the first workshop and on "Growth of Breastfed Twins and Unilateral Breastfeeding" and on "Rooming-In: Worldwide Considerations: at the Pediatric Congress.

Suggestions were also made for future activities of BK. PP-ASI.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

The Mission felt the Jelliffes' visit was very useful in helping BK.PP-ASI think through their priorities.

Other Comments: NONE

Country: **THAILAND**

Dates: December 10-23, 1983 and June 23-29, 1984

INCS Consultants: Ron Israel

Host Country Counterpart: School of Public Health, Mahidol University

Cost: \$4,657

Nature of TA: Design breastfeeding promotion project.

Narrative (focus on accomplishments and future guidelines):

INCS agreed to provide Mahidol University \$50,000 to carry out a project promoting breastfeeding at nine hospitals in Bangkok. The strategy of the project was to provide a series of lactation management seminars for hospital staff develop supportive educational materials and provide institutional coordination. A four person Thai team attended the San Diego Lactation Program.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

The Mission is very interested in the results of the project's evaluation as the Ministry of Health will establish guidelines based on the findings. The preliminary findings look very encouraging.

The Mission questionnaire rated all aspects of this consultancy as satisfactory.

Other Comments: NONE

Country: **THAILAND**

Dates: March 25-April 6, 1984

INCS Consultants: Ron Israel

Host Country Counterpart: School of Public Health, Mahidol University

Cost:

Nature of TA: Development of breastfeeding Project for Working Women/Assessment of progress in Mahidol Breastfeeding Promotion Project.

Narrative (focus on accomplishments and future guidelines):

Consultant visited several of the hospitals in the project and held discussions about overall progress and plans for evaluation.

No specific materials available on working women project.

USAID Mission Evaluation (compliance with SCW, accomplishments, etc.): NONE

Other Comments: NONE

Country: **TUNISIA**

Dates: March 14-29, 1981

INCS Consultants: Marian Zeitlin and Ron Parlato

Host Country Counterpart: Institute of Child Health (INSE)

Cost:

Nature of TA: Assist in development of a plan to create an education, training and A-V unit at INSE.

Narrative (focus on accomplishments and future guidelines):

Consultants gave a set of recommendations: (1) INSE undertake national or regional KAP survey of nutrition in order to plan education campaigns; (2) INSE needed a microcomputer to utilize health service data currently collected; and (3) to analyze new data such as the proposed KAP survey.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

USAID Mission responded "as a result of INCS activities a lab was set up at INSE for data handling/analysis, message production and training."

Other Comments: NONE

Country: **TUNISIA**

Dates: July 12-26, 1982

INCS Consultants: Jim Vermillion and Gretchen Berggren

Host Country Counterpart: INSE

Cost: \$14,581

Nature of TA: Help design survey instrument for survey in four areas on nutrition practices and data analysis system for the survey.

Narrative (focus on accomplishments and future guidelines):

Recommendations were made regarding questions for survey (i.e., feeding practices, treatment of diarrhea, anthropometrical measures) and also use of an HP-87 microcomputer to analyze the survey data.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc: NONE

Other Comments: NONE

Country: TUNISIA

Dates: April-June 1983

INCS Consultants: Martita Marx

Host Country Counterpart: INSE

Cost: \$3,993 through 9/83

Nature of TA: Help INSE staff design management study of MCH centers (PMIs)

Narrative (focus on accomplishments and future guidelines):

Study was designed in Spring 1983 at INSE and the questionnaire was later developed and data collection began.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc):

USAID Mission responded that study results led to ministerial priority in area of child nutrition, and the Ministry is considering managerial changes based on the management study.

Other Comments: NONE

Country: TUNISIA

Dates: May 17-30, 1983

INCS Consultants: Juan Mandlbaum and Olivia Holmes

Host Country Counterpart: INSE

Cost:

Nature of TA: To conduct workshop on use of A-V equipment and in design of nutrition education programs.

Narrative (focus on accomplishments and future guidelines):

A one-week workshop for INSE staff was conducted. The participants developed one educational aid, by going through production process, from concept to pre-test stage.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc):

USAID Mission reported that "nutritional messages were designated, designed and have begun to be in place in child health centers, based on project activities."

Other Comments: NONE

Country: **TUNISIA**

Dates: December 30-January 13, 1984 and April 13-20, 1984

INCS Consultants: Jim Vermillion

Host Country Counterpart: INSE

Cost:

Nature of TA: Analysis of KAP study data and PMI management study data.

Narrative (focus on accomplishments and future guidelines):

Some progress was made in development of analysis software, but was limited due to state of emergency. Analysis plan was finalized during visit of Dr. Hedi Mhenni to U.S.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc: NONE

Other Comments: NONE

LATIN AMERICA/CARIBBEAN

Country: BOLIVIA

Dates: (a) March 30 to April 17, 1982 (b) March 14-28, 1981

INCS Consultants: (a) T. Cooke (b) B. Levinger

Host Country Counterpart:

Cost:

Nature of TA: Communication strategy for composite wheat fortification program.

Narrative (focus on accomplishments and future guidelines):

1. Mass media communications plan is described for promotion and education regarding the new protein rich wheat flour for target audiences: flour millers, bakers, pasta makers, general public
2. Difficult to assess follow-up on recommendations.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.:

Could not locate either of the two reports; therefore could not comment.

Other Comments: NONE

Country: BOLIVIA

Dates: March 30, 1981

INCS Consultants: Beryl Levinger

Host Country Counterpart: Ministry of Education

Cost:

Nature of TA: Formative Evaluation

Narrative (focus on accomplishments and future guidelines):

1. One of the few opportunities for strengthening nutrition in primary school curricula.
2. Report identifies problems in the newly drafted curriculum.
3. Good example of formative evaluation methodology for curriculum development.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.:

Other Comments: NONE

Country: **COSTA RICA**

Dates: 1980

INCS Consultants: Burke and Hornik

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Evaluate nuted component of AID/GOCR health program

Narrative (focus on accomplishments and future guidelines):

1. Identifies problems with the nutrition education activities:
  - materials production oriented (missing elements are audience analysis, message and media strategy based on formative evaluation and feedback)
  - counterparts involvement in project design insufficient
  - poor coordination with other units, etc.
2. Report identifies conditions under which USAID should continue support including need for TA.
3. Prioritization of actions needed impressive.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

1. Don't know as mission does not have copy of report and no staff remain who participated.

Other Comments:

MINR not seen by USAID

Country: **DOMINICAN REPUBLIC**

Dates: August 1983, April 1984, November 1984, Feb/April 1984

INCS Consultants: Shack, Griffiths, del Rosso

Host Country Counterpart: CRS/ANEP

Cost:

Nature of TA: Nutrition Education Component of Community Development Program

Narrative (focus on accomplishments and future guidelines):

1. S&T/N project manager played key role in ensuring INCS' continued involvement allowing TA to become effective in bringing about program improvement and skills transfer to counterparts.
2. INCS able to provide follow-up TA by same/similar consultants.
3. Need to strengthen summative evaluation component of work done.

4. State-of-the-art outcome was nutrition education for growth monitoring.
5. Good chance of continued non-AID funding.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

1. Excellent compliance with SOW.
2. Satisfactory overall usefulness.
3. Satisfactory institution building.
4. Excellent reports.

Other Comments:

1. Continuity of TA good according to USAID.
2. Coordination with other organizations, counterparts good.

Country: DOMINICAN REPUBLIC

Dates: April 1984, February 1984

INCS Consultants: Patricia Avila deMailo, Griffiths

Host Country Counterpart: Peace Corps

Cost:

Nature of TA: Two workshops on messages and materials.

Narrative (focus on accomplishments and future guidelines):

1. Peace Corps Volunteers and members of other community development agencies (16 to 18 in all) received training in:
  - identifying key nutrition problems
  - establishing educational objectives
  - testing materials
  - developing educational content
2. Illustrates what can be realistically accomplished in short workshops (6-8 days duration).

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: ECUADOR

Dates: October, 1983, September 1984, March 1984, July 1985

INCS Consultants: M. Griffiths, de Mailo and Marquis

Host Country Counterpart: MOH - Nutrition & Social Med. Res. Inst.

Cost:

Nature of TA: Participatory approach methodologies for improving effectiveness of PAAMI "Programa de Asistencia Alimentaria Maternal Infantil."

Narrative (focus on accomplishments and future guidelines):

1. Although requests for assistance was an evaluation of the feeding program, INCS successfully influenced policymakers to change their focus to strengthening the nutrition education component and carved out a longer term role for accomplishing program improvements.
2. "Process" of social marketing techniques being institutionalized even under very difficult counterpart personnel situations; most of the decisions and testing being done by local program staff.
3. A special education module for growth monitoring is being evolved.
4. INCS should have capability to deploy seed money here.
5. S&T/N role in new CSAP design needed to use INCS work more widely.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

1. Compliance with SOW: Satisfactory.
2. Overall usefulness of TA: Excellent.
3. Excellent improvement in local capability.
4. Quality of report: Satisfactory. Timeliness: Unsatisfactory.

Other Comments:

1. USAID highly complimentary of TA quality and expects to use INCS in the future.
2. USAID recommends consultants leave drafts in-country prior to departure.

Country: **EL SALVADOR**  
 Dates: October, 1980  
 INCS Consultants: Leonel Gallardo  
 Host Country Counterpart: MOH  
 Cost:  
 Nature of TA: Nuted plan for MOH.

Narrative (focus on accomplishments and future guidelines):

1. Detailed and specific plan to expand and improve activities of the MOH's education division. Three new activities are suggested in addition to strengthening existing ones.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

No feedback from the mission. Difficult to assess usefulness.

Other Comments: NONE

Country: **GUATEMALA**  
 Dates: October, 1980  
 INCS Consultants: L. Srinivasan and R. Sawyer  
 Host Country Counterpart: CORSANU  
 Cost:  
 Nature of TA: Training in participatory approaches for trainers.

Narrative (focus on accomplishments and future guidelines):

1. Report describes interesting approach for workshop planning and execution based on the participatory ideology. Developing confidence and leadership skills among future facilitators and group leaders is given priority as is the development of creative expression for open-ended materials such as story without an ending; unserialized posters; flexiplans.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

Need for stronger health/nutrition content identified by participants in future training workshops.

Other Comments: NONE

Country: HAITI

Dates: January, 1985

INCS Consultants: Christine Hollis

Host Country Counterpart: MOH

Cost:

Nature of TA: Training in radio production and communications.

Narrative (focus on accomplishments and future guidelines):

1. Contains recommendations for future workshops, e.g.:
  - better knowledge of participant background
  - more time for one on one TA by consultants
  - need for less distracting environment
2. Does INCS have an overall radio oriented training format such as the materials design one of Manoff International? Need for case materials for program.
3. Also see recommendations and content of Dichter et al report on Jamaica.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: HAITI

Dates: January, 1985

INCS Consultants: Christine Hollis

Host Country Counterpart: MOH

Cost:

Nature of TA: Training in radio production and communications.

Narrative (focus on accomplishments and future guidelines):

1. Contains recommendations for future workshops, e.g.:
  - better knowledge of participant background
  - more time for one on one TA by consultants
  - need for less distracting environment
2. Does INCS have an overall radio oriented training format such as the materials design one of Manoff International? Need for case materials for program.
3. Also see recommendations and content of Dichter et al report on Jamaica.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: HONDURAS

Dates: August 1981

INCS Consultants: Bonnie Birker

Host Country Counterpart: CARE, Planning Ministry

Cost:

Nature of TA: Evaluation and plan of operation for materials.

Narrative (focus on accomplishments and future guidelines):

1. Illustrates INCS' early efforts at materials development and lessons learned which may have helped improve quality of TA for future consultancies. Some issues:
  - emphasis on materials rather than process
  - needed a program context at the start, not after the materials were developed
  - needed strong INCS team at outset to review SOW and make above changes.
2. Effort to transfer skills in using materials through in-country workshops.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: HONDURAS

Dates: November 1981

INCS Consultants: Caparelli, Griffiths

Host Country Counterpart: CARE, Planning Ministry

Cost:

Nature of TA: Evaluation and plan of operation for materials.

Narrative (focus on accomplishments and future guidelines):

1. No evidence of follow-through on recommendations.
2. Comprehensive scope of work appears to have been responded to adequately -- including needs assessment for future TA.
3. This type of program, if allowed to develop into a longer-term INCS collaboration, could have yielded good results.
4. Need for stronger S&T/N and USAID role in screening requests for long term potential.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: **JAMAICA**

Dates: February 1984

INCS Consultants: Dichter and Campbell-Lindzey

Host Country Counterpart: MOH

Cost:

Nature of TA: (a) Evaluate nuted component of Population Project II; (b) recommend strategy for nuted component of Health Management Improvement Project.

Narrative (focus on accomplishments and future guidelines):

1. One of the few consultancies that deal with broadcast nutrition education.
2. Report demonstrates knowledge experience and skill of consultants, e.g. able to prioritize and deal with management constraints; interaction of interpersonal and broadcast messages; cost consideration in using print or film; phasing in programs; importance of hypothesis formation before any research etc.
3. Consultants recommend training visits to other social marketing meeting sites and in-country training through courses and on-the-job experience for host country personnel.
4. Focus on motivational role of nutrition education rather than information, as a behavior change agent, and need to accommodate economic constraints and status needs in message design.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

1. Compliance: satisfactory
2. Overall usefulness: satisfactory
3. Excellent in improving local capability
4. Excellent in quality and timeliness of report
5. TA well received by host country officials; consultants resourceful and experienced.

Other Comments: NONE

1. MINR found brief but useful for USAID; need to update.

Country: **JAMAICA**

Dates: September 18-29, 1984

INCS Consultants: Ron Israel

Host Country Counterpart: Ministry of Education

Cost:

Nature of TA: Design proposal to implement a school based nutrition education project in Jamaica.

Narrative (focus on accomplishments and future guidelines):

1. One of the few opportunities in school curriculum area.
2. Messages in curricula support MOH goals (i.e., breastfeeding promotion, consumption of locally grown foods).
3. Management/logistics issues were addressed in full proposal (approved by Mission before consultant left country).

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.):

1. Compliance with SOW and USAID guidelines was considered satisfactory.
2. Overall usefulness of TA -- unsatisfactory. Reasons: many factors were overlooked in the project design and have caused concern and need for additional funding.
3. Institution building - not applicable to this SOW.
4. Quality and timeliness of report - unsatisfactory.

Other Comments:

1. MINR received and considered useful.

Country: PANAMA

Dates: February 1982

INCS Consultants: Griffiths

Host Country Counterpart: Ministry of Health

Cost:

Nature of TA: Plan for national community education program.

Narrative (focus on accomplishments and future guidelines):

1. Project plan for possible funding of MOH by CARE developed -- comprehensive strategy includes formative evaluation/participatory approaches, materials training.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: PANAMA

Dates: July 1984

INCS Consultants: Griffiths

Host Country Counterpart: DINNFA

Cost:

Nature of TA: Plan for nutrition TA to MOH.

Narrative (focus on accomplishments and future guidelines):

1. One of the few opportunities to work at policy/planning level.
2. Mostly addresses management issues which reflect nature of constraints in nutrition programs in Jamaica.
3. Little evidence of attempts to prioritize TA needs identified by counterparts.
4. S&T/N needs to review issue of infrastructure/logistics/management as a key constraint in effective nutrition programs and how best to respond.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: PANAMA

Dates: February 1982

INCS Consultants: Griffiths

Host Country Counterpart: DINNFA

Cost:

Nature of TA: Plan for national community education program

Narrative (focus on accomplishments and future guidelines):

1. Project plan for possible funding of MOH by CARE developed -- comprehensive strategy includes formative evaluation/participatory approaches, materials, training.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: PANAMA

Dates: July 1981

INCS Consultants: Griffiths, Cobyns

Host Country Counterpart: DINNFA

Cost:

Nature of TA: Strengthen nutrition education skills in national social welfare agency

Narrative (focus on accomplishments and future guidelines):

1. Opportunity to strengthen nutrition goals in social welfare sector.
2. Good coordination with MOH, CARE in addition to DINNFA.
3. Relevant and effective program developed which was later continued and helped develop local skills.
4. Consultants effectively developed longer term role for INCS.
5. Too materials oriented?

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.): NONE

Other Comments: NONE

Country: PANAMA

Dates: January 1982

INCS Consultants: Griffiths, Sawyer

Host Country Counterpart: DINNFA

Cost:

Nature of TA: Training workshop on combining participatory and didactic nutrition education methods.

Narrative (focus on accomplishments and future guidelines):

1. Was a follow on to the Griffiths, Dobyms visit.
2. Nutrition concepts and the participatory approach to nuted were objectives of this skills development workshop. MOH participants were included also at their request.
3. Strengthened participant's confidence in and appreciation of working with community input in behavior change programs in nutrition.
4. Consultants carefully addressed follow-up plans for participants upon their return from the workshop as well as INCS follow-on TA and training potential.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: PERU

Dates: July 1982

INCS Consultants: Cooke, Kanashiro and Lopez

Host Country Counterpart: Ministry of Education

Cost:

Nature of TA: Training preschool teachers in nutrition education

Narrative (focus on accomplishments and future guidelines):

1. Example of TA for strengthening nutrition components of preschool education.
2. Training period of three days too short to cover nutrition and communications concepts and skills which were new to participants.
3. Was attempt made to lengthen duration or alter nature of TA to make it more cost-effective?

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: **HONDURAS**

Dates: September 21-October 1, 1981 and March 27-April 3, 1982.

INCS Consultants: A. Frerichs and S. Scrimshaw

Host Country Counterpart: MOH and Nut. Plan Agcy (SAPLAN) & Dr. C. O'Gara

Cost: \$13,293 through July 1982

Nature of TA: Assist with design of infant feeding practices study.

Narrative (focus on accomplishments and future guidelines):

The study as planned had two phases: (1) four month ethnographic study of 74 families; (2) a cross-sectional survey of 200 families. The consultants provided assistance in design of the ethnographic phase, in planning for integration of the ethnographic and survey phases and in designing the sampling procedures for the survey.

The consultants made recommendations about the study budget, time schedule.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: **HONDURAS**

Dates: June 28 - July 2, 1982

INCS Consultants: A. Martorel

Host Country Counterpart: SAPLAN

Cost:

Nature of TA: Accommodations for survey design of infant feeding practices study.

Narrative (focus on accomplishments and future guidelines): NONE

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: **HONDURAS**

Dates: June 13-18, 1982

INCS Consultants: R. Biellik and R. Brown

Host Country Counterpart: PROALMA

Cost: \$5,202

Nature of TA: Develop proposal for a national breastfeeding promotion program

Narrative (focus on accomplishments and future guidelines):

A three year project was developed and submitted to the USAID Mission for funding. The focus of the project will be urban women, health professionals, and development of educational materials for professionals and the general public.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: HONDURAS

Dates: January 1983 - October 1983

INCS Consultants: S. Lopez-Guillan and A. C. Majia and J. Martins and R. Toledo

Host Country Counterpart: PROALMA

Cost: \$12,215

Nature of TA: Breastfeeding workshop for PROALMA staff and presentations at First National Breastfeeding Seminar.

Narrative (focus on accomplishments and future guidelines):

The first two consultants from the CALMA project in El Salvador trained the PROALMA staff in skills related to community based breastfeeding mother support group counseling. Later in 1983, the two physician consultants participated in a breastfeeding promotion seminar for Honduran physicians.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments: NONE

Country: HONDURAS

Dates: January 17-April 27, 1985

INCS Consultants: L. Zeldin & P. Autotte

Host Country Counterpart: PROALMA

Cost: \$23,523

Nature of TA: Evaluation of PROALMA.

Narrative (focus on accomplishments and future guidelines):

The consultants carried out the evaluation which is in four parts. The first, evaluated hospital procedures and routines, a KAP survey of health professionals related to breastfeeding, a survey of postpartum women and a survey of infant feeding practices in the community.

USAID Mission Evaluation (compliance with SOW, accomplishments, etc.: NONE

Other Comments:

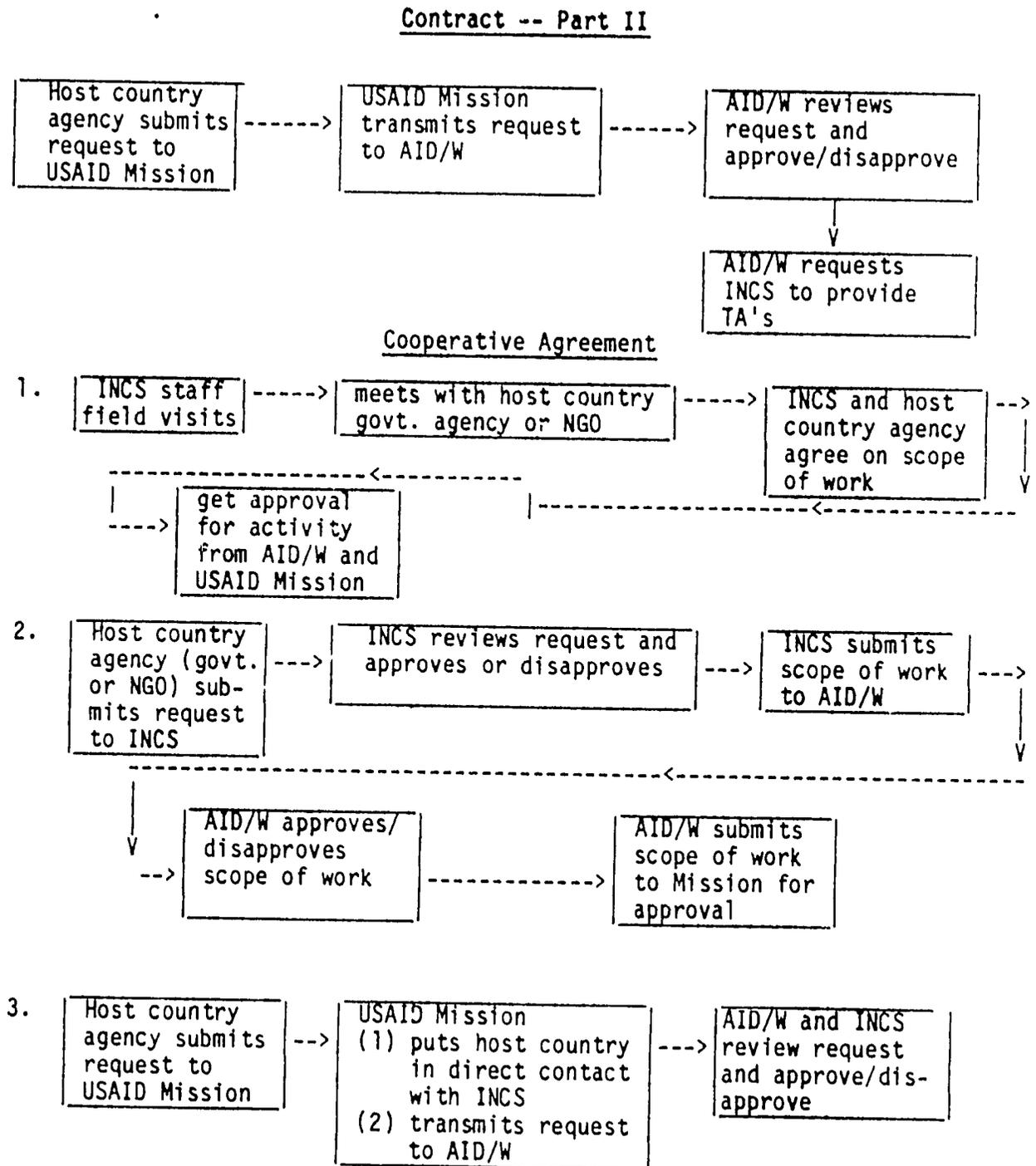
The data analysis is not yet complete, so no recommendations have been made.

## MANAGEMENT OF THE INCS PROJECT

A summary of how INCS manages main project tasks is discussed under the following headings:

- planning and coordination
  - technical assistance
  - library and clearinghouse
  - seed funding of in-country activities
  - monitoring and evaluation
  - reports
  - financial management
- Planning and coordination are essential tasks for successful implementation of INCS activities. Effective communications are considered crucial with the following project-related institutions: host-country agencies, USAID Mission, AID Office of Nutrition, INCS subcontractors and consultants. Workplans are developed annually for quarterly review and modification. These plans specify activities to be performed, staff and consultant requirements, interim objectives to be achieved, need for reports and other documentation. In conjunction with these plans, INCS Steering Committee conducts periodical meetings to monitor project activity and to assess progress in each area of priority. These meetings facilitate joint problem-solving with regard to technical and operational issues. INCS is encouraged by AID/W, to build on past AID and Mission nutrition initiatives and attempts to operate alongside ongoing efforts, particular attention being paid to ensuring that INCS activities are consistent with and complementary to AID's related programs.
- Regarding overseas interventions, INCS consultants attempt to maintain close liaison with USAID Mission, their counterparts and other collaborative organizations. Initial meetings are held to review the proposed scope of work and objectives of the assignment, to establish methods of communication with in-country organizations, and to review additional information which may be available. Final meetings are conducted to discuss work completed, preliminary findings and recommendations, and other appropriate issues.
- EDC has a series of operating policies regarding staff performance evaluation, procedures for consultant assignment, and protocols for in-country relationships. These guidelines are assembled and supplemented as necessary to document specific operating procedures to be used in INCS activities. They are assembled in looseleaf manual form for use by INCS, the subcontractors and associated groups.
- Technical Assistance includes mainly short-term consultants. See Figure 4 for an overview of how INCS typically responds to a request. INCS established procedures for consultant administration as summarized below:

**FIGURE 4: RESPONSE TO REQUESTS FOR TECHNICAL ASSISTANCE**



**A. Selection of Appropriate Staff/Consultant**

1. Match consultant's qualifications (overseas experience, professional experience, educational background, ability to relate in cross-cultural environment) with requirements specified in the request.
2. Contact INCS selected consultant for availability and interest.
3. Obtain appropriated documentation from consultant: CV, CSO, BIO-Data, contract, copyright form, personal data sheet, etc.
4. Submit consultant's credentials to AID/W for approval.
5. Obtain AID Authorization of Assistance (Part II only).\*
6. Inform selected consultant of AID's approval.

**B. Briefing/Orientation of Consultant**

(When not briefed:  
1) authorization form  
2) phone call )

1. Programmatic briefing: scope of work, report criteria, accountability of assignment, etc...
2. Administrative briefing:
  - (a) Travel: passport, visa, ETA, airplane ticket (American carrier only), travel advance, flight related expenses
  - (b) Per Diem: locality rate, meal and lodging allowances, required documentation
  - (c) Computation of consultant's rate: allowable and non-allowable
  - (d) In-country Miscellaneous Expenses: reimbursable and non-reimbursable
3. Country orientation: host country counterpart, Mission contact person, climate, mode of transportation, lodging facility, and other cultural issues.

**C. Pre-departure Preparation**

1. INCS and Consultant: airline ticket, ETA, visa, travel advance, traveller's letter, emergency contact, etc.

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\* Part I being a cooperative agreement, AID authorization is not mandatory.

2. INCS and AID/W: inform AID of consultant's ETA, obtain Mission clearance from AID, Mission contact person, consultant's initial meeting with Mission, initial lodging for consultant from Mission, etc.

D. In-Country Implementation

1. Contact with consultant:
  - (a) Routine: letter
  - (b) Important matter: cable, telex
  - (c) Emergency: telephone, telex. INCS communicates nature of emergency with AID/W and concerned individuals immediately.
2. Contact host country agency, Mission, AID/W whenever appropriate.

E. Monitoring and Evaluation of Overseas Activities

1. Request consultant to submit progress report and/or other related documentation.
2. Extend additional financial arrangement for consultant: travel advance, process to pay partial consultant fees.
3. Contact AID/W, Mission, host country agency if and when appropriate regarding feedbacks on consultant's performance.

F. Post Assignment or Follow-up Activities

1. Consultant: submit technical report and financial report.
2. INCS: review technical report, verify financial report, submit draft/final technical report to AID/W, follow-up and assess feedbacks on consultant's performance from host country agency, Mission, and AID/W, publish and disseminate approved report.
3. AID/W: evaluate completed overseas activities via consultant's report and/or communication with Mission, host country agency. Review and approve technical report for publication and dissemination. Initiate additional request for overseas technical assistance, if applicable.

G. Reports:

1. INCS: provides copies of the report to AID/W members of the advisory board, INCS internal staff, others as requested.
2. Consultant leaves draft report with Mission.

3. AID/W: transmits the final report to USAID's and one or two extra copies to Mission. Now INCS will send us district list and copies.
4. Check with Christina for # for distribution.
5. TA sends report to INCS. INCS sends forward to AID/W for comments. INCS sends #1 & 3 within 2-3 weeks unless there are extensive

- Library and Clearinghouse functions have been low priority compared to TA. INCS consultants, USAID's and PVO's are the chief source of education materials. The APHA clearinghouse or MIN (under a separate S&T/N contract) has also provided substantial input. Catalogues are produced that inventory and annotate exemplary materials. Selected education materials are also promoted via the mothers and children newsletter produced by APHA. Up to the present, no compendium or monograph on education programs has been produced. Country profiles listing maternal and infant nutrition and nutrition education activities have been produced for countries. These resulted from a need to systemize briefing materials for consultants on each country assignment. With the approval of S&T/N, INCS produces technical papers and makes conference proceedings available upon request.

- Seed Funding of in-country activities. Generally it is the Project Director who reviews and assists in-country institutions in developing and refining proposals for small funds. Funds are transferred to the account of the grantee institution upon jointly signing a simple agreement that contains objectives, activities, level of effort and budget line items.

- Training grants (i.e., San Diego Lactation Program) have taken the form of providing pre-paid tickets at the trainee's place of residence with boarding, lodging and instruction fees directly remitted to the training center; a small amount of additional funds for local transport, etc., are given to the trainees at San Diego.

- Internal monitoring and evaluation is routinely applied to all of its projects. EDC assesses the effectiveness and efficiency of administrative functions. Internal operational evaluation relies on basic data collected in the course of project implementation, such as cost, staff allocation, personnel performance, timeliness of task completion, and numbers of assessments completed. What the evaluation does is structure the data and collect it in such a way as to maximize its value, regularize the monitoring process, and provide the PD with frequent progress assessment in a clear and useful format.

In assessing its implementation process, INCS uses internal operation evaluation to monitor the following kinds of issues: adherence to scheduling, integration of project components from management and programmatic standpoints, staff performance of assigned tasks, efficiency of task assignment, responsiveness of resource allocation to dynamic project needs, adequacy and appropriateness of project services, consistency of expenditures with projected costs, any waste of resources or extraneous tasks and functions, needs for program modification, and influence of the factors beyond project management control.

- The PD is responsible for submitting all required reports to AID Office of Nutrition in a timely manner. Other documentation is provided as available, such as results of assessment studies, topical reports of special interest, etc. See "Guidelines for INCS Consultant Reports", Attachment B, for a full description of report format, content and dissemination.
- INCS financial management is under the direction of the EDC Treasurer, who maintains an accounting staff and an MIS system capable of accounting for reporting on the status of many programs simultaneously. Through EDC's own auditors, Arthur Young and Company, and its cognizant Government Audit Agency, Department of Health and Human Services, Region I, Boston, Massachusetts, the accounting system has been approved for all types of Federal contracts.

The specific financial management tasks rest with INCS Contract Manager (CM). The CM is responsible for the management of INCS cash flow, preparation of pro-forma and actual budgets for each intervention, preparation and analysis of INCS quarterly financial statements, initiation and following-up request for unobligated funds, overseeing the payment of consultant's fees and the reimbursement of allowable expenses, monitoring other INCS allowable direct costs, and preparation of other necessary cost analysis reports to measure the financial performance of PII and the CA.

INCS OVERSEAS TRAINING PROGRAMS

Region: Latin/South America

Country	Dominican Republic	Guatemala	Haiti
Program	Community nutrition program planning workshops	Workshops in participatory methods of adult education/training	Workshop in communication planning and radio message production
# Participants	36	24/18	22
Type of Participants	From 8 institutions, among them: Peace Corps, PVO volunteers and counterparts in Ministry of Health	Staff members of the CORSANU agency; staff members of the Guatemala Rural Reconstruction Movement	District-level health educators; one participant from government malaria eradication program
Skills/Knowledge Learned	<ul style="list-style-type: none"> <li>-Techniques of community nutrition planning</li> <li>-Use of anthropometric measures, scales, growth charts</li> <li>-Principles: lactation management, weaning</li> <li>-Development of educational materials</li> <li>-Interpersonal communication skills</li> <li>-Concept-testing, pre-testing techniques</li> </ul>	<ul style="list-style-type: none"> <li>-Participatory needs assessment</li> <li>-Participatory educational intervention techniques</li> <li>-Design, application, and field-testing of visual educational materials</li> <li>-Training/leadership skills</li> </ul>	<ul style="list-style-type: none"> <li>-Communication planning process</li> <li>-Radio script production</li> <li>-Focus group interview techniques; message pre-testing</li> <li>-Development of local educational programs</li> </ul>
Results	<ul style="list-style-type: none"> <li>-Second workshop built upon learning of first</li> <li>-Provided training to field workers with little nutritional education experience</li> <li>-Prototype educational materials produced</li> </ul>	<ul style="list-style-type: none"> <li>-Participants developed plans for use of new materials and techniques in the field</li> <li>-Two follow-up workshops planned to improve technical know-how of staff and to evaluate staff learning achieved</li> </ul>	<ul style="list-style-type: none"> <li>-Produced and pre-tested radio spots intended for future local area testing</li> <li>-Follow-up workshop planned to develop further local radio programs for use in districts</li> </ul>

INCS OVERSEAS TRAINING PROGRAMS

Region: Latin/South America

Country	Panama	Peru
Program	Nutrition education workshops for community organizers for DINNFA (National Direction for the Child and Family)	Materials and message development workshops
# Participants	29/12	41
Type of Participants	Social workers, teachers, promoters, nutritionists, health educators, home economists, nurses	From government agencies, PVOs (CARE, Caritas). From fields of health, nutrition, communication, anthropology, nursing, as well as field workers. Responsible for training others
Skills/Knowledge Learned	<ul style="list-style-type: none"> <li>-Knowledge of specific nutrition problems</li> <li>-Community involvement &amp; participatory education techniques</li> <li>-Use and development of educational materials</li> <li>-Skills as participatory trainers</li> <li>-Definition of work plans</li> </ul>	<ul style="list-style-type: none"> <li>-Communication design and production</li> <li>-Training techniques</li> <li>-Formulation of messages</li> <li>-Production of support materials</li> </ul>
Results	<ul style="list-style-type: none"> <li>-Developed set of materials for use in field</li> <li>-Follow-up visit showed some problems in field implementation although interest in methodology high</li> <li>-Follow-up workshop built on recommendations of consultant</li> <li>-DINNFA has core of professionals versed in partici-</li> </ul>	<ul style="list-style-type: none"> <li>-Development of 6 educational aids, 6 guides for field promoters' use</li> <li>-Development of guide for designing educational materials</li> </ul>

INCS OVERSEAS TRAINING PROGRAMS

Region: Asia/South Pacific

Country	Indonesia	South Pacific/Fiji	Thailand
Program	Series of traveling sensitization seminars on breastfeeding for health professionals	South Pacific Nutrition Media Message Workshop	Bangkok Hospital-based Breastfeeding Promotion Project
# Participants	200+	17	75+
Type of Participants	Health professionals in medicine, nursing, mid-wifery, nutrition, family planning; officials from religious organizations, village development groups; faculty; women's groups	Participants from 9 nations; media specialists and nutrition professionals	Health professionals (doctors, nurses)
Skills/Knowledge Learned	-Up-to-date information on breastfeeding promotion, Indonesia's weaning programs, lactation management, weaning practices, and food supplementation	-Teamwork techniques -Design of nutrition education messages and materials -Interviewing skills -Development of research instruments	-Breastfeeding in Thailand; psychological aspects of breastfeeding, lactation management, nutrition for pregnant/lactating mothers, hospital practices to promote breastfeeding, role of physicians in promotion of maternal/child health care
Results	-Consideration being given to formation of national committee to coordinate breastfeeding activities -Professionals received updated information to strengthen their breastfeeding promotion efforts -Incentive provided for legislation to provide for maternity/lactation benefits at work.	-Development of social communications plan to be implemented in own countries -Follow-up media workshops suggested	-Approximately 4 courses for staff from 9 hospitals; courses resulted in policy changes in all 9 hospitals, 7 more courses given which provided training for 300 more professionals. -The Ministry of Health issued a code on breastmilk substitutes which has also stimulated changes in hospital procedures to stimulate

INCS OVERSEAS TRAINING PROGRAMS

Region: Africa

Country	Cameroon	Congo	Ghana
Program	Mass Media Message/ Materials Design Workshop	Nutrition education materials workshop	Workshop to adapt prototype nutrition education materials
# Participants	40	6	27
Type of Participants	Officials from ministries of health, information, youth, and sports; radio producers and journalists	Staff of 5 agencies: Service Maternel et Infan- tile; Alphabetisation; Radio Rurale; CARE; WHO's Centre Nutritionnel	Nutrition officers, health educators from government agencies
Skills/Knowledge Learned	-Use of audio equipment -Message production -Message pre-testing -Communication strategy design	-Design and use of audio- visual materials -Pre-testing materials -Principles of collaboration	-Techniques for adapting training/educational modules
Results	-Production of prototype materials -Skilled personnel to under- take educational programs -Provincial workshops to take place	-The nutrition education project is moving into the phase of materials develop- ment, production, and dissemination. All organi- zations involved in training collaborating in effort	-Adaptation of 3 modules from WHO field worker training manual -Adaptations to undergo 6-month field test for use in Ghana's primary health care/nutrition program

INCS OVERSEAS TRAINING PROGRAMS

Region: Africa

Country	Sierra Leone	Tunisia
Program	Anglophone African Regional Nutrition Education Workshop	Communications Workshop for INSE (Institut National de Sante de l'Enfance)
# Participants	39	20
Type of Participants	Participants from 12 countries; officials from government ministries of health, agriculture, information. Faculty members and education advisors	Members of INSE staff, including doctors, nutritionists, public health administrators, and communications technicians
Skills/Knowledge Learned	<ul style="list-style-type: none"> <li>-Process of nutrition education program design and management</li> <li>-Message/materials development</li> <li>-Pretesting and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>-Conceptual/technical aspects of materials production</li> <li>-Use and maintenance of equipment</li> <li>-Audio-visual production techniques</li> <li>-Audience research methodologies</li> </ul>
Results	<ul style="list-style-type: none"> <li>-Eight draft scopes of work were produced for use in home countries</li> </ul>	<ul style="list-style-type: none"> <li>-Slide show produced for use with medical students</li> <li>-INSE now has technical capability to develop its own educational materials for teaching, in-service training, public education</li> </ul>