

**International Nutrition Communication Service
(INCS)**

CONSULTANT REPORT

for

ZAIRE

(February 23 - March 17, 1981)

(Evaluation of the mass media component of A.I.D.'s Nutrition Planning Project in Zaire)

BY

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CONSULTANT REPORT FOR ZAIRE

This is a textbook evaluation of a mass media nutrition education project. It points out the difficulties of developing an effective campaign around multiple themes. It also illustrates the need for field research and administrative coordination in the selection and dissemination of messages. As Ms. Barnes-Kalunda points out, CEPLANUT (the national nutrition planning agency), in two short years, has been able to move from a program-on-paper to production. However, they can't stop here. Ms. Barnes-Kalunda's review of their activities-to-date points out why.

Ron Israel
Project Director, INCS

April, 1981

I. FORWARD

The following evaluation report of the Mass Media component of the Nutrition Planning Project in Zaire should be considered as an appendage and supplement to the overall report submitted by the Evaluation Team, which comprised:

Dr. Tomas Uribe - Team Leader

Mr. David Eckerson - Asst. Team Leader

Dr. Heather Warrack Goldman - Nutritionist

Ms. Shirley Barnes-Kalunda - Mass Media/Communications
and Marketing Consultant.

The full report provides an inclusive view of the Nutrition Planning Project -- incorporating certain elements of the Mass Media component of the project.

This report focuses on the Mass Media component of the total project and covers the period in which the writer was involved in the evaluation, namely 23 February to 7 March 1981.

Special thanks are extended to the staff of USAID-Zaire for its cooperation in supplying our team with background information and assisting in other administrative and logistical support areas.

My thanks also to Dr. William Bertrand and Mrs. Jane Bertrand of Tulane University who gave generously of their time and knowledge in explaining and providing background information to me on the Mass Media program. Tulane University's valuable input on the Nutrition Planning Project is to be commended.

Finally, our assignment would not have gone forward if not for the extremely generous cooperation, interest and kindness of the CEPLANUT staff. Their dedication to the work that CEPLANUT is carrying out; their enthusiasm and willingness to work have greatly contributed to the realization of the Nutrition Planning Program in Zaire.

II. BACKGROUND/HISTORY

A. NUTRITION PLANNING PROGRAM - ZAIRE (660-055)

The Nutrition Planning Project (055) in Zaire was initiated by AID and the Government of Zaire (GOZ) in FY 1975.¹ Several project amendments have occurred since the program's inception. This resulted in a sharply reduced and narrowed set of objectives and scope.

The program goal is to improve the health status of the population of Zaire through nutritional interventions. Within the project purpose a basic element is the establishment of a Zairein National Nutrition Planning unit -- which was realized via the development of the Centre National de Planification de Nutrition Humaine -- CEPLANUT.

While the specific Mass Media program was not defined in the original project design, in reviewing past documents and correspondence, and in talking with both J. & B. Bertrand of Tulane University, it appears the Mass Media program grew out of an agreement/arrangement between CEPLANUT and the Regie Nationale des Productions Educationelles et Culturelles (RENAPEC). RENAPPEC had previously been broadcasting nutrition programs on the radio with Dr. MIATUDILA of CEPLANUT serving as commentator. However, there does not appear to be any formal request or agreement made between CEPLANUT and

¹See Exhibit - "Project Design Summary/Logical Framework - Nutrition Planning - 055".

RENAPEC concerning the Mass Media component of the Nutrition Planning project, nor were any specific objectives and goals defined. From J. Bertrand's report -- "Draft, Preliminary Findings from the Mass Media Study - Kinshasa, Zaire, 1980", it appears that the Mass Media component got underway "as of 1979...".

During the early stages of development of the Mass Media project, which, according to J. Bertrand, occurred around August 1979, RENAPEC was defined as the resource for production of radio and television materials. The arrangement between CEPLANUT and RENAPEC resulted in CEPLANUT's receiving radio and television production expertise at minimal costs. CEPLANUT provides some production materials such as videotapes; film, etc. -- while RENAPEC, through the nutrition education programs, has filled a number of hours of radio and TV broadcast time with shows which reinforce RENAPEC's raison d'etre -- i.e., as the national educational broadcast system. Thus, by mid-1979, approximately four years after initial work began on the Nutrition Planning Project -- Tulane University became active in development of the Mass Media component (See J. Bertrand, "Trip Reports - 7/23-9/10/79, Consultation for a Communication Project in Nutrition in Zaire" and "Suggestions for Evaluating the Communication Program for Nutrition in Zaire, 9/7/79.)

B. PROGRAM IMPLEMENTATION

1. BACKGROUND ON ORGANIZATION

The Mass Media program has functioned through three principal coordinating bodies:

(a) CEPLANUT - Centre National du Planification et du Nutrition Humaine, the National Nutrition Planning unit in Zaire;

(b) RENAPEC - Regie Nationale des Productions Educationnelles et Culturelles, the national education television and radio network in Zaire;

(c) Voix de Zaire, Radio and Television (TELEZAIRE), the state-owned broadcast network.

Technical assistance in both coordinating and implementing the Mass Media project, has been provided by Tulane University. This has included at various times, and for varying periods, the assistance of: J. Bertrand, Dr. J. Rico; A. Tandsberg.

Exhibit A is an organigramme describing CEPLANUT and RENAPEC. In addition, a chart is attached (Exhibit B) outlining the capacities of the Voix de Zaire, Television-Radio-diffusion.

The Voix de Zaire broadcasts both national and local programs. Three times per day -- at 7h; 13h and 19h, all broadcast scheduling is national. News of the world and Zaire are given at those times. At other times, local programming emanating from each major city is broadcast. Radio programming on the local level is much better organized than television programming on the local level, according to TV and radio officials at RENAPEC. Local radio stations are better equipped, more experienced and more organized than local television stations. Television programming and production depends heavily on broadcasts emanating from Kinshasa due to the technically superior equipment and manpower. All TV programs at present are initiated from Kinshasa and go via the antenna located in Binza -- the highest point in the city of Kinshasa and is simultaneously beamed to the INTELSTAT satellite stations at N'Sele -- about 50 kilometers from Kinshasa. From there, programming is broadcast nationwide. (RENAPEC, by law, must beam its program through the Voix de Zaire which then relays the signal to the satellite antennae. When broadcasts are only scheduled for Kinshasa, the signal goes only to the Binza antenna. Interestingly, RENAPEC has the capacity to broadcast directly to the INTELSTAT satellite. (-- Source: Interviews with Cit. KINTENDA during tour of RENEPEC facilities - 3/4/81.)

Thus, all television programming of Nutrition Education is national in scope. All major languages are used for each topic. The five languages are: FRENCH, LINGALA, TSHILUBA, KIKONGO, SWAHILI.

Radio programming of Nutrition Education topics is both national and local, utilizing the five principal languages.

2. PROJECT DESIGN AND DEVELOPMENT PLANS

1. ORIGINAL PLANS/OBJECTIVES

As outlined in the original plans written by J. Bertrand (op.cit.), the objectives of the Communication Program were "...based on the premise that the communication(s) program concentrates on one theme at a time, (with a new theme each six months or so)...". It was reasoned that this type of plan would "...have greater potential impact than one which tries to deal with the multiple aspects of nutritional status simultaneously...".

The plan at this point was to have a first phase -- tentatively programmed for six months -- whose objectives were:

- A. To create greater awareness among mothers in regard to:

- (i) The need to enrich the foods of young children (especially from 6-18 months) with locally available proteins and vegetables.
- (ii) The types of products which are locally available at relatively low cost.
- (iii) The way to prepare these foods (i.e., to add supplemental foods to fufu or maize meal).
- (iv) The desirability of continuing breast feeding until at least one year of age, while introducing other solid foods.
- (v) The need to feed young children several times a day.

B. To increase the percentage of mothers who:

- (i) Enrich the food of their young children with proteins and vegetables.
- (ii) Continue to breast feed their babies until at least one year of age.
- (iii) Feed their young children more than once per day.

The ultimate objective, it was reasoned, was "...to improve the nutritional status of these young children or at very least, to maintain their nutritional status in the face of deteriorating economic conditions..." Nonetheless, it was recognized that "...there are multiple factors which affect nutritional status, only one of which is the proposed communications program..." (J. Bertrand, op.cit.).

As part of the original proposal, it was also suggested and thoroughly mapped out that a two-pronged communications approach would be undertaken -- utilizing both broadcast -- radio and television, and a person-to-person element. Further, as part of the total plan, an Evaluation component would be included comprising:

- o A Baseline Survey (Wave I)
- o An Intermediate Survey (Wave II)
- o A Follow-up Survey (Wave III)

2. REVISED PLANS

Between September 1979, when the original plans for the Communications program for nutrition were presented, and August 1980, when a first draft of "Mass Media and Nutrition - Preliminary Report on the Baseline Study" by J. Bertrand was forwarded to Cit. TSHINKO and Dr. B. Franklin, the scope of the Mass Media project had changed substantially by:

- o An expansion of the topic areas from a single topic design to 15 different topics.
- o Elimination of prior plans to include person-to-person education as an integral part of the program.
- o Utilization of 2-minute "spots" instead of the original 1-minute "spots".
- o Failure to restate and emphasize in the revised plans, the fact that television could only be considered as complementary and experimental to the total project and should not be recognized as a principal channel for achieving program objectives. (The original proposal emphasized this point; however, mention of it is not made in the succeeding proposal.)

3. SELECTION OF TARGET AUDIENCE

Although no specific record is available concerning how the target audience was selected, it is presumed by this evaluator that the prior Socio-Economic Baseline study done by Tulane University served as the determinant. In a memo written by Dr. KABAMA NKAMANY to J. King, "Avis et Considerations de Memorandum du 18 aout 1980 Entre le Frere MUHLKERIN et l'AID", reference is made to the fact that the target audience for the Nutrition Planning project was established by criteria of WHO and UNICEF. Further, in conversations with B. Bertrand, he

indicated that the "real" target audience was "the high risk cases" -- i.e., those children suffering from acute malnutrition. On the other hand, the original J. Bertrand draft paper identified the target audience as:

- o Primarily mothers of young children in low income areas of Kinshasa and, in addition,
- o Primary benefactors are generally children under 5, and specifically those between 6 and 24 months.

4. PRODUCTION OF MESSAGES

A. BACKGROUND

A somewhat cursory explanation is given in the final Mass Media proposal as to why the original plan to concentrate on one topic was dropped in favor of 15 topics -- e.g., "...the final decision was taken to do a series of radio and television programs on 15 different topics in an effort to provide as much information to the public as possible..." However, little information is available concerning how and why the topics were chosen except that Tandsberg refers to the fact that the topics were selected, "...on the basis of earlier Nutrition Planning Center research..." This research is never speci-

fied. (See A. Tandsberg report on "Participation in the Implementation of the Mass Media Nutrition Education Project in Kinshasa, Zaire" - October 1980, pg. 65.)

B. DEVELOPMENT OF RADIO MESSAGES

A basic text in French was first prepared by the CEPLANUT staff, which comprised both nutritionists and a doctor. Text for each of the 15 topics was roughly mapped out. This was followed by an unedited/trial recording of 7 radio programs.

C. DEVELOPMENT OF TELEVISION MESSAGES

Same as above, except no trial programs were developed.

5. PLANNING OF PREBROADCAST TESTING OF THE TARGET GROUP

CEPLANUT provided the technical content for each topic to be aired and REN PEC adapted and transferred this information to a compatible broadcast format for radio and TV.

No pretesting of format and message content has been done at any time.

Prior to the arrival of the Tulane technical advisor, A. Tandsberg, it appears that no instructions or guidance had been given relative to setting objectives and

strategies for execution of broadcast materials. In addition, there was no overall creative plan -- including copy objectives and strategies and "reasons why" material.

Some attempt was made by Tandsberg to verify if the directions the messages were taking were correct (See Tandsberg report, op. cit., pg. 11); however, it is difficult to imagine that one could effectively pre-test 15 different topics in informal conversations such as the ones Tandsberg conducted as part of his "method for gaining knowledge and understanding of the Zairean people".

No systematic pre-test approach was made which would determine target audience acceptability of message content and format. Nor does it appear that it would have been feasible given the number of topics/subjects to be covered and the available manpower.

(Tandsberg does state on p. 70 of his report that the scripts were never tried out on the target audience.)

6. MESSAGE CONTENT/CREATIVE FORMAT

No uniformly creative format has been used in message execution. At least 3-4 different formats have been used in producing spots; 30-minute programs and sketches. For example,

- "Citoyenne Saka-Saka", TV sketch using puppet;
- Lingala Nutrition Song, appears in some radio sketches, but is not used in all TV/radio broadcasts
- Question/Answer Format - Used in 30 minute radio/TV shows
- Mini-drama, used TV sketches.

No single slogan or repetitive message has been used which can be transferred from one spot/program/sketch, to another. Such an attempt may have been at the root of the message in some programs:

"L'homme doit bien manger pour vivre."

However, even with such a tag-line, there is no continuity from program-to-program, nor is there any evidence that the target audience understood, agreed/supported this phrase. Since the target audience was declared to be women with children under 5 years, it becomes even more questionable whether the use of the word "L'homme" is the most desirable way to present the message.

The thirty minute programs tend to take lots of time in exposing and defining problems and warning the audience of the consequences of the problems. However, scarce time was given to resolving the problems -- especially in ways which were simple, convenient and easily executed by the audience.

Thirty minute shows on the subject of nutrition and health can be boring. An attempt was made to hold the audience's attention by interspersing music during the radio show and film footage during the TV shows. However, some attention should be given to reducing the time of the show or to developing a livelier, more engaging format.

Attention can be held if the program is of special interest to the audience. According to RENAPEC personnel, the subject of breastfeeding and, particularly advice and polemics presented concerning the correctness of breastfeeding during pregnancy provoked strong audience reaction and discussion.

In the present TV sketches, it appears that the message can be lost if it is not-well-defined and a quick, obvious, easy solution is offered.

Several 30-second radio spots were produced by Cit YONGOLO MASAMBA of RENAPEC's radio broadcast department. These spots had the impact associated with commercial spots:

- (1) attention-getting, catchy music up front;
- (2) interest - via story presentation/problem
- (3) satisfaction - via quick, easy problem solution.

Some executions may tend to instill guilt in the audience. For example, one sketch shows two mothers with mal-nourished infants, while a third mother has a fat, healthy baby. Such negative approaches may cause mothers who think they may have mal-nourished children to "turn-off" to the message as they attempt to conceal/transfer their guilt.

Executions may not be believable if the characters/actors are not suitable for the parts. One TV sketch left some doubt in the minds of viewers as to whether the actor was a doctor or not since his French was very poor. Others felt that his deliverance would be appealing to the "average Zairois" due to the fact that he did not speak a cultivated style of French.

(French language versions of the scripts are available in the office of Manoff International)

7. NUMBER OF PROGRAMS PRODUCED

To date (as of 7 March 1981), 11-30 minute radio programs have been produced and 6-30 minute TV programs have been produced. The number of sketches and spots produced to-date was not determined by this evaluator.

8. PROGRAM RECORDS AND DOCUMENTATION

According to staff members of RENAPEC, the initial television programs have been erased in order to have the videotapes for current program needs. Therefore, CEPLANUT/RENAPEC have no historical reel/library to document past activities and to use as reference data.

9. DEVELOPMENT OF MEDIA PLAN/PROGRAM SCHEDULING

Program scheduling tended to revolve around availability of time as determined by RENEPAC. This may be justifiable since air-time has been gratis. It has been pointed out by Tandsberg that broadcasting of the nutrition programs was limited by the fact that they had to be broadcast within the framework of already existing health related programs. Some attempt was made to broadcast radio and TV sketches immediately before or after popular programs. No formal media schedule is available as yet.

Prior research conducted by Tandsberg indicates that peak listening hours for radio were primarily "... around morning hours and secondarily in the afternoon..." Since there is no written media plan, it is difficult to determine whether broadcasting is presently being scheduled at the most propitious times. A weekly schedule for TV broadcasts was obtained by this writer -- (See Exhibit C).

10. RESEARCH DESIGN

The research design for the Mass Media Baseline Study is attached as Exhibit D. Categories covered include:

- Eating/Consumption Habits
- Viewership/Listenership Habits
- Attitudes/Opinions/Knowledge of Nutrition
- Demographics.

The final questionnaire of the Baseline Mass Media Study is much too long, while the original questionnaire developed by J. Bertrand in 1979 seems to cover all questions pertinent to the Mass Media component.

Unfortunately, questions pertinent to Purchasing Habits/ Ability to Purchase are missing, but could have served as an indicator of whether poor nutrition habits may be a direct result of economic deprivation. If so, it would further indicate whether a Mass Media nutrition education

campaign represents a valid approach at this point relative to economic realities in Zaire.

Questions are also raised concerning the lack of an intermediate survey during the on-air period of the Mass Media project.

Another critical point is the lack of any formal, detailed plans for a follow-up survey after the broadcast period ends.

As of the writing of this report, there is no formal mechanism underway to design and implement a follow-up survey. The Tulane University staff has given a non-formal commitment to do a follow-up survey; however, no plans or correspondence have been written to-date.

III. CO-ORDINATION OF MASS MEDIA ACTIVITIES WITH FIELD PROGRAMS/ PERSON-TO-PERSON PROGRAMS/PRIMARY HEALTH CARE PROGRAMS

Although the Mass Media project was originally designed to combine both broadcast and person-to-person elements, final execution eliminated the person-to-person component. This is unfortunate since research data indicate that the target audience prefers information that is given person-to-person and that radio listening is

on average done once or twice per week.

Some interrelation of the Mass Media program and person-to-person activities was developed by the fact that some of the same material presented on television and heard on the radio -- notably on the topics of basic nutrition information, was used in the demonstration programs in the Centre-Mercx. The material used included slides and wall charts from the book "Nutrition, l'education nutritionnelle dans la pratique journaliere", by I. Rotsart de Hertaing and J. Courtejoie of the Bureau d'Etudes et de Recherches - Kangu Mayombe.

The evaluation team had a chance to see some of the material in use at the Kalembe-Lembe Clinic and also at the Clinic in Masina sponsored by the Armee du Salut. We were also told that during the demonstrations, mothers are informed about the radio broadcasts and schedules are announced. We were not present when such information was given out.

During a visit to a CEPLANUT center installed at the Institut National de Securite Sociale dispensary in Kimbanseke, it was clear that the Chef de Centre, Cit. Ipanza LENGAME, Auxiliaire Medical, had no idea of what the CEPLANUT office did. Since some of the patients admitted at the dispensary may have malnourished children, it would seem of major importance that the CEPLANUT office located in the same complex, make information on its services available to dispensary personnel.

No formalized "campaign approach" to delivering the message in the field was evident. This is understandable since no basic theme/format for broadcast message has been developed.

Coordination with other organizations involved in nutrition and nutrition-oriented programs is limited. Some early attempts were made at co-ordinating the Mass Media program via a suggestion by Catholic Relief Services (CRS) to direct the Mass Media activities with RENAPEC. However, the proposition which was made by Father MUHLKERIN of CRS to J. King, AID Consultant, stressed a direct link between RENAPEC and CRS for a Mass Media program. From file correspondence read by this evaluator and in a conversation with Dr. KABAMA, NKAMANYI, Director of CEPLANUT, it appears that CEPLANUT was totally against any plan of action concerning Mass Media which would give the CRS a direct role in its development.

To further illustrate the diffusion of activities of various nutrition groups, during a meeting held with CRS represented by C. Allen, its Director in Zaire, and the CEPLANUT staff on 26 February 1981, it was clear that certain discrepancies existed between the two organizations relative to what should be taught in nutrition education. For example, there was some difference of opinion concerning the time weaning should occur and the introduction of solid foods.

There appears to be no formal or informal liaison between the two bodies (CRS and CEPLANUT) concerning nutrition education programs conducted by the respective groups. Certainly there is no obvious sharing of information. And, at present, there is no formal tie-in of the CEPLANUT Mass Media program with the present nutrition education efforts of CRS.

Finally, there does not seem to be any plan of action to unify all of the different PVO's involved in Nutrition and Nutrition Education -- i.e., the Eglise du Christ au Zaire (ECZ); the CRS; the Armée du Salut, etc., with CEPLANUT's Mass Media program. Yet, each one of these bodies can be considered as a "salesforce" which has the potential of carrying the basic Mass Media campaign message to the various "sales territories" -- i.e., the various nutrition centers and health delivery systems with which the different PVO's are associated.

IV. CO-ORDINATION OF MASS MEDIA PROGRAM WITH PEACE CORPS VOLUNTEER ACTIVITIES

The PCV operation within CEPLANUT focussed on some initial nutrition education training courses which were eventually to be carried out by PCV. No formal strategy was designed to integrate the PCV nutrition education courses into the Mass Media program. In talking with CEPLANUT's Director, Dr. KABAMA, he concluded that no effective input on the part of the PCV had been given to

CEPLANUT and that their main function revolved around "carrying messages from CEPLANUT to AID". The Peace Corps Director was out of town during this evaluator's visit, so a more balanced picture of the PCV role at CEPLANUT has not been established.

CONCLUSIONS/RECOMMENDATIONS

The Mass Media Program of CEPLANUT has gone from an idea on paper to actual production and broadcasting of nutrition and nutrition-related messages. This is no minor task given the realities of the situation in Zaire where getting the smallest thing accomplished often takes Herculean strength; the patience of Job; and the tenacity of an ant. Nonetheless, there are several areas of the program design and implementation which were either neglected or not fully addressed:

Problems

- (1) Generally, a Mass Media program (or advertising program) develops and corresponds to overall objectives of a project. In this instance, it is the planning and promotion of nutrition. No overall preliminary Mass Media plans related to or based on the basic Nutrition Planning project were developed. Instead, the Mass Media program tends to be piecemeal in its design and implementation without well-defined objectives and strategies, and corresponding rationales emanating from the Nutrition Planning Project.

- Little use was made of the initial Socio-Economic Baseline study in developing both objectives, strategies and defining which nutrition topics were of the greatest importance.
- No consistent, long-term presence of a Mass Media expert was available. Technical advice was sporadic and lacked continuity. This led to the lack of a systematic approach to:
 - defining the target audience
 - ranking nutrition topics and developing a single topic or a limited number of priority topics
 - developing specific behavior objectives, actionable by the target group
 - developing a consistent unified creative message/format
 - pre-testing messages
 - developing an effective media plan
 - developing a consistent broadcast format
 - coordination of media activities with field outreach programs.

In addition, no provisions were made in the field outreach program to include:

- consistency of format for nutrition education messages in the field;

- consistency of format for person-to-person presentations/demonstrations;
- no creative format which could extend and be transferred to posters and other collateral and audio/visual materials for use in the field;
- no well-defined use of PCV within the Mass Media program;
- no coordination of CEPLANUT's Mass Media program and nutrition education approach with that being developed and used by other groups implementing nutrition projects -- such as CRS, ECZ, OXFAM, etc;
- no well-defined plans for final evaluation and measurement of the impact of the Mass Media program on the target audience;
- no long-range plans for development of Mass Media programs for use in rural areas;
- no provisions were made for measuring efficiency or cost-effectiveness of the Mass Media program.

In addition, due to the lack of videotapes, earlier-produced TV programs have been erased in order to film current programs. Therefore, no film reference library or historical reel exists.

OPPORTUNITIES

- (1) Given all of the above weaknesses in the Mass Media program, from a purely pragmatic viewpoint, one must acknowledge the fact that a Mass Media program has been developed and indeed programming is underway, being broadcast; and receiving some audience reaction via letters sent to the broadcasting station. However, questions concerning effectiveness still remain to be answered.
- (2) The staff of both CEPLANUT and RENAFEC are in this evaluator's opinion, professional, enthusiastic, open to advice and criticism, and thoroughly capable of carrying forth further mass media projects.
- (3) The Mass Media program has given both CEPLANUT and RENAFEC personnel an opportunity to learn, develop and utilize new skills essential to preparing and producing nutrition and health related messages for Mass Media. Again, however, questions must be raised as to the efficacy of inconsistent training and/or lack of systematic training which has been the case thus far.
- (4) One must recognize that although the Tulane University presence on the Mass Media project was sporadic, the contributions made by J. Bertrand and A. Tandsberg were instrumental in moving the project along. This points up the need to have someone(s) on the project on a longer-term basis to aid in sound, consistent development.
- (5) A solid and extremely cooperative relationship between CEPLANUT and RENAFEC has developed. This is advantageous in the development of any further Mass Media programs. The fact that both bodies are quasi-independent of government administrative exigencies, serves to the advantage of expeditiously managing further mass media programs.

RECOMMENDATIONS

Since there is no data as yet available on the impact of the Mass Media program, the following recommendations are based on observations made by this evaluator of present project activities.

If the Mass Media program is to develop in the most effective way, immediate attention should be given to:

- (1) Immediate development of a follow-up survey. This survey should be ready for implementation no later than three months after the last broadcasts which are in April 1981.
- (2) Discontinuation of nutrition broadcasts while the follow-up survey is being conducted.
- (3) Concurrent with fielding the follow-up survey and gathering top-line data, an effort should be made to identify a technical advisor skilled in mass media, advertising, promotion and marketing who also has some knowledge of nutrition. If final results of the survey and decisions of CEPLANUT/AID personnel recommend continuation of the Mass Media program, this advisor should be hired to assist the project for at least one year, preferably on a full time basis.

RECOMMENDATIONS, Cont'd.

- (4) Within Kinshasa, there may exist excellent talent, skills and resources for producing broadcast materials. Copywriters, graphic artists, merchandise and promotion outlets may be available. An attempt should be made to identify these resources while assessing the needs of an on-going Mass Media program. If the cost-efficiencies can be justified, use of outside local resources should be budgeted for.
- (5) Message content and total creative strategy must be developed. This creative strategy must be applicable to all forms of media and should be adaptable to person-to-person programs in rural as well as urban communities. Creative formats should be such that they can be transferred to print media; posters; etc.;
- (6) Pre-testing of all messages is essential. Development of a qualitative program, i.e., Focus Groups may be a way to hold research costs to a minimum, while obtaining directional creative information.
- (7) A well-known personality like "Papa WEMBE", who appears on "Kin Kiese", a regular TV show in Zaire, and who appeals to youngsters as well as adults, may be the type of character needed to attract attention and to get nutrition messages

RECOMMENDATIONS, Con'd.

- (7) across to the target audience. (This evaluator monitored several radio and television shows and talked with Zaircis about which personalities are the most popular.)

In an interview with Rev. and Mrs. Ralph Galloway, of the ECZ, it was learned that a new, successful program is now underway in rural areas of Bas-Zaire, using a "Mama Bongisa." This is a female authority figure in the village who is given some training in nutrition education and who then goes out to the village, serving as a back-up to the work of health and nutrition agents. CEPLANUT assistance could be given to such projects -- especially in terms of making mass media-related materials available to the "Mama Bongisas."

- (8) Every effort and support by USAID should be given to assist in preserving the obviously strong relationship between CEPLANUT and RENAPEC.
- (9) Above all, it is imperative that any future Mass Media program have a well-defined basis with an identifiable budget and financial accountability. Objectives, strategies must be clearly defined and well-founded. Any deviations or revisions should be based on empirical data and well-documented information.
- (10) Finally, any Mass Media program must fit in with the principal nutrition needs and objectives of the Government of Zaire and must be adapted to Zaire's present economic constraints and social and cultural realities.

SHIRLEY BARNES-KALUNDA

CONTACTS MADE IN ZAIRE

DURING MASS MEDIA EVALUATION - 23 FEBRUARY - 7 MARCH 1981

Dr. KABAMBA, NKAMANY, Director/CEPLANUT
PERE BOISSCHOT - Director/RENAPEC
Dr. D. BANEA, Medical Doctor - CEPLANUT - Liaison between CEPLANUT &
RENAPEC, Director Division des Interventions
Cit. KINJANJA, Director- Division des Etudes
Cit. SULU-KAPONG, WAKOTOMA, Nutritionist, Centre-Mere, KALEMBE-LEMBE
Cit. MAFWALA, Infirmier diplome, Centre-Mere, KALEMBE-LEMBE
Cit. KAWA, Infirmier diplome, Centre-Mere, KALEMBE-LEMBE
Cit. NDINGA, Infirmier diplome, Centre-Mere, KALEMBE-LEMBE
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Cit. MEOMBO, TSHINOADI, Nutritionist, CEPLANUT. Responsible for all TV/
Radio broadcasts in TSHILUBA
Cit. WABO, NAMUKE, Nutritionist, CEPLANUT, Responsible for all TV/Radio
broadcasts in SWAHILI
Cit. YONGOLO MASAMBA, Chef de Bureau des Productions, RENAPEC
Florence Galloway, R.N., Conseillere technique, Eglise du Christ au Zaire
Rev. Ralph Galloway, Director, Eglise du Christ au Zaire
Cit. MIKOBI, Directeur, Secteur pour les fonds de Comtrepartie, Commissair-
iat du Plan
Cit. SEKIMONYO, NTWA WA MAGANGO, Phd, Fonctionnatre au Commissariat
General au Plan, Secteur Ressources Humaines
Mr. S. WIARE, FAO Representative, ZAIRE
Mr. CHADWICK, Director, World Bank - ZAIRE
Ambassador R. Oakley

USAID

Norman Sweet, Director
Cliff Belcher, Public Health Officer
Jake Jacobs, Public Health Officer
Lee Braddock, Project Evaluation Officer
Derek Singer, Food/Agriculture Officer

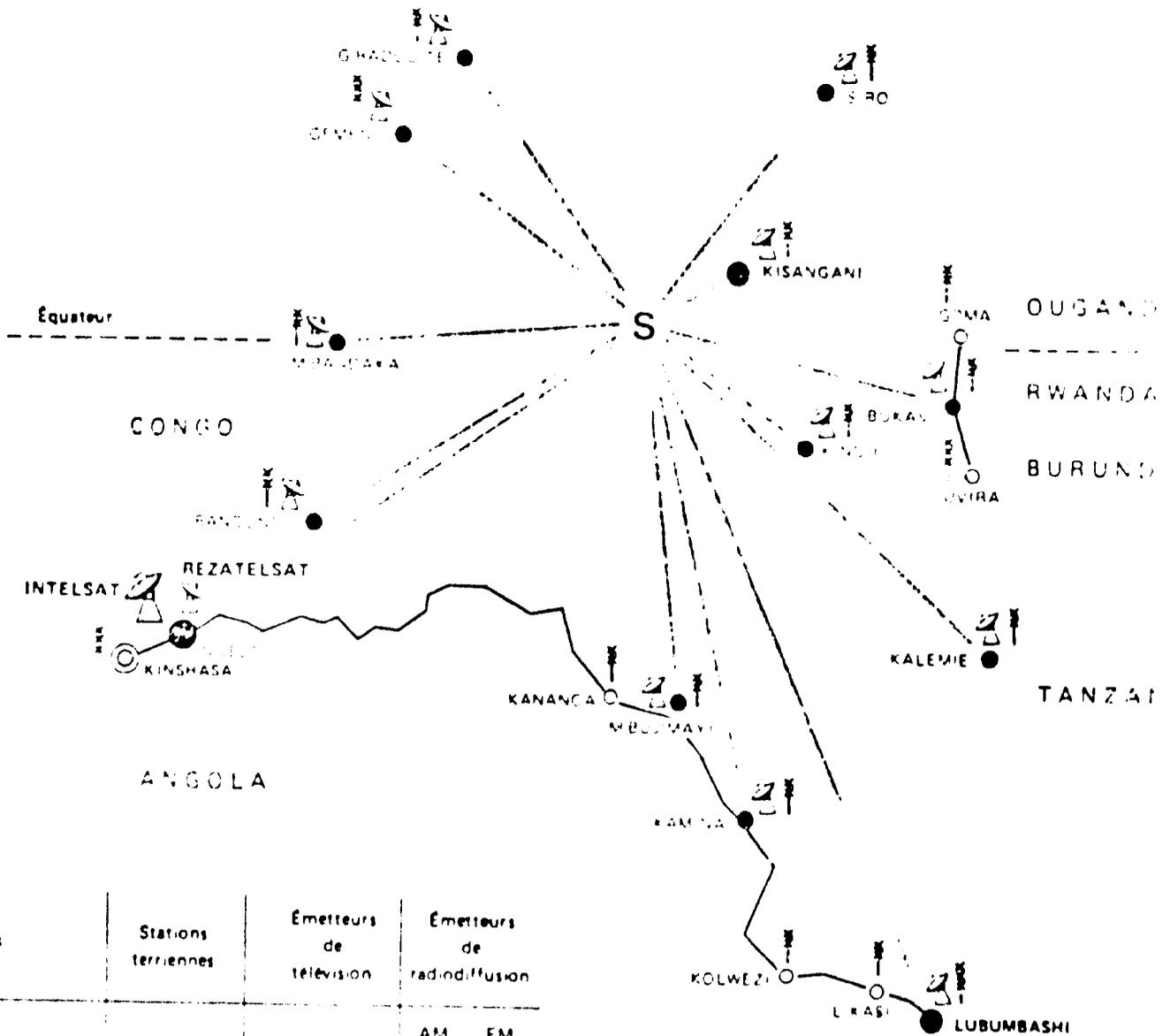
TULANE UNIVERSITY

Dr. W. Bertrand
Jane Bertrand

TÉLÉVISION-RADIODIFFUSION

CENTRAFRIQUE

SOUDAN



Villes	Stations terriennes	Emetteurs de television	Emetteurs de radiodiffusion	
			AM	FM
KINSHASA	SM	2 x 12 kW (E)	(E)	(E)
LUBUMBASHI	SP	2 x 12 kW	(E)	50 W
KISANGANI	SP	2 x 1 kW	(E)	50 W
BUKAVU	SR 1	2 x 1 kW	(E)	
M BUJIMAYI	SR 1	2 x 1 kW	(E)	
BANDUNDU	SR 1	2 x 1 kW	(E)	
M'BANDAKA	SR 1	2 x 1 kW	(E)	
KAMINA	SR 2	2 x 1 kW		
KALEMIE	SR 2	2 x 1 kW		
KINDU	SR 2	2 x 1 kW		
GEMENA	SR 2	2 x 1 kW		
ISIRO	SR 2	2 x 1 kW		
G'BADOLITE	SR 2	2 x 1 kW		
LIKASI	LUBUMBASHI	2 x 1 kW		
KOLWEZI	LUBUMBASHI	2 x 1 kW		
KANANGA	M BUJIMAYI	2 x 1 kW		
UVIRA	BUKAVU	2 x 12 kW		
GOMA	BUKAVU	2 x 1 kW		

LÉGENDE

- Emetteurs TV, 12 kW
- Emetteurs TV, 1 kW
- (E) Existant hors contrat
- Station terrienne maîtresse
- Stations terriennes principales
- Stations terriennes régionales
- SM
- SP
- SR1 et SR2

FAISCEAUX HERTZIENS

- Stations hertziennes
- Axe 2 (grande capacité - TV)

1/6

Exhibit C

MISSIONS SÉRIÉES RÉALISÉES AVEC LE CONCOURS DU CEFILANUT

I. HYGIÈNE & SANTÉ : (Français)

N°	TITRE DE L'ÉMISSION	DURÉE	DATE D'ENREGISTREMENT.-	DATE DE DIFFUSION
01	L'importance de la nutrition I	29'35"	31.07.1980	09.08.80
02	L'importance de la nutrition II	29'11"	22.08.1980	23.08.80
03	L'allaitement de l'enfant I	28'22"	22.08.80	30.08.80
04	L'allaitement de l'enfant II	28'03"	05.09.80	06.09.80
05	Le sevrage I	26'34"	11.09.80	13.09.80
06	Le sevrage II	31'27"	12.09.80	20.09.80 23.09.80
07	Le sevrage III	25'14"	19.09.80	27.09.80 30.09.80
08	La malnutrition et ses conséquences I	27'25"	19.09.80	04.10.80
09	La malnutrition et ses conséquences II	26'02"	26.09.80	13.10.80 23.10.80
10	Les interdits alimentaires et leurs conséquences	27'53"	26.09.80	01.11.80
11	La diarrhée	26'30"	07.11.80	15.11.80 27.12.80
12	Les vers intestinaux I	27'21"	19.02.81	21.02.81
13	Les vers intestinaux II	26'54"	19.02.81	28.02.81
14	L'Hygiène alimentaire	30'21"	26.02.81	Non encore diff.

II. MAFWA YA MAFWA : (Kikongo)

01	Mfwa ya mafwa	22'44"	13.03.80	19.08.80
02	Mafwa ya bana I	24'04"	10.10.80	21.10.80
03	Mafwa ya bana II	25'11"	05.11.80	11.11.80
04	Kimwevo ya nsatu to Kwashiorkor	22'01"	05.11.80	09.12.80
05	Kimwevo ya kulita kimwevo	26'00"	03.12.80	Non diffusée
06	Bansiku samu na mafwa	26'59"	23.01.81	03.02.81
07	Bansiku ya mafwa I	24'20"	11.02.81	Non encore diff.

III. MAFWA YA MAFWA : (Lingala)

01	Mafwa ya biléi	29'12"	06.03.80	12.03.80
02	Biléi ya bana I	27'25"	01.10.80	07.10.80
03	Biléi ya bana II	29'30"	08.10.80	04.11.80
04	Bokono bua nzala	27'39"	29.10.80	02.12.80
05	Bokono bua palu-palu	27'00"	20.11.80	27.01.81
06	Bopeto bua biléi	29'00"	20.11.80	30.12.80
07	Bopeto bua biléi	27'39"	21.01.81	24.02.81

IV. USAFI NA HAFIA : (Swahili)

01	I	Mafaa ya malisho	I	22'47"	I	20.08.80	I	26.08.80
02	I	Majiba kua barua	I	26'17"	I	17.09.80	I	23.09.80
03	I	Shakula ya watoto I	I	28'37"	I	12.11.80	I	16.12.80
04	I	Shakula ya watoto II	I	25'45"	I	12.11.80	I	13.01.81
05	I	Ungojwa wa nzala so kwaki	I	2'03"	I	12.12.80	I	10.02.81
06	I	Ungojwa wa kuhara	I	25'10"	I	12.12.80	I	Non encore diff.
07	I	Bizilabyo chakula	I	27'25"	I	19.12.80	I	" "
08	I	Usafi wa shakula	I	29'06"	I	11.02.81	I	" "

V. MIRILI YA MBEREMBA : (Tshiluba)

01	I	Eulengele kwa dilisha mabidi	I	26'39"	I	19.08.80	I	02.09.80
02	I	Biadida hia kua I	I	23'13"	I	22.10.80	I	23.10.80
03	I	Biadida hia kua II	I	26'33"	I	22.10.80	I	23.12.80
04	I	Bubedi kwa nzala (Kwashtorkor)	I	23'57"	I	10.12.80	I	20.01.81
05	I	Disama dia munda	I	22'30"	I	10.12.80	I	17.02.81
06	I	Lijika hia hifika	I	27'30"	I	19.12.80	I	Non encore diff.
07	I	Mankenda a biadida I	I	27'27"	I	18.02.81	I	" "
08	I	Mankenda a biadida II	I	29'31"	I	18.02.81	I	" "
	I		I		I		I	

Jours et heures de diffusion :

1. HYGIENE & SANTE : Samedi, de 17 H 30 - 18 H 00'
2. LANGUES NATIONALES : Mardi, de 19 H 00 - 19 H 30'

Fait à Kinshasa, le 26 Février 1981.-

- KINSHASA MI NATA -

Chef de Division des Programmes T.V.

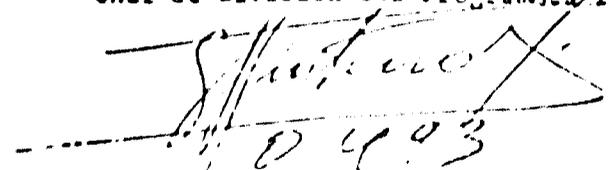


Exhibit D

SUGGESTED ITEMS TO BE INCLUDED IN THE SURVEYS
TO EVALUATE THE COMMUNICATION PROGRAM

A. INTRODUCTION

My name is _____ and
I work with _____.
Today we are visiting some of the women in this neighborhood
to find out what kind of radio programs they like and what they
have heard on the radio recently. This information will help
us to plan new programs in the future. We are especially in-
terested in talking with women who have a child between 6 months
and 24 months of age.

1. Do you have a child between 6 and 24 months? _____

1. _____ yes
2. _____ no (IN THIS CASE, THANK THE WOMAN
AND TERMINATE THE INTERVIEW)

2. How many months old is this child?

(First child) _____ months old _____
(Second child)* _____ months old _____

*If there is more than one child aged 6 to 24 months, record
both ages).

3. In total, how many children do you have:
_____ children _____

B. MEDIA HABITS-Radio

1. Do you own a radio that is currently working? _____

1. _____ yes (GO TO Q. 3)
2. _____ no

2. Can you listen to radio elsewhere (family, neighbors, etc.)? _____

1. _____ yes
2. _____ no (GO TO NEXT SECTION)

3. What stations do you usually listen to?
(DON'T READ ANSWERS; RECORD ALL RESPONSES) _____

_____ Kinshasa
_____ Brazzaville
_____ Other (specify) _____

4. What programs do you like to listen to most? (What is your favorite program?) _____

5. What time of day do you listen to the radio (CHECK EACH TIME MENTIONED)

_____ In the morning _____
_____ Around noontime _____
_____ In the afternoon _____
_____ In the evening _____

6. Would you say you listen to the radio: _____

1. _____ everyday
2. _____ several times a week
3. _____ once a week
4. _____ less often than once a week

C. RADIO PROGRAMMING

1. Recently have you heard anything on the radio about nutrition for young children? _____

1. _____ yes
2. _____ no (GO TO SECTION E)

2. What did they say about nutrition for young children? (DO NOT READ ANSWERS; MARK EVERYTHING THE WOMAN MENTIONS; PROBE UNTIL SHE CAN'T REMEMBER ANY MORE).

- a. _____ Should enrich the foods of young children with proteins and vegetables _____
- b. _____ Types of foods that are locally available and inexpensive _____
- c. _____ How to prepare these foods _____
- d. _____ Should continue to breastfeed children for at least one month _____
- e. _____ Should give young children several meals a day _____
- f. _____ Other _____

3. Did you hear this about nutrition during a regular program or was it just mentioned in a short message by the announcer (spot)?
1. _____ Program
 2. _____ Spot (GO TO Q. 5)
 3. _____ Both
4. What was the name of the program where you heard this message?
- _____
5. What time of day do they give this information about nutrition?
1. _____ In the morning
 2. _____ Around noon
 3. _____ In the afternoon
 4. _____ In the evening
 5. _____ Don't know, don't remember
6. Would you like to hear more of this type of information on nutrition for your young children, or do you already know enough about this?
1. _____ Wants more information
 2. _____ Already knows enough (GO TO NEXT SECTION)
7. What else in particular would you like to know about nutrition for your young children? (PROBE)
- _____
- _____

D. RADIO HABITS-TELEVISION

1. Do you own a television set that is currently working? _____
1. _____ yes (GO TO Q. 3)
 2. _____ no

2. Can you watch television elsewhere (family, neighbors, etc)?

1. _____ yes _____

2. _____ no _____

3. What program do you like to listen to most? (What is your favorite program?) _____

4. Do you usually watch television:

1. _____ everyday _____

2. _____ several times a week _____

3. _____ once a week _____

4. _____ less often than once a week _____

E. TV PROGRAMMING

1. Recently have you seen anything on television about nutrition for young children? _____

1. _____ yes _____

2. _____ no (GO ON TO NEXT SECTION) _____

2. What did they say about nutrition for young children? (DO NOT READ ANSWERS; MARK DOWN EVERYTHING THE WOMAN MENTIONS; PROBE UNTIL SHE CAN'T REMEMBER ANYMORE).

a. _____ Should enrich the foods of young children with proteins and vegetables _____

b. _____ Types of foods that are locally available and inexpensive _____

c. _____ How to prepare these foods _____

d. _____ Should continue to breastfeed children for at least one month _____

e. _____ Should give young children several meals a day _____

f. _____ Other _____

3. Did you hear this about nutrition during a regular program or was it just mentioned in a short message by the announcer?-

1. _____ Program _____

2. _____ Spot (GO TO Q. 5)

3. _____ Both

4. What was the name of the program where you heard this message?

5. (IF THEY SAY A SPOT, ASK):

What do you remember about the spot you say? (PROBE:
What did it show? What were they doing?)

F. PERSON-PERSON COMMUNICATION

1. Have you been visited by a health worker who comes here to weigh and measure you children?

1. _____ yes

2. _____ no (GO TO NEXT SECTION)

2. Has this health worker ever talked with you about how to improve your child's nutrition?

1. _____ yes

2. _____ no (GO TO SECTION G)

3. When was the last time he/she talked with you about how to improve your child's nutrition?

1. _____ within the past month

2. _____ a month ago

3. _____ two months ago
etc

4. What specific instructions or suggestions did he/she give to you about your child's nutrition? (DO NOT READ ANSWERS; MARK EVERYTHING THE WOMAN MENTIONS. CONTINUE TO PROBE UNTIL SHE CAN'T REMEMBER ANY MORE).

- a. _____ Enrich the children's food with proteins and vegetables _____
- b. _____ Types of foods which one should add _____
- c. _____ Give small children several meals a day _____
- d. _____ Continue to breastfeed babies until at least one year, even after starting solid foods _____
- e. _____ Other (specify) _____

5. Do you think it is possible for women in this zone to follow this advice, or do the health workers suggest things that are difficult for the women here? _____

- 1. _____ Advice can be followed (GO TO Q. #7)
- 2. _____ Advice difficult to follow

6. What is it that the health workers suggest that is difficult to do? (PROBE)

7. Some people like to receive these visits to learn more about nutrition for their children. Others say they would rather get the information some other way, such as by radio or in a group meeting of several mothers. And some don't want any information on nutrition at all. Which would you prefer? _____

- 1. _____ To receive more information from the health workers who visit
- 2. _____ To receive more information from radio programs or group meetings
- 3. _____ Not to receive any more information on nutrition for children. (GO TO NEXT SECTION)

8. What else would you like to learn about (discuss with the health worker) regarding your child's nutrition? _____

G. KAP Items Regarding Nutrition

1. In your opinion, up to what age should one continue to breastfeed one's baby? _____
up to _____ months

2. At what age should one begin to give the baby other foods as well as the mother's milk? _____
at _____ months

3. What kind of food do you think one should give to a baby when he first starts to eat solid foods? _____

1. _____ Fufu (alone)

2. _____ Other (specify)

3a. (PROBE)

Do you think one should add other things to _____ (the Fufu, or whatever is mentioned above) or is it better to give the baby just _____ (fufu)? _____

1. _____ other things

2. _____ just Fufu (GO TO Q. 5)

4. (IF WOMAN ANSWERS "other things," ask: What other things should be added to the baby's food? (DON'T READ ANSWERS; MARK EVERY ITEM MENTIONED BY RESPONDENT; PROBE UNTIL RESPONDENTS DOESN'T KNOW ANY MORE).

- _____ Arachides
- _____ Chenilles
- _____ Farina de maiz
- _____ Faune de soya
- _____ Feuilles de manioc
- _____ Autres feuilles vertes
- _____ Poisson sec
- _____ Autre chose (specify)

5. In your opinion how many times a day should one try to feed a child who is one-to-two years old?

_____ times a day _____

6. Is your baby (child) still nursing? _____

1. _____ yes

2. _____ no (GO TO Q. 8)

7. Do you also give him/her other foods as well? _____

1. _____ yes

2. _____ no (GO TO Q. 9)

8. What (type of food) do you usually give your baby? For example, yesterday what did your baby have to eat? (DON'T READ THE ANSWERS; MARK EVERYTHING THE WOMAN MENTIONS)

- _____ Fufu _____
- _____ Arachides (alone or mixed with other food) _____
- _____ Chenilles (alone or mixed with other food) _____
- _____ Farina de maiz _____
- _____ Farine de soya _____
- _____ Feuilles de manioc _____
- _____ Autres feuilles vertes _____
- _____ Poisson sec _____
- _____ Autre chose (specify) _____
- _____
- _____
- _____

9. How many times yesterday did you feed your baby? _____

_____ times

H. Socio-Demographie Data

1. Finally, I'd like to ask you some questions about yourself. How old are you? _____

_____ years old

2. Did you attend school? (IF SO) What was the last grade of school you completed? _____

1. _____ Never attended school

2. _____ Completed 1 year

3. _____ Completed 2 year

etc.

THAT WAS MY LAST QUESTION. THANK YOU VERY MUCH FOR YOUR COOPERATION.

Notes regarding the Questionnaire and Coding:

1. If the mother has more than one child aged 6 to 24 months, the questions in section H should be asked in regard to the older child.
2. There are a number of open-ended questions in which some of the possible answers are listed on the questionnaire to facilitate interviewing and subsequent coding. They are questions B-3, C-2, F-4, G-4 and G-8. As the instructions indicate, the interviewer should not read the possible answers. Rather, he/she should check or write in verbatim everything mentioned by the respondent.

For these open-ended questions where multiple responses are expected, a coding space has been left for each item. If the respondent mentions the item, it should be coded "1". If she does not mention the item, it should be coded "0". As for any other answers not listed in the questionnaire, these should be coded in the normal way for open-ended questions (i.e. assigning a different code to each item, starting at 01 and going to whatever number is necessary).

The reason for this coding system is that the items listed correspond to answers which are expected in the second and third round of data collection (if the program has had an effect). The "0 or 1" coding system greatly facilitates subsequent analysis. At the same time respondents will also other answers which should be recorded in detail, as indicated above.

3. There are a number of other open-ended questions (e.g. favorite radio program, types of nutrition advice that are difficult to follow, etc.) which should be coded after the data are collected, in the normal manner.
4. If the fact of mentioning that the interviewer works for the Centre will tend to bias the respondent's answers, then the introduction should be reworded.

43