

PD-AAA-933  
59970

REVIEW OF RECIPIENT SELECTION CRITERIA, BENEFICIARY PROFILE, AND  
NUTRITIONAL IMPACT OF CATHOLIC RELIEF SERVICE'S USE OF  
TITLE II COMMODITIES IN MADAGASCAR

LAWRENCE KENT

AUGUST 29, 1988

## CONTENTS

|   |    |
|---|----|
| Executive Summary.....                                  | 1  |
| 1.0 BACKGROUND  |    |
| 1.1 Problem Statement.....                              | 3  |
| 1.2 CRS/Madagascar Program.....                         | 3  |
| 2.0 THE PRE-SCHOOL PROGRAM                              |    |
| 2.1 Description.....                                    | 4  |
| 2.2 Selection Criteria.....                             | 5  |
| 2.3 Beneficiary Profile.....                            | 5  |
| 2.4 Program Impact.....                                 | 6  |
| 2.5 Recommendations Concerning the MCH program....      | 9  |
| 3.0 THE SCHOOL FEEDING PROGRAM                          |    |
| 3.1 Description.....                                    | 10 |
| 3.2 Selection Criteria                                  | 10 |
| 3.3 Beneficiary Profile.....                            | 11 |
| 3.4 Program Impact.....                                 | 11 |
| 3.5 Findings and Recommendations.....                   | 11 |
| 4.0 THE OTHER CHILD FEEDING PROGRAM                     |    |
| 4.1 Description.....                                    | 12 |
| 4.2 Selection Criteria... ..                            | 12 |
| 4.3 Beneficiary Profile.....                            | 13 |
| 4.4 Program Impact.....                                 | 13 |
| 4.5 Findings and Recommendations.....                   | 13 |
| Annex 1. Persons Contacted                              |    |
| Annex 2. Participation Fees                             |    |
| Annex 3. Program Locations and Numbers of Beneficiaries |    |
| Annex 4. Tables used to evaluate beneficiary progress   |    |
| Annex 5. CRS Growth Monitoring Chart                    |    |
| Annex 6. CRS Master Chart                               |    |
| Annex 7. Trip Report to Center at Tanjonandriana        |    |
| Annex 8. Trip Report to Center at Ambonijanaka          |    |

## EXECUTIVE SUMMARY

### 1. Objective

The objective of the present study is to review the (1) selection criteria, (2) beneficiary profile, and (3) nutritional impact of Catholic Relief Service's use of Title II commodities in Madagascar. The study looks at the three principal activities within CRS's Food and Nutritional Program:

1. The Pre-school Program (also known as Maternal and Child Health Centers -- MCH)
2. The School Lunch Program, and
3. The Other Child Feeding Program

This evaluation is intended to provide USAID with a better picture of who is benefitting from CRS's use of Title II, how they are benefitting, and what progress has been made in nutritional impact. The study complements and builds upon a 1987 report (Jack Royer REDSO/ESA) which focused on the logistical management of CRS's food program.

### 2. Methodology

To prepare the present report the author reviewed relevant CRS and USAID background material, relying heavily on the CRS Multi-Year Plan and the 1986 report on the School Feeding program. Interviews were conducted with CRS and UNICEF staff, the GDRM's Director of Population, and various local program managers. Four Pre-School centers, two participating primary schools, a leprosarium, and a center for the handicapped were visited in Antananarivo and Toamasina provinces.

### 3. Findings

a. The Pre-School Program is the largest of CRS's activities in Madagascar. It targets 50,000 mothers and 50,000 children for monthly nutritional lessons, growth monitoring, and the distribution of milk, rice, and vegetable oil rations. Madagascar's bishops played the principal role in selecting 68 sites for these centers. Individual center managers generally have been successful at targetting resources at the neediest population.

CRS maintains statistics on the nutritional level of Pre-School program beneficiaries, and a recent survey will soon provide good statistics on the beneficiaries socio-economic status. These statistics, however, do not provide information on the program's impact over time. Many program administrators doubt the existence of a positive nutritional impact.

b. The School Feeding Program (SF) uses Title II commodities to provide a daily meal to 14,000 students in the 6 - 14 year age group. In 1963 when this program began, the Bishops played a central role in the selection of what are now 88 participating schools. Each school's program manager is responsible for targetting the meals at the neediest children. No statistical data on the nutritional impact of the SF program are available. The principal weakness of this program is its lack of a realistic plan to decrease its dependence on American food aid.

c. The Other Child Feeding Program (OCF) uses Title II commodities to feed institutionalized orphans, lepers, and the handicapped. This is a pure welfare program which conforms with AID guidelines. The OCF program also is involved in smaller MCH centers for undernourished children under three years old. This use does not conform to AID guidelines for OCF programs.

#### 4. Summary of Recommendations

- \* USAID should commission a consultant health statistician to carry out an in-depth study of the nutritional impact of the MCH program..
- \* CRS, in conjunction with the above-mentioned consultant, should develop a reporting method which shows the nutritional impact of MCH activities.
- \* USAID should encourage CRS to analyze and share the results of its socio-economic beneficiary survey as soon as possible.
- \* USAID should encourage CRS to better integrate its MCH program with government efforts by adopting the standardized growth chart.
- \* USAID should encourage CRS's efforts to use MCH centers as hubs for small development projects
- \* USAID should reconsider support for the School Feeding Program if a long term plan to end dependency is not developed
- \* USAID should continue to support OCF institutions, but require CRS to re-classify feeding centers currently misplaced in this category.

REVIEW OF RECIPIENT SELECTION CRITERIA, BENEFICIARY PROFILE, AND  
NUTRITIONAL IMPACT OF CATHOLIC RELIEF SERVICE'S USE OF TITLE II  
COMMODITIES IN MADAGASCAR

1.0 BACKGROUND

1.1 Problem Statement

Over the past ten years, Madagascar's worsening economic conditions and insufficient agricultural production have resulted in a deficit of adequate food stuffs at the household level. Statistics gathered by CRS show increases in the levels of malnutrition over the past four years, particularly in the time proceeding the rice harvests in February-March. Sources of nutritional data vary in reliability but results show that malnutrition is found amongst an alarmingly high percentage of children under five. 52% of the children from 0-5 years involved in CRS's MCH program are below 80% of the Harvard Standard weight/age ratio for children<sup>1</sup>. A UNICEF study in Antsirabe (1984) confirmed that most of this malnutrition was of the chronic or stunting nature. The study showed 34% of children were below 80% the standard weight for age and 60% below 90% the standard height.

The long range consequences of chronic malnutrition are still disputed as few children directly die from the condition. It can be assumed, however, that susceptibility to disease is increased by malnutrition and the ability to heal oneself is compromised. In combination with other infections or diseases, a malnourished child is more likely to die than a well nourished one. The attention span of a school-age child is also shortened which hinders his or her ability to learn. The main causes of malnutrition are inadequate and/or unbalanced nutrient intake due to low agricultural production, intra-family sharing especially among large families, high prices for basic food stuffs, low income, inappropriate use of limited resources, and increased stress on the organism due to illness and high work load.

1.2 CRS/Madagascar Program

Since Catholic Relief Services began operations in Madagascar in 1962, its principal emphasis has been on humanitarian assistance to address the problem of malnutrition -- generally through food aid. PL 480 Title II activities have constituted almost 70% of the CRS/Madagascar program since 1969. In 1988 CRS was allocated over \$2.3 million in American rice, milk, and vegetable oil. And while the organization has recently begun branching out into more

---

<sup>1</sup> The Harvard Standard weight/age ratio establishes a normal weight for each age (by month) of a properly nourished child. The standard is widely used in Africa, and according to UNICEF it is appropriate for judging the nutritional status of Malagasy children.

environmental and agricultural projects, nutrition will continue to be CRS's primary focus in the upcoming years. At present the CRS Food and Nutritional Program takes four forms:

1. The Pre-school Program
2. The School Feeding Program
3. The General Relief Program, and
4. Food for Work

The present study will concentrate on the first three programs and their use of Title II commodities. The Food for Work program makes up less 2% of the portfolio and is not examined by this review. Only the first aspect of the General Relief Program -- "Other Child Feeding" -- will be evaluated, because the second aspect -- disaster relief -- is scheduled for closer examination in a future report.

## 2.0 THE PRE-SCHOOL PROGRAM

### 2.1 Description

The Pre-school Program is the largest of CRS/Madagascar's activities. It operates in 68 Maternal and Child Health (MCH) Centers located throughout the Island. The program targets 50,000 mothers and 50,000 children as beneficiaries for the annual distribution of approximately 1.7 million dollars worth of food. Its overall goal is to provide parents with the opportunity through economic, educational and nutritional aid, to assure an adequate rate of growth for their children and reduce the target population's risk of malnutrition. The program can be broken into four components:

1. Regular growth surveillance of participating children from the age of 5 months to 5 years. Individual and master charts are maintained to demonstrate nutritional benefits to the mothers and to monitor changes among participants at center and regional levels.
2. Individual counseling for each mother during a monthly weighing to indicate the child's progress, including advice on home care for minor illnesses and referral for more serious ones.
3. Health and nutrition education during each monthly session.
4. Provision of a monthly ration of 6 kgs of rice, 2 kgs of milk and 1 liter of oil to each of the families attending under-five centers.

Beneficiaries are required to pay a small monthly participation fee to cover the transportation and administrative costs of the program, (see appendix 2 for more on this).

## 2.2 Selection Criteria

Selection takes place on two levels. First, those villages where MCH centers are to operate must be chosen, and second, those families which are to participate in the center's program must be selected.

The process of opening MCH centers began in 1969 when CRS initiated the Pre-school program in collaboration with the Catholic Bishops of Madagascar. The Bishops played a major role in selecting sites for the centers. In order to assure that all four components of the Program be implemented, centers were originally required to have:

- a. At least one nurse to be in charge of the program, and
- b. Minimum infrastructure where food could be securely stored and distributed.

As a result of these seemingly simple requirements, very few private or government health centers were able to take part in the CRS Pre-school Program. At present only one center is government managed, while all of the others are operated by nuns tied to local Catholic schools or parishes. A large percentage of these nuns are expatriot Italians or French. More recent modifications to the criteria allow for centers without a nurse if other qualified personnel are available, and require a minimum of 200 beneficiaries per center. Although a small number of new sub-centers have been opened and others closed during recent years, the present total of 68 MCH centers has been roughly stable since 1974.

Within the communities where the MCH centers are located, a selection process must take place to decide which families are to participate. This selection is theoretically based on three criteria, (1) the age of the child -- 5 months to 5 years, (2) the nutritional state of the child, and (3) the poverty level of the family. CRS policy is that new participants should be weighed and only those who weigh less than 80% of the standard for their age should qualify for participation. In a small community, however, strict guidelines are difficult to follow, and while the criteria are taken into account, each center's manager has the right to exercise discretion on who is to participate. Most of the nuns operating the MCH centers have lived in the communities for years and are familiar with the socio-economic status of the inhabitants. Most centers are filled to their capacity and only admit new participants when places open because of children moving, dying, or reaching the age limit of five. Often the mothers currently enrolled in the program are encouraged to participate in the decision on who to admit as new participants.

## 2.3 Beneficiaries Profile

Program beneficiaries are children in the five-month to five-year age group and their mothers and families. Most participating families in the rural areas live from subsistence agriculture. Urban participants mostly earn their living by begging or in the

"informal sector" by buying and selling small amounts of goods. The program's success in targeting its resources to the poor (as required by AID handbook #9) is reflected in the centers' statistics. 52% of the participating children are below 80% the standard weight for their age. Even in Ambatondrazaka, the "bread basket" of Madagascar, 54% of the program participants are under 80% of the standard weight.

Geographically, MCH centers operate in all regions of Madagascar except Antsiranana (see Appendix 3 for a regional breakdown). 27% of the program operates in the region of Ambatondrazaka, 25% in the region of Antananarivo, and 10% in the region of Fort Dauphin. Out of 68 centers, 21 are located in urban and 47 in rural settings.

To improve the educational component and better target the MCH program, CRS developed a Knowledge, Attitude, and Behavior (KAB) study to gather information about the program's beneficiaries. In 1987 a local firm completed a total of 1700 family surveys using an in-depth questionnaire. The result is a wealth of information about the beneficiaries' family size, livelihoods, economic status, health knowledge, and disease profile. To establish correlations between socio-economic variables and nutritional status all of the data was cross-tabulated against the weight/age standard of the beneficiary population. This information is currently available in tabular form at CRS headquarters in Antananarivo. The information, however, is broken down by province and is not yet in a clear form from which conclusions can be drawn. Extensive analysis is necessary, but CRS's plans to cooperate with UNICEF to carry out this analysis have yet to be fulfilled. In the meantime, a goldmine of information remains unused.

#### 2.4 Program Impact

According to CRS's Multi-Year Operational Plan, progress in the MCH program is to be measured by:

- (1) Monthly progress reports indicating the number of families and children participating per session, information on nutrition lesson and cooking demonstration, the ration provided, and master charts for all children attending the session
- (2) Center visits by the CRS Food and Nutrition supervisors to assure the quality of program activities and give advice to center staff.

These measures are verifiable and for the most part they have been carried out. Monthly progress reports are regularly completed and compiled into quarterly commodity and recipient status reports for USAID. Two supervisors visit most centers once a year to observe their activities, make recommendations, and monitor the storage and control of the commodities.

These measures provide a picture of CRS's ability to manage the program, however, they do not provide information on the nutritional impact of the MCH centers. Snapshot statistics are compiled in

order to ascertain the nutritional status of recipients, but no serious effort yet has been made to demonstrate the program's effectiveness in improving beneficiaries' nutritional levels over time. In other words, very little is known about the program's nutritional impact.

Quantifying the program's impact is no easy task. Statistics are kept on the nutritional levels of individuals, but as new undernourished participants enter the program and others (hopefully better nourished) graduate, the aggregate nutritional level of most centers remains in the 50 to 60% range (i.e. 50 to 60% of participants are below 80% the standard weight/age ratio). The overall nutritional level is of course affected by many outside factors (eg. drought, rising food prices, etc.) that are difficult to control for. This aggregated statistic is therefore not very helpful in judging program impact.<sup>1</sup>

The best way to assess impact would be to study the nutritional progress of individuals enrolled in the project. Does a malnourished child entering the program tend to improve over time and graduate better nourished? This key question is answerable through a study of individual growth charts. A random sample of say 500 growth charts could be examined to determine what percentage of children entering the program below the 80% weight standard eventually surpass this standard, how many months of enrollment this usually takes, and how sustainable is the improved status.

This sort of study would provide a better picture of beneficiary nutritional progress; however, without a control population it would be impossible to attribute MCH enrollment as the determinate variable. Establishing a control population would involve charting the nutritional progress of undernourished children excluded from the program, and subsequently comparing the data to that of participating children. Because of the moral hazard of excluding children who have been identified as malnourished, as well as the logistical difficulties of measuring such children, the monitoring of a control population would be a difficult endeavor. Without a control population, however, a scientific evaluation of the program's impact is impossible.

---

<sup>1</sup> Doubts about program effectiveness surface in a 1986 CRS document annexed to Jack Royers 1987 evaluation. The document states the Pre-school program "does not seem to be significantly improving the lot of these xparticipatingx children." The document proposes a new orientation to the MCH program to increase its contacts with the community it serves and encourage villagers to organize to take over MCH functions. This "Community Health" pilot program began in Ambatolozaka in 1987 but has since been put on hold while CRS re-assesses its proper role in operating such a program.

In the face of this dilemma, a partial solution is to begin the first half of the study -- that is, examine the nutritional progress being made by children currently enrolled, and ignore the control population issue for the moment. If study results are sufficiently dramatic -- either demonstrating significant nutritional progress, stagnation, or decline -- tentative conclusions can be drawn about the program's probable impact. If the study results are less striking, more serious consideration will have to go into establishing a control population or finding a surrogate for such a control. If no study is commissioned, justification for the continuation of this \$1.7 million/year program will have to remain based on the unproven but plausible hypothesis that providing food, nutritional education, and counseling to poor Malagasy will improve the nutritional status of their children.

Recognizing the need for a broader study carried out by a health statistician, the author of the present report nonetheless attempted to gather a small sample of nutritional data on the beneficiaries in order to make some less-than-scientific conclusions in the interim. Four MCH centers were visited and 242 growth charts were examined. Each child's initial position in relation to the standard weight/height ratio was compared to his or her position at the most recent weighing. Of the 242 children represented, 55% had gained enough weight since entering the program to make progress in relation to the standard weight/age ratio. 45% of the sample had made no progress or had actually lost ground since entering the program. There was no apparent positive correlation between the time a child was in the program and his/her tendency to progress. Results are presented in Annex 4.

Admittedly not derived from a random sample and far from conclusive, this data nonetheless fuels doubts about the existence of a positive program impact on the target population's nutritional status.

Several explanations for the lack of a clear impact were heard during the course of this evaluation. UNICEF nutritionist Beatrice Gakouba says that after almost 20 years of existence the program has shown no impact because it does not attack the underlying cause of malnutrition -- the poor's lack of income. According to Gakouba, the food rations rarely benefit the target children because they are not fed directly at the center. Instead, the goods are brought home and either divided up between a large family or sold to others. According to Sister Rose Rey, the manager of the MCH center at Vavatenina, participants frequently sell distributed foodstuffs, and in the final analysis it is the mother's commitment and not the food ration that affects a child's nutritional status. According to the manager of a Toamasina MCH center, the food rations rarely improve the children's nutritional status but instead serve as a means to attract people to the centers' health and nutritional lessons.

The CRS Food and Nutrition monitor recognizes that the rations frequently are not consumed by the targeted child. She feels that the rice and oil rations are better classified as an assistance to the entire beneficiary family, and that the milk is what should should really be targeted to the malnourished child. The food

distribution, according to her, is mainly a tool to attract mothers to the centers where they can then benefit from nutritional education and participation in small development projects.

A frequently heard theme during the evaluation is that the direct impact of the Title II food is limited, and that its more important role is as a catalyst for other activities. This idea clearly emerges in CRS's Multi-Year Operational Plan. The document outlines the beginning of a program to increase the income of program participants in 7 health centers in Antananarivo through small scale income generating activities. There are also plans for "Community-based" health activities to stimulate the creation of small scale projects identified by Village Health Committees. Unfortunately, CRS has not been able to follow up on its plans in these areas because it has been pre-occupied with re-assessing its proper role in this field with respect to other NGOs. In the meantime, however, the decentralized nature of the MCH program has allowed individual centers to take the initiative. Participants in the Soavina MCH center, for example, work together to sew and sell small stuffed animals. An Italian NGO, Reggio Tiers Monde, recognized the advantage of targeting participants in the MCH program (they are already assembled in a group), and plans to direct agricultural extension messages at the members of a Toamasina center.

According to the Director of NGO affairs at the Ministry of Population, CRS can no longer content itself with the education and food distribution aspects of its program. It should push its MCH centers to get involved in small development projects such as gardening. CRS should coordinate with other NGOs who are better equipped to promote these small projects.

## 2.5 Recommendations Concerning the MCH Program

#1. Given the combination of the sizable resources going into this program and the widespread doubts about the its nutritional impact, USAID should commission a consultant health statistician to perform an in-depth study on the program's nutritional impact.

#2. Given that CRS's current nutritional reporting formula provides no information on program impact, a new formula should be devised which will show whether beneficiaries are progressing in relation to the weight/age standard. CRS should develop the ability to judge a particular center's performance not on the aggregated nutritional level of its members, but on whether those members are progressing over time. This task should be included in the scope of work for the above-mentioned consultant.

#3. USAID should encourage CRS to complete a professional analysis of the EAB study results as soon as possible and to share its information and findings with the GDRM and other donors in the field.

#4. Given that the CRS program exists parellelly with UNICEF and GDRM efforts in MCH health, (often in the same village or region), and given USAID requirements that programs should provide for increasing assumption of responsibility by host governments, the AID mission should encourage CRS to adopt the UNICEF standard growth monitoring chart which is used by the GDRM.

#5. CRS should be encouraged to follow up on its plans to use the MCH centers as hubs around which small income generating projects can be implemented. The current re-assessment of the proper role for CRS should not be allowed to delay indefinitely a more aggressive campaign to promote these small projects either directly or through coordination with other NGOs.

### 3.0 THE SCHOOL FEEDING PROGRAM

#### 3.1 Description

The School Feeding Program (SF) serves poor rural and urban primary school children in the 6-14 year age group. The objective of the program is to increase the poorest students' capacity to concentrate and learn in class by providing a supplementary meal in the morning or noon of each school day. The meals are prepared in the school usually by staff members. They are then served to selected students who might not otherwise eat because of the distance from their school to their home or because of the limited means of the family. The ration includes 2 kg. rice, 0.5 kg. oil, and 1.5 kg. powdered milk per student per month (20 feeding days per month). A symbolic fee is in some cases charged the beneficiaries, but frequently the school pays the local administrative and transportation costs. In 1988 \$107,540 worth of Title II commodities were budgeted for 14,000 students in 88 schools.

In 1986 CRS hired a local consultancy firm to evaluate the program. The firm concluded that quality varied from school to school and that insufficient controls had often led to improper implementation. As a result, CRS hired an "end-checker" to be responsible for overseeing the program and to make periodic site visits.

#### 3.2 Selection Criteria

Like the MCH program, the selection process for participation in the SF program occurs on two levels: (1) the selection of beneficiary schools, and (2) the selection of beneficiary students within these schools. Recently, new criteria for participation at both levels have been developed and distributed.

In 1963 when the SF program began, schools were selected for participation on the basis of interest and need by the Catholic Bishops of Madagascar. After the 1986 evaluation revealed irregularities, new criteria for participation were established: urban schools are required to be located in poor neighborhoods, rural schools are required to be involved in development activities

such as school gardens. Each school must have a minimum of 150 participating students. Each school must designate a program manager who is supported by a parents or benevolent group. Each school must have a place to prepare the meals and the means to securely store 3 to 6 months worth of provisions. The "end-checker" has recently visited the majority of schools to explain these criteria, and plans are to enforce the standards more closely than in the past.

Students are selected for participation within the schools primarily on the basis of their age -- 6 to 14 - and secondly on the basis of their socio-economic condition. The ultimate decision on which students are to participate lies with the individual program managers. Priority is given to: (1) children of unemployed or very poor parents, (2) children who live far from school, and (3) children that come from broken or very large families. In most cases, especially in rural areas, the local manager is unwilling to differentiate between different economic conditions, and the result is that all students in a particular class benefit from the program. In the two urban participating schools visited during the present evaluation, the nuns responsible for the program targeted the food at only a selected group of the very poorest students.

### 3.3 Beneficiary Profile

The SF program is currently implemented in 88 schools in all provinces except Antsiranana. The program is equally divided between the urban and rural areas with a third of the schools located in major cities, a third in secondary towns, and a third in rural areas. 14,000 primary school students aged 6-14 are targeted to benefit from the program, however, the actual number of beneficiaries is probably slightly higher as many program managers tend to divide the ration up between a larger group of students than is authorized.

### 3.4 Program Impact

No statistical data on the nutritional impact of the SF program are compiled. Available evidence is purely theoretical or anecdotal. The theory that well-fed students learn better than hungry ones is found in AID handbook #9, common sensical, and widely accepted. Program managers interviewed during the present study explained that the poorest students fall asleep in class if they are not provided a meal. According to program administrators, school feeding is basically a welfare or resource transfer mechanism; however, in a broader sense it can be seen as a facilitator of the vital education process.

### 3.4 Findings and Recommendations

CRS's School Feeding program corresponds with all the criteria found in AID handbook #9 except one. According to the handbook, a goal of commodity assistance is to promote the establishment of school feeding as a permanent institution supported totally by indigenous

resources. There is no evidence that CRS's program is doing this in Madagascar. The program is basically a welfare and not a development activity. Its essence is a subsidy for needy children in order to help their learning capability and nutritional status. Nutritional or development education are not part of the program, and recent talk about encouraging the establishment of school gardens, while laudable, hardly qualifies this program as one which is moving towards sustainability. Program managers say that without Title II food assistance, their SF programs would have to be cancelled.

If the mission is interested in supporting a benign but unsustainable welfare program that probably is improving the nutrition and learning ability of approximately 14,000 Malagasy students, it should continue to support this program. If the mission is interested only in supporting sustainable development activities, this program should be either slowly phased out, or re-designed with a larger nutritional education component and a realistic long term plan to decrease its dependence on food aid.

#### 4.0 OTHER CHILD FEEDING

##### 4.1 Description

The objective of the Other Child Feeding program (OCF) is to provide food assistance to institutions which care for orphans, lepers, malnourished children, and the handicapped. The program is composed of (1) boarder institutions for the needy of all ages, and (2) smaller MCH-type centers for undernourished children of up to 3 years. The monthly ration is made up of 2 kg. rice, 2 kg. milk, and .5 liter of oil per beneficiary. The food supplements other sources and is normally prepared and served daily within the institutions by staff members. In the centers for undernourished children, the food is distributed in a way similar to that of the regular MCH program. In 1988 \$43,610 worth of Title II commodities were budgeted for 4,000 beneficiaries in 40 institutions and centers. OCF recipients do not contribute to expenses. The institutions pay all local transportation fees.

##### 4.2 Selection Criteria

CRS/Madagascar has been involved in this activity since 1963. At that time CRS in consultation with the Bishops selected beneficiary institutions on the basis of interest and need. Almost all of the institutions are tied to catholic religious orders and are run by clergy; a large percentage of the managers are expatriot. Because most of the selection took place over twenty years ago, it is difficult to ascertain precisely why some institutions were chosen over others.

Within the institutions there is no selection process. The commodities are served to all boarders.

### 3.3 Beneficiary profile

Beneficiaries include 4,000 boarder orphans, handicapped, victims of leprosy, and malnourished children. All ages are enrolled in the institutions, but most beneficiaries are children. The beneficiaries of the small MCH/OCF centers are undernourished children under 3 years old. The program currently operates in the provinces of Toamasina, Antananarivo, Fianarantsoa, and Toliary.

### 3.4 Program Impact

The only statistics kept on this program are the number of recipients receiving food, and the quantity of food distributed. Therefore the nutritional impact of the program is not measurable.

### 3.5 Findings and Recommendations

As was highlighted in CRS's 1986 evaluation, the lumping together in one category of boarder institutions and small MCH centers is confusing. The provision of food to homes for the handicapped, lepers, and orphans is a purely charity or resource transfer activity, and it should be evaluated as such. The operation of small MCH centers for children under three, on the other hand, is a program which should seek a nutritional impact and should include educational goals for the mother. According to USAID Handbook #9, other child feeding projects are for:

1. Children under the age of six attending day nurseries, day-care centers, day kindergarten, or similar facilities where food is provided 25 days a month.
2. Children 14 years and under in children's hospitals, boarding schools, orphanages, and summer camps where food is provided 30 days a month.
3. Children six through 14 years old receiving food 25 days a month at daily organized child feeding facilities.

CRS/Madagascar's support for boarder institutions conforms with category 2 and is an appropriate use of Title II commodities for charitable purposes. Occasionally, however, these institutions feed individuals older than 14 years.

CRS's support for smaller MCH centers does not conform to any of these three categories. This part of the program should be reclassified as a Preschool/MCH program and should be required to meet the same monitoring and education requirements as the regular MCH program.

APPENDIX I - LIST OF SITES VISITED AND PERSONS CONTACTED

CRS/Antananarivo

|                             |                                  |
|-----------------------------|----------------------------------|
| Mr. Bob Bell                | Assistant Country Representative |
| Ms. Irene Ramaromanana      | Food and Nutrition Supervisor    |
| Ms. Randriambololona Pascal | Commodity Resource Manager       |
| Mr. Bruno Razanapiringa     | End-use Checker                  |

UNICEF/Antananarivo

|                      |                           |
|----------------------|---------------------------|
| Ms. Beatrice Gakouba | Nutrition Program Manager |
|----------------------|---------------------------|

Ministry of Population (MPJS)

|                       |  |
|-----------------------|--|
| Dr. Ramandimsoa Tombo | Director of Population and Social Conditions |
|-----------------------|--|

Preschool MCH Center at Soavina Anjomakely (Ianiionandriana and Ambonijanaka sub-centers)

|                               |                |
|-------------------------------|----------------|
| Sister Marjorie Montero       | Center Manager |
| Ms. Ravsoarinisa Marie Louise | Assistant      |
| Ms. Razafindrabe Marguerite   | Assistant      |

Preschool Center at Vavatenina (Nossi-Be sub-center)

|                 |                          |
|-----------------|--------------------------|
| Sister Rose Rey | Center Manager and Nurse |
|-----------------|--------------------------|

Preschool Center at Andasibe

|                     |                   |
|---------------------|-------------------|
| Ms. Nirina Laurette | Assistant Manager |
|---------------------|-------------------|

Schools Enrolled in SF program

|                 |   |
|-----------------|---|
| Sister Brigitte | Manager of SF at Sekolintsika Analamahitsy (Antananarivo)         |
| Sister Pascal   | Manager of SF at Ecole Anne Marie Javouhey Isotry, (Antananarivo) |

Handicapped Center - "Maison de Charité" - Toamasina

|                         |             |
|-------------------------|-------------|
| Sister Florine Raliravo | OCF Manager |
|-------------------------|-------------|

Ampanalana Leprosarium - Toamasina

|                           |             |
|---------------------------|-------------|
| Sister Alessandra Martini | OCF Manager |
|---------------------------|-------------|

### Appendix 3 - Program Beneficiaries: Numbers and Locations

Agency : CATHOLIC RELIEF SERVICES - USCC  
Country : M A D A G A S C A R

Ce 16.03.87

#### 1987 - PROGRAMME ALIMENTAIRE CATHWEL - 1987

##### Effectif par catégorie et par région

| <u>N° d'Identification</u> | <u>Région</u>   | <u>P.P.S.</u> | <u>C.S.</u>   | <u>AUTRES</u> | <u>TOTAL</u>  | <u>POURCENTAGE</u> | <u>CLASSEMI:</u> |
|----------------------------|-----------------|---------------|---------------|---------------|---------------|--------------------|------------------|
| I.                         | Tamatave        | 6 300         | 166           | 349           | 6 815         | 10                 | 5                |
| II.                        | Ambatondrazaka  | 9 950         | 295           | 930           | 11 175        | 15 145             | 23               |
|                            | 1. Moramanga    | 2 850         | 220           | -o-           | 3 070         |                    |                  |
|                            | 2. Anjiro       | 900           | -o-           | -o-           | 900           |                    |                  |
| III.                       | Antananarivo    | 12 600        | 2 922         | 628           | 16 150        | 24                 | 1                |
| IV.                        | Antsirabe       | 1 450         | 685           | 150           | 2 285         | 3                  | 8                |
| V.                         | Tsiroanomandidy | 1 300         | 265           | -o-           | 1 565         | 2                  | 10               |
| VI.                        | Fianarantsoa    | 2 100         | 4 525         | 849           | 7 474         | 11                 | 3                |
| VII.                       | Farafangana     | 2 400         | 210           | 349           | 2 959         | 4                  | 7                |
| VIII.                      | Mananjary       | 1 500         | 548           | 180           | 2 228         | 3                  | 8                |
| IX.                        | Majunga         | 750           | 284           | 75            | 1 109         | 2                  | 10               |
| X.                         | Antsohihy       | 1 250         | 370           | 40            | 1 660         | 2                  | 10               |
| XI.                        | Tulear          | 1 750         | 965           | 450           | 3 165         | 5                  | 6                |
| XII.                       | Fort-Dauphin    | 4 900         | 2 545         | -o-           | 7 445         | 11                 | 3                |
|                            | TOTAL.....      | <u>50 000</u> | <u>14 000</u> | <u>4 000</u>  | <u>68 000</u> | <u>100</u>         |                  |

Ce 16.03.87

#### 1987 - PROGRAMME ALIMENTAIRE CATHWEL - 1987

##### Nombre des Centres par catégorie et par région

| <u>N° d'Identification</u> | <u>Région</u>   | <u>P.P.S.</u> | <u>C.S.</u> | <u>O.H.</u> | <u>AUTRES</u> | <u>TOTAL</u> |
|----------------------------|-----------------|---------------|-------------|-------------|---------------|--------------|
| I.                         | Tamatave        | 10            | 2           | 6           | 2             | 20           |
| II.                        | Ambatondrazaka  | 6             | 1           | 2           | -o-           | 9            |
|                            | 1. Moramanga    | 3             | 3           | -o-         | -o-           | 6            |
|                            | 2. Anjiro       | 1             | -o-         | -o-         | -o-           | 1            |
| III.                       | Antananarivo    | 18            | 29          | 4           | 4             | 55           |
| IV.                        | Antsirabe       | 3             | 5           | -o-         | 1             | 9            |
| V.                         | Tsiroanomandidy | 3             | 3           | -o-         | -o-           | 6            |
| VI.                        | Fianarantsoa    | 3             | 18          | 1           | 8             | 30           |
| VII.                       | Farafangana     | 5             | 3           | 1           | 3             | 12           |
| VIII.                      | Mananjary       | 2             | 1           | 1           | 1             | 5            |
| IX.                        | Majunga         | 1             | 3           | -o-         | 2             | 6            |
| X.                         | Antsohihy       | 3             | 5           | -o-         | 1             | 9            |
| XI.                        | Tuléar          | 3             | 5           | -o-         | 3             | 11           |
| XII.                       | Fort-Dauphin    | 7             | 10          | -o-         | -o-           | 17           |
|                            | TOTAL.....      | <u>68</u>     | <u>88</u>   | <u>15</u>   | <u>25</u>     | <u>196</u>   |

15

Annex 4 - Charts used to assess beneficiary progress

1. Nossi-Be MCH Sub-Center

NUMBER OF MONTHS IN THE PROGRAM

| CHANGE IN PERCENTAGE POINTS VIS A VIS STANDARD SINCE ENROLLMENT | NUMBER OF MONTHS IN THE PROGRAM |       |        |         |         |      |
|---|---------------------------------|-------|--------|---------|---------|------|
|   | 0 - 3                           | 4 - 6 | 7 - 12 | 13 - 24 | 25 - 36 | 37+  |
| +20   |                                 |       |        |         |         | ///  |
| +15   |                                 |       |        |         |         |      |
| +10   |                                 |       |        | ///     | ////    |      |
| + 5   |                                 |       | ////   | ////    | ///     | //// |
| 0   | ///                             | ///   | ///    | /// //  | ///     | ///  |
| - 5   | ///                             |       |        | ///     |         | //// |
| -10   |                                 |       | ///    |         |         |      |
| -15   |                                 |       |        |         |         |      |
| -20   |                                 |       |        |         |         |      |

2. Andasibe MCH Center

NUMBER OF MONTHS IN THE PROGRAM

| CHANGE IN PERCENTAGE POINTS VIS A VIS STANDARD SINCE ENROLLMENT | NUMBER OF MONTHS IN THE PROGRAM |       |        |         |         |     |
|---|---------------------------------|-------|--------|---------|---------|-----|
|   | 0 - 3                           | 4 - 6 | 7 - 12 | 13 - 24 | 25 - 36 | 37+ |
| +20   |                                 |       |        |         |         |     |
| +15   |                                 |       |        |         |         |     |
| +10   |                                 |       | ///    | ///     |         |     |
| + 5   |                                 |       |        |         | ///     |     |
| 0   | ///                             | ///   | ///    | ////    |         |     |
| - 5   |                                 | ///   | ///    | //////  | ///     |     |
| -10   |                                 |       |        |         | ///     |     |
| -15   |                                 |       |        |         |         |     |
| -20   |                                 |       |        |         |         |     |

3. Ambonijanaka MCH Sub-center

|     |  |
|-----|--|
| +20 |  |
| +15 |  |
| +10 |  |
| + 5 |  |
| 0   |  |

1/16

# FICHE DE SURVEILLANCE DE CROISSANCE

FANARAHANA NY FITOMBON' NY ZAZA

TORY FANARAHANA MASO

NOMERAO

CENTRE \_\_\_\_\_

No D'INSCRIPTION \_\_\_\_\_

ANARANA \_\_\_\_\_

ANARAN'NY RAY

ANARAN'NY RENY

NOM \_\_\_\_\_

NOM DU PERE \_\_\_\_\_ NOM DE LA MERE \_\_\_\_\_

DATY NAHATERAHANA - MARINA

FONENANA

SOKAJY

DATE DE NAISSANCE - PRECISE \_\_\_\_\_

LIEU DE RESIDENCE \_\_\_\_\_ GROUPE \_\_\_\_\_

TCMBATOMBA IA \_\_\_\_\_

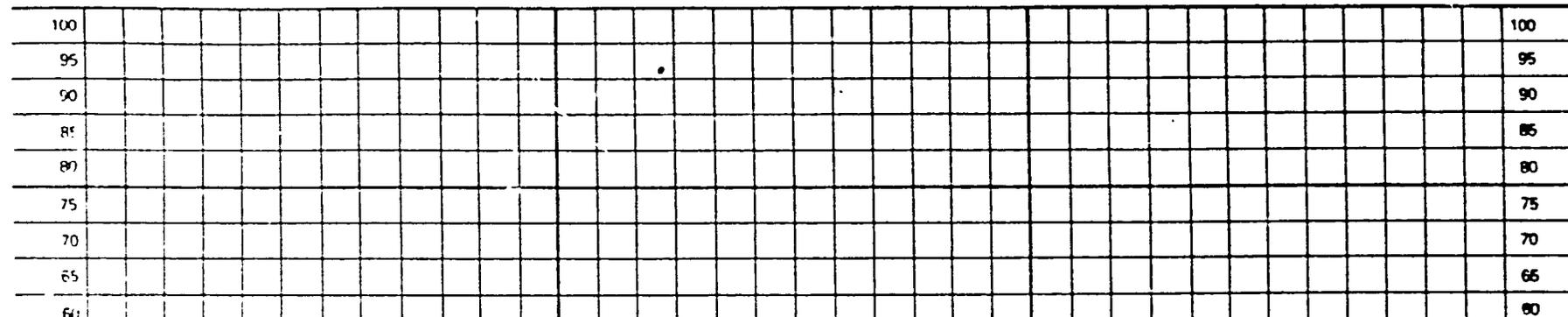
NISORATANA VOALOHANY

LAHY VAVY

ESTIMEE \_\_\_\_\_

DATE D'INSCRIPTION \_\_\_\_\_ SEXE \_\_\_\_\_

ISANJATON'NY FITOMBONIA ARA DALANA  
POURCENTAGE DE LA CROISSANCE STANDARD



LATSAKA NY 60  
EN DESSOUS DE 60

LATSAKA NY 60  
EN DESSOUS DE 60

DATY  
DATE

LANJA  
POIOS

ARETINA  
MALAGIE

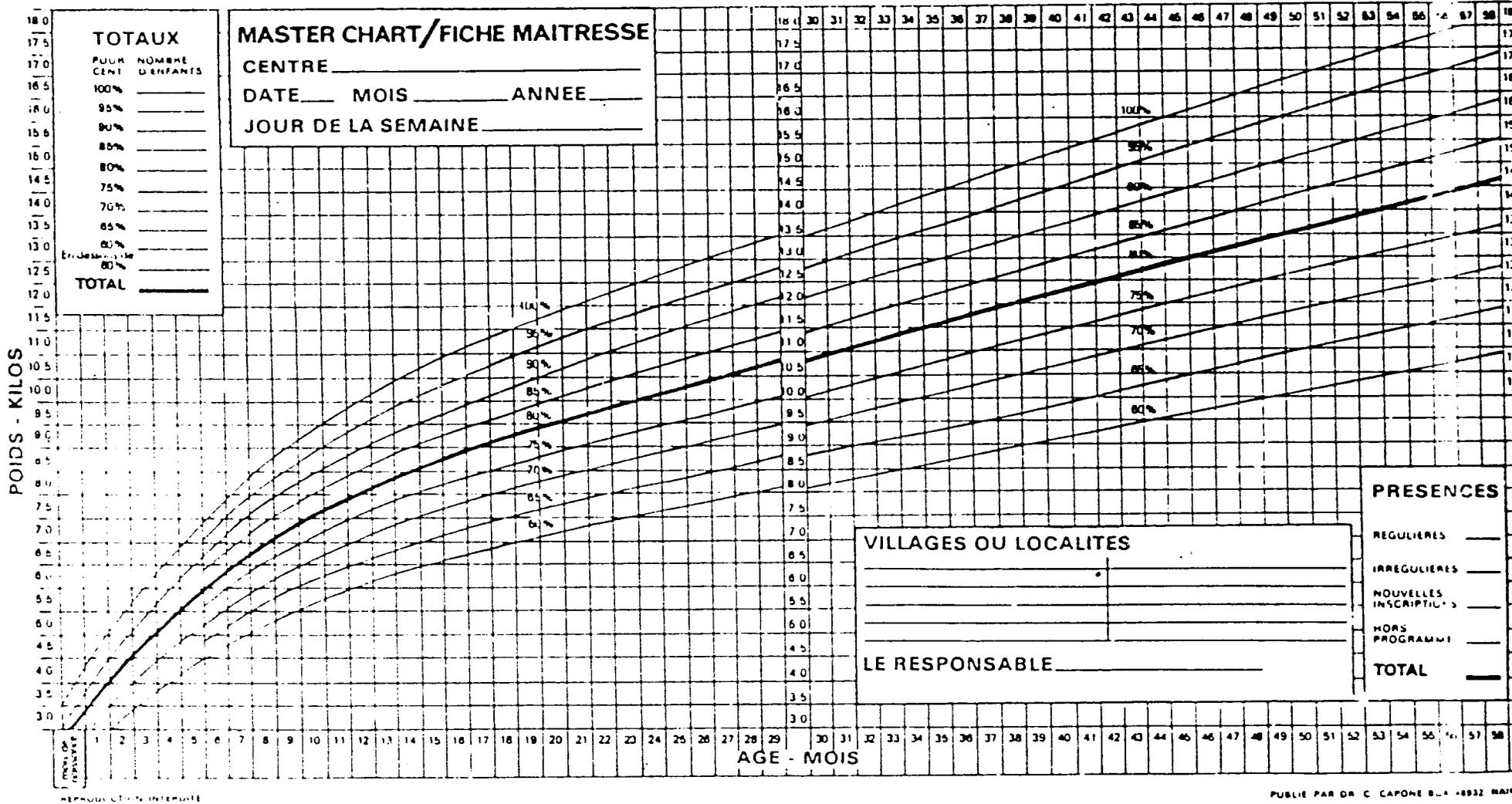
TAONA  
AMBIOLANA  
AGE EN MOIS

TANJAVANA NY AMIN'NY MASTER CHART NY FAMEHOANA NY ISANJATO, FENOY NY EFAJORO MIFANAPAKA ARY ATAMBARO ARAKA IZAD IREO HIRIGIRIKA  
POUR ENREGISTRER LE POURCENTAGE, CALCULER DU MASTER CHART, BIEN REMPLIR LE CASIER CORRESPONDANT ET RELIER LES POINTS COMME SUIT

TOUS DROITS D'ADAPTATION ET DE REPRODUCTION RESERVES PAR CRS P.O. BOX 46932 NAIROBI



Appendix 6 - Master Chart for an Individual MCH Center



## Appendix 7 - TRIP REPORT TO MCH CENTER AT TANJONANDRIANA

Visited: August 22, by L. Kent

Center managers: Ravsoarinisa Marie Luise  
Razafindrabe Marguerite

Center director: Sister Marjorie Montero

This MCH center operates in the governmental Fokontany building in the village of Tanjonandriana just on the outskirts of the capital. It was opened in 1986 as one of seven centers that collectively are known as Soavina Anjomakely. Sister Marjorie Montero is responsible for these centers and the storage of the commodities takes place at her social center/convent. Once a month at Tanjonandriana approximately 90 mothers arrive with their children for a short health lesson (held for 30 minutes outside under a tree), a demonstration of porridge-making, the weighing of the children, and the distribution of 6 kg. of rice, 2 kg. of dried milk, and 1 liter of vegetable oil per family.

The reviewer arrived to witness the weighing and food distribution. 80 of the 90 registered mothers were lined up patiently outside the MCH center. One by one they filed in and presented their growth monitoring charts to one of four assistants. A second assistant weighed each child and relayed the information to the first who recorded the weight on the child's chart. A third assistant compared the weight to the Harvard Standard weight/age ratio and entered that information on the individual's chart and the center's master list. Afterwards, each mother sat down with the fourth assistant -- a health counselor -- who briefly reviewed the child's progress and discussed his or her growth rate and any health concerns. Vaccinations were also recorded on the child's chart and mothers who had not yet vaccinated their children were encouraged to do so either in the capital or the next time a UNICEF mobile team was available. The operation moved along briskly in a smooth and organized fashion.

### Criteria for participation

A certificate of local residence and a birth certificate for the child are required to fully participate in the program. The center maintains a limit of 90 beneficiaries for the distribution of food, but extra mothers are allowed to participate in the nutrition lessons and weighing. When new places open up because of the graduation or death of participating children, those mothers who have been assisting the lessons and weighings are given preference for the full inscription of their child. Younger children also receive priority. The child's current weight or economic standing are not criteria for admission, however, through a self-selection process almost all participating families are poor.

Participants are charged a 1,600 FMG (\$1.05) monthly fee to cover the commodity transportation and salary costs for the staff.

If a participating child fails to gain weight over several months and it is apparent that the mother is not making a sufficient effort to increase the child's weight, the center manager can make the determination that the child is not receiving the food supplements provided and that he or she should be dropped from the program. While it was estimated that this measure is necessary only five times a year, it is a sign that the managers are serious about the program's goal of improving children's nutritional status. As one manager explained, "we must insist that the milk benefit the child and that monthly fees are paid if we want the program to work."

Overall, the management of the center appeared excellent. It also appeared that the mothers were encouraged by the the individual counseling and the attention focused on the well-being of each child.

Appendix 8 - TRIP REPORT TO MCH CENTER AT AMBONI JANAKA

Visited: August 23, by L. Kent

Center managers: Ravsoarinisa Marie Luise  
Razafindrabe Marguerite

Center director: Sister Marjorie Montero

This MCH center operates once a month in the Red Cross building in the village of Ambonijanaka, 13 kilometers south of Antananarivo. The center is one of seven operated by Sister Marjorie Montero of the Daughters of Mary's Heart Catholic order. The 160 participating families are divided in two groups to facilitate the nutritional lessons and weighing process.

The reviewer arrived in the morning to witness the members pay their monthly fees of 1600 FMG (\$1.05) and gather outside the building to participate in the nutritional lesson. This lesson was conducted by the two center managers with the help of local mothers, a large reproduction of a growth chart, and a flannel board. Subjects covered included cures for malaria, the importance of vegetables in the diet, and an explanation of the growth chart. The 75 women assisting the session were attentive and frequently posed questions and responded to the managers prompts. Towards the end of the 45 minute lesson, four villagers used the flannel board to show the others the ingredients that they had used that morning to make a nutritionally balanced "cantonese" rice. Everyone was able to sample the results of their cooking demonstration. After the lesson, the roll was called and each assisting mother turned in her child's growth chart. Only those who assist the lesson are entitled to receive the food ration in the afternoon. (6 kg. rice, 2 kg. milk, 1 liter oil).

A quick study of the 73 individual growth charts yielded the following:

- \* 4 children had advanced 20 percentage points in relation to the Harvard Standard weight/age ratio. (eg. child entered program at 65% standard weight and at latest weighing was 85% standard weight)
- \* 5 children had advanced 15 percentage points
- \* 15 children had advanced 10 percentage points
- \* 26 children had advanced 5 percentage points
- \* 17 children had remained at their original level.
- \* 3 children had actually declined 5 percentage points
- \* 3 children had actually declined 10 percentage points

## Annex 2 - Participation Fees

The beneficiaries of CRS's MCH centers are required to pay a monthly fee of between 1,200 and 1,800 FMG (8.80 - 1.20). These fees are collected at each center and serve to pay for all operational costs of the program, both local and national, i.e. salaries, in-country transportation, storage, etc. Concern has risen in recent years over the appropriateness of this practice. Are the poorest of the poor restricted from participation by the imposition of fees?

In Madagascar there is no evidence that this is the case. Each food ration distributed by the centers has a total value of at least 10,000 FMG (86.60). Estimated values are as follows:

|             |             |
|-------------|-------------|
| 6 kg rice   | - 2,500 FMG |
| 1 liter oil | - 2,500 FMG |
| 2 kg milk   | - 5,000 FMG |

Beneficiaries realize that the value of what they receive exceeds the fee and generally are happy to participate. It is widely assumed that any participant can secure short term credit to pay the fee, if necessary, because a portion of the goods received can later be sold to pay the debt. Of four MCH managers interviewed, all felt that the fees were reasonable, and three felt they were a positive aspect of the program, because the fees confer on the beneficiaries a sense of participation and provide for the self-sufficiency of the program. Dr. Ramandimhisoa Tombo, the Director of the Division of the Ministry of Population responsible for overseeing Non-Governmental Organizations feels similarly. According Dr. Tombo, CRS's fees are perfectly acceptable; they allow beneficiaries to avoid the stigma of pure charity, and eventually the fees may be able to finance small projects, such as gardens, based around the MCH centers.