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CEDPA'S NUTRITION MANAGEMENT PROJECT

FINAL REPORT

AID GRANT DAN - 1010 - G - SS - 1033 - 00

SUBMITTED MARCH 31, 1986

BY

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SUMMARY

A. Project Overview

This report summarizes work carried out by the Centre for Development and Population Activities (CEDPA) under AID Grant DAN 1010-G-SS-1033-00 between the date of award, April 15, 1981 and the close of the grant period, March 31, 1986. With this grant CEDPA initiated the Nutrition Management Training Project to provide training and technical assistance to CEDPA-trained managers interested in starting, strengthening, and/or expanding community nutrition improvement programs.

Many operational issues surfaced in the implementation of the programs. The basic premise, that women-to-women delivery of child survival and nutrition services could be carried out by non-medical professionals at the village level proved valid in all cases. However, special efforts must be made to convince policy planners that this approach is feasible. One of the most effective arguments may be the cost effectiveness of this approach. The village projects required training, technical assistance and supervision. However, the actual financial support was minimal. In Kenya, the provision of some supplies, weighing scales and food for nutrition demonstrations constituted the entire financial input. Workers were volunteers or were compensated by a locally devised income-generation scheme. In Indonesia, even though central GOI funds were available to PKK groups, the villagers donated funds for the activities and central funds were not utilized. In Nepal, workers were compensated approximately \$5 per month, which was a token amount for their travel and time away from other economically productive activities. The question will arise "don't women need compensation just as male workers would?" In this project, it was felt that non-monetary compensations i.e. recognition, praise, increased status in the eyes of neighbors and training opportunities, did more to increase motivation than would token payment. If such services are to reach the villages and remote areas, efforts to encourage volunteerism must be made.

Activities that were begun in connection with the Project have been ongoing. In-country project managers recently have received only minimal active assistance from CEDPA, yet have made plans and found ways to expand their activities and extend them to other regions in their countries. Thus the original goal of obtaining self-sufficiency for project activities is being met.

CEDPA's Nutrition Management Project promotes nutrition and health measures that can be introduced at low cost with active community involvement. Such measures include growth monitoring, breastfeeding, improved weaning foods, oral rehydration therapy, immunization and child-spacing. The project also emphasizes the importance of involving women as the managers, as well as the beneficiaries, of women-to-women nutrition and health services.

The Project builds on CEDPA's comprehensive training strategy (Figure 1), which begins in Washington, D.C. with a five-week training program for mid-level managers. During this workshop general topics of program development, proposal writing and human organizational skills are covered. CEDPA then

follows up with the graduates, or "alumni", of these training workshops to help them plan and conduct training programs in their own countries. CEDPA provides technical assistance and funds to alumni of the training programs to help them design and implement community-based development projects.

Thus, managers with the potential to initiate community nutrition activities were first identified from among CEDPA's pool of Washington workshop alumni. CEDPA staff then conducted feasibility site visits with each manager or group of managers and their affiliated local organizations to assess the need and potential for in-country nutrition management training and community demonstration activities. The managers received technical assistance from CEDPA in designing projects and, later, in implementing and evaluating them.

B. Summary of Project Accomplishments

Under the Nutrition Management Project:

- o CEDPA has worked with five counterpart organizations in four developing countries: Kenya, Nepal, Indonesia and Senegal, to develop and conduct Nutrition Management Training workshops.
- o Based on needs and opportunities identified with these organizations, CEDPA has produced and field-tested three modules for the training of nutrition project managers. This set of modules is entitled, COMMUNITY NUTRITION ACTION FOR CHILD SURVIVAL (Attachment: Section I).
- o 116 mid and upper level program managers have been trained in Nutrition Management Training Workshops conducted with CEDPA technical assistance and or financial support in Kenya, Nepal, Indonesia and Senegal (Attachment: Section II).
- o In addition, 200 field workers and community volunteers have been trained in second and third generation nutrition training workshops and programs carried out by CEDPA trained project managers (Attachment: Section II and Section III).
- o As follow-up to Nutrition Management Training, community demonstration projects were successfully carried out by CEDPA alumni in Kenya, Nepal and Indonesia, providing basic nutrition and health services to a total of 25 rural villages. An estimated 4000 children under 5 years old and their mothers participated in the activities and services provided by these small demonstration projects. (Attachment: Section IV).
- o Through their participation in training and demonstration projects, approximately 22 managers have had the opportunity to further develop their nutrition management skills. These managers are now able to take responsibility for expanding their small demonstration activities while also acting as consultants to similar organizations interested in adding community nutrition interventions to their on-going activities.
- o In conjunction with training and demonstration project activities, CEDPA has completed the organizational diagnosis called for in the Project scope of work. A monograph detailing the methods and findings of that study (Attachments: Section V) is an important part of this final report.

- o Documentation of project experience is complete with the submission of this report and its attachments.

C. Conclusions and Recommendations

Conclusions and Recommendations were generated by four and one half years of intensive field work in implementing this project in four countries. These conclusions and recommendations are not CEDPA's alone, but represent the consensus of collaborators, CEDPA alumni and their organizations, who have made the accomplishments of this project possible. All agree that:

- o Communities can and will take technical and financial responsibility for the health and well-being of their most vulnerable members, children under five years of age.
- o Women, who provide most of the social and economic services in communities, are eager to undertake targeted and effective measures to improve health.
- o Training plays a major role in encouraging community action for planning and implementing effective interventions known to provide an impact on the survival of women and their children.

The issues about which we have based our conclusions and recommendations can be categorized as technical, managerial, and training issues. Many of the issues which came to light might have been missed had our collaborators and advisors not been open and forthright about their problems as well as the successes of their programs. The following conclusions and recommendations may be useful to nutritionists and other health professionals who have developed strategies for technical interventions, and to mothers and children who may benefit from the lessons learned.

Conclusions: Technical

1. The preparation, dissemination and education about weaning foods and growth monitoring proved to be the most "do-able" of the interventions.

Growth monitoring served as a focus for community action. However, to allow for active community involvement, the methods must be simple. In no case were village workers able to keep growth cards, but when simplified arm circumference methods were adopted, the workers were successful in carrying out effective delivery and in identifying high risk children.

2. Immunization needs to be coordinated with national EPI programs. The likelihood of a small project being able to undertake its own delivery of vaccines is small. In Nepal, for example, the linkage to the EPI program produced a successful campaign with a high coverage rate in the project area.

3. A strong national policy and most importantly, the dissemination of a national formula, would greatly improve delivery of oral rehydration therapy. In the pilot projects, delivery issues still need to be resolved i.e. whether to use depot holders for distribution of prepackaged ORS or whether to provide individual instruction for preparing homemade solution as is the most effective tool for the early treatment of diarrhea.
4. Family planning was of interest to workers, managers and clients in the project areas. The services were often delivered as supplementary to the nutrition services, but were mutually enhancing in all projects.
5. Curative services, delivered as supplementary to growth monitoring sessions, also increased the attendance at those sessions in at least one village project in Kenya.
6. The involvement of a part time-technically trained health worker in the technical aspects of ORT and immunization might have increased the managers' confidence and resulted in more aggressive promotion of these interventions.

Conclusions: Management

1. Continued technical assistance to managers was necessary and desirable in order to promote expansion of activities and to assure adequate documentation of results.
2. Technical assistance in bookkeeping, financial reporting and writing progress reports was necessary.
3. Recordkeeping needs to be simplified. Just as arm circumference was a more understandable technology than growth cards for growth monitoring, simple records for each child must be devised so that semi - or illiterate workers may conduct activities and follow-up.
4. In no case did the addition of a nutrition component overburden the original delivery system i.e. family planning in Nepal, and income generation in Kenya. Indeed, the addition of these services enhanced the original service. Conversely, the addition of components such as family planning at growth monitoring sessions, proved to increase the number of mothers taking part in this activity.
5. Success can be an organizational hindrance in terms of overstressing the systematic delivery of services. In Kenya, growth monitoring sessions became so popular in certain settings that village workers could not counsel mothers of high risk children and therefore defeated the purpose of the growth monitoring.
6. Selection criteria for village workers was most successful when based on factors such as the location of her home in relationship to the hub of village activities, her known leadership in other village endeavors, the health of her own children and her assertiveness in presenting her opinions. Projects of long standing i.e. Kenya and Nepal were best able to chose women who fit the criteria.

Conclusions: Training

1. Training input needs to be weighed against actual field-oriented outcome. Training in keeping standard growth charts took far more time for developing competency during training than any other intervention. The field outcome was not satisfactory i.e. trainees did not retain the skill, and subsequent modifications were made to use the arm circumference measures.
2. Initial training should be supplemented with in-service training for both managers and workers. Continued training can be planned as part of the overall strategy to reinforce technical and management skills.
3. In certain circumstances project-oriented functional, literacy would be a valuable add-on for illiterate village workers who must keep simple records.
4. Participatory training methodology which included role play, experiential simulations and small group work helped participants develop both skills and confidence. A field practicum was an important feature of the training approach. This allowed trainees to actually interview women, weigh babies and have a hands-on experience under the guidance of trainers at a critical juncture in their learning curve.
5. The use of outside resource persons who gave technical input to the training was a desirable way to give local credibility to the technical direction of the program. However, the local "expert" can confuse the participants if the message is not the same as in the training materials. This occurred most frequently during ORT sessions when the resource person did not have current information on the accepted formula or on the feeding of children with diarrhea.

Recommendations:

The following recommendations are aimed at maximizing community participation and mobilizing the community for the support of child survival and nutrition action programs. They deal with the larger issues found to be generic to the training conducted and the projects developed under this grant.

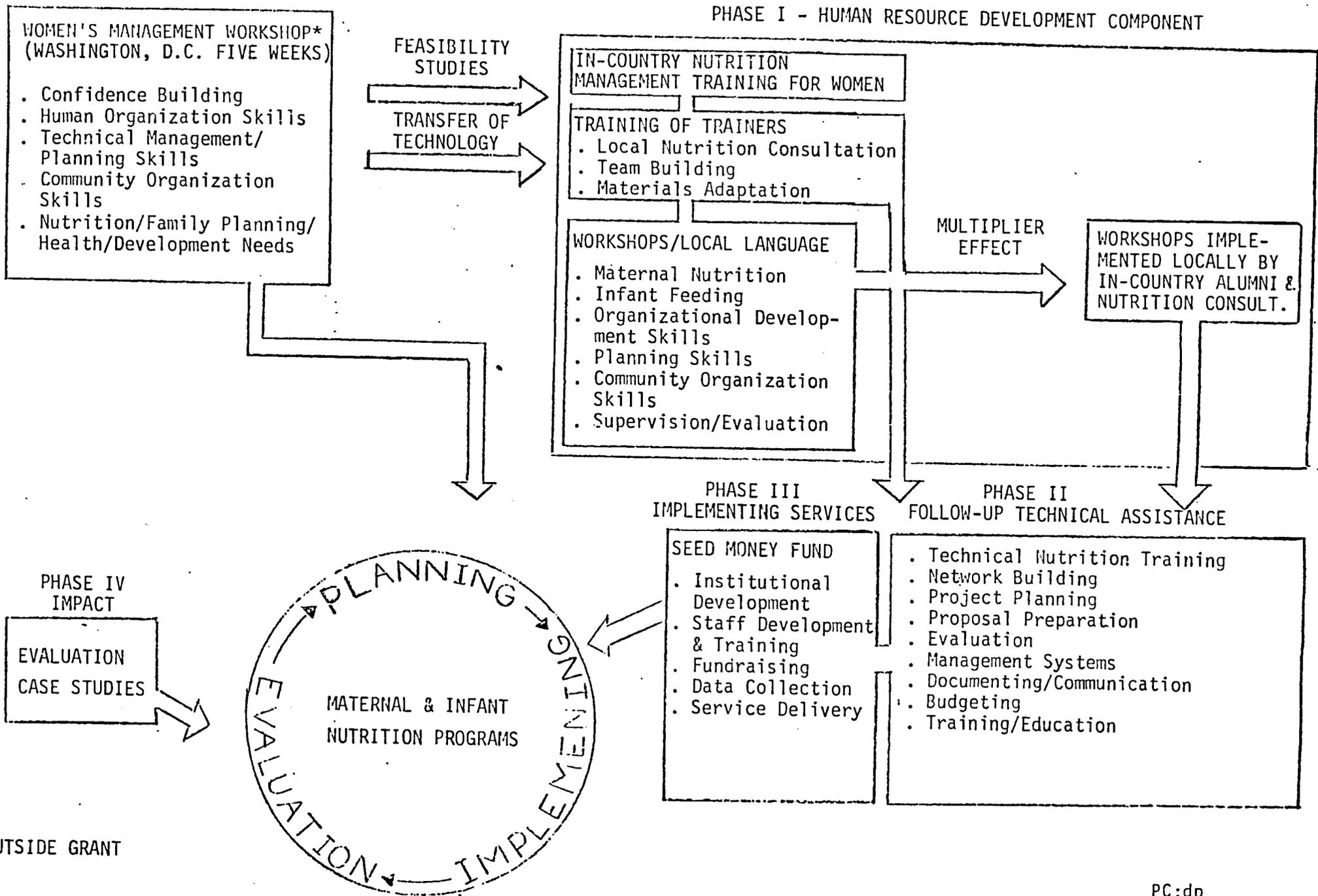
1. More attention needs to be focused on the mother. Although there are no low-cost interventions, with the exception of tetanus vaccine, to deal with maternal depletion, malnutrition, abuse, and the issues of the low status of women in the society, nutrition programs might link themselves to other, more socially oriented programs to find "do-able" interventions to improve condition of the primary care provider of children.
2. Even though the technology and delivery issues are simple, more needs to be done, both in strengthening CEDPA's materials, and reinforcing the integration of oral rehydration therapy in nutrition action programs. The confusion in formulas using liters, glasses, cups, spoons, pinch and scoop

methods have intimidated managers and workers. We recommend that a standard national formula, approved by WHO, be adopted in each country. We suggest that the container be a one cup measure as the amount may be increased, but it is confusing to decrease a liter measure. We strongly suggest that all training institutions, both national and international adopt and teach the national formula. Mothers, workers and health professionals need reinforcement to remember the formula correctly. Thus, the written formula must be widely disseminated.

3. More can be done to encourage community financing of community action programs. Initial experience in the project villages and in other CEDPA projects shows that there is an under-utilized potential for nutrition, health and family planning interventions to be combined with income generating activities. The production and sale of weaning foods, packaged ORS, food processing devices, solar driers, grinders and roasters would enhance the technical components of nutrition projects as well as providing an income for any recurring costs.
4. Non-monetary incentives to village health workers needs further study. The opportunity for training provides the initial incentive for volunteers. Attention must be paid to the atmosphere created in the training. The potential workers must be treated as adult and not children learners. The projects must provide a milieu where workers can contribute and can communicate to supervisors. Communications in traditional societies between male and females is sometimes problematic. If supervisors are male, they may need training in communication with village workers who are female. The provision of badges, uniforms, bags, etc. may be worth the cost to the project if they make the role of the worker more recognizable in the community. The worker might also be encouraged to take part in income generating to supplement her family income.
5. The potential for women-to-women delivery of nutrition and child survival services is virtually untapped. The cohort of CEDPA alumni asked to take part in this project were enthusiastic collaborators. All have continued activities beyond the period of their sub-grants, and wish to expand their activities to include more village areas. With the initial experience, which they found to be highly rewarding, they can efficiently and cost effectively expand their network of community action villages. They will need, however:
 - o more training in survey techniques so that they can more effectively monitor maternal and infant mortality.
 - o increased technical assistance in supervision and program analysis even though they are capable of conducting the initial training for village workers.
 - o organizational strengthening in terms of staff who will monitor the day to day activities of the projects and will coordinate with other agencies working in the project areas, and in terms of the overall management and span of control of an expanding operation.

6. These small projects have had policy relevance in all of the project countries. In Indonesia, through the USAID Mission, requests for a similar approach by CEDPA in the other CHIPPS project areas has been expressed. In Nepal, the Ministry of Health has adopted many of the techniques used by FPAN in the initial projects. In Kenya, a productive dialogue has been established with the district health officer and with the community development office. We strongly recommend that these and similar, low-cost projects be evaluated by national governments and donors so that the approach gains credibility and attention as an effective extension of nutrition and child survival strategies for the future.

FIGURE 1: A COMPREHENSIVE TECHNICAL ASSISTANCE STRATEGY FOR MATERNAL & INFANT NUTRITION PROGRAMS



*OUTSIDE GRANT

SECTION I

COMMUNITY NUTRITION ACTION FOR CHILD SURVIVAL

The training modules, "Community Nutrition Problems and Interventions," "Planning Nutrition Action Projects," and "Project Management Systems" were prepared, field-tested and revised over the life of the project. These modules were utilized in part or in whole in each of the countries where training took place. The following is an introduction and listing of content sessions in the comprehensive training package, COMMUNITY NUTRITION ACTION FOR CHILD SURVIVAL, Parts I, II, and III. The completed document is available under separate cover.

INTRODUCTION

Community Nutrition Action for Child Survival is designed for use with managers of community-based nutrition programs. The training modules included in this manual were produced and field-tested by The Centre for Development and Population Activities (CEDPA) in conjunction with its Nutrition Management Training Project, a special project providing focused technical assistance and project support to CEDPA training graduates. Module production and the activities of CEDPA's Nutrition Management Training Project are funded under Grant DAN 1010-G-SS-1033-00 from the Office of Nutrition, Agency for International Development.

The Centre for Development and Population Activities, incorporated in 1975, is a private, non-profit organization that provides management training and technical assistance to managers of family planning, health and development programs in the Third World. To this end, CEDPA conducts two workshop series annually in Washington, D.C.; "Women in Management: Planning and Management of Service Delivery Programs in Family Planning, Health and Development," and "Supervision and Evaluation as Management Tools." In addition, CEDPA works through its worldwide network of alumni to conduct in-country training programs that lead to the development and implementation of innovative community service delivery programs.

Following this model, CEDPA's Nutrition Management Training Project provides training and technical assistance specifically to CEDPA alumni who have the potential to develop, expand or improve community nutrition programs in their own countries. Project assistance includes funding and technical input for nutrition training workshops, as well as follow-up technical assistance and funding for innovative demonstration projects.

Since the program began in 1981, CEDPA has provided nutrition management assistance to program managers in Kenya, Nepal, Indonesia and Senegal. The materials contained in this volume were developed and field-tested during the course of training and technical assistance in each of these countries.

CEDPA wishes to acknowledge the invaluable contribution made by our counterpart organizations and field resource experts to the production and field-testing of these training modules. It is through their input and feedback that CEDPA is able to present this volume for adaptation and use by other managers and organizations. Individuals and organizations contributing to this effort have included:

Kenya *Elvina Mutua, Tototo Home Industries
 *Louisa Owiti, YWCA
 *Elizabeth Agina, NCKK
 Benter Shako, Ministry of Health
 Matilda Nyoka, Ministry of Health
 *Mary Mwamodo, Family Planning Association of Kenya

*Jane Kirui, Appropriate Technology Advisory Committee
*Margaret Thuo, Family Life Training Programme
Hanne Thorup, DANIDA

Nepal *Rani Urvashi Shah, Family Planning Association
*Mana Rana, Family Planning Association
*Lalita Upadhyay, Family Planning Association
Gopal Nakami, Family Planning Association
Bhim Sharma, Family Planning Association
Dr. David Nabarro, Save the Children, U.K.
Dr. Susie Graham-Jones, Save the Children, U.K.
Nalini Sakya, United Missions to Nepal
Dr. Sabrita Pahari, Ministry of Health

Indonesia *Dr. Nafsiah Mboi, PKK and Ministry of Health, NTT
Province
Emma Wibowo, Yayasan Indonesia Sejahtera Solo
Karen Huston-Smith, USAID Consultant
Dr. Hermana, Bogor Food and Nutrition Research
Institute

Senegal *Marie Therese Boye, Association of Midwives
*Awa Paye Gueye, ENDA
*Fatoumata Tandiag, Ministry of Social Development
*Oulimata Dia, Ministry of Education
Dr. Colonel Sy, Ministry of Public Health, SANAS
Madame Albiss, Family Health Project
Khady Dieng, ORANA

(*Graduates of CEDPA's Washington training program.)

CEDPA also wishes to acknowledge the support and guidance from the Office of Nutrition, Agency for International Development. Special thanks to Dr. Martin J. Forman, Director, and Nutrition Advisors Dr. Chloe O'Gara and Dr. Tina Sanghvi.

Development and field-testing of Community Nutrition Action for Child Survival was coordinated by CEDPA Nutrition/Health Coordinator Pat Taylor. Ellen Dreyer was responsible for editing the manual.

HOW TO USE COMMUNITY NUTRITION ACTION FOR CHILD SURVIVAL

This training package is divided into three modules, each containing a series of units on specific but related topics. Module units are further divided into session plans, handouts, reference materials and training exercises.

Training modules are designed to:

Part I

- Provide up-to-date information about the nutrition and health problems of women and young children
- Promote and enable the trainees to manage six basic community nutrition activities: growth monitoring, breast-feeding, home and village production of weaning foods, oral rehydration therapy, immunization and family planning

Part II

- Enable trainees to diagnose and work with the community to solve nutrition problems
- Develop trainee skills in nutrition project planning, including selection of interventions, work planning, budgeting and proposal writing

Part III

- Assist trainees to develop plans and instruments for managing critical elements of community nutrition programs: i.e. training for field workers and community volunteers; supervision of nutrition workers and community activities; and monitoring and evaluation of service delivery activities.

The three training modules can be adapted and used in their entirety to facilitate the development and successful management of community nutrition projects. Alternatively, modules and training units can be used separately in a variety of training and project development situations. Portions of this volume have been used in a variety of training situations in Kenya, Nepal, Indonesia and Senegal to:

- Improve nutrition intervention skills
- Improve the supervision of community nutrition activities
- Improve the coordination of community nutrition activities by health, nutrition, social service, family planning and agricultural extension workers
- Develop or improve planning and management skills
- Generate nutrition project plans and proposals
- Train nutrition field workers and volunteers

- Train trainers of nutrition field workers and volunteers
- Prepare for project evaluations.

Participatory and experiential training methodologies are suggested throughout these modules to facilitate learning and the development of problem-solving, planning and communication skills.

Adaptation of training materials is critical. Trainers and resource specialists familiar with local nutrition problems and programs and training techniques, should review and adapt all materials prior to their use in training workshops. Adaptation will include:

- Selecting training topics and exercises to match local training objectives, schedule and resources
- Organizing topics and exercises in logical sequence
- Modifying session plans, handouts, and reference materials to fit local language, customs, problems, etc. This includes developing locally appropriate case studies, etc.
- Adding training content and developing additional exercises if necessary
- After using the adapted training materials, evaluating and making recommendations for further modifications to improve future training.

CEDPA expects that you will find Community Nutrition Action for Child Survival a useful tool in your work. We welcome your feedback and suggestions for they will be useful for future editions of this manual.

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SECTION II

Chronological Project Activities

The lists of activities are summarized in this section in two ways, chronologically and by country assisted; Kenya, Nepal, Indonesia, and Senegal. This summary is related to the output of training, organizational development, technical assistance and community nutrition projects developed as the result of training.

NUTRITION MANAGEMENT TRAINING ACTIVITIES
APRIL 1981 - FEBRUARY 1984
 (Chronology)

Activity	Date Completed	Country/Organization	Output
l. Project Development	July 1981	CEDPA WIM Training Alumnae	- Questionnaires from alumnae analyzed
	Sept 1981	various	- Recommendations from Project Advisory Committee for Module Development
	Dec 1981	CEDPA	- Identification of managers and organizations for potential project assistance
2. Develop and field-test training modules	Sept 1982	CEDPA	- Module #1 developed
	Nov 1982	Kenya/Family Life Training Programme (FLTP)	- Module #1 field-tested
	March 1983	CEDPA	- Module #2 developed
	May 1983	Kenya/CEDPA WIM Unit (Society for Advancement of Community and Women's Studies)	- Module #2 field-tested
	Nov 1983	Nepal/Family Planning Association (FPAN)	- Module #1-additional sessions developed
	Jan 1984	Nepal/FPAN	- Module #2-revised format
	May 1984	Indonesia/National Family Welfare Movement (PKK)	- Module #3 compiled (3-week program)
	Nov 1984	Senegal/CEDPA WIM Unit	- Module #1 revised and translated
	Jan 1985	Senegal/CEDPA WIM Unit	- Revised Module #1 field-tested
	Feb 1985	Indonesia/PKK	- Additional sessions developed and field-tested
	June - Dec 1985	CEDPA	- Final revision and production of training modules

NUTRITION MANAGEMENT TRAINING ACTIVITIES

APRIL 1981 - FEBRUARY 1984

(Chronology)

<u>Activity</u>	<u>Date Completed</u>	<u>Country/Organization</u>	<u>Output</u>
3. Conduct project and training feasibility studies	June 1982	Kenya/FLTP	- Training planned
	Dec 1982	Kenya/CEDPA WIM Unit	- Training planned
	May 1983	Nepal/FPAN	- Project and training planned
	Nov 1983	Indonesia/PKK	- Project planned
	Dec 1983	Senegal/CEDPA WIM Unit	- Preliminary planning for training workshop
	May 1984	Indonesia/PKK	- Training needs assessment conducted in project area
	July 1984	Senegal/CEDPA WIM Unit	- Final planning for nutrition workshop
4. Provide TA and funding for Nutrition Training Management Workshops	Nov 1982	Kenya/FLTP	- 17 trainers/managers trained
	Nov 1982	Kenya/FLTP	- 29 center managers and extension workers trained
	March 1983	Kenya/CEDPA WIM Unit	- 4 coordinators trained
	May 1983	Kenya/CEDPA WIM Unit	- 24 representatives of community self-help groups trained
	Nov 1983	Nepal/FPAN	- 14 program and field supervisors trained
	Jan 1984	Nepal/FPAN	- 22 field workers and women volunteers trained
	May 1984	Indonesia/PKK	- 10 trainers, project managers trained (TA only)
	July 1984	Kenya/CEDPA WIM Unit	- 24 representatives of village women's groups trained as part of demonstration project
	Nov 1984	Indonesia/PKK	- 22 nutrition supervisors trained

NUTRITION MANAGEMENT TRAINING ACTIVITIES

APRIL 1981 - FEBRUARY 1984

(Chronology)

<u>Activity</u>	<u>Date Completed</u>	<u>Country/Organization</u>	<u>Output</u>
	Jan 1985	Senegal/CEDPA WIM Unit	- 20 district and clinic managers trained
	Jan 1985	Kenya/CEDPA WIM Unit	- 20 women's group members trained (2nd phase)
	Feb 1985	Indonesia/PKK	- 130 village women volunteers trained
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5. Provide technical assistance for project development and implementation	April 1983	Kenya/FLTP	- Proposal for follow-up project revised
	Sept 1983	Kenya/CEDPA WIM Unit	- Subgrant authorized for training follow-up
	Jan 1984	Kenya/CEDPA WIM Unit	- Evaluation of post-training activities; follow-up project developed
	Oct 1984	Nepal/FPAN	- Mid-project evaluation conducted
	Feb 1985	Kenya/CEDPA WIM Unit	- Mid-project evaluation conducted
	March 1985	Indonesia/PKK	- Evaluation of training phase; in-service training with project managers
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6. Award and monitor funding for demonstration projects	Nov 1983	Nepal/FPAN	- Subgrant awarded 16-month project in progress
	Feb 1984	Kenya/CEDPA WIM Unit	- Subgrant extension prepared for 17-month project; award pending
	April 1984	Kenya/CEDPA WIM Unit	- Subgrant extension awarded for 17-month demonstration project
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7. Final project evaluation and documentation	Nov 1985	Kenya/CEDPA WIM Unit	- Evaluation of demonstration project
	Jan 1986	Nepal/FPAN	- Evaluation of training demonstration project

NUTRITION MANAGEMENT TRAINING ACTIVITIES
APRIL 1981 - FEBRUARY 1984
(Chronology)

<u>Activity</u>	<u>Date Completed</u>	<u>Country/Organization</u>	<u>Output</u>
	Jan 1986	Indonesia/PKK	- Evaluation of training and demonstration project
	Jan - March 1986	CEDPA	- Organizational diagnosis
	March 1986	CEDPA	- Training modules
	March 1986	CEDPA	- Final Report

**Nutrition Management Training Activities
by Country of Assistance**

Country/Organization	Date	Activity
Kenya		
Family Life Training Programme/Ministry of Culture and Social Services	June 1982	- Training and project feasibility study conducted
	November 1982	- Training workshop for 17 trainers and supervisors
		- Training workshop for 29 center managers and extension workers
	April 1983	- Evaluation of training results
- Proposal for follow-up project submitted/funding denied		

Kenya

CEDPA WIM Unit/Society for Advancement of Community and Women's Studies	December 1982	- Training feasibility study conducted
	March 1983	- Training for four training coordinators
	May 1983	- Training workshop conducted for 24 representatives from 17 community (women's) self-help groups
	July 1983	- Subgrant awarded to Society to provide follow-up technical assistance to workshop participants
	January 1984	- Evaluation of training and follow-up technical assistance
- Nutrition demonstration project planned with five women's groups in Coast Province		

**Nutrition Management Training Activities
by Country of Assistance**

<u>Country/Organization</u>	<u>Date</u>	<u>Activity</u>
	April 1984	- Subgrant amended to provide support for nutrition demonstration project
	July 1984	- Society conducted training for 24 representatives from the five women's groups involved in demonstration project
	January 1985	- Mid-project evaluation conducted
	November 1985	- Project evaluation conducted - Proposal for expansion to 20 villages in Coast Province written
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Nepal		
Family Planning Association of Nepal	May 1983	- Project feasibility study conducted - Proposal for Nutrition Training and Services Project submitted
	November 1983	- FPAN awarded subgrant for 16-month demonstration project - Training workshop for 14 program, clinic and field supervisors conducted
	January 1984	- FPAN conducted training workshop for 22 field promoters and women volunteers
	October 1984	- Mid-project evaluation conducted
	February 1985	- Subgrant amended for 5-month project extension
	January 1986	- Project evaluation conducted
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**Nutrition Management Training Activities
by Country of Assistance**

<u>Country/Organization</u>	<u>Date</u>	<u>Activity</u>
Senegal		
CEDPA/Senegal	December 1983	- Preliminary plan for training workshop developed
	July 1985	- Feasibility study and planning for workshop conducted
	September - December 1984	- CEDPA Community Nutrition Action Module revised and translated
	January 1985	- Training workshop for 20 women managers conducted
	February - September 1985	- Follow-up technical assistance to workshop participants for project development (delayed)

**Nutrition Management Training Activities
by Country of Assistance**

<u>Country/Organization</u>	<u>Date</u>	<u>Activity</u>
Indonesia		
National Family Welfare Movement (PKK), NTT, Province	November 1983	- Training and project feasibility study conducted
		- Proposal for nutrition demonstration project developed
	January 1984	- Funding awarded for P2GK demonstration project under AID-GOI CHIPS Project
	May 1984	- Training needs assessment conducted with PKK in the project area
		- Curriculum and module developed for training of project management team
	September 1984	- PKK conducted training for 10 project manager/trainers
	November 1984	- PKK conducted training for more than 130 village nutrition volunteers
	February 1985	- Evaluation of P2GK training phase conducted; including training for managers, supervisors and village nutrition volunteers
		- In-service training for project management team and supervisors conducted
	January 1986	- Evaluation of first eighteen months of demonstration project conducted
	- Plan for expansion to 7 districts in 1986/87 developed	

SECTION III

Training Design and Field-Testing of Training Modules

The training modules, "Community Nutrition Problems and Interventions," "Planning Nutrition Action Projects," and "Project Management Systems" were developed to be utilized flexibly in response to identified nutritional needs as well as to respond to the projects other, on-going activities. Sections of the module were used in whole or in part as determined by the CEDPA alumnae trainers and project managers, as well as CEDPA staff. This section describes how these modules were field-tested and the specific training inputs by country.

Training Design and Field-Testing of Training Modules

The original focus of CEDPA's Nutrition Management Project was the development, field-testing and distribution of a module, or set of materials, to be used in the training of mid-level managers who, because of their positions and/or experience have the potential to add, expand or enhance nutrition intervention at the community level. The Project scope of work called for development of two training modules:

- o A two-week management of nutrition program module, designed for middle level women involved in health, nutrition, family planning and development projects,
- o A five-day module for delivery to project managers with prior CEDPA training as a refresher nutrition training program, to develop nutrition intervention and or programming skills.

The Project scope of work also called for fieldtesting and use of these modules to:

- o Train 150 carefully selected women in technical nutrition programming and management of specific nutrition-related interventions, ie. growth monitoring, maternal nutrition, breastfeeding, weaning, oral rehydration therapy, etc;
- o Conduct second and third generation training for staff of projects managed by CEDPA alumni.

CEDPA has complied with and exceeded this scope of work.

- o Three training modules have been produced and are submitted as an Attachment of this report. The modules, entitled COMMUNITY NUTRITION ACTION FOR CHILD SURVIVAL, contain 15 training units on specific nutrition and management topics. Each unit includes session plans, sample handouts, trainer's reference materials and training exercises. The modules are meant for adaptation and use in a variety of training situations.
- o Portions of CEDPA's Community Nutrition Action training modules have been used and field-tested in Nutrition Management Training workshops conducted with:
 - Family Life Training Programme, Ministry of Culture and Social Services, Kenya
 - Society for the Advancement of Community and Women's Studies, Kenya
 - Family Planning Association of Nepal
 - National Family Welfare Movement (PKK), Nusa Tenggara Timur Province, Indonesia
 - CEDPA/Senegal, Senegal

- o Module sessions and materials have been adapted and used to meet the following training objectives:
 - To develop or improve individual manager's knowledge and skills of basic nutrition interventions (Kenya, Nepal, Indonesia, Senegal).
 - To develop community planning skills and generate proposals for potential service delivery projects (Kenya, Nepal, Indonesia, Senegal).
 - To improve coordination of nutrition intervention activities by multi-sectoral development workers (Kenya).
 - To train the trainers of nutrition field workers and community volunteers (Nepal, Indonesia, Kenya).
 - To train nutrition field workers and community volunteers (Kenya, Nepal, Indonesia).

The chart which follows shows how training sessions and modules were used to meet these diverse training needs.

- o 116 upper level (national and regional) program managers and middle level (district, subdistrict) program managers were trained in Nutrition Management Workshops between November 1982 and December 1985. In these workshops, managers developed basic nutrition intervention skills and planned community level nutrition improvement activities.
- o Second and third generation nutrition training has reached an estimated 200 field workers and community volunteers, preparing them to provide regular growth monitoring, nutrition education, oral rehydration therapy, and family planning promotion in underserved communities.
- o As follow-up to and in conjunction with Nutrition Management Training, three community demonstration projects have been successfully carried out by CEDPA alumni and their organizations in Kenya, Nepal and Indonesia. These demonstration projects have extended basic nutrition services to populations with outstanding need while demonstrating and strengthening the nutrition program management capability of counterpart managers and organizations.

Development and Fieldtesting of CEDPA's Training Modules

Development of CEDPA's COMMUNITY NUTRITION ACTION FOR CHILD SURVIVAL training module was carried out over the course of the project.

- o In September 1981, CEDPA convened an Advisory Committee made up of experts in the field of maternal/child nutrition and program management. The committee met and generated recommendations for the content and format of the training module.
- o From May 1982 through December 1984, CEDPA conducted site visits to assess nutrition management training needs and opportunities with selected CEDPA alumni. These training needs assessments included identification of local resources ie., training, educational and technical expertise and materials.
- o Based on country and organization-specific needs, CEDPA developed and/or compiled session plans, handouts and exercises into individual training modules. These modules were then adapted and used in workshop training programs.
- o Locally identified resource specialists also developed training sessions and materials at CEDPA's requests.
- o On the basis of field-testing and use in training workshops, sessions and accompanying materials were continuously revised, added and deleted.

Field-testing of training materials was carried out only in those training situations where CEDPA staff were present. Use of module materials was evaluated indirectly in the other cases through follow-up of training participants. Methods used for module testing included staff observation of trainers prior to and during training, post training discussion with trainers and resources specialists and, on several occasions, the use of a simple questionnaire that asked trainers to comment on the:

- o relevance or appropriateness of training content;
- o format and organization of session content, handouts, etc.;
- o suggested changes, additions or deletions to improve the overall content and delivery of a session.

Observations and input received from local trainers were subsequently used to revise session content and format. For example, major changes in module format were made during the third year of the project as a result of field-testing in Kenya and Nepal. At that time, a narrative, script-like format was replaced by an outline of session process with text and other relevant information separated as handouts, trainer's references, etc. This change appeared to improve the comprehension and use of training materials both by experienced and unexperienced trainers.

The finished module, COMMUNITY NUTRITION ACTION FOR CHILD SURVIVAL, is a compilation of the training session plans, handouts and exercises developed and fieldtested over the course of CEDPA's Nutrition Management Project.

Technical Assistance During Nutrition Management Training

Besides conducting training needs assessments and developing training modules, CEDPA provided technical assistance to all counterpart organizations during the preparation for, and in most cases the implementation of, Nutrition Management Training. Technical assistance was directed towards helping project managers:

- o adapt CEDPA's Community Nutrition Action Module to local needs and circumstances.
- o develop new training content, as needed.
- o review participatory training techniques and practice conducting training exercises and discussions.
- o meet administrative and financial management requirements.
- o monitor training sessions and assist the training team to make necessary adjustments in order to meet training objectives.

Involving Local Resource Specialists and Organizations

In each country situation, CEDPA worked with its alumni to identify nutrition, management, community development and training expertise. Resource specialists were selected in each location from among the alumni groups and from other organizations, ie.

KENYA - Ministry of Health (Nutrition)
Institute for Adult Education
Breastfeeding Information Group
UNICEF
Ministry of Agriculture (Home Economics)
Family Planning Association of Kenya

By involving these local resource specialists in their training programs, implementing organizations and managers established important contacts and credibility for their project efforts. In many cases, these resource specialists were also called upon later during project implementation for additional assistance.

TRAINING MODULES SELECTED BY COUNTRY

KENYA

ORGANIZATION	FAMILY LIFE TRAINING PROGRAMME	
PARTICIPANTS	1. Program Managers and Trainers	2. Field Managers and Service Providers.
PURPOSE OF TRAINING	Training of Trainers Improve Supervision	Improve Nutrition Skills Develop Workplan
TYPE OF TRAINING		
Pre-service	X	X
In-service		
TRAINING CONTENT		
CEDPA's Nutrition Module:		
Part 1: Nutrition Problems and Interventions	X	X
a) Maternal/Child Nutrition	X	X
b) Growth Monitoring	X	X
c) Maternal Health/ Breastfeeding	X	X
d) Weaning	X	X
e) Oral Rehydration Therapy	X	X
f) Immunization	X	X
g) Family Planning	X	X
h) Nutrition Education	X	X
Part 2: Planning Community Nutrition Activities	X	X
a) Working with the Community	X	X
b) Community Mini-Survey		
c) Project Visits		
d) Problem Statement/ Objectives	X	X
e) Workplanning	X	X
f) Budgeting		
g) Evaluation Plan	X	X
h) Proposal Writing Mini-workshop	X	X
Part 3: Management Systems	X	
a) Planning Training	X	
b) Supervision Skills		
c) Measuring Progress Recording and Reporting Evaluation		
Other Training Content	X	X
1. Human Organizational Skills	X	X
2. Appropriate Food Technologies		
3. Organizational Concerns		

KENYA

ORGANIZATION

SOCIETY FOR ADVANCE-
MENT OF COMMUNITY/
WOMEN'S STUDIES

PARTICIPANTS

1.
Field Managers and
Service Providers

2.
Service Providers
Village Volunteers

PURPOSE OF TRAINING

Nutrition Skills
Training
Develop Community
Nutrition Projects

Develop Nutrition Skills

TYPE OF TRAINING

Pre-service

X

X

In-service

X

TRAINING CONTENT

CEDPA's Nutrition Module:

Part 1: Nutrition Problems
and Interventions

X

adapted
Y

a) Maternal/Child Nutrition

X

X

b) Growth Monitoring

X

X

c) Maternal Health/
Breastfeeding

X

X

d) Weaning

X

X

e) Oral Rehydration Therapy

X

X

f) Immunization

X

g) Family Planning

X

X

h) Nutrition Education

X

X

Part 2: Planning Community
Nutrition Activities

X

a) Working with the
Community

X

b) Community Mini-survey

c) Project Visits

X

d) Problem Statement/
Objectives

X

e) Workplanning

X

f) Budgeting

g) Evaluation Plan

h) Proposal Writing
Mini-workshop

Part 3: Management Systems

X

a) Planning Training

b) Supervision Skills

c) Measuring Progress

Recording and Reporting
Evaluation

X

X

Other Training Content

1. Human Organizational Skills
2. Appropriate Food Technologies
3. Organizational Concerns

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NEPAL

ORGANIZATION	FAMILY PLANNING ASSOCIATION	
PARTICIPANTS	1. Program Managers and Trainers	2. Service Providers and Women Volunteers
PURPOSE OF TRAINING	Training of Trainers Improve Nutrition Skills Improve Supervision Skills	Develop Nutrition Skills
TYPE OF TRAINING		
Pre-service	X	X
In-service		X
TRAINING CONTENT		
CEDPA's Nutrition Module:		adapted
Part 1: Nutrition Problems and Interventions	X	X
a) Maternal/Child Nutrition	X	X
b) Growth Monitoring	X	X
c) Maternal Health/ Breastfeeding	X	X
d) Weaning	X	X
e) Oral Rehydration Therapy	X	X
f) Immunization	X	X
g) Family Planning		X
h) Nutrition Education		
Part 2: Planning Community Nutrition Activities	X	
a) Working with the Community		
b) Community Mini-survey	X	
c) Project Visits	X	
d) Problem Statement/ Objectives		
e) Workplanning		
f) Budgeting		
g) Evaluation Plan		
h) Proposal Writing Mini-workshop		
Part 3: Management Systems	X	X
a) Planning Training	X	
b) Supervision Skills		
c) Measuring Progress Recording and Reporting Evaluation	X X X	X
Other Training Content	X	
1. Human Organizational Skills		
2. Appropriate Food Technologies	X	
3. Organizational Concerns		

INDONESIA

ORGANIZATION	NATIONAL FAMILY WELFARE MOVEMENT (PKK)		
PARTICIPANTS	1. Program Managers and Trainers	2. Field Managers Supervisors	3. Service Providers Village Volunteers
PURPOSE OF TRAINING	Develop Nutrition Skills Develop Planning and Supervision Skills Training as Trainers	Develop Nutrition Skills Develop Supervision Skills	Develop and Improve Nutrition Skills
TYPE OF TRAINING			
Pre-service	X	X	X
In-service	X	X	X
TRAINING CONTENT			
CEDPA's Nutrition Module:			
Part 1: Nutrition Problems and Interventions	X	X	UPGK materials X
a) Maternal/Child Nutrition	X	X	X
b) Growth Monitoring	X	X	X
c) Maternal Health/Breastfeeding	X	X	X
d) Weaning	X	X	X
e) Oral Rehydration Therapy	X	X	X
f) Immunization	X	X	X
g) Family Planning	X	X	X
h) Nutrition Education	X	X	X
Part 2: Planning Community Nutrition Activities	X		
a) Working with the Community	X		
b) Community mini-survey	X		
c) Project Visits			
d) Problem Statement/Objectives	X		
e) Workplanning	X		
f) Budgeting	X		
g) Evaluation Plan			
h) Proposal Writing			
Mini-workshop	X		
Part 3: Management Systems	X	X	X
a) Planning Training	X		
b) Supervision Skills	X	X	
c) Measuring Progress			
Recording and Reporting	X	X	X
Evaluation			
Other Training Content	X	X	
1. Human Organizational Skills	X	X	
2. Appropriate Food Technologies		X	
3. Organizational Concerns	X	X	

SENEGAL**CEDPA/SENEGAL**

1.
Program and Field
Managers

Improve Nutrition Skills
Develop Nutrition
Project Proposals

ORGANIZATION**PARTICIPANTS****PURPOSE****TYPE OF TRAINING**

Pre Service

X

In Service

TRAINING CONTENT**CEDPA's Nutrition Module**Part 1: Nutrition Problems
and Interventions

X

a) Maternal/Child Nutrition

X

b) Growth Monitoring

X

c) Maternal Health/
Breastfeeding

X

d) Weaning

X

e) Oral Rehydration Therapy

X

f) Immunization

X

g) Family Planning

X

h) Nutrition Education

X

Part 2: Planning Community
Nutrition Projects

X

a) Working with the
Community

X

b) Nutrition Mini-survey

X

c) Project visits

X

d) Problem/Goals and
Objectives

X

e) Workplanning

X

f) Budgeting

X

g) Planning for Evaluation

X

h) Proposal Writing
Mini-workshop

X

Part 3: Management Systems

X

a) Training

b) Supervision

c) Measuring Progress

Recording and Reporting

X

Evaluation

X

Other Content:

X

1. Human Organizational Skills

2. Appropriate Food Technologies

X

3. Other Organizational Concerns

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SECTION IV

Results of Evaluation

Because CEDPA's Nutrition Management Training strategy includes not only workshop training but also in-service training and project implementation, evaluation of nutrition management training must be discussed in two parts. First, evaluation of the immediate and short term results of training workshops and second, the results of longer term training which includes implementation of nutrition demonstration projects carried out by trained managers.

Evaluation Methods:

Evaluation of short-term nutrition training results included:

- o immediate evaluation of participant skills, ie. nutrition monitoring, education, planning, proposal writing, etc.
- o immediate participant evaluation of training content and methodology, etc.
- o evaluation 6-8 months after training of expected results, ie. start-up of nutrition activities, implementation of planned activities, etc.

Immediate evaluation of training elicited important information for revision of training materials and workshop schedules. Where participants prepared workplans, project proposals or training plans as part of their training, evaluation of these products helped trainers identify strengths and weaknesses in training content and delivery.

Evaluations of expected results were carried out 6-8 months after training in Kenya, Nepal and Indonesia. Details of these training evaluations can be found in Progress Reports submitted earlier. In general, this type of evaluation served several purposes including:

- o assessing the transfer of specific nutrition intervention skills;
- o assessing the manager's ability to introduce and carry out new nutrition intervention activities at the community level;
- o identifying areas for future training and technical assistance;
- o assessing the readiness and/or feasibility of follow-on nutrition demonstration activities;
- o identifying the common characteristics of successful managers and organizations.

The findings of these evaluations influenced revision of CEDPA's training modules, criteria for selection of future training participants and the composition and quantity of CEDPA's follow-up technical and program assistance.

The following are country specific evaluation of results for three countries; Kenya, Indonesia and nepal, in which CEDPA was able to observe, over time, the longer term results of the training intervention.

Project Evaluation

**Kenya: Community Nutrition Action through
Women's Self - Help Groups**

**Implementing Organization:
Society for the Advancement of Community
and Women's Studies**

**Funded by: The Centre for Development and
Population Activities
AID Grant DAN 1010-G-S-1033-00**

Contents

- I. Background
- II. Activities Completed
- III. Purpose of the Project Evaluation
- IV. Evaluation Methods
- V. Evaluation Findings: Project Strengths
 - A. Making Primary Nutrition Services Available
 - B. Mobilizing Community and Government Resources
 - C. Mobilizing Women's Group Members
 - D. Progress Towards Self-Sufficient Activities
 - E. Increasing the Society's Management Capacity
- VI. Evaluation Findings: Problems Encountered
 - A. Community Education Sessions
 - B. Follow-up of Malnourished Children
 - C. Improving Regular Participation in Growth Monitoring
 - D. Project Information System
- VII. Recommendations for Project Expansion
- VIII. Conclusions

Project Evaluation
Kenya: Community Nutrition Action
through Women's Self-Help Groups
November 1985

I. Background

In May 1984, CEDPA's Kenya Women In Management Follow-up Unit, the Society for the Advancement of Community and Women's Studies, initiated a demonstration nutrition and family planning project in five rural villages of Coast Province. The aim of the project has been to develop a strategy for extending selected nutrition/child survival measures to isolated rural villages through the training and support of their women's self help groups.

In almost every village in Kenya, one finds an active women's group engaged in collective income generating activities, savings clubs, community service projects, etc. These groups are organized and are often made up of women leaders and innovators. They have the potential, with training and support, to introduce a variety of new ideas and technologies at the community level. In the area of health care delivery, women's groups often get involved in construction projects, ie. dispensaries, latrines, wells, etc. The demonstration project described here aimed to transfer preventive health skills to women's group members and to encourage their sustained and organized involvement in primary health care delivery. CEDPA and the Society have viewed this project as an important opportunity to learn more about motivating and supporting women's groups as nutrition/child survival agents in underserved communities.

II. Activities Completed

The chart on the next page summarizes the problems addressed by the project and the activities at the Society and individual women's group levels that were designed to address these problems. Major benchmarks in project implementation were as follows:

- June 1984 - Five women's groups were selected to participate in the project.
- July 1984 - Twenty four women's group members (4-5 from each of five groups) were trained in a three-day workshop to: carry out growth monitoring; counsel and refer families of high risk children for medical care; make and give ORS solution; and promote family planning.
- August - September 1984
- Women's groups held their first growth monitoring and education sessions in each village. Growth monitoring sessions were held each month in all five villages through August 1985.
- January 1985 - A three-day refresher training workshop was held for 20 women group members.

- January 1985 - A mid-project Review was conducted with CEDPA technical assistance.
- March 1985 - Women's groups planned income generating projects to support their nutrition activities. Small grants were awarded to each group for these projects which got underway by July 1985 in all villages.
- August 1984 - August 1985
- Society Officers monitored women's group activities and submitted quarterly reports to CEDPA.
- November 1985 - Project evaluation was conducted by CEDPA and the Society.

CHART 1: PROJECT CONCEPT

PROBLEM DESCRIPTION	PROJECT ACTIVITIES: SOCIETY	WOMEN'S GROUPS	EXPECTED RESULTS
Child malnutrition estimated at <u>40.9%</u> with <u>5%</u> severely malnourished.	Select 5-6 women's groups for project assistance.	Conduct monthly growth monitoring and health education session in the community.	100% of children under 5 yrs. registered in nutrition activities.
Infant mortality <u>87</u> /1000 live births, highest in Kenya.	Train committees made up of 4-5 members from each group to carry out simple growth monitoring, counseling, follow-up and referral for health services.	Counsel and refer high risk women and children for health care.	50-75% of these children participating regularly in monthly growth monitoring activities.
Family Planning acceptance extremely low; less than 2% of rural couples using modern methods.	Provide basic equipment to project women's groups for growth monitoring, recording and reporting, etc.	Give follow-up education to the families of high risk children at home and in monthly growth monitoring sessions.	50-75% of all malnourished children showing improved nutrition status.
Less than 5% of children under 5 years fully immunized.	Provide small grants and technical assistance to each women's group for an income generating project to support their self-help nutrition activities.	Plan and carry out an income generating or food production project in support of their health activities.	Increased family planning acceptance among the families of registered children.
Average distance to the nearest health post from project villages 5 kilometers. Cost Ksh10/round trip plus 5 days.	Supervise each group quarterly.	Collect information on all women and children participating in monthly nutrition activities.	50% of registered children with 3 or more completed immunizations.
Average distance to the nearest MCH/FP service 15-30 kms. Cost KSH 30/round trip plus 1 day.	Conduct mid and final project evaluations with women's groups, members of the community and collaborating officers.		Reduction in the infant and child death rates from diarrhea.
OPPORTUNITY			
Active women's groups in each village.			
Health services are a felt need among community members and women's groups.			
Simple nutrition and health technologies that can be delivered by trained community workers available.			
Changes in government policy favoring primary health care and community based delivery of health and family planning services.			

III. Purpose of the Project Evaluation

The final project evaluation was conducted during the week of November 4, 1985. This was an internal evaluation designed to give managers the opportunity to systematically collect and analyze information about project activities, community response and project results. Evaluation of a pilot activity of this type must have as its purpose the measurement and documentation of project inputs and short-term results, with an eye towards future programming. In this exercise instead of measuring project results against preestablished targets, we were primarily attempting to identify the characteristics that seemed to determine successful nutrition action by village women's groups.

The goals of the final evaluation were to:

- o Assess completion of the project scope of work.
- o Measure and analyze short-term project results, i.e. nutrition services provided; changes in the nutrition status of high risk children; mobilization of other health and community resources; etc.
- o Assess the level of activity and satisfaction of participating women's groups as well as the community response to their efforts.
- o Assess the project information (recording and reporting) system and use this analysis to make the system more practical and useful for project monitoring and planning.
- o Generate recommendations for future nutrition and child survival programming through women's self-help groups in Coast Province.

Evaluation questions included:

- o Were all project activities and inputs realized as planned? If not, why?
- o What was the level of performance of women's groups compared to the activities originally prescribed?
- o What problems did groups experience? How were they solved?
- o What was the level of involvement of group members in regular nutrition activities?
- o What are the groups' opinions of their nutrition activities after one year of experience? Will they continue?
- o What special assistance has been provided to high risk (malnourished) children? Have high risk children improved?
- o What effect has the project had on family planning attitudes and practice?

- o What other community and outside resources have been mobilized as a result of project action? How?
- o What do groups feel are the most important incentives for their continued participation? The most important constraints?
- o When given the opportunity to plan their own small income generating project to support nutrition activities, what did women's groups choose to do? What were the results?

IV. Evaluation Methods

The following techniques were used to compile information used in the final project evaluation:

- o Compilation and comparison of data contained in supervision reports and Village Nutrition and Family Planning Registers.
- o Rapid appraisal techniques including: participant observation during a weighing session and mobile clinic in the village of Viragoni; in-depth interviews with women's group members, community leaders and families of high risk children; and focus group interviews with women's groups about the problems and successes of their nutrition activities.
- o Collection of data on family planning acceptance in project villages from the Family Planning Association of Kenya, Coast Branch.
- o Structured discussions with the project management team and field supervisors.

Two evaluation meetings were held to compile and analyze the information collected. The project evaluation exercise was followed by a three-day planning workshop during which the project management team used their findings to design an expanded version of the demonstration project.

V. Evaluation Findings: Project Strengths

It was the general assessment of the evaluation team that the original project scope of work had been satisfied and that, with only a few exceptions, women's group performance had exceeded original expectations. The following paragraphs summarize project achievement.

A. Making Primary Nutrition Services Available

The project target for growth monitoring sessions in each community was one session every one to two months. With two exceptions, women's groups conducted growth monitoring sessions monthly during the project period. The two groups where this was not the case missed only 1 and 2 monthly sessions respectively.

894 women and 1119 children participated at least once in nutrition activities carried out by the five women's groups.

B. Mobilizing Community and Government Resources

Women's group nutrition activities in four of the five project villages successfully attracted the attention and support of the Ministry of Health and the Family Planning Association of Kenya. By the end of the project, Ministry of Health mobile clinics were providing ante-natal, immunization and basic curative care in coordination with women's groups in four of the five villages (See Chart 2). In three of the same villages, the Family Planning Association of Kenya had also initiated mobile services on women's group nutrition days. The results of these additional services have included:

- A doubling in the number of women and children registered in women's group activities since the mid project review in January 1985.
- Greater visibility and recognition of women's group nutrition efforts by community members, the health sector and local officials.
- Community satisfaction and action to ensure that combined preventive and curative health services continue to be provided in their villages.

In relation to this last point, significant community resources, besides those of women's group members, have also been invested in village nutrition and health activities since the beginning of the project. In four of the project villages, for example, community committees have either initiated or advanced clinic construction projects. They have also opened dialogue with Ministry of Health officials to obtain commitments for clinic staff and equipment.

Women's group-initiated nutrition and health activities have very clearly succeeded in focusing community attention on the need for village-based preventive and curative health services. Women's groups have also impressed Ministry and government officials with their ability to increase participation in and facilitate the management of basic health services when these are made available at the village level.

The Society for the Advancement of Community and Women's Studies has played a key role in helping women's groups to request and obtain these complementary project inputs. The success of joint service delivery will, we anticipate, promote continuation of village health sector relations after completion of the demonstration project.

C. Mobilizing Women's Group Members for Community Nutrition Action

With the initiation of monthly nutrition activities, women's groups assumed a major responsibility in their communities. For most women's self-help groups in Kenya, this type of sustained service to the community at-large is a new concept. Most groups start, in fact, with the goal of improving the conditions of their individual members only. Because carrying out monthly growth monitoring and education activities for all women and children in a village requires significant investment of time and effort, there was some doubt that group members would be willing to continue their new nutrition activities over time. The evaluation of this demonstration effort has shown that women's groups have, in some cases, assumed even more responsibility than we anticipated they would be willing or able to assume.

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Groups have been able to do this for a variety of reasons. In four of the five project villages, for example, nutrition committees owe at least part of their success to their ability to motivate and, in some cases, train other group members to help with monthly activities. While illiteracy is a problem in several of the villages, even illiterate group members have been involved in organizing waiting mothers and children, preparing children for weighing, assessing nutrition status with the arm circumference tape, assisting with cooking demonstrations, etc. The presence of Society Officers during many of the village nutrition activities also helped groups solve organizational problems that could have discouraged and defeated them.

During the evaluation we were particularly interested in talking to group members about their involvement with and opinion of the activities they had undertaken. Our expectation was that groups would soon feel overburdened by the increasing numbers of women and children attracted to growth monitoring sessions by the other curative and preventive services offered by mobile clinics. While group members stated that they needed more training and help during village activities, they did not feel that the numbers were overwhelming. In fact, we had the distinct impression that the success of the activity (ie. number of people participating, attention from community leaders and outside agencies) was giving them a great deal of satisfaction. And, that this visible recognition of their efforts was a significant incentive for their continued management of monthly health activities.

D. Progress Towards Self-Sufficient Activities

Small grants (\$150 - \$200) awarded to the five participating women's groups, for income or food production activities in support of their nutrition services, have been used in unique ways.

- Ngamani - The grant was used to purchase a revolving stock of 100 broiler chickens, as an addition to the group's on-going poultry project. The group planned to use the proceeds from the sale of these chickens to purchase ingredients for cooking demonstrations, stationary, supplies, etc.
- Viragoni - This group used its grant to purchase local chickens which will be kept and raised by individual members. Eggs will be sold and consumed. Proceeds from sales will be used to cover the costs of demonstration feeding and transport of the group's committee.
- Makiwo - This group sells water from a system built with an earlier community grant from CEDPA. The group is also buying parrafen oil wholesale for sale in the community. Proceeds from these small projects are used to defray the costs of supplementary feeding for severely malnourished children and monthly cooking demonstrations.

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Mamba - This newly formed but very active group first purchased locally grown cassava and transported it for sale in the district market. They also bought and ground various types of legumes and sold them to village mothers for use in improved weaning foods. Recently the group started a bakery where they produce breads and cakes which are later sold at their monthly growth monitoring/clinic sessions. This group has used income generated from these projects to buy ingredients for demonstration feeding. The group was also discussing the possibility of allocating a portion of their proceeds to compensate committee members for time spent on nutrition activities.

Kibuyuni - This women's group received an earlier seed-money grant from CEDPA for their village shop. The group did not receive additional funding under this project but uses proceeds from shop sales to purchase ingredients for nutrition demonstrations, etc.

All groups used a portion of their grants to purchase equipment for cooking demonstrations.

These projects got underway between April and August 1985, and all appeared to be providing some income to the women's groups. Unfortunately, it was not possible during the final project evaluation, to assess how much or what, in reality, proceeds were used for. There are indications, however, that small grants, if provided to women's groups with appropriate technical support, can generate significant support for self-help, village health activities. This strategy deserves greater study in future projects.

E. Increasing the Society's Ability to Plan and Manage Community Nutrition Improvement Activities

The Society for the Advancement of Community and Women's Studies has gained important expertise through their involvement in this demonstration project. While all of the Society's managers have years of experience working with women's and other community self-help groups, only one had health/nutrition training prior to this demonstration project. Involvement in the demonstration project has increased their knowledge of community nutrition problems and interventions and, most importantly, taught them a great deal about preparing and supporting women's groups as community-level service providers. The Society Officers have also expanded their network of contacts and resources and are now better able to call upon resources from the health sector when these are needed at the community level.

Because of their existing relationship with more than 60 women's and community self-help groups in Coast Province and their growing felt need to help villages deal with pressing health problems, Society officers can be expected to apply skills gained through involvement in this demonstration activity in other areas. Because of their links to an extensive network of decisionmakers and funding agencies outside of the traditional health sector, individual officers may also be able to raise new forms of support to continue and expand this demonstration effort.

VI. Evaluation Findings - Problems Encountered

A. Community Education/Demonstration Sessions

Groups experienced difficulty conducting the expected number of education/demonstration sessions due to:

- a) Lack of cooking equipment and food stuffs for demonstrations. These items were not included in the original project budget but were purchased by many of the groups with the small grants they received to start nutrition support activities. Because these small grants were not awarded until the last quarter of the project year, education sessions were not, in most cases, a regular part of monthly growth monitoring activities. This problem could be avoided in future efforts by including basic cooking equipment and an initial fund for ingredients in the supplies and equipment provided to each group for project start-up.
- b) Increasing attendance at monthly growth monitoring sessions. This made it more difficult for women's groups to manage the basic weighing and counseling activities and left little time for them to organize and carry out education sessions. Unfortunately, this was true even where MOH and FPAK staff were present for mobile clinics.
- c) Lack of skills and educational materials for organizing and conducting such group sessions. Future training could help to resolve this problem by focusing more attention on community education skills, topics and materials development.

B. Follow-up of Malnourished Children

While group members found time and gained satisfaction from the monthly growth monitoring activities, they were not able to devote sufficient time to home follow-up of "high risk" children identified during growth monitoring sessions. In most of the project villages, homes are scattered and as such, home visiting requires significant amounts of time on the part of women group members. Where mothers have been attracted from outside the village, follow-up is literally impossible. Follow-up rates in the five project villages ranged from 34% to 100%, with the lowest follow-up rates in those villages with the highest registrations. Several recommendations were made to improve follow-up and assistance to high risk families. These included:

- o Limiting and defining the area of women's group responsibility. In this case, an area (ie. radius 2 kms.) around a central location in the village would be defined as the responsibility of the women's group for follow-up. Individual members could also be assigned responsibility for subsections of this area. Women and children from any area could participate in the monthly growth monitoring activity, but only those within a reasonable radius of the village would be targeted for follow-up attention.

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- o Providing an incentive to encourage follow-up. The incentive would partially compensate the group either in kind or in cash for extra time spent on follow-up activities. Possible incentives discussed included making additional funding available for group income generating projects, establishing a rotating loan fund or providing seed money capital for individual purchase and resale of high demand items; etc. It was generally felt that payments to individuals would discourage group ownership and responsibility for their health activities. Some form of contribution to the group was felt to be the best strategy.
- o Taking steps to increase regular participation in monthly growth monitoring sessions. If high risk children attended these group sessions with greater frequency, regular home follow-up would not, in many cases, be necessary.

C. Improving Regular Participation in Growth Monitoring

Growth monitoring is the routine assessment of growth over a given period of time. Routine or regular weighing allows the worker to assess not only the status of a child in relation to a standard for his age, height, weight, etc. but also to detect early signs of malnutrition because of stagnant weight gain. The growth monitoring system designed for this project used comparison of monthly weights to target high risk children for intervention. This type of assessment is not possible if a child has not participated regularly in growth monitoring sessions. For the purpose of this evaluation, we defined regular participation in growth monitoring as having been weighed at least four times during the first year of project activity.

There was wide variation between villages when the question of regular participation was addressed. In Kibuyuni, for example, 72% of the children registered by the end of May 1985 were weighed at least four times during the year. In Mamba, however, just over 10% had been seen four times or more. It is no doubt significant that Kibuyuni village had the benefit of MOH and FPAK mobile clinics since shortly after the women's group activities were initiated. Mamba village, on the other hand, began working with the MOH only in July 1985. After the addition of curative services, the number of children registered in growth monitoring in Mamba village activities nearly doubled and regular attendance seemed to be improving.

Numerous investigators have discussed the need to address villagers' felt needs for curative care if preventive services like growth monitoring are to be fully utilized. In this project, attendance figures support those findings as attendance rose and remained high, extremely high in some cases, after curative services were added to monthly growth monitoring sessions. While exact attendance figures are not available for several of the villages, estimates made by women's groups and advisors show from 50 to 100 children attending weighing sessions where mobile clinics have been added. This is compared to attendance of 25 to 50 during the first half of the project.

There is, then, every reason to believe that the addition of complementary curative and preventive health services will result in increasing regular participation in growth monitoring activities.

D. Project Information System

The information system used by the project included:

- Monthly - A Nutrition and Family Planning Card, kept by each mother for herself and her children under 5 yrs.
- Monthly - A Village Register where specific information about each mother and her children was recorded by the women's group health committee each time she participated in a monthly activity.
- Quarterly - A quarterly supervisor's report on which information about the frequency, coverage, and results of women's group activities was recorded. Supervisors completed these reports after review of each Village Register and discussion with women's group health committees.

All participating women's groups were using this system at the time of the evaluation. The increased number of families participating in monthly activities after the addition of curative services, however, posed serious problems.

- o First, the number of entries and pages in the register increased rapidly, making it difficult to find an entry for a specific family or child. Any error in assigning or recording family identification numbers resulted in much confusion and often loss of the information needed to assess normal weight gain.
- o Second, in many cases mothers were coming long distances for curative services provided in a village that may not have been their own because it was closer than the nearest dispensary or clinic. These families, as often as not, attended only one session. The large number of such cases in several of the communities (Makiwo, Mamba) increased the number of register entries, making it less meaningful to collect and analyze data about all registered families.

Recommendations to improve the project's information system include:

- o limiting the number of families registered and followed-up to those within a reasonable radius of the village center,
- o reducing the amount of information collected and the number of forms used during monthly growth monitoring and education sessions,
- o strengthening the training of project coordinators, field staff and women's group members in information collection and analysis,
- o improving the collection of baseline and follow-up data to allow for evaluation of impact in each village.

Suggestions for data collection, forms and the flow of information are included in Chart 4.

VII. Recommendations for Project Expansion

The final task of the evaluation team was to assess the feasibility of extending demonstration project activities to additional villages in Coast Province. To this end, a three-day planning meeting was held at the close of the evaluation exercise. A proposal for a three-year project to extend training and support to women's groups in 20 coastal villages was developed at that time.

The proposed project would work through the existing network of more than 60 women's self-help groups with which Society officers are associated in Coast Province. The Project strategy would be based on experience gained from the demonstration project and would be implemented in two phases. During the first phase, the Society would select and work with 10 women's groups. This phase covers approximately 18 months. During the second phase, the Society would add 10 more women's groups while continuing assistance to the first 10. 10,000 - 15,000 women and young children would be expected to benefit over a three-year period. The project would also strengthen the capacity of three non-governmental organizations; TOTOTO Home Industries, YWCA, and NCKK, to plan and support community child survival activities through training and technical assistance provided to their staff members.

To ensure successful project expansion, the evaluation team summarized its recommendations as follows:

- o Training for women's group health committees should be strengthened, ie. more time allocated; more practice sessions included in training; more time spent developing counseling and education skills. It is suggested that training include participation in a monthly nutrition (growth monitoring) activity in a village where these are on-going.
- o Incentives to promote more consistent follow-up of high risk women and children should be studied. Such incentives might include: contributions to a group for their on-going income generating activities; clothing, badges or bags identifying them as nutrition/child survival workers, etc. Direct incentive payments to individuals were discouraged unless agreed upon by the group itself.
- o Active coordination with District Development Committees, Medical Officers and the Family Planning Association of Kenya is critical to successful project expansion. Prior to submission of the project proposal for funding consideration, the Society should obtain the support and commitment of these individuals and organizations.
- o Intensive preproject training for the management team and staff of the project are necessary. The Society officers who were involved in the demonstration project learned a great deal through their involvement in that effort. However, they still lack important technical information and training skills. CEDPA would provide this training under its planned Child Survival training project.
- o Supportive community leaders (chief, subchief) are key to successful community nutrition intervention. Every attempt should be made to involve and enlist the support of these leaders early in project planning efforts.

- o To improve follow-up of malnourished children, responsibility for follow-up should be limited to a reasonable area around each village, (ie, 2 kilometres.)
- o The project recording and reporting system should be further simplified in order to free training time and volunteer time spent during nutrition activities on these tasks. Collection of baseline information prior to the start-up of monthly activities in each village, and collection of follow-up information annually should replace monthly recording in the Village Register.
- o The project expansion will require its own staff, office space, transport, etc. While the demonstration project was carried out by Society officers on a part-time basis, with substantial in-kind investments from their principal organizations (TOTOTO, YWCA, etc.), the expanded effort will require autonomous project staff who work with but do not depend on direct budget support from these other organizations. This management structure will allow the project to work with and provide technical assistance and training to women's groups associated with many different organizations. If the project were housed in any one organization, this crossover would not be feasible.

VIII. Conclusions

The Society's demonstration project proved that existing women's groups can initiate and provide basic preventive health and nutrition services if given minimal training and support. The project has shown that Kenyan women's groups are not only motivated to make such services available, but that they are also able to attract complementary health and family planning resources for their activities from a variety of governmental and non-governmental agencies. In addition, women's groups play an important catalytic role within the community.

Clearly then, village women's groups offer a logical channel and mechanism for providing basic health and nutrition services while stimulating community action. Organizations, like the Society, whose members work with many women's groups can play an important role in providing them with the training and regular supervision they need to carry out successful nutrition and child survival activities.

In this demonstration project, CEDPA and the Society for the Advancement of Community and Women's Studies have tested a strategy designed to enable women's groups to carry out basic nutrition and health services and make those services self-supporting after an initial project investment. The key elements of the project strategy included:

- o Training for a committee of volunteer workers from each women's group in two phases to ensure development and reinforcement of skills.
- o Monthly nutrition activities carried out in each village by its women's group including, growth monitoring, counseling, group education and demonstration sessions, referral for specialized care, and follow-up of malnourished children in their homes.

- o Use of a simplified growth monitoring and village recording system that can be mastered by semi-literate women volunteers.
- o A small grant (\$100-200) to each women's group for an income or food production scheme, the proceeds of which are used to support group health activities.
- o Regular supervision of women's group health activities by the Project Coordinators.

While this has proven an effective strategy for mobilizing village women's groups as nutrition workers, further work is needed to improve their effectiveness. This includes determining the appropriate choice and design of basic interventions; defining complementary roles for women's groups, the health sector, village leaders, etc; and further addressing the issues of community self-sustaining activities.

Under the proposed project expansion, CEDPA and the Society will explore women's group involvement in key nutrition and health interventions:

- Oral Rehydration Therapy: Should group members teach mothers to make simple ORS, make and give it themselves, or distribute ORS packets? Could women's groups be trained to package and distribute a simple ORS packet?
- Immunization: What is the most effective role for the women's group? How can villages coordinate more effectively with EPI vaccination teams?
- Family Planning: Is it feasible to train group members as family planning promotors and contraceptive depot holders? Who will train and supervise them?
- Weaning Food Production: Can village women's groups be trained to make mixed weaning foods or high nutrient weaning supplements as income generating/nutrition improvement activities?

CEDPA feels that the Society's proposal to expand their demonstration project to 20 new women's groups and villages in Coast Province is both feasible and desirable. Lessons learned from the larger project will be important to the Kenyan government as it undertakes nation-wide primary health and family planning service delivery through village workers. CEDPA is currently exploring possible funding for the proposed project expansion in Coast Province.

Chart 1: Women's Group Activities by Quarter
 Sept. 1984 - August 1985

Activity	Quarter	Makiwo				Viragoni				Ngamani				Mamba				Kibuyuni			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. Total Children under 5 yrs. registered		179	245	247	319	100	126	136	204	39	43	48	56	145	169	186	339	98	111	147	201
2. Total women registered		120	188	212	252	85	92	131	146	33	36	41	44	112	135	150	295	67	74	107	157
3. Total growth monitoring sessions		3	3	3	2	3	3	3	3	2	3	2	3	3	3	3	4	3	3	3	3
4. Total education sessions		-	-	-	1	1	-	-	-	1	-	-	-	1	2	3	3	3	3	3	3
5. Number women's group members active in monthly nutrition activities		5	8	8	7	11	15	12	12	2	3	3	3	15	8	11	10	13	11	9	8
6. Number supervision visits received		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2
7. Quarter MOH initiated mobile clinic			*	-	-			*	-												
8. Quarter FPAK initiated mobile clinic			*	-	-												*	*	-	-	-
																	*	*	-	-	-

Chart 2: Analysis of Participation and Follow-Up of Malnourished Children

	Makiwo	Viragani	Ngamani	Mamba	Kibuyuni	Total
1. Total Children Registered	319	204	56	339	201	1119
2. Total High Risk Children Identified	53	36	21	56	34	200
3. Total High Risk Children with record of follow-up	23	24	16	19	34	116
4. High Risk Follow-up as a percent of Total High Risk Children	43%	67%	76%	34%	100%	58%
5. Total Children assessed 4 or more times during the year	75	40	28	20	145	308
6. As percent of Total Registered	24%	20%	50%	6%	72%	28%

Chart 3: Characteristics of Women's Groups and Villages

	Makiwo	Viragoni	Ngamani	Mamba	Kituyuni
1. Year Group Formed	1974	1983	1974	1983	1980
2. Number Active Members	60	23	30	25	76
3. Number Members Trained in Nutrition Project	7	6	7	4	4
4. Group Project to raise support for health activities	- Water kiosk - Buy and sell paraffin oil	- Poultry keeping	- Poultry keeping	- Buy and sell local crops at district market - Making bread and cakes for sale on nutrition days	- Grinding legumes for sale in shop - vegetable farming
5. Other Group Projects	- Nursery School - Handicraft - Tailoring Classes - Clinic construction	- Village Shop - Clinic construction	- Poultry keeping Group and individual	- Bakery - Garden - Clinic construction	- Shop - Grinding mill - Goat raising - Clinic construction
6. Distance from Village to Nearest Dispensary	5 kms.	12 kms.	4 kms.	6 kms.	In village
7. Distance to Nearest MCH/FP Services	15 kms.	30 kms.	10 kms.	30 kms.	40 kms.

Suggested Record Keeping and Reporting System

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Objective	When?	Form/Register?	Who Completes?	Where?	Submitted to or kept by?	Feedback to?
1. Register all women and children under 5 yrs. in a defined area. And, collect baseline information about them.*	Prior to Start-up of Monthly Activities	Family Card Baseline Questionnaire	Women's Group Members Project Staff and Coordinators	Home interviews Home interviews	Kept by Mother Submitted to Coordinators	Mothers and children invited to participate in monthly activities Women's Group Community Members
2. Identify high risk women and children	Monthly	Family Card	Women's Group Members	At monthly nutrition activity	Kept by Mothers	Mothers/Families
3. Record information and monitor progress of high risk women and children	Monthly or at each contact	Follow-up Register	Women's Group Members	Home visits and monthly nutrition activities	Kept by Women's Group	Mothers/Families Women's Group Health Workers
4. Record information about women's group health activities	Monthly	Activity Register	Women's Group	Women's Group meetings	Kept by Women's Group	Women's Group
5. Monitor women's group activities	Quarterly	Village Report	Project Staff	Village supervision visits	Submitted to Coordinators for analysis and Project Donor as part of quarterly report	Women's Group Health Workers Community Leaders
6. Evaluate impact of women's group health activities	Annually (same month each year)	(Repeat) Baseline Questionnaire	Project Staff and Coordinators	Home interviews or interviews during monthly health activities	Submitted to Coordinators for analysis and Project Donor as part of annual report	Women's Group Community Leaders Health and Development Sectors

*Registration and collection of baseline information would be carried out together. Coordinators and staff would work with women's group members to complete these records.

Project Evaluation

Indonesia: Nutrition Management Project
Nusu Tenggara Timur Province
January 12 - February 4, 1986

Implementing Organization:
National Family Welfare Movement (PKK)

Funded by: The Centre for Development and
Population Activities
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I. INTRODUCTION

This report covers work conducted with the National Family Welfare Movement (PKK) in Nusa Tenggara Timur Province (NTT), Indonesia from 12 January to 4 February 1986. The primary purpose of the consultancy was to assist PKK/NTT evaluate the first 18 months of activities under their Family Nutrition Improvement Program (P2GK). P2GK is an experimental project funded by the AID/GOI CHIPS project. This was the consultant's fourth technical consultancy with PKK/NTT under CEDPA's Nutrition Management Project.

The following sections describe the activities and results of the two stage P2GK evaluation, conducted from January 19 - 31, 1986 at the PKK headquarters in Kupang. The consultant's conclusions and recommendations for extension of the project strategy to other districts in NTT Province are included in the final section of the report.

I would like to acknowledge the constant support received during this consultancy from the Head of PKK/NTT, Dr. Nafslah Mbol; USAID Consultant, Karen Smith; and the PKK Volunteers. I was also fortunate to work during the consultancy with Mrs. Emma Wibowo, Consultant/Trainer from Yayasan Indonesia Sejahtera Solo (YISS). Mrs. Wibowo's skill as a trainer and her extensive experience working with health and development programs throughout Indonesia make her an invaluable resource specialist for PKK/NTT.

II. P2GK - PROJECT STRATEGY

P2GK is an experimental program that seeks to improve the effectiveness of Indonesia's National Nutrition Improvement Program (UPGK) in a pilot area of NTT Province. The P2GK strategy was designed after an initial feasibility study in November 1983 showed that the UPGK program, active in villages throughout NTT, had been very ineffective in its attempts to reach and improve the nutrition status of young children. The feasibility study showed that less than 50% of children in UPGK villages had been registered in growth monitoring activities and that of the 30-50% of these children found to be malnourished, few experienced improvement in nutrition status overtime.

Drop out of children from the UPGK growth monitoring program was found to be high as was dropout of the village volunteers (Kader Gizi) responsible for conducting regular nutrition activities. Inadequate training, infrequent supervision and lack of support from village leaders were cited as factors contributing to Kader dissatisfaction and dropout. Standard UPGK formulas for resource allocation (e.g. number of weighing posts, number of Kader Gizi, etc.) also made for unclear and often overwhelming Kader responsibilities as well as less-than-easy access to village families. In addition, Kader were found to suffer from a lack of teaching aids, counseling skills and resources for nutrition intervention. Clearly, the job support and satisfaction so important for the motivation and continued effort of volunteer workers were not present.

Another problem identified during the feasibility study was lack of involvement of PKK leaders and local government officials in village nutrition activities. While PKK and local government were both, in theory, responsible for monitoring and supporting village nutrition work, in reality UPGK was most often seen, not as a community, but as a health department responsibility. The study concluded that without the benefit of training or prior experience with nutrition programs, PKK and local government would be poorly prepared at best to take more than a passive role in village nutrition activities.

The P2GK program was developed in response to these problems. P2GK builds on the standard growth monitoring and nutrition education package of UPGK and the existence of PKK action teams (TP PKK) at each administrative level of the Indonesian system. The PKK/NTT - P2GK program aims to improve UPGK effectiveness by:

1. Strengthening the role of PKK Kabupaten and Kecamatan action teams in the training and support of village nutrition volunteers (Kader Gizi). In the past, PKK action teams at these levels have not had the training or support to play an active role in village nutrition activities.
2. Increasing community self-help skills and providing resources to help communities solve the problem of undernutrition. P2GK provides training and equipment for the production of improved weaning foods. A village subsidy is also provided to each community for a project addressing the problem of malnutrition through income generation, food production, etc.

3. Flexible programming of resources based on local problems and needs. While UPGK is essentially a "program package" which is delivered uniformly to all participating villages regardless of size, geographic or other differing characteristics, P2GK has paid special attention to the individual needs of participating villages. In P2GK, the number of weighing posts, Kader Gizi, supervisors, etc. have all been adjusted to meet individual village needs.
4. Modifying the selection and training of Village Kader Gizi to improve their skills and acceptance by the community. This includes selection of Kader Gizi by the families they serve; practical, competency-based training; and moral and technical support for Kader through regular supervision and in-service training.
5. Involving PKK, local government and related development sectors at each administrative level in the planning, implementation and evaluation of village nutrition activities.
6. Decentralizing the management of P2GK program activities. The PKK Kabupaten Action Team has primary responsibility for program management.

In August 1984, Kabupaten Kupang was chosen as the site for P2GK activities. Three Kecamatan (subdistricts) and nine Villages in the Kabupaten were selected for involvement in the program. 10 PKK members were chosen from PKK Kabupaten (7) and PKK Province (3) Action Teams to act as the P2GK team of managers and trainers. In September 1984, the P2GK Management Team was trained in general nutrition, standard program activities, supervision and training techniques. During their training, team members carried out a needs assessment in Kabupaten Kupang. This needs assessment allowed them to decide on the number of weighing posts, Kader Gizi and other resources required in each village. It also provided supervised experience in village nutrition assessment and insight into the training needs of Village Kader Gizi and Kecamatan Supervisors (Kader Pembina).

In November 1984, the P2GK Management Team conducted the second level of P2GK training for the 22 Kecamatan Kader Pembina who were chosen by PKK and local government officers to provide on-going support and supervision to Village Kader Gizi. In February and March 1985, 130 Kader Gizi from the nine project villages were trained by the Management Team with the assistance of the Kecamatan Kader Pembina in each area.

Immediately following completion of their training, Kader Gizi began providing monthly growth monitoring, education and referral at 37 weighing posts. Villages were also equipped at that time with weighing scales and hand grinders appropriate for making mixed weaning food flours or BMC. On-going Village activities have been supervised by Kecamatan Kader Pembina and the P2GK Management Team during the past ten months.

In-service training has also been conducted as needed during the first 18 months of the Project. In March 1985, the P2GK Management Team received training in home and village production of weaning foods and in project planning and budgeting. In September 1985, Kader Pembina and Village Kader Gizi received refresher training in growth monitoring and recording and

reporting. In December, three representatives from each village participated in a week-long training program in preparation for the start-up of their nutrition-related income generating and food production projects.

The evaluation described below was carried out after completion of 18 months of program activity, including approximately 8 months of planning and training and 10 months of nutrition activities in the 9 program villages. Chart A summarizes the P2GK activities completed and the results of each through December 1985.

Chart A
P2GK Program Activities
 August 1984 - December 1985

Activity	Results	Budget
1. Program Planning	May 1984-Kabupaten Belu (cancelled)	Rp 2,013,500
- Selection of Project Sites	August 1984-Kabupaten Kupang	
- Baseline Data Collection	- 9 Villages selected	
- Selection of Managers & Supervisors	- 10 Trainers/Managers selected - 22 Supervisors (Kader Pembina) selected	
2. Training of Management Team	Aug 28 to 19 September 1984 - 10 managers trained - village needs assessment conducted	Rp 6,352,000
3. Orientation for Kecamatan and Village Leaders	September 1984 - visits to 3 kec., 9 villages conducted	Rp 242,000
- Site visits	October 1984 - 3 day orientation meeting held for 50 participants	
- Meeting		
4. Training of Kader Pembina	November 19 - December 1, 1984 2 week workshop held for 22 participants	Rp 6,198,000
5. Selection and Training of Village Nutrition Kader	January 1985 - selection of 130 Kader Gizi February - March 1985 5 one-week training workshops conducted	Rp 4,900,000
6. Equip and Supply Villages and Kecamatan	August 1985 - 37 weighing posts provided with: - weighing scale - growth cards - Buku Pegangan Kader - Packet Permainan Gizi - ORS spoons - Vitamin A - Grain Grinders (hand)	Rp 4,900,000

Chart A
P2GK Program Activities
 August 1984 - December 1985

Activity	Results	Budget
7. Monthly Nutrition Activities In Nine Villages	March 1985 - December 1985 - monthly growth monitoring sessions at 37 weighing posts - home visits, referrals	
8. Supervision - Management Team	March 1985 - December 1985 - Monthly meetings - Visit to Kec. and at least one weighing post each month per manager	Rp 2,901,000
- Kader Pembina (Kec.)	- Visit to all weighing posts each month	
9. In-Service Training		
- Management Team	March 1985 - 6 days - Weaning food production; - Planning and budgeting	Rp 224,000
- Kader Pembina	September 1984 - 2 days - Supervision; Recordkeeping & Reporting	Rp 2,000,000
- Kader Gizi	November 1984 - 3 days per village - Recordkeeping & Reporting; Counseling	Rp 4,000,000
10. Village Nutrition Improvement Projects		
- Training	December 1985 - 1 week workshop held for 27 partici- pants (3 from each village) on project planning	Rp 2,200,000
- Nutrition Subsidy	Plans in preparation at time of evaluation January 1986	Rp 4,500,000
1. Evaluation Workshops		
	January 21-22, 1986 - Phase I - Kecamatan and - Village 59 participants	Rp 3,643,500
	January 30-31, 1986 - Phase II - Province and - Kabupaten 37 participants	
2. Weaning Food Production		
- Provide electric grinders to Kec. and Desa	Planned for March 1986	Rp 1,350,000
- Study Tour	Planned for March 1986	Rp 11,000,000

III. EVALUATION OBJECTIVES AND PROCEDURE

The objectives of the P2GK evaluation exercise were to:

1. Assess progress towards short-term program goals which include Improving: growth monitoring coverage; Kader skills and satisfaction; intervention with malnourished children; intersectoral coordination of nutrition activities; etc.
2. Assess progress towards the longterm goals of improved nutrition status in children under 5 years and eradication of severe malnutrition.
3. Identify problems with P2GK program design and management and possible solutions to these problems.
4. Involve PKK, local government and development officers at Village, Kecamatan, Kabupaten and Province levels in the evaluation.

Evaluation activities included:

Compilation of Data from Monthly Reports: The P2GK Management team worked with the consultants to compile information on the coverage of nutrition registration, participation in monthly growth monitoring activities, and nutrition status for each village. This information was presented and analyzed during the two workshops described below.

Rapid Assessment Interviews: During the week of January 13-20, 1986, interviews were carried out in 6 of the P2GK villages with families, Kader Gizi, Kader Pembina, local government officials and health workers. The purpose of these interviews, which were conducted by individuals who were not involved in the implementation of P2GK, was to collect information from community members and workers about their experiences with P2GK and village nutrition activities. The results of the interviews were presented for review and discussion during the Village/Kecamatan workshop described below.

Village/Kecamatan Workshop: A two day workshop for participants from the nine P2GK Villages and three Kecamatan was held from January 21-22. Fifty nine people participated in the workshop including the following:

- Camat - 3
- Ketua TP PKK/Kecamatan - 3
- Kepala Desa - 9
- Ketua TP PKK/Desa - 5
- Kader Pembina - 17
- Kader Gizi - 16
- Puskesmas Nutrition Supervisor (TPG) - 3
- Kaur BangDes - 3

The workshop was coordinated by the P2GK Management Team and PKK Province. During the two days, participants provided additional information about Village and Kecamatan nutrition activities. Participants also reviewed and analyzed the information compiled earlier regarding registration coverage, participation in monthly growth monitoring sessions, and the growth of young children. The final sessions of the workshop focused on identification and analysis of both the accomplishments and the problems of the P2GK program.

Province/Kabupaten Workshop: The second evaluation workshop was held January 30-31, with thirty five participants from PKK Province (5), PKK Kabupaten (7), Konwil Kesehatan (7), Dinas Kesehatan Province (2), Dinas Kesehatan Kabupaten (8) and consultants (3). During the workshop, the participants reviewed P2GK activities and results as well as input from the earlier Kecamatan/Village evaluation workshop. Program accomplishments and problems were grouped in several general categories for analysis. Workshop output included two sets of recommendations for strengthening P2GK: the first is a revised 1986/87 workplan for Kabupaten Kupang; the second is a list of general considerations related to the planned extension of the P2GK strategy to seven additional Kabupaten. Immediately following the second workshop, the P2GK Management Team met with Dr. Mbol to review the workshop recommendations which they will use to develop more specific guidelines for program expansion.

IV. EVALUATION FINDINGS: PROGRAM ACCOMPLISHMENTS

In general, P2GK has proceeded as planned since its initiation in 1984. The P2GK Management Team has planned and carried out all major project activities with only minor delays in implementation. Assessing the management and results of those activities was the primary goal of the evaluation effort reported here. Substantial progress towards project objectives was noted as follows:

Improved Registration and Coverage of Growth Monitoring Activities

Chart B shows marked improvement in the proportion of children in P2GK villages who have been registered in growth monitoring activities. While only one village had registered more than 85% of eligible children at the beginning of the program, by December 1985, eight of the nine project villages had registered over 85%, and four of these showed more than 95% registered.

Several villages also experienced consistently high levels of participation in growth monitoring activities (Lasiana, Tode Kisar and Bismarack). It is difficult however to judge improvement in this category because baseline data on participation is not available for comparison.

Active Intervention with Malnourished Children

All project villages reported conducting home visits for the follow-up of malnourished children and providing supplementary feeding in cases of severe malnutrition. Villages, interestingly enough, had developed several ways of supporting their supplementary feeding efforts, including collecting contributions of food stuffs, and in some cases, money from community members. While this shows initiative on the part of Kader, it should be pointed out that funding is budgeted and should be made available to PKK in each village to help defray the cost of such supplemental feeding. Because of faulty communications and the lack of specific guidelines for requesting and disbursing this subsidy, villages had not made use of it. This problem was discussed and steps taken to resolve it during the evaluation.

It was not possible at the time of the evaluation to assess the impact that special intervention efforts have had on severe malnutrition. Once village registers are in order, however, it should be relatively easy to measure changes in the status of severely malnourished children over time.

Chart B
P2GK Growth Monitoring Coverage and Participation

Kecamatan/Village	Total Children 5 yrs.	% Registered Beginning Program*	% Registered December 1985	Average % children participating monthly
<u>Kec. Fatuleu</u>				
Naunu	153	79.7%	94.1%	33.1%
Camplong I	401	68.4%	88.8%	27.8%
Camplong III	229	45.4%	100%	41.2%
<u>Kec. Kupang Tengah</u>				
Baumata	335	28.4%	88%	32%
Bismarak	95	65%	100%	71.3%
Lasiana	204	54.3%	100%	78.7%
Tarus	522	39.8%	57.5%	30.6%
<u>Kec. Kupang Utara</u>				
Kelapa Lima	363	65.3%	94%	41.2%
Tode Kisar	124	85.2%	96%	81.7%

January - March 1985

High Level of Volunteer Satisfaction

One of the assumptions of the P2GK strategy is that improved training and supervision (quantity and quality) will result in lower Kader drop-out, higher Kader satisfaction and thus more effective nutrition intervention at the village level. Based on the evaluation results, there is every reason to believe that P2GK has been successful in this respect. Kader drop-out during the first ten months of village activities has been low (less than 11%). The level of effort and achievement reported above also indicates sustained Kader involvement and interest during this period.

While it is difficult to pinpoint specific reasons for this relatively high level of Kader activity, several of P2GK's special features may be associated with these positive results. Selection of Kader by the community members they serve is a P2GK feature that may be having a positive impact on Kader continuation over time. Regular contact and attention from supervisors and trainers may also be motivating Kader to continue and improve their efforts. Comments from Kader show that many of them feel a sense of pride in their new knowledge and their ability to help the families of malnourished children. This pride extends in some cases to a feeling that, through their nutrition work, Kader are better able to participate in the development of their villages. The feeling of empowerment, as expressed by Kader, is undoubtedly an important incentive for their continued participation. Other comments lead us to believe that, for many Kader, involvement in nutrition work also satisfies unmet needs for social contact and opportunity for self-improvement.

Improved Coordination of Nutrition Activities

One of P2GK's goals is to strengthen PKK at the Kabupaten, Kecamatan and Village levels. This includes improving coordination between PKK, local government officials and other development sectors. Evaluation results indicate that P2GK has had a positive effect on interaction between these groups. During the Kecamatan/Village Workshop, discussion groups examined the program's impact on PKK, and on local government and community involvement in nutrition activities. It was the general consensus that P2GK had indeed strengthened both the PKK and the overall coordination of activities at the Kecamatan and Village levels. Several groups commented that P2GK had given PKK, LKMD and the Camat a specific set of activities and objectives to work toward.

It is important to note that P2GK has done several things to encourage local government's involvement in the planning and implementation of project activities. During the initial stages of the project, PKK conducted a day-long orientation for local government officials, as well as health and community development officers from the project area. Local officials were also actively involved in selecting project villages, Kader Pembina, Kader Gizi, etc. And, during implementation, copies of monthly reports were sent to LKMD and health officers to keep them informed about village nutrition activities. The P2GK evaluation reported here was also designed to result in improved coordination of nutrition activities by formalizing and providing a framework for joint program review.

Decentralized Project Management

At the start of this project, none of the members of the P2GK Management Team had previous experience in project planning or management. PKK Kabupaten also had no formal system for developing program plans, managing the level of funding required, or reporting on the progress of nutrition activities. Over the past eighteen months, the Management Team has learned to complete many of the planning and administrative functions required to implement P2GK. During this period, they have successfully:

- o Carried out two need assessment surveys
- o Prepared plans and budgets for specific program activities
- o Carried out regular supervision visits
- o Managed and reported on the use of program funds
- o Prepared progress and financial reports
- o Coordinated a multi-level evaluation of the program

Not unlike Village Kader, members of the P2GK Management Team expressed their feelings of satisfaction at being able to improve their own nutrition and management skills; to contribute to improving nutrition status; and to working jointly as a team during the past 18 months. Members of the Management Team, who are all volunteers, deserve a great deal of praise for the many activities they have successfully planned, carried out and supervised. For all of them, program management was a new area of responsibility, as was planning and conducting training. While project implementation has not been without problems, those problems have not undermined the commitment or the interest of the Management Team.

V. EVALUATION FINDINGS: PROBLEMS AND RECOMMENDATIONS

Problems identified during the evaluation were placed in the following categories for analysis:

1. Training of P2GK volunteers
2. Coordination between PKK and the Health Sector
3. Supervision
4. Management systems including financial management, recording and reporting and logistics
5. P2GK information systems.

The following sections describe the problems encountered and possible solutions recommended by evaluation participants and consultants.

Improving the Training of P2GK Volunteers

Since August 1984, multiple levels of pre and in-service training have been conducted for the P2GK Management Team, Kader Pembina and Kader Gizi. While the majority of P2GK training has resulted in improved skills, the evaluation pinpointed difficulties with:

1. Kader Gizi ability to provide nutrition counseling, maintain records and produce reports;
2. Kader Pembina supervision skills;
3. The Management Team's planning and financial management skills.

To strengthen these skill areas, it was recommended that the topics mentioned above receive more attention during the initial training for each level of worker. In Kabupaten Kupang, refresher training scheduled for 1986/87, will address problems at each level.

It was also recommended that future training be more practical than in the past. This recommendation was directed specifically at training for Kader Pembina and Kader Gizi which were felt to be too theoretical and, at times, overloaded with content. The original training for Kader Pembina was carried out by the Management Team without the assistance of an outside training consultant.

To avoid diluting and or overloading training content, PKK should consider:

1. Developing a standard curriculum outline for each level of training. This would help guarantee that inexperienced trainers give preference to topics and skill areas of primary importance. The curriculum could be modified and adapted to meet local needs.

2. Conducting the initial training for Kader Pembina in two phases. The first training would focus on standard program activities; i.e. growth monitoring, counseling, reporting and recording. The second training, conducted 4 to 6 months later, would reinforce general nutrition skills but focus primary attention on supervision responsibilities and techniques.
3. Making sure that a nutrition training specialist is available to work with the Management/Training Team during training for Kader Pembina and Kader Gizl.

Inadequate Coordination Between PKK and the Health Sector

Improved coordination between PKK and local government was reported earlier as one of the strengths of the P2GK program. In sharp contrast, coordination between PKK and the Health Sector (Kesehatan) has been one of the program's most serious problems. During the Village/Kecamatan workshop, Kesehatan Nutrition Supervisors complained that they had not been properly informed about the goals of P2GK and that they had never been invited to participate in the program even though they work with the same Kader and villages as part of the UPGK program. It should be mentioned that PKK conducted an orientation for the directors of each Health Center (Puskesmas) in the program area during the first month of the P2GK program. Apparently, the individuals in attendance did not pass information about the program on to their Nutrition Supervisors. The net result has been confusion and resentment on the part of Kesehatan Nutrition Supervisors and the PKK Volunteers.

Another consequence of inadequate coordination between PKK and the Health Sector has been the lack of funding available for assistance to severely malnourished children. As mentioned previously, funds available for this intervention should be provided to village PKK through local health centers. Vitamins, iron and oralite should also be provided to Village Kader by the health centers. This has not been the case.

Better coordination between PKK and the Health Sector was defined as a key to future program success. Participants recommended the following mechanisms to improve coordination:

1. PKK will involve the Kesehatan Nutrition Supervisors in all future P2GK training. The Nutrition Supervisors will be trained as trainers together with P2GK Management Teams. They will subsequently assist with the training of P2GK Kader Pembina and work with them to supervise on-going village activities. Nutrition Supervisors are present daily at the Health Centers and will be accessible to Kader Pembina for regular contact and problem-solving.
2. Kesehatan Nutrition Supervisors, P2GK Kader Pembina and PKK Village will meet regularly to review reports from all weighing posts. PKK Kecamatan, Camat and Dr. Puskesmas will also meet quarterly to analyze village data and similar meetings will be held at Kabupaten level. If problems arise at any of these levels, special meetings will be called by Kesehatan and PKK to discuss and solve them.

3. Consideration will be given to converting some of the active P2GK weighing posts to Pos Yandu (Primary Health Care Posts) in the near future. This will require additional training for Kader and for Kader Pembina, if they are to assist with supervision of the Posts. The addition of targeted health interventions would help meet villagers' felt needs for curative as well as preventive services. Care should be taken, however, that new training and services are added gradually so as not to overwhelm Village Kader.
4. Each Health Center will take immediate steps to make funding for supplementary feeding of malnourished children available to PKK. In the future, Health Centers will assist PKK Village to request funds for this purpose on a regular basis.

These recommendations, besides boding well for the future of P2GK, also show a change in attitude on the part of the Health Sector in NTT. Past scepticism about the ability of PKK volunteers, while not completely gone, seems to be giving way to a recognition of the positive role PKK volunteers at all levels can play if given sufficient training and support. The P2GK program and the recent immunization campaign experience in which PKK played a major role, must be at least partially responsible for this change in attitude. PKK members are also more self-confident now, after 18 months of project experience, than they were previously. As a result, they can state their opinions and discuss program issues with health personnel based on their own first-hand experience.

Kecamatan to Village Supervision Inadequate

P2GK supervision includes: supervision of Village Kader Gizi by Kecamatan Kader Pembina; supervision of Kecamatan Kader Pembina by the P2GK Management Team; and supervision of the Management Team by the PKK Province Head, Dr. Mbol. The following problems were noted with the supervision system and its management:

Inactive Kader Pembina. While the official drop-out rate for Kader Pembina has not been exceptionally high, reports from Kader indicate that many Kader Pembina do not make regular (monthly) supervision visits to the village weighing posts. Reasons given for this inactivity include lack of transport, living far from the villages they supervise, other responsibilities at home, etc.

Funds for supervision of Village Kader by Kader Pembina were not made available until January 1986, almost a year after these funds were transferred to PKK Kabupaten. The reason given for this delay was that the Kecamatan did not submit proper requests to PKK Kabupaten for disbursement of funds. Lack of funds for supervision was one of the principal reasons given by Kader Pembina for infrequent visits to village weighing posts.

No consistent records are kept of supervision visits and follow-up actions. This makes it difficult to analyze the content of supervision visits. Interviews conducted as part of the P2GK evaluation indicated that Kader Pembina are often unclear about their roles vis-a-vis Kader Gizi. Our analysis of some of the continuing problems with program implementation also led us to the conclusion that problem-solving skills at all supervisory levels should be improved.

Recommendations to Improve P2GK supervision include:

1. Combining the supervision efforts of PKK Kader Pembina and Kesehatan Nutrition Supervisors, as describe above.
2. Providing funds for the supervision of village activities by Kader Pembina directly to PKK Kecamatan. This should help to eliminate unnecessary delays in the disbursement of funds for supervision visits.
3. Making completion of a supervision checklist or report mandatory for all supervision contacts. This should help to standardize the content of supervision visits. It would also allow program managers to regularly evaluate the work of supervisors.
4. Improving the selection of Kader Pembina. The distance from a Kader Pembina's home to the village she must supervise should be given careful consideration. In addition, orientation for Kader Pembina candidates should create realistic expectations by emphasizing the amount of time required, the functions they are expected to carry out, and the kind of support to be provided by PKK or P2GK.

Project Management Systems

Problems with the general management of the P2GK program have included:

Delays in the disbursement of funds and the distribution of supplies and equipment from PKK Kabupaten to PKK Kecamatan and PKK Village. For example: Funds for supervision activities were transferred to PKK Kabupaten in February 1985, but not disbursed until January 1986. Growth cards and other supplies for weighing posts were received in April 1985, but several villages were not fully supplied until August 1985. The lack of established procedures (forms, guidelines) for requesting funds and supplies is one possible cause of this problem. Inadequate or ineffective supervision is another. According to the P2GK strategy, supervisors should guide and assist PKK at each level to prepare and submit such requests. The evaluation showed that while supervisors had identified and helped Kecamatan and Village workers solve other types of problems, they were hesitant to address higher level leaders about financial matters.

Program reports have not been submitted regularly to PKK Kabupaten. Less than 60% of the required reports have reached PKK Kabupaten during the first ten months of village activities.

Registers and report forms that should have been distributed at the beginning of the program, were not made available to Village Kader or Kader Pembina. This has resulted in the use of several different recording formats by Village weighing posts and Kecamatan, making it impossible to standardize the collection and analysis of program data. This was apparently the result of confusion over who (PKK, Puskesmas, or Kecamatan) should have been responsible for reproduction and distribution of P2GK forms.

Planning and disbursement of funds for specific program activities has often been at the last minute. This causes great confusion and could be disastrous if repeated in the new Kabupaten, which are located far from the PKK headquarters in Kupang.

The management difficulties described above can be seen, in part, as a result of the Management Team's lack of previous planning experience. Their initial training was also deficient in management content, a problem which should be addressed during program expansion. It should be noted, however, that the Management Team has received considerable on-the-job management training from Dr. Mbol and the visiting consultants. All of the management tasks have, in fact, been completed under the guidance of either the Project Director and or the CEDPA or YISS consultants to P2GK. In the process, team members have learned how to complete specific management steps and they have developed a basic set of management documents that could be used as examples in the training of management teams from other Kabupaten.

Specific recommendations to improve P2GK management include:

1. Developing written guidelines for project management including:
 - o Instructions for completing a needs assessment with examples of interview guides and tables for data analysis.
 - o Instructions and forms for activity planning and budgeting
 - o Instructions for requesting a funding advance or reimbursement
 - o a supervision checklist
 - o forms and instructions for progress and financial reporting.

This set of management guidelines could be given to each management team as a reference. The guidelines would first be reviewed during training and then used during implementation of each of the specific management activities.

2. Establishing a schedule or set of deadlines for submission of plans, budgets and reports. Each administrative level of PKK must know by when specific documents should be submitted to ensure that funds are available for their planned activities. If funds are required at the village level, for example, how long before the funds are needed should PKK Village submit their plan and budget? It might simplify funding requests and disbursements if a system of quarterly planning and budgeting were adopted in place of the current system of planning and budgeting by activity.
3. Printing and distributing standard register and reporting forms to all weighing posts, Villages and Kecamatan, as originally planned.
4. Conducting regular review of program activities and results at Village, Kecamatan and Kabupaten levels. This should become a routine aspect of program supervision.

5. Continuing to strengthen recording and reporting skills through in-service training of Kader and Kader Pembina and regular supervision visits.
6. Strengthening the initial training of Kabupaten Management Teams by adding the following topics: program planning, budgeting and financial management. This content should be covered during an initial training period and reinforced periodically through in-service training.

Deficiencies in the P2GK Information System

The evaluation pointed out serious problems with the design of the P2GK Information system. At present, P2GK records and reports do not provide information about nutrition status, except in the case of severely malnourished children. Changes in the proportion of moderately malnourished and well-nourished children in the community are important indicators of progress towards reducing the incidence of childhood malnutrition.

If at all possible, data on nutrition status should be collected in each village. This could be done by making an extra effort to weigh all the children in a village at least once each year. During a specially designated month, Kader would be asked to classify the weights of children according to their position on the KMS card. Kader would be instructed to go to the homes of the children who do not come for weighing in order to be sure that all are included. Data from the villages could then be compiled, compared and stored for comparison when the same nutrition census is carried out again the next year. (The nutrition census should be repeated during the same month each year to avoid seasonal bias.)

At some point, complete revision of the P2GK reporting system could be considered. The current system, adopted from UPGK, is cumbersome and difficult for village volunteers to master. Proficient recording and reporting requires many hours of training and frequent reinforcement. While the current system has the potential to provide very useful information for monitoring and evaluation purposes, its costs in terms of training and labor expended, should be examined closely. If the decision is made to change the system, PKK should request an information systems consultant to work with them to develop and test new forms and procedures.

VI. GENERAL COMMENTS AND RECOMMENDATIONS FOR P2GK EXPANSION

After ten months of village nutrition activities, and with two elements of the P2GK strategy still to become fully operational (weaning food production and village self-help projects), it is certainly too early to judge success or failure of the P2GK program in Kabupaten Kupang. Based on the evaluation findings, however, there is every reason to believe, that P2GK is creating the necessary conditions for effective community nutrition intervention. Volunteers have been trained and are motivated to manage as well as provide nutrition services. Local government, health and development sectors are working together with PKK to monitor and solve community nutrition problems. And, P2GK has strengthened PKK's overall capacity to plan and manage intervention projects of this type at the community level.

What are the lessons to be learned from the first eighteen months of P2GK activities?

Motivating Nutrition Volunteers:

P2GK is demonstrating that volunteers at all levels will contribute their efforts to sustained, self-help efforts if they are given adequate training and support and if they feel their work is contributing to the overall development of their communities. While economic constraints to volunteer participation must not be overlooked, P2GK and other projects with which CEDPA is involved in Africa and Asia consistently point out the importance that volunteers, especially women volunteers, place on opportunities for self-improvement through training, on the feeling of empowerment that comes from being able to participate in the development process, and on the social interaction resulting from involvement in community self-help activities.

In order to be effective, programs like UPGK that depend on volunteer contribution would do well to focus more attention on helping volunteers feel competent and proud of their nutrition work. While the economic constraints to volunteer participation can not be overlooked, those planners discussing appropriate incentives for volunteers should focus more attention on:

- o Making volunteer assignments reasonable and doable,
- o Helping volunteers develop basic skill competencies and providing in-service training to enhance and continually expand those skills,
- o Giving regular feedback and positive reinforcement to volunteers for their important contributions,
- o Ensuring that volunteers are recognized and respected by community leaders and field officers from the various development sectors.

Experience has shown that professional development workers often unwittingly undermine their own efforts to enlist and motivate community volunteers. In many cases, their underlying belief that community volunteers are uneducated, poor and, therefore, cannot be expected to do very much, becomes a self-fulfilling prophecy. The volunteers, sensing the disapproval of those who should train and assist them, naturally begin to feel incompetent and, as a result, they never develop the sense of pride and involvement that is so important for their sustained effort. It often seems that if programs could instill an appreciation in their professional staff members for the potential contribution of community volunteers, half the battle of mobilizing and motivating volunteers would be won.

Coordinating Nutrition Improvement Activities:

P2GK is demonstrating how to encourage the effective coordination of nutrition interventions and other development efforts at the community level. Evaluation participants gave us a clue to one of the important elements of successful coordination when they said that P2GK had given them (PKK, community members, local government, and development workers), for the first time, a defined set of activities and objectives to work towards. Past admonishments to "work together", "coordinate", and "involve the community" were apparently vague prescriptions that left leaders without an understanding of just what they should work together on and how they should go about it. P2GK provides a defined set of activities and skills while also calling on the community to make important decisions about resource allocation, selection of workers, complimentary self-help activities, etc. P2GK has also involved key leaders, PKK and development workers in the planning, implementation and evaluation of program activities. These elements of the program strategy should definitely be retained and strengthened during program expansion.

Decentralizing Project Management:

The third point that should be made is related to the decentralization of P2GK management to the level of PKK Kabupaten. While this experiment is far from complete, problems encountered during the pilot effort in Kabupaten Kupang indicate that additional inputs will be necessary if Kabupatens are to successfully mount and manage this type of project.

One of the first steps that should be taken is to rethink the role that PKK Province will play vis-a-vis PKK Kabupaten as the program is extended to new areas. In the pilot effort, PKK Province has worked hand-in-hand with PKK Kabupaten to plan and manage program activities. This was possible because of geographic proximity and desirable because involvement in the pilot area was seen as an important opportunity for PKK Province to learn how to manage such a program effort.

As P2GK expands to more isolated Kabupaten, PKK Province will be required to play a more supportive and less directly responsible role in P2GK implementation. It is suggested that PKK Province assume the following functions in the expansion effort:

- o Work with respective Kabupatens and the Health Department to prepare the annual plan and budget for the P2GK program.
- o Develop and conduct basic training for Kabupaten management teams, with the assistance of training consultants.
- o Act as consultants to PKK Kabupaten Management Teams during the training of Kecamatan Kader Pembina and Village Kader Gizi.
- o Work with PKK Kabupaten to select project locations and workers at each administrative level and provide orientation to local government and development officers.
- o Develop management guidelines and procedures and provide orientation to PKK Kabupaten in their use.

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- o Visit each P2GK Kabupaten regularly during Implementation to assess progress and problems.
- o Coordinate annual P2GK evaluations with Village, Kecamatan and Kabupaten participation.

In order to play this expanded role throughout the province, PKK must make the following decisions about the composition and structure of the P2GK Provincial Management Team:

- o How many individuals, with what background or preparation will be required?
- o How much time will be required and or reasonably asked of individual team members? (This will determine the number of individuals required on the team, as well.)
- o Will these be volunteer or paid positions?
- o What relationship will the Provincial Management Team have to Kabupaten managers?

The proper staffing of this project at Province level will be an important factor in its continued success. One of the underlying causes of the management problems identified during the pilot effort in Kabupaten Kupang has been the absence of an individual or individuals on the P2GK Management Team with sufficient time, authority and vision to coordinate and monitor program activities. While decentralization should remain the goal of the P2GK program, stronger and more consistent program leadership is needed to insure that Kabupaten "managers-in-training" are provided adequate support and guidance.

Reducing Program Costs:

Cost containment should be a priority during P2GK expansion. While development of an innovative program strategy like P2GK obviously requires an initial investment of funds beyond what would be considered reasonable in an on-going program, if that strategy is to be considered a viable model for replication elsewhere, costs must be reduced to a reasonable level. Cost for the P2GK program could be reduced by:

- o Charging real instead of established item (DIP) costs for transport, meals, accommodations, etc.
- o Reducing the number of trainers paid honorarium during a training activity to 2-3 trainers per day.
- o Making use of resources available to local government, PKK and other development sectors (health) for community nutrition projects, supervision, etc.

- o Planning ahead i.e., requesting in advance certain equipment and supplies available free or at reduced cost from UNICEF, USAID, Pusat, etc. This will avoid costly reproduction of training materials, special shipping charges, etc.
- o Instilling awareness of the need to contain project costs in all managers.

In summary, PKK has been extremely successful at planning and conducting a variety of project activities and mobilizing a tremendous amount of volunteer support during the past eighteen months. Newly-trained PKK managers have carried out and helped to develop many of the standard management procedures required for program implementation. As PKK prepares to extend the P2GK program to new areas, attention should be turned towards building on program strengths and solving the management problems identified during the project evaluation. Taking steps to improve the effectiveness of managers, supervisors and village volunteers should be a constant and guiding priority for the P2GK program.

Project Evaluation

Nepal: Nutrition Training and Services Project

**Implementing Organization:
Family Planning Association of Nepal**

**Funded by: The Centre for Development and
Population Activities
AID Grant DAN 1010-G-SS-1033-00**

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PROJECT EVALUATION

NEPAL: NUTRITION TRAINING AND SERVICES PROJECT

I. BACKGROUND

The Nutrition Training and Services Project was started in late 1983 by the Planned Parenthood Women in Development Subcommittee of the Family Planning Association of Nepal. The project's goal was to integrate basic nutrition services with the family planning and rural development activities in 10 of the 43 subdistricts involved in FPAN's Bhauda Bahuneapati Family Welfare Project.

Project activities have included training for FPAN coordinators in community nutrition management; recruitment of a new level of project worker, the Village Woman Volunteer; training in nutrition and family planning for Family Welfare Workers and Women Volunteers; village nutrition activities including quarterly growth monitoring, counseling and referral of high risk children, community education, oral rehydration therapy, etc; and mid and final project evaluations.

In November, 1983, CEDPA provided technical assistance to FPAN for implementation of the first training activity under the subgrant - a seven-day workshop for project trainers, clinic managers and field supervisors. Following this workshop, in January 1984, these FPAN staff members conducted a second-stage nutrition training for twenty-two Family Welfare Workers (FWW) and Women Volunteers (W/Volunteers) recruited from the project area. Village nutrition monitoring and educational activities were begun in February 1984 in each of the targeted subdistricts.

In October 1984, CEDPA and FPAN Project Coordinators conducted a mid-term evaluation of the Nutrition Training and Services Project. The evaluation results were extremely positive, showing that 550 children from 1-5 years had been assessed quarterly since the beginning of project activities. The evaluation also showed that family planning field workers and clinic staff were enthusiastic about the acceptance and the predicted effects of their added nutrition responsibilities.

The FPAN demonstration project adopted an approach to nutrition and family planning service delivery which is unique in the Nepalese context. First, FPAN recruited and trained Women Volunteers to enhance nutrition outreach as well as family planning promotion and follow-up. Prior to this project, field workers were generally men who, for cultural reasons, were limited in their access to village women. A second innovative aspect of the project includes the addition of regular growth monitoring and village health education to an existing family planning service delivery network. While the literature often cautions against over-burdening or diluting the efforts of such single-purpose family planning workers, FPAN believed that the addition of basic nutrition interventions would actually increase the acceptance of both services.

II. PURPOSE AND METHODS OF EVALUATION

The evaluation reported here was conducted from December 30, 1985 to January 7, 1986 by CEDPA and FPAN staff members. The purposes of the evaluation which was carried out after approximately 22 months of village activity were to:

- o assess completion of the project scope of work and schedule of activities;
- o evaluate project results by measuring changes in nutrition, immunization and family planning status among targeted families;
- o assess the strengths and weaknesses of project design and management;
- o generate recommendations for project expansion or replication in other areas of Nepal.

Evaluation activities included:

- o Review of data from nutrition censuses carried out quarterly in the project villages. The project information system allows for collection and comparison of data on nutrition status, immunizations, illness and family planning acceptance. In-depth analysis of data collected between January and December 1984 included all 11 panchayats included in the project. At the time of the evaluation, only six months of data from the 6 panchayats in Indirawati Block was available for Year 2. As such, analysis for Year 2 was limited to this period and area.
- o Review and analysis of clinic data on registration of malnourished children.
- o A two day meeting with Family Welfare Workers and Women Volunteers which included focused discussion of their experiences since training, and their recommendations for project expansion and replication.
- o Extensive discussion with FPAN Field Coordinators and the Project Manager.
- o A two day review of evaluation findings including preliminary planning for expansion of the project to three isolated rural districts by FPAN.

III. EVALUATION FINDINGS

A. Scope of Work Completed

Chart 1 presents a summary of the activities planned and completed by FPAN under their demonstration project. As shown in this analysis, FPAN completed all activities satisfactorily, with only two exceptions:

- o Community education sessions that should have been carried out monthly in the targeted panchayats, were carried out infrequently.
- o While activities continued in the Helambu Block during the second year of activity, reporting on these activities was infrequent.

B. Project Accomplishments

Charts 2-6 summarize progress made towards improving the coverage and the results of basic nutrition, health and family planning interventions in the project area.

Project accomplishments deserving special note include:

Extension of Coverage:

- o 550 children under 5 yrs. and their families surveyed quarterly in 17 subvillages during Year 1.
- o 880 children under 5 yrs. and their families surveyed quarterly in Year 2. In Indirawati Block, the project moved into 10 new subvillages during that period.

Intervention with Malnourished Children:

- o 59 severely malnourished children provided intensive follow-up and referral for medical treatment during Year 1.
- o 54 severely malnourished children followed during Year 2 (Indirawati Block only).
- o 58% of the severely malnourished children followed during Year 1 showing improvement in nutrition status. (Follow-up rate for all children was 92.5% during the first year.)

Malnutrition Prevented:

- o Decline in the proportion of children suffering from moderate and severe malnutrition in the project subvillages. At the time of the first census in February 1984, 34% were moderately or severely malnourished. This declined to 19.7% after approximately 12 months of project intervention.

- o Seasonal food shortage (March-May) and the annual diarrheal disease season (April-May) did not exert the expected negative effect on the nutrition status of the cohort of children followed during Year 1. While clinic data confirms the negative effect that these seasonal occurrences had on the status of the general child population, nutrition status among the project cohort continued to improve. (See Chart 4 and 5.)

Improved Immunization Coverage:

- o The number of children with at least 1 immunization increased from 10.5% to 25.7% of the children followed during Year 1. Improvement was most remarkable in the Indirawati Block. (See Chart 6.)
- o During Year 2, FPAN negotiated with the national EPI program in order to add immunization to project services. In December 1985, just prior to the final evaluation, FPAN implemented a successful measles immunization campaign in Indirawati Block in which 142 children were immunized. Immunization coverage is expected to increase dramatically in the project area due to the regular availability of services.

Increased Family Planning Acceptance:

- o The number of family planning acceptors among the 485 families followed during Year 1 increased from 110 to 152, or 38%. During the first three months of Year 2, the number of family planning acceptors among families followed in Indirawati Block increased by 12.4 %.
- o The greatest increases were recorded in acceptance of temporary family planning methods, ie. depo provera, condoms, and oral contraceptives.

Depo Provera -	57%
Other -	48%
Sterilization -	23%

Infant and Child Mortality:

- o Mortality data was regularly collected both for registered children and their unregistered siblings. This information was not, however, classified by age group so it is not possible to calculate infant and child mortality rates. Our impression is that the 16 deaths recorded among the 550 children registered during Year 1 were, however, far fewer than would have been predicted based on national rates.

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Women-to-Women Service Delivery:

- o Eleven of the fourteen Women Volunteers trained in January 1984, remained active throughout the two years of village activity. In addition, FPAN trained selected women and men during the course of the project to replace and increase the number of volunteers. In 1986, FPAN will further increase the number of male and female Volunteers in the project area.
- o FPAN's experience in this demonstration project influenced the Ministry of Health to start a similar program in two rural districts, Dhanusha and Mahorahani. In that program, sixty-three women volunteers have been trained to provide nutrition and family planning services.

IV. LESSONS LEARNED

A. Selecting and Training Women Volunteers

This project expanded both the role and the number of women volunteers in the BBProject area. In the past, one Woman Volunteer had been responsible for random family planning motivation and follow-up throughout a panchayat. By contrast, the Nutrition Training and Services Project limited their area of responsibility to one ward or subvillage within the panchayat and added growth monitoring and nutrition counseling to their list of functions. Judging from the high level of satisfaction and effort displayed by the majority of the Women Volunteers, this has been a successful strategy.

Other elements of the strategy that seemed to promote effective Women Volunteers are:

- o Careful selection of Women Volunteers by Family Welfare Workers known to and often from the target communities, with selection based on criteria established by the Project Manager.
- o FPAN acceptance of Women Volunteers for service only after they have successfully completed training and demonstrated the required skills.
- o Payment of a small stipend (approximately U.S.\$5 per month) to Women Volunteers as an incentive for continued effort.
- o Monthly in-service training and contact with health workers at area clinics.
- o Respect and recognition from program staff, community leaders, etc.

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FPAN staff and managers have learned a great deal about motivating and supporting Women Volunteers through their experience with this project. When asked if working with Women Volunteers had made any difference in their work, field workers voiced their enthusiastic support. Their only problems, they stated, were:

1. Knowing how, as men, to talk to and deal with women workers, and
2. Finding enough village women with the necessary characteristics and the willingness to become Women Volunteers.

Item 1 could be addressed in future training for male field workers through role play, case study and discussion exercises. It is fair to assume that as more Women Volunteers become active and the concept of women moving freely within their villages changes, more women will both develop the willingness and the characteristics needed to become effective community health and family planning change agents.

A list of characteristics for women who are likely to become effective nutrition and family planning advocates in their villages was generated by the Women Volunteers and Family Welfare Workers during the final evaluation exercise. This list could serve as the criteria for future selection of Women Volunteer candidates. It states that Women Volunteer candidates should:

- o Be accepted by the community as a leader,
- o Not be shy about talking to and giving advice to their neighbors,
- o Have the support of their husbands, meaning freedom to attend meetings outside of the village, to visit homes, etc.,
- o Set a good example, ie. clean house, healthy children, etc.
- o Be active family planning acceptors,
- o If possible, be literate, although literacy should not outweigh community leadership ability,
- o Have access to large numbers of women, ie. be a shopkeeper or a shopkeeper's wife; have her home in a central area of the village; near the market or water source; etc.

B. Integrating Nutrition With Family Planning Services

By adding basic growth monitoring, nutrition and health education to existing village-based family planning services, FPAN hoped to improve not only child health and survival but also family planning acceptance. While it is not possible to assess the project's direct impact on family planning acceptance without a more rigorous research design, the increase in contraceptive acceptance among families in targeted subvillages, especially acceptance of temporary child spacing methods, is significant.

The enthusiasm expressed by FPAN field workers for their new nutrition and family planning responsibilities is also a good indicator of the appropriateness of this particular mix of services.

FPAN's experience in this project and CEDPA's experience elsewhere indicate that preventive nutrition and child health services can be integrated effectively with village-based family planning services because they:

- o respond to families' felt needs for improved child health and easier access to basic health services;
- o provide a practical tool, growth monitoring, that helps field workers and volunteers identify high risk families for intensive intervention;
- o are acceptable to most families and, thus, allow field workers entré into homes where family planning promotion might not be welcomed as an initial theme;
- o build trust between village families and field workers;
- o complement and help field workers and volunteers overcome resistance to family planning services;
- o focus attention on child spacing and temporary methods of contraception in areas where permanent methods have dominated family planning programs.

One of the factors in FPAN's success has been the well-trained, and experienced staff of family planning field workers who were involved in the demonstration project. Family Planning services, in other words, were already firmly established prior to introduction of the basic nutrition interventions. This is an important consideration as FPAN plans to extend the project strategy to other areas of the country. It is our belief that the project's integrated strategy will work well even where an existing network of field staff does not currently exist. In this case, however, it will be necessary to:

- o Select and train field workers and volunteers from the communities they will serve;
- o Allow for additional training in community participation, as well as family planning, nutrition and basic health measures;
- o Allow sufficient time for field workers to develop close relationships with the communities they serve, before asking them to select potential Women Volunteer candidates;
- o Include in the training of field workers, material on supervision techniques and working with Women Volunteers.

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C. Village-Based Records and Reports

The information system developed for the demonstration project focused on the collection and analysis of activity and results data by those most likely to use this information for remedial action. As such, Family Welfare Workers and Field Coordinators were those most actively involved in the data collection which included:

- o Registration and initial collection of data about all families and children under 5 yrs. in a targeted subvillage or area;
- o Quarterly collection of information about registered children and families (nutrition status, immunizations, family planning acceptance, etc.);
- o Quarterly reports from Family Welfare Workers to Field Coordinators and the Project Manager assessing changes in nutrition, immunization and family planning status, as well as children lost to follow-up, and births and deaths reported in their areas.

The strengths of this system rest in the fact that it:

- o Allows a field worker to track the progress of an individual child or family over time;
- o Helps the field worker analyze the information he has collected by asking specific questions about the past and current status of all malnourished children identified in growth monitoring activities; the number of new family planning acceptors since registration; etc.
- o Can be managed effectively by field workers;
- o Allows field workers and managers to compare activities and results in one area to those in another and to set performance targets to improve project results.

Two years of experience with this system, however, has shown that while Family Welfare Workers can be trained to master its operation, the amount of time required to complete the quarterly census and the report and analysis of its results means that Family Welfare Workers are not able to cover more than about 60 children regularly during a given period.

In order to free the Family Welfare Workers' time and to increase the number of Woman Volunteers and the size population they are able to work with at any one time, it is recommended that the basic system be retained with the following changes:

- o Initial registration and collection of baseline information about all families and children in a targeted area;

- o Semiannual collection of the same information about registered families and children thereafter.
- o Quarterly reporting of activities ie, number of high risk children followed-up during the quarter, number of children and women immunized during the quarter, new family planning acceptors during the quarter, number of community education sessions, etc.
- o Semi-annual or annual (instead of quarterly) reporting and analysis of results for each subvillage.

These changes would allow for on-going identification of high risk children and families for intervention, and provide for semi-annual or annual evaluation of project results by FPAN managers.

It is also recommended that FPAN develop a system of village recordkeeping to allow non-literate and semi-literate Women Volunteers to keep records of their activities. Consideration should be given to including literacy training in pre and in-service training for women volunteers.

D. Project Management

FPAN's project was implemented by the Planned Parenthood Women in Development Subcommittee and housed within the Bhauda Bahunepati Family Welfare Project. Because the subcommittee's membership fluctuates, consistent involvement by its members was not possible. As such, the project was eventually turned over to the BBProject staff for implementation. This was a satisfactory change and BBProject staff did an excellent job of managing the project. If, however, it is FPAN's goal to strengthen the capacity of its many volunteers to plan and carry out such projects, then ways should be found to insure their more active participation. If volunteers, for instance, are not able to travel, then perhaps an urban project in Kathmandu should be considered. Or, if volunteers at the branch level are to be trained and mobilized, then more thought should be given to assigning them specific responsibilities in project implementation. This would help guarantee their involvement and learning from such pilot activities.

V. SUMMARY OF RECOMMENDATIONS

During the final two days of the evaluation process, FPAN and CEDPA staff reviewed evaluation findings and began planning for replication of the Nutrition Training and Service Project in other areas of Nepal. FPAN intends to further develop and extend project assistance to three additional districts--districts with less well-established family planning service delivery programs. Besides introducing integrated nutrition and family planning

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services, FPAN aims to use these pilot efforts to strengthen the management capability of branch offices in these districts.

The following recommendations are made with an eye towards successful replication of the Nutrition Training and Services Project:

1. If implemented in an area without an existing network of trained field workers, additional time should be allotted for:
 - o selection and training of field workers;
 - o for field workers to establish relationships and trust in the community; and
 - o field workers to work with the community to select appropriate Women Volunteers.

When asked how long these final two steps (establishing oneself and selecting Women Volunteer candidates) would require, Family Welfare Workers recommended:

- o 6 months, if workers are from the community.
 - o Up to one year or more if workers are from outside the community.
2. The project information system, especially information collection and reporting by field workers, should be simplified by reducing the number of times information about targeted families and children is collected to once or twice per year. Quarterly reports would include only information about activities carried out. Semi-annual or annual reports would include information about changes in the nutrition, immunization, and family planning status of targeted families.
 3. FPAN should develop and test a system for data collection by non-literate and semi-literate Women Volunteers. Literacy training for women volunteers would also be an incentive for their continued participation.
 4. Training for field workers, especially male field workers, should include simulation and discussion sessions to improve their communications with and understanding of village Women Volunteers.
 5. If nutrition and family planning censuses are conducted semi-annually, instead of quarterly, field workers should each be able to work with and supervise from 4-6 Women Volunteers, with one or two Women Volunteers per targeted ward. This would increase the number of families or children for which in individual field worker is responsible to from 150-200.

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6. The addition of basic nutrition and health services generates demand for basic pharmaceuticals (Vitamin A, iron follate, antiparasitics, etc.) Under the grant awarded to FPAN, CEDPA was not able to provide for this increased demand. An expanded project would certainly require that arrangements be made to meet the clients' and workers' felt needs for basic pharmaceuticals.
7. Regular in-service training (woman-to-woman) has been one of the factors in project success. Because of difficulties with male-female communications, it is best that this training be carried out by a woman, preferably a community trained nurse. Respect for the role women volunteers can play in improving health services is an important quality to look for and foster in this trainer/supervisor.
8. Future projects of this type should be housed firmly within one program or committee. Making one group of managers responsible for project implementation and results will improve project continuity as well as manager involvement and satisfaction.

CHART 1 - Completion of the Project Scope of Work (Revised)
 October 1983 - December 1985

Activities	Target for Completion	Date Completed	Comment
<u>Pre-Implementation Phase</u>			
Recruit 6-9 new women volunteers in Mahankal and Gunsa blocks	October 1983	January 1984	- 9 new volunteers selected - 14 total
Provide new women volunteers a basic orientation to their role in the project	November 1983	January 1984	
Develop appropriate reporting format for community and clinical nutrition services	November 1983	December 1983	- With CEDPA technical assistance
<u>Training Phase</u>			
Conduct a 9-10 day nutrition training workshop for 15-20 project trainers/supervisors	December 1983	December 1983	- 7-day workshop for 14 project trainers/supervisors conducted
Conduct a 5-day nutrition training workshop for 20 Family Welfare Workers and Women Volunteers	January 1984	January 1984	- 5-day workshop conducted for for 8 Family Welfare Workers, 1 Clinic Assistant, 11 Women Volunteers, 1 male volunteer.

Activities	Target for Completion	Date Completed	Comment
<u>Service Delivery Phase</u>			
Acquire and distribute necessary supplies and equipment to Family Welfare Centres (scales, charts, pots and pans, food for demor.strations)	January 1984	May 1984	
Provide comprehensive MCH/nutrition services at Family Welfare Centres Mahankal.	Begin February 1984 through end of project	February 1984 through January 1986	<ul style="list-style-type: none"> - Year 1: Special nutrition clinics held weekly in Gunsa, fortnightly in Mahankal. - Year 2: Daily MCH, nutrition assessment, antenatal exams and well child care at both clinics.
Complete nutrition census to identify high risk families in each of 10 Panchayats	March 1984 and quarterly thereafter	Feb., June, Sept. and Dec. 1984 April, Aug. 1985	<ul style="list-style-type: none"> - 550 children < 5 yrs. in 10 panchayats surveyed Feb/March, June/July, Sept/Oct, Dec/Jan 1986. - 880 children < 5 yrs. surveyed April/May, Aug/Sept 1985.
Family Welfare Workers, Women Volunteers, Clinic-in-Charge will provide monthly home visiting/counselling to high risk families in each Panchayat	Begin April 1984/ongoing	March 1984 - December 1985	<ul style="list-style-type: none"> - Weekly follow-up for high risk cases

Activities	Target for Completion	Date Completed	Comment
Field Supervisors and Family Welfare Workers will conduct community activities for nutrition education and motivation in all Panchayats	Monthly	March 1984 to Dec. 1985	<ul style="list-style-type: none"> - Women's forums to discuss nutrition/family planning were held in Gunsu. - Few community education sessions conducted.
Refresher training for 9 Family Welfare Workers and 15 Women Volunteers	March 1985	April 1985	<ul style="list-style-type: none"> - 24 FWW's and Volunteers trained 4-day workshop in Mahankal
During second year, extend growth monitoring, counseling and referral to at least 4 additional wards. (Total 20 wards by end of project.)	January 1985 to end of project	March 1985 to December 1985	<ul style="list-style-type: none"> Year 1: - 10 Panchayats - 16 Wards - 550 Children Year 2: - 12 Panchayats - 28 Wards - 880 Children

Activities	Target for Completion	Date Completed	Comment
<u>Monitoring</u>			
Public Health Nurse will hold bi-monthly meetings in Gunsakot and Mahankal for in-service training and problem-solving with Family Welfare Workers, Women Volunteers and Family Welfare Centre staff	Begin March 1984/bi-monthly meetings in Gunsakot and Mahankal		Year 1: - 3 visits to each Jan. 1984 to Sept. 1985 Year 2: - In-service training for Women Volunteers with clinic in-charge - In-service training for FWW's with Field Coordinators and Supervisors
Field supervisors will make regular visits to Family Welfare Workers and Women Volunteers	Begin March 1984/ongoing	March 1984 - December 1985	- monthly meeting
BBProject Field Coordinators will make bi-monthly site visits to Gunsakot and Mahankal	Begin March 1984/bi-monthly	March 1984 - December 1985	Year 1: - 8 visits Jan. 1984-Dec.1985 Year 2: - Field Coordinators assigned to project area
PPWD Project Coordinator will make bi-annual site visits to Gunsakot and Mahankal	July 1984 January 1985	June 1984 October 1984 April 1985	
Conduct a two-day mid-point evaluation with field and central level project staff	July 1984	October 1984	- Delayed due to CEDPA postponement of technical assistance visit

Activities	Target for Completion	Date Completed	Comment
<u>Evaluation</u>			
Collect and analyze nutrition, immunization, and family planning status information on high risk families quarterly	March 1984 June 1984 September 1984 December 1984	<u>Year 1</u> Feb-March 1984 June-July 1984 Sept-Oct. 1984 Dec 1984-Jan 1985	- On all families registered in nutrition wards
Conduct mid and final project evaluation meetings/prepare report and recommendations - mid-project evaluation - final evaluation	September 1984 September 1985	<u>Year 2</u> April-May 1985 August 1985 October 1984 Dec 1985-Jan 1986	- Project extended - CEDPA postponed final evaluation to Dec. 1985

CHART 2

NEPAL
Nutrition Census Data by Project Block
Mid-Upper Arm Circumference

		CENSUS 1 FEBRUARY 1984	CENSUS 2 MAY 1984	CENSUS 3 AUGUST 1984	CENSUS 4 DECEMBER 1984
H E B L L	TOTAL # CHILDREN 1-5 yrs	352	343	347	325
A O F C	% GREEN (238)	67.6%	72.3%	72.12%	80.6%
E K C	% YELLOW (91)	25.9%	19.8%	20.17%	16.9%
	% RED (23)	6.5%	7.9%	7.21%	2.5%
			(27)	(25)	(8)
I N D B	TOTAL # CHILDREN 1-5 yrs	198	195	195	184
I L R O	% GREEN (125)	63.1%	74.4%	76.9%	79.9%
A C W K	% YELLOW (60)	30.3%	20.5%	19.4%	17.9%
A T I	% RED (13)	6.6%	5.1%	3.59%	2.2%
			(10)	(7)	(4)
P R O A	TOTAL # CHILDREN	550	538	542	509
J R E E	% GREEN (363)	66.0%	73.05%	74.17%	80.4%
C A T	% YELLOW (151)	27.45%	20.07%	19.93%	17.3%
	% RED (36)	6.55%	6.88%	5.9%	2.3%
			(37)	(32)	(12)

*MID-UPPER ARM CIRCUMFERENCE (CUT-OFF POINTS):

Green = > 13.5 cm - normal
Yellow = > 12.5 cm < 13.5 cm - in danger/possibly malnourished
Red = < 12.5 cm - severely malnourished (wasted)

According to WHO standards, arm circumference of < 12.5 cm at 1 yr is equal to less than 80% of standard arm circumference for age. This corresponds to approximately 60-70% of standard weight for age.

**CHART 3 - Change in Nutrition Status
February 1984 - December 1984**

Census 1	Total Sample	-	550 children 1-5 yrs.
Census 4	Total Sample	-	509 children 1-5 yrs.

High Risk at Census 1 = MAC < 12.5 cm (red)

				Improved	
Census 1	-	6.5%	(36)	Red -> Yellow	33.3%
Census 4	-	2.3%	(12)	Red -> Green	25.1%
<hr/>					
				Same	
				Red -> Red	19.4%
<hr/>					
				Deaths	19.4%
<hr/>					
				Not found	2.8%

In Danger at Census 1 = MAC > 12.5 cm < 13.5 cm (yellow)

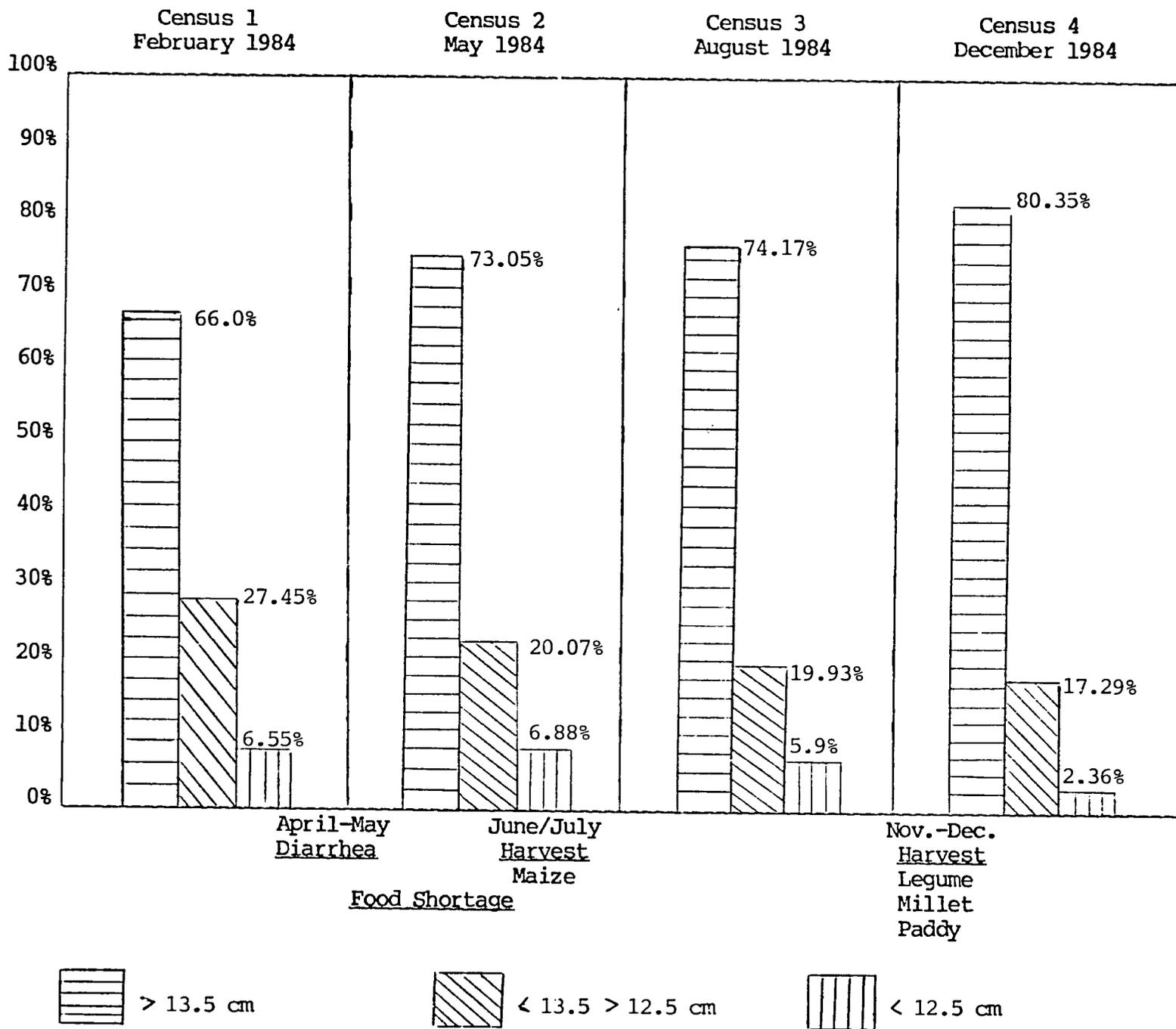
				Improved	
Census 1	-	27.45%	(151)	Yellow -> Green	55.6%
Census 4	-	17.3%	(88)		
<hr/>					
				Same	
				Yellow -> Yellow	38.4%
<hr/>					
				Worse	
				Yellow -> Red	2.6%
<hr/>					
				Deaths	.7%
<hr/>					
				Not found	2.7%

Healthy at Census 1 = MAC > 13.5 cm (green)

				Same	
Census 1	-	66%	(363)	Green -> Green	87%
Census 4	-	80.4%	(409)		
<hr/>					
				Worse	
				Green -> Yellow	5%
				Green -> Red	.3%
<hr/>					
				Deaths	2.2%
<hr/>					
				Not Found	5.5%

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**CHART 4 - Nutrition Status of Children 1-5 yrs.
in Helambu and Indirawati Blocks
February 1984 - December 1984**



**CHART 5 - Children 0-5 yrs. seen at Family Welfare Centres
as Percent of Total Patient Visits
January 1984 to August 1985**

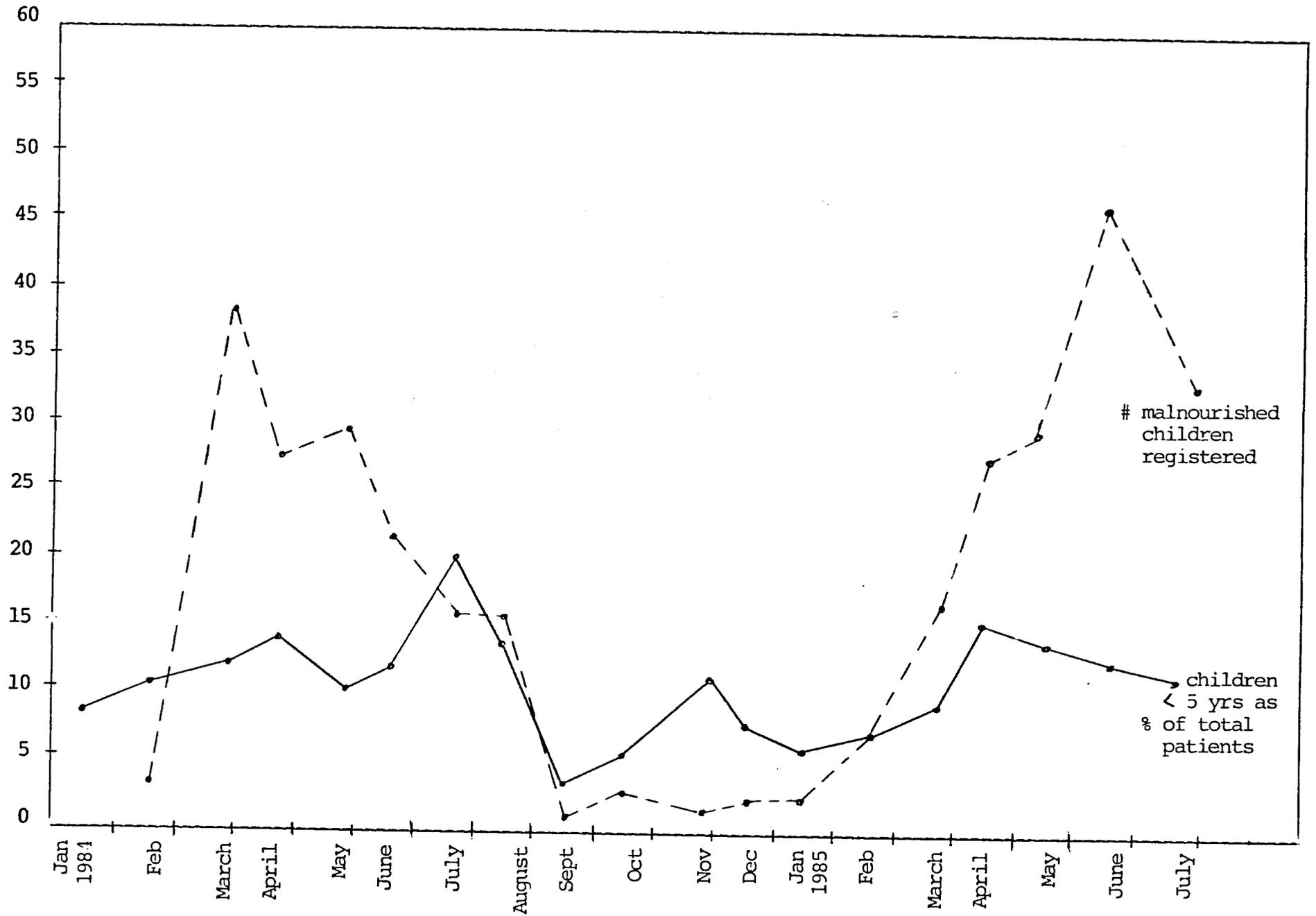


CHART 6
Family Planning Acceptance and Immunization
 February 1984 - December 1984

	Sterili- zation	Depo Provera	Other	Total	Children with at least one immunization	Total Children	% Immunized
Helambu Block							
Pre-project	21	8	5	34	33	343	9.6%
End Year 1	30	11	13	54	43	325	13.2%
Change	+9	+3	+8	+20	+10	--	+3.6%
Indirawati Block							
Pre-project	31	13	32	76	25	198	12.6%
End Year 1	34	22	42	98	88	184	47.8%
Change	+3	+9	+10	+22	+63	--	+35.2%
Total							
Pre-project	52	21	37	110	58	541	10.7%
End Year 1	64	33	55	152	131	509	25.7%
Change	+12	+12	+18	+42	+73	--	+15%
% Increase	23%	57%	48.6%	38%	125%	--	140%

SECTION V

COMMUNITY NUTRITION INTERVENTION THROUGH NON-TRADITIONAL ORGANIZATIONS; AN ANALYSIS OF ORGANIZATIONAL CHARACTERISTICS

The Monograph, COMMUNITY NUTRITION INTERVENTION THROUGH NON-TRADITIONAL ORGANIZATIONS; AN ANALYSIS OF ORGANIZATIONAL CHARACTERISTICS, is the result of the analysis of the inputs of training, technical assistance and organizational development during the life of the project. Process documentation was also utilized in order to more fully understand the milieu in which the project was conducted. The monograph summarizes the lessons learned and recommendations for continuation where activities have taken place under this grant.

COMMUNITY NUTRITION INTERVENTION THROUGH
NON-TRADITIONAL ORGANIZATIONS: AN ANALYSIS
OF ORGANIZATIONAL CHARACTERISTICS

THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES

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I. INTRODUCTION

Development agencies operating outside the formal health sector represent important but as yet largely untapped channels for the introduction of nutrition and basic health interventions at the community level. This is especially true of organizations that work with communities to increase income, food production, and/or access to other services and resources. Programs that give priority to improving women's status and their participation in the development process are particularly well-suited for the addition of simple nutrition and health activities that facilitate women's child care roles within the family.

While successful community nutrition programs have been carried out by non-health sector organizations in various countries, the literature tells us little about the implementing organizations and the kinds of assistance that similar agencies might need to plan and carry out such programs. In an effort to offer some insights into the factors contributing to the success and/or failure of nutrition programs carried out by this type of organization, the Centre for Development and Population Activities (CEDPA) has carried out an organizational study and diagnosis in conjunction with the activities of its special Nutrition Management Project.

Working with five organizations in four countries (Indonesia, Nepal, Kenya, and Senegal) to add or expand community nutrition services, CEDPA has collected information about the organizations, their projects and the results and future direction of their nutrition intervention efforts. In carrying out the diagnosis, CEDPA recognizes that each country and organization involved is unique in itself, with its own set of environmental factors that belie comparison with any other. At the same time, however, there are also specific characteristics which, when examined in each situation, offer insights for future program development and assistance. The purpose of this document, then, is to present an analysis of the factors which strengthened and moved five very different organizations to carry out community nutrition programs and to draw implications from this analysis which might facilitate replication in other settings.

II. ORGANIZATIONAL DIAGNOSIS - PART 1

Purpose and Methods

An organizational study was carried out over a period of three years, from 1982 to 1985, in conjunction with the activities of CEDPA's Nutrition Management Project. The study was designed to identify factors that positively and negatively influenced organizations and managers as they attempted to add nutrition and health interventions to their on-going activities.

After selecting managers and organizations for Project assistance, CEDPA identified a list of general characteristics to be investigated in the course of work with each counterpart organization. The characteristics to be studied were those related to an organization's:

- Mission
- Structure and resources
- Decision-making patterns and individual management styles
- Organizational climate
- Environment (policy, economy, sector, etc.)

Information about these characteristics was collected by project staff during regular monitoring and technical assistance visits to four countries: Indonesia, Nepal, Kenya and Senegal. Organizational changes and policy redirection occurring during our involvement were also noted, as were problems arising during project implementation, their probable causes and the solutions enacted. Information collection was through observation, interviews with project managers and structured evaluation of training and demonstration projects. Documentation and analysis of organizational data was subsequently designed to identify some of the factors that may be important for nutrition management training and programming, in the future.

The five organizations working with CEDPA on the Nutrition Management Project are different in structure, purpose and socio-political context. The inputs they received from CEDPA and the demonstration projects they developed also varied according to specific needs and opportunities in each setting. It would be impossible to compare such diverse organizations and projects, and the reader should understand that this is not CEDPA's intent. Instead, CEDPA's interest has been to document the efforts that these very different organizations have made to incorporate community nutrition activities as part of their on-going work. The issues and the organizational characteristics that appeared to promote, as well as those that hindered successful program efforts were examined. In this study, CEDPA has been particularly interested in identifying those factors with possible implications for the future development of community nutrition programs by organizations outside of the established health sector.

The Organizations and Their Projects

What follows is a brief description of each of the organizations involved in CEDPA's Nutrition Management Project and the inputs provided to them.

INDONESIA

- Organization:** National Family Welfare Movement (PKK)
Nusa Tenggara Timur Province (NTT)
- Mission:** PKK is a national movement designed to mobilize volunteers, especially women, in village development activities. PKK's mandate includes implementation of health, nutrition, family planning, income generation, religious and educational programs at the village level.
- Structure:** PKK is under the direction of the First Lady of Indonesia, and at each subsequent political level, under the wife of the highest ranking official, i.e. Provincial Governor, District Officer, Subdistrict Officer, Village Headman. The administrative structure of the movement has been determined by the central PKK, however, the degree of formal structure reportedly varies from province to province. All PKK members are volunteers. They are organized into action teams and functional working groups at each administrative level.
- Decision-Making and Individual Management Styles:** Decision-making within the PKK is a highly centralized activity, with implementation directives developed at the national level.
- PKK/NTT's priority and the intent of their nutrition management project is to create a broader base of PKK management experience and capability at provincial, district and subdistrict levels. This includes the ability to identify local needs, plan action projects, manage activities and finances, and evaluate project results.
- PKK/NTT is headed by a dynamic and capable leader who, in her role as First Lady of the province, heads not only the PKK but numerous other voluntary organizations as well. She is a trained physician and the Director of Community Health for the provincial office of the Ministry of Health. As such, she enjoys access to and control of technical and political resources that can be mobilized for a variety of development activities. This leader sets a tireless example for the PKK volunteers.
- Project Inputs:** The demonstration project developed as a result of CEDPA's assistance to PKK/NTT in a two-year effort to strengthen on-going, village nutrition activities. The project's design was based on an initial assessment which showed that the National Nutrition Improvement Program (UPGK) was extremely weak in the province due to the lack of training, supervision and

material support that an understaffed health system had been able to provide to village nutrition volunteers.

The PKK demonstration project proposed to improve the training and supervision of village nutrition volunteers by mobilizing district and subdistrict PKK action teams as nutrition trainers and supervisors. The project also experimented with the production of mixed weaning food flours both for the treatment of malnourished children and as an income-generating activity for PKK action teams. The PKK project was awarded funding under the AID/GOI Community Health Improvement Project and began in early 1984.

Nutrition management training is the focus of the PKK project. The following training events have been conducted with PKK managers and field workers:

<u>Participants</u>	<u>Length</u>	<u>Topics</u>	
Project Managers and Trainers	1 month	- Nutrition/Child Survival Intervention - Community Assessment - Supervision Techniques - Recordkeeping and Reporting - Training as Trainers	
	3 days	- Village Weaning Food Production	
	3 days	- Planning and Budgeting	
	Subdistrict Supervisors	2 weeks	- Nutrition/Child Survival Intervention - Supervision Techniques - Recordkeeping and Reporting
		2 days	- Refresher: Growth Monitoring and Recordkeeping
Village Nutrition Volunteers	1 week	- Nutrition/Child Survival Intervention - Recordkeeping and Reporting	
	2 days	- Refresher: Growth Monitoring and Recordkeeping and Reporting	

CEDPA provided technical assistance to PKK/NIT for the following activities:

- initial feasibility study and design of the project
- training needs assessment
- development of nutrition management curriculum and training modules
- in-service training for the project management team
- evaluation of training and demonstration project results.

Evaluation of the project, after 18 months of training and village nutrition activity, included participation by PKK, local government, community development and health workers at each administrative level. Evaluation findings concluded that the project, while not yet fully operational, had improved the coverage of nutrition registration and contributed to closer collaboration between PKK, local government and other development workers. Over 2,000 young children were registered in growth monitoring activities between March and December 1985, in the nine project villages. PKK/NTT plans to strengthen nutrition management activities in the pilot area, and extend the project strategy to seven additional districts in 1986/87.

Organizational Climate: The current structure of the PKK movement is relatively new, as is the concept of local PKK responsibility for project planning and management. As in any situation where changes are introduced or efforts are made to structure a loosely-defined organization, there has been some confusion and resistance. The volunteer spirit of PKK workers and their lack of previous organizational experience, however, seem to have resulted in less resistance to change than one might expect. The communication and understanding of new roles and procedures is still a problem between provincial, district, subdistrict and village levels.

Because PKK has only a small pool of experienced managers at all levels, these same leaders are often involved in several projects or activities.

Environment: PKK/NTT operates in a national and provincial environment of support for its growth and development. In addition, the USAID/GOI Community Health Improvement Project that funds PKK/NTT's nutrition effort includes among its goals the strengthening of PKK's involvement in health service delivery.

Resistance to PKK's more active role in nutrition program management has come primarily from health professionals. Lack of understanding for the role volunteers can play in community health delivery, and lack of the methods required to work effectively with volunteers, are perhaps the underlying causes of this resistance. It is important to note that resistance appears to be disappearing as PKK volunteers gain important skills and first-hand experience in nutrition program management and as health workers and officials witness the important contribution that PKK is making to improved health services in the Province.

NEPAL

- Organization:** Family Planning Association of Nepal
- Mission:** The Family Planning Association of Nepal (FPAN) is an autonomous, voluntary organization affiliated with the International Planned Parenthood Federation (IPPF). It is involved in various types of family planning service delivery, special projects and national-level policy-making, towards the goal of containing Nepal's growth rate and improving the quality of life for the population.
- Structure:** FPAN has a multi-departmental structure, organized by function or type of service and project. In addition, subcommittees made up of volunteers and staff initiate and carry out special projects and activities. The offices and subcommittees most actively involved with CEDPA in the Nutrition Management Project have been the Planned Parenthood/Women in Development (PPWD) Subcommittee, the Baudha Bahunepati Family Welfare Project, and the Training Office. Each of these offices is headed by a CEDPA WIM alumna.
- Decision-Making and Individual Management Styles:** FPAN's Executive Officer has successfully managed the organization during a growth spurt that has more than doubled the organization's budget. Decision-making within the organization is decentralized to division chiefs and project managers. Prior to start up of their nutrition demonstration project, FPAN managers had varied levels of technical expertise and experience with projects of this type.
- The manager most actively involved in project planning and implementation has many years of technical and management experience. Her management style is participative. As such, she has delegated significant decision-making authority to the field coordinators and supervisors responsible for day-to-day operations in the project area.
- Project Inputs:** FPAN's nutrition demonstration project called for adding community nutrition activities to on-going, household delivery of family planning services in a pilot area of 10 subvillages located approximately two days walk from Kathmandu. The demonstration project called for quarterly growth monitoring of all children in each subvillage; counseling and follow-up for the families of high risk children; and regular nutrition education activities in the targeted FPAN clinics and subvillages.
- A unique aspect of this project's approach was its attempt to strengthen the involvement of village women

as the primary providers of nutrition and family planning services. Women volunteers (paid a small stipend) were selected in each of the project subvillages and trained to assess nutrition status, counsel families, and promote and follow-up female family planning acceptors. This approach was chosen by FPAN because of the cultural restrictions that make it difficult for male workers to approach women in their homes. In addition, it was felt that the training and recognition of women workers would improve their status and establish them as role models for other women and girls at the village level.

FPAN's nutrition demonstration project included a ten-day nutrition management training program for project managers and field supervisors, as well as a five-day skill training workshop and regular inservice training and supervision for FPAN field workers and women volunteers.

CEDPA provided technical assistance to FPAN for the design of the project, its training components, and its information system. CEDPA staff also coordinated the training program for project managers and trainers, and worked with FPAN to conduct mid and final project evaluations.

FPAN's demonstration project was judged successful by the managers and the field staff involved. Between January 1984 and December 1986, over 900 children were registered in quarterly growth monitoring activities and evaluation showed that the proportion of children suffering from moderate and severe malnutrition had decreased in targeted subvillages. Although the project increased the workload of family planning promoters, they expressed the feeling that new nutrition and child survival skills had enhanced their ability to promote family planning as well as improved child health in their areas. FPAN has requested that CEDPA continue assistance for expansion of the project's integrated family planning and community nutrition strategy to other less developed areas of Nepal.

Organizational Climate: FPAN takes pride in its ability to mount innovative and highly successful pilot projects. The organization's workload has doubled in the past four years, without proportional increases in staff. This has been the result of a conscious effort to trim central staff while strengthening branch offices. There is some dissatisfaction among staff due to the increased workload. Competitive feelings between the staff of different FPAN projects and divisions were observed.

Environment:

The national policy of integrating rural health services and promoting targeted child survival interventions favors the strategy adopted by FPAN's nutrition demonstration project. Interest in increasing the participation of village women in health and family planning programs has also resulted in significant attention from government officials and donors.

On the other hand, changes in international policy have put unexpected pressure on FPAN. The organization was caught in the cutoff of AID funding to the IPPF (FPAN's primary funder) in 1984. Faced with a drastic budget reduction, FPAN's managers have been forced to spend a greater amount of time on fundraising efforts and the development of new projects attractive to potential donors.

KENYA

Since two counterpart organizations participated in the Kenya program each will be considered separately in the context of this report.

Organization #1: Society for the Advancement of Community and Women's Studies

Mission: The Society is a new organization, established in 1982 by alumnae of CEDPA's Women in Management training courses who felt the need to share their skills with other women managers.

The Society's stated purpose is to provide management training and support for integrated community projects, especially those developed by and for women.

Structure: At this stage of its development, the Society is informally structured and program priorities are loosely defined. The Society's activities prior to involvement with CEDPA's Nutrition Management Project included identifying and providing technical assistance to four community projects funded by CEDPA.

All Society members hold full-time positions with other health and development organizations. Staff consists of one part-time coordinator and a bookkeeper/secretary. Society members perform the majority of the organization's work on a semi-volunteer basis.

Decision-Making and Individual Management Styles:

Decision-making within the Society is shared, with responsibility delegated to members according to their interest, time and geographic location. As individual managers, the Society's members have a wealth of technical and managerial experience. Among the association's officers are the director of TOTOTO Home Industries, a cottage industry program of the National Christian Council of Kenya (NCCCK); the director of the Appropriate Technology Advisory Committee of Kenya; and a regional director and two program coordinators for the YWCA. Other CEDPA alumnae working with the Family Planning Association of Kenya, the Ministry of Health, the Ministry of Culture and Social Services and Catholic Relief Services have also played an active role in the Society's nutrition activities. All of these women managers share common concerns and extensive experience working with village-level women's groups on self-help activities.

Project Inputs: In May 1983, CEDPA assisted the Society in conducting a seven-day nutrition management workshop for representatives from village women's groups throughout

Kenya. Evaluation of the training program resulted in the development of a demonstration project with five women's groups in Kenya's Coast Province. The goal of the project was to extend preventive health and family planning services to women and children by mobilizing the members of women's self-help groups as child survival agents in their communities. In Kenya, where community-based health services have been slow to win government approval, this strategy for nutrition intervention is particularly important.

The demonstration project got underway in May 1984. It has included selection of five women's groups from among more than 60 such groups with which Society officers in Coast Province are affiliated; nutrition skills-training for volunteer committees (4-5 people) from each of the five groups; and supervision and support for these groups as they carry out monthly growth monitoring, nutrition and health education sessions and follow-up visits to the homes of high risk families. The project also provided a small grant to each community to be invested in income or food production projects in support of their child survival activities.

CEDPA assistance to the Society has included technical input for:

- design and coordination of the May 1983 Nutrition Management Training Workshop,
- design of the follow-up demonstration project in Coast Province and development of management systems for that project,
- development of a unique growth monitoring protocol that retains monthly weighing for the identification of high risk children, but does not involve the use of growth charts,
- development of curriculae and materials for the training of nutrition volunteers from the five women's groups,
- mid and final project evaluation, and
- planning for expansion of the project to other villages in Coast Province.

The Society's experience with this demonstration project has been extremely positive. Besides conducting monthly growth monitoring and education sessions, women's groups have also succeeded in attracting complementary resources from the Family

Planning Association of Kenya and the Ministry of Health. As a result, mobile family planning clinics now serve three of the five project villages and Ministry of Health district staff are coordinating their activities with the growth monitoring sessions carried out by women's groups in all villages. Because of their efforts, over 1,000 young children and their mothers were registered in women's group nutrition activities between July 1984 and October 1985.

The Society has requested additional support from CEDPA to extend similar training and assistance to 20 more women's groups in Kenya's Coast Province. There is every indication that this project could be expanded and further developed as a model for introducing child survival activities through the vast network of village women's groups throughout Kenya.

Organizational Climate: Managers involved in the Society's nutrition demonstration project share common experience with and commitment to a participatory training and development methodology. The Society's organizational strengths include effective networking and the ability to mobilize and coordinate multisectoral inputs in support of village development activities. Members' access both to grassroots women's groups and to decision-makers at ministerial and program levels facilitates the mobilization and coordination of supplementary project resources.

Environment: Growing national interest in community-based health and family planning service delivery has encouraged the development of projects, like the one carried out by the Society, that build on existing community organizations and self-help efforts. The Kenyan government's decision in 1984 to decentralize management of government programs to the district level, has also improved the ability of local officials to commit resources and coordinate their activities with non-governmental organizations and community groups. The international push for child survival has also increased Kenyan acceptance of specific interventions (i.e., oral rehydration therapy) and their delivery by lay workers.

KENYA

- Organization #2:** Family Life Training Programme (FLTP), Ministry of Culture and Social Services
- Mission:** Family Life Training Programme is a program administered under one of several divisions of the Kenyan Ministry of Culture and Social Services. FLTP operates nutrition rehabilitation and training centers throughout Kenya. Severely malnourished children are admitted to the centers with their mothers and young siblings for three weeks of supervised feeding, medical care, and training in nutrition, child care, gardening, etc. The stated goal of FLTP is the eradication of childhood malnutrition.
- Structure:** At the time CEDPA began working with FLTP, the program was structured with programmatic responsibility at the central level under the Program Director (a CEDPA alumna) and administrative and financial control at the district level under the District Officer. Besides the director, FLTP Nairobi staff consisted of an assistant, a training officer, a public education officer, an evaluation officer, two bookkeepers and clerical staff. Only the director had been trained in nutrition, the rest of her staff were trained as community development officers with short courses in family planning, communications, etc. Nutrition centers were staffed by a director (usually a nurse), an assistant, and house staff. The coordination of center activities with local health, community development and agricultural workers is an important part of FLTP's strategy.
- Decision-Making and Individual Management Style:** Decision-making about overall program direction and finances was highly centralized, however, geographic distance limited FLTP staff contact with and control over nutrition center operations. In reality, nutrition center directors made most decisions about day-to-day operations in conjunction with District Officers. The management skills of center directors varied. District Officers often did not understand or give priority to nutrition center activities.
- FLTP's Director at the time of CEDPA's involvement was a knowledgeable leader, committed to the development of her staff and to nutrition improvement. Much of her time was spent representing the program within the Ministry and in communication with international donors. While she was willing to delegate tasks to her subordinates, their lack of expertise often made this impossible. Therefore, many decisions about program direction and activities were made by the director, without the input or participation of her staff.

Project Inputs:

The goal of CEDPA involvement with FLTP was two fold:

- 1) To increase enrollment and improve the follow-up of children once discharged from the nutrition centres, including finding ways to increase family access to the resources needed to solve nutrition problems.
- 2) To extend the work of the nutrition centers into the community while at the same time focusing greater attention on the prevention of malnutrition.

CEDPA's Nutrition Management Project assistance to FLTP included conducting a training needs assessment; redesigning recording and reporting systems used by the nutrition centers; conducting two nutrition management workshops in late 1982 for FLTP program staff and extension workers; and providing technical assistance for the design of a proposed community demonstration project.

CEDPA's Nutrition Management Training with FLTP was designed to improve the nutrition center directors' ability to manage nutrition problems; plan and evaluate center and community outreach activities; and coordinate their efforts with other development workers. A training for trainers program was first conducted for central level FLTP staff members, as well as representatives from the Ministry of Agriculture (Home Extension) and the Ministry of Health (Nutrition and Health Education). CEDPA's Nutrition Management Module was used in this training of trainers program and adapted by them for subsequent use during the second training workshop, conducted for teams from six FLTP nutrition centers. Nutrition teams were made up of FLTP center directors and assistants, and health, community development, home extension and family planning workers from each area. This training resulted in the development of team workplans to improve center outreach, training, and follow-up assistance to high risk families.

A follow-on demonstration project proposed by FLTP would have made funding available to extend the activities of one nutrition center into the surrounding community on a pilot basis. Due to the lack of an acceptable channel for funding this demonstration project, and other administrative problems, CEDPA made the decision in early 1984 not to go ahead with additional assistance to FLTP.

FLTP nutrition centers experienced a variety of problems during our involvement with the program.

While some improvement in center enrollment and follow-up was noted at the time of the post-training evaluation in early 1984, most centers continued to experience serious problems with community outreach and follow-up of malnourished children.

Organizational Climate: FLTP had a difficult role to play vis-a-vis its nutrition centers and the local government administrators who were key to their effective operation. While national FLTP set guidelines and responded for the overall program, it had very little effective control over day-to-day operations of centers. Much staff time was spent "putting out fires". Field supervision was infrequent and unfocused.

Environment: The economic crisis and government cutbacks in 1983 affected both FLTP's ability to supervise nutrition centers and the frequency of center outreach and follow-up at the community level. Transport was sharply reduced and per diems for traveling staff restricted at that time.

Pressure from international donors to focus more attention on preventive, community-based nutrition intervention, instead of facility-based, nutrition rehabilitation put the FLTP strategy under scrutiny and helped move the program toward more intensive outreach activities. Threats by the program's primary donor to phase out funding for recurring costs also put pressure on the Ministry to find alternative sources of program support, making fundraising and cost containment their primary focus.

When the Kenyan government implemented the "district focus" (decentralized management of government programs and services) in late 1984, the national-level FLTP staff was decreased from six professional officers to three: the director, an evaluation/training officer and a bookkeeper. All other FLTP officers were reassigned as District Community Development Officers. This change has meant less and less programmatic influence and control over nutrition center activities by the central level of FLTP.

SENEGAL

- Organization:** CEDPA/Senegal
- Mission:** CEDPA/Senegal was formed in 1983 by graduates of CEDPA's Women in Management training program. The organization's stated goal reflects the members' assessment of the need to empower women managers to plan and carry out development programs.
- Structure:** CEDPA/Senegal is a loosely structured association with four officers who share responsibilities for activities and decision-making. Officers work on a volunteer basis. They all hold full-time positions with government and private organizations as well.
- Prior to CEDPA/Senegal's involvement with the Nutrition Management Project, the organization had conducted an in-country Women in Management training workshop for women from a variety of government programs and a similar training series for the women managers of a private community development project in peri-urban Dakar.
- Decision-Making and Individual Management Styles:** The organization is characterized by participative decision-making, with officers dividing tasks according to their expertise, interests, and free time. CEDPA/Senegal's officers have well-established linkages with policy and decision-makers which enable them to mobilize resources from diverse sectors.
- The group is led by one of the officers, a midwife, who is also active in a number of other voluntary associations and projects. This dynamic leader assumes primary responsibility for coordinating the group's overall work. Technical input to the nutrition training workshop was coordinated by another officer, a community development specialist, with several years experience planning and implementing village-based nutrition and health programs.
- Project Inputs:** In January 1985, CEDPA provided technical and financial support to CEDPA/Senegal for a Nutrition Management Workshop in which 20 mid-level women managers from throughout Senegal participated. The goal of the two-week training program was to improve the participants' knowledge of nutrition-related interventions and to help them develop community nutrition problem-solving skills. During the workshop training, participants prepared proposals for potential community nutrition projects in their areas of assignment. Proposed projects included plans for community nutrition training centers, food production and income generation activities, outreach nutrition and family planning services, etc.

CEDPA's intent following the workshop was to select two to three of the strongest proposals; to provide their managers with additional technical assistance and funding for project implementation; and to monitor these demonstration nutrition activities. For reasons beyond our control, this has not been possible.

Organizational Climate: CEDPA/Senegal has received praise and support for its work from the Ministry of Health, the Ministry of Social Affairs and others. It has also captured the attention and support of international donors, including UNFPA and USAID, chief among the reasons being the organization's emphasis on empowering women as the managers and service providers of priority development programs. This national and international attention initially created a sense of excitement and vitality that helped move the organization into new projects and activities.

The organization is, however, limited as to the number and types of projects that it can undertake. Because all CEDPA/Senegal officers hold full-time positions elsewhere, time constraints affect their ability to accept and implement projects for CEDPA/Senegal that require their concentrated or continuous involvement.

Environment:

Senegal's Ministry of Health is promoting growth monitoring, oral rehydration therapy and traditional methods of food processing and preparation throughout the country. As such, they enthusiastically supported and worked with CEDPA/Senegal on the Nutrition Management Workshop.

Competition and conflict among organizations in Senegal has had a very negative effect on CEDPA/Senegal. Significant amounts of organizational time and energy have been spent discussing and taking steps to resolve the continued conflict which hinders the development of CEDPA/Senegal as an independent organization.

III. ORGANIZATIONAL DIAGNOSIS - PART 2

Factors Affecting CEDPA's Counterpart Organizations

Each of the organizations described above is very different from the others in terms of structure, mission, environment, stage of growth, patterns of decision-making, etc. For example:

- INDONESIA: PKK, a national movement in support of village development, linked to the existing political structure of the country, and dependent on volunteers for the management and implementation of a variety of development activities.
- NEPAL: FPAN, an established voluntary agency involved in various levels of family planning service delivery, special projects and national level policy-making.
- KENYA: The Society for the Advancement of Community and Women's Studies, a new voluntary organization created by alumnae of CEDPA's Women in Management program, to provide training and technical assistance to the managers of community projects.
- FLTP, a national network of nutrition rehabilitation and training centers administered by the Kenyan Ministry of Culture and Social Services.
- SENEGAL: CEDPA/Senegal, a new voluntary organization created by alumnae of CEDPA's Women in Management training programs to provide training and technical assistance to women managers.

Each of these organizations has been influenced in its development by external factors (i.e., donor priorities, national policies, resource restrictions, etc.) as well as internal traditions and the leadership styles adopted by its managers over time.

Organizational Helps

Factors that appeared to promote successful community nutrition action in the organizations involved in this project included:

1. Links To Community Groups/Community Development Skills

Organizations with strong links to grassroots community groups were able to introduce child survival interventions, particularly nutrition-related interventions, rapidly. The intervention strategies promoted through CEDPA's Nutrition Management Project require not only the involvement of community members in nutrition activities, but the community's "ownership" of those activities. Of the five organizations involved in the Nutrition Management Project, the Kenyan Society and the FPA of Nepal have been the most successful

at involving community members, especially women, in nutrition and child survival activities. These two organizations and their individual managers had well-established relationships with grassroots groups prior to the project. In the course of their work, they also use similar community development methodologies which are based on a "non-formal" approach to adult learning and problem solving. Perhaps because they were already intimately involved with the beneficiary groups, these organizations also seemed better able to develop and adapt intervention strategies that fit community as well as organizational realities.

Organizations involved in providing vertical program services to communities, or in implementing centrally-planned programs (FLTP, Kenya; PKK, Indonesia), generally experienced greater difficulty when introducing and gaining acceptance for community nutrition activities. Another way to state this is to say that organizations that do not have close, previously-established links at the community level may need to spend considerable time establishing those links in order to develop appropriate intervention strategies and insure the community's interest and acceptance of new child survival interventions.

2. Networking/Coordination Skills

The ability to mobilize and coordinate human and material resources across divisions, organizations, and sectors is a characteristic that greatly enhances the start-up and long-term results of community nutrition efforts. Organizations and managers that are well-connected and have strong networking skills create an automatic multiplier effect. They get other managers interested and involved and, as a result, their projects benefit from a much wider range of expertise and resources than would normally be available. While coordination between organizations and sectors is a stated goal in most countries, in reality, coordination is often difficult and, at best, underproductive. In the majority of organizations involved in CEDPA's Nutrition Management Project, managers displayed excellent networking skills. To varying degrees, all were able to gain support and the necessary human and material resources for their projects from other private and public agencies.

In Kenya, coordination was largely a product of existing links between voluntary agencies and managers in Coast Province. In Indonesia, coordination of activities is formally mandated, as is cooperation with PKK. PKK has minimal resources of its own, and all staff are volunteers, so successful efforts depend on the organization's ability to mobilize technical and material assistance from the various ministries and programs. In Nepal, coordination within the organization has been a strength, as division and project heads work together to plan and carry out their nutrition demonstration project. An important element in the networking and coordination of activities in each country has been the attitude and the style of the individual managers involved.

3. Shared Responsibility and Decision-Making

In every organization there are official and unofficial leaders. When we compare the managers involved in the nutrition demonstration project, differences in leadership style and decision-making patterns are apparent.

Program leadership, for example, has been shared to greater and lesser degrees in each situation:

- Senegal: In a newly formed and loosely structured organization, one dynamic individual assumed responsibility for coordinating the group's work.
- Kenya: In one organization, one individual is made leader but there is significant delegation to other managers who freely suggest and initiate action.
- In the other organization, there is one strong leader who retains primary responsibility for program decision-making.
- Indonesia: Strong leadership exists at the top but at the same time delegation is insisted upon, making mid-level managers responsible for project implementation.
- Nepal: One individual has taken the leadership role, but significant delegation is standard.

It is important to note that while delegation of responsibility and shared decision-making with other equal or subordinate managers often lead to false starts, the overall benefit in terms of lessons learned and the creation of a broader base of management capability seems to justify this participatory style.

4. Managerial Vision

Another striking characteristic of the more successful project manager seems to be a vision or mission to which the manager is committed. Successful managers also seem to avoid the inter and intra agency competitiveness and personality conflicts that can undermine well-intentioned programs by making necessary coordination impossible. In several cases, coordination of activities and resources seemed to be facilitated by the managers' common experience in CEDPA's Women in Management training. Their increased awareness and commitment to women-to-women development efforts and the feeling of solidarity with other women managers that resulted from WIM training, appeared to help them cross organizational lines to initiate successful collaborative activities.

5. Administrative Experience and Support

Long standing organizations with established financial management systems and specialized staff, may experience less difficulty in responding to the added financial and program demands that new activities and outside funding agencies generate. Since much of CEDPA's work is with agencies that are relatively inexperienced and often too small to have specialized financial divisions, one of our constant concerns is to help managers predict and plan for these extra administrative burdens. Hiring additional administrative staff, developing or revising financial management systems and routinely projecting logistical needs are some of the strategies that have been adopted by our counterpart agencies.

6. Organizational Interest

Organizational interest, or the support of key individuals within the organization, is a necessary ingredient for the addition of community-level nutrition activities. Under the Nutrition Management Project, CEDPA has worked with five organizations. The general level of organizational interest in each case varied, as did the position of the project within the existing organizational structure.

CEDPA's experience has shown that while larger, more established organizations may be able to provide more administrative and logistical support than small organizations, they quite often have less time and less interest in the small, experimental project of the type developed under CEDPA's Nutrition Management Project. In addition, organizations that receive or anticipate large amounts of funding from other donors may not be willing to invest significant staff time and resources in small projects of this type. On the contrary, small or newly-formed organizations may be very interested in such projects because they offer the opportunity for concrete activities that can strengthen an organization's expertise and credibility in the larger development community. Even within a large bureaucratic organization, however, the enthusiasm of a few key individuals may be enough to shepherd a pilot project through implementation and on to expansion.

7. National Policies and Programs

Government recognition and support can greatly enhance the acceptance of innovative project strategies and increase complementary project contributions received from government agencies. Examples:

- In Nepal, national policy favors the integration of all health services. Likewise, national education programs (radio) have paved the way for the promotion of oral rehydration therapy, special weaning foods, and family planning. The integration of nutrition and family planning, as called for in FPAN's demonstration project, is certainly less difficult in this supportive environment than in one favoring single-purpose health programs.
- In Indonesia, interest in strengthening the PKK and on extending and improving the National Nutrition Improvement Program have combined to create a highly favorable environment for the experimental project being carried out by PKK in NTT Province.

National policies promoting community-based health care and specific child survival interventions are not, however, prerequisite to the development of successful community nutrition programs. When the environment (i.e., policies, accepted approaches) did not support community-based primary health care, specific interventions, or the participation of private, non-health sector organizations in preventive health care, organizations wishing to initiate such community nutrition activities avoided implementation problems by:

- investigating and taking into consideration accepted policies and norms,

- identifying and involving key decision-makers and those most likely to resist innovative aspects of a project, in project development and evaluation.

Organizational Hindrances

Factors that appeared to hinder the organizations' efforts to introduce or improve nutrition activities included:

1. Lack of Technical Expertise

Many of the organizations CEDPA has worked with are involved in areas other than health and nutrition. As such, they often lack personnel with technical nutrition expertise. CEDPA's approach to this problem has been to provide focused technical and management training for project managers and to help them establish links with local experts who can guide and support them in their efforts. The ability to identify and work with resource persons outside of one's own organization is an important management skill that promotes successful child survival efforts by non-health service agencies.

Lack of technical expertise can undermine the self-confidence managers need to plan their own child survival activities, guide project implementation, and deal with "experts" who may challenge their program's approach and/or their authority to work in what has traditionally been the territory of the health sector. Initially this was a problem in Kenya, where resistance to the delivery of primary nutrition services by trained community members, and opposition to oral rehydration therapy surfaced during training workshops and project implementation. Example: when women's group members began monthly growth monitoring in one coastal village, nurses from the district hospital objected, saying that the women's group had no authority to provide nutrition services and that their activity would keep mothers from bringing their children to the hospital's well-baby/immunization program. It is important to note that the hospital is over 20 kms away from the village in question and as such, it was highly unlikely that more than a handful of mothers were making the monthly trip with their young children, except in the case of serious illness. Eventually, the managers of the Kenya Project solved this problem by bringing it to the attention of the Provincial Health Officer. They also invited the nurses from the hospital to coordinate their ante-natal and immunization activities with those of the women's group. This type of professional or sectoral territoriality was witnessed in several situations. Effective managers seem to deal best with "territorial" posturing by coordinating and involving key organizations and individuals in the planning and implementation of their projects.

Lack of technical background also makes it difficult for project managers to develop and guide the content of the training programs that are often part of their projects. Despite CEDPA's use of standard training modules, it has not been uncommon for individual resource specialists to give out-dated and/or inappropriate information during training sessions. Providing managers with up-to-date information about maternal child health and child survival interventions is an important first step towards improving their effectiveness. The manager's key role in developing, guiding and controlling training content is another important concern that should be addressed in their training.

2. Economic and Policy Changes

The worldwide economic situation affected the Kenyan and Nepal organizations more than the others. As a result of government cutbacks, public programs like FLTP were reorganized and funding was more tightly restricted than before. In late 1983, the Kenyan government adopted a "district focus", shifting staff and control of resources from the central and provincial levels to the districts. This shift drastically reduced the central level staff and resources of the FLTP. But, at the same time, it also gave greater credibility and visibility to the Kenya Society's strategy of working with village groups to prevent and treat malnutrition.

Nepal felt economic constraints when they were caught in the cutoff of AID funding to IPPF in 1984. Facing drastic budget reductions, FPAN's managers were forced to devote more and more time to fundraising efforts. In the best of times, this can create a general level of anxiety within an organization. It also tends to result in management's preoccupation with the development of new projects that will be attractive to new donors. This leaves little time to worry about on-going program efforts.

3. Overextended Organizations and Managers

Newly formed, loosely structured organizations, especially when they are successful, face the very real danger of overextension. In an attempt to respond to the beneficiaries' overwhelming needs and, in some cases, the enthusiasm of donors, organizations will often assume too much work, too fast, without sufficient staff or administrative support. Organizations faced with funding shortages also tend to respond more to donor preferences and demands than to their own priorities in order to raise necessary support.

When small and/or newly formed organizations decide to add new activities to their on-going slate, they must be realistic. What will they be able to do given the available personnel and resources? How will the new activities affect existing activities and commitments? What level of administrative support will be needed to manage the new activities? CEDPA technical assistance has played an important role during the planning and implementation of child survival training and service projects by helping organizations to answer these critical questions.

IV. CONCLUSIONS AND RECOMMENDATIONS

Organizations that reach communities with education, leadership training, vertical health services, income-generating and a variety of other activities, are potential channels for the rapid dissemination of primary nutrition information and technologies. Organizations involved in these development activities are different in structure and in their approach and methodologies for working with and/or providing services to community groups. Diverse socio-political forces have influenced their development and individual managers have shaped their systems and procedures.

While it is not possible to compare the five very different organizations or the results of their demonstration projects, it is possible, and we believe useful, to draw from CEDPA's experience some of the common organizational

factors that appear to have influenced their success in this field and their implications for future activities.

1. Organizations with strong links to grassroots groups, especially women's groups are particularly effective channels for child survival intervention. Those using the non-formal techniques of group formation, problem identification, etc., have the added advantage of familiarity with a methodology that generates and builds from active community involvement. Organizations without strong community linkages and truly grassroots development experience may require additional time, training and, in some cases, reorientation to introduce community child survival activities effectively.

It is therefore recommended that training and technical assistance be designed to strengthen community motivation and consulting skills among managers, where these are lacking. Such training would include:

- Identifying and working with community health leaders
- Techniques for identifying community "felt needs"
- Group dynamics: formation, maintaining productivity, achieving results, etc.
- Techniques for planning with the community

2. The ability of managers and organizations to mobilize and coordinate complementary resources from the private and public sectors is another characteristic that leads to successful project development and multiplication of the results of even small child survival efforts.

Specific actions recommended to identify and develop this particular set of management skills include:

- Identifying managers for project assistance who have demonstrated networking skills, i.e. affiliation or past experience working with other related organizations and managers.
- Training managers in simulation settings (role play, games, etc.) to demonstrate the advantages of and skills required for effective coordination of resources and activities.
- Use of case study analysis during training to demonstrate the negative impact that failure to coordinate can have on community nutrition activities.
- Data-gathering exercises for managers that both produce information about complementary project resources and develop data gathering skills.
- Adaptation and use of general training modules on topics of interpersonal communications and group interaction.

3. Project leadership, organizational interest and administrative support are additional factors affecting the implementation of nutrition and child survival programs.

To ensure that conditions within an organization are favorable to the introduction of new community nutrition activities, it is recommended that activities with all potential implementing organizations include:

- Careful assessment of an organization's interest in and ability to provide adequate administrative support to new activities. Project feasibility studies would include examination of an organization's past successes and problems as well as measurement of current willingness and ability to commit personnel and resources in support of new project activities.
 - Management and administrative skill-building directed towards helping managers strengthen administrative systems, staffing, etc.
 - Use of general training modules on Leadership, Introducing Change, etc., particularly where Nutrition Management trainees and project managers have not participated in prior management training activities.
4. Supportive national policies promote innovative projects like the ones developed under CEDPA's Nutrition Management Project. Small demonstration activities of this type can also have a very positive effect on such policies.

To ensure that nutrition training and demonstration projects encounter minimal opposition and in some cases that they pave the way for acceptance of innovative child survival strategies, it is recommended that:

- Technical assistance to counterpart organizations include in-depth data-gathering about accepted policies, regulations governing the provision of specific health services, etc.
- Feasibility and project planning missions assist organizations to identify decision-makers with interest in new service delivery and intervention strategies, interest that could be expected to strengthen outside support for innovative project activities.
- Every attempt be made to involve key government decision-makers in the planning and evaluation of nutrition training and demonstration projects, especially when those projects have the potential to influence national nutrition and child survival policies.

Factors having a negative influence on organizations as they initiated or strengthened community nutrition and child survival activities also have implications for future nutrition management training and programming.

5. Lack of professional health expertise among project staff can cause insecurity and, at times, the inability to guide project planning and training efforts. CEDPA has assisted organizations to overcome these limitations by providing training and periodic technical assistance to project managers at critical points in the management cycle. CEDPA has also established linkages between implementing organizations and local resource persons who can be of assistance to them during project implementation.

In order to ensure successful nutrition and child survival efforts by non-health sector organizations, it is recommended that continual technical assistance be made available to project managers to strengthen and reinforce technical nutrition intervention and planning skills learned during their initial training period. Such technical assistance would be directed towards providing non-health trained managers guidance during:

- assessment of community nutrition problems and resources
- design of specific nutrition/child survival interventions
- baseline data collection
- planning and implementation of nutrition-specific training activities
- evaluation of project results, (i.e., impact on knowledge and practice, nutrition status, and child survival in the target population)

It is further recommended that donors contribute to project success by assisting organizations to identify and involve local resource specialists in these project development and implementation activities.

6. Competition for scarce resources and/or the failure to define organizational priorities can result in overextended organizations and managers. This problem arises both in relatively new organizations that take on more work than they can successfully carry out, and in more established organizations where fundraising efforts may overshadow the implementation of on-going projects. The amount of funding awarded can also determine an organization's interest in child survival activities. As a donor and a technical assistance agency, CEDPA has been careful to help grantees assess not only the problems their projects address and the service delivery strategies they adopt, but their institutional capabilities and limitations as well.

In order to avoid the selection of well-intentioned, but overextended organizations for additional project activities, it is again recommended that careful attention be given not only to assessing an organization's (and its managers') interests and capabilities, but also the effect that other organizational commitments could have on the implementation of proposed activities.

It is further recommended that technical assistance be directed towards helping organizations, especially newly-formed organizations, define their priorities and honestly assess their management capabilities and needs. While other factors come into play here, such an analysis could keep an organization from accepting overwhelming new commitments both prior to and during implementation of nutrition and child survival activities.

Donors must also recognize the need to strengthen their recipient organizations by providing adequate funding for project support (administration, transport, staff), as well as for specific project activities (training, service delivery, etc.)

7. Finally, organizational and individual conflicts can affect child survival efforts. In part, such conflicts are expected as organizations (health sector and non-health sector) pass through the common growth stages. On the other hand, leadership skills exercised to resolve conflicts can play a major role in defusing and turning these conflicts into opportunities for growth.

CEDPA's experience has shown that specific training in conflict management will, in most cases, aid total project management. It is recommended that such training include:

- Methods for understanding conflict at various stages in its development
- Skills and methods for conflict resolution, and
- Skills for managing interpersonal communication in conflict settings.

As we work with the organizations described in this document to expand their training and service delivery efforts, self-sufficiency and continuity become major management concerns. Self-sufficiency and, therefore, the long-term impact of health programs, can only be achieved if organizations include in their plans, methods for providing viable alternatives to initial project support. Organizational characteristics discussed earlier play an important role in moving programs like those developed by CEDPA's counterparts towards expansion and self-sufficiency. These characteristics include the ability to:

- mobilize community involvement and investment in service delivery;
- identify and mobilize complementary resources from other governmental and non-governmental agencies;
- provide adequate administrative support; and
- evaluate and modify project strategies to achieve greater cost-effectiveness.

Organizational ability to present well-conceived proposals to other funding agencies is also critical if service delivery strategies are to be expanded. This requires not only skillful planning, but also long-range fundraising and public relations strategies.

Involvement in CEDPA's Nutrition Management Project has strengthened organizational ability both to plan and present nutrition/child survival program efforts. It has also helped them to establish credibility and expertise in a field that is often dominated by the health sector.

In summary, CEDPA's experience has shown that organizations working in the social development, as well as the health fields, can be important channels for dissemination of child survival information and technology at the community level. If provided with appropriate technical assistance and training, these organizations and their managers can become important agents and advocates for improved child survival worldwide.