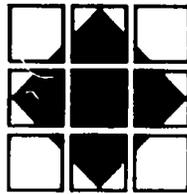


Mid-Term Evaluation Nutrition Education and Social Marketing Field Support Project

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Submitted to
The Agency for International Development
Bureau of Science and Technology
Office of Nutrition

November 30, 1990



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List of Acronyms

AED	Academy for Educational Development
AFR	Bureau for Africa (A.I.D.)
A.I.D.	Agency for International Development
A.I.D./W	Agency for International Development/Washington
ANE	Bureau for Asia and the Near East (A.I.D.), former designation
APHA	American Public Health Association
ARI	Acute Respiratory Infection
CERCOM	Center for Communication Studies and Research, University of Abidjan, Cote d'Ivoire
CRS	Catholic Relief Services
CTO	Cognizant Technical Officer
EPI	Expanded Program on Immunization
FVA	Bureau for Food for Peace and Voluntary Assistance (A.I.D.)
GM/P	Growth Monitoring and Promotion
HEALTHCOM	Communication for Child Survival Project
HKI	Helen Keller International
IEC	Information, Education and Communication
INCAP	Institute of Nutrition for Central America and Panama
INCS	International Nutrition and Communication Services
INPF	International Nutrition Planners Forum
JHU	Johns Hopkins University
IQC	Indefinite Quantity Contract
KAP	Knowledge, Attitudes and Practices

LAC	Bureau for Latin America and the Caribbean (A.I.D.)
LDC	Less Developed Country
LOE	Level of Effort
LTS	Logical Technical Services
MOH	Ministry of Health
NCIH	National Council on International Health
NCP	Nutrition Education and Social Marketing Field Support Project (commonly referred to as the Nutrition Communication Project)
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PRITECH	Technology for Primary Health Care Project
PVO	Private Voluntary Organization
RA	Resident Advisor
RENA	African Nutrition Communication Network
RFP	Request for Proposal
ROCAP	Regional Office for Central American Programs (A.I.D.)
S&T/N	Bureau for Science and Technology/Office of Nutrition (A.I.D.)
SOTA	State-of-the-Art
TA	Technical Assistance
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development (Field Mission)
WHO	World Health Organization
WIN	Women's and Infant's Nutrition Project
VITAL	Vitamin A Field Support Project

Executive Summary

In September 1987, the Academy for Educational Development (AED) was selected to implement the newly designed S&T/N Education and Social Marketing Field Support Project, more commonly referred to as the Nutrition Communication Project (NCP). The major focus of this five-year program was to assist USAID Missions, host government departments, PVOs and other organizations in developing countries to design, implement and evaluate nutrition Information, Education and Communication (IEC) activities by formal and informal means through various channels. NCP grew out of seven years of experience with a predecessor activity, the Nutrition Education and Support Project (1979-1986), which laid the groundwork for the application of communication and education technologies to a variety of nutrition sector activities. The final evaluation of the earlier project indicated the continuing need for a mechanism to provide a concentrated input of technical assistance and resources to less developed countries (LDCs) to improve knowledge of how to bring about nutrition-related behavioral change

NCP was designed to place priority on testing nutrition education interventions and providing technical assistance (TA) and training in the content areas of growth monitoring, breastfeeding, weaning practices, nutrition in infection (especially diarrheal diseases), Vitamin A nutrition, and maternal nutrition. Interventions in these areas could stand alone or be linked to PL 480 Title II Feeding Programs, primary health care delivery, or child survival programs such as immunization or oral rehydration therapy (ORT).

Parts I and II of the evaluation report provide the project's background and the terms of reference for this mid-term evaluation, respectively. Part III provides a summary of major project activities in some detail, and states that, although the project is completing its third year, it is only now in its fully operational stage primarily because of the long lead time necessary to launch most of the buy-in activities.

Part IV presents the major findings of the evaluation team. In summary, the team found that AED is doing a good job in meeting contract objectives. However, there was an appearance of fragmentation even in the several project countries where nutrition education activities were focused. While this shortcoming was caused in good measure by the nature of the buy-in process, the team felt that AED could do a better job in concentrating, consolidating and focusing its efforts on fewer activities. This recommendation supports the original objective of the nutrition communication project. Country project strategies should be reassessed to assure that they are innovative, state-of-the-art projects and that they meet criteria for effective nutrition programs. Further, the team believes that AED should make greater use of its subcontractors and/or other sources of nutrition expertise to provide the nutritional skills needed to complement the communications skills of the AED core staff. X

Other major findings include:

- Inevitability of Some Duplication

While continued efforts at coordination of project activities with related projects are important, some overlap is doubtless inevitable, especially in projects like NCP which cover virtually all aspects of nutrition education currently emphasized by A.I.D.

□ The Need to Simplify the Buy-In Contracting Mode

The buy-in and core-funding process entails inordinate paperwork and confusion. Recently, A.I.D. has developed a streamlined mechanism, a dual contracting mode with one contract for core costs and the other for buy-ins, which the contracts office claims should facilitate the understanding, implementation and management of centrally-funded projects.

□ The Need for Dual Evaluation Strategies

It appears that baseline data are being collected in the country projects which should be adequate for eventual impact evaluation purposes at the consumer/beneficiary level. In order to assess the value of training and technical assistance at the institutional level, process evaluation techniques to assess institutional behavioral change should be carried out. The final evaluation activities should take place at the end of project implementation, rather than mid-1991 as stated in the Project Paper.

□ The Need to Ensure Sustainability and Institutionalization

While these are difficult goals to achieve in centrally-funded projects such as NCP, AED needs to reinforce its efforts to concentrate in the remaining years of the project on developing cadres of trained individuals who can train others in nutrition communication interventions. Such cadres might be in MOHs, nutrition institutes, PVOs, universities and regional training centers such as INCAP and CERCOM.

□ The Need for Stronger Agency Support of Nutrition Programs

Nutrition has traditionally had a lower priority in A.I.D. than the health and population sectors. This has placed heavy constraints on the ability of S&T/N to gain wide acceptance for projects such as NCP which are highly dependent on buy-ins. Now that combatting malnutrition is one of the major objectives of the overall A.I.D. strategy, the Administrator could more actively affirm the Agency's strong support for nutrition programs.

Part V of the report contains conclusions and recommendations with the following highlights:

1. The NCP should be continued with the modifications suggested below.
2. S&T/N should instruct AED to concentrate on the following four areas:
 - develop country projects to assure that they follow a coherent strategy for truly innovative state-of-the-art activities

- expand efforts to develop state-of-the-art syntheses of lessons learned in the NCP component themes and related matters such as ethnographic research approaches
 - undertake one or more experimental pilot activities, as part of existing country projects, in a truly community-based mode
 - develop cadres of trained individuals in nutrition communication
3. S&T/N should consider the following illustrative budget for AED to complete the above activities:
- | | |
|--|------------|
| □ additional funding to complete country projects as coherent, state-of-the-art interventions. The amount must be determined between S&T/N and AED | --- |
| □ state-of-the-art syntheses | \$ 150,000 |
| □ community-based pilot projects | \$ 200,000 |
| □ funding for training-of-trainers seminars and technical assistance in training at INCAP and CERCOM | \$ 300,000 |
4. S&T/N should initiate action to remove the requirement for U.S. Resident Advisors (RAs) from the AED contract through contract modification or other appropriate means. S&T/N should inform AED that it no longer needs to pursue this contract objective. Rather, it should pursue hiring personnel from the host country or locally residing U.S. citizens to manage its activities in project countries.
 5. S&T/N should extend and fund the AED contract for an additional twelve months to consolidate and complete project activities currently underway and to undertake the additional tasks cited in #2 above.
 6. A.I.D. should convert AED's existing contract to the new dual contract mode if this can be done without requiring a new solicitation.
 7. S&T/N should instruct AED to increase involvement of its subcontractors in project activities and monitor more closely AED's performance in this regard. In technical areas where expertise is not available from the subcontractors, AED should continue and/or expand its use of expert nutrition consultants as needed.
 8. S&T/N should encourage AED and its subcontractors to utilize host country and regional expertise in all technical aspects of project implementation.
 9. AED should design and implement alternatives for developing training capacity in social marketing and communication in local universities, training divisions of appropriate ministries and continue to provide support to regional centers such as INCAP and CERCOM.

10. S&T/N should review the current flow and content of AED project reports with the goal of reducing their number and length.
11. The A.I.D. Administrator should send a circular message to field missions affirming the Agency's support for nutrition programs and encouraging missions to participate in such activities as NCP.
12. S&T/N should endeavor to link the NCP, APHA, VITAL and other relevant databases into one coherent system.

I. Introduction

On September 30, 1987, the Academy for Educational Development (AED) was selected through open competition to implement the newly designed S&T/N Nutrition Education and Social Marketing Field Support Project, more commonly referred to as the Nutrition Communication Project (NCP). The major focus of this five-year program is to assist USAID Missions, host government departments, PVOs and other organizations in developing countries to design, implement and evaluate nutrition information/education/communication activities by formal and informal means through various channels. NCP grew out of seven years experience with a predecessor activity, the Nutrition Education and Support Project (1979-1986), which had laid the groundwork for the application of communication and education technologies to a variety of nutrition sector activities. This earlier project, implemented by a consortium of organizations referred to as International Nutrition Communication Services (INCS), had two major purposes:

- to provide technical assistance in response to field requests for a wide range of nutrition education activities in LDCs in order to promote nutrition education as a program component on a cross-sectoral basis
- to promote breastfeeding and improved infant feeding practices through sensitization of policy makers and health practitioners and through training of health promoters

The final evaluation of this project, carried out in September 1986, indicated the continuing need for a mechanism to provide a concentrated input of technical assistance and resources to LDCs to improve knowledge of how to bring about nutrition-related behavior change. The evaluation also indicated that although INCS was S&T/N's principal mechanism for providing nutrition communication efforts, a major constraint on achieving greater impact was the lack of continuity in providing TA. It was also noted that dissemination of lessons learned was weak. Based on the INCS experience and a preliminary survey of field needs, it was decided that NCP should place priority on testing nutrition education interventions and providing technical assistance and training in the areas of growth monitoring, breastfeeding, weaning practices, nutrition in infection (especially diarrheal disease), Vitamin A, maternal nutrition and nutrition education in primary schools. Interventions in these areas could stand alone or be linked to PL 480 Title II Feeding Programs, primary health care delivery or child survival programs.

NCP was designed to include the following three basic components which are described in detail in Appendix I:

1. Field Support— which primarily responds to requests for technical assistance from USAID Missions, regional bureaus and FVA for *ad hoc* short-term interventions.
2. Core Activities— which support a concentrated and directed effort through the design and implementation of country projects to advance the state-of-the-

art in nutrition activities by actively encouraging the design and field testing of high priority interactions in nutrition communication, education and information. These activities were also to provide host country personnel the opportunity for sustained hands-on learning experiences.

3. Training— which was to be designed primarily to help various kinds and levels of participants (e.g. regional, local community, national, political, technical and bureaucratic) assess their training needs in nutrition education, design training programs, develop curricula and implement and evaluate training programs.

Central funding was not provided to NCP to cover country projects or RAs. Substantial buy-ins from missions were essential to the achievement of overall NCP objectives.

In order to provide the wide range of professional capabilities called for in NCP, AED subcontracted with four specialized organizations to supplement its own capabilities. The four subcontractors and their technical emphasis were:

- Porter Novelli: Social marketing
- Johns Hopkins University (JHU): Dietary management of diarrhea and Vitamin A
- Wellstart: Lactation management and breastfeeding
- Logical Technical Services (LTS): Growth monitoring and general nutrition assessments

II. Evaluation Plan & Methodology

The NCP Project Paper called for external evaluations at mid-point in the contract period, i.e. mid-1990, and at the end of project implementation. The mid-point evaluation was intended to focus on appropriateness of project design, management and administrative procedures, adequacy of the mix among project components and on recommendations for modifications in project design or funding. S&T/N signed a contract with the Pragma Corporation in August 1990 to undertake this assessment. Specifically, Pragma was charged with setting up an evaluation team and strategy for examining these four issues in the major project components.

Pragma assembled a six-person team consisting of nutrition, communication and management specialists. (See Appendix II for a description of team members.) A two-day Team Planning Meeting was held at Pragma on August 6-7, 1990 to brief team members on the NCP project and to develop a strategy and methodology for conducting the evaluation. Each team member was assigned primary responsibility in geographic and subject matter areas.

The Scope of Work contained in the Pragma contract provided additional useful guidance for the team:

- To review the material available on project-related activities including the INCS evaluation report, the NCP Project Paper, the RFP and AED's proposal. (AED quarterly, annual and special reports also proved useful in measuring the extent to which contract requirements were being met.)
- To conduct interviews in A.I.D./W (S&T, FVA and regional bureaus), AED, its subcontractors and relevant PVOs such as HKI, CRS and CARE to gather information on administrative and technical aspects of implementation. (Appendix III provides a list of individuals interviewed.)
- To undertake field trips in Africa and Latin America to ascertain first-hand how the project is viewed by field personnel in USAID Missions, host country governments and local PVO organizations. (Two team members, Drs. Kirchhofer and Seumo, visited Mali, Burkina Faso and Cote d'Ivoire in West Africa in late August while two others, Mss. Figueroa and de Hails visited Honduras and Guatemala in late September. These visits were supplemented by telephone calls to USAID personnel in several other missions in which NCP has had activity. Please refer to the field trip reports for details in Appendix IV.)

III. Project Description

A. Chronological Description of Activities

Upon signing the NCP contract, AED set about planning an implementation strategy. AED concentrated first on developing its first annual work plan; recruiting, organizing and training its core staff; planning reconnaissance visits; preparing regional estimates of technical assistance needs; and initiating training plans. In addition, contracts were developed with the subcontractors. (See Appendix V for a listing of current core staff and subcontractors.)

Late 1987-1988

The project announcement cable, which is the normal kick-off for newly initiated centrally funded, buy-in projects was dispatched to overseas missions in January 1988, more than three months after the contract was signed. Meanwhile, AED planned its initial visits and activities. By March 1988, twenty-three missions had responded to the announcement cable generating considerable discussion among S&T/N, regional bureaus and AED regarding country priorities, availability of funds and related issues.

Field activity was launched in early 1988 with reconnaissance visits to Senegal and Bolivia which in the latter case led to a request for a needs assessment. At the invitation of USAID/La Paz, AED followed up in March with a five-person needs assessment mission which examined the feasibility of the different project options developed during the earlier visit, assessed local institutional capabilities for undertaking nutrition communication activities and reviewed existing nutrition data and studies. This exercise provided AED with a model for future assessment missions. The Senegal reconnaissance visit in February 1988 also identified a number of nutrition education needs but the timing did not appear right to the concerned parties for initiating a major new communication activity.

By mid-1988, additional field trips were completed including a series of needs assessment and project planning visits to Haiti and Honduras. Reconnaissance visits also were made to Mali, Burkina Faso and Niger to explore needs and interests in launching nutrition communication activities. Mali's response was the most promising of this group inasmuch as it was already implementing nutrition projects and welcomed additional collaboration in the nutrition communication area in conjunction with PVOs. There also was interest in Burkina Faso but USAID decided to develop a nutrition proposal as a shelf item rather than as a current project. Niger, however, was ready to proceed much sooner. The MOH welcomed technical assistance through NCP in the area of rapid ethnographic methods. Also in mid-1988 AED signed a buy-in agreement to carry out a two-year project in Sudan on improved weaning practices.

In the latter part of 1988 a reconnaissance visit was made to Morocco and needs assessments were conducted in the Philippines and Thailand. Other activities during the year included:

- Buy-ins received from Haiti, Niger and FVA
- A first draft completed of Guidelines on Using Social Marketing to Promote Breastfeeding
- Funding obtained from Foster Parents International and Freedom from Hunger Foundation for growth monitoring technical assistance visits to Bolivia
- A field guide for ethnographic nutrition program research developed and pretested in Niger
- Collaborated in planning and conducting a national seminar on breastfeeding in Jordan
- Project planning missions undertaken in the Sudan, Mali, Niger and Peru

1989

Major project activities in 1989 included continuation of interventions initiated the previous year as well as many new starts such as needs assessments in the Dominican Republic and INCAP/Guatemala. No reconnaissance visits were conducted during the year. However, considerable planning and implementation took place in such countries as Mali where NCP worked closely with the MOH. A workshop was provided to a group of five PVOs and the Peace Corps featuring growth monitoring strategies prior to the June 1989 NCIH meeting; regional communication training workshops for Africa were arranged with the University of Abidjan (CERCOM) and with RENA; and NCP participated, through its subcontractor, LTS, in arranging the International Nutrition Planner's Forum, held in Seoul, Korea which brought together 30 nutrition leaders from developing countries to discuss community-based nutrition programs. During the year, NCP received and processed buy-ins for project work in Niger, Burkina Faso, Mali, Swaziland, Honduras and INCAP/Guatemala.

Other NCP activities in 1989 included:

- A Resident Advisor (RA) assigned to Honduras with the primary purpose of developing the nutrition communication component of the USAID Mission's health sector project
- Implementation of ethnographic assessments of infant feeding practices in Sudan and data processing and analysis of two national nutrition surveys
- Guidelines on Media Promotion of Breastfeeding printed along with the results of an experts meeting on growth monitoring; the report on innovative PVO strategies for growth monitoring and promotion (GM/P); and Crucial Elements of Successful Nutrition Programs

- A Health Workers Guide on Breastfeeding completed and field-tested in Peru along with other graphic materials which subsequently were made available for use by the MOH in Peru as well as in Bolivia, Ecuador and Colombia

1990

In 1990, NCP has continued to work on the above activities it has undertaken additional interventions primarily in response to requests from the field. New activities include:

- Producing a training video on interpersonal communication during growth monitoring for use in the LAC region
- Developing a strategy in relation to a substantial buy-in from AFR on breastfeeding and infant feeding
- Developing a training manual on communication skills for GM/P programs
- Conducting 12 training events for PVOs, MOH staff and Peace Corps

B. Summary

In the first year of project activity, NCP focused on identifying and funding project opportunities. In the second year, NCP concentrated on developing projects, negotiating agreements with collaborating organizations and in working out buy-in mechanisms with A.I.D./W and the USAID Missions. NCP also worked on creating links with regional training institutions in Central America (INCAP) and Africa (CERCOM). A synthesis of lessons learned in promoting breastfeeding was also completed and disseminated. In the third (current) year, funding was received from a number of USAID Missions and other sources enabling NCP to launch country activities. Development of training manuals is being given high priority. AED is also working on mechanisms to improve coordination of NCP with other projects to maximize the impact of scarce nutrition funds, especially in Africa.

Although the project is completing its third year, it is only now that NCP is becoming fully operational, given the long project gestation and marketing effort needed to launch the buy-ins. For this reason, there are few project outcomes to assess at this time.

In Part IV the evaluation team presents its views regarding the appropriateness of these activities and the extent to which they contribute to the overall achievement of NCP objectives, i.e. to improve LDC capacity to design, implement, and evaluate public nutrition education programs and messages with special relevance to maternal and child care.

IV. Findings

A. System (Field) Support

1. Administration

Core Staffing

AED did an effective job in appointing core staff on a timely basis for the initiation of prompt and efficient project activity. Because of AED's advance planning prior to contract award, personnel were available shortly after signing. It was originally conceived that RAs, who were to be assigned in up to six countries, would provide and support the bulk of project activity in the country projects. However, the U.S. RA concept has essentially proven to be impractical (as discussed later) placing far greater burden on the AED core staff to manage and support virtually all field activities. It became apparent that the originally proposed home office level of effort (LOE) of a director, secretary, and two part-time field support staff was inadequate and that additional staff would be essential to fill the gap created by the absence of RAs. AED has been largely successful in its appeal to S&T/N for additional staff. From the annual LOE of 3.25 person years of core staff in the original contract for year one, NCP has now been assigned 8.65 person years. The Project Director contends that at least one additional professional staff member is needed primarily to strengthen NCP ability to develop and support ANE and AFR activities.

The professional staff consists of an experienced communication specialist as director, a nutritional anthropologist as deputy, two regional program officers both of whom have communication expertise in health-related areas (one with more nutrition training than the other), an operations manager with seven years of health/population administrative experience prior to joining NCP, and another program officer who is a nutritionist with prior experience in both nutrition and health. Most home office support staff members have relatively limited experience overseas or with A.I.D. projects prior to working with NCP. The final core staff member is the RA in Honduras, the only U.S. staff member stationed abroad. The incumbent is a medical doctor with an MPH and field experience in such child survival activities as breastfeeding, control of respiratory diseases, and immunization although he is neither a trained nutritionist nor a communication specialist.

Given AED's reputation as one of the preeminent development communication institutions, it is natural that it would place emphasis on the communication aspects of the project. However, since this is a nutrition communication project, AED should be more careful in assuring that nutrition expertise be applied as extensively as possible in NCP activities. Technical nutrition should be regarded as the core of the project.

The managerial skills of the core staff appear to be sound. NCP is a multi-faceted project in which strong organizational and management capabilities are essential to effective implementation. The evaluation team was impressed with the core staff's ability to cope with

and manage the myriad details involved in such a centrally-funded buy-in project. The director is a well-organized, professional manager who appears competent and confident in fulfilling her duties as overall project manager, a view obtained by the evaluation team from first-hand observations at AED headquarters and numerous discussions with the director on program content, as well as from solicited and unsolicited comments from A.I.D./W and other officials familiar with the project. Most of the core staff were singled out for accolades during the evaluation as was AED's overall performance in managing NCP. The primary dissenters on this score were the subcontractors, some of whom complained of micro-management of projects.

Subcontracting

Most of the subcontractors were originally contemplated in the project to complement AED's communication experience with technical nutrition expertise beyond that which was available from AED core staff. While this expert nutrition assistance could also be provided to the project through consultants, use of the subcontractors was contemplated in AED's project proposal. As it has turned out, the subcontractors have not been involved to the extent they, or AED, had anticipated in the beginning. Porter Novelli and LTS have been the major participants to date. Porter Novelli's involvement has almost exclusively been confined to the provision of the deputy project director who is part of the core staff. LTS' participation was largely in the first two project years, including three country assessments, PVO training and counseling in growth monitoring, and coordination of the Seoul conference which was its largest single activity. JHU and Wellstart have played minor roles in the project so far.

The subcontractors were generally dissatisfied with their limited participation in the project. Several of them recognized that this was not directly AED's fault but rather was due in large part to the nature of the buy-in process and the limited core budget. However, there were several comments to the effect that AED could have included them to a greater extent. The subcontractors had expected to be involved in one or more of the long-term country projects in addition to short-term TA, reconnaissance visits and assessment activities. One subcontractor believes that the project's credibility has suffered from the lack of participation by the subcontractor's specialized nutritional experts, in view of AED's relative inexperience in these areas.

It now appears that at least two of the subcontractors, JHU and Wellstart, will soon become more involved in two new country projects. This should bode well for the project in providing the highly professional and specialized skills these institutions bring to bear.

Provision of Specialists under Technical Assistance

AED has done a good job in briefing, dispatching and monitoring specialists requested for short-term field assignments. Efficient administrative procedures and controls have been designed and systems put in place for providing and managing short-term specialists, both for overseas and domestic assignments. Such individuals appear to have been well prepared to undertake their assignments. AED has sound systems in place for monitoring a specialist's time, progress and problems as well as for obtaining feedback on his/her effectiveness. AED

routinely processes the receipt, review and dissemination of field trip reports, as well as arranges for debriefing of specialists for cognizant A.I.D. staff when appropriate.

Briefing S&T/N and other A.I.D. Officials on NCP Activities

AED communicates frequently with S&T/N and other relevant A.I.D. officials on project activities. There appears to be ample interaction both formally and informally between concerned parties.

Billing and Invoicing of Project Expenditures

While the evaluation team did not examine financial management in depth, there is every indication that AED has established and is maintaining financial controls, processes and procedures that are satisfactory to both the cognizant technical as well as financial and contractual officers in A.I.D. AED has had at least ten years experience dealing with A.I.D. on a variety of projects including some eight years of experience working with S&T centrally-funded buy-in activities which greatly facilitates its ability to manage NCP.

2. Nutrition and Education Reference Materials and Data Base

The contract called for NCP to establish a database of communication-education and nutrition reference materials for use by project personnel and by other legitimate requestors. It was anticipated that this system would be linked to established reference systems such as those maintained by the American Public Health Association (APHA) and RENA. A small library of approximately 575 documents focusing on communication and educational issues in nutrition programs has been acquired by the NCP project. These have been indexed and a microcomputer-based retrieval system has been established. NCP has established a working relationship with APHA to use its document collection to obtain information on technical aspects of nutritional science *per se*. This division of labor and informal working relationship appears to be serving the project well. When needed, NCP has had access to nutrition science materials through APHA. The specialized NCP holdings on social, educational and communication aspects of nutrition intervention programs have been adequate for project needs. The NCP holdings are accessed by approximately five non-project users per month.

B. Assessments

Twelve countries were visited to carry out reconnaissance and/or assessments. According to interviews with NCP staff, eleven other countries were also visited informally by AED, a subcontractor or A.I.D./Washington staff, although no trip reports were made. The latter visits were undertaken to detect and promote interest in the project. The visits followed the guidelines for emphasis countries within the project paper, with some limitations, since countries could only be selected based on mission interest in project participation. There was a much stronger interest expressed in the Latin American/Caribbean and the African regions than in the Asia/Near East region. Most interest in the African region was expressed in French West Africa rather than in Anglophone East Africa. Some countries were not

interested in long-term participation since their needs were covered by bilateral child survival projects. In other countries, nutrition was not seen as a priority area. At the time of the mid-term evaluation, bureau staff interviewed in the Asian and Near East region had relatively little contact with the project.

Countries where reconnaissance/assessment visits were made:

Latin America/ Caribbean: Bolivia, Dominican Republic, Guatemala, Haiti, Honduras; informal contacts made in Peru

Africa: Burkina Faso, Cote d'Ivoire, Mali, Niger; informal contacts made in Cameroon, Kenya, Zaire and Zimbabwe; AED states that a visit was made to Senegal, although no trip report is listed

Asia/Near East: Philippines, Thailand, Morocco; informal contacts were reported from Egypt, Indonesia and Pakistan

Reports of reconnaissance/assessment visits were reviewed in detail for several countries, including Bolivia, Honduras and INCAP/Guatemala to determine quality of the work. The country assessments covered information on recent and past nutrition surveys that had been carried out to determine nutritional status of populations, as well as information on nutrition programs and priorities. The INCAP report examined institutional rather than country-level needs and capabilities and appeared to identify areas that could be effectively dealt with by the Nutrition Communication Project. In Bolivia, data were analyzed by the Director of the Nutrition Surveillance Department of the MOH and the two other nutrition experts on the team to provide updated information on nutritional status of various population groups.

The assessments and the implementation plans recommended in them were relatively comprehensive, while actual implementation plans were limited to those aspects that fit in with priorities of funding agencies. For example, the Honduran plan that is being financed through the A.I.D. bilateral project covers three areas: breastfeeding, infant feeding and growth monitoring. This does not include several topics from the broader National Nutrition Plan (such as maternal nutrition and an agricultural component) and some of the areas from the recently released MOH nutrition education strategy, most importantly maternal nutrition during pregnancy and lactation.

Due to the buy-in nature of NCP, reconnaissance and assessment visits were not always followed by country projects or long-term TA/training activities which would justify the expense and effort that went into these preparatory efforts. Country projects were initiated in five of the twelve countries (42%) where such visits were carried out. Limited activities were also implemented in three (Haiti, Peru and the Dominican Republic), in part due to circumstances not directly related to NCP activities.

Overall, a great deal of effort was required by NCP to obtain relatively limited project activities. Opportunities for project implementation have sometimes been a matter of luck, of

being at the right place at the right time. For a buy-in project to be accepted, it must come at the moment in a country when:

- the country has recognized a need
- funding is available for project costs
- the country is ready for project implementation
- no bilateral project alternative exists

To use Bolivia as an example, a number of visits were made and reports on planning activities were written, but no project currently exists. Two alternatives for funding existed: a buy-in through the newly initiated bilateral child survival project between A.I.D. and the Bolivian government, or a buy-in through a group of PVOs receiving A.I.D. child survival funds. The buy-in from the USAID-MOH child survival project was not feasible since child survival implementation only began in 1990. Interviews with USAID and PVO staff indicated that the project with the organization of PVOs was not approved due to high cost, limitation of activities to nutrition rather than covering all child survival topics, and lack of readiness by some of the PVOs to enter into a nutrition communication project at that moment.

The lack of highly experienced nutrition staff within NCP and low recognition of AED as a nutrition implementation agency may have discouraged project acceptance in some cases.

C. Technical Assistance

The NCP was to provide technical assistance to meet needs of USAID Missions, host country governments and other appropriate entities in planning, implementation and evaluation of nutrition education and social marketing projects.

While the previous INCS project had a strong emphasis on technical assistance to projects, little long-term follow-up or institution building could be assured to provide for continuity of actions. After an assessment of the experience with the previous project, it was determined that technical assistance should still be available to meet specific country needs, but should have a lesser role in the present contract by taking second place to country projects where continuity could be emphasized. Since development of country projects with RAs has not been possible (except in Honduras), some short-term technical assistance has been used to implement country projects.

The technical assistance reviewed by the evaluators seemed to meet the expectations of the agencies requesting it. For example, assistance was provided in developing and adapting educational materials for an "exclusive breastfeeding" project funded by the Population Council in two urban hospitals in Lima, Peru. The ex-USAID/Peru officer who covered the project stated that the technical assistance provided was very professional, that the materials were appropriate and are now being used in health services around the Lima metropolitan area. After review of materials adapted for use by health workers, we felt that they appeared rather technical for auxiliary health personnel, although this view was not field tested. This project

will soon be evaluated, and more information on usefulness of the materials should be available at that time.

During the early part of NCP implementation, some TA was provided to governments and PVOs upon request, and staff/subcontractors participated in regional meetings and workshops. Assistance to the Honduran government to provide input into the development of their growth monitoring program gave sound suggestions. Staff of PLAN International in Bolivia stated that the assistance they received from an LTS subcontractor was useful to them. However, in neither case have all the consultants' recommendations been put into practice. We assume that some of the early technical assistance was provided with a view towards developing long-term projects in the countries where assistance has been given. The frequency of this kind of assistance has diminished with the development of country projects.

USAID Missions and MOH staff expressed approval and acceptance of the technical assistance received in Burkina Faso and Mali. The short-term assistance provided for the evaluation of training needs in Burkina Faso was deemed "exceptional" by one participant. Since RAs were not placed in most country projects, a great deal of the technical work has been done by consultants. AED has often utilized graduate students to carry out assistance in ethnographic studies and literature reviews. While this can be a good use of resources, special care must be taken when using this approach to assure the quality of the technical assistance and field approach, especially in reference to the feeding of infants, children and mothers.

Even when a RA is in place, it appears that there may be a need for quite a bit of external technical assistance. The RA in Honduras has, in the first eight months of work, received assistance from three communication experts. During its visit to Honduras, the evaluation team concluded that the RA should receive technical assistance in nutrition for the infant feeding and growth monitoring aspects of the project, since he seems to require additional nutrition knowledge in these areas.

Reactions by local MOH staff to the assistance they are receiving in West Africa appear to differ from those of MOH personnel in Honduras. While reactions in Africa have been positive, there were some feelings in Honduras that not all of the local priorities were being considered (e.g. maternal nutrition was not included in the NCP objectives). This demonstrates one of the limitations of buy-in projects; since the project which bought into NCP did not include maternal nutrition as an objective, this was not included in the NCP project. Also, there was some disagreement about the appropriateness of project implementation. At this stage of project implementation, it is difficult to determine if these varying perceptions are a result of differences in the quality of project implementation or regional differences in expectations. For example, NCP is relatively new in Honduras and is operating in a country which has received a great deal of technical health and nutrition assistance in the past. Honduras is also serviced by a RA with an M.D. and MPH but with limited nutrition and communication background. No doubt his skills as a physician could have been an important determinant in his selection.

D. Training

Training programs represent major "deliverable products" in NCP. During the first three years NCP has conducted approximately 30 separate training events. There are two types. Most training has sought to provide a comprehensive training process, i.e. strategic communication planning, implementation and evaluation or (as it is labeled in NCP) the "Social Marketing of Nutrition." A few training programs have provided greater depth coverage on specific aspects of this process. The mix is probably appropriately based on the objectives of the NCP.

We reviewed the training materials used by NCP staff in a number of these training sessions, focusing most intensively on the two-week "Social Marketing of Nutrition Workshop" held in Abidjan, Cote d'Ivoire in October 1989. We also obtained evaluations of the conference from selected participants during our field trips to Mali, Burkina Faso and Cote d'Ivoire.

The workshop, which was designed to provide in-service training to NCP counterparts, involved eleven days of intensive participant activity. Most content focused on the steps involved in planning and evaluating education programs. The content assumed the workshop participants had little previous exposure to the strategic planning process or to communication approaches to changing audience knowledge, attitudes and behaviors. Our interviews with participants indicated that this assumption was correct. In addition to imparting an audience-centered view of communication, planning, and evaluation processes, the workshop gave "hands-on" experience in these skills:

- obtaining audience information through focus groups
- producing graphic materials
- preparing scripts for radio spot announcements

The participants we interviewed gave the workshop a favorable overall rating. These participants tended to use key concepts from the program when talking about it one year later, providing additional evidence that the training had given them important ways of conceptualizing their professional role. Their major criticism was that the training period had been too short for the amount of information covered. (This criticism is not surprising. Some U.S. universities offer Master's degrees based on an elaboration of the content covered in the workshop.) There also was a desire for additional "hands-on" skill training in communication subjects.

We feel it would be a mistake to increase skill training at the expense of conceptual content. Without doubt it would be educationally valuable to lengthen the course but providing a longer course would quite likely make recruiting the appropriate audience more difficult. Overall, it appears that NCP is providing appropriate training content in an intellectually stimulating manner. Those conducting the training sessions are well prepared and appear to be skillful teachers. The problems noted above—recruiting the correct audience, the balance between conceptual and skills content, and training duration—are endemic to most development training programs. They should be topics of continuing concern to S&T/N.

AED also provides ongoing training in social marketing methods to individuals working directly with NCP projects. In Honduras, skills training for the Division of Health Education is ongoing. In Burkina Faso, central-level MOH staff have received training which permits them to provide informed support for the principles of nutrition education in the ministry. In Mali, representatives of PVOs (CARE and AFRICARE) stated that they had benefited from training provided by NCP. AFRICARE used the NCP collaboration to train village health workers.

In addition to the training described above, NCP is working on a manual for communication skills in growth monitoring and promotion programs and is in the process of producing a video on the same topic for use in the LAC region. The need for these materials came out of a meeting held with PVOs to discuss lessons learned about GM/P. While these materials are in the production stage, they appear to be well conceived and carefully produced. The video is being pretested through a series of workshops to train Latin American CARE staff about material pretesting. The video stresses effective communication in counseling but does not cover how to explain growth charts to mothers or how to make specific counseling decisions. This makes the video more applicable on a regional level but limits its specific usefulness as a training tool for health promoters. The use of these materials will depend upon their dissemination and promotion after they are produced. Since the video is being produced in conjunction with UNICEF, the latter will be involved in its distribution.

E. In-Country Resident Advisors

As stated above, only one U.S. RA has been assigned under NCP rather than the "up to six" proposed in the Project Paper and contract. In our view, the RA requirement was an unrealistic concept for the project for several reasons:

1. There is insufficient interest in USAID Missions and host-country government departments to have full-time RAs in the relatively narrow field of nutrition communication *per se*, particularly given the high costs involved in maintaining U.S. professionals overseas. In those few cases where interest was shown, e.g. Mali and Honduras, it became apparent that a broader range of health-related activities was envisaged.
2. Even if there were interest, there would be very few USAID Missions that could afford to pay the entire cost of the U.S. RA's position as required under NCP. In other projects with RAs such as HEALTHCOM II, a considerable financial contribution from core funds has been involved. This is not the case with NCP.

In Honduras, the USAID Mission had originally considered a second HEALTHCOM advisor before they knew of NCP. Quite likely, without the long history of HEALTHCOM in Honduras (dating back to 1981), and the wide range of USAID/Tegucigalpa MCH activities, there would not have been a willingness to accept an NCP advisor. In Mali, there was considerable effort made by NCP to place a RA, but in the final analysis a HEALTHCOM Advisor was appointed.

There is no known interest in any other country for a U.S. RA and AED questions whether it should continue to make promotional efforts to create additional interest at this time. AED has, through necessity, developed a system for managing country projects from headquarters which seems to be working satisfactorily. It is suggested, however, that S&T/N encourage AED to continue seeking other options in providing local presence. One option would be to hire an indigenous RA which quite likely would be the most popular approach in the country. We suspect that most project countries have qualified health/nutrition sector communication specialists, given the many years of U.S. and other external donor training and technical assistance in nutrition and communication. Hiring local experts also would bode well for continuity and sustainability of project activities upon completion of NCP. There also may be qualified and interested Americans already in the project countries who would be interested in the position.

The cost of employing such personnel locally is considerably less than recruiting in the United States and quite likely would be more acceptable to the local USAID Mission as well as host country counterpart organizations. In addition, a local hire might have greater knowledge of the country's culture, languages, etc. than a U.S.-recruited advisor.

F. Experimental Education Approaches: Country Projects

1. Overview

The original objectives of NCP included the development of at least six experimental country projects to "promote relevant nutrition interventions which rest on a social marketing, communication, and nutrition education base." These projects would field test appropriate communication/education technology, drawing on the principles and practices of social marketing.

Despite the lack of RAs (except in Honduras), AED has developed country projects in the following countries:

Mali

- Vitamin A promotion project with PVOs and the MOH
- Buy-in from the Integrated Family Health Services project to assist the MOH to strengthen maternal nutrition and infant feeding educational programs through health center promotion and mass media

Burkina Faso

- MCH and Health Education project to develop educational materials and health worker counseling modules on maternal nutrition and infant feeding

Niger

- Integrated maternal-child nutrition and vitamin A rich food consumption
- Rapid ethnographic assessment procedures (completed)

Sudan

- Rapid ethnographic assessment procedures (completed)
- Infant feeding project (suspended)

Honduras

- As part of the Health Sector II Project, programs to promote breastfeeding, infant feeding and growth monitoring

Country projects are currently active in Mali, Burkina Faso and Honduras. In Niger, the first part of the project, ethnographic assessments were completed, but implementation has not yet begun. In Sudan, the A.I.D. program has been suspended. New projects in Swaziland and Kenya are beginning, but it is too early to analyze them, or to include them in the list of country projects.

Due to the buy-in nature of project development, it has proven difficult to design an experimental concept and strategy for these country projects. Rather, projects have been developed to meet specific country needs in strengthening nutrition education and communication. Since a clear source of funding was not available, country projects have been pieced together from different funding sources. In some cases, funding is available for ethnographic studies, for example, but not for later material development or implementation. This makes the development of long-term project plans difficult, and leads to piecemeal implementation. For example, NCP participation in Sudan was originally contemplated to provide the social marketing component to a commercial weaning food production project and to research infant feeding practices. When the decision was made not to proceed with implementation of commercial production, the focus of NCP was switched to the other aspect of the project. Ethnographic data were collected but, unfortunately, the Sudan project was suspended due to the political situation in that country.

2. Criteria for Successful Nutrition Projects

It is too soon to review results from most of the larger projects. Since project initiation is relatively recent, ethnographic information is being collected or analyzed, but most projects have not yet reached the stage of communication-channel determination and material development.

The criteria or "crucial elements" cited in the 1989 International Nutrition Planner's Forum (INPF) conference in Seoul, Korea, provide an excellent framework for implementing effective nutrition communication interventions: political commitment, community

mobilization and participation, human resources development, targeting, monitoring, evaluation and management information systems. While the Seoul conference focused on community-based nutrition programs, the "crucial elements" are relevant to nutrition communication projects, including those with mass media components. Even in projects which are not community based, local or community participation is important for implementation. However, complete decentralization of program planning and decision making to the community level may not be possible in these cases.

The Honduran project was assessed in this regard, and it appears that almost all of these elements are present in principle (monitoring is weak, but can be carried out by MCH supervisors if appropriate arrangements are made). Although the project has the potential for meeting the criteria, achievement depends on how implementation proceeds with AED and the MOH, and if the Ministry has the capacity to provide sufficient human and financial resources on a long-term basis. There is definite political commitment (verbal) by the Honduran government to nutrition programming to reduce malnutrition.

In Burkina Faso, project development and training have been carried out using central- and regional-level MOH staff. While participants are positive about pilot project results, bilateral project funding has been limited chiefly to the elaborate system of "training trainers." The participants plan to use radio and community theater to magnify the impact of face-to-face interventions, which otherwise will require years to filter down to the village level. The MOH participants acknowledged that the priority given to nutrition education/training was limited within the Ministry and the funding for perpetuation of these communication strategies would also be limited. PVOs involved in NCP operate closer to the village level but have limited capabilities to continue training at the end of the project. A proposed bilateral program would provide funding to expand the number of villages (from three to eight provinces) in the pilot study. However, without clearly defined guidelines, the emphasis on nutrition communication could easily be eclipsed by other program objectives, such as supervisory site visits for MCH and population activities.

The Mali project is an umbrella for communication of comprehensive health messages. MOH and PVO services are integrated, with Ministry involvement and support at all levels, from the central level to village health workers. PVOs are active in implementing the project at the local level. To date, the project is being implemented as planned, although, as in the other countries, outcomes cannot yet be measured. If all goes as planned, this country project also has the potential of meeting the criteria for successful nutrition projects.

3. Community/Client Participation

While the three projects discussed above have the potential to be successful country projects, effective implementation at the community level seems to be the most problematic area. While mass media can play a useful role in promoting positive nutrition behaviors, we believe that most of the nutrition interventions covered by NCP are best dealt with on an interpersonal, face-to-face basis, with community participation. For example, for a growth monitoring activity to be effective, health workers should enter into a dialogue with the mother to discuss

problems she may be having with feeding or illness and ways to resolve them. The same is true for breastfeeding.

Given this focus, project design must build in this crucial community participation factor, and implementation must be of sufficient duration to assure that training is carried out, the project is functioning and support and supervision systems are in place at all appropriate levels.

4. Institutionalization

Each of the projects should develop a cadre of trained staff in the MOH who have learned social marketing/communication techniques. It is still early in the life of the project to assess how effective this training will be and whether MOH staff will be able to continue on their own after the termination of NCP. The Honduran experience has shown that institutionalization of social marketing methods can be a very long-term process (HEALTHCOM and predecessors have been active since 1981). One reason for this has been turnover of trained staff in the MOH. Since the change in government at the beginning of 1990, a number of trained staff have left, a situation which can occur in any program country at any time. AED staff stated that six months ago, they felt that local staff was almost ready to carry on social marketing activities and projects independently, but that now staff development was once again necessary at the central level. In field visits the evaluators suggested that alternatives to training specific individuals with jobs in the Ministry be explored. Feasible alternatives might be to include social marketing/communication courses in university curricula, or to include this training as part of the MOH's "Human Resources" department. Training of a cadre of nutrition professionals should continue, but these alternatives would provide greater sustainability.

The NCP initiated one alternative by providing training to regional centers. In turn, the centers intend to provide training and TA to neighboring countries in the region. Technical assistance to INCAP in Guatemala is a case in point. NCP activities currently being implemented at INCAP, however, are relatively expensive and seem to be directed at strengthening the technical communication skills of several specific professionals rather than training the total (14) professionals whose responsibilities relate directly to giving technical assistance to Central American countries.

To make technical assistance to INCAP more effective, NCP could broaden its focus to implement workshops on social marketing approaches to nutrition education aimed at all professional staff who conduct or coordinate education/communication activities and follow through with plans to assist INCAP in developing a nutrition communication course in its graduate program. NCP should also strengthen its efforts to fortify other regional centers, such as CERCOM in West Africa.

G. Reporting Requirements

AED has been dutiful in preparing and disseminating the wide range of reports required in the contract, i.e. annual work plans, technical quarterly reports, field trip reports, and special

reports as requested. Project activities have been documented so thoroughly and extensively that the question of "system overload" arises. So much has been written on so many NCP subjects that it is difficult to obtain an overview of program direction, strategy and overall accomplishments. As a result, there is a risk that NCP will be viewed as a paper mill rather than an action-oriented field project.

Technically, the reports appear to be complete and accurate descriptions of project activities. During the country visits undertaken in this evaluation, contents of several trip reports were verified. In both Mali and Burkina Faso, there were requests for more French translations of reports.

H. Major Issues

There are some important issues that transcend the above discussion on project components; these affect project implementation significantly.

1. S&T/N's Leadership Role and Relationships

S&T/N's image and role with its contractors and with the external nutrition community in general appear to be very good. Several acting CTOs were assigned to NCP in the first year causing discontinuity in project leadership. (For a short time during the initial implementation period in the absence of a CTO, the project was managed by a committee.) Beginning in August 1988, there has always been a CTO assigned to the project but in the view of the S&T/N Director, only since May 1990 has there been a fully effective one in the job. However, even with the best of project management, buy-in projects with low core funding create problems; a central A.I.D./W office essentially creates the project but has to rely on others, e.g. USAID Missions, to pay for most of the costs, raising the question of ownership and who's in charge. NCP has had an especially difficult problem in this regard, because it is more dependent on buy-ins than most projects.

2. Duplication and Collaboration

In most development activities there is a degree of overlap among projects with similar objectives targeted to the same population or subgroup. This is particularly true of such S&T centrally-funded, buy-in projects as NCP and HEALTHCOM. While attempts at coordination and collaboration are useful and should continue, there will doubtless remain some duplication of effort that on the surface appears wasteful and inefficient. For example, many components of NCP are also included in HEALTHCOM II, a larger project sponsored by S&T/H and managed by a separate contract staff at AED. But if HEALTHCOM II were to replace NCP would lessons learned from the more ORT and EPI-focused HEALTHCOM II project provide the kind of insights needed in nutrition communication? Conversely, if NCP were to take over all nutrition communication activities generated by HEALTHCOM, would it function effectively in the particular long-standing HEALTHCOM environment? Every project, contractor, S&T backstopping office as well as each USAID Mission, relevant host

government and PVO has its own agenda and emphasis. What might appear duplicative on the surface is in some cases unavoidable if each project is to attain its unique objectives.

By definition, buy-in projects are responsive to buyers' needs and centrally-funded projects generally offer assistance on a global basis. This often results in Mission A buying the same service from project A that Mission B is obtaining from Project B for a variety of reasons such as a satisfactory experience with contractors in the past, host government preference or PVO preference.

Nutrition Related S&T Projects with Communications Elements

Themes	Office of Nutrition			Office of Health			Office of Population
	NCP	WIN	VITAL	MOTHER CARE	HEALTH COM II	PRITECH	NATURAL FAMILY PLANNING
GROWTH MONITORING	M	X			X		
BREAST-FEEDING	M	X		M	X	X	X
WEANING PRACTICES	M	X				X	
DIARRHEA	M	X			M	X	
VITAMIN A	M		X		X		
MATERNAL NUTRITION	M	X		X			
NUTRITION EDUCATION	M	X					

X = Some M = Major

The preceding chart depicts the S&T projects which have some nutrition IEC elements addressed by NCP. As depicted in the chart, while other projects have some minor nutrition element, NCP's major focus is nutrition communication. It is from NCP that A.I.D. will obtain the SOTA on nutrition communication for application elsewhere. Given NCP's mandate to provide communication assistance in virtually all aspects of nutrition education emphasized by A.I.D., there is bound to be overlap with other projects. Indeed, even other projects within S&T/N's own portfolio such as the newly initiated WIN project has a

communication component. However, the issue of overlap and coordination extends beyond NCP and S&T/N, and must be resolved at higher levels within A.I.D./W. The current S&T cluster group activities appear to be a good step in this direction.

In our view, now that NCP is beyond its half-way mark and has a full workload, it would not be productive for NCP to extend its communication skills to other related projects. This would tend to further fragment and scatter its efforts at a time when the need is to consolidate activities to develop well-tested nutrition communication principles and processes.

3. Contracting Mode

The buy-in and core funding process of centrally-funded projects seems to require a staggering number of programming, budgeting, contracting and financial steps, some of which appear to bear little relationship with each other. For example, it is difficult to link AED requests for core funds to amounts periodically made available by A.I.D.'s Financial Management office. There are so many sources and types of funds involved: regional and central bureaus, various USAID Missions, core and buy-ins, bilateral and non-bilateral. Likewise, the mechanisms for procurement of services under the different types and sources of funding vary. There have already been seven delivery orders issued under the AED contract and five separate contract modifications to accommodate the seven infusions of S&T/N core funds and the ten buy-ins from regional bureaus, FVA and USAID Missions.

A.I.D. has been attempting to streamline these processes for years and recently has introduced a dual contracting mode, one for core costs and the other for buy-ins. Both would be awarded to the successful contractor. In the view of the Contract Office, this dual mode should facilitate the understanding, implementation and management of centrally-funded projects. Contractors will have a clearer picture of core funds available and missions and bureaus would have a more uniform means of buying in. The core contract will be handled much the same as other A.I.D. cost reimbursable contracts and the buy-in contract would be managed very much like an IQC from the "buyers" viewpoint, a system already well understood in the A.I.D. community. This dual mode might well lead to greater use of buy-in projects such as NCP.

Given the complexities and tediousness of the system currently in effect, a good case can be made to convert the AED contract to the simplified dual contract mode, if this is feasible without unduly disrupting project implementation or violating the rules for competition.

4. State-of-the-Art Syntheses in Project Themes

NCP was expected to produce state-of-the-art syntheses on the nutrition intervention topics. However, there has been no clear allocation of funds either to conduct such syntheses nor to produce and distribute the resulting documents. Despite this lack of funds, NCP project personnel have completed two documents synthesizing lessons learned in breastfeeding programs. One document focuses on the conceptual and planning aspects of media-based breastfeeding promotion programs; the other provides exemplary media materials which have been successfully used in breastfeeding promotion. A third state-of-the-art document relating to Vitamin A intervention programs is currently being written.

been successfully used in breastfeeding promotion. A third state-of-the-art document relating to Vitamin A intervention programs is currently being written.

The review team sees these documents as extremely valuable contributions of the NCP project. They not only serve current project needs, but should also find wide application in other nutrition promotion efforts during the next decade.

5. Community-based and Social Marketing Strategies

AED contends that NCP communication strategies run the gamut from nutritional mass media to local community-based interventions. Critics of social marketing claim that it does not include the kind of local empowerment and participation advocated in truly community-based, self-help activities. However, social marketing methods could be used to empower communities if community members were directly involved in using these techniques to define and resolve their own problems. Several of the NCP country projects should have the capacity to develop community-based components, with direct community implementation of social marketing methods. For this to be successful, the NCP project must operate on a community level in a country that has a strong base in grass roots community development.

6. Evaluation Strategy

There is no contractual requirement for AED to develop an evaluation plan for NCP. The Project Paper included a logical framework which is based primarily on the premise that NCP's goal is to foster changes in nutrition status. Evaluating biological outcomes is recognized as being extremely difficult and costly. Cause and effect relationships which can be traced to a particular input are virtually impossible to establish. It is more prudent to claim fostering changes in nutrition behavior (an intermediate point) without adding the endpoint, change in nutrition status.

Projects in Mali, Burkina Faso and Honduras are obtaining baseline nutrition knowledge/attitude/ practice (KAP) data which should allow evaluation of these "softer" audience outcomes of the intervention efforts. Summative evaluation studies at the end of the project should also assess changes in institutional behavior and performance related to NCP interventions, e.g. within MOH departments, at the field level and at regional training centers. Such institutional assessments, which should be conducted by an external contractor, need not be wedded to baseline data.

The final external review of NCP should closely examine another type of outcome, in addition to nutrition behavior and institutional change. A recurring question in NCP is: how appropriate is it to link nutrition to ongoing country programs such as CDD and child survival? Linkages have both potential benefits and costs. The most obvious benefits are found in 1) economy of scale efficiencies and 2) the ability to link nutrition to higher status programs. The most obvious disadvantage is the potential subordination of nutrition messages to messages on other health concerns. NCP has developed a variety of linkages with other programs ranging from closely coordinated efforts such as the NCP/HEALTHCOM II linkages in Honduras to more informal linkages in West Africa. Thus, a variety of linkages should

provide a good opportunity to learn more about the benefits and costs of linking nutrition intervention programs to the on-going activities of other health projects.

7. Sustainability and Institutionalization

Bilateral projects which set out to create sustainability as an objective have a spotty record at best. Centrally-funded projects which are essentially innovative such as NCP have even less chance of creating permanent institutions or institutional change in participating organizations. However, cadres of trained and motivated individuals can be developed at several levels in cooperating-country government departments, universities and local PVOs. These cadres can, individually and collectively, continue to introduce nutrition communication interventions long after NCP leaves the country. Further, the communication capabilities of regional training centers can be strengthened so that these institutions, in turn, can provide technical assistance to national agencies. The regional centers should also provide ongoing courses on communication methods for professionals from target countries.

8. Experts Meetings in the United States

NCP has held expert meetings covering GM/P and breastfeeding. The meetings covered technical as well as communication aspects of these topics and were led by experts in the fields. These meetings have provided up-to-date information for NCP staff to use in project implementation and have also served as forums to bring together information and methods that were being developed by other organizations. However, these meetings are costly and can lead to diffusion of project efforts. Therefore, additional meetings should not be contemplated unless they focus directly on major areas of project implementation and a true need for such information has been fully established.

9. Direction in Nutrition

Nutrition has traditionally had a lower priority in A.I.D. than the health or population sectors, constraining the ability of S&T/N projects to gain wide acceptance. Now that combatting malnutrition is one of the major objectives of the overall A.I.D. strategy, it would be appropriate for the Administrator to send a circular message to overseas missions affirming the Agency's support for nutrition programs and encouraging missions to participate in such activities. There is an urgent need for strong leadership (above the office level) to communicate S&T issues to USAID Missions. In fact, substantive dialogue between the field and A.I.D./W needs to take place in order to facilitate projects like the NCP.

V. Conclusions and Recommendations

A. NCP's Future

Despite its limitations, NCP has generated sufficient interest and activity to justify continuing its portfolio of activities and to undertake the additional thrusts recommended below.

While many of the NCP nutrition communication interventions could be accessed through other S&T/N, S&T/H and S&T/P projects, it is likely that nutrition communication as a specific and unique strategy to address malnutrition would diminish if NCP were prematurely terminated. It would be wasteful to sacrifice the start-up costs and efforts of the past three years which have generated the current level of interest. This type of buy-in activity is expensive and front-end loaded. It has only been in the past year that NCP has passed from the marketing to the operational stage. The period of reconnaissance, assessments and buy-in negotiations is essentially over and AED can now concentrate on project implementation. Allowing NCP time to focus on projects which are underway will provide an opportunity to learn for the future from state-of-the-art activities which will be implemented.

Following NCP's completion, S&T/N should have accumulated a great deal more information on the principles, effective methodologies and processes for successful nutrition communication projects. It is too early to propose what the ideal follow on project, if any, should be. While this is a subject for the final evaluation, a promising avenue could be a project which would provide nutrition communication expertise to all S&T projects as needed.

Recommendation

The NCP project should be continued with the modifications suggested below.

B. Consolidation and Concentration of Efforts

AED has spent a great deal of time over the past three years marketing and developing NCP buy-ins, many of which are for disparate, small-scale activities that take considerable time to implement. The quest for buy-ins tended to create a "buckshot" approach to the project. The evaluation team suggests that AED should no longer seek such buy-ins but rather restrict and consolidate its efforts to existing country projects and to activities for which funds have already been made available, e.g. the recent large-scale Africa Bureau umbrella buy-in and to the additional activities proposed below.

AED must assure that the existing country projects truly become innovative nutrition/communication projects which advance the state-of-the-art. Projects should work towards achieving a lasting impact in ultimately changing nutrition behavior and, ultimately, nutrition status. Additionally, AED should assure that country projects have a coherent country strategy, and to the extent possible, adhere to the six principles formulated at the

Korean forum. If this can only be achieved with input of additional core funding, this should be provided by S&T/N.

In addition, AED should undertake one or more experimental pilot activities, as part of existing country projects, in a truly community-based mode. We suggest that AED make a concerted effort in one or more of the project countries to launch true community-based pilot projects in such areas as growth monitoring, use of foods high in Vitamin A or breastfeeding management.

Furthermore, we believe that the current NCP project staff could make additional contributions to state-of-the-art syntheses discussed above. Among the SOTA topics which should be given priority are:

1. discussion of methods for analyzing audiences: KAP surveys, focus groups, rapid ethnographic techniques and others, taking into account factors and circumstances which affect feasibility
2. nutrition communication and education approaches appropriate to growth monitoring projects

TA and training activities beyond those underway or planned should be discouraged, except when they support core projects, or increase sustainability of social marketing activities through the strengthening of regional centers.

Recommendation

S&T/N should instruct AED to concentrate efforts on the interventions described above.

C. Funding Implications

If at all possible, S&T/N should increase core funding to enable AED to undertake the activities described above which are quite likely beyond the range of what individual missions or bureaus are willing to purchase.

Recommendation

S&T/N should consider the following illustrative budget to enable AED to undertake these activities:

- | | |
|---|-----------|
| 1. Additional core funding for country projects. (AED has suggested \$150,000 to \$200,000 per year for each African project. S&T/N and AED would have to negotiate the appropriate level.) | — |
| 2. State-of-the-art syntheses | \$150,000 |
| 3. Community-based pilot project (s) | \$200,000 |

4. Funding, suggested by AED, for training of trainers and technical assistance in training for INCAP \$125,000
5. Similar activities for CERCOM in Africa \$175,000

D. Resident Advisors

Provision of U.S. RAs in up to six countries has proven to be impractical.

Recommendation

S&T/N should initiate action to remove this requirement from the AED contract through contract modification or other appropriate means. S&T/N should inform AED that it no longer needs to pursue this contract objective. Rather, it should explore hiring personnel from the host country or locally residing U.S. citizens to manage its activities in project countries.

E. Project Extension

Delay in project implementation, scarcity of core funds and the inherent nature of time needed to introduce nutritional behavior change makes the September 1992 project completion date premature. An additional year should enable AED to complete its proposed project activities.

Recommendation

Extend and fund the AED contract for an additional twelve months to consolidate and complete project activities currently underway and to undertake the additional tasks cited in Recommendation B, above. Current core staff levels are adequate and need not be increased in the remaining contract period. During the last year, staffing should be diminished as more responsibility is taken over by local projects.

F. Contract Revision

In view of the need to make the several contract modifications described above, S&T/N and the Contract Office should give consideration to converting the existing contract to the new dual contract mode which would reportedly simplify project implementation and administration. However, if converting to the new mode at this time would require rebidding the contract we would not recommend the change given the disruption of momentum and project activity which would almost certainly occur.

Recommendation

Convert AED's existing contract to the new dual contract mode if it can be done without requiring a new solicitation.

G. Subcontractors

While the nature of the NCP contract has placed constraints on AED in using its four subcontractors, there is a continuing need for technical nutrition expertise in the project. Most NCP core staff are more specialized in communication rather than the nutritional aspects of the project. Use of technical expertise in nutrition helps assure that the technical inputs are appropriate and that project activities are moving in the right direction in terms of promoting actions that are both nutritionally sound and feasible in the respective social, cultural and economic contexts.

Recommendation

S&T/N should instruct AED to increase involvement of its subcontractors in project activities and monitor more closely AED's performance in this regard. In technical areas where expertise is not available from the subcontractors, AED should continue and/or expand its use of expert nutrition consultants as needed.

H. Greater Use of Local Expertise

Where NCP has utilized host country or regional expertise in its TA activities, it has seemed to work well. Not only is it less expensive to use local consultants, it augers well for relevance of inputs and sustainability. Local experts can often provide greater insight into local problems given their understanding of the local culture, customs and language.

Recommendation

AED and its subcontractors should be encouraged to utilize host country and regional expertise in all aspects of project implementation.

I. Sustainability of Training Capability

Local practitioners in MOHs and PVOs are being trained or will be trained in the methodology of social marketing and communication. In some countries, they should be ready to develop projects independently after the conclusion of NCP. However, sustainability cannot be assured at this level alone.

Recommendation

NCP should design and implement alternatives for developing capacity for training in social marketing and communication in local universities and/or human resources training divisions of the MOHs. Further, NCP should provide additional support to INCAP and possibly other regional centers such as CERCOM to strengthen communication training capabilities.

J. Reporting Requirements

While reporting requirements are stipulated in the contract, it appears that there is excessive detail both in terms of the sheer quantity and length of reports.

Recommendation

S&T/N should review the current flow and content of AED project reports with the goal of reducing their number and length.

K. A.I.D. Leadership in Nutrition

Nutrition has not received the level of attention and funding within A.I.D. comparable to health and population activities. Now that malnutrition is cited among the Agency's major objectives, A.I.D. should place greater priority on the nutrition sector.

Recommendation

The A.I.D. Administrator should send a circular message to the field missions affirming the Agency's strong support for nutrition programs and encouraging missions to participate in such activities as NCP.

L. Effective Use of NCP Library and Database

Although NCP has developed a database on nutrition communication, this has not been linked to other reference systems such as the APHA database and the Vitamin A library of the VITAL project.

Recommendation

S&T/N should endeavor to link the NCP, APHA, VITAL and other relevant databases into one coherent system.

Appendix I: Components of the NCP Contract

The AED contract delineates NCP's responsibilities under the following three components:

1. Systems (Field) Support

Direct Management—AED was responsible for appointing core staff; negotiating agreements with the designated subcontractors; preparing annual work plans; providing a wide range of technical services such as reconnaissance and assessment visits; project design, management and evaluation; providing logistical support for all contractor, subcontractor and consultant personnel traveling in relation to NCP; and undertaking contractual and financial management regarding project budgeting and billing procedures. Additionally, AED was to build and maintain a working library stock of training materials and database regarding nutrition activities in project countries.

Assessments—Under this category, AED was to conduct carefully planned and coordinated reconnaissance visits in the three A.I.D. geographical regions to determine nutrition communication interests and needs. The reconnaissance visits were intended to lead to detailed assessments in at least six countries, presumably two in each region, based upon rigorous selection criteria. These assessments were to set the stage for long-term country projects.

Technical Assistance—AED was to undertake timely and effective technical assistance as requested by USAID Missions, host country governments and other local organizations in planning, implementing and evaluating nutrition communication projects or components in other health, agricultural or PL 480 Title II projects.

2. In-Country Resident Advisors

AED was to place in-country RAs in up to six developing countries to undertake nutrition communication projects on a sustained basis in contrast to the more *ad hoc* TA described in 1c above. Country projects were to field test state-of-the-art communication/education technology, drawing heavily on the principles and practices of social marketing. Growth monitoring promotion was to be featured initially and to be continued in at least half of the projects undertaken in the up to six proposed country long-term programs.

3. Training

AED was to launch training programs in at least ten countries over the project's five year life. Training was to be one of the key components of NCP and would be interwoven into most NCP activities. Training was to be designed and provided to a wide range of audiences including program planners and managers, trainees, and PVO and Peace Corp staff. Long-term training also was to be provided in the countries in which RAs were to be located.

4. Reports

AED was charged with producing the following reports:

Annual Work Plan—six weeks prior to the end of each program year (except for the first plan which was due three months after contract signing).

Technical Quarterly Reports—due within 20 working days following the close of each quarter. These reports were to summarize the activities, progress, achievements and problems encountered during the period.

Field Trip Reports—within twenty days of the conclusion of TA travel by contractor personnel. These reports, copies of which should be submitted to USAID Missions, should cover the principal activities, accomplishments and findings during the trip.

Final Activity Reports—to be prepared at the completion of discrete project activities such as experimental field tests in conjunction with nutrition intervention projects.

Special Reports—training manuals and other substantive material to be produced from time to time as requested or approved by S&T/N.

Semi-annual Report—due 45 days after the end of the reporting period, is a substantive report covering the status of work, progress, plans and recommendations. Administrative report covering expenditures, foreign country national trainees and personnel.

Semi-annual Consultant Report—due 30 days after the end of reporting period lists consultants, daily rates and specific activity by P/O/T.

Small-Business Report—subcontracting report for individual contracts prepared semi-annually for the Office of Small and Disadvantaged Business Utilization.

Final Report—which would describe fully the activities and accomplishments under the project, including technical information such as summaries of data obtained, methodologies developed and/or applied, training materials developed, tested and utilized, etc.

There are also other reports required including:

- Monthly travel status reports with anticipated travel plans and information on cost of airfares and per diems, annual child survival reports, and weekly reports.

Appendix II: Pragma Evaluation Team

Pragma Evaluation Team: Biographical Information

Martha Weiss Figueroa, US Team, Latin America Team: BS in Nutrition, U. Wisconsin 1976, MPH in Nutrition, U. North Carolina, 1979, has thirteen years experience in Latin America in nutrition/public health activities including project design and management, evaluation and research, and communication and training, primarily with NGOs.

Patricia Avila de Hails, Latin America Team: BA in Anthropology, University of Los Andes, Bogota Colombia, 1970, and MA in Education/Communication from Stanford University, California in 1973, has had many years experience in Latin America with PVOs and contractors and as a free lance consultant in a variety of areas including child survival, nutrition community interventions and nutrition education/communications.

W. Ardine Kirchhofer, West Africa Team Leader: BS Food Science, Iowa State U, 1963, MCH Human Nutrition and International Community Development, Emory University, 1977, Ph.D. Human Nutrition and International Community Development, U. of Missouri, 1986, has had substantial nutrition-related experience domestically and abroad in such capacities as secondary and university teaching 1974-86, private industry 1964-86 and 1987 to present, and private consulting internationally including six years in Switzerland and Germany as a home economist and in Burkina Faso where she undertook a survey of dietary patterns of rural villagers.

Thomas A. Moser, Team Leader: BS, U. Maryland 1948 and MS in International Relations, George Washington U, has been associated with economic and social development both as an A.I.D. official and consultant for the past forty years. He has served in eight countries in Africa and Asia in a variety of managerial and technical positions at virtually all levels of responsibility. Since retiring he has been a consultant and Pragma associate where he has undertaken a number of project design and evaluation studies.

Eleanore Seumo, West Africa Team: Doctorat en Nutrition from Universite Catholique de Louvain Belgique, 1983, and served in the Cameroon MOH, Department of Nutrition in a variety of nutrition, training and education activities from 1979 to 1986. Since 1986, she has been the CARE coordinator of health activities for Cameroon.

Paul Yarbrough, US Team: BS, U. Georgia in Agriculture Communication and Agronomy, 1960; MS Iowa State University 1966 in Technical Journalism; and PhD 1968 Iowa State University, Rural Sociology, has spent most of his career in academic life at Iowa State and Cornell University where he is currently Professor, Department of Communication Arts and Coordinator, Cornell Rural Communication Research Program.

Appendix III: List of Interviewees

List of Interviewees

U.S. Interviews

A.I.D./W

Jay M. Bergman	MS/OP/W/FA
Eric R. Bolstad	MS/OP/W
Neen Blackwell Alrutz	AFR/TR/HPN
C. A. Carrino	S&T/HP/H/HS
Eunyong Chung	S&T/FA/N/ST
Robert M. Clay	S&T/HP/H/HS
Brenda B. Colwell	S&T/FA/N
Frances R. Davidson	S&T/FA/N/ST
Holly Ann Fluty	S&T/HP/H/HS
William R. Furtick	S&T/FA
Norge Jerome	S&T/FA/N
Nicolaas Luyckx	S&T/FA/N/OP
Anita Mackie	AFR/TR/HPN (formerly USAID/Khartoum)
Melanie Marlett	PPC/PDPR/SP
Anthony J. Meyer	S&T/HR/ED/ETC
Nina P. Schlossman	S&T/FA/N/OP
Hope E. Sukin-Klauber	AFR/TR/HPN
Mary Ellen Duffy Tanamly	LAC/DR/HPN

Others

James Booth	Vice President, LTS
Mary Debus	Director, International Division, Porter Novelli
Claudia Fishman	Deputy, NCP, AED
Beverly Graham	Contracts Officer, AED
Mark Lediard	Vice President, AED
Jose Mora	International Science and Technology Institute (formerly LTS)
Lorraine Lathen-Parker	Program Assistant, AED
Margaret Burns Parlato	Director, NCP, AED
Mark Rasmuson	Director, HEALTHCOM II, AED
Julia Rosenbaum	Project Coordinator, NCP, AED
William Smith	Executive Vice President, AED
Charles H.Teller	The Pragma Corporation (formerly at LTS)
Valerie Uccellani	Program Officer, NCP, AED
Andrea Usiak	Operations Manager, NCP, AED

Telephone Interviews

Margaret Bentley	Johns Hopkins University
Loren Blum	Helen Keller International
Helen Bratcher	Catholic Relief Services
Sharon Epstein	AFR/EA/SSEP
Diane Everaert	Plan International/Guayaquil (formerly at Plan International/ La Paz)
Rita Fairbanks	John Short/Bolivia (formerly USAID/Lima)
Antonio Gayoso	S&T/HR

Marcia Griffiths	President, Manoff Group
Paul Hartenberger	USAID/La Paz
Rudi Horner	CARE
William Jansen	ANE/TR/PHN
Linda Lou Kelley	ANE/TR/PHN
Peggy Koniz-Booher	Freelance Consultant (formerly with NCP, AED)
Kristen K. Loken	ANE/TR/PHN
Thomas J. Marchione	FVA/PPM
Susana Martinez	PROCOMSI, La Paz, Bolivia
Robert S. Meehan	LAC/DP/PAB
Audrey Naylor	Wellstart
Alan Randlov	ANE/TR/PHN

Field Trip Interviews

Burkina Faso

Robert M. Beecroft	Acting Chief of Mission, United States Embassy/Ouagadougou
Roxanna de Sole	Population Assistant, USAID/Ouagadougou
Ambroise Nanema	Acting Director, Office of Family Health, Ministry of Health
Jean W. Parfait Douamba	NCP Project Director, Office of Family Health, Ministry of Health
Frank Aquima Tankoano	Physician, Burkina Faso

Cameroon

Richard Greene	Health Officer, USAID/Yaounde, formerly at USAID/Ouagadougou
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Pierre Signe Health Education Unit, Sesa Project Ebolowa, participant in Abidjan training program

Cote d'Ivoire

Estelle Garner Program Assistant, REDSO/WCA

Hugues Kone Director of CERCOM

Moussa Traore Health Education Unit, INSP

Guatemala

Joseph Coblentz Food Assistance Project Manager,

Sandy Callier Technical Officer, INCAP Child Survival Project, ROCAP

Hernan Delgado Director, Institute of Nutrition and Central America and Panama (INCAP)

Magda Fischer Communication Coordination, INCAP

Elena Hurtado Division of Health and Nutrition, INCAP

Baudilio Lopez Nutrition Officer, USAID/Guatemala

Ileana Melendreras Health Education Coordinator, CARE-Guatemala

Veronica de Palma Information Center, INCAP

Alexandra Praun Division of Applied Nutrition, INCAP

Maria Cristina Rosales Director, CREA

Dirk Schroeder Division of Health and Nutrition, INCAP

Honduras

Patricio Barriga HEALTHCOM Resident Advisor

Peter Boddy NCP Resident Advisor

Marco Tulio Carranza	General Director of Health, Ministry of Health
Argentina Chavez	AHLACMA
Vincent David	MCH Advisor, Management Sciences for Health
Daniel Davila	Former Director, Division of Health Education, Ministry of Health
Arturo Diaz	Division of Health Education, Ministry of Health
Robert Haladay	Health and Nutrition Officer, USAID/Honduras
Luis Alonzo Lopez	Director, Division of Health Education, Ministry of Health
Aida Maradiaga	Nutritionist, Directorate of Food and Nutrition, Ministry of Health
Maria del Carmen Miranda	Director, Directorate of Food and Nutrition, Ministry of Health
Carlos Montoya	Division of Health Education, Ministry of Health
Ana Luisa Ordonez	Nutritionist, Directorate of Food and Nutrition, Ministry of Health

In addition, interviewed four facilitators and their focus group participants on breastfeeding promotion, San Juan Bautista, Choluteca

Mali

Daouda Coubibaly	Technical Team Leader, World Vision International
Miriam Famatha	Supervisor of Instructors, CARE in Macina
Evelyn Gorsline	Dioro Project Coordinator, AFRICARE
Miriam Haidira	Nutrition Educator, Nutrition Unit, Ministry of Public Health
Dandara Kante	Nutrition Education Consultant, USAID/Bamako
Catherine McKaig	Regional Supervisor, CARE-Mali
Fanta Macalou	Child Survival Assistant, USAID/Bamako
Lisa Nichols	Project Director, CARE-Mali
M. Djibril Semega	Director, Nutrition Unit, Ministry of Public Health
Kathy Tilford	Executive Director, CARE-Mali
Neil Woodruff	HPN Officer, USAID/Bamako

Appendix IV: Field Trip Evaluation Reports

A. Guatemala

September 20-21, 1990

Martha Weiss Figueroa, MPH

Patricia Avila de Hails, MA

1. Introduction

The evaluation team visited Guatemala on September 20-21, 1990. During these two days they looked at three separate project activities which NCP is implementing totally or in part in Guatemala:

- Technical assistance to INCAP to improve institutional capabilities in communication
- A course for CARE field staff in the use of focus groups to pretest educational materials
- Development of a Spanish language video on interpersonal communication skills during GM/P activities for training local health promoters and supervisors

In addition, the evaluation team made a short visit to the USAID/Guatemala health unit to explore the needs and outcomes of the country's activities in Nutrition Communication and Education.

2. Assessment of Project Activities and Outcomes

a. Technical Assistance to INCAP

Assessment of INCAP's Needs and the ROCAP Buy-in to NCP

In 1989, the NCP Program Director visited INCAP at the request of ROCAP to discuss possible collaboration of NCP with the ROCAP/INCAP regional Child Survival project. During this visit, a careful assessment was made of INCAP communication strengths and needs, with emphasis on INCAP divisions and staff working directly on the ROCAP funded Child Survival project. INCAP has identified a need to improve communication capabilities. ROCAP also saw this need, and would like INCAP staff to become trained to be local "consultants" who could provide technical assistance (TA) to the Central American region.

In October, 1989 a delivery order was signed through which the NCP project would "assist INCAP in expanding its use of public information techniques." Specific areas of assistance included:

1. Expand INCAP's capabilities in the use of nutrition communication technologies
2. Assist in identifying appropriate communication training opportunities for INCAP staff
3. Review educational materials and training modules developed by INCAP
4. Assist INCAP to plan and implement a regional workshop in social marketing, including planning of appropriate follow-on activities
5. Assist INCAP with the development of communications strategies to be used in the pilot testing of activities promoting improved dietary management of diarrhea (DMD)
6. Assist INCAP with the development of an institutional strategy for expanding the use of communication technologies in the Central American Region.

While the activities carried out as part of the ROCAP buy-in delivery order should help to strengthen INCAP's communication capabilities, these activities have been more limited than those suggested in the original reconnaissance visit. Since a buy-in must fit into the project which is funding it, in this case ROCAP's Child Survival project, activities cannot go beyond the objectives of the original project. Although this system assures that a buy-in fits in with Mission needs and priorities, it does limit what can be done.

Technical Assistance Provided to INCAP Under NCP

The following assistance was provided to INCAP prior to the ROCAP buy-in:

1. Participation by Jose Mora (LTS subcontractor) in a meeting of PAHO Consultive group on child growth and development in August, 1988
2. Review by an NCP consultant, Hilary Creed, of DMD recipe trials, providing direct assistance to an INCAP anthropologist during March 1989

A number of additional activities have been carried out through the ROCAP buy-in:

1. Two visits by another AED employee, Elizabeth Booth, to train and assist an INCAP anthropologist in reviewing existing ethnographic data to identify behaviors correlated with diarrhea, to train the research team in how to collect and analyze behavior observations; and, to develop a communication component to the water and sanitation project being implemented in Santa Maria de Jesus. (A third visit, to complete the TA, will be conducted in December.)
2. Assistance by graduate student, Dirk Schroeder, from Johns Hopkins University (JHU) in preparation and implementation of a workshop attended by teams from the Central American countries to develop a protocol and design appropriate questions for focus group interviews, and to plan implementation for a multi-center DMD study. Schroeder is currently

working at INCAP on dietary trials although he is no longer funded through NCP. Once these studies are completed, NCP may have the opportunity to assist in the development of a communication component for DMD on a national or regional level. These activities have not yet been specifically planned or funded.

3. Two visits by NCP program coordinator Julia Rosenbaum to assist in developing INCAP's communication strategies. Most work was done with Magda Fischer, Dissemination and Information Section.
4. Participation by Magda Fischer in a three week communication course sponsored by JHU. Funding for this activity was provided by HEALTHCOM.

Subcontractor Participation in Technical Assistance

Most technical assistance, especially through the ROCAP buy-in, has been provided directly by AED staff, either NCP staff or personnel from other projects, as in the case of Elizabeth Booth.

Dirk Schroeder, who has worked on the DMD activities, is a graduate student at JHU. Previous to the buy-in, the technical assistance was provided by the staff of NCP subcontractors.

Timeliness and Effectiveness of the Technical Assistance

INCAP is undergoing reorganization and decentralization and is in the process of developing a communication strategy as a part of long-term planning for the next ten years. It has also recognized communication and nutrition education as a critical area. Therefore, it is a crucial time to provide support in these areas. From the interviews carried out by the evaluation team, it was clear that there is still a great deal of work to be done. Technical assistance to INCAP is timely since there is interest in developing communication/social marketing capacity, both within the Institute and by regional funding agencies (ROCAP).

The technical assistance in training in communication methodologies is being provided to specific individuals in relatively small projects which do not always deal directly with nutrition (as in the case of the water and sanitation project, in which a communication strategy will be developed to promote hand washing). The rationale for this approach was to "get INCAP's feet wet in communications". Interviews and review of documents by the evaluation team showed that this TA has largely been effective in meeting its specific aims. However, this assistance does not directly reach the bulk of INCAP staff who work directly in education and who will be involved in communication/education activities throughout Central America. This would appear to limit the effectiveness of the current training for the Institute as a whole.

Magda Fischer of INCAP stated that the meetings she has held with Julia Rosenbaum during her two visits to INCAP have been useful in planning communication strategies. At the same time, much of this strategy development must be done by INCAP as an Institute. NCP may be

able to assist INCAP in specific areas of the communication strategy, such as development of courses to be offered by INCAP.

Ability to Institutionalize State-of-the-Art Technical Assistance

More training of individuals and divisions working in the communication and education fields at INCAP will probably be required for effective increase in institutional capabilities in communication/social marketing.

b. Training Course in Pretesting of Communications Materials for CARE staff

This course was funded through an FVA buy-in to NCP to provide training to CARE staff. The course covered methodology of pretesting educational materials. During the two day course, participants from CARE/Guatemala and CARE/Honduras learned how to carry out focus group interviews and analyze results to pretest the Communication Skill training video being developed by NCP. The evaluation team talked to a participant in the Guatemalan course. She appeared to have a good understanding of course contents and techniques and, indirectly from our discussion, it appeared that other participants did as well. Although two days is a short time to learn how to manage focus group interviews, and the course did not include training in protocol development, she felt that participants would be able to put workshop activities into practice if they are involved in the development of nutrition/communication activities in the future.

The workshop is being repeated for CARE staff in other Latin American countries. We had the opportunity to talk to the CARE Health Educator in the Dominican Republic. In that country, CARE growth monitoring activities are just beginning so that staff were to pretest materials dealing with technical areas in which they had little technical experience.

c. Development of a Communication Skills Training Video for GM/P Programs in LAC

NCP took the initiative for obtaining UNICEF/New York and CARE/New York support for this video. There were some problems in the way that activity was initiated (some A.I.D. Missions felt that they were not sufficiently involved), but this problem seems to have been resolved.

The video is being produced by CREA, a professional production group based in Guatemala which has produced Latin American videos on health and other related topics. CREA was originally created with a grant through JHU for this specific purpose. Work in development, conception, review and pretesting appears well done. There are some technical details which need to be improved, but pretesting has not yet been concluded. One drawback of the video may be that, in an attempt to make it valid and useful throughout the LAC region, specific information for counseling mothers, such as how to explain a growth chart to a mother or how to determine what information to include in a counseling session, has been eliminated. While the video will be more generally accepted, some of its specific usefulness may diminish. Quite a bit of effort has been put into assuring that the final product does not use local

terms/language which will not be understood throughout the region. However, this is a difficult task given the differences in language and cultural characteristics throughout the area where the video will be used. NCP should assure that the final product is distributed and used.

3. Conclusions and Recommendations

a. Conclusions

1. NCP's assistance to INCAP has been directed mainly to strengthening the technical skills in communications to two specific INCAP professionals. They both were pleased with NCP's assistance.
2. Another 12 professionals whose main responsibilities and activities relate directly to giving technical assistance to the MOHs and NGOs in Central American countries on nutrition education and communications have had little contact with NCP.
3. INCAP is working on developing a communication strategy for the next ten years. The Institute is still in the process of defining and assessing directions. This is a priority for INCAP, and the Director indicated that they hope to receive continued assistance from NCP.
4. NCP's assistance when analyzed for contributing to long-term institutionalization appears to be scattered.
5. NCP has only been able to follow through on one of the TA initiatives to support countries' ongoing programs. This initiative is related to introduction of a new behavior (hand washing) to prevent diarrhea.
6. While NCP can assist INCAP to define communications strategies and how to increase communications capabilities, a great deal must be done by INCAP itself. NCP can emphasize development of specific communication capabilities, for example telecommunications, in which the organization (AED) has institutional capabilities.

b. Recommendations

1. INCAP and NCP should strengthen their efforts to develop and implement a course on communication techniques for INCAP staff, especially educators and anthropologists who will work most directly in the communications area. This course should have a theoretical component and two follow up practical components to give staff time to practice and receive feedback on the areas covered in the course.
2. A short course for all INCAP staff should be implemented to help them understand the communications/social marketing approach and have the capacity to consider it in their activities.

3. NCP should encourage and assist INCAP develop a course or unit in social communications as part of the post graduate studies program carried out by the Institute.

INDIVIDUALS INTERVIEWED IN GUATEMALA

Joseph Coblentz	Food Assistance Project Manager, Regional Technical Advisor for Food Assistance Programs, ROCAP
Sandy Callier	Technical Officer, INCAP Child Survival Project, ROCAP
Hernan Delgado	Director, INCAP
Magda Fischer	Communication Coordination, INCAP
Elena Hurtado	Division of Health and Nutrition, INCAP
Baudilio Lopez	Nutrition Officer, USAID/Guatemala
Ileana Melendreras	Health Education Coordinator, CARE— Guatemala
Veronica de Palma	Information Center, INCAP
Alexandra Praun	Division of Applied Nutrition, INCAP
Maria Cristina Rosales	Director, CREA
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B. Honduras

September 24-28, 1990

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1. Introduction

The evaluation team visited Honduras from September 24 to 28, 1990 to analyze the activities of the NCP to date in that country. This visit was especially important to the mid-term evaluation of NCP, since Honduras is the only country which was able to place an in-country RA. According to the NCP contract, RAs were to be placed in up to six countries.

a. Background to the NCP in Honduras

HEALTHCOM and the preceding communication projects (also managed by AED) known as PROCOSI I and II have been active in Honduras since 1981, promoting communication for behavioral change. PROCOSI initiated activities with the promotion of oral rehydration salts ("Litrosol"); later, with HEALTHCOM I, activities were expanded to cover immunization (EPI) and control of acute respiratory infections (ARI). Some breastfeeding promotion and growth monitoring/promotion activities were also initiated. These projects were carried out in coordination with the Division of Health Education (DHE) of the Honduran MOH. A number of staff members were trained in different aspects of the communication process, and it was assumed that NCP would build upon and work with an experienced cadre of personnel from the MOH. During the evaluation it was seen that the new change in government led to changes in some key staff who had worked with HEALTHCOM. According to the NCP RA, there are now gaps in the Division's technical expertise.

An *ad hoc* nutrition education working team made up of a group of nutritionists from the Directorate of Food and Nutrition (DFN) and staff from the DHE has been active since 1984. The group met with the evaluation team and described the lengthy process they have been through and their frustrations in implementing plans due to lack of funding and support from their own Ministry. They conducted a knowledge, attitude and practice (KAP) survey in 1986 in three health regions and analyzed the data. In 1988, with the assistance of DHE staff involved in HEALTHCOM, they designed a creative strategy which included low cost educational materials. Some materials were produced in a draft form but they were not reproduced due to lack of funding.

b. Political Climate for Project Implementation—Government Commitment

There is a definite commitment by the new Honduran government to nutrition as a priority area. The evaluation team was told that the new president's inaugural address included nutrition. The Director of Nutrition is also committed and believes in the Nutrition Communication Plan of Action coordinated by NCP. The real evidence of political commitment, when allocation of human and financial resources are needed for project

implementation, has yet to be seen. The officials interviewed, however, felt that this would be forthcoming. The evaluation team interviewed the Director of Health Services of the MOH who expressed the government's commitment to nutrition, although he did not seem to be well acquainted with NCP's activities. This may be because the project has been recently introduced or because the distinction is not clearly made between HEALTHCOM and NCP.

The Division of Maternal Child Health (MCH) had not played an important role in the activities developed by NCP in the Nutrition Communication Plan through the month of May. NCP promoted and coordinated a workshop to present and analyze the nutrition communication plan attended by representatives of many divisions of the MOH and others, such as PAHO, UNICEF and PVOs. The MCH Division participated in this workshop and some Division staff have participated in meetings of the nutrition communication committee, along with representatives from the DHE and the Nutrition Directorate. Participation of the MCH Division is essential since they have a major role in project implementation, especially at the community level. Their involvement is most crucial in growth monitoring since MCH is the government office responsible for this program. Unfortunately, the evaluators were not able to talk with anyone in this division.

The DFN Director has a clear understanding of the activities of the nutrition communication plan. She is aware of the need for the MCH Division to be involved, since the Directorate of Nutrition gives policy direction rather than acting as an implementing unit.

The DHE has undergone a change of Director, with the departure of a Director who had worked with HEALTHCOM for two years. The new Director stated that NCP activities are one of the Division's most important functions. Both the NCP and HEALTHCOM RAs feel that there are differences between them and the new, incoming director in the use of communication strategies and channels.

2. Project Activities and Outcomes

a. Needs Assessment and Development of a Communication Plan

An assessment of nutrition communication and education needs in Honduras was carried out in July 1988, followed by the development of a communication plan (AED and LTS). The assessment is very thorough and analyzes recent population surveys and studies as well as comparing results to surveys of nutritional status carried out in Honduras in the 1960s.

The assessment was followed by a Communication Plan which was developed to support the Honduras Child survival program, part of the bilateral Health Sector II project. The communication component included both nutrition activities (breast feeding—BF, infant feeding—IF, growth monitoring—GM) and other interventions which would be covered by HEALTHCOM: acute respiratory infections (ARI), diarrheal disease control (DDC), immunization (EPI) and child spacing (reproductive risk—RR). USAID/Tegucigalpa found this distribution of work appealing since NCP could provide assistance in nutrition, and the NCP RA would be able to emphasize this high priority area. The nutrition communication plan and the buy-in contract specified NCP scope of work to include GM, BF, and IF.

The NCP objectives and contract do not include maternal nutrition during pregnancy and lactation, which under a new nutrition director, later became a priority area for the DFN. The newly appointed Director of Nutrition mentioned this omission as one area of disagreement between her unit and NCP. The NCP RA stated that nutrition during pregnancy and lactation will be included in the communication work as part of the breastfeeding material, but this difference should be resolved before there are deeper conflicts, especially when the message formation and material development phase arrives.

b. Development of a Nutrition Action Plan

As part of its technical assistance to the USAID Mission, NCP, through LTS-subcontractor Jose Mora, expanded the Needs Assessment conducted earlier and prepared a Nutrition Action Plan to guide future USAID programming efforts in this sector.

The objectives developed for the action plan relate to improving nutritional status of women during pregnancy and lactation, improvement of nutritional status of infants and children through growth monitoring, support for breastfeeding, improved infant feeding practices, especially in weaning period and during and after diarrhea, and better targeting and effectiveness of supplementary feeding. The plan proposed to increase the availability of basic foods and resources for infant feeding by promoting and supporting community activities (gardens and animal husbandry) and to enhance the nutritional impact of agriculture, rural development and income generating projects. MOH divisions and other institutions that could carry out nutrition education activities were analyzed.

c. NCP Activities in Honduras to Date

NCP activities in Honduras are financed through a buy-in from USAID/Tegucigalpa, which includes development of communication strategies related to breastfeeding, infant feeding and growth monitoring. Both the NCP and the HEALTHCOM RAs work with the DHE coordinating activities where possible. The contract was signed in late 1989. A workplan was developed through which project activities would begin with breastfeeding promotion, followed by infant feeding and then growth monitoring. In all three areas, formative research would be carried out followed by message identification, pretesting and material development. Following MOH recommendations, the project will be implemented in health regions four and five which constitute the poverty belt of the country. The timing of the contract signing appears to be beneficial to nutrition communication activities, since nutrition is a stated priority area in the MOH.

Peter Boddy, the NCP RA, arrived in Honduras in January 1990. Since his arrival, the following activities have been carried out:

- Development of institutional relationships with staff in the various departments of the MOH with whom he coordinates activities (eg.: DHE, MCH and DFN).
- Work with representatives from these sectors of the MOH on the working document on the nutrition communication plan, and organization and coordination of a workshop during April to present the plan to DHE, MCH, DFN and non-MOH organizations. Some modifications were made as a result of this workshop.
- Review of available information in Honduras on breastfeeding topics, especially data from studies carried out in the country, the reports of the two evaluations of the PROALMA project, and additional information from PROALMA.
- Development of drafts of educational materials on breastfeeding including a promotional poster, an educational poster and a mini-flipchart. The materials have been tested, but they may be further modified when more information is available from focus groups.
- Training of staff, organization and implementation of focus groups and in depth interviews on breastfeeding. Data is being summarized to be analyzed for message development.

Given the strong emphasis on breastfeeding promotion in Honduras over the past few years by PROALMA (a local PVO active since 1984 primarily in institutional settings), a great deal of information appears to be already available. Less time could probably have been spent by NCP on formative research on breastfeeding, thus speeding up material development. This opinion was expressed by several of the individuals interviewed, including the Director of Food and Nutrition. More time could thereby be dedicated to infant feeding and growth monitoring, which require more work and which may not be fully implemented as planned by October 1991.

d. Technical Assistance Provided to the Project

There was appropriate use of nutrition specialists during the assessment phase, with the participation of LTS staff. Since implementation of the buy-in began earlier this year, more TA has been provided in the area of communication than in nutrition. Roberta Cohen, a graduate student from UC/Davis, participated in the development and implementation of focus group interviews. A second consultant visited the project to provide technical communications information related to a breastfeeding video which will probably be produced by NCP next year. The RA has also received technical assistance from NCP's headquarters in Washington. The program coordinator has provided appropriate background literature on nutrition and educational program topics and has participated in training of the individuals who would conduct focus group interviews.

With the placement of an RA, it can be assumed that there would be fewer requirements for outside consultants in Honduras compared to other country projects where no such advisor exists. Members of the MOH nutrition education working team expressed their expectations that the RA would share his experience in nutrition education programs and expertise on appropriate techniques for community participation. However, it should be recognized that the RA was selected more as a facilitator than a nutrition specialist. In a nutrition communication activity, both nutrition and communication skills must receive technical support. There was evidence in Honduras for the need for updated nutrition skills by both MOH and the RA, especially in the weaning food and infant feeding area. The input of a nutrition specialist will be crucial for formative research and message development in this area. Such a specialist can help identify locally available foods which are commonly consumed and provide guidance in the analysis to improve consumption as weaning foods.

e. Project Administration

The contract for the Honduran NCP project includes a description of project management in which the HEALTHCOM RA is the Chief of Party, maintaining official relations with USAID/Tegucigalpa and handling the administrative activities of both NCP and HEALTHCOM. The two RAs work together in coordination, and share support staff and offices. In addition, a special Honduran backstop has been established in AED in Washington so that one person is responsible for both projects.

The two RAs seem to make a good working team with clear definition of roles. The Chief of Party provides assistance to the newer RA when necessary. This appears to be a system which facilitates project administration and collaboration, but it may not serve as a useful model for other situations, since such close coordination might not be feasible if the same contractor did not cover both projects.

f. Nutrition Communication Strategies

The Honduran NCP project has been operating for less than one year, and project start-up was delayed during the first several months due to changes related to the presidential election held at the end of 1989. It is too early in the project to evaluate whether the program approach used in Honduras will be effective, and to analyze project implementation and accomplishments. However, some impressions related to these topics have been covered in other sections of this report.

g. Training

One of the objectives of the Honduran NCP project is to train MOH personnel in formulating communication plans, investigation, and development and implementation of mass media campaigns. NCP will also train institutional and community health care professional personnel in development of messages and the recognition of priority areas, and provide TA for decision making in GM.

Training sessions have been held by the NCP RA with the help of the project coordinator and an outside research assistant to train local personnel who were to conduct focus group and in depth interviews. The nutrition communication working team has received on-the-job training to help them in the finalization of their Nutrition Communication Plan. It is too early in the project to determine if NCP will be successful in establishing a trained cadre of professionals or how effective training activities will be.

h. Sustainability of Project Activities

Over the past few years, HEALTHCOM has helped develop a trained work team within the DHE. It was assumed that they would soon be able to develop communication activities without the need for ongoing outside assistance. Although there was often the need to train new staff members when an individual left the division, the RA considered that activities would soon be sustainable. Unfortunately, during the last six months a number of staff members have left the division and with their departure social marketing skills have been lost. From the description of project activities it appears that NCP will move towards skill oriented training of division staff.

As will be stated in the recommendations, efforts should be made to develop innovative strategies for human resource development so that a future change in personnel will not have such a profound effect on the training that has gone on for years.

i. Community Participation and Mobilization

Communication strategies to improve practices in BF, IF and GM will require a high level of interpersonal education and face-to-face communication. These activities include a large mobilization of human resources for training, interpersonal education activities and supervision.

At this early stage in project implementation, the evaluation team could not determine the extent to which NCP will stress community participation. Nevertheless, both the HEALTHCOM and NCP RAs state that health regions will play a definite role in project implementation, following the MOH mandate to decentralize activities to the regions as much as possible. Barriga states that the DHE has well trained human resources in most regions. The Nutrition Communication Plan of Action states that professional and auxiliary health personnel will be the main educational promoters of the project.

NCP staff feel that they need to develop more linkages with PVOs which have their own human resources working in the communities. Barriga believes that NCP will involve community based groups such as women's groups and NGOs in implementation. There seems to be agreement with the new DHE Director on this approach, although he also mentioned groups such as teachers, local leaders and medical students.

3. Conclusions and Recommendations

Conclusion:

Despite setbacks caused by the change in the Honduran government, recent changes in DHE personnel and change in orientation in the Division's activities by the DHE's Director, the RA has been able to move things along. The new Director of the DHE appears to think highly of the RA. The RA has completed his first task of coordination of field activities. Changes in personnel in the DHE has made it necessary for the RA to start almost from the beginning when implementing social marketing activities. The RA perceives that with the departure of part of the HEALTHCOM working group, the technical skills of the remaining DHE staff do not cover all social marketing methodology techniques.

Recommendation:

1. Start looking for additional ways (outside the DHE) to institutionalize social marketing methodology in Honduras, through development of courses in the Human Resources division of the MOH, university courses or other alternatives.

Conclusion:

The RA needs more expertise on nutritional content of weaning foods for underdeveloped countries and growth monitoring. MOH personnel require updated knowledge in nutrition, especially related to easily accessible, high nutrient density weaning foods, appropriate preparation, frequency of feeding, etc.

Recommendation:

2. Future TA should stress nutrition rather than communication issues, since nutritional content needs to be reinforced and updated for adequate project development.

Conclusion:

There must be an awareness that implementation of NCP activities will require a high level of interpersonal education/communication strategies. These include a large mobilization of human resources for training, interpersonal education activities and supervision.

Recommendation:

3. Growth monitoring activities should be clearly defined and strengthened by MCH. Strategies for training and supervision of MCH staff and the participation of community volunteers must be defined.

Conclusion:

Since a great deal of information already exists in Honduras on breastfeeding practices, NCP formative research on this subject could have been carried out with a smaller sample allowing for quicker development.

Recommendation:

4. Assure that future research focuses on project priority areas with emphasis on topics that require new research.

Honduras Field Trip Interviews

Patricio Barriga	HEALTHCOM Resident Advisor
Peter Boddy	NCP Resident Advisor
Marco Tulio Carranza	General Director of Health, Ministry of Health
Argentina Chavez	AHLACMA
Vincent David	MCH Advisor, Management Sciences for Health
Daniel Davila	Former Director, Division of Health Education, Ministry of Health
Arturo Diaz	Division of Health Education, Ministry of Health
Robert Haladay	Health and Nutrition Officer, USAID/Honduras
Luis Alonzo Lopez	Director, Division of Health Education, Ministry of Health
Aida Maradiaga	Nutritionist, Directorate of Food and Nutrition, Ministry of Health
Maria del Carmen Miranda	Director, Directorate of Food and Nutrition, Ministry of Health
Carlos Montoya	Division of Health Education, Ministry of Health
Ana Luisa Ordonez	Nutritionist, Directorate of Food and Nutrition, Ministry of Health

In addition, interviewed four facilitators and their focus group participants on breastfeeding promotion, San Juan Bautista, Choluteca.

C. Burkina Faso and Mali

August 15-23, 1990

W. Ardine L. Kirchhofer, RD, PhD

1. Executive Summary

At the request of Pragma Corporation, Ardine Kirchhofer, RD, PhD, Nutrition Education Consultant, visited Ouagadougou, Burkina Faso and Bamako, Mali to conduct a portion of the global evaluation of the Nutrition Communication Project (NCP) managed by the Academy for Educational Development (AED). Dr. Kirchhofer was in Burkina Faso from August 15 through August 18, 1990 and in Mali from August 19 through August 23, 1990. During the visits she interviewed fourteen key NCP participants. The interviews were used to evaluate adherence to the contract scope of work, observe progress toward achievement of the contract objectives and make recommendations for future project needs.

NCP management by AED was considered exceptional by all project participants interviewed. Especially noteworthy was the respect given the work of Claudia Fishman, Deputy Director for the NCP, AED.

The primary project constraints are related to the complexities of developing and implementing buy-ins that are of mutual benefit to the partners and remain true to the goals of NCP.

In Burkina Faso, where the focus is on skill development at the ministry level, there is limited provision for perpetuation of NCP principles to the village level. In Mali, sustainability is not addressed directly, but there is significant concept dissemination at the village level through a well coordinated network of PVOs.

The primary recommendation for the future of NCP is to focus on the identification and inclusion of a national teaching/learning institution or agency for the sustainability of the concepts of nutrition communication. This would increase the impact of the training at the village level; provide on-going concept development and adaptation to the local needs; and, provide a focal point for continuation of the PVO network to exchange nutrition communication strategies.

2. Background and Findings

At the request of Pragma Corporation, Ardine Kirchhofer, RD, PhD, Nutrition Education Consultant, visited Ouagadougou, Burkina Faso and Bamako, Mali to conduct a portion of the global evaluation of the Nutrition Communication Project managed by the Academy for Educational Development. Dr. Kirchhofer was in Burkina Faso from August 15 through August 18, 1990 and in Mali from August 19 through August 23, 1990. Dr. Kirchhofer was joined by Dr. Eleanore Seumo (nutrition consultant, Yaounde, Cameroon) in Mali, August 21-23, 1990.

The purpose of the visits was to interview the key project participants. The insights from the interviews will provide an assessment of adherence to the contract scope of work; observations of the progress toward achievement of the contract objectives; and estimates of future project needs.

In Ouagadougou, Burkina Faso, interviews were held with:

USAID/Embassy

Robert M. Beecroft Acting Chief of Mission, United States Embassy/Ouagadougou

Roxanna De Sole Population Assistant, USAID/Ouagadougou

Frank Aquima Tankoano, (Invited Guest of R. Beecroft), Village Physician
MD

Ministry Of Health/Burkina Faso

Jean W. Parfait Douamba NCP Project Director, Direction de la Sante Publique et de la
Familia (DSF), Ministry of Health

Ambroise Nanema Acting Director DSF, MOH

In Bamako, Mali, interviews were held with:

USAID/Bamako

Neil Woodruff Health Development Officer

Fanta Macalou Child Survival Assistant

Dandara Kante Nutrition Education Consultant

World Vision International

Daouda Coubibaly, MD Technical Team Leader

Ministry of Public Health and Social Affairs/Mali, Section for Nutrition (SN)

M. Djibril Semega Director

Mme. Mariam Haidira Nutrition Education

CARE

Catherine McKaig Regional Supervisor

Lisa Nichols Project Director

AFRICARE

Evelyn Gorsline

Dioro Project Coordinator

a. Burkina Faso

Work Plan

1. In a telephone contact with R. DeSole, on Thursday, August 16, I was informed that my paperwork had not reached her and my visit was not expected until the following week. Ms. DeSole, just returning from vacation, was over-scheduled for the day and unable to accompany me to any interviews with Nutrition Communication Project participants. She made the initial contact with DSF and arranged a meeting with J. Douamba, (NCP Project Director) when N. Ambroise (the Acting Director, DSF) was not available.

When Ambroise was aware of my appointment with Douamba, he halted the interview until he was introduced appropriately and gave sanction to the evaluation process. R. DeSole made the apology and introduction. She also arranged for an interview with Ambroise for the following day.

2. Through previous contacts with USAID/Ouagadougou, I arranged the meeting with R. Beecroft, Acting Chief of Mission. He, after a review of NCP, arranged the meeting with Dr. F. Tankoano.
3. For both meetings with DSF, I engaged the services of a French/English translator.
4. The USAID NCP Project Director, Richard Greene, has transferred to The Cameroon, and will be interviewed by Dr. Seumo. The summary appears in her report.

Observations

1. Interview Atmosphere

In the interview with the DSF NCP project director, there was a sense of reluctance to enter into discussion. He and the director expressed dissatisfaction with the limited notice given this evaluation, and concern for the consequences of the interview outcome. They expressed concern that an unsatisfactory evaluation could result in termination of NCP funding. There also was concern from the Project Director that he was being interviewed inappropriately prior to an interview with his director. These discomforts may have caused some of the inconsistencies seen in his answers during the interviews. Every effort was made to place the participants at ease, and explain the global nature of this midterm project evaluation.

2. AED Management

Both project participants from DSF expressed satisfaction with the management skills of AED. They were especially complimentary of C. Fishman. She was lauded for limitless efforts and persistence in getting through the bureaucracy of the MOH. Both acknowledged the difficulties encountered in launching NCP but were pleased with the direction given by AED.

3. Project Goals

The participants interviewed agreed with the principal goal of NCP, i.e. to modify community behavior concerning food and nutrition in order to improve the nutritional status of the population, but felt it was premature to judge the impact of NCP in accomplishing this goal.

The participants and the village physician agreed that the qualitative research provided by the short-term technical assistance supported current knowledge about eating habits and beliefs in the villages, but more importantly, provided hard data to direct priorities in MOH. This technical assistance will have limited impact on the modification of community behavior until educational materials are developed and transferred to the masses in the communities.

The short-term technical assistance provided for the evaluation of training needs was deemed exceptional by participant Dauamba. The expertise was beneficial in development of the training slides. The benefits in training DSF personnel appear to be that they can provide informed support for the principles of nutrition education in MOH. The disadvantages include the limited contact these persons have with the health system at the village level. The process proposed for "training trainers" to deliver NCP concepts to the subdivisions of the national health system is cumbersome and time consuming.

4. Interdisciplinary Approach

The involvement of the PVOs by AED is viewed as a positive dimension to the NCP. The goals of DSF, MOH and the Embassy leadership (R. Beecroft) are focused on the integration of health priorities rather than emphasis on individual health issues such as nutrition. All interviewed (DSF, USAID, Village Physician) viewed the involvement with the PVOs as a progressive move toward health promotion. Nutrition education was seen as the health issue that bridges most health issues. The village physician noted that the added benefit of studying any single issue in nutrition, i.e., vitamin A deficiency, was the opportunity to uncover primary malnutrition, i.e. protein-energy deficiency.

The involvement of the USAID's Population and MCH programs revolved around the joint site visits supervised by deSole. The benefits of this collaborative effort were described as providing generalists for supervisory visits to single field sites on behalf of Population, NCP, and MCH programs. For example, such collaboration reduces the transportation and related cost

from three visits to one visit. The current bilateral program proposal may be a vehicle to extend this integrated programming concept and provide increased access to the field sites for Population/MCH programs. It was not clear from this limited interview with deSole the extent of involvement from Population in the proposed NCP bilateral contract.

5. Limitations and Constraints

The NCP as managed by AED is providing the essentials of the contract: technical assistance for qualitative research and assessment, training for MOH personnel, development of training materials, and direction for integrated communication strategy. But 18 months and funding do not enable development of the project objectives to impact community behavior and effect improved nutritional status.

In order that the nutrition education training reach the village, an elaborate system of "training trainers" will require years of filtering down to the village level. The DSF participants acknowledged that the priority given nutrition education/training within MOH was limited and funding for perpetuation of these communication strategies also would be limited. The PVOs involved in the NCP operate closer to the village level, but provide a limited institutional base to perpetuate the training after the PVO project is terminated. There is no apparent institutionalized means planned to achieve this. Without NCP or some similar funding source, the impact on community behavior was thought to be limited.

The bilateral program proposal is seen as the next step in funding that will expand the reach of NCP by development of a model for future nutrition communication training programs. This funding is intended to expand the number of villages (3 provinces to 8 provinces) in the pilot study.

Without clearly defined guidelines for the collaborative efforts, the emphasis of NCP on Nutrition Communications could easily be eclipsed by other program objectives, i.e., supervisory site visits for Population and MCH.

b. Mali

Work Plan

The Child Survival Assistant from USAID/Bamako, Fanta Macalou, managed the evaluation visit expertly. F. Macalou arranged the itinerary and accompanied the evaluation team to all interview meetings. Dandara Kante, a nutrition education consultant to the NCP, was present at all interviews. The Health Development Officer, Neil Woodruff, provided briefing and debriefing sessions for the evaluation team. The staff was at our disposal and they were accommodating and supportive.

Interview visits were arranged with MOH and the PVOs involved in NCP. Representatives of World Vision International and Africare travelled into Bamako for the evaluation visit. MOH and CARE offices were visited in Bamako.

Observations

1. Integration of Services

It immediately was obvious that there exists a well coordinated effort by USAID, MOH and the PVOs involved in the delivery of NCP. The USAID and MOH share similar goals in the dissemination of comprehensive, integrated health care. The administration of NCP by AED and F. Macalou (USAID) have made these goals a reality. The NCP is an umbrella for comprehensive health promotion. All contributing groups have specific health concerns which are being addressed through the NCP, e.g. child health, growth monitoring and vitamin A deficiency.

WORLD VISION, CARE and AFRICARE each expressed satisfaction with the outcome from collaborative efforts created through NCP. WORLD VISION saw benefits from nutrition communication in the areas of immunization and vitamin A deficiency prevention. CARE admitted having entered the contract with trepidation but reported beneficial application from the training strategy for all areas of health care communication. AFRICARE used the NCP collaboration to train village level health workers (nurses). The nutrition communication skills were complimentary to the child survival activities of the AFRICARE project.

The NCP activities (survey, training and vitamin A seminar) provided a forum for PVO's to exchange ideas, strategies and other development information and materials. This network between PVO's was considered a major by-product of the NCP by all PVO's interviewed.

2. AED Management

All participants interviewed agreed that the management of NCP by AED was of a high standard. C. Fishman was applauded for tenacious attention to details and objectives. Her understanding of the village level and the MOH is viewed as an asset in developing successful collaborative endeavors. She is viewed as very goal oriented and determined to surmount the obstacles often confronting development efforts. The PVOs viewed the contracts with NCP as mutually beneficial. CARE specifically expressed satisfaction with the contractual agreement. They noted extensive applications for the skills in development of messages for their next project areas (malaria and birth-spacing).

3. Project Goals and Objectives

The outcome goals of NCP (improve nutritional status; sensitize mothers and improve abilities to monitor health; promote consumption of nutrient rich foods; etc.) are to be evaluated in the later periods of the project. Only anecdotal evidence could be cited at this midpoint to indicate how indicators were being impacted. Goals should be measured in the final evaluation. The strategy procedures (social marketing, training, and educational material development) as

outlined in the contract are being achieved systematically by AED and the Mission. Obstacles encountered were outside the control of AED or the Mission, for example, the difficulties encountered in using the radio for communication of NCP messages. A full-time IEC advisor for nutrition education was considered less than practical for the limitations of funding and the preferred "integration" of health and nutrition issues by MOH.

4. Survey

The research survey was considered beneficial by both the Mission and MOH in confirming perceptions about the study population and provided direction for the creation of population specific health messages. The use of technical assistants in this role met with approval and acceptance in general. MOH expressed satisfaction with AED management of information from the technical assistants. There was agreement that information available in both French and English had the greatest benefit.

5. Abidjan Workshop

The NCP Workshop in Abidjan provided an excellent opportunity for networking and exchange of IEC concepts. There was some desire for more practical information on social marketing principles. The need to bring the workshop to the health workers was expressed. Suggestions included increased frequency of training, training in the national schools and training in the villages.

6. Private Voluntary Organization Network

The involvement of the PVOs in the design phase of NCP provided a concentrated focus on the national health priorities which was supported by the Mission, MOH and PVOs. The PVOs found direct application of NCP concepts in the training of village health workers and felt that their work at the village level was ideal for applying such concepts. PVOs work at the village level with the children and mothers, and have direct impact on the health and nutrition status of the villagers. All those interviewed agreed that the concepts of NCP were applicable to other health issues and thus when village health workers are trained, the learning experience increases in value.

7. Vitamin A Activities

The Vitamin A activities serve as a focal point for the involvement of PVOs and other Mission health projects (MCH, Child Survival). The dietary behaviors and attitudes addressed by the vitamin A research have implications for other health issues that impact even larger proportions of the population, e.g., protein-energy malnutrition. When the recommended behavior changes for vitamin A intake are implemented, these health issues are also addressed. This is supportive of the integrated approach to health communication that is promoted by MOH.

The postponement of the PVO facilitated Vitamin A Workshop has caused a temporary delay in the implementation plan.

3. Conclusions and Recommendations

a. Burkina Faso

Attainment of Objectives

AED's management of the NCP in Burkina is meeting the strategies as outlined by the contract. The approach and concepts of NCP are compatible with the multi-disciplinary approach to health issues taken by the MOH and USAID. The NCP in Burkina is focused on training DSF personnel, which is important in the influence of national policy related to nutrition communication within the system. The training materials and reports produced by AED are of high quality.

The project impact on nutritional status at the village level cannot be determined until training, implementation and end-point evaluations are concluded.

Constraints

The DSF "training trainers" strategy for delivery of the basic concepts of NCP will limit the acquisition of skills and knowledge for the village level health worker. Internal funding or systems for intensive training at the village level are not available presently. The projected extension of training is dependent upon outside funding sources.

Recommendations

- Identify and integrate NCP training into an existing national educational institution or agency. This institution could train village level health workers, entry level health personnel and provide continuing education for PVOs and DSF personnel.
- Direct technical assistance to the development of these training institutions.
- Focus the bilateral program proposal on institutional development to insure the sustainability of NCP principles.

b. Mali

Attainment of Objectives

The collaborative effort of AED and USAID in the management of NCP is outstanding. NCP is an umbrella for communication of comprehensive health messages. This integrated approach meets the goals of MOH, the Mission and NCP. A part-time nutrition education consultant from the Ministry of Education, with graduate level training in nutrition education, provides additional support for the research component. The contract strategies are being met with creative PVO buy-ins. This has increased the scope of NCP beyond nutrition messages and to include a variety of health issues.

Constraints

NCP constraints are related primarily to the complexities and limitations of the buy-in process. Bureaucratic complications are present but seem to be overcome by effective leadership from AED and USAID and the cooperative support from MOH/MALI.

Recommendations

- Focus on the development of sustainable institutions for the perpetuation of NCP concepts and principles.
- Identify a teaching/learning institution or agency that can provide on-going training in the concepts of NCP at the village and local levels.
- Secure the services of a full-time indigenous or local U.S. nutrition IEC advisor. This project has the capacity to become the global model for nutrition communications.

D. Cote d'Ivoire and Mali

August 19-27, 1990

Eleonore Seumo, Consultant

(Translated From French by Elizabeth C. Monnac)

LIST OF ACRONYMS

AED	Academy for Educational Development
A.I.D.	Agency for International Development
CERCOM	Center for Studies and Research in Communication
CESAO	Center of Economic and Social Studies in West Africa
IEC	Information, Education, Communication
INSP	National Institute of Public Health
GRAAP	Research and Support Group for Rural Self-help
MINSANTE or MSP	Ministry of Public Health
NCP	Nutrition Communication Project
NGO	Non governmental organization
PRITECH	Technologies for Primary Health Care
REDSO/WCA	Regional Economic Development Support Office, West Africa
SESA	Child Health Project in the South and Adamaoua
WVI	World Vision International

1. Introduction

The nutrition communication projects in West Africa are at various stages of advancement.

After a little more than a year, the Burkina Faso project has conducted qualitative research, developed messages and a strategy. The audio-visual support is being finalized. The project has reached the stage where it is expanded in eight provinces.

In Cote d'Ivoire, a seminar was organized in October, 1989 for nutrition officials of West African countries where there is a nutrition communication project. The seminar was aimed at training participants in the planning process of nutrition communication projects.

In Mali, the project started a few months ago. Qualitative research has already been done as well as the development of a strategy. Pre-testing of material will be conducted in the coming months.

2. Schedule

- August 19, 1990 Arrive in Abidjan
- August 20, 1990 Interviews with:
Estelle Garner, Program Assistant, REDSO/WCA
Moussa Traore, Health Education Unit, INSP
Hugues Kone, Director of CERCOM
- August 20, 1990 Arrive in Bamako
- August 21, 1990 Interviews with:
Djibril Semega, Chief, Nutrition Unit, MSP and Miriam Haidara, Nutrition Educator, MSP
Kathy Tilford, Executive Director, CARE-Mali and Lisa Nichols, Project Manager, CARE-Mali
- August 22, 1990 Interviews with:
Dr. Coulibaly, Director, World Vision International-Mali in Koutiala
- August 23, 1990 Interviews with:
Evelyn Gorsline, Coordinator, Africare Dioro Project
Mariam Famatha, Supervisor of Instructors, CARE in Macina
Neil Woodruff, Health Development Officer, USAID/Bamako
- August 31, 1990 Interviews with:
Richard Green, USAID/Yaounde, Health Officer (previously posted in USAID/Ouagadougou)
Pierre Signe, Health Education Unit, Sesa Project Ebolowa (participant in a training program in Abidjan).

3. Methodology

Use of Material

Results derived from the study of documents can be found in the conclusion section.

Interviews

Interviews covered generally the following: The level of satisfaction concerning what has been achieved; what has worked, and what has not worked; the reasons; what should be modified; inputs of the project and recommendations.

The remaining sections of Part 3 are paraphrased summations of the interviews. Comments by the author can be found in parentheses.

1. Abidjan

(Ms. Seumo met with Moussa Traore, Head of the Health Education Unit at INSP, who had taken part in the October 1989 training at CERCOM. Charles Debose of REDSO/WCA preferred that she be received by his assistant, Estelle Garner, who was more involved in training.)

Interview with Moussa Traore

The contribution of the seminar was very positive. For some participants, it was the first time they heard about communication. The fact that there were participants from various countries allowed for an exchange of experience. The only problem is that we came out of it with action plans, and since most of the participants were technicians-as opposed to policy makers-some action plans might never be implemented.

Nutrition problems observed in Cote d'Ivoire can be overcome through solid educational information at the community level in order to promote a better use of food, since food supplies are generally adequate. The health education unit is still at an early stage; prior to this seminar, we launched a nutrition education campaign on breast feeding and weaning. This campaign was not quite so well planned, as we found out during the seminar but improvements will be made the next time.

All the social and health personnel should be trained in communication techniques but the number of hours allocated for this activity in schools is very low, although it is said that priority is given to preventive health care.

Relations between USAID and INSP are good. A.I.D. supports a number of programs in the field of prevention. Relations with CERCOM are also good-it helps us mostly with regard to production. The use of radio to promote messages is still a problem due to the fact that time slots allocated to education programs are not very convenient (10:00 pm).

Interview with Estelle Garner

REDSO/WCA had been contacted by several countries involved in NCP in order to obtain training assistance in the area of nutrition communication. The training was organized in response to these requests. The purpose was to assist participants in developing an IEC plan on nutrition. I cannot comment on the substance since it is outside my field of expertise but I feel that communication is highly important, and that many people should be trained in it. IEC can be adopted (social marketing). Most field activities depend on communication. A lack of visual aids and educational support in general was also noted. Abidjan was selected as the site for the seminar for two reasons:

- The hosting potential of the city;
- The fact that CERCOM, with its qualified staff, is based there; it could also serve as a technical support center for communication in West Africa.

CERCOM provided much technical assistance to INSP. An evaluation of the seminar indicated that the program schedule was somewhat heavy, and that there was too much information to absorb in too little time. Budgetary constraints did not allow for a longer session.

My recommendations are:

- That participants returning in their countries train other people;
- That follow-up in the field is an indispensable activity--participants have learned new things, and such a follow-up would make them feel more comfortable.

Interview with Hugues Kone

The October 1989 seminar was organized at REDSO/WCA's initiative. Selection of participants was done by them, and participants' level of experience in nutrition communication was very uneven. Time proved to be very short. Most participants would have liked that several topics be further explored. Several aspects could only be presented from a theoretical point of view and practice was limited to focus groups, the radio spot and graphics. Inter-personal communication was not discussed.

Established in 1969, CERCOM is concerned with:

- Research in communication and development;
- Academic training and field training;
- Production (graphics, radio studio).

CERCOM has seven researchers who supervise students and provide efficient technical assistance in response to requests.

Recommendations:

If only one seminar is given, I would suggest that it be divided into four precise topics which could be:

- covered in a single seminar (in such a case, a sufficient amount of time should be allocated), or
- organized in four very compartmented sessions, around four topics:
 - Initiation to the nutrition communication process
 - public surveys
 - communication techniques
 - evaluation

2. Mali

Interview with D. Semega

Implementation of the Vitamin A project has not started yet. Only research and analysis of data have been conducted. Mali wanted a nutrition communication project since combatting malnutrition has a high priority. NCP is located within the framework of malnutrition control, which is integrated into the family health program. The Directorate for Family Health is involved in several other projects. We have started with vitamin A, since such a need was expressed by NGOs. Community perceptions about avitaminosis A and child feeding practices at time of weaning have to be investigated in order to identify behaviors to be modified.

People do not always grasp the link between vitamin A and food. This link is perceived only in areas which are covered by CARE. Through NCP, we will acquire additional educational material. The social and health personnel will be trained.

NCP has made it possible to promote the nutrition component as a whole. The training in Abidjan was held at a time when the project had not yet taken off. It was useful in several ways:

- It allowed for an exchange of experience among participants;
- We were taught about the planning process in nutrition communication.

We are planning to organize a similar workshop in Mali in order to share information with others. National seminars make it possible to train more people. Preference should be given to the training of officials at the local level since, upon their return, they will train others at the "cercle" level. CERCOM will be able to provide technical assistance if necessary.

I would like to suggest that two national seminars and one international seminar should be organized on a yearly basis.

The social and health personnel being trained are given some basic training in communication, but it remains very general. Greater emphasis should be placed on practice.

Collaboration between NGOs and MINSANTE, in connection with NCP, is good. NCP coordinates the NGOs' activities dealing with nutrition communication. It works with civil servants.

It was planned that there would be a resident for the project but this option was not financially feasible. We agreed to have a communication advisor dealing with all the aspects of family health. Outside consultants will be called upon to help with specific tasks in connection with the project.

The collaboration between USAID-NCP-MINSANTE is good. One should mention some red tape which causes some delays in the project implementation. This is the largest constraint with regard to the Malian government. It would thus be desirable to streamline administrative procedures between USAID and MINSANTE.

Interview with Kathy Tilford and Lisa Nichols of CARE-Mali

(We were unable to meet with the project manager in Macina, Mark Chorna, since he was on vacation.)

For this project, contacts had been established between AED and CARE-New York (1988). In the field, Claudia Fishman and we had been careful to agree in detail on the terms of the contract in order to take into consideration the objectives and constraints on each side. CARE had already been involved in similar projects in other countries.

The interest of CARE-Mali is obvious:

- The project will make it possible to acquire visual aids for which there is such a great need in Mali, with regard to nutrition-they do not even have fact sheets about the basic food groups.
- The project has helped the staff understand the steps which lead to the development of appropriate messages. This positive result will also be beneficial for the other components.
- The nutrition component, and especially nutrition education, is often neglected. The project has helped promote the nutrition component.
- Addressing nutrition problems as a whole is a logical approach indeed.

Improvements in the staff's communication capabilities will also benefit other health related components, from agriculture to hydraulics.

CARE's staff has been involved in:

- Qualitative research in Macina. The instructors (women) have received information about mother's perceptions, and they have learned some techniques (focus groups), but they lack development experience in the sense of project/ initiative development.
- The workshop organized with NGOs on information analysis and strategy development (June 18, 1990). It allowed NGOs to exchange ideas, and staff members to be trained. The field of strategy development is quite new.

CARE's works in Macina involves 15 women who are nurses hired upon graduation from nursing school to settle and work in rural areas with communities. In Macina, the project reaches between 33,000 and 40,000 people. These nurses have been identified as the main source of information at the village level. To prepare for CARE's departure, several villages are transferring responsibilities back to local officials.

MINSANTE was reluctant at the beginning to recruit exclusively female personnel. However, the project has shown women to be both the main users and beneficiaries. This does not mean that men's role is unimportant. Reaching the heads of households is indeed crucial.

Recommendations:

- The project must continue;
- We have to be concerned with its continuation;
- Reports should be translated into French;
- The link between nutrition and agriculture should be reinforced;
- More field personnel should be included in training sessions.

Interview with Dr. Coulibaly—WVI

Avitaminosis A is not a problem in villages where we operate. A study conducted by us has shown that only 0.5% of people surveyed knew of the disease— even in clinics, xerophthalmia cases are rarely recorded (even though about 38% of children under the age of five are affected). Food availability is adequate but some food products, which are key to children's development, are often sold by parents as a source of cash income. Parents should be informed and educated so that this behavior could be changed. This is why NCP answers a need.

Our personnel are familiar with the process which leads to the development of appropriate messages and to good communication. It would be advisable that personnel gain more confidence in themselves, be more creative, and take more initiatives.

We were involved as early as June in preparing the seminar which was held on June 18. This seminar was extremely useful:

- It allowed NGOs to meet again around a table for an exchange of experiences. NCP can be compared to an "umbrella".

Recommendations:

- The project must be taken over by people who are here to stay;
- Nutrition education must be intensified as an activity in health centers. The trainers have to be closer to the communities;
- The use of traditional information channels ("griots", songs) is important to reach people who are the more affected.

Interview with Evelyn Gorsline, Africare in Dioro

Africare operates in 30 villages in Dioro. It will do so for a three year period. We are presently at mid-term.

Africare emphasizes training of traditional midwives and first-aid workers at the village level, in order to insure sustainability. Traditional midwives are trained in performing delivery in aseptic conditions, in providing nutritional advice and nutrition demonstrations. The main problem is their lack of primary education. Use of visual aids is therefore a must. Africare is also involved in basic education for women. Africare got involved in the project in June 1990 at the time of the training session. This project was very important for us since it is the first time that nutrition education was introduced. The approach used help the staff understand how to address problems dealing with nutrition, since malnutrition is a serious concern in the areas where we operate— 25 to 30% of children suffer from it.

Africare associates agriculture and nutrition; activities are integrated.

Phase 2 will put greater emphasis on promoting continuity. This sustainability will depend largely on making development committees accountable, since they will take over the activities— much training will be required.

Sustainability will have to be guaranteed within the MINSANTE system. Africare works with a staff consisting of health workers who are nurses recruited locally upon graduation (men and women).

One characteristic of Africare is to give large responsibilities to the community.

The seminar organized by the project made it possible to bring all the NGOs around the same table. Usually, officials of those NGOs meet in Bamako, but the June 18th seminar allowed field personnel to exchange experiences. This allows NGOs to have the same standards for monitoring, which will make subsequent comparisons possible.

The contract between Africare and NCP is precise, and covers the research stage. Africare provided transportation and the site, NCP brings in the rest.

Recommendations:

- More input from NCP;
- Train more health personnel in nutrition communication;
- Organize training mainly at the regional level to attract more field staff, and also to generate better understanding for field conditions.

To insure sustainability, more work should be done with development committees.

Interview with Miriam Famatha

In villages where CARE is involved in extension work, in Macina, there are many cases of malnutrition but CARE's activities have resulted in some progress. Its activities are the following:

- Nutritional demonstrations, vegetable gardening, weighing of children, and talks with mothers.

In connection with the NCP, surveys are being conducted in villages. During this survey work, I learned many things such as: food is a source of vitamin A; and drying things in the shade preserves vitamin A.

I greatly appreciated the focus group approach. Women feel comfortable with this data collection method, they communicate easily, and are not embarrassed. It makes it easier to grasp real problems.

The NCP is going to improve the way we operate in villages, thanks to new visual aids which will be provided to replace the poster presenting the three food groups used up to now.

Avitaminosis A is a serious problem in the regions where we work; many children and pregnant women suffer from it. We recommend the consumption of carrots, but many people are not used to eating them.

For long-term sustainability, it is important that a link be established between health centers and villages so that they can provide support to communities after CARE's departure.

3. Cameroon

Interview with Richard Green

(Mr. Green was the health officer in USAID/Ouagadougou when NCP started in Burkina Faso in August 1989. He is pleased with the project. Within a year, the nutrition unit has organized qualitative research, focus groups, information visits; it has developed a preliminary strategy, messages, a song project, slides, brochures and posters.)

In a very short time, NCP has developed MINSANTE staff's capability to perform those activities. The nutrition unit regards the project as a priority, and the government is greatly interested in NCP.

NCP collaborates with PRITECH. The technical assistance is greatly appreciated, and the training in Abidjan was very enriching, useful and practical. The team has helped to develop the strategy. The follow-up of this training in the field, which was conducted by Dr. Kone, proved to be very useful. The great interest for the project and the development of local capacities is a positive sign for its sustainability.

Collaboration between USAID-NCP-MINSANTE is very good. USAID/Ouagadougou has decided to finance an extension into eight provinces. The World Bank is also considering a possible extension into more provinces.

Recommendations:

- The next project should allow for sub-contracts with the government, including funds to organize training sessions in the country, to cover costs associated with material development and follow-up.
- Financing should not be limited to technical assistance.
- The project should allow hiring of non-American consultants.

Interview with Pierre Signe (Cameroonian participant in the Abidjan seminar)

The seminar was highly enriching. I was able to learn about the nutrition communication process. My problem was that there was too much to absorb in a very short time: research, focus group, analysis of collected information, strategy development, concept of educational support, pre-test, etc. My handicap was my total lack of experience in this field.

Upon my return, I tried to implement my action plan, but I was faced with my superiors' refusal to provide the limited resources which were required. I was, however, able to organize some focus groups.

In my opinion, there were some very important points such as: research, information analysis, development of messages and strategy.

Other aspects of less importance were graphics and radio spots for example.

Recommendations:

- It would have been preferable that a seminar with such a content would last longer, but longer seminars are tiring.
- Emphasis should be put on practice.
- It would have been better if the seminar took place in stages.

4. Conclusions

1. Cote d'Ivoire

These conclusions apply only to the October 1989 training seminar.

Results Achieved

The seminar was addressing a need that had been expressed. The objectives have been partially achieved, and both participants and supervisors expressed their satisfaction. Participants already involved in nutrition communication projects benefited from working with tools which could contribute to progress on the project back home.

The follow-up of some participants in the field proved very useful, since it allowed them to perfect tools developed during training.

Participants which had not been exposed to, or had no experience in nutrition communication, became acquainted with this activity but the heavy schedule of the program did not allow them to absorb all the facts.

Constraints

One of the main constraints was an uneven level of experience among participants.

The schedule was very busy and therefore the program was not all fully absorbed. Due to budgetary constraints, the session could not be extended. Time being so short, the methodology focused more on theory than on practice, whereas most topics would have benefitted from the second approach.

Participants selected by the various countries to attend the seminar were not always field staffers or people involved in this particular area.

Most participants have not organized training sessions upon their return home in order to train others.

Recommendations

- Organize more practical sessions on well defined topics;
- Select participants according to the need expressed and according to their experience in nutrition communication;
- Organize a follow-up in the field for all participants involved in nutrition communication projects;
- Involve CERCOM in technical assistance to various projects, according to their skills and availability.

2. Mali

Results Achieved

The project answers a need. It addresses a real problem which is felt and expressed by all involved parties. Dealing with nutrition problems as a whole is a very pertinent approach. The project is integrated with other projects or programs where other "additional" components are addressed (agriculture, sanitation, etc.).

The project has contributed to focus attention on nutrition communication.

With staff training in communication and the acquisition of more appropriate and better adapted visual aids, the project will be able to meet a real need expressed by all.

Staff training in communication will benefit other components.

The project has greatly helped to promote the nutrition component. All parties perceive it as an "umbrella," bringing together all those who work in the field of nutrition. The coordination effort of USAID\Bamako, which strives to make all the concerned parties work together, is outstanding.

Qualitative research has made it possible to identify all perceptions, constraints and motivation at the community level (the focus group technique has been appreciated since it permits spontaneous collection of the target groups opinions).

The communication strategy takes into account the traditional information channels. Its future use is highly recommended.

Constraints

The project has been very centralized at the level of the nutrition unit of MINSANTE. This unit is already involved in other projects, which affects it's members' availability and effective control of the project. This situation might also contribute to administrative red tape.

Some participants in the Abidjan training do not belong to the section in charge of the project.

There is not a clear understanding that the research stage is an integral part of the process—and therefore there is no clear understanding of the project itself. It is sometimes said that the project has not yet started since it is still at the research stage.

Since the implementation stage has not started yet, it was not possible to observe any field activity or any community involvement in the project.

Due to budgetary constraints, the technical advisor position could not be filled.

Involving NGOs in research and strategy development helps to involve communities since these NGOs work at the grass-root level. But the lack of involvement, or rather the fact that MINSTANTE's staff, at various levels (region, "centre", and village), is not made more accountable raises the issue of the project's continuity and sustainability.

We have no idea how much the government structures understand the communication process.

Recommendations

- Make Segou a pilot area for the project— making sure in the process to involve both government structures (at the regional, "cercle" and village level), and NGOs in the area. Lessons learned from this stage will make it easier to envision further expansion.
- When national, international or regional seminars are organized, make sure to involve more field personnel. Maximize use of local expertise (available local resources).
- The project's sustainability is an issue to be considered and addressed as the project continues. It is essential to identify a national institution to take charge of the project and insure its sustainability.
- It is necessary to have retraining sessions so that the personnel would be more at ease with this new approach.
- Pay particular attention to the development of basic work tools (documents, guides, etc.) in French, to be used for retraining and during the expansion phase of the project. Involvement of the governmental institution in charge of the project is vital since this institution will be in charge of retraining and expansion.

3. Burkina Faso

Results Achieved

The project is of great interest to the government; the nutrition unit gives priority to the project. In a very short time, the project has been able to develop MINSANTE staff's capabilities to achieve the planned stages. The project seems to be well managed by the nutrition division.

Training in Abidjan, as well as monitoring in the field, have been beneficial, since participants have worked on issues allowing them to progress with their project.

Constraints— None observed

Recommendations

- Collaborate with agencies or local institutions working in the same field;
The rapidity with which MINSANTE has gone through the planned stages seems to indicate that its staff is already familiar with the nutrition communication process.
- Address the issue of continuation and sustainability during the project's expansion stage.
Results obtained to date are a sign of the project's success, but it is necessary to insure their sustainability (by involving beneficiaries at all levels).

N.B.: Reasons why NCP has not developed in some countries which were included in preliminary reconnaissance visits.

Senegal

PRITECH is already helping the nutrition unit of MINSANTE and other agencies in the implementation of a pilot activity in the field of growth monitoring.

Cameroon

The health officer at USAID\Yaounde wanted to first see the results of the weaning program in the north to find out if it could be applied to regions covered by the Harvard Child Survival Project.

5. Overall Recommendations

- a. Follow-up on and retrain the staff involved at all levels, so that it can better master newly acquired techniques, and feel more comfortable using them.
- b. Collaborate with local institutions working in the same field.
- c. For technical assistance, resort as much as possible to local resources wherever they exist.
- d. Sustainability

Address the issue of sustainability now, by:

- Identifying the most appropriate local institutions to be responsible for the project after donor assistance comes to an end.
- Involving and making the beneficiaries responsible at all levels.

e. Extension and replicability

At each stage, and in collaboration with the local institutions in charge of the project, prepare working papers in French (guides, protocols, etc.), which will be used as basic tools, should the project be extended.

Appendix V: NCP AED Core Staff and Subcontractors

September 1990

Current AED Core Staff:

1. Project Director	Margaret Parlato	Full-time
2. Deputy Director	Claudia Fishman	Full-time (employee of Porter/Novelli)
3. Project Manager	Andrea Usiak	Half-time
4. Anglophone Africa Coordinator	Deborah Helitzer-Allen	40 percent
5. LAC Coordinator	Julia Rosenbaum	75 percent
6. Training/Dissem. Coordinator	Valerie Uccellani	Full-time
7. Finance Manager	Jeffrey Dietrich	Full-time
8. Program Assistant (Logistics)	Lorraine Lathen-Parker	Full-time
9. Program Assistant	Under Recruitment	Full-time
10. Secretary	Diane Foster	Full-time
11. Honduras Resident Advisor	Peter Boddy	Full-time (not counted in core staff)

Subcontractors:

Porter/Novelli

Ms. Mary Debus

Dr. Claudia Fishman

Johns Hopkins University

Dr. Margaret Bentley

Dr. Benjamin Cabellero

Dr. Joel Gittleson

Wellstart Lactation Management Group
Logical Technical Services

Dr. Audrey Naylor

Mr. James Booth