PD-ABH-501

BURKINA FASO

Technical Assistance

March 1-8, 1993

Claudia Fishman, Porter/Novelli

NUTRITION COMMUNICATION PROJECT

Academy for Educational Development
1255 23rd Street, N.W.
Washington, D.C. 20037

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EXECUTIVE SUMMARY

At the request of USAID/Ouagadougou, Claudia Fishman, Deputy Director for the R&D/N Nutrition Communication Project (NCP) managed by the Academy for Educational Development, visited Burkina Faso March 1-8, 1993. In Burkina she was joined by NCP resident advisor, Ms. Amelia Duran-Bordier, and NCP consultant, Dr. Joan Campbell.

I. OBJECTIVES

The trip had two objectives:

A. Assist in the analysis and reporting of qualitative data collected by the Vitamin A Project Research Team. Dr. Joan Campbell led a team comprised of three Burkinabé social anthropologists: Ms. Jeanne Nyameogo, Mr. Samba Biba and Mr. Emile Niessougou. In addition, the Director of Vitamin A Programs for the Nutrition Service of the Ministry of Health and Social Action, Mr. Leon Sanon, as well as the medical doctor in charge of HKI/Burkina Faso, Dr. Teteve Logovi, presided over the field activity and analysis. Ms. Amelia Duran-Bordier, also facilitated the group working sessions during this period. Working with the research team accounted for 90 % of the time spent in country, and the results are reported separately[1].

B. Review activities planned for NCP for 1993-1994 with USAID/Burkina, NCP Project Director at the DSF, Mr. Jean-Parfait Douamba and Ms. Amelia-Duran Bordier. Planned activities were discussed with Child Survival Advisor, Neen Alrutz and Health, Population and Nutrition Officer, Ms. Jatinder Cheema.

II. ACCOMPLISHMENTS

The following was accomplished:

A. Vitamin A

1. Research Analysis

The Vitamin A Project Team ("team") met daily to report and analyze the qualitative research conducted in four villages of Burkina Faso to support a comprehensive Vitamin A Deficiency Control project to be implemented by the Government of Burkina Faso in collaboration with Helen Keller International in 8 provinces[2] of Burkina Faso. The study emphasized identification of food-related behaviors and the communication channels through which

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[1] *Vitamin A Consumption in Burkina Faso: A Qualitative Survey*, Joan M. Campbell, AED, April, 1993.

[2] Bam, Namentenga, Sanmatenga, Yatenga, Soum, Passoré, Oubritenga and Tapoa.

changes in those behaviors might be promoted as well as training needs of persons charged with promoting those changes.

The study included market and agricultural availability surveys, focus groups and in-depth interviews with persons influencing or directly affecting the Vitamin A-rich food consumption of the following beneficiary groups: pregnant and lactating women, infants, children under age 6, and children 6 to 10 years of age, either attending or not attending school. In each village data were gathered in concessions, health facilities, schools and in the market.

Although the differences of ecology and culture in the four villages studied did not include all existing in the area, a sufficiently wide range of pertinent behaviors were recorded to ensure an adequate body of data for planning programs that affect the most represented ethnic groups.

The team prepared highly specific recommendations for nutrition-related behaviors to increase consumption of foods rich in Vitamin A for pregnant and breastfeeding women as well as children under the age of three. These recommendations appear in Dr. Campbell's report, and are reproduced in Appendix B. The recommendations identify foods that are available by season and region, including the price for not only the portion needed by the vulnerable individual, but what expense would be necessary to prepare a family meal including the indicated food. In general,

- in the Mossi plateau and Tapoa, the group recommends increasing target group consumption of liver, dried baobab leaf sauce, and several other leaves, fruits, or seasonal vegetables.

- in the North, a totally different culinary approach is required, given that the Fulse and Bella herders consume dairy products and do not grow vegetables at all. There, the few dietary recommendations suggest culturally acceptable replacements for foods considered "taboo" during pregnancy. In general, the "Vitamin A Deficiency" problem is likely to occur for only a short season when dairy products are not available, and capsules are probably the only short term solution (i.e. until herders become farmers, or can be encouraged that vegetables are worth eating — a slow process that is probably not worth the effort given that water management projects will need to proceed vegetable production projects.)

Following the behavioral analysis, the team analyzed the behavioral factors likely to affect promotion and adoption of such change. This included identifying all persons whose cooperation might be needed for the targeted actor - usually the mother - to accomplish a discrete action.

Finally, training and other communications strategies were discussed. Based on the findings, there were no cultural, socioeconomic nor ecological factors that would preclude using the current NCP communications strategy and materials, which were developed and pretested

primarily in Mossi areas, in all but the northern region. In the north, additional materials (which need not be elaborate) would be necessary to communicate consumption messages. These should be developed and tested prior to the HKI training session in this region.

2. Program Administration

During most of the period, the team was able to work in the DSF facilities. However, a government strike interceded, and the group shifted its activities to the residence of Amelia Duran-Bordier. The strike also prevented the Burkinabè team from completing the group report during Dr. Campbell's visit (even though Dr. Campbell extended her visit in an attempt to accommodate the delay). Dr. Campbell was able to prepare a thorough report in Washington based on her notes from the research and the analysis process. This has been transmitted to HKI/New York for comment.

The Ministry of Health and HKI/Burkina Faso are responsible for preparing the team's comprehensive report, and they have been requested to share this document as soon as it is ready.

3. Recommended Next Steps

Immediately following the research activity, the consultant was able to meet with Dr. Logovi as well as HKI/New York staff at the International Vitamin A Consultative Group (IVACG) meeting in Tanzania and discuss next steps. Several points were raised questioning the necessity of the planned "quantitative survey":

a. The market survey collected during the qualitative phase may serve as a baseline of what is currently available and its price. We would expect more things to be available following an intensive promotion campaign.

   The information collected from vendors, teachers and community health or agricultural agents. While obviously not on a representative level - indicates a total lack of "knowledge" concerning the relationship between night blindness and whether "Vitamin A" or foods. The only exception is where HKI previously did training in Tapoa.

b. A baseline survey to measure dietary "behavior change" would need to look for the very specific behaviors that will be promoted during the campaign. For example, we are interested in how much liver, baobab leaf sauce and squash puree is consumed by women and children. While people eat baobab leaf sauce they don't give much to young children; liver is eaten as a special snack and nobody much eats squash (in some regions, there is a belief that only women should consume squash).

c. As the majority of findings are consistent with those found during the KAP baseline for NCP, little would be gained from the point of view of formative research, to do any further surveys of the population.

The overall recommendation made to HKI was to **link any baseline survey related to the behavior change intervention to the communications training activity, rather than going out and doing a population based survey.** Health agent knowledge and attitude would be assessed as a "pre-test" for the training. The agents being trained would be part of the training in the communications methods being taught - and these data would be collected and analyzed immediately. In this manner, we would not spend additional per diems and transport costs to collect these statistics.

B. NCP Program Management

1. Staff

Amelia Duran-Bordier renegotiated her contract with AED, and will continue as NCP's training consultant through July, at which time she plans to leave the country. Ms. Duran-Bordier and Mr. Douamba will begin looking for a local replacement and associate this person with the next training. In addition, Nemat Kazemi, who currently assists in materials production, might also contribute to materials conceptualization and training module development. He would continue to do this on an "as need basis".

2. Radio

The radio program is nearing completion. Ten episodes have been totally prepared and another ten are nearing completion. Duran-Bordier and Douamba will review the scripts to insure that the key NCP nutrition behaviors, as well as the health agent communication techniques, are properly portrayed. We hope to begin broadcasting (in More only) by July. Additional taping and either broadcast or cassette distribution is being considered for Djiulla language.

3. Training

The next NCP training will be principally for nurses and midwives associated with the 20 primary health posts (CSPS) per province covered by NCP. These agents will be trained in interpersonal communication, with a topical focus on pre-natal and "young baby" consultations, including growth monitoring and promotion. We feel this training must precede the one for group communication and community involvement for two reasons:

a. to harmonize activities in the health centers with those portrayed on the radio, and

b. to take advantage of the radio program to motivate the health workers in these new tasks

This training is currently planned to begin mid May.

The last planned wave of training will stress group communication skills, and essentially be a large "Training of Trainers" as CSP staff, teachers and agents will be given skills for teaching ACS, village committees and volunteers. Simple materials appropriate for working at this level (counseling cards) will be distributed at this time, as will cassettes of the entire radio programs for additional diffusion and discussion.

4. Overall Program Management

a. NCP will look into complementary harmonization with World Bank Food security program which stresses community/grass roots approaches and training, as well as working with PVOs in provinces where there is no WB project.

b. NCP will investigate doing in-depth research on giving colostrum, withholding water, and feeding after diarrhea/sickness some time in the next year. It has been suggested that the actual work might be done within the context of an IBFAN/WINS-supported program, with NCP providing one research consultant and the money to develop and pretest messages, returning the "finished products" to the DSF for NCP's production and distribution to the project sites. Mr. Douamba is in agreement as long as someone from the DSF is associated with all the steps (but it need not be him).

c. Per discussions with USAID, we will examine the feasibility of collecting monitoring data from a few sites during the course of training as opposed to a true "sentinel site" system, which is to be covered by other aspects of the FHHF project and would not be cost-effective for NCP to initiate.

Two health posts in each province will be asked to provide the following data, collected in the course of routine activities, to NCP:

- Attendance of mothers at prenatal/post-natal consultations
- Attendance of mothers/children at growth monitoring or educational sessions
- Weight gain and mid-upper arm circumference (MUAC) of mothers during pre and postnatal visits
- Weight/age and MUAC of children attending GM/P

- Othe orbidity, mortality data as routinely collected

A protocol for bi-annual collection and processing of this data will be developed by Douamba and consultants.

d. NCP will plan on doing a reduced version of the KAP survey as our own evaluation sometime in the beginning of 1994.

APPENDIX A

List of Contacts

Telephone Country Code: (226)

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Office of the AID Representative
Ouagadougou
Department of State
Washington, DC 20520-2440
Telephone: 30-68-08 or 30-67-23/24/25

Ms. Jatinder Cheema	Health Development Officer
Ms. Neen Alrutz	Technical Advisor for AIDS and Child Survival

MINISTRY OF HEALTH

Direction de la Santé Publique et de la Famille (DSF)
Telephone: 30-68-64

Nutrition Service

Jean Parfait Douamba	NCP Project Director
Leon Sanon	Vitamin A Project Director

HELEN KELLER INTERNATIONAL
B.P. 5658
30-05-46

Dr. Tetevi Logovi	National Representative

ACADEMY FOR EDUCATIONAL DEVELOPMENT

Nemat Kazemi	Materials Production Consultant
Amelia Duran-Bordier	Training Coordinator

APPENDIX B

Recommendations for Food Consumption

1. Actions to improve Vitamin A consumption on the part of Pregnant and Breastfeeding Women

   a. General Behaviors

   1) Release pregnant women from work in the field during the last two months of pregnancy.

   2) Help women to get nutritious foods (carrots, fruits, squash, dairy products, liver, as well as wild fruits and leaves.)

   3) Support the women financially to cultivate gardens.

   4) Encourage the women to frequent the health centers.

   5) Encourage family and friends to persuade the women to eat vitamin A-rich foods.

   b. Specific actions by Region

<table>
<tr><th>SOUM</th><th>TAPOA</th><th>YATENGA
SANMATENGA</th></tr>
<tr><td colspan="3">Eat at least one brochette (skewerful) of liver (50 cfa) every day of the market, at least once a week.</td></tr>
<tr><td colspan="3">Eat one ladleful of baobab leaf sauce every other day. (dried leaves, one large can @ 35-50 cfa, one portion @ 3-5 cfa) Make the sauce with karité butter.</td></tr>
<tr><td colspan="3">Eat one calabash of puréed squash in two meals, once a week (10-25 cfa for two meals, squash @ 50-300 cfa each depending on size)</td></tr>
<tr><td></td><td>Eat a bowl (2-3 handfuls) of "bean leaf-sorrel sauce" every market day during the season: April-May (@ 10 cfa)</td><td>Eat a bowl (2-3 handfuls) of "bean leaf-sorrel sauce" every market day during the season: June-July (@ 10 cfa)</td></tr>
<tr><td colspan="3">Eat an egg once a week (3 @ 25 cfa)</td></tr>
<tr><td colspan="3">Eat gonkon once a week in season</td></tr>
<tr><td></td><td colspan="2">Eat a slice of melon once every 3 days (10 @ 25 cfa per slice, 200-300 cfa per melon) during the season: October-November</td></tr>
</table>

Eat a mango each day (@ 5 cfa during the season: March-May.) Eat a mango every day of the market during off-season (@ 10 cfa)	Eat a mango every day of the market when they are available (@ 10 cfa.)	Eat a mango each day (@ 5 cfa during the season: May-June.) Eat a mango every day of the market during off-season (@ 10 cfa)
Eat one ladleful of eggplant leaf sauce once a week during the period: December (1 pile @ 25 cfa, 100 cfa for the whole family)	Eat one ladleful of eggplant leaf sauce once a week during the period: March (1 pile @ 25 cfa, 100 cfa for the family)	Eat one ladleful of eggplant leaf sauce once a week during the period: January (1 pile @ 25 cfa, 100 cfa for the family)
(In the face of the taboo against *gapal*): Continue to eat dairy products (e.g. *toh* accompanied by milk)	Eat one ladleful of sweet potato leaves once a week: (February) (1 ladleful @ 4 piles = 25 cfa, meal for the whole family @ 100 cfa)	Eat 2 carrots each day: (October) (3 @ 10 cfa)

2. Actions to improve Vitamin A consumption on the part of infants and young children

a. General Behaviors

Newborns

1) Recommend giving colostrum to newborns (through the channel of traditional birth attendants and older women.)

2) Avoid giving water and other decoctions during the first four months.

3) Help lactating women to get nutritious foods (carrots, fruits, squash, dairy products, liver, as well as wild fruits and leaves.)

4) Encourage mothers to frequent the health centers for well-baby consultations (vaccinations and growth monitoring.)

Young children (4-36 months)

1) Breastfeed at least 24 months.

2) Provide nutritious complementary foods beginning at 4-6 months (see below.)

3) Give the child his portion separately in a little bowl. Make sure the bowl (calabash or plastic) and the utensils used for the child are clean.

4) Each person who feeds the child should carefully wash their hands.

5) Help lactating women to get nutritious foods (carrots, fruits, squash, dairy products, liver, as well as wild fruits and leaves.)

6) Encourage mothers to frequent the health centers for well-baby consultations (vaccinations and growth monitoring.)

b. Specific actions by age group

From 6 months	From 8-9 months	1-3 years
Add shredded carrots or mango purée to the porridge enriched with peanut paste. (In season: 3 carrots @ 10 cfa)	Feed a morsel of liver, well-mashed, each market day; at least once a week. (1 *brochette* @ 50 cfa; 10 cfa each portion.)	Feed a morsel of liver every market day; at least once a week.
Give puréed carrots every market day -- 1/2 carrot (2 fingers full of purée at each meal)	Give a cooked, mashed carrot every market day (1/2-1 carrot at each meal)	Give a raw carrot every market day
For girls: give puréed squash every market day (quantity: two thumbs full)	For girls: give cooked, mashed squash every market day (quantity: three thumbs full)	For girls: give cooked squash every market day (quantity: one full handful) at each meal every market day
Feed a small amount of powdered baobab-leaf sauce every other day. (quantity: two fingers full)	Feed one-quarter ladle of baobab-leaf sauce every other day. Make the sauce with *karité* butter.	Feed one-half ladle of baobab-leaf sauce every other day. (Dried leaves: 1 large box @ 35-50 cfa; each portion @ 3-5 cfa.) Make the sauce with *karité* butter.
	Give boiled egg yolks once a week.	Give an egg once a week.
		Feed a half-bowl (2 handfuls) of "bean leaf-sorrel sauce" every market day during the season: June-July (@ 10 cfa.)

	Give the fruit of a mashed mango every market day when they are available (@ 10 cfa.)	Feed a mango every other day (@ 5 cfa in season: May-June.) Feed a mango every market day during the off-season (@10 cfa.)
		Feed a half-ladle of eggplant leaf sauce once a week during the period: January (1 pile @ 25 cfa; 100 cfa for the whole family.)