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**International Nutrition Communication Service
(INCS)**

for

UPPER VOLTA

(November 8 - 24, 1982)

(Recommendations for incorporating increased nutrition education
activities into Catholic Relief Service programs)

BY

**Ron Israel - Director, INCS
Star Campbell-Lindzey - INCS Consultant**

**Submitted by
Education Development Center
55 Chapel Street
Newton, MA 02160**

**To the United States Agency for International Development
Washington, D.C.**

*This project has been conducted under Contract A.I.D./DSAN-C-0209,
Office of Nutrition, Development Support Bureau, Agency for International Development, Washington, D.C.*

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CONSULTANT REPORT

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Food & Nutrition Supervisor/CRS-Ouagadougou
Patricia Haggerty
Food & Nutrition Supervisor/CRS-Ouagadougou
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Food & Nutrition Supervisor/CRS-Ouagadougou
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CRS Representative/Bobo-Dioulasso
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Food & Nutrition Supervisor/CRS-Bobo-Dioulasso
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Administrative Assistant
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Food & Nutrition Supervisor/CRS-Ougadougou

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Introduction

At a time when food aid is coming under increasing attack for its failure to relate to recipient countries' development, more thought is being directed towards the educational component of food aid. U.S. AID/Washington specifically promotes in its Food for Peace Handbook Number Nine the concept of educational development projects as a corollary of Title II Commodity programs (1). Voluntary agencies, such as Catholic Relief Service, also see the need to strengthen their commitment to nutrition education, while recognizing that primary responsibility for Title II nutrition education rests with host-country agencies.

U.S. AID and INCS first approached CRS about their interest in this type of project in July 1982 at a meeting in New York which included CRS staff members Ken Hackett, Ronda Sarnoff and Oscar Ratti. At this meeting, INCS proposed visiting one to two CRS country programs to do a nutrition education needs assessment and to draft guidelines on nutrition education program developments for CRS country directors and program supervisors.

Upper Volta was chosen because of its exemplary CRS program. A recent evaluation of the Food for Peace/Title II program found that "the pre-school and school feeding program probably affects the lives of more citizens than any other single public sector program" and that "all three major components of the CRS Food for Peace program are consistent with the major thrust of the Upper Volta government policy" (2). In addition to the findings of the evaluation study, the INCS consultants found the CRS staff to be highly qualified and knowledgeable in the areas of nutrition and health and extremely dedicated to improving the nutritional status of children in the pre-school program.

One of the goals of the INCS technical assistance team was to help strengthen the ability of CRS/Upper Volta staff to plan nutrition education projects. However, it should be noted that improved country planning capability in and of itself will not succeed in leveraging more resources. Country level commitment must be reinforced by increased commitment in CRS Headquarters and in U.S. AID. The INCS consultants hope to pursue this issue with CRS/NY and with AID/Washington upon their return.

The consultant report for this mission consists of three components: (a) suggested program development guidelines in nutrition education for CRS country program directors and supervisors; (b) a nutrition education needs assessment of six CRS/UV pre-school programs and subsequent recommendations; and (c) suggested pilot nutrition education projects for CRS/UV. This technical assistance mission has been a cooperative affair and has included the participation of the Food and Nutrition Supervisors in almost every facet of the mission.

Suggested Guidelines for CRS Country-level Nutrition
Education Program Planning

(based on CRS/Upper Volta program experience to date
and experience of INCS nutrition education planners)

1. More CRS country nutrition education projects should be targeted in annual program submissions, country work plans, and long-range plans. CRS should rightfully be proud of the careful planning and attention that goes into its commodity procurement and distribution plans. However, the CRS country planning documents received by the consultants lacked specific information concerning nutrition education projects. (3) If resource commitments to nutrition education are to be increased by CRS, program directors and supervisors must learn how to conceptualize educational objectives, target human resources and materials, devise a budget and develop a proposed scope of work. CRS/New York might consider publishing a short form to guide country programs on nutrition education project submissions.

2. CRS should attempt to prioritize educational objectives, messages, and materials. It is a general fact of life that resources are scarce in Upper Volta and the CRS country program operation is no exception to this fact. A complete staff of seven food and nutrition supervisors are responsible for supervising and training of the pre-school feeding program personnel. Nutrition education is only one of a host of supervisory duties which also include monitoring the distribution of food. There are, however, a wider number of health and nutrition education subjects of concern to CRS. The official Guide de Causeries (Nutrition/Health Lessons) has a series of 23 topics. (4) Obviously where resources are scarce, front

line workers get called upon to disburse all sorts of advice. However, even in the best of circumstances, it is a commonly accepted principle of nutrition education that one has to target problems and messages and materials that support them. It is recommended that CRS staff periodically review the educational needs of their field programs and target priorities for messages and materials development and training.

3. CRS country offices should establish a regular planning process for the design and evaluation of nutrition education activities. It is remarkable that the CRS country training program has evolved, impressively, to date through trial and error in order to accommodate a field need. However, any effort to give nutrition education more attention should also involve a more systematic attempt to plan nutrition education strategies and projects. It is recommended that the planning process should include: (a) greater involvement of community leaders and mothers in the process of problem identification, message and materials design; (b) greater involvement of pre-school program personnel (animatrices, monitrices, responsables) in assessment of their training needs; (c) systematic meetings of nutrition supervisors specifically on nutrition education to review existing educational programs and to develop new projects; (d) designation of a nutrition staff member to be responsible for coordinating new nutrition education projects.

4. Continued in-service training should be provided for nutrition supervisors and pre-school feeding program personnel on new educational methodologies. The INCS consultants found that CRS nutrition supervisors were

extremely interested in learning new educational communications techniques that could improve the effectiveness of their country program. Methodologies of interest to program supervisors include: participatory techniques for involving communities in program design; processes of concept-testing for the establishment of messages; methods for making and using low-cost visual aids; protocols for pre-testing and evaluation methodologies. A workshop on education/communications methodologies for participants from African countries would be useful.

5. Each country program should conduct a job analysis of the nutrition education roles and responsibilities of nutrition supervisors and field-level workers. A recurrent theme among CRS staff in Upper Volta was that "our resources are stretched too thin." Existing staff have many responsibilities and not enough time in which to get them all accomplished. Any concerned effort to strengthen nutrition education activities by CRS must also involve an attempt to provide guidelines for positions at all levels as to what their nutrition education responsibilities ought to be, and how much time they should spend carrying them out. For example, the amount of time spent by the preschool program personnel in counseling mothers should be examined.

6. CRS country programs should consider conceptualizing nutrition education from a problem-solving point of view. To date, most CRS country level nutrition programs have been focused around the activity of training. However, it should be noted that training is usually a means and not an end, and training projects are most effective when they are put in the context of an overall

educational strategy to solve a problem, as opposed to an exercise, in and of itself, to produce workers qualified to do certain basic skills. Training, in a nutrition education context, should be one activity in an array of many activities, e.g., the development of basic messages and materials designed to achieve a basic behavioral change educational objective, e.g., get mothers to regularly and frequently feed their infants weaning foods as of six months of age.

7. In the development of future nutrition education activities, CRS should make every effort to involve the target community in every step of the process. This recommendation was touched upon earlier (see recommendation #3) but it is so important that it needs a special heading of its own. The one major area where there is a need for improvement, in an otherwise strong CRS/UV training program, is the need for a greater involvement of beneficiaries and members of target group communities in the whole educational process. Experiences in other countries have shown that mothers and other target group members become much more motivated to act on nutrition education messages when they themselves are involved and help identify the messages and materials most meaningful to them.

8. CRS should consider broadening its target group for nutrition education. The CRS/Upper Volta Food and Nutrition program has, since its inception, almost exclusively targeted its educational outreach to mothers. Many of the changes in behavior which mothers are being asked to make involve the support of other household members, particularly males. One cannot, for example, provide more food for infants within a male-focused

intra-family food distribution system. Consequently, new programs should direct messages and materials to a wide variety of target groups on the assumption that in a village society it takes total community support in order to effect meaningful behavioral and social change.

9. CRS should consider ways to make the Individual Growth Chart more of an educational tool. The individual growth chart provides mothers and center workers with an indication of how well each child is growing. However, several Upper Volta nutrition supervisors expressed disappointment with the ability of the mothers, themselves, to use the chart in order to interpret patterns of growth, and also to make the connection between good nutrition and health. Consequently, it is recommended that a series of activities be carried out to find out ways of making the Growth Surveillance System--and in particular the Individual Growth Chart--more of an educational tool. Such activities should include: (a) studies of the methods used by center workers in counseling mothers on the nutritional state of the child as shown by the individual growth charts; and (b) development of symbols or colors that can be marked on the charts by the center personnel at the monthly weighing sessions, e.g., when a child falls below the 80th percentile, the weight would be marked with a red pen, signaling a danger sign to the mother

10. CRS should develop more support materials, particularly community-based support materials. To date, on literally a shoestring budget, CRS has developed a small but impressive array of materials, including a Guide de Causeries, a flannelgraph on the stages of

child development and complementary foods for each of the four stages, and a "pagne" or piece of cloth used for women's clothing which depicts the three food groups. All of these materials have been designed by CRS/Upper Volta nutrition office personnel centers, except for the pagne. In order to reinforce basic educational messages that the mothers receive at the centers, there is a great need to develop further locally based materials. The teaching of each one of the Causeries, for example, could be greatly enhanced if there were visual aids attached to them. It was suggested by one of the preschool feeding program personnel that the effectiveness of the Causeries themselves would be greatly enhanced if they were translated into local languages, or at least have the technical terms translated. Of equal importance, CRS also should try to develop more materials, such as the pagne, that can be used directly in the communities. The existence of materials in homes in the community will go a long way towards providing mothers with effective support for new health and nutrition related practices they may be trying to adapt.

The use of the mass media to reinforce face-to-face education should also be explored. In a country such as Upper Volta, with rich broadcasting resources, there would seem to exist a natural mass media support system for nutrition education. The mass media can be a particularly important channel of communication in relation to changes in basic attitudes, such as the problem of getting women and families to allocate time to deal with nutrition and health priorities.

11. CRS should more systematically try to evaluate the impact of its educational activities. The INCS consultants

received a great deal of anecdotal evidence as to the impact that the CRS/educational program was having. Most people feel that over the past twenty years the CRS program has had considerable impact on its target audience. According to the field workers this is most noticeable in relation to improvements in personal hygiene of the mothers and children and in the ability of the mothers to prepare enriched weaning foods. However, it was obvious through field visits that the impact of the program varies tremendously from center to center. At one center visited by the consultants, field workers estimated that only ten to fifteen percent of the mothers had actually changed their practices as a result of the CRS program. Attempts to evaluate more systematically the impact of CRS educational interventions should be built into future nutrition education program planning efforts. In this regard, INCS will make available to CRS its forthcoming Nutrition Education Evaluation Workbook, authored by Marian Zeitlin, which describes a range of educational evaluation techniques.

12. CRS should establish programs to train resident country supervisors. Most CRS/Upper Volta staff members felt that a major drawback to a more effective nutrition education program was the lack of additional trained Voltaic nutrition supervisors. CRS/Upper Volta continually relies on expatriate supervisory personnel who have two or three year tours of duty and then are replaced. Greater program consistency, as well as enhanced local institution building, can be achieved through instigation of a local nutrition supervisory recruitment and training program.

13. CRS/New York or CRS/Upper Volta should consider developing a nutrition education field handbook. At present, there exists little in the way of formalized educational training procedures for CRS field staff. A training handbook, based on CRS country program realities and state of the art knowledge of nutrition education, would go a long way to orienting CRS staff members to their nutrition education responsibilities.

14. CRS should provide its country programs with professional support in the area of communications and education. CRS staff in Upper Volta thought that the impact of their educational program could be greatly strengthened through the services of a communications person who could work with each one of the supervisors to improve the quality of their nutrition education activities. Since the addition of such a person to each country program would be a major investment for CRS at this time, it is recommended that CRS explore with USAID's Office of Nutrition the possibility of having one to three communications specialists work directly with CRS for a year's time on an experimental basis. This communications advisor(s) could be made available to CRS country programs as needed, and in addition work with CRS central staff in the development of nutrition education field handbooks, prototype materials, etc.

Nutrition Education Needs Assessment

The second component of the INCS consultants' mission to Upper Volta included site visits to six preschool program centers (MCH centers). These visits were based in two regions, the Ouagadougou area and the Bobo-Dioulasso area. Figure 1 shows where these six centers are located.

The object of the site visits was to observe the educational activities that take place at the MCH centers. At each site visit, the consultant was accompanied by Pat Haggerty, Food and Nutrition Supervisor representative to the INCS mission. Oftentimes, other Food and Nutrition Supervisors also attended the site visit.

The nutrition and health educational component of the preschool program is designed to help mothers improve their children's nutritional and health status. Frequently this is done through individual consultation, health and nutrition talks (causeries), and practical food demonstrations, such as the preparation of a weaning food.

Although each center visited had at least a weighing session, a nutrition/health talk, and a weaning food preparation, the differences in the ways in which these three elements were performed and the addition of any other components varied greatly from center to center, region to region. The following are among the factors which appeared to have an influence on the quality or the impact of the nutrition education component:

1. Degree of commitment to the CRS program and an understanding of its educational goals by both the center workers and the community participants.
2. Level of training of the center workers--nutrition knowledge, pedagogical and methodological skills, motivational and organizational aptitudes, etc.

3. Community involvement in the MCH center--existence of a committee of village men, support by the chief of the village, active participation by the mothers in the development and progress of the MCH.
4. Actual presence of animatrices living in the villages as opposed to someone coming for the day for an MCH session.
5. Degree of contact with organizations or access to resources outside of the MCH center.
6. Ethnic and religious differences.
7. Length of time the MCH center has been in existence.

The following pages include a brief description of the six MCH centers that the consultant visited. For the most part, the team (one consultant and one or more nutrition supervisors) could only spend a few hours at each center. Therefore, the following conclusions and recommendations which are attached at the end of site visit reports should be taken in light of the fact that a comprehensive study could not be done in the time allocated. It is believed, however, that a considerable amount of time was spent with several Food and Nutrition Supervisors and that their collaboration at almost every phase of this assessment has helped to insure a certain degree of validity to the observations and conclusions.



MALI

NIGER

SAHEL

NORD

OUAHIGOUYA

CENTRE-NORD

VOLTA NOIRE

Gourcy

Yako

Noussa

KOUDOUGOU

CENTRE-OUEST

CENTRE

Manga

TENKODOGO

EST

BOBA N'GOUNMA

HAUTS-BASSINS

SUD-OUEST

TALAI

DIJLASSO

SANAGIN

NAFOUANA

Uanfara

Diabougou

Hounda

GAOUA

GHANA

TOGO

D'IVOIRE

0 50 100 km

- frontières nationales
- limites de département
- - - limites de cercle
- OUAGADOUGOU (capitale)
- chef lieu de département
- chef lieu de cercle
- ☆ six centers visited

Statistical Information: Cash Inputs - 1981 (225 OFA = \$1 US)

Project No.	Title	Cash Input	Source
1981 AER	Title II Food	\$223,500	Recipient Contributions
1981 AER	Title II Food	82,380	Empty Container Sales
	Title II Food	100,000	CRS
HV-8D-016	Title II Outreach	579,963	USG
HV-8D-002	Food and Nutrition	103,464	USG
HV-8D-002	Food and Nutrition	34,917	CRS
HV-8D-008	Primary School Agric. Training Tenkodogo	222,070	USG
HV-8D-013	Primary School GSS	20,809	USG
HV-8D-015	Gorom-Gorom Wells	29,090	USG
HV-9D-015	Leo Wells	19,494	Private
HV-6D-007	CFJA Poultry Raising	4,675	CRS
HV-0D-005	Storeroom Construction	12,691	EEC
HV-0D-003	CFJA Fruit Vegetable	2,609	CRS
HV-8D-011	Tools for Rural Self Help	10,457	Swiss Private
HV-8D-005	Oil Seeds Promotion	10,000	CRS

Date: November 10, 1982

Team members: Star Campbell-Lindzey, Pat Haggerty,
Beatrice Kam

Site visit: Mogtedo, 47 km. east of Ouagadougou, Centre
region

Ethnic group: Mossi

Religion: Catholic, Protestant, Muslim, Animist

MCH: Ministry of Health, serves 2,000 children

Personnel at MCH: 1 responsible, 3 animatrices, 1
infirmier (nurse) in charge of MCH dispensary, maternity
and MCH center.

General Observations

1. There did not appear to be a consistent pattern as to which mothers received individualized counseling, i.e., those mothers whose children fell below 80% wt/age, etc.
2. Several mothers were observed comparing their children's individual growth charts. However, several others were observed reading the charts upside down.
3. The regional nutrition supervisor has introduced a third dimension to the growth charts by using a red pen to indicate those children falling below 80% wt/age. This is used as a message to warn mothers that those children need to be fed food from the red food group (protein).
4. The nutrition talk (causerie) did not appear to stimulate much reaction. It was noted, however, that when the talk was opened for discussion of the wants and needs of the mothers, active participation by the majority of women occurred.

Nutrition Education/Health Needs

1. Due to the response of the women when asked for their opinions and suggestions for the MCH center, "open" causeries should be scheduled at least once a year to help address current interests of the mothers.
2. It appears that the mothers discuss the activities of the PMI with certain family members and friends; however, they would like to include the active participation of their husbands via a monthly reunion especially for the men at the MCH.

3. The women were extremely interested in visual items they could transport back to their communities, such as the pagne, posters, etc. They also offered to help produce new items, such as painting designs on calabashes that could depict a nutrition/health message.
4. Animatrices should receive further in-service training in counseling techniques, design and delivery of nutrition talks, and skills in assessing community needs. In addition, animatrices should receive training in how to elicit participation from community members and how to incorporate the community's needs into the activities, e.g., development of new causeries that address issues of interest.
5. Specific educational messages regarding the human reproduction cycle, personal hygiene and health, and perhaps child spacing, should be developed in response to the mothers' interest in these topics. At all phases of the development of these educational lessons/messages the target community should be involved.

Date: November 11, 1982

Team members: Star Campbell-Lindzey, Pat Haggerty, Ron Israel, Esther Zongo

Site visit: Koudiere, 30 km. west of Ougadougou, Centre Region

Ethnic group: Mossi

Religion: Primarily animist

MCH: Ministry of Social Affairs, serves 13 villages

Personnel at MCH: Transitional period: 1 responsible leaving--to be replaced. Two other responsables have left permanently, 4 animatrices (2 from MSA and 2 supported by the villages).

General Observations

1. Animatrices did not appear to feel at ease when counseling mothers during the weighing session.
2. Individual consultation of the mothers during the weighing session occurred on an infrequent basis. In addition, the children's weight charts were not turned towards the mothers so that the charts were being read upside down by the mothers.

3. There was a dialogue (questions posed and answered) between the animatrice and a few women during the nutrition talk. When the discussion was opened up for the mothers' comments on their needs and wants, more women actively participated.

Nutrition Education/Health Needs

1. There appears to be a need to supply the animatrices with terms in the Moore language that they can use when explaining technical issues contained in the nutrition talks (causeries).
2. Animatrices should receive in-service training in counseling skills and methodological approaches to finding solutions to the community's problems.
3. The mothers, for the most part, were interested in having the men participate more in the center. As of the present, the women discuss the activities of the MCH center with other female members and some of their husbands. Greater involvement by the husbands and other key male leaders of the community is needed.
4. Open discussion and reflection of the activities of the MCH center did lead to more active participation by the women. Animatrices should consider having an "open" nutrition talk more frequently.
5. The animatrices indicated that the women were interested in learning more about venereal disease as this has become a problem in their community. This interest could be used as a vehicle for organizing the women to pursue a solution to a current problem.

Date: November 16, 1982

Team members: Star Campbell-Lindzey, Pat Haggerty,
Françoise Crelerot, Marie Cecile Toé

Site visit: Nafona (near Banfora), 82 km. southeast of
Bobo-Dioulasso

Ethnic group: Bobo

Religion: Primarily animist

MCH: serves 8 villages

Personnel at MCH: 1 coordinator visits from Banfora,
8 animatrices trained by Service d'Education et du
Promotion de la Femme au Developpment (sepfed)

General Observations

1. Animatrices live in the community where they work and are responsible for other activities than the MCH.
2. It is not sure whether the mothers understand the growth charts; often the points on the chart were not connected.
3. The nutrition education talk was directed toward diarrhea although the majority of the children manifested symptoms of a cold (cough, etc.).
4. It appears that since the center has been in operation for only one and one-half years, the animatrices and mothers are still defining their respective roles and determining what their needs are.
5. The mothers were extremely passive during the nutrition talk and were very hesitant to answer specific questions.

Nutrition Education/Health Needs

1. Animatrices should conduct a needs assessment of their respective communities to better understand the current problems affecting the communities. In order to do this, the animatrices would need additional training in communications.
2. Since there appears to be a lack of male involvement in the center, especially with the chief of the village, more effort should be placed on their involvement. The animatrices feel it is necessary to talk to those fathers of the severely malnourished children. In addition, the animatrices were responsive to the suggestion to have one social gathering per year in which a sensitization process could occur about the activities of the MCH and parents whose children have progressively gained weight could be

rewarded. The mothers also agreed that the men should be sensitized about the MCH.

3. The mothers were interested in having nutrition talks directed toward the mother herself (pregnancy, lactation, hygiene, etc.). Participation by community members in the development of materials addressing sensitive issues is absolutely necessary.

Date: November 17, 1982

Team members: Star Campbell-Lindzey, Pat Haggerty,
Françoise Crelerot, Marie Cecile Toé, Hélène Baron

Site visit: Pala, 7 km. north of Bobo-Dioulasso

Ethnic group: Bobo

Religion: Animist

MCH: Community supported MCH serves 3 villages

Personnel at MCH: 1 French coordinator and 1 Voltaic animatrice visit from Bobo. In addition there is a first-aid agent at the center who lives in the community.

General Observations

1. It does not appear that the individual growth chart is being used as an effective educational tool; for instance, the points were not joined, the mothers were not often told the exact weight of their child or if the child had increased/decreased in weight.
2. Actual food preparation techniques were included in the nutrition talk, e.g., the preparation of rice water and baobab fruit juice for diarrhea.
3. A flannelgraph series on infantile diarrhea was used as a visual aid complement to the nutrition talk. The coordinatrice appeared to have good command of the talk and posed questions which drew the information from the mothers. However, she lacked enthusiasm in giving the presentation. In addition, she relied on her counterpart to do the translation from French to the local language.
4. The weaning food preparation is different than in other centers. The enrichment food, i.e., peanut

butter paste, was added at the point when the food was being distributed to each individual mother, thereby emphasizing individual quantity needed to ensure an adequately enriched weaning food.

5. There is a committee of village members who attended the MCH. However, they did not actively participate in the session. It is understood that part of their role is the transmission of information back to the village.
6. Most of the mothers did not actively participate in the nutrition talk.

Nutrition Education/Health Needs

1. There is a desire by the community to train their own center personnel instead of relying on personnel to come from Bobo. The community should explore the idea of training the first-aid agent or perhaps another person (male) who has command of the French language and who can serve as the responsible of the center. In addition, the committee of village men should be involved more in the progress of the center, i.e., be sensitized to the role of the MCH as a community-based activity, not an activity just for females.
2. Some mothers indicated that they discussed the MCH activities with their husbands, while others did not. Opportunities should be explored whereby the men can be included in the center's activities.
3. Open dialogue with the mothers helped to target on some of their desires and needs. This technique should be included more frequently in order to assess community needs.
4. Several mothers were interested in learning about the life cycle of the pregnant woman and about human reproduction. This was also supported by the interest of the committee of village men. Other interests were: alphabetization (so they can operate their own center), building of a maternity facility since home births often result in post-natal tetanus, etc.

Date: November 18, 1982

Team members: Star Campbell-Lindzey, Pat Haggerty,
Françoise Crelerot, Marie Cecile Toé, Hélène Baron

Site visit: Samagin, 7 km. from Bobo-Dioulasso

Ethnic group: Bobo

Religion: Animist

MCH: Independent village MCH; serves 3 villages, 114
children

Personnel at MCH: 2 monitrices from Centre du Formation
des Jeunes Agricultures, Ministry of Rural Development.

General Observations

1. Once the monitrices were encouraged to talk individually to each mother about the weight progress of her child, they did so consistently; however, they did not turn the chart so that it faced the mother when explaining the growth progress.
2. Those children who missed several months' attendance (during the harvest) showed a corresponding weight loss on their individual growth charts.
3. Now that the MCH is located in the mothers' community, the monitrices have noted the following changes: mothers attend more regularly; women attend in smaller groups, which facilitates more personal interaction with each mother; the women sometimes request that certain topics be addressed, e.g., to receive a lesson on the prevention and treatment of childhood colds.
3. Most of the children manifested a decrease in weight as of six months of age.
4. The monitrices used visual aids to complement the nutrition talk, e.g., the preparation of syrup effective for colds, demonstration of warm clothing needed to protect the children.

Nutrition Education/Health Needs

1. Although the center was created by the women and includes monitrices who actually live in the community, many children continue to be malnourished.

Further inquiry into the beliefs and practices of the mothers is needed to determine what problems are present and what solutions can be found to address these problems.

2. The mothers felt that participation of their husbands might help in their achievement of a healthy child. However, they do not want the men to attend during the monthly weighing session.
3. There is a committee of village men who should be more actively involved in the progress of the MCH.
4. There is a shortage of water; therefore, the women are interested in obtaining a well. They also see a great need for a dispensary and a maternity facility. The monitrices should receive training in how to organize villagers around a project that would address their needs. In addition, the monitrices should be informed as to what ministries and/or agencies they can apply to for possible assistance.
5. Monitrices need to receive training as to what is the most important education message to give each mother regarding the current nutritional and health status of her child.

Date: November 20, 1982

Team members: Star Campbell-Lindzey, Pat Haggerty
Site visit: Laju (Didir), 150 km. west of Ouagadougou
Ethnic group: Gourounsi
Religion: Primarily animist
MCH: Catholic mission
Personnel at MCH: 1 coordinator from Catholic mission in Didir, 4 animatrices who live in the village communities.

General Observations

1. Several activities had been started by the mothers of the MCH center to support the role of the MCH in the community (garden project at the MCH, village-based peanut fields for incorporation of peanut products

into the weaning foods at the MCH, a millet growing product). In addition, the women have requested and received two machines for a weaving project to help bring in supplemental income.

2. Follow-up sessions every two weeks are provided for children who are severely malnourished. It does not appear that there is a systematic method for determining the "severely malnourished," i.e., those less than 60% weight/age, those with no weight gain over a five-month period, etc.
3. The coordinator appears to be sensitive to the needs of the women and to the necessity of having their suggestions incorporated into the development of the MCH. She has instituted an "evaluation" nutrition talk to determine if the women are satisfied with the MCH, what changes they would like made, what new projects they want to start, and what their roles and responsibilities will be in those projects.

Nutrition Education/Health Needs

1. Most of the counseling of the mothers is performed by the coordinator of the center. She is aware of this and would like to see the other four animatrices participate more in individual consultation. There may be a need for additional in-service training for these animatrices.
2. In spite of the encouraging educational activities that accompany the MCH, there still exists a high percentage of malnutrition in this region. Perhaps a concentrated effort should be put toward specific "applied" nutrition education messages that can be followed and supported by the entire community, including the male population.
3. The mothers have a strong desire to "learn new things" and have demonstrated a willingness to improve their current status. There is a need to seek assistance for additional projects that the women want to start, such as wells, maternity center, and dispensary.

Site Visits Conclusions and Recommendations

Although each site visit provided new insights into the nutrition education component of the CRS program, and in spite of the fact that each center had its own specific regional, ethnic, cultural, and religious differences, some general themes appeared that can apply to most, if not all, of the centers that the consultant visited.

It appeared that all of the animatrices wanted to work with the women of the MCH centers and were willing to give their time and effort to meeting some of the needs of the communities being served by the CRS program. This is to be lauded since it is a crucial part of the educational process which occurs in the MCH centers and in the beneficiary communities. In addition, in some centers, there appeared a strong motivation on the part of the animatrices to work with the mothers, and occasionally with other community members, to include other activities in the MCH center, such as collective gardens. This motivation factor was highlighted by the food and nutrition supervisors as an important factor in the impact of the program on the community. Some animatrices observed during the site visits appeared to have more motivation than others. An awareness of the roles and responsibilities of the animatrices, as well as of the mothers and other community members, seems to be a key issue in determining the degree of motivation and the impact the MCH center can have in a particular area. Therefore it is concluded that greater emphasis should be placed on defining the roles and responsibilities of each member of the MCH center (animatrice, mothers, male community members) and that each member understand the nutrition education objectives of

the center and how accomplishment of these objectives can lead to concrete, feasible outcomes.

In addition to the element of motivation, it appeared that the animatrices were at different educational levels in regard to the amount of training they had received. Several of the Food and Nutrition Supervisors stressed the point that additional training was needed. Since the animatrices are the "front line workers" and have the most contact with the mothers, adequate training is definitely viewed as a need and is supported by the observations made at the six site visits. It is concluded, therefore, that a qualitative approach to training should be examined and new education methodological approaches be explored which will be easily understood and implemented by the animatrices. There is an organization in Upper Volta, the Centre d'Etude Economiques et Sociales d'Afrique Occidentale (CESAO) which may be helpful in looking at a new approach to training programs for animatrices, as well as for the food and nutrition supervisors.¹

In regard to the mothers, there appeared to be a commitment to attending the MCH center and they spoke very highly of the CRS program. There seemed to be a desire, on the part of every mother, to try to take care of her child so that it would not fall sick. At each center, the mothers said they liked learning how to take care of their children (as taught through the nutrition/health talks) but they would also like to learn things that apply to the health and nutritional status of their own bodies. In centers where the nutrition talks have been given over a several-year period to the same women, it may be useful to

¹Meeting with P. Buijsrogge at CESAO/Bobo-Dioulasso on November 16, 1982.

introduce some new topics. It is therefore concluded that the current nutrition and health topics should be examined to see where improvements or changes can be made and that future topics addressing the mother herself be explored.

The following recommendations are based on the six site visits:

1. An orientation of the educational component of the CRS program should be provided to supervisors, field workers, and beneficiaries. This orientation should explain what the CRS nutrition education objectives are and how they can be achieved.
2. Greater community involvement is needed in the development and transmission of the nutrition education advice being given at the MCH centers. Animatrices should be encouraged to work closely with village leaders and members of the community in the assessment of community needs, the development of strategies to address priority issues, and in the development of a support system to reinforce the advice being given. In addition to the monthly meetings now being held at local MCH centers for mothers, men should be invited to attend a meeting to increase their involvement in this community-based activity.
3. Training of animatrices (field workers) and nutrition supervisors should be strengthened in the areas of community needs assessment techniques, design and organization of community projects, and motivational and pedagogical techniques.
4. Animatrices and nutrition supervisors need training in specific communications skills which will enable them to develop effective educational messages. Many times animatrices and supervisors fall prey to giving information instead of giving a practical message that the mother can implement at home. A new orientation is needed to encourage the counseling of practical advice, or behavior-oriented advice, such as, feed your child "bouillie" (porridge) three times a day.

5. Since there is an evident decrease in the children's weight as of six months of age, it would be advantageous to develop some type of educational message that would address this serious concern. Animatrices and nutrition supervisors, as well as community members, should unite and develop one acceptable message that could be targeted to this national dilemma.
6. If the individual growth chart is to become more of an educational tool, both the field workers and the MCH participants need to understand its value and allocate more time explaining its importance in relation to the health status of the child. Animatrices should discuss together effective ways of using the growth chart, e.g., how they are currently using it, how they could improve its use. Supervisors should also discuss among themselves and with animatrices new methods for its use.
7. An MCH "open" nutrition talk should be scheduled at least once a year to allow an evaluation of the MCH activities by the participating mothers and fathers to provide the opportunity for suggestions on improving the center. The open talk should address not only the weighing of the children, the topics of the nutrition/health talks, and the food distribution, but also the alternative projects that may have or could be started, e.g., community millet projects.
8. Some type of visual image should be developed so that the practical advice given at the MCH center can be transported back to the village. In some areas, the pagne has served as an educational medium for the community. The women, as well as the men, should be encouraged to develop some of their own educational visual aids, such as calabashes that can be imprinted with a design and colored in.
9. Supervisors should be trained in how to use visual aids, such as the flannelograph series or the pagne, in the most effective manner. To date, there has not been time allocated on the methodology of using visual aids, and the supervisors have had to rely on past experience and "trial and error" techniques when presenting the aids to animatrices for their use in the MCH centers.

10. The use of analogies and local proverbs and belief systems should be incorporated into the causeries and/or used to support informational and behavioral concepts. Some nutrition supervisors have used analogies when explaining the concept of the three food groups. Other analogies can be developed through collaboration with animatrices and supervisors and then incorporated into the Guide de Causeries.
11. Educational materials regarding the care of the mother herself (pregnancy, lactation, personal hygiene) should be explored for incorporation into the nutrition/health talks given at the centers. Several MCH centers in the Mossi region either suggested or supported the idea of tailoring some of the talks toward the care of the mother during pregnancy. In addition, some women wanted more information on the human reproduction cycle, child spacing, and fetal development. These topics will need to be examined with great care as to how they can be approached and to how they will be received by different members of the community.
12. In the case of an MCH center where the women actively participate in activities that complement the philosophies of the CRS preschool nutrition education program, it warrants examining such a center as a potential model to other animatrices and beneficiary communities so that others can learn by example how to improve their own programs.

Suggested Pilot Nutrition Education
Projects

The following three pilot projects have been developed out of a desire by the food and nutrition supervisors to incorporate some of the guidelines and recommendations of the site visits into fundable, viable projects. Through these projects, supervisors and animatrices will have the opportunity to learn new methodological approaches to nutrition education.

Pilot Project #1: Workshop to Develop Community Based Audio-Visual Nutrition Education Materials

Description: A three-week village-centered workshop will be conducted during which time nutrition education, communications specialists, and audio-visual technical experts will work with community members to develop a nutrition education film which will be shown throughout Upper Volta. The materials will be designed to relate to community perceptions of nutrition and health-related problems and promote practical behavioral change solutions acceptable to the target community.

Inputs:

- CRS: program supervisors, local travel and participants, site selection
- Govt: audio-visual specialists (film crew, camera, film, editing and processing costs)

Consultants: community-based materials development specialist.

Pilot Project #2: A Localized, Site-Specific Pilot Project to Develop Educational Solutions to a Community Based Problem/Need

Description: CRS will identify a locality in Upper Volta, in which it operates, where mothers seem particularly resistant to changing beliefs or adopting new nutrition-related behaviors. With the help of a trained ethnographer, a study will be made of the beliefs and practices of the target group. Focus group interviews will then be conducted in an attempt to develop realistic, motivational messages to deal with target group practices. The messages will be incorporated into a wide variety of educational materials designed to reinforce each other, such as posters, radio scripts, pagnes, training modules, etc. These materials will first be pre-tested. Special training courses will be given for field workers in face-to-face techniques to deal with the target group's apprehensions and resistance to change. The Food and Nutrition Supervisors will also receive training in these techniques. Before the materials are put in place and the campaign implemented, a small baseline survey of the nutritional status and the beliefs and practices of the target population will be conducted. The campaign will be conducted for a period of six months after which an evaluation will be conducted to assess its impact.

Pilot Project #3: Workshop for Upper Volta Policy-makers on the CRS Nutrition Education Program

Description: CRS will identify a region where its educational outreach efforts are particularly effective. This region will be the location for a 2-3 day workshop for Upper Volta policy-makers. The objective of the workshop will be to demonstrate the value of both the CRS feeding program and the CRS nutrition education activities, and to promote greater support for these programs from local sources. Participants will observe food distribution, weighing and counseling, cooking demonstrations, and educational materials. They will participate in open-ended sessions with the Food and Nutrition Supervisors, animatrices, and mothers to get a better understanding of personal and programmatic needs.

References

1. U.S. AID Handbook Number Nine, Food for Peace, Title II. Agency for International Development, Washington, D.C., January 1981, Section 10C1c, section 10, p. 6.
2. Upper Volta Food for Peace/Title II Evaluation Final Report, Office of Food for Peace, Agency for International Development, Washington, D.C., September 1981. Prepared by International Science and Technology institute.
3. Upper Volta FY 1984 Annual Budget Submission. U.S.AID.
4. Guide de Causeries (Programme Alimentaire et Nutritionnel), Catholic Relief Services-USCC, Ouagadougou, Upper Volta, 1981.
5. Catholic Relief Services-USCC Upper Volta Program, Annual Public Summary of Activities, January 1981-December 1981.
6. Concept Paper. Catholic Relief Services Food Aid and Development Program, Upper Volta.
7. CRS Upper Volta Food and Nutrition Program HV-8D-002. Report to the Fondation de France, Sept. 1982-June 1982.
8. Catholic Relief Services/Upper Volta Primary School GSS Implementation HV-8D-013. End of Project Evaluation. Jan. 1979 through March 1982.
9. Programme Alimentaire et Nutritionnel (Enfants de 0 à 5 ans). Catholic Relief Services/USCC, Upper Volta. Draft form.
10. Field Bulletin No. 30, Food Aid, Nutrition and Development, Dr. C. Capone, Nairobi, Kenya, Sept. 1980.
11. U.S. AID/Upper Volta Program, June 1982.
12. Assessment of Need and Estimation of Required Inputs for Proposed Nutrition Project in Upper Volta, Combining Establishment of a Basic Food Laboratory for Weaning Food Development with a National Village Nutrition Education Program. Marian Zeitlin, Harvard Institute for International Development. Report prepared for Aid contract AID/TA-147-0023, No. 3178069, Feb. 1978.
13. Rural Health Planning, Project No. 686-0251, U.S. AID/Upper Volta 1981