

REPORT OF THE
WORKSHOP
ON THE
CRS/SENEGAL TITLE II EVALUATION
HELD AT THE SAVANA HOTEL
22-24 APRIL 1985

by: Se igne M'Baye DIENE
Judy GILMORE
Joyce KING
Vera Lee LAFOY
Harrison STUBBS

November 1985

Acknowledgements

Since the success of the workshop depended so precisely on the full participation of its members, the Senegalese médecins-chefs, coordinators and center directors, SANAS personnel, CRS staff, and USAID, appreciation is expressed to everyone who worked so hard before and during the workshop, taking valuable time away from their already over-burdened schedules.

However, special thanks must be expressed to:

- The core group of Françoise Pilon and Serigne Diène who worked with Joyce King in preparing for the workshop;

- Harrison Stubbs, for his assistance and technical support;

- Judy Gilmore, who supported the evaluation from the beginning and helped put its findings into a larger context;

- The facilitators, Mamadou Kane, Anna Bathily and Cynde Robinson, who made the hard work seem easy;

- Christine Farhat, who singlehandedly made all the arrangements for logistics, communications, financial and secretarial support, as well as

CRS/Senegal Title II Evaluation

for compiling this report;

- Especially, to Joyce King, for her unflagging energy, enthusiasm and diplomacy, which carried the evaluation through from initial conception to successful conclusion of this workshop.

Vara L. LaFoy

TABLE OF CONTENTS

| | <u>PAGE</u> |
|--|-------------|
| 1. EXECUTIVE SUMMARY | 1 |
| 2. SUMMARY OF THE WORKSHOP | 4 |
| 2.1. Background | 4 |
| 2.2. Preparatory Work | 6 |
| 2.3. Execution of the Workshop | 8 |
| 3. SYNTHESIS OF THE WORKSHOP | 10 |
| 3.1. Plenary Sessions | 10 |
| 3.1.1. Welcome Addresses | 10 |
| 3.1.2. Presentation of Profiles of the Concerned Organizations | 10 |
| 3.1.3. Discussion of PPNS Program Objectives | 11 |
| 3.1.4. Discussion of the Conclusions and Recommendations of the Evaluation. | 14 |
| 3.1.5. Consensus on Principal Issues to be studied in the sub-groups | 16 |
| 3.2. Sub-Groups: Discussions and Recommendations | 18 |

CRS/Senegal Title II Evaluation

| | <u>Page</u> |
|--|-------------|
| 3.2.1. Targeting | 18 |
| 3.2.2. Education, Training and Motivation | 27 |
| 3.2.3. Administration - Supervision, Coordination and Management | 33 |
| 3.3. Closing | 42 |
| 3.3.1. Discussion and Approval of Action Plans | 42 |
| 3.3.2. Establishment of a Follow-up Committee | 42 |
| 4. EVALUATION OF THE WORKSHOP | 42 |
| ANNEXES | |
| 1. Agenda | 44 |
| 2. List of Participants | 50 |
| 3. Methodology of Facilitation | 53 |
| 4. Profiles of the different agencies (in French only) | 55 |
| 5. Senegal Evaluation in Context, by Gilmore (in French only) | 94 |
| 6. List of Sub-Group Subjects and Participants | 102 |
| 7. Contract between the GOS and CRS (in French only) | 103 |

1. EXECUTIVE SUMMARY

The workshop held in Dakar April 22-24, 1985 on the Government of Senegal's Nutrition and Health program, to which Catholic Relief Services contributes Title II food and growth surveillance, constitutes a final phase to an evaluation effort begun in May 1982. At that time a joint evaluation design team, consisting of an AID-sponsored consultant team with representatives of USAID/Dakar, SANAS and CRS, began a process which culminated in intensive data impact and on-site process studies. The findings from these collaborative investigations showed benefits to program children in the vulnerable age groups and to participating mothers. They also pointed to priority areas in need of improvement.

These areas were the subjects of sub-groups within the three-day workshop at the Savana Hotel, which united 14 representatives of SANAS, CRS, USAID, AID/W, the evaluation team, and 14 field staff, including the médecins-chefs from each region and Coordinators and Center Directors. The central task was to agree upon feasible recommendations and action plans for transmittal to decision-makers.

Among these were agreements or recommendations that:

- Better coordination between SANAS and CRS is desirable and should be achieved through monthly meetings and consultations when problems arise.

- CRS observance of the MOH administrative hierarchy is desirable so long as it does not hinder effective operations; details on the handling of different types of correspondence are being defined.
- CRS and SANAS should co-manage the use of mothers' fees (in a manner to be defined) until mothers' committees can take over management in each center.
- Mothers should be prepared for the preceding task as quickly as possible and for other activities in the center (e.g. weighing).

In addition, a specified minimal curriculum of health and nutrition education for mothers is to be given systematically by center personnel (who will first be trained).

- A curriculum for all teachers-of-teachers and teachers is to include the PPNS components of health and nutrition as well as supervisory, time management and statistics components.
- The médecins-chefs and regional coordinators will be trained at the national level, while departmental coordinators and center personnel will be trained at the regional level.
- Motivation at the center level is to be assured by training incentives for personnel and visits to model centers for mothers and by development of income-generating activities for mothers.

- The program will target pregnant and nursing mothers and under-four children, and only one cycle in the center will be permitted in those areas where families are waiting to enter the program.

- Following trials to determine any adverse effects on attendance, only one ration will be distributed per family.

- A permanent evaluation system is to be instituted, and the current agreement revised as needed.

It was agreed in the final plenary session that a follow-up committee should be established to refine the recommendations and present them to the decision-makers in the concerned organizations.

2. SUMMARY OF THE WORKSHOP

2.1. BACKGROUND

Under the PL-480 Title II food assistance program, approximately 4,500,000 (4,500,000,000 CFA) worth of food is distributed annually to more than 200,000 children and mothers in Senegal with the assistance of Catholic Relief Services (CRS). This food distribution is accomplished with the cooperation of over 400 centers, most of which are dispensaries operated by the Ministry of Health (MOH) of Senegal.

As part of its ongoing administration of PL-480 programs, the Evaluation Office of Food for Peace and the Nutrition Office of the Agency for International Development (AID)/Washington, performs evaluations of its Title II food distribution programs throughout the world. Therefore, at the request of USAID/Senegal, they agreed to sponsor this evaluation as part of their overall examination of nutrition and health projects. Additionally, the Service of Nutrition of the Ministry of Health-SANAS-(Service d'Alimentation et de la Nutrition Appliquée au Sénégal) had been planning their own evaluation of the PPNS (Programme de Protection Nutritionnelle et Sanitaire - Groupes Vulnérables) program.

A joint evaluation design committee was established which consisted of the evaluation team from AID/Washington and representatives from

USAID/Dakar, SANAS, and CRS. The aim of this committee was to determine if the objectives of the program were being met by determining the adequacy of program design and by examining measured or estimated impact of the children of Senegal. On the basis of these determinations, the committee was to make recommendations for improving the functioning of the program.

The group designed the evaluation in three phases which consisted of evaluation design, data collection and analyses, and a workshop to discuss evaluation findings, make recommendations and develop a viable action plan based on these findings.

During the design of the evaluation, the evaluation team from AID/Washington visited 17 PPNS feeding centers in Senegal in May 1982. The evaluation team also held discussions regarding the evaluation design and objectives with CRS, USAID/Dakar, SANAS and ORANA.

The data collection and analysis consisted of four components: a study of participant and non-participant mothers performed by the GOS and the Center for Disease Control (CDC) in Sine-Saloum, an analysis of Master Chart data collected by CRS from all 457 feeding centers, an analysis of growth data of over 6,000 children from registers in 20 randomly selected centers, and analyses of results of three field activities.

Data were gathered in Senegal according to the specifications of the design team and sent to AID/Washington for preparation and preliminary analysis in the United States. The evaluation team returned to Senegal in May 1983 with preliminary findings to present to CRS, USAID/Dakar, SANAS and ORANA for discussion and continued analysis in Senegal. The various participants at this time also provided suggestions as to other analyses which were to be performed in the United States. During this time there was also a field study conducted by members of all groups to provide additional information with which to address issues regarding other aspects of the program such as education, management, supervision and training.

After final analyses and revision of the evaluation document subsequent to review by AID/Washington and other reviewers, the evaluation document was provided to SANAS, CRS and AID/Dakar by the end of 1984. This document and particularly the findings and recommendations, provided the motivation and basis for the selection of subjects discussed at this workshop.

2.2. Preparatory Work

In January 1985, AID sent an evaluation team member to work with USAID on preliminary arrangements for the workshop with the concerned organizations in Dakar--CRS, USAID, SANAS, (ORANA). Representatives selected April 22, 1985, as the earliest date agreeable to all parties. They specified the objective to be that of reaching a consensus on

feasible improvements to the program, and agreed to a three-day agenda and work methods that would utilize facilitators and emphasize sub-group work on priority issues. The organizations agreed that all regions should be represented by the médecins-chefs and that two coordinators and center directors should also be selected. Other participants would include the CRS Regional Medical office, the AID Washington Evaluation Office and evaluation team members. An ORANA representative would also be invited.

At this time, key issues were extracted from the evaluation report and a document was sent by USAID to CRS and SANAS for study and as the basis for discussions to precede the workshop. SANAS sent an extensive résumé of the evaluation to the designated field participants.

During the week prior to the workshop, a preparatory committee of key staff members from the participating agencies, together with the evaluation team member and the three facilitators met and reached agreement as to: the role of the facilitators, and work methods, and the flow of the modified agenda. The group also agreed upon workshop objectives which were: to obtain a consensus on the conclusions and recommendations of the evaluation by all of the participants; and to propose a plan of action on the principal recommendations. The group specified the desired outcome to be a concise document, synthesizing feasible recommendations and plan of action to present to the decision-makers.

2.3. Execution of the Workshop

The workshop took place on April 22-24, 1985 at the Hotel Savana in Dakar. (See Annex 1). The first day focused in plenary session on welcoming the participants (see Annex 2 for List of Participants), explaining the methodology to be used (see Annex 3), and defining the major questions to be examined. Each of the interested organizations outlined its particular perspective on the program including structure, objectives and relationship to the PPNS program and to the government's health and nutrition policies. Concerns raised by the evaluation report were also discussed. A consensus was reached on the major issues to be studied during the remaining days of the seminar.

The plenary then divided into three small groups as follows:

- Group 1: Targeting

- Group 2: Education of mothers, training and incentives for center staff, strengthening of technical components and support of community activities.

- Group 3: Administration, management, supervision, coordination and evaluation.

Recommendations were formulated and action plans developed. These were discussed and adopted by the plenary during the final day of the meeting.

The workshop concluded with proposals for follow-up. A committee was

established, consisting of representatives from all concerned organizations, the medical staff in the field, as well as the regional coordinators, to ensure the review and implementation of the action plans on behalf of the group. It was agreed that there might be the need to revise the agreement governing the PPNS program in accordance with the proposed new directions for the program. Finally, it was also agreed that members of the Preparatory Committee should draft the workshop report.

3. SYNTHESIS OF THE WORKSHOP

3.1 Plenary Sessions

3.1.1. Welcoming Addresses

Heads of the organizations concerned with the Program of Nutrition and Health Protection of vulnerable groups (PPNS) welcomed the participants urging that workshop efforts continue in the same spirit and open attitude that characterized the work to date - i.e., in carrying out the collection of data, the field work and preparing for the workshop. Representatives called on members to do their best to come up with good recommendations for eventual action by decision-makers.

3.1.2. Profiles of the Participating Organizations

Representatives of SANAS, the Medical Regions, CRS and USAID provided a profile of their organization's administrative context, global mission, role in the PPNS program and non-PPNS inter-relationships. CRS also provided a report on current program operations, noting that there are 430 centers reaching an estimated 230,000 beneficiaries (124,000 children, 106,000 mothers), that the centers are in all regions of Senegal with a concentration in St. Louis, Ziguinchor and Kolda, and that the estimated coverage is 10.9% of the under five population. These plenary presentations to the participants are in Annex 4.

The contract governing the PPNS program signed by the Government of

Senegal and CRS in January 1973 is included in Annex 7.

3.1.3. Discussion of PPNS Program Objectives

The participating agencies stated their views of what program objectives should be:

- SANAS, noting that PPNS is its prime implementing agent for nutritional surveillance, stated the objectives outlined in the National Seventh Plan:
 - * Growth surveillance of 50% of under five children (500,000 est.).
 - * A reduction of acute malnutrition by 50% among participating children.
- CRS stated its objective to be that of:
 - * Better use of available resources to improve the nutrition status of children from 0 to 5 years old in selected needy areas until such time as this specific goal is achieved (and/or local) authorities are able to continue the work) by:

- 1) Regular surveillance of the nutrition status of the child (GSS).
- 2) Increased availability of food through an economic aid (food, medicines, etc.) and other resources to help improve and stimulate local production.
- 3) To assure nutrition health and other general education of mothers.

- USAID noted the principal objectives to be:

- * Assuring an adequate diet for the child, using food, regular surveillance, education and all center activities.
- * Giving greater attention to the health and nutritional needs of the child (which should include participation in related programs - notably ORT and immunizations); and
- * Perhaps most important over the long run, educating mothers/women in health and nutrition and helping them to undertake productive community activities.

PPNS Program Objectives

The assembly raised a number of problems related to the definition of program objectives including: financial and manpower constraints;

deficiencies in training and coordination; decisions to be made on targeting, decentralization, restoring the health component and integrating PPNS into health policy, making uniform education messages, and finding ideas and means to motivate center participants and staff.

The agreed objective of the assembly for the PPNS program was:

- Improvement of the nutritional and health status of vulnerable groups by improving program management, and educating mothers and training personnel.

3.1.4. Discussion of the Conclusions and Recommendations of the Evaluation

The representative of AID/Washington summarized the significance of the PPNS/CRS evaluation carried out in Senegal as well as its principal conclusions and recommendations (see Annex 5 for complete text). She pointed out that the Senegal evaluation combined two desirable kinds of information: rich data bases and rigorous analyses to examine nutritional status of children in Senegal and impact of program participation on nutritional status and mortality; and on-site study of program components and operations. Also emphasized was that, unique to evaluations of this type made so far, a comparison was available between participants and non-participants as to child health status and mother knowledge.

The evaluation conclusions were then summarized as follows:

IMPACT:

1. For the children in the most vulnerable age groups between six months and three years, the children in the program for longer periods of time were of higher nutritional status than those children in the program for shorter periods of time. More importantly, participant children showed a tendency toward lower mortality rates than non-participant children.

2. Diarrhea is a major problem (affecting 50% of Senegalese children within the two weeks preceding the study) and occurs among all children in or out of the program.

3. Program mothers use health services and follow health measures to a greater degree than non-participating mothers.

PROCESS:

1. Responsibilities and roles of participating parties are not well understood.

2. Targeting of beneficiaries is important if greater coverage is to be achieved, especially given that there are mothers waiting to enroll.

3. Staff are overburdened and lack time and/or motivation to carry out activities adequately.

The recommendations made by the evaluation team as to the priority problem areas that should receive attention in the workshop were summarized as:

- targeting;
- mother education and personnel training; and
- administration - supervision, coordination, and management.

3.1.5. Consensus on major issues to be studied in sub-groups:

The areas of study recommended by the evaluation team were discussed and agreed upon by all of the participants, in the modified form stated hereafter:

1. Targeting
2. Education of mothers;
Training and motivation of personnel;
Implementation of technical components; and
Support of local development initiatives
3. Administration
Supervision
Coordination
Management
Evaluative Mechanism
Support of local development initiatives

Representation of the participating organizations was assured in each of the three groups. See Annex 6 for composition of the sub-groups.

Methodology used in sub-groups

- Members of the group define objectives they wish to attain in carrying out the task(s).

The group set out intended results. The results are then the concrete evidence of whether or not they have reached their objectives.

- The group develops criteria for the intended results.
- The group reviews its work methods noting the strong and weak points in carrying out its task(s).

3.2. Sub-Groups: Discussion and Recommendations

3.2.1. Targeting: Sub-group I

Methods: The sub-group first defined its objectives, set out intended results, determined success criteria, and developed an action plan. The action plan formulated an implementation approach and schedule for each objective with a discussion of constraints and how they could be overcome. Finally the group reviewed its work noting the strong and weak points in carrying out its tasks.

Objectives: the following three objectives were defined:

- to identify the major aspects of targeting and to make recommendations on each component:
- to develop an action plan for the implementation of these recommendations; and
- to suggest a mechanism which would allow for continual adaptation of the program to changing conditions.

Six principal components of targeting were proposed:

- . Geography
- . Beneficiary characteristics

- . Length of time in the program
- . Socio-economic level
- . Health/nutritional status, and
- . Seasonal variations

Geography

In accordance with the national health policy, it was decided that the PPNS program should cover all regions of the country, and to the extent possible, it should be expanded, particularly the health/education, growth surveillance, and local initiative aspects. The food distribution component, however, would be concentrated in those areas of greatest need, due to logistical and cost constraints, but also in order to reduce dependency on food and, over the long term, to encourage local production projects.

Beneficiary Characteristics

It was agreed that the population most at risk includes:

- women during the last six months of pregnancy;
- mothers during the first five months of nursing; and
- children from six months to four years of age;

- The program as currently organized covers children from zero to five years and does not include pregnant or lactating women as a target population. Recent research on the relationship between ante-natal nutrition and care and adequate birth weight and the subsequent well being of the child highlights the importance of including pregnant women in the program. With regard to nursing mothers, it is universally recognized that breastfeeding should be encouraged during the first five months of life. Therefore, the child would not be eligible for a ration before six months of age, although solid food could be introduced beginning as early as three months. Concerning the period of greatest vulnerability for the child, data from the Senegal evaluation and other studies point out that the weaning period, from six months to three/three and a half years of age is the most at risk for malnutrition, morbidity, and mortality. Because of the way health statistics are kept in Senegal, child participation from six months to four years of age was accepted by the group.

Contrary to the current provision of two and even three rations per family, only one ration would now be allowed per family unit. Before implementing this new approach, the quantity of the ration should be carefully considered in relationship to the objective of the program and its effects on frequency of attendance.

Length of Time in the Program

In order to increase the coverage of the program, the group suggested

that, in those areas where there are families waiting to enter the program, a family remain in the program for only one period of time, i.e., from the end of the third month of pregnancy until the child is four years old. It was believed that this amount of time in the program would be sufficient for the education of the mother which is the primary objective of the PPNS. Any family enrolling after the birth of the baby can continue in the program with a second child in order to get full benefit from the education component. This policy would not be introduced until the mothers fully understand the reasons for the change.

Socio-Economic Level

Given the current infrastructure available to the PPNS program, it is extremely difficult to locate centers in the poorest areas of the country where there are no health dispensaries. The group concurred with the evaluation findings that non-PPNS villages were worse off than PPNS villages and should receive special consideration, but could not agree on selection criteria or how such targeting could be actually carried out in the field.

Health/Nutritional Status

Participants in the program who are especially at risk, i.e., low birth weight and other severely malnourished children, twins, mothers with pathological problems during previous pregnancies, should be given particular attention. While health and nutrition status would not be used to target beneficiaries, it is critical to determining the most appropriate treatment. In this regard, it was felt that, given the epidemiological conditions in Senegal, anti-parasite and malaria prevention should be continued at all costs.

Seasonal Variations

Based on data from the growth surveillance system, it is clear that certain periods of the year, such as the planting months of June through September and the pre-harvest months of September through November, are the most critical. Despite logistic and administrative constraints, it was agreed that education, food supplements and health care should be intensified during these periods.

Conclusions

A continuing evaluation capability should be developed to enable the program to adapt to changing conditions, such as the availability of resources, the level of education/training of mothers, the degree of self-management in the centers, and geographic targeting. With regard to

the latter, any diminution in food commodities would be undertaken gradually.

The group proposed that the agreement between the Government of Senegal and CRS be revised to reflect the recommendations of this workshop.

The action plan developed by the group is included in figure 3.2.1. of Annex.

3.2.1

CIBLAGE

PLAN D'ACTION

| ANTES / RECOM- PALES / MANDA- LAGE / TIONS | COMMENT LE FAIRE | QUAND LE FAIRE | PAR QUI | RESSOURCES (MATERIEL, FINAN- CIER ET HUMAIN) | COMMENTAIRES/CONTRAINTES |
|---|---|--|-------------------|--|---|
| ographie ouverture de tout le territoire national | Maintien, renforcement/ extension de ce qui existe | Débat V.le Plan | SANAS, CRS, USAID | Budget Etat et apports parte- naire et autres sources | Aspect surveillance/ Education/Santé à renforcer/élargir sur tout le territoire Distribution de vivres à modulation selon les priorités. Promotion productions locales/insuffisance de ressources |
| égories bénéficiaires ères dès le 2ème trimestre ères allaitantes de à 5 mois enfants âgés de à 4 ans | - Démarrer tout de suite l'inscription des femmes enceintes - Prise en charge effecti- ve des bénéficiaires selon capacité du centre | Dès accord parte- naires et après 6 mois de sensi- bilisation | MSP + CRS | Etat+CRS+USAID | - Tout au long de la prise en charge: 1 ration/ famille - Reconsidérer la quantité de la ration en fonction des objectifs - La sensibilisation préalable - Apprécier l'influence sur la fréquentation - Introduction d'aide alimentaire dès que l'enfant a 3 mois |

| SANTES / RECOM- PALES / MANDA- BLAGE / TIONS | COMMENT LE FAIRE | QUAND LE FAIRE | PAR QUI | RESSOURCE (MATERIEL, FINAN- CIER ET HUMAIN) | COMMENTAIRES/CONSTRAINTES |
|---|---|-------------------------------|--|--|--|
| <u>irée famille</u> <u>u programme</u> du 2ème trimestre de grossesse à 4 ans d'âge de l'enfant | - en respectant la ca- tegorisation faite - un bénéficiaire/famille pendant la durée de prise en charge - remplacement du sortant par un nouveau en cas de nécessité | Dès accord des partenaires | MSP + CRS | Etat, CRS communauté (autoprise en charge) | - famille qui rejoint le programme après naissance de l'enfant peut continuer avec la grossesse suivante - Information, Sensibili- sation, Education |
| <u>ofit Sanitaire et</u> <u>lonnelle</u> tenir compte degré vulnérabilité des bénéf. (faible, poids, naissance) antécédents grossesse path) épidémiologie de localité (paludisme, parasitoses, etc) | - accorder attention particulière (dans l'inscription et surveillance intensive) à ce groupe à haut risque - adapter les interven- tions sanitaires en fonction | Dès maintenant | Responsable du centre + médecins-chefs | MSP, CRS, autres partenai- res, communauté (volets techni- ques) | - le profit sanitaire n'intervient pas dans la limitation des bénéficiaires - Maintenir à tout prix de parasitage + chloroquinisation |
| <u>cteurs saisonniers</u> Accent pendant les périodes de soudure et post-hivernales | Intensifier interventions telles: Education, aide alimentaire, soins santé | Dès maintenant | Responsables de centres CRS, USAID + autres partenaires | MSP+CRS+USAID + autres parte- naires | Problèmes logistiques et administratifs |

Conclusion

1. En fonction des résultats de l'évaluation permanente le programme doit pouvoir s'adapter à l'évolution/situation.
 - Ressources disponibles
 - Niveau d'éducation/formation des mères
 - Auto-prise en charge
 - Ciblage géographique

2. Groupe recommande une révision convention pour prendre en compte des propositions faites.

Points Forts

- Méthode travail
- Consensus
- Respect dispositions des autres
- Participation - Bonne ambiance
- Facilitateur dynamique et patient

Points Insuffisances

- Temps
- Salle étroite et mal éclairée

3.2.2. Education, Motivation and Training: Sub-Group 2

Method: The sub-group first outlined objectives, intended results, success criteria, and strategy for addressing the areas defined by the workshop assembly. The group then prepared an action plan which, for each defined objective, attempted to respond to implementation questions: what needs to be done, when, by whom, with what, and what are the constraints.

Objectives and Recommendations

The full assembly had defined the areas to be covered by the sub-group as:

- Education of mothers;
- Training and motivation of personnel;
- Implementation of technical components; and
- Support of local (development) initiatives.

To the areas already identified, the sub-group added:

- Motivation of mothers.

The general or central objective was identified as that of educating mothers.

It was agreed that mothers should received education to include the following:

- ORT preparation and administration;
- preventive measures against infectious diseases (malaria,

vaccination)

schedule, intestinal parasites, etc.);

- adequate diet of children from infancy;
- how to carry out growth surveillance;
- an understanding of the different components of the PPNS program.

It was suggested that pretesting would be needed to determine the level of knowledge in communities and that mothers should participate in the development of the health messages.

Training would be given by trained center personnel. The curriculum would be covered twice a year for mothers and reinforced by talks in the centers, villages, and mass media.

Further, to ensure better mother education, it was agreed that men should be informed of the importance of the program through mass media and meetings led, or participated in, by medical staff, coordinators, center personnel, and authorities in the different communities or districts.

The training objectives will be achieved essentially through seminars for médecins-chefs and coordinators at the national level. they in turn will train center personnel at the regional level; and the center personnel will train the mothers in the centers.

Specific training content was identified for the different levels as follows:

- All Médecins-Chefs of the Medical Corps and regions should be taught the

PPNS technical component in 5-day seminars in Dakar and, subsequently, kept up-to-date by periodic circularized information from SANAS and CRS, Training would be provided by the MOH and international organization.

- All Regional Coordinators should learn to train center directors in management, statistics, nutrition and health education through annual 5-day seminars at the national level.

All Department Coordinators should be taught management skills; teaching techniques with audio-visual aids; and resource management in 7-day regional seminars, by the trained Médecin-Chefs and regional coordinators. Refresher training courses would also be provided and supervisory visits would serve as on-site training.

- All Center Directors should receive the same training as the departmental coordinators.

Motivation objectives were designed both for mothers and center personnel.

It was agreed that mothers should increasingly participate in center management of funds. Such co-management responsibility must first be defined and officially circulated by a Minister of Health note de service.

Mothers should also participate in other center activities. Center personnel must first be informed of the basis and purpose of such changes.

Mother participation in small, income-generating projects is to be encouraged

via the centers and the local mother committees, assisted by qualified local personnel and others with the necessary financial resources and/or technical input.

Mothers should also be given opportunities to observe "model" centers within and without the region, which would be identified by the Médecins-Chefs.

Center should also be encouraged by opportunities for special training programs at home and abroad. One suggestion for better time management in the center was to separate food distribution from the talks and demonstration. Mothers would receive a chit following participation in that day's activities and collect food the next day. Mothers would be responsible for the distribution activity.

Center personnel should have equal access to any financial incentives provided to other CRS/PPNS personnel for their extra work in the PPNS program.

It was agreed that an evaluation system with relevant indicators should be developed by the National Coordinators prior to implementation of the reoriented center activities.

MOTIVATION

| | | | | | | |
|---|---|-------------------------------|---|--|--|---|
| 1. <u>Mères</u> : encourager les mères en les impliquant dans la gestion des ressources et l'exécution activités. | Dès le recentrage | centre | élaboration texte confiant responsabilités précises | MSP | Note de serv. | Obstacle: - acceptabilité des responsables de centre |
| Encourager en finançant de microprojets. | Dès l'élaboration du projet et sensibilisation. | Au no./village/CR/quartier | Par l'incitation des comités des mères | Par le resp. centre et personnel qualifié loc. | Assistance tech. (equip)/ Ressources financières | Obstacles: correspond. de la nature des projets et les priorités du plan |
| Encourager les échanges inter-centres, inter-régionaux | Pdt l'éducation ou le recyclage | Centres pilotes | Transport des rep. du centre (visites organisées) | Méd. chef de CM | Logistique Disponibilité; Ressources financières | Obstacle: 0 |
| 2. <u>Personnel Centre</u> Encourager le personnel en le désignant à des stages, séminaires et autres missions | Dès démarrage du prog. et de façon continue | A tous les niveaux financiers | Bourses, Indemnités | MSP+ONG | Ressources financières; Recettes des comités des mères | Obstacles: disponibilité instituts de formation; difficultés choix des bénéficiaires (profil régulier) disponibilité financ. |
| Harmoniser le système de motivation financière | Idem | Idem | | | | |

EVALUATION

| | | | | | | |
|--|------|----------------|--|------------------------------|-----|------------------|
| Elaboration d'un système d'éval.; Protocole d'enquête. | 1985 | Niveau Central | En identifiant des indic. (exploiter rapports/fiches de supervision mini-enquêtes) | Coordonnateurs + partenaires | N/A | Pas de Problèmes |
|--|------|----------------|--|------------------------------|-----|------------------|

3.2.3 Administration, Supervision and Coordination: Sub-Group 3

The workshop addressed questions of administration, supervision, coordination, management, continuing evaluation and support to local initiatives.

Methodology used by the workshop sub-group:

Define:

- The objectives the group wishes to attain;
- The results showing when objectives have been attained;
- criteria characterizing results.

Objectives decided upon:

- Systematical study the duties undertaken;
- Achieve consensus among participating parties;
- Find ways to make the program more operational;
- Identify problems and define them precisely in order to address them;
- Find ways for each party to accomplish its part as defined in the Agreement;
- Propose eventual changes in the Agreement;
- Determine the extent of current problems;
- Examine better means of coordination among parties.

Administration

The first problem identified by SANAS was CRS's not following the chain of

command, and corresponding directly with the médecins-chefs. At a meeting at DHPS in May 1984, CRS was asked to channel all correspondence through the médecin-chefs. Now SANAS asks that all CRS correspondence go through the central DHPS structure.

In response to CRS's concern to remain operational, CRS is to propose types of correspondence which can go directly to the regional level.

CRS specified that all correspondence dealing with management of the food should continue as before. The size of the program obliges CRS to communicate with the implementers to resolve certain problems.

Concerning a question as to the level at which CRS should operate, it was decided that CRS is at the Dakar level, but that in the administration and control of the program, it works at various levels (national, regional, departmental and local).

On the delicate question of claims, CRS is required to document its actions in accordance with USAID and CRS/New York directives. CRS does not direct such letters to the national level in order to avoid problems for the agents implicated. SANAS believes that administrative codes dealing with these problems should be respected and that these documents should go through the national level.

To reduce the fears of administrative delays, SANAS committed itself to expediting routine correspondence and stated that any SANAS staff member could

answer for the national coordinator in his absence.

Management

SANAS believes that the inadequacy of funding to implement the national growth surveillance program (purchase of charts, scales, etc.) should be solved by the co-management of PPNS mothers's contributions.

Definition of co-management was subject to different interpretations by CRS and SANAS. SANAS conceives co-management as joint control of all expenditures by co-signature of checks. CRS sees it as an exchange of information on the status of these funds during inter-Ministerial meetings;

One participant defined co-management as a joint decision on the uses of the contributions, that is: percentage to remain at the center, percentage sent to CRS for purposes to be agreed upon, followed by circulation of reports on disbursements to all concerned parties.

CF agrees to the principle of co-management but cannot decide how it should be applied in practice. These contributions should be used for program operations operation and utilized exclusively at the PPNS center level. An increase in these funds should go towards paying for food transport, since neither CRS nor USAID can now defray these costs.

Consensus was reached on the principle that eventually the contributions would

be managed by the mother's committees themselves and that a training program should be established to enable the mothers to administer these funds.

The government budget for transportation of food is practically non-existent at the Commissariat à la Sécurité Alimentaire (CSA). Suggested solutions for this lack of funds included: from CRS, increase in mother's contributions; from SANAS, a gradual reduction in food distribution, replacing the food with increase in local production, and seeking out other sources of funds.

While a lack of resources was identified as a critical problem, especially for technical supervision at the national level, sources other than mothers' contribution must be found for regional and departmental supervision.

Supervision

Concrete decisions must be made concerning the scopes of work of coordinators, their training, and the quality of supervision and coordination among regional and departmental coordinators. Regional coordinators should be replaced over time by the assignment of BRAN personnel.

The responsibility for food store management should gradually be given over to the mother's committees, although CRS needs to designate one person to sign the food receipts. Administrative supervision, however, remains with CRS.

Coordination

To bring SANAS into the decision -making process, monthly meetings will be continued and specific contact persons designated for specific problems. Such coordination will also allow for improved integration of the PPNS, a key component, into the national nutrition program of the VIIth Plan, and could eventually lead to a revision of the Agreement.

Continuing Evaluation

This can be achieved by CRS, SANAS and USAID, after identifying evaluative criteria for each level of operations.

Maximize Local Resources through Support to Local Initiatives

Lack of technical support in project design could be resolved by the CER (Rural Extension Center).

The action plan developed by the group is included in figure 3.2.3. of Annex.

3.2.3.

ADMINISTRATIONPLAN D'ACTION

OBJECTIF: Elaborer un plan d'action

RESULTATS: Document de recommandations d'actions spécifiques

CRITERES:

| <u>QUOI</u> | <u>QUAND</u> | <u>COMMENT</u> | <u>PAR QUI</u> | <u>OBSERVATIONS</u> |
|-------------|--------------|----------------|----------------|---------------------|
|-------------|--------------|----------------|----------------|---------------------|

Ce plan d'actions contient des recommandations pour l'amélioration du PPNS dans ses composants: administration, gestion, supervision, coordination, logistiques et soutien aux initiatives locales.

I. Administration

- | | | | | |
|--|----------|---------------------------------------|---------------|---|
| A. Identification de correspondance adressable directement aux régions | Fin mai | Revue des correspondances | CRS | - Revoir l'évolution au bout de 6 mois; - Etude par le SANAS de la proposition sur la base du respect de la hiérarchie. - Diminution de la marginalité du PPNS. |
| B. Règlement des contentieux dans une voie la plus acceptable possible | | Suivre les procédures administratives | CRS+ SANAS | - CRS a besoin de documentation vis-à-vis de New York et de l'USAID; - MSP a besoin de documentation pour protéger les agents. |
| C. Engagement du SANAS de faire diligence pour activités de routine | Immédiat | Décision du SANAS | SANAS | - Revoir l'évolution au bout de six mois |
| D. S'adresser à tout membre du SANAS en l'absence du coordonnateur | Immédiat | | CRS | - Procédure automatique dans l'adm. sénégalaise. |

ACTION

| | | | | |
|---|-----------------|--|----------|--|
| Position d'utilisation des cotisations | Immédiat | Proposition au MSP | SANAS | Contraintes par CRS/NY et USAID qui rendent la proposition inacceptable. |
| Négotiation avec CRS/NY pour financer la supervision avec les cotisations des mères | D'ici à 6 mois | Document 6 mois | CRS | Si accord obtenu de NY pour financer la supervision régionale, le MSP demandera les coûts de déplacements du coordonnateur national |
| Recherche d'autres moyens pour financer la supervision | Déjà engagé | Recherche auprès d'autres donateurs | SANAS | |
| Engagement du CRS de tout financement de supervision | Progressif | Aider le MSP à trouver les fonds pour la supervision | CRS | Jusqu'à présent (illégalement) le CRS a décidé de financer la supervision sur les cotisations des mères à la fin du prog. générique grants (USAID) |
| Mettre en place d'un système de coordination des cotisations des mères au niveau national | Dans les 6 mois | Concertation au niveau MSP | MSP | Contraintes par CRS/NY et USAID qui rendent la proposition inacceptable |
| Mettre en place un système pour que les mères gèrent leurs propres cotisations | Long terme | Former les mères (progressif) | CRS +MPS | Estimation du CRS: 3 ans au plus, le SANAS: 5 |

III. SUPERVISION

| | | | | |
|----|---|--|--|------------------------------|
| A. | Appliquer le programme de formation | déjà en cours | Formation des écoles prof.; Recyclage des agents sur les terrains; Information permanente. | MSP |
| B. | Doter les chefs de postes de mobylettes | au cours VII plan | Recherche de financement | MSP |
| C. | Améliorer le remplissage des fiches | | | |
| D. | Donner la responsabilité adm. de la supervision des vivres aux mères | Long terme | Formation | MSP + Assistance CRS |
| E. | Coordonner les comités des mères avec des comités de santé | En cours | Régions médicales | MSP |
| F. | Création de comités de réception pour vivres | Mesure provisoire en attendant no. D. | Directive aux chefs de poste | MSP |
| G. | Etablir un document décrivant les tâches des coordonnateurs | 2 mois | En concertation et sur la base des doc. existants | SANAS + CRS |
| H. | Formation des coordonnateurs | Continue | Conjointement au niveau du siège CRS et du SANAS | MSP (tech)/ CRS (adm) |
| I. | Concertation entre superviseurs régionaux et départementaux pour élaborer les plans de tournées | Immédiat | Directives des médecins-chefs régionaux | Médecins/ Chefs régionaux |
| J. | Création de BRAN (aussi coordonnateur du PPLS) | en cours | trouver le personnel | MSP Selon les moyens |
| K. | Remplacer coordonnateur régional PPNS par responsabilité de BRAN | au fur et à mesure que sont installés les BRAN | automatique par installation de BRAN | MSP |

| | | | |
|--|---------------------------------|---|--|
| Signature de la convention quant à la supervision technique du programme | Dès que les moyens sont trouvés | Trouver les moyens | MSP |
| Recherche de moyens pour supervision technique | au cours du VIIe Plan | Solliciter auprès des bailleurs de fonds. | MSP |
| <u>STATISTIQUES</u> | | | |
| Augmenter les cotisations des mères pour assurer le transport des vivres | Dans les trois ans | progressif (CRS ou MSP) | Cvt (SN) CRS n'envisage que de couvrir les frais de transport. MSP n'accepterait d'étudier le principe que si les fonds recueillis sont co-gérés |
| Recherche de financement pour le transport des vivres | Immédiat | | Réunion Inter-minist. |
| Diminuer la dépendance du programme pour les vivres | progressif | Former les populations; Encourager la prod. vivrière | MSP/CRS Pour MSP: tout délestage du programme vivrier doit être compensé par un soutien équivalent selon les besoins |
| Recherche de moyens pour véhicules- supervision, réparations- | Au cours VII plan | Générer ses ressources au niveau local | MSP |
| <u>COORDINATION</u> | | | |
| Respecter le calendrier de rencontres hebdomadaires entre CRS et SANAS | Immédiat (1 fois par mois) | Fixer réunion 1 fois par mois | CRS + MSP |
| Assurer l'intégration plus grande du CRS dans le programme national de planification | VII Plan | Concertation entre CRS/SANAS et éventuellement réorientation de la convention | MSP/CRS |
| <u>EVALUATION PERMANENTE</u> | | | |
| Définir des indicateurs d'évaluation | 3 mois | conjointement CRS/SANAS et par USAID au niveau exécutif | MSP/CRS/USA |

3.3. Closing

3.3.1. Discussion and Approval of Action Plans

The action plan and recommendations were presented to the Plenary session by group-appointed speakers. Participants made comments, clarifications and substantive changes, and the modifications were incorporated into the final reports.

3.3.2. Establishment of a Follow-Up Committee

The Plenary agreed to the establishment of a follow-up committee to complete the action plans and submit the recommendations to decision-makers. SANAS was designated to structure and determine actual membership of the committee. The Plenary recommended the following representation:

CRS

USAID

MSP, SANAS and Finances

Médecins-Chefs (3)

Coordinators (3)

Medical Posts (3)

4. EVALUATION OF THE WORKSHOP

The final oral evaluation led the sub-groups and then the Plenary to

discuss the strong and weak points of the workshop.

The group thought that the agenda was too ambitious for the time available, but that all objectives had been achieved and that the participants were well qualified for the task. They appreciated the work methods and facilitator approach, but thought the flipcharts less effective when used on non-adhering conference room walls.

The groups were pleased with the atmosphere of the meetings where frankness and respect for each other's opinions prevailed and everyone had the opportunity to participate.

It was felt that the accommodations were quite satisfactory, including lodging and food, although one of the sub-group working rooms was too small and poorly lighted. There were some comments from out-of-town participants concerning confusion in reimbursement for transportation and rooms for the last night.

A final comment was that all information documents had not been made available to the field in advance.

Colonel SY then called on each of the organization representatives to make their closing remarks and concluded with his own thanks to all of the assembly and those who had contributed to the workshop's success.

April 18, 1985

ANNEX 1

WORKSHOP ON PPNS/CRS PROGRAM

APRIL 22-24, 1985

SAVANA HOTEL

A G E N D A

Monday, April 22

0900-1030 Plenary. President: Mrs. Carole H. TYSON

Welcome addresses:

- SANAS: Colonel SY
- CRS: Mrs. Saba GESSESSE
- USAID: Mrs. Carole H. TYSON

Presentation of the participants.

Presentation of the Facilitators; and an Outline of
Workshop

Methods:

Presentation of workshop objectives;

- Description of work that has preceded workshop;
- Workshop objectives and intended outcomes;
- Workshop flow.

Clarification questions.

1030-1045 Break.

1045-1230 Plenary.

Organizations' Presentations:

- CRS: Mrs. Françoise PILON
- SANAS: Mr. Serigne MBaye DIENE
- Régions Médicales: Mr. Abou Bakri THIAM
- USAID: Ms. Vara L. LAFOY

1230-1430 Lunch

1430-1530 Plenary.

Synthesis drawn from presentations made by the concerned organizations on the purpose of the feeding program.

Discussion.

1530-1600 Plenary.

Presentation by AID/Washington: Mrs. Judy GILMORE.

1600-1615 Pause.

1615-1745 Plenary.

Discussion to reach consensus on the conclusions and recommendations of the Evaluation.

Discussion to agree on subjects that will be studied in the sub-groups.

Division of participants into sub-groups.

1745-1800 Review of work done.

Preview of Tuesday work.

| | |
|-----------|--|
| 0900-1100 | Work in sub-groups. |
| 1100-1115 | Break. |
| 1115-1230 | Work in sub-groups. |
| 1230-1430 | Lunch. |
| 1430-1530 | Plenary. |
| | Reports (flipcharts) by the sub-groups. |
| | Discussion of reports. |
| | Preparation for work on the recommendations/Action Plans. |
| 1600-1615 | Break. |
| 1615-1745 | Sub-groups begin work on the recommendations/Action Plans. |
| 1430-1630 | Plenary. |
| | Review of what has been done. |
| | Preview of Wednesday work. |

Wednesday, April 24

0800-0945 Sub-Groups continue work on recommendations/Action Plans.

Break.

1115-1230 Reports (flipcharts) by the sub-groups.

Discussion.

1230-1430 Lunch.

1430-1630 Plenary.

Synthesis of the recommendations/Action Plans.

Discussion of follow-up to the workshop.

What is left to be done?

Break. Refreshments served at working table.

1650-1730 Plenary. Evaluation of Workshop; outcomes vs expectations.

1730 Closing Ceremony. President: Colonel SY

Remarks by the organizations.

- Régions Médicales: M. Abou Bakri THIAM
- CRS: Mrs. Saba GESSESSE
- AID/Washington: Mrs. Juiy GILMORE
- USAID: Mrs. Carole H. TYSON
- SANAS: Colonel SY

1800

Adjournment.

ANNEX 2

PPNS WORKSHOP - SAVANA HOTEL

APRIL 22-24, 1985

LIST OF PARTICIPANTS

CATHOLIC RELIEF SERVICES

- Ms. Saba BESSESSE, Country Representative - CRS/Senegal
- Mrs. Françoise PILON, PPNS/CRS Program Supervisor
- Dr. Pina FRAZZICA, Medical Advisor, Regional Office
- Mr. Samba FALL, Administrative Assistant

SANAS/DAKAR

- Colonel SY, Director
- Mr. Sérigne MBaye DIENE, PPNS National Coordinator
- Mr. Diakhaidia DIARRA, Chief of Nutritional Technology
- Lieutenant-Colonel Oumar DIAYE, Public Health Inspector,
(Ministry of Health)

MEDICAL REGIONS

- Dr. Mamadou SECK (CAP VERT)
- Médecin-Commandant Boubou SALL (THIES)
- Médecin-Capitaine Abou Bakri THIAM (LOUGA)
- Dr. Malick NIANG (SAINT-LOUIS)
- Médecin-Capitaine Issakha DIALLO (DIOURBEL)
- Médecin-Capitaine Babacar DRAME (FATICK)
- Dr. Madiaye LOUM (KAOLACK)
- Médecin-Capitaine Madiké NDAO (TAMBACOUNDA)
- Médecin-Capitaine Ousseynou NOBA (KOLDA)
- Médecin-Capitaine Adama NDOYE (ZIGUINCHOR)
- Mr. Yankhoba SOW - Regional Coordinator (KAOLACK)
- Mr. Amadou MBAYE - Department Coordinator (LINGUERE)
- Mr. Mamadou Moustapha SOW, Chef de Poste Médical de Sagatta,
(Department of KEBEMER)
- Mr. Hachim NDIAYE, Chef de Poste Médical de Ndiatbé,
(Department of PODOR)

USAID

- Mrs. Carole H. TYSON, Deputy Director
- Ms. Vara L. LAFOY, Food For Peace Officer
- Dr. Mike WHITE, Health/Population/Nutrition Officer

USA

- Mrs. Joyce KING, Evaluation Team Member
- Mr. Harrison STUBBS, Evaluation Team Member
- Mrs. Judy GILMORE, FVA/FFP, Chief of the Evaluation Division

FACILITATORS

- Mrs. Cindy ROBINSON
- Mrs. Anna BATHILY
- Mr. Mamadou KANE

OBSERVERS

- ORANA: Mr. Amadou Mokhtar NDIAYE, Director
- Mrs. Fatimata HANNE, Nutritionist

ANNEX 3

COVERDALE METHODOLOGY OF FACILITATION

(A systematic approach to getting things done and achieving objectives)

AIMS: What are we trying to achieve? For what purpose?

PREPARATION:

Information:

Gathering relevant knowledge, experience, ideas, evidence, etc.

Assessing the risks involved.

What Has To Be Done:

Having looked at all the information, stating those things that need to

be done next.

Plan:

Specifying in detail how things will be done...

Who does what, when, where, how.

Action:

Carrying out the Plan above.

Review:

In order to improve checking to see if progress has been made towards aims.

Considering what went well and what difficulties occurred, leading to planning to improve next time.