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200

**LESSONS LEARNED WORKSHOPS**

**BURKINA FASO, MALI and NIGER**

**Peter Gottert**

**Burkina Faso: April 1 - 4, 1995**

**Mali: April 5 - 8, 1995**

**Niger: April 9 - 11, 1995**

**NUTRITION COMMUNICATION PROJECT**

**Academy for Educational Development**

**1255 23rd Street, N.W.**

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## ABBREVIATIONS

AED	Academy for Educational Development
CVA	Comité Villageois d'Animation
DSF	Division de la Santé Familiale
HKI	Helen Keller International
IVACG	International Vitamin A Consultative Group
KAP	Knowledge, Attitudes and Practices (Survey)
MOH	Ministry of Health
NCP	Nutrition Communication Project
NGO	Non-Governmental Organization
PVO	Private Voluntary Organization
TAACS	Technical Advisor for AIDS and Child Survival
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAT	Village Animation Team

## **EXECUTIVE SUMMARY**

At the request of the United States Agency for International Development (USAID) missions in Burkina Faso, Mali and Niger, Peter Gottert, Senior Program Officer for the Nutrition Communication Project (NCP) at the Academy for Educational Development (AED), made a technical assistance visit to these three countries during March 31 - April 12, 1995. The object of the visit in each country was to meet with project principals in two-day end-of-project "Lessons Learned" Workshops and to wrap up administrative and financial matters. "Lessons learned" presented in this trip report are discussed in greater detail in the NCP Final Country Reports for Burkina Faso, Mali, and Niger.

## **I. BURKINA FASO**

### **A. Background**

In March 1991, NCP initiated Phase II activities with the Ministry of Health's Division of Family Health (DSF) as a part of the USAID-funded Family Health and Health Financing Project. The focus of recent NCP activities is on increasing attendance at prenatal and well-baby consultations. Nutrition communication efforts initiated by the project are targeted to mothers, men, and older women. To reach these groups, NCP is implementing a multi-channel strategy, including radio programs and spots, interpersonal communications, and health center talks.

### **B. Lessons Learned Workshop**

The Lessons Learned Workshop, held at the DSF, was attended by two representatives from each of the eight project provinces and members of the National NCP Project Team. The two-day workshop was opened by André Ouedraogo, the Director of the newly created National Nutrition Center. He expressed his appreciation for NCP's accomplishments. Parfait Douamba, Project Director, then provided an overview of project activities. Peter Gottert presented the preliminary findings of the evaluation survey.

The following sections summarize the major issues and recommendations that emerged during the discussion of project strategy and activities.

#### **1. Strategy**

- The strategy of involving the Ministries of Agriculture and Education in nutrition education did not work as well as expected for several reasons. High-level approval was needed for their involvement, and it took a long time to accomplish this objective through regular bureaucratic channels. Interventions from donor agencies and the Minister of Health might have accelerated the process. Also, the national agriculture and education staff did not give their provincial-level counterparts a mandate to become involved in nutrition education.
- In hindsight, the strategy of training health workers, agricultural agents and teachers in a 4:1:1 ratio did not create a critical mass of nutrition educators. The agricultural agents and teachers were enthusiastic about nutrition education and helped to rally the health workers. But too few of them were trained to have an important impact.
- Inevitably, staff from health centers that were not selected to participate in the project were resentful. However, their unhappiness at being left out of the training and materials distribution does not seem to have affected the project's outcome.

## 2. Training

- Participants appreciated the "easy-to-follow" methodology used during the training workshops, the detailed workshop session plans, and the highly participatory approach. The DSF has adopted the training methodology for subsequent workshops.
- The time allotted to the Training of Trainers (TOT) was sufficient. The series of three workshops was seen as complementary, building on one another. Requiring trainers to actually prepare and carry out practice training sessions gave them useful practical experience and helped to improve their training skills.
- Some provincial teams felt that they should have been in charge of the provincial workshops, since they had received TOT training. (The National NCP Team members participated in provincial workshops to ensure that key information was conveyed and that all training sessions were of uniformly high quality. The provincial teams were inexperienced in nutrition communication. The National Team was concerned that they might not be able to convey the project's action-oriented approach or to create workable action plans.)
- The impact of the workshops in 1992 and 1993 was diminished because a significant number of agents who were trained were transferred immediately after the workshops. In 1994, this problem was avoided by starting the workshops in October after the transfers had been announced.

## 3. Print Materials

- Workshop participants at all levels were enthused about the materials provided to the 160 health centers. They expressed their appreciation for the flipcharts and guide book, which gave them the basic tools to educate parents about nutrition. The materials enabled them to develop a basic nutrition education program and gave them the means to expand it as staff time permitted. They praised the materials for their durability and portability.
- The materials did fulfill their purpose, which was to increase both the quantity and quality of nutrition information provided to clinic patients. Many health workers used the materials less frequently than NCP would have desired--once a week rather than daily. Most of them were fully occupied with patient care and did not have much time to make group presentations. Also, they were less flexible in their use of the materials than NCP had expected. In the third series of workshops, the National Team added tabs to permit quick reference to pertinent sections and explained how the materials could be used for one-on-one counseling. In retrospect, all the workshops should have included practical exercises on the flexible use of the materials.

- The experimental counseling card (*carnet familial*) was well liked at all levels. The main advantage of the *carnet* is its ability to facilitate the task of counseling mothers individually. Mothers like it because it provides them with a reminder of the counseling points and a means of extending messages to other family members. For example, they can show their husbands that the health worker recommended feeding their children certain foods. Workshop participants asked why the *carnet* was not introduced earlier. (The reason is that its development, design, and pilot test took two years).

#### 4. Mass Media

- Workshop participants were pleased with the radio spots and drama, which they felt were having an impact among Mooré-speaking audiences. Audiences found them entertaining and informative. The MOH can get more mileage out of the 20 episode drama by broadcasting it several times and translating it into other languages.
- The process of developing the radio drama could have gone more smoothly if the National Team had monitored the work of the creative team more closely, rather than waiting until the advanced stages of production. The National Team briefed the leader of the creative team but did not work directly with team members who were actually developing the radio drama. Because of this lack of close supervision, some radio scripts had to be revised, delaying production by several months and causing considerable frustration among all those involved.
- In retrospect, the plan to do a 20 episode radio drama was too ambitious. If the project had started off with a goal of five episodes, the number of episodes could have been increased as counterparts' creative capabilities grew and new messages were identified. Breaking tasks into manageable units would have facilitated the creation of a team of skilled individuals who can work efficiently together.
- Based on feedback from radio listeners, the workshop participants thought that it would have been better to broadcast the radio spots early in the project and to give higher priority to the spots rather than the drama. The radio spots were well-received and reached a broad audience.

#### 5. Implementation

- The project took longer than expected to implement due to limited staff time, bureaucratic hurdles, and perhaps unrealistic planning. As one workshop participant commented, time lost in "getting the program up and running can never be replaced." This comment reflected the general frustration that the program only hit its full stride literally as the final evaluation survey was being carried out: Mass media broadcasts began a month before the evaluation, the

counseling card (*carnet familial*) was just being introduced into all eight project provinces, and the final round of workshops teaching flexible use of materials had only recently taken place.

## 6. Institutionalization

- Workshop participants regarded the creation of the National Nutrition Center, which has equal status as the DSF, as a direct outgrowth of the NCP program. Project staff expressed confidence in the Center's ability to design and run a successful communication project.
- Workshop participants expressed concern that USAID is pulling out of Burkina Faso with no follow-on activities in sight. They recommended that the MOH identify funding through UNICEF or the World Bank to extend the NCP intervention to all project provinces.

## 7. Sustainability

- On its own momentum, the project should continue at a high level of activity through the end of 1995. The MOH is distributing the counseling cards (*carnet familial*) to all eight provinces, and the literacy booklets are being used in two provinces. Also, USAID/Ouagadougou has allocated supplemental funds to reprint additional print materials.

## 8. Technical Assistance

- National staff went out of their way to express appreciation for the participatory approach of local coordinators Duran-Bordier and Kazemi, who worked as NCP consultants. NCP radio consultant Colin Fraser was also highly regarded. In general, staff preferred on-site technical advisers who did not make intensive demands on their time because they had multiple responsibilities and could not devote full time to the NCP project. They also preferred to establish an ongoing working relationship with technical advisers, rather than having to adjust to many different outsiders. They stressed that expatriate consultants must have a complete command of French and strong technical expertise in order to be effective.

## 9. Evaluation Survey

- The National NCP Project Team said that they were content with the skills they had acquired on designing and implementing KAP surveys and evaluations. They would have liked to have had more time to review the evaluation questionnaire. Because of time constraints, planning for the survey moved rapidly, with little time allowed for questionnaire revisions. In contrast, they were more closely

involved in the process of planning and conducting the 1991 KAP survey, which included three visits by Dr. Hugues Koné to design and carry out the survey and analyze the results.

- Although project director, Douamba Parfait was in Washington to help plan the final evaluation, participants questioned why the final evaluation protocol differed so dramatically from the baseline. (It was designed before the messages and behaviors advocated in the project interventions had been determined.) The major lesson learned from this experience is that a baseline questionnaire must be designed with its application as a final evaluation tool in mind. Such consistency is easier to establish after successive campaigns, when information about nutrition behaviors has been collected and interventions are building on previous work.
- Since radio was not introduced until late in the project, USAID should consider conducting a second evaluation at the end of 1995. Workshop participants felt such an evaluation would find significantly higher levels of project impact.
- Workshop participants also noted that the analysis of the evaluation results should reflect audience exposure to the materials. The radio broadcasts were in Mooré, a national language that is widely spoken in only one of the four evaluation provinces. Also, the *carnet familial* was available for a sufficient length of time to have had any impact in only one of the evaluation provinces. (The research team is re-analyzing data to more carefully account for variances in the intervention from one province to another.)

### C. Debriefing with USAID

Gottert debriefed separately with Acting Mission Director Jatinder Cheema and Health Officer Pearle Combarry. He expressed NCP's sincere appreciation for outstanding support from USAID/Ouagadougou, especially from Jatinder Cheema and Neen Alritz, throughout each phase of the project.

## II. MALI

### A. Background

Since October 1988, NCP has worked closely with USAID/Bamako and the Ministry of Health to plan and implement a communication program in maternal and child nutrition. The communication strategy targeted changes in attitudes and behaviors on an individual and community level. Through an activity mix including interpersonal counseling, community-based activities and the mass media, the project sought to create a social environment that encouraged allocating a greater proportion of available foods to women and children and giving more

attention to child care practices such as supervised feeding.

In early 1995, UNICEF-Mali and NCP began developing a nutrition activity guide for use in primary schools and non-formal education curricula. Following field testing and modifications, the working draft guide was introduced into ten village education programs on a pilot basis. At the end of 1994, the guide was evaluated, re-edited, and more widely distributed in UNICEF programs throughout the country. To accompany the guide, UNICEF ordered nutrition education print materials produced by NCP/Mali, costing \$15,000.

NCP and UNICEF also collaborated on adapting educational materials for the Taureg and Songrai ethnic groups living in northern Mali. An NCP-developed nutrition counseling guide, "*Communautés en Bonne Santé*" was translated into Songrai. UNICEF and NCP shared the costs of revising the 20-episode radio drama which was rebroadcast for the second time in early 1995. At the end of the project, UNICEF assumed complete financial responsibility for the continuation of all NCP activities and the NCP Local Coordinator, Katerina Sissoko, was hired to work full time with UNICEF/Bamako. UNICEF's principal government counterpart will remain at the MOH Center for Health Information, Education and Communication (CНИЕCS).

## **B. Lessons Learned Workshop**

The two-day Lessons Learned Workshop was held in the CНИЕCS conference room. The opening session was attended by members of the NCP Technical Committee, UNICEF, the PVO-Pivot groups, the National Teaching Institute, three American private voluntary organizations (PVO)s, and USAID.

Ms. Fati Maiga, one of the two CНИЕCS agents assigned to work with NCP, opened the workshop with a presentation of the overall program objectives, strategy, and activities. Peter Gottert then presented a summary of the evaluation results. Major recommendations and lessons learned that came out of the workshop discussions are:

### **1. Project Design**

**Gradual involvement of the MOH.** The project design of the NCP Project in Mali, in which interventions were implemented by well-established PVOs and then expanded to the MOH and other PVOs, facilitated the progressive transfer of responsibility for activities to national team members working within CНИЕCS. During the Pilot Phase, the MOH was a partner, but activities were driven principally through three USAID-funded PVOs. MOH staff participated in the communication strategy development, attended training courses and international meetings on nutrition education, and reviewed the content of the nutrition field manual.

The CНИЕCS, created in 1991, progressively took a greater role in planning and implementing activities as the skill level and confidence of its staff increased. As the NCP project ends, the CНИЕCS is now an experienced government institution. It plans

to continue the project with UNICEF funding, adding new geographic regions to receive nutrition communication interventions.

Working with the PVO/NGOs had several advantages:

- **Integration.** By linking up with ongoing programs, NCP, from the beginning of its field activities, was obliged to think in terms of integrating nutrition education into other health interventions.
- **Rapid start-up.** The PVO projects had momentum that NCP was able to tap into, thereby reducing the time needed to prepare for project operations.
- **Favorable environment for change.** By working through established community programs run by PVOs, NCP was able to benefit from the foundation of trust and an environment that was favorable to change.
- **Information exchange.** The regular meetings of PVOs working on the nutrition project served as a forum for a regular cross-fertilization of operational approaches and successful activities. A subtle sense of competition between the PVOs probably boosted the project's overall impact.

**Flexibility to incorporate innovative interventions.** If the project design had included more leeway to add new materials or channels, it would have facilitated the inclusion of experimental approaches. This leeway is especially important in designing interventions for illiterate, rural audiences because traditional channels typically do not reach them. In 1992, NCP realized that village theater presentations were working well in Niger. Because the Mali project team was fully occupied with implementing their activity plan, two years elapsed before they had time to do the necessary training to orient village theater troupes to nutrition issues. Adhering to the project plan helps staff to keep focused on concrete outputs, but it should be noted that this focus sometimes results in missed opportunities to try new approaches.

## 2. Institutionalization

NCP was the first project to work with CНИЕCS, a newly created MOH agency responsible for national health education programs. After four years of collaboration, the technical capacity and the reputation of the CНИЕCS have grown impressively. Since 1993, projects working in other health-related sectors have increasingly turned to the CНИЕCS for assistance with materials development, radio production and training.

## 3. Sustainability

The continuation and expansion of NCP activities with UNICEF funding is a source of great satisfaction to all members of the PVO/NGO nutrition network. Project activities

will be coordinated by the CNIECS. Katerina Sissoko, who was NCP Local Coordinator for the final eight months of the project, began working for UNICEF full time in March to oversee continuation of the nutrition communication activities. Frequent NCP consultant Dandara Kanté also recently started a position as the IEC Coordinator for the Malian Health PVO-Pivot, which is doing nutrition education in its projects.

#### 4. **Materials and the Job Context of Their Use**

The series of five NCP flipcharts were well-suited for use by projects working on child survival issues because most project sites had full-time village *animateurs* who held regular group education sessions and made home visits. These *animateurs* worked closely with organized village health committees. As in Burkina Faso, the workshop participants praised the flipcharts for their ease of use, durability, and portability. Because they were comprehensive, community educators could use them flexibly in working with groups and individuals. The flipcharts also served as a reference to remind educators of key points they may have forgotten.

The counseling cards complemented the flipcharts and were used without difficulty by non-literate village volunteers. The volunteers reported that using the cards increased their credibility and prestige in the village. The cards also improved the quality of the village volunteers' counseling because they helped the volunteers to focus on the key messages. Workshop participants liked the images and tutorial program.

There was little discussion about the literacy booklets or the *carte familial* that was introduced in Mali on an experimental basis following its development in Burkina Faso.

#### 5. **Interregional Exchanges**

All activities involving interregional exchanges among project personnel were highly effective and much appreciated by those involved. In 1995, Fatoumata Maiga and Safiatou Tamboura, both of CNIECS, attended a regional training workshop in Bobo Dioulasso, Burkina Faso. This workshop covered the use of visual aids and broad community development, known as the GRAAP method of education. Staff working on NCP projects made two technical assistance visits: Dandara Kanté, who was the IEC Coordinator in Mali, visited Niger to train trainers in the use of counseling cards and Habou Kala, from Niger, visited Mali to conduct a TOT workshop on the use of village theater. These visits were not only effective in their own right but also were a source of motivation for both project teams. More of these exchanges would have been beneficial to the various country projects.

#### 6. **Radio**

The radio workshop conducted by consultant Colin Fraser and the subsequent revision

of the radio drama was praised as a model of high-quality work. The radio drama has been popular among rural audiences. Katerina Sissoko reported that in response to requests from listeners, the national radio station had decided to run the dramatic episodes every day.

## **7. Technical Assistance**

Workshop participants expressed appreciation for the inputs of NCP consultants. In particular, radio consultant Colin Fraser and training consultants Erma Manocourt and Habou Kala were highly regarded for their technical proficiency and their ability to work well with project staff. National counterparts indicated that they clearly expect consultants to be highly experienced, able to apply their expertise to the local situation, and capable of involving local staff in problem-solving and decision-making.

### **C. Meeting at USAID**

Peter Gottert and Katerina Sissoko met with Acting Health Officer Carol Hart and TAACS Officer Dorothy Stevens at USAID on Thursday April 6. Ms. Stevens, who had been assigned to monitor the NCP project, indicated that she had two concerns related to the project: (1) NCP's mid-term report was late; and (2) she herself had wanted to be more involved in the design of the evaluation methodology. She explained that she thought that Dr. Ann Golaz, a consultant from the Centers for Disease Control, had spent too little time in Mali and that the selection criteria for the case and control villages during the final evaluation were questionable.

Gottert replied that NCP had submitted a draft mid-term report but conceded that the final version had been inadvertently delayed. In regard to the evaluation survey, he said that he had not been aware of Stevens' desire to be more involved in this activity. Dr. Golaz had spent three weeks in Mali; NCP considered this time to be adequate because the design of the evaluation survey did not differ substantially from the baseline survey. He stressed that CDC had been careful to use a conservative sampling design to ensure that the results of the evaluation survey would not be biased.

Ms. Hart stated that UNICEF's decision to fund the continuation of all NCP activities in Mali was a clear indication that the project had made an impact.

## **III. NIGER**

### **A. Background**

Mission "buy-in" funds, received in November 1993, were used to initiate Phase II activities of the Vitamin A Communication Project carried out by a Ministry of Health (MOH)/AED/Helen Keller International (HKI) team. Phase II, known as the Vitamin A Maxi-Project, widened the objectives of the Phase I Mini-Project to specifically include dietary change among children 6-12

months of age. Phase II also continued to focus on improving the micronutrient diets of pregnant and nursing women and older children. The target population included approximately 250,000 people in 80 villages in Tahoua Department.

The project employed a multi-channel communication strategy relying primarily on village drama, radio and group talks with counseling cards by village-level agents. The overall goal was to create a social environment that encouraged adaption of new nutrition behaviors. Local Coordinator Dr. Brah Ferdows divided her time between NCP and the HKI Vitamin A Project that operated in both Tahoua and Maradi Departments. Since the objectives of Phase II and the Vitamin A Project complement each other, NCP and HKI were able to jointly organize baseline research as well as most supervision and training activities.

## **B. Lessons Learned Workshop**

The two-day Lessons Learned Workshop, was officially opened by Dr. Yaou, Director of the MOH Family Health Division. The opening was attended by members of the NCP Technical Committee, MOH officials, field representatives from Tahoua, as well as representatives from USAID/Niamey, UNICEF and the PVO community. The Workshop was held at the Ministry's main conference room. Follow-up sessions Monday afternoon and Tuesday were held at the Helen Keller International offices. The following sections summarize the ideas and recommendations that emerged during the workshop.

### **1. Increasing the Reach of the Animation Teams**

Considerable time was devoted to discussing how to extend the reach of communication activities. Since promising results had been obtained among the 40 percent of the women and 60 percent of the men reached with NCP messages, workshop participants assumed that if these percentages could be raised, there would be a corresponding increase in the project impact. The following recommendations resulted from the consultation:

- **Higher goals.** During the first supervision visit in Phase II, a goal of two theater performances a month per village was established. This goal, however, only required half the effort that villages had spontaneously produced in Phase I (without any specific goals). Once low expectations were set, it was difficult, if not impossible, to raise them. A minimum goal of one theater production per week in each village would have been more realistic. Goals become a self-fulfilling prophecy. They should be realistic while still presenting a challenge.
- **Multiple venues for performances.** The Village Animation Teams (VAT) tended to hold all village theater performances in the same place, usually in the established community meeting area. Considering the size of some VAT villages, performances were often relatively far from some village compounds--a factor that might inhibit women from attending them. More active promotion of the

scheduled performances and more diversity in performance locations would help to extend the reach of village theater.

- **Use of multiple teams in large villages.** Two or three Village Animation Teams were created in large villages to increase the reach of the theater performances. However, in most cases, the original five-person teams consolidated themselves into one large team. Thus, instead of two or three teams presenting regular performances, there was only one. When this factor was combined with the low monthly goals, some villages which could have reasonably had 12 performances per month (3 teams x 4 weekly performances) only had 2 (1 consolidated team x 2 monthly performances). Multiple teams in large villages should be directed to operate separately. As part of an initial action plan, each team should be given responsibility for reaching specific sections or *quartiers*.

- **Need for outreach to women.** Men were more likely to attend the performances than women, and thus fewer women were hearing the nutrition messages. Also, cultural norms in some villages dictate that women stay within their compound during the day. Thus, a special effort is needed to encourage women to attend the performances and to schedule performances at an appropriate time and place.

- **Testing alternative outreach formats.** Two or three Animation Teams in a village offer the potential for experimental activities such as holding periodic mini-festivals in the village.

### Use of Counseling Cards

- **Clarifying staff responsibilities.** In villages with village animation teams (VATs) or drama teams, few community educators (*encadreurs*--health workers, agricultural agents and teachers) used the counseling cards as part of their daily professional work. Rather they focused their efforts primarily on working with the Village Animation Teams. Training sessions did not consistently direct *encadreurs* to use the counseling cards because this intervention was de-emphasized in the VAT villages in order to compare them with villages that had only community education. Future training sessions and supervisory visits for *encadreurs* should include practical lessons on organizing and conducting group talks and providing individual nutrition counseling. Alternatively, *encadreurs* could focus on working with the VATs and delegate nutrition counseling to others (see next section).

- **Involving villagers in counseling.** In a number of non-VAT villages, *encadreurs* took the initiative to train villagers in the use of counseling cards. Spot checks revealed that the *encadreurs* each trained 4-8 villagers, greatly extending the reach of this channel. Future projects should explore having village

*encadreurs* work with two separate village teams--one responsible for village theater, and the other one for interpersonal communication using counseling cards.

### 3. Use of Post Cards

**Early introduction of experimental materials.** The evaluation was not able to provide any information on the impact of the inexpensive postcard-size counseling cards that were distributed to the *encadreurs* after the village festivals immediately before the evaluation. Initial feedback from the field in early 1995, however, indicated that the cards were being put into circulation and that they were useful. They helped extend the reach of nutrition messages, served as a reminder of nutritional advice, and enabled mothers to discuss recommended nutrition behaviors confidently with their husbands and other family members. Workshop participants said that they wished that the post cards had been included in the project from the beginning, but the original budget did not permit such "extras." However, after the CFA devaluation, the extra local currency enabled the project to add them.

### 4. Radio

The project team negotiated with the Tahoua radio station for the broadcast of a series of spots and village dramas. The drama continued for 42 weeks; the spots were broadcast for only 12 weeks. Despite the spots' shorter broadcast duration, workshop participants thought that the spots had a greater reach, since they were aired at different times of the day. Even several months after the spots were discontinued, listeners still recalled hearing them. Workshop participants recommended that sufficient funding be provided to ensure that the spots continue on the air as long as possible, and certainly as long as any companion programming.

### 5. Supervision

During the final evaluation, village teams stated that they would have preferred more frequent supervision visits. Since the initiation of the Phase I Pilot Project, the project team had studied the issue of efficient supervision and had developed a system of supervisory visits 1-2 times monthly. The project team said that they considered the visit schedule to be adequate. In their view, a monthly visit is realistic, given the competing demands for MOH staff time and resources. Workshop participants did not make any specific recommendations for improving the supervision system.

### C. Debriefing

HKI: Following the workshop, Peter Gottert debriefed with Else Sanogo-Glenthøj, Dr. Brah Ferdows and Issa Camara at the HKI office. Both HKI and NCP were extremely pleased with the level of collaboration between the two groups and acknowledged the benefits of carrying out

the HKI Vitamin A Project and the NCP Phase II Vitamin A Promotion (MAXI) Project together. NCP would like to express its appreciation for the tremendous efforts that the HKI and MOH team made, given the project's time constraints.

USAID: Gottert and Else Sanogo-Glenthøj debriefed at USAID with GSO Officer Dan Blumhagen and Health Fellow Robin Landis. Gottert expressed his hope that the Mission would build on the exciting approach to health and nutrition communication initiated by the Vitamin A Maxi Project.

**APPENDIX A**  
**LIST OF CONTACTS**

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**APPENDIX B**  
**Reunion 6-7 Avril 1995**

**MALI**

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