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## **An Assessment of the Dissemination and Use of DHS-Related Nutrition Documents in Africa**

**Martita M. Marx, Dr. P.H.**  
**May 1995**



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## *Executive Summary*

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This document summarizes the results of an assessment of the dissemination and use of special nutrition documents published for Africa using Demographic and Health Survey data. This "project" - the production of these reports - is implemented by the Demographic Health Surveys Division of MACRO International through a subcontract with the Food Security and Nutrition Monitoring Project (IMPACT) managed by the International Science and Technology Institute (ISTI). It is funded by the United States Agency for International Development's (USAID) Global Bureau Office of Health and Nutrition through a buy-in from the Africa Bureau of USAID under its Health and Human Resources Analysis for Africa (HHRAA) Project.

**Background:** The Africa Bureau and Global Bureau of USAID have long advocated for and supported a series of interventions in Africa to attempt to address malnutrition in Africa. In 1991 as part of this continuing effort USAID supported the production of documents summarizing the nutrition situation in 18 African countries using data collected in the Demographic and Health Surveys (DHS). USAID now wishes to assess the dissemination and use of these documents for nutrition programs and policies in Africa.

The assessment was conducted in Washington, D.C. between September 1994 and April 1995 by Martita Marx, a public health consultant, through a contract with the Support for Analysis and Research in Africa (SARA) Project of the Academy for Educational Development.

As part of the assessment, four groups were contacted:

- ◆ "project" representatives (USAID, MACRO and IMPACT)
- ◆ USAID Mission and REDSO Health Population and Nutrition (HPN) officers or their representatives in the relevant countries
- ◆ Ministry of Health and selected country-based donor or Non-governmental organization (NGO) representatives in the target countries
- ◆ representatives of a sample of USAID/Washington and United States (US)-based cooperating agencies and donors.

A questionnaire was provided to the sample of country-based Ministry of Health and other locally based individuals. The other three groups were interviewed by telephone using an interview guide.

**Principal findings:** MACRO has produced 18 concise summaries of each country's principal nutrition indicators in graphic form, entitled *African Nutrition Chartbooks*; and *In-Depth Country Nutrition Reports* for a sub-set of six of the above

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## *Executive Summary*

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countries. The *Chartbooks* are produced in both black and white and in color versions. Bilingual reports are produced for French-speaking countries. MACRO also puts together a binder consisting of the *Chartbooks* and color overheads for each country. MACRO's focus has been on production of these documents. Distribution and dissemination activities are not spelled out or specifically funded in its contract with one exception: two host country individuals are brought to MACRO offices for technical support and training in data analysis and presentation techniques.

The reach of the *Chartbooks* and, where published, the *In-Depth Country Nutrition Reports* has been impressive despite the lack of emphasis on distribution and dissemination. This is particularly true where it matters most: with in-country national health and nutrition professionals. Two thirds of the in-country sample were familiar with the documents. Seventy-seven (77) percent of these had used the documents in some way.

Representatives of nine countries of the in-country sample stated that they had used them for policy or program purposes.

Familiarity with the color version of the *Chartbooks* and with the briefing package is almost nil across all three groups.

USAID and US-based respondents were much less familiar with and knowledgeable about either the *Chartbooks* or the *In-Depth Country Nutrition Reports*. Fewer than half of the HPN officers claimed to have received the documents or indicated familiarity with them. Only five had used them in some way—one for project planning. No US-based NGO respondents were familiar with the documents. Cooperating agency representatives were on the whole only vaguely familiar with them. Despite this poor showing, many indicated an interest in receiving them. Even though nutrition was not a strategic objective of most of the missions interviewed, the majority of HPN officers thought that these documents should continue to be published.

Respondents had many concrete suggestions for improving dissemination and use of these documents. In-country respondents overwhelmingly requested greater availability, broader distribution and dissemination workshops or seminars. More focused production and dissemination was of interest across the board. Many had specific suggestions regarding additional subjects they would like to see included or expanded, specifically, micronutrients, maternal nutrition, child feeding, and correlates with nutritional status. Finally, respondents gave many specific suggestions for distribution channels and advocacy for nutrition.

**Principal Recommendations:** USAID should continue to support the publication of these separate nutrition documents associated with future rounds of DHS in

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order to continue the awareness of the gravity of the nutrition problem in Africa. A substantially increased number of the documents should be produced for each country.

The production of the Chartbooks in color and of the briefing packages should be discontinued.

The production of *In-Depth Country Nutrition Reports* should be more focused on countries that are planning to undertake special nutrition programs. Decisions regarding the selection of these countries should be made following consultation with other donors and NGOs.

Distribution and dissemination should be expanded significantly in order to achieve broader impact. USAID should assess the quality of use taking place at the country level. It should target its dissemination plan and consider implementing suggestions offered by the respondents to this survey. Low or no cost suggestions should be implemented first. (Please refer to Recommendations section of this report for details.)

A specific distribution and dissemination plan should be developed and implemented using the suggestions contained in this study as a starting point for planning. The principal partners in this effort should evaluate whether MACRO is the most appropriate implementing agency for this aspect of the effort.

USAID/Washington should broaden and be more creative in its internal advocacy efforts regarding nutrition efforts for Africa and seek to expand specific linkages with other international and bilateral agencies which may be more proactive in their support of nutrition programs and policies in Africa.

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## *Acronyms*

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AED	Academy for Educational Development
AFR/SD/HRD	Africa Bureau, Office of Sustainable Development, Human Resources and Democracy Division
APHA	American Public Health Association
CDC	Centers for Disease Control
CIHI	Center for International Health Information
CRHCS/ECSA	Commonwealth Regional Health Community Secretariat/ East, Central, and Southern Africa
DHS	Demographic Health Surveys
FAO	Food and Agriculture Organization
HHRAA	Health and Human Resources Analysis for Africa
HPN	health, population, and nutrition
ISTI	International Science and Technology Institute
NGO	non-governmental organization
ORANA	West African Applied Nutrition Research Organization
SARA	Support for Analysis and Research in Africa
UNICEF	United Nations International Children's Fund
USAID	United States Agency for International Development

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## **Background**

“About 56 percent of children’s deaths in the developing world are due to the interactive effect of malnutrition on disease, according to a new study by researchers at Cornell University.... Counter to the widely-held belief that only severe malnutrition contributes to child mortality in the developing world, researchers found that, on average, 83 percent of malnutrition-related deaths are due to mild-to-moderate rather than severe malnutrition. The researchers... found that children with severe malnutrition have a risk of death 8.4 times higher than children who are adequately nourished. Children with moderate malnutrition have a 4.6 higher risk, and those with mild malnutrition have a 2.5 higher risk.... The DHS surveys have shown very high rates of underweight... ranging from one-fifth to one-half of African children less than 36 months of age, the period when mortality risk is greatest. Using data from African countries, Pelletier estimates between 24 percent and 53 percent of all child deaths in Africa are due to the synergistic effects of malnutrition on infectious disease.”

As part of an effort to sensitize decision makers and program planners in African countries, in donor organizations and in non governmental organizations (NGOs) to the gravity of the malnutrition problem in Africa, the Africa Bureau and the Global Bureau of the United States Agency for International Development (USAID) supported the production of documents summarizing the nutrition situation in 18 different African countries using data collected in the Demographic and Health Surveys (DHS). In 1991 the Africa Bureau, through a “buy-in” to USAID’s Global Bureau’s Food Security and Nutrition Monitoring Project (IMPACT) of International Science and Technology Institute, Inc. (ISTI), requested that MACRO International, under its sub-contract with ISTI, conduct further in-depth analysis of and report on the nutrition-related information contained in DHS surveys in African countries.

As part of this project<sup>2</sup> MACRO has produced two different kinds of documents<sup>3</sup>:

- ◆ brief “user-friendly” documents summarizing the nutrition data for each African country where DHS have been conducted. These reports are called the *African Nutrition Chartbooks*. Each individual country report is entitled “Nutrition of Infants and Young Children in Name of Country” MACRO produces these in both black and white and in color. A set of briefing materials (a *Chartbook* in color and a set of overheads placed in a binder) accompanies each set of the *Chartbooks*.
- ◆ “in-depth” country nutrition reports for a sub-set of these countries.

USAID is now interested in assessing the dissemination and use of these materials for improved nutrition programs and policies in Africa. The Global and Africa Bureaus of USAID are interested in the results of this assessment of the dissemination

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## *Study Methods*

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and use of the DHS nutrition related documents produced by the IMPACT/MACRO effort in order to make adjustments, as necessary, for the production of such documents associated with the next round of DHS surveys in African countries.

This report summarizes the results of a study of the dissemination and use of the DHS *African Nutrition Chartbooks* and related Briefing Packets as well as the *In-Depth Country Nutrition Reports*. This consultant worked under a contract to the Academy for Educational Development's SARA (Support for Analysis and Research in Africa) Project to conduct this assessment. The report summarizes the study methods used and the results obtained, and presents a discussion of the findings and recommendations for the future.

## **Study Methods**

To determine the dissemination and use of the *African Nutrition Chartbooks* and other related documents two principal assessment methods were used:

- ◆ interviews with MACRO International staff, ISTI/IMPACT staff and USAID officers
- ◆ surveys of the target audiences for these nutrition related documents.

Key representatives of MACRO and ISTI staff and the relevant USAID officers were interviewed to gather descriptive information regarding the production, distribution and costs of these documents. The consultant worked with the Academy for Educational Development (AED) staff and USAID's Africa Bureau to identify the target groups. USAID, AED, IMPACT and MACRO representatives provided input into the questionnaire design.

Three target user groups were identified and surveyed in the countries where MACRO had produced the reports:

- ◆ USAID Mission and REDSO Health, Population and Nutrition (HPN) Officers or representatives
- ◆ Ministry of Health and selected country-based donor or NGO representatives
- ◆ representatives of USAID/Washington and United States (US)-based co-operating agencies and donor organizations.

Representatives of the USAID field offices and US-based organizations were interviewed by telephone. Ministry of Health and in-country donor representatives were asked to complete a written questionnaire. At least two attempts were made to con-

tact each of the individuals or organizations identified as the target audience by the Africa Bureau. A survey instrument was prepared for each group. It was translated into French for the French speaking countries. Where relevant, questions on each survey instrument were identical.

Two methods were employed to increase the number of respondents for the in-country sample:

- ◆ USAID health officers were requested to distribute and retrieve the questionnaires from the in-country sample and return them to AED.
- ◆ AED staff used the occasion of seminars and meetings involving key African leaders to distribute and collect completed questionnaires.

Data collection took place between November 1994 and April 1995. Samples of the questionnaires are found in Annex 1.

## Results

The results of this study are organized into six sections:

- ◆ description of the IMPACT/MACRO project with respect to these documents
- ◆ response to the surveys
- ◆ knowledge, familiarity and receipt of the documents
- ◆ use of the documents
- ◆ suggestions for improvements
- ◆ specific suggestions for dissemination.

### *Description of the Production and Dissemination of DHS-related Nutrition Documents*

Under the original scope of this activity, MACRO's objective was to produce "user-friendly" documents for use by USAID Mission staff in advocating for and designing nutrition related programs or projects. The primary focus of MACRO's project has been production of these documents. USAID is now interested in specifying more clearly, and possibly adding, activities that would be more directly linked to the ultimate objective of the production of these documents: use of DHS nutrition information for improving nutrition programs and policies in Africa.

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## *Results*

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IMPACT/MACRO have reallocated additional monies to pay for increased costs associated with dissemination and production of the reports. However, USAID has not provided *additional* resources for this purpose. Nor has this objective been explicit in the language or budgeting of the buy-in or contract until this last year. For example, there is no line item for mailing costs or other types of dissemination activities.

The exception has been in the latest task order modification where work on the *In-Depth Country Reports* is to include "technical support and training in the interpretation and presentation of the data of host country personnel." (Annex 3) Despite this lack of specificity IMPACT/MACRO and USAID have all realized the need for increased production and dissemination and have informally and more formally with Task Order Modification No. 2 taken steps to meet these needs.

Under this project to date, MACRO has produced *Chartbooks* and related briefing materials for 18 African countries<sup>4</sup> and *In-Depth Country Reports* for six countries.<sup>5</sup> MACRO produced *Chartbooks* in black and white and in color. For each country MACRO also prepared a "briefing packet" consisting of a color *Chartbook* and a set of color overheads in a binder. MACRO produced bilingual documents for French speaking countries.

The *Chartbook* is a brief document, mainly graphic, with limited text which is meant to be used as an advocacy document. It presents a concise summary of the key nutrition indicators<sup>6</sup> for each country. The *In-Depth Country Reports*, on the other hand, contain detailed analyses of the DHS nutrition data and are formatted in a typical "research report" fashion. These *Reports* have been produced for Cameroon, Zambia, Nigeria, Mali, Niger and Uganda. Authors generally included MACRO staff and a national nutrition professional.<sup>7</sup>

In order to produce these special nutrition reports, MACRO creates new data files from the standard DHS data for each country for pre-selected nutrition variables such as exclusive breast-feeding rates (see endnote 6). USAID's Health, Population and Nutrition Office of the Global Bureau and the Office of Sustainable Development of the Africa Bureau, IMPACT, and MACRO select these indicators jointly. Creating a new data file takes approximately two weeks. Analysis and production of tables and cross checks then take five to six weeks. After editing and translation (three weeks), MACRO sends the documents to the printer. The entire process for producing a *Chartbook* per country takes approximately three months. It is not clear how much longer it takes for the documents to reach USAID missions or Ministry of Health or other individuals or organizations.

An *In-Depth Country Report* takes longer to produce. It takes approximately one month for the analysis, three weeks for report writing and three to four weeks for

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editing and translation. For the *In-Depth Country Reports* MACRO, on average, brought two nutrition policy and statistics specialists from the country to work with staff in the MACRO offices to produce the report (see footnote 7 for the names and affiliations for each country). An additional effort in the case of one country (Uganda), was an in-country analysis and dissemination workshop in 1992. In this case MACRO and staff of an LTS contract went to the country and worked with a small group of Ugandans to analyze the data and write the report. This team then presented its findings in a dissemination and planning workshop in Kampala. This effort was instrumental in the development of the National Nutrition Plan for Uganda.

MACRO produced 120 *In-Depth Country Reports* per country for the six selected countries, and produces the following number of *Chartbooks* per country:

English	black and white	400
	color	100
	binders	8
French	black and white	200
	color	50
	binders	8

MACRO does not track labor costs or costs of distribution by country; it estimates printing costs for each of the different documents as follows:

<i>Chartbooks</i> - English	black and white	\$ 3.75
	color	\$23.75
<i>Chartbooks</i> - Bilingual	black and white	\$ 5.40
	color	\$45.10
Briefing package	English	\$50.10
	Bilingual	\$92.95
<i>In-Depth Country Reports</i>	English	\$ 7.00
	Bilingual	\$14.00

MACRO does not have a formal distribution system nor does it track the distribution of reports. Generally, it has distributed the reports to USAID Missions and to a special distribution list (Annex 2). In the case of the *In-Depth Country Reports*, MACRO provides a report to each author. MACRO also distributes reports on an

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## **Results**

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ad hoc basis—individuals or institutions can request copies of any of these documents. MACRO sends each Mission 50 copies of the black and white report, one copy of the *Chartbook* in color and one briefing packet. MACRO also sends 50 copies of the *In-Depth Country Reports* to the relevant countries. The original scope in MACRO's contract called only for distribution of the reports to USAID Missions and USAID/Washington.

The current modified contract calls for MACRO to provide IMPACT with a specified number of the various documents (see Annex 3), a subset of which IMPACT will distribute to the two relevant USAID Bureaus. The remainder are to be distributed to USAID Missions, the mailing list and to individuals or institutions requesting them.

MACRO staff state that they do not produce enough copies to cover the many requests that come in for copies of these documents. MACRO staff, in general, with the exception of Uganda, are not involved in follow-up or advocacy related to these data in-country.

### ***Survey Response Rates***

The overall number of responses obtained, by group, is shown in Table 1.

**Table 1**  
**Distribution of Respondents by Target Group**

<b>Respondent Group</b>	<b>Number of Respondents</b>
USAID or REDSO Health Population and Nutrition Officers or Representatives	17
Ministry of Health or In-country Donor or NGO Representatives	47
US-based Organization Representatives	24
Individuals associated in some way with production of DHS/Africa Nutrition documents	5
<b>TOTAL</b>	<b>93</b>

Annex 4 provides a more detailed list of the respondents for each of the target groups.

**USAID Missions:** Responses were obtained for all countries contacted. Fifteen Health, Population and Nutrition officers and two REDSO representatives, one from each REDSO office, were interviewed. The Health Officer who had been in Rwanda in 1994 was contacted in his USAID/Washington office. Three countries whose Missions are now closed or where there is no Health Officer were not contacted (Cameroon, Togo, and Burundi).

**Ministry of Health or in-country donor or NGO representatives:** Responses were obtained from representatives of 16 countries (Annex 4). Most of the respondents were contacted through the efforts of SARA/AED staff during workshops and conferences they attended. During the telephone interviews of HPN officers, each Health Officer was asked to distribute questionnaires to relevant<sup>a</sup> in-country individuals and to return the completed questionnaires to AED. They were then sent the questionnaires by DHL or e-mail and then an e-mail reminder was sent one month later. The overall response rate from the Mission-distributed questionnaires was quite low. Only five countries returned questionnaires via this route. Two of the health officers or representatives were outstanding in obtaining responses from in-country representatives: seven responses from Madagascar and 14 from Zambia.

**US-based organizations:** Four different groups of respondents were contacted. Table 2 shows the number of responses obtained for each of these groups.

**Table 2**  
**Distribution of Respondents in US-based Organizations by Type of Organization**

Type of Organization	Number of Respondents
USAID	3
Cooperating Agencies	10
Donor Organizations	6
Non-governmental / Private Voluntary Organizations	5
TOTAL	24

Individuals did not answer all questions therefore the numbers in all the cells do not necessarily match the number of respondents.

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## Results

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### *Knowledge, Familiarity, and Receipt of Documents*

Over half of those surveyed had some familiarity with the *Chartbooks* or *In-Depth Country Nutrition Reports*. Interestingly, in-country respondents had considerably more familiarity with the documents than USAID field officers. Perhaps the most striking result of the survey was either the non-receipt of, or the lack of knowledge and familiarity with the DHS-related nutrition documents on the part of USAID Health, Population, and Nutrition Officers. Over half claimed not to have seen or received the documents. On the other hand, nearly two-thirds of Ministry of Health and other in-country representatives had some familiarity with the DHS documents. A few of these became familiar with the documents as a result of this survey. Nearly half of the US-based respondents were familiar with the documents. None of the US-based NGO respondents was familiar with the documents. Table 3 summarizes the responses.

**Table 3  
Knowledge, Familiarity and Receipt of DHS Nutrition Related Documents**

	USAID HPN Officers n=17		Ministry of Health Representatives or Local Donor Respondents n=47		US-based Organization Representatives n=24		TOTAL n=88	
	Yes	No	Yes	No	Yes	No	Yes	No
Receipt of or familiarity with documents	7	10	31	16	13	11	51 (58%)	37 (42%)
Presently has a document	2	15	17	14	9	12	28 (32%)	41 (68%)

Several of those familiar with these documents volunteered praise. For example, comments included:

- ♦ “invaluable source for international comparisons;”
- ♦ “in many cases this is the only source for these data;”
- ♦ “nice tool; good idea to continue;”
- ♦ “very useful for policy work; good format and content.”
- ♦ “very useful in summarizing an otherwise complex situation;”
- ♦ “it revealed the magnitude of the nutrition problem in our country...helped in getting political commitment for nutrition from the leadership.”

A small number of dissenters, chiefly among USAID field staff, believed that the documents are not useful, that program changes have not resulted from them or that such production was not a good investment for USAID.

Respondents were more familiar with the black and white version of the *Chartbooks* than with the color version or the briefing packets: A total of 11 respondents or 13 percent were familiar with the color *Chartbooks*. Only three respondents from USAID Missions were familiar with the color version and only one with the briefing package. Only two country-based respondents and no US-based respondents indicated familiarity with the briefing package.

Of those who had copies of either report, most individuals could not remember when they had received the documents. A few mentioned that they had received them too late or that the receipt was not timely. USAID officers and heads of epidemiology or statistics offices responded that they had received multiple copies. Most other respondents received only one copy. Several mentioned photocopying the documents so they could keep a copy. Seven in-country respondents without copies cited offices from which they could obtain a copy. Several stated that they had requested copies but had not received them or they complained about limited distribution. The great majority stated that they would like to have additional copies. Annex 5 provides some sample letters of requests for these documents from in-country respondents.

In general, the source of the documents for US-based respondents is MACRO. Respondents said they either received them routinely or became familiar with the documents in workshops. Country-based respondents reflect a great variety in the

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## *Results*

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source. The majority stated they received the documents from either USAID (8 respondents) or MACRO (7 respondents). Other sources mentioned include:

Diarrheal Disease Program  
Epidemiology office  
Ministry of Health  
National Food and Nutrition Council  
National Research Council of the Environment  
PRITECH  
SARA/AED  
Statistics office  
UNICEF  
World Bank

Several respondents, particularly from organizations responsible for programs in a number of different countries<sup>9</sup>, stated that they would like to have complete sets of the documents. Often, they responded that they had seen or possessed only one country's report. Others stated that they would prefer to receive updated lists of the reports periodically so that they could order the reports needed.

### *Use of the Documents*

An attempt was made to gather information on several different dimensions of the documents' use ranging from loaning and sharing their documents with others to concrete nutrition program actions which had taken place in the countries resulting in some way from use of these documents.

One dimension of the use of the DHS-related nutrition documents is sharing them with other individuals or offices. The majority of individuals who responded to this question loaned or gave copies to other individuals. Thirty-three of the 52 respondents (63 percent) have shared their documents with others. USAID Mission respondents who were familiar with the documents tended to share them with others. In fact, several respondents no longer had copies because they had given theirs away. USAID officers shared theirs mostly with Ministry of Health staff and with NGOs. Other organizations or individuals to which they gave copies included UNICEF, consultants, staff, medical schools, and other donors such as the World Bank. The following list shows the great diversity in the types of individuals or organizations with which the documents are shared. These include:

consultants	NGOs
Central Statistics Office	Nutrition departments, offices or programs
District Medical Officers	
Dutch doctors working in the country field offices	Other donors (UNICEF, WHO, NORAD, FAO, AFRONUS, UNAM, UNFPA)
Institute of Public Health	Postgraduate students
medical schools	staff and colleagues
Ministry of Agriculture	UNICEF
Ministry of economic planning	
Ministry of Health divisions	
Natural Resources Development College	

By far, the in-country respondents shared their documents with the broadest range of organizations—20 *different* organizations. An interesting finding was the cross distribution among individuals and organizations. For example, UNICEF or the World Bank might distribute to a Ministry of Health Official or vice versa.

Table 4 summarizes the results for other indicators of use of the DHS nutrition documents for those who were familiar with the documents. Four types of indicators are presented in this table. First, respondents were asked whether or not they had ever heard presentations where nutrition data from DHS were used. This question was asked only of US-based and HPN officer respondents. Few respondents had heard such presentations.

Second, respondents were asked whether they had used these documents in any way. Over 70 percent of those familiar with the documents reported that they had used the documents in some way. The country-based respondents, in particular were very explicit regarding their use of the DHS nutrition related reports. Many were quite enthusiastic and wrote detailed comments about how helpful these reports were to them. Annex 6 provides a list of their specific responses.

Perhaps the most important intended outcome of use of these data is to influence program interventions in nutrition in African countries. The third indicator was the use of these documents for nutrition program or activity planning or modification. Respondents were asked to cite specific nutrition-related actions that might have resulted in part from the use of these reports. The table shows that 30 individuals re-

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sponded that the documents had been used to assist program or project design and planning or to modify existing programs. Nine countries were represented in these answers. Seven of these nine countries do **not** have USAID-supported nutrition programs. In other words, nutrition is not one of the “strategic objectives.”

**Table 4**  
**Dimensions of Use of African Nutrition Chartbooks and other DHS/Nutrition Documents**

	USAID HPN Officers n=7		Ministry of Health Representatives or Local Donor Respondents n=32		US-based respondents n=13		TOTAL n=52	
	Yes	No	Yes	No	Yes	No	Yes	No
Number of respondents who heard presentations using <i>In-Depth Country Report</i> , <i>Chartbook</i> , or DHS report/nutrition section	2	5	not asked	not asked	6	7	8	12
Number of individuals using DHS nutrition documents in some way	5	2	25	7	8	5	38	14
Number of individuals mentioning concrete nutrition actions in country related to use of DHS nutrition documents	1	6	10	22	9	4	20	32
Number of other nutrition related activities <sup>10</sup> mentioned related to DHS nutrition documents	7	6	13	5	9	4	29	15

The final dimension of use represented in the table is the **number** of nutrition related activities mentioned by the respondents which were in some way related to the *Chartbooks* or *In-Depth Country Reports*. Examples included using the information in seminars or workshops, providing training, using the documents for reference, to prepare reports, for project design and informing decision makers. Only two HPN officers stated that they had used the *Nutrition Chartbook*; two had used the chapter on nutrition in the DHS report and one had used the in-depth country report. US-based respondents used the documents primarily for project or program design work and for reference, briefings, presentations, or seminars. As is evident, those familiar with these documents do use them for a variety of different activities. Table 5 summarizes the numbers of activities mentioned by type for which these documents have been used by the different target groups.

**Table 5**  
**Numbers of Activities Mentioned by Type of Activity by Respondents Familiar with the DHS Nutrition Related Documents in the Three Target Groups**

Types of Activities for which the DHS Documents were Used	USAID HPN Officers n=7	Ministry of Health Representatives or Local Donor Respondents n=32	US-based respondents n=13	TOTAL n=52
Program or project design or planning	2	18	10	30
Briefings, seminars or workshops	2	16	6	24
Training	0	10	1	11
Reference or keeping up to date	2	0	6	8
Other	0	15	3	18

Respondents were queried regarding their perceptions of the utility of the in-depth reports versus the *Chartbooks*. Only a few respondents were familiar with both types of documents. Those that were, stated that they believed that each was appropriate—but for different audiences or purposes. *Chartbooks* were thought to be more useful for advocacy and informing different audiences, and *In-Depth Country Reports* for more specific project planning. Nevertheless, both types of documents appeared to have been used as input into program or project planning.

The fourteen respondents familiar with DHS nutrition related documents who had not used them, were asked why. Table 6 shows the reasons given for not using the *Chartbooks* or other DHS nutrition-related documents. Eight HPN officers stated that nutrition was not contained in the strategic objectives of the Mission. Despite this fact, the majority stated that they would like to see the *Chartbooks* produced for future rounds of the DHS. They believe that even if nutrition is not a Mission objective, USAID should “keep the issue alive” and should distribute the documents to other donors and NGOs and the ministries of the respective countries. A few dissenters thought that the DHS surveys were “too blunt an instrument” for specific country needs in nutrition, and were quite vocal that MACRO should not produce special analyses and documents with the DHS nutrition data.

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## Results

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**Table 6**  
**Reasons Given for Non-use of DHS *Nutrition Chartbooks* or Related Documents**  
**by Respondents Familiar with These Documents**

Reasons for Non-Use of DHS Chartbooks	USAID HPN Officers	Ministry of Health Representatives or Local Donor Respondents	US-based respondents	TOTAL
Nutrition not in the Mission's strategic Objective	8	NA	NA	8
Data are not specific enough for needs	5	0	1	6
Information received too late	2	4	1	7
Did not have copies	2	2	2	6
Not an area of my responsibility	0	2	0	2

### *Suggested Improvements to Increase Dissemination and Use*

USAID, MACRO, and IMPACT representatives are all interested in ways to improve the usefulness of these documents. The issues which were of most interest to them include not only dissemination, but the content, clarity and format of the *Chartbooks* and whether or not these should be produced in color. Specific questions regarding these topics were included in the questionnaires.

The three groups surveyed were asked for their suggestions to improve the use of DHS nutrition data or documents in African countries. The HPN officers and US-based sample were queried specifically about whether they thought USAID should continue supporting the publication and dissemination of these separate nutrition documents and if so, whether production in color should continue.

Three HPN officers and one US-based respondent stated that they would not support publication of separate nutrition documents for the next round of DHS surveys. The remainder thought publication should continue. The majority of respondents offered many concrete suggestions for improving dissemination and making the documents more useful. Three hundred suggestions were made! Table 7 synthesizes these responses and Annex 7 details the responses.

**Table 7**  
**Suggestions<sup>11</sup> Provided by Respondents to Increase Use of DHS Nutrition Related Data and Documents**

Suggestions Given to Increase Use of DHS Nutrition Documents	USAID HPN Officers	Ministry of Health Representatives or Local Donor Respondents	US-based respondents	TOTAL
Improve formatting of graphs or content	10	10	10	30
Improve timing/rapidity of availability	2	4	2	8
Target production and/or distribution	7	2	7	16
Increase number of copies available	4	19	3	26
Increase/improve/broaden dissemination and distribution activities	11	35	54	100
Add or amplify nutrition subjects covered	7	14	24	45
Expand determinants/correlates	2	4	9	15
Conduct workshops or seminars	10	16	4	30
Other	15	2	13	30
<b>TOTAL NUMBER OF SUGGESTIONS</b>	<b>68</b>	<b>106</b>	<b>126</b>	<b>300</b>

Ministry of Health and other locally based respondents selected four main areas to improve use: increasing the number of copies, adding nutrition topics, expanding distribution and dissemination activities and more specifically, holding a variety of seminars or workshops. While Table 7 also suggests considerable interest in format, in fact, these comments were limited in scope compared to the responses in the four categories mentioned above. Respondents, for example, suggested specific groups or types of workshops which should be the target of dissemination seminars. As is evident, most of these issues were of less concern to the other two groups.

Of interest to all groups was the addition of or expanded attention to certain subjects in the *Chartbooks*. High on the list were correlates of nutritional status such as socioeconomic status, water supply and infectious diseases. Additional nutrition information of interest chiefly included maternal nutrition, micronutrients, breastfeeding and young child feeding (Table 8).

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## Results

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The format of text and charts was of equal interest across the three samples. As can be seen in Annex 7, respondents offered a variety of comments regarding the *Chartbook* and *In-Depth Country Report* formats. A few comments pertained to improving the clarity of the figures or charts (Table 8) and mentioned the importance of “uncluttered” charts and graphs. One respondent believed that the incorporation of pictures would add to the “user friendliness” of the documents. Finally, a few respondents mentioned looking at examples from the population field and reproducing wall charts similar to those produced by the Population Reference Bureau and publications such as the Cairo Population Conference publication on women’s lives.

Several respondents were quite interested in seeing more disaggregated information for their countries. Some respondents also said that regional comparisons would be useful; for example, grouping Sahelian countries or east African countries. Respondents also considered the more focused production or the distribution and dissemination of these materials to be important.

**Table 8**  
**Suggestions<sup>12</sup> of Additional Content Related Subjects Desired by Respondents for Inclusion in DHS Nutrition Related Data and Documents**

Additional Subjects or Expanded Information on Subjects Desired	USAID HPN Officers	Ministry of Health Representatives or Local Donor Respondents	US-based respondents	TOTAL
Maternal nutrition	2	3	6	11
Micronutrients (anemia, iodized salt)	1	4	6	11
Breastfeeding	1		7	8
Young child feeding	3		5	8
Determinants or correlates with nutrition indicators	0	6	5	11
Other content or form issues <sup>13</sup>	10	10	10	30

Only the US-based sample and the HPN officers were asked their opinion of the utility of the production of the *Chartbooks* in color. The majority had not seen the color version. Of the 11 respondents who had, all stated that they thought color would add to better dissemination or usefulness. However, nearly all made an important caveat: if the choice were between color and expanded dissemination, they would choose the latter.

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### *Specific Suggestions to Increase Dissemination and Use*

It is important to note not only the quantity of responses by category, but the specific suggestions for improving dissemination and use, as well. Many of these specific suggestions are very thoughtful and could provide project funders and implementers with concrete ideas for improving the effectiveness of the use of these documents for improving nutrition in Africa. The specific suggestions are found in Annex 7.

***In-Depth Country Reports versus Chartbooks:*** The interviewees were queried regarding the utility of the *Chartbooks* versus the *In-Depth Country Reports*. As noted, few respondents were familiar with both. Nevertheless, those that were, believed that there was a role for each. The *Chartbook* was seen as a useful vehicle for bringing the nutrition situation to the attention of key decision makers and implementors and serving as a starting point for program definition. The *In-Depth Country Report* was seen as a vehicle for more specific country planning. Examples of the use of the in-depth report include Uganda where the DHS findings were used to influence policy support for nutrition. The data analysis and dissemination workshop were used to develop the national nutrition plan for Uganda. In Zambia, UNICEF and the Ministry of Health used the in-depth report as a basis for developing the country's nutrition strategy. Mali has also used the *In-Depth Country Report* for planning nutrition activities that will be supported by UNICEF.

**Type of host country involvement in data analysis:** For the *In-Depth Country Reports*, MACRO has brought one to two individuals from the country of the report to the United States to work with its staff on data analysis and the writing of the report. USAID believes that this is a type of institution building which will further the use of the information in the relevant countries. The HPN officers were queried regarding their opinion of the relative value of bringing a few individuals to the United States versus sending a MACRO consultant to the country to work with host country representatives in-country to analyze the data. Approximately half of the HPN representatives responded to this series of questions. They universally thought that it would be better to have such analysis and report writing take place in-country. The chief advantage they saw was in reaching more individuals through an in-country process. In other words, in-country analysis and dissemination workshops might reach a critical mass, whereas US-based analysis would not. They also commented on the difficult role the returning person(s) might have in playing the role of advocate. In-country participation removes some of this onus. The caveat was the difficulty of providing technical assistance for such analysis or workshops in countries where nutrition was not a strategic objective of the USAID mission.

**Distribution of documents:** HPN officers were asked some specific questions regarding analysis and production. So few responses were obtained from this section

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## Results

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of the questionnaire that the answers on analysis and production have been integrated into the preceding section or dropped from the analysis. More HPN officers had concrete suggestions for distribution and dissemination. HPN officers stated that the documents should be distributed to the following divisions within Ministries of Health: nutrition, maternal child health or family health, diarrheal disease control, acute respiratory infections, prevention, and health education. They would also target top management such as the secretaries general. The point was made that division heads sometimes change more frequently than top management, although the opposite is sometimes true.

USAID officers suggested that Ministries of Agriculture, Education, Women's Affairs, and Economics and Planning, as well as projects or programs involving food security, should receive these documents. NGOs and other donors such as FAO, World Bank, UNICEF, and UNDP were mentioned as important recipients. Several mentioned the importance of teaching hospitals and universities and regional or national nutrition centers. Their suggestions correspond in large part with the suggestions made by in-country Ministry of Health or donor respondents. In-country respondents added local and district level health personnel or planning teams and other bilateral donors as important target groups.

**In-country distribution mechanism:** Most HPN officers knowledgeable about the DHS nutrition reports responded that USAID was the most appropriate in-country distribution point for these documents. Several, however, suggested sending documents directly to ministries and others on a pre-established country distribution list. Yet others believed that UNICEF or certain larger NGOs would be important collaborators for distribution, particularly in countries where USAID was no longer present or where health or nutrition programs were not emphasized.

Other concrete suggestions for improving distribution included using pre-labeled documents, or distribution through CRHCS/ECSA (Commonwealth Regional Health Community Secretariat/East, Central, and Southern Africa) or ORANA (West African Applied Nutrition Research Organization) or in conjunction with the American Public Health Association (APHA) distribution of *Mothers and Children* or other similar publications. The need for financing these types of distribution was mentioned by several.

**Numbers distributed:** All three groups wanted the numbers of documents printed increased. Representatives of organizations which have responsibility for health programs in a number of different African countries expressed a particular concern. A number expressed frustration over possessing a document for only one country when, in fact, their program covered many countries. At the same time, they were concerned with the "information overload" issue. Several stated that they

may have received the *Chartbooks*, but not realized it because of the sheer volume of documents crossing their desks. The volume issue was echoed by the HPN officers.

Some US-based respondents were interested in receiving the entire set of documents produced by MACRO. Others believed that an annual or semi-annual list of all documents produced and available through MACRO would be the most cost effective solution. Those who offered this suggestion stated that they then could order those reports which were of greater interest to their organization. Regularly transmitted lists of all documents available would serve as reminders to them when a new country program was added to their portfolio. Two respondents suggested emulating the Centers for Disease Control (CDC) approach to document dissemination.

In-country respondents, in particular, wished to distribute the reports to many different groups and to many different levels. Distribution beyond the central level to the periphery was mentioned by numerous respondents. Suggestions for mechanisms for this type of internal distribution were not made by the respondents.

**Ease of ordering:** A number of respondents stated that the "how to" of obtaining DHS-related documents from MACRO is quite unclear to them. Several complained about how difficult obtaining documents has been. They requested clear and precise ordering information. The need for receiving regular updates of such a list was highlighted. A number of respondents also specified the importance of updates of the nutrition information or documents themselves. Finally, a number of respondents suggested that it would be useful to receive electronic files or disks.

**The "personal touch:"** Two other common themes emerged from the telephone interviews. The first was the importance of some type of personal contact or interaction at the point of sending the DHS documents to recipients. Respondents believed that personal contact would heighten the awareness of the recipients to the availability of the documents. Suggestions they gave included the use of telephone calls, of workshops or brown bags and feature articles to "introduce" each new document. Consultants could be asked to carry the documents to the field and discuss them with various groups. Activities such as these would permit the documents not to be "lost in the shuffle."

The second theme: The mailing list should specify the name and exact office or division to which to send the documents within a given organization. This is particularly true for NGOs which often have both geographic and programmatic divisions. Others also have large relief offices which should receive copies. Several mentioned that documents may go to information centers or "libraries" rather than to program personnel if such specificity is lacking. UNICEF has three "levels" which should receive these documents: headquarters, regional offices, and field of-

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## *Results*

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fices. The importance of obtaining local addresses in African countries was also mentioned. The importance of updating the distribution list annually was mentioned by several.

**Purposive production and dissemination:** The theme of being purposive in the dissemination of these documents emerged from both the telephone surveys and the written survey. In-country respondents indicated specific groups that should receive the documents and that should be involved in some type of workshop or seminar. Examples cited included institutions of learning and research—both private and public, major care providing organizations—both public and private, heads of service within health institutions, libraries in learning and research institutions, health and nutrition personnel in hospitals and other health facilities, national and district level personnel, district level planning teams. One respondent specified medical, nursing and midwifery schools. Ministries of plan and finance were highlighted as important, as were ministries of agriculture. The importance of an inter-sectoral approach was noted by quite a few respondents. Several respondents believed that the *In-Depth Country Nutrition Reports* should be produced only in countries that had a higher probability of implementing nutrition activities.

**Timing of production and dissemination:** Numerous respondents mentioned the importance of producing and disseminating the documents at the developmental phases of project and program planning. Among the suggestions:

- ◆ incorporate nutrition into the scope of work for contractors;
- ◆ incorporate into scope of work for project design teams;
- ◆ tie to the development phase of USAID mission strategic objectives;
- ◆ disseminate to World Bank teams that are developing health or nutrition programs;
- ◆ for USAID country programs, lobby at the stage of development of “new agency strategies” and “Country Strategic Plans”.

**Other suggestions:** US-based and HPN respondents offered several suggestions for making these documents more visible and for advocating for nutrition programs. Among the responses:

- ◆ take advantage of regional meetings to make presentations related to the documents;
- ◆ develop brief articles tailored to specific cooperating agencies and groups;

- ◆ hold periodic seminars or open meetings to review findings for groups of countries to which cooperating agencies and USAID staff would be invited;
- ◆ conduct “state of the art” workshops for USAID field officers as was done in the past;
- ◆ conduct RAPID-like presentations such as is done in the population field;
- ◆ obtain the schedule and list of participants for Wellstart’s Lactation Management Education sessions in San Diego and send the relevant number of copies for the country participants;
- ◆ ask the major NGOs their countries of emphasis semi-annually, and send them the relevant documents;
- ◆ add a list of field offices of major donors and NGOs to the distribution list;
- ◆ send documents not only to USAID central “projects” but to the headquarters of the cooperating agencies;
- ◆ get nutrition on the “agenda” of USAID following the example of population programs; lobby; look for all avenues of incorporating and integrating nutrition activities into a variety of both development and health efforts; explore new ways to get into USAID Mission “cultures”
- ◆ actively seek ways to integrate nutrition and to eliminate “turf warfare” between “health and nutrition”<sup>14</sup>.

## **Discussion**

The reach of these documents is quite impressive despite the lack of specific focus on dissemination, particularly to where it matters most: in-country national health and nutrition professionals. Two thirds of these respondents had familiarity with the documents and 77 percent of those familiar with them had used the documents in some way. In fact, this group of respondents literally is begging for wider availability and dissemination of these documents within their countries.

Interestingly, the obverse is true of USAID field offices and of US-based NGOs and cooperating agencies. Approximately half or fewer are unfamiliar with these documents. While one could argue that USAID field office staff turnover contributes to the unfamiliarity with documents, of more concern is the impression from this assessment that nutrition is not a high priority and is of real practical interest to few

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## Discussion

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USAID Missions and HPN officers. This becomes of more concern in light of the gravity of the malnutrition situation highlighted by the Cornell University researchers.

Some of the lack of familiarity with DHS nutrition documents by the US-based group can be explained by a closer look at the MACRO distribution list for the documents (Annex 2). For example, only two USAID Global Bureau officers are on the list—one of whom now resides in Central America. Only six cooperating agency projects are on the list and it is unclear whether the individuals on the list are the most relevant individuals within these to receive the reports. The largest USAID Global Bureau health project, BASICS, is not on the current distribution list.

It is also not clear whether distribution to these cooperating agency projects is regular or consistent. For example, one respondent on the list responsible for programs in numerous African countries had only one country report. Another project director of a program which had activities in at least nine countries had never seen a country report! The officer responsible for social marketing had *never* seen a *Chartbook*. A number of respondents had become familiar with the documents by chance. In terms of the NGO community: at the present time neither the Johns Hopkins University Private Voluntary Organization Child Survival Support Project, nor any major NGO is on the MACRO distribution list for these documents. It is therefore not surprising that none of this sub-sample was familiar with the documents. Yet it is often NGOs that are the implementors of nutrition activities in the field.<sup>15</sup>

USAID mission support of nutrition programs does not appear to be the critical variable for use of these nutrition documents. Despite the lack of interest in nutrition programming on the part of USAID Missions, country health and nutrition professionals are forging ahead. Eight out of the nine “user countries” of the documents (for program planning) were countries where USAID was not supporting nutrition activities.

A number of issues that are of importance to the project’s funders and implementors seem of less importance to the target population. Chief among these are the issue of production of the *Chartbooks* in color and the focus on the format and style. These concerns are considerably less important to the target audiences. A related issue is the production of the briefing packages. In fact, so few had received or seen the color version or briefing packages, that it makes this concern seem like a “frill.” Of chief importance to the target groups are the numbers of documents available, dissemination and advocacy activities, and the timeliness of receipt.

The sheer volume of suggestions given for improving dissemination and use of the *Chartbooks* and related documents attests to the interest in this topic by the audience surveyed, particularly the in-country respondents. The respondents to this survey gave numerous and concrete suggestions to improve the effectiveness of dissemination and improve use.

### Recommendations

Based on the results of this assessment, the author makes the following recommendations.

- ◆ USAID should continue to support the production of separate nutrition reports associated with the DHS surveys in African countries. USAID should continue publication even where USAID Missions' focus is not on nutrition. Specific efforts should be made to assure that the documents reach national and local leaders and implementors, NGOs, and other international and bilateral donors.

Specific recommendations are organized into the following categories and summarized in Table 9:

- ◆ No cost or relatively low cost/ Immediate Action
- ◆ Low to middle cost/ Intermediate Action
- ◆ Higher cost/Long Term Action
- ◆ Optional/Institution Building

#### *No Cost or Relatively Low Cost*

- ◆ Once the mailing list is expanded and updated (see next section), update semiannually.
- ◆ USAID and MACRO/IMPACT should devise and implement a mechanism to assure receipt of these documents by all current HPN officers. Since HPN staff turn over routinely, a special strategy for assuring that each new officer for a country knows about and receives these documents is required. For all new reports, HPN officers also need to be informed and brought into the process *before and during* the production of *Chartbooks* or *In-Depth Country Reports*.

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## *Recommendations*

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- ◆ Each chartbook should contain a list of suggestions for its use as an advocacy document. One such suggestion would be that overheads for presentations can be made by photocopying the charts onto transparencies.
- ◆ USAID and IMPACT/MACRO should make dissemination and use of DHS nutrition documents an explicit objective of this project. The management strategy necessary to accomplish this objective should be developed explicitly. Dissemination strategies need to be developed using the suggestions offered by the respondents in this study as a starting point.
- ◆ Publish and distribute a semi-annual list of *all* MACRO DHS related publications including the *Chartbooks* and *In-Depth Country Reports* from which individuals could order pertinent documents. This could eliminate the need to disseminate all documents to the mailing list automatically and help with cost reduction.
- ◆ Make acquisition information precise and absolutely clear on this list *and* on each document.
- ◆ USAID and IMPACT/MACRO should abandon the production of color *Chartbooks* and the briefing packets since they have not been received or used to date in any noticeable way.
- ◆ In order to increase the effectiveness of the use of nutrition data for program and policy work USAID and IMPACT/MACRO should hold discussions with USAID field offices, in-country Ministry of Health, NGO and donor representatives prior to selecting new countries for which *Chartbooks* or *In-Depth Country Nutrition Reports* will be produced.
- ◆ USAID and IMPACT/MACRO should hold periodic briefings or discussions (semi-annually) with relevant UNICEF and World Bank officials in order to focus on these available documents and to coordinate better with their country planning activities.

### *Low to Middle Level Cost*

- ◆ Broaden the number of in-country individuals and organizations receiving the documents. These should include specific divisions and offices within the Ministry of Health (nutrition, maternal child or family health, diarrheal disease control, acute respiratory infections, prevention, health education, statistics, epidemiology, secretary general, district medical officers and regional heads and planning teams), other Ministries (Agriculture, Education, Women's Affairs, Social Affairs, Economics and Planning), teaching hospitals and all major basic and continuing educa-
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tion health and medical institutions, all major international and local NGOs, and bilateral and international donors (FAO, UNICEF, UNDP, World Bank), GTZ , etc.

- ◆ Revise the mailing list to incorporate these audiences as well as an expanded list of US-based organizations, especially NGOs and cooperating agencies. In all cases try to obtain exact names of appropriate individuals and offices. Include all the appropriate levels and offices as relevant. For example, some NGOs would require copies for a geographic division, a program division and a relief division.
- ◆ In countries with no USAID health program, consider distributing the documents through the country UNICEF office or a large NGO.
- ◆ Implement an associated “personal” approach to dissemination. For example, use telephone calls to alert the major intended target audience to the availability of a new document, hold workshops or “brown bags” to present findings on a given country or group of countries, make presentations on the findings at others’ seminars and conferences. Use HPN officer gatherings to formally present and discuss the documents. Call relevant cooperating agency projects at least quarterly to see when consultant trips are scheduled and ask consultants to hand carry documents and be dissemination advocates.
- ◆ If resources are limited, USAID should consider shifting resources. For example, resources saved from producing color *Chartbooks* and briefing books could be used to increase the numbers produced. Other options to consider include shifting some dissemination and advocacy responsibilities to other USAID-funded projects or to the public relations-related division of MACRO. Responsibility for *production and mailing* could be maintained at MACRO while responsibility for dissemination and advocacy could be shifted to another project. Candidates for assumption of dissemination and advocacy activities might be the IMPACT project or the SARA project. Dissemination might be carried out as part of the regular DHS workshops. Other USAID projects might also have dissemination as part of their scope of work.

### *Middle to Higher Level Cost*

- ◆ MACRO should increase significantly the number of reports produced per country.

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## *Recommendations*

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- ◆ USAID should support the implementation of dissemination workshops for these documents, particularly in countries with high need and high potential for action. For example, in 1993, the SARA Project received a proposal from the Uganda analysts to hold a regional workshop on the use of DHS data for nutrition advocacy. This workshop was held in November 1994 and served as an important mechanism to develop specific nutrition plans and approaches for advocacy for six different African countries. If resources are limited, it should explore collaboration with UNICEF, the World Bank, or other donors to join in supporting such an effort. "Piggy-backing" onto other workshops, conferences, or seminars may be another way to reduce costs.
- ◆ USAID should consider abandoning the approach of bringing host country nationals to the United States for data analysis and report production of the *In-Depth Country Reports*. It should consider instead, supporting in-country data analysis and dissemination of nutrition data.

### *Longer Term and Institution Building*

- ◆ Consider distribution of documents through ORANA or ECSA or the APHA Clearinghouse.
- ◆ USAID should explore the option of producing child survival modules of the *Chartbooks* for Africa which would include the nutrition information. Producing such a document may attract a broader funding base.
- ◆ Ensure that CDIE is on the distribution list, and investigate the possibility of making the data and the reports available electronically through gopher or Web site access such as is used by the Center for International Health Information (CIHI). CD-ROM should also be considered. MACRO should see how the CIHI and CDIE as well as the Johns Hopkins University Center for Communications use CD-ROM. Information provided by MACRO to users regarding use of such electronic information should be clear and precise.
- ◆ Consider periodic publications that aggregate countries or regions. Consider publishing wall charts and other types of documents using the same data.

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## *Recommendations*

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- ◆ USAID officers interested in furthering nutrition activities within their agency should reconsider some of their strategies, be proactive and seek new creative ways to incorporate nutrition into development programs in Africa. A starting point would be some of the suggestions offered by the respondents in this assessment.

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**Endnotes**

<sup>1</sup>Unclassified Cable to USAID Missions in Africa, Cable # 12356, 10/26/94.

<sup>2</sup>This project is being funded by USAID's Global Bureau Office of Health and Nutrition (G/PHN/HN/NMH) under its Food Security and Nutrition Monitoring Project (IMPACT) with support from the Africa Bureau (AFR/SD/HRD). It is implemented by the Demographic Health Surveys (DHS) division of MACRO International, a subcontractor for the IMPACT Project.

<sup>3</sup>MACRO also conducts several in-depth studies such as the effect of measles vaccination on children's nutritional status and the relationship between maternal and child nutrition. These reports are not in this assessment.

<sup>4</sup>Burkina Faso, Burundi, Cameroon, Ghana, Kenya, Madagascar, Malawi, Mali, Namibia, Niger, Nigeria, Rwanda, Senegal, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

<sup>5</sup>Cameroon, Mali, Niger, Nigeria, Uganda and Zambia

<sup>6</sup>Undernutrition among children under 5 years old; undernutrition among children age 3-36 months in subject country and other sub-Saharan countries; undernutrition by age; feeding practices for infants under 4 months; infants who are exclusively breast-fed; feeding practices for infants age 6-9 months; infants 6-9 months not receiving food; undernutrition among children under 5 years in the region, by residence, by mother's education, by source of water and availability of toilet; age-related pattern of diarrhea; prevalence of diarrhea, fever and cough among children 1-14 months in country and the region; fertility and under 5 mortality in country and the region; adult female nutritional status.

<sup>7</sup>National authors include: Cameroon: Jean Claude Lowe, Ministry of Health, Yaounde; Zambia: Chongo B. Kaite, National Food and Nutrition Commission; Nigeria: Nikki Grange, University of Lagos, Tola Atinmo, University of Ibadan, Nkechi Unyezli, National Institute of Medical Research, Lagos; Niger: Mohamadou Oumerou, Ministere de Sante' Publique; Uganda: Jessica Jitta, Child Health and Development Center, Makerere University. The Mali report did not have any local authors.

<sup>8</sup>Ministry of Health: head of Maternal Child Health, head of Nutrition; UNICEF representative; NGO representative as each deemed appropriate.

<sup>9</sup>e.g. UNICEF, EDC/WINS, Wellstart/Expanded Promotion of Breast-feeding Project (EPB), World Vision, Johns Hopkins University/Child Survival NGO Office

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## *Endnotes*

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<sup>10</sup>For example, seminars, workshops, training, reference, preparation of reports, informing decision makers and care providers, etc.

<sup>11</sup>Most respondents offered more than one suggestion for improved use.

<sup>12</sup>Most respondents offered more than one suggestion for improved use.

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*Annex 1: Questionnaire Samples*

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Name	
Country	
Date	
Length of time at post	

**MISSION QUESTIONNAIRE (telephone interviews)**

**SECTION A**

**A1. Did the Health Office in your country receive a copy of the following nutrition DHS related documents (please mark all that you received):**

- the black and white version of the *Nutrition Chartbook* for your country
- the color version of the *Nutrition Chartbook* for your country
- the *Nutrition Chartbook* briefing packet
- the in-depth Nutrition Report (ask only for pertinent countries)

**A2. (If yes) How many copies of each did the Mission receive (please give approximate numbers if possible):**

- Nutrition Chartbook (color and black and white)*
- the briefing packet
- the in-depth nutrition report

**A3. When did you receive these materials? \_\_\_\_\_**  
(approximate date)

**A4. How many copies do you have in your office now?**

- Nutrition Chartbook*
- briefing packet
- in-depth nutrition report

**A5. Have you (or your staff) given or loaned copies to anyone?**

- Yes
- No

**A6. If yes, to whom have you given copies?**

**A7. Have you heard any presentations using the nutrition data from (check all that apply):**

- |                                         |                              |                             |
|-----------------------------------------|------------------------------|-----------------------------|
| <i>the Nutrition Chartbook</i>          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the briefing packet                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the in-depth report                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| the nutrition chapter in the DHS Report | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**A8. Have you had a chance to use:**

- |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <i>the Chartbook,</i>        | <i>the briefing packet</i>   | <i>the in-depth report</i>   | <i>DHS nutrition chap.</i>   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  | <input type="checkbox"/> No  | <input type="checkbox"/> No  | <input type="checkbox"/> No  |
| <input type="checkbox"/> NA  | <input type="checkbox"/> NA  | <input type="checkbox"/> NA  | <input type="checkbox"/> NA  |

A9. If yes on two or more, which did you find most useful? \_\_\_\_\_

A10. If no, why not?

- Did not have a copy accessible
- Received it too late for my purposes
- Other (please explain) \_\_\_\_\_

A11. If yes, for what purpose?(check all that pertain)

- Reference and keeping up to date
- Translation and /or adaptation and reproduction
- Read and share with other staff
- PID or Project Paper
- Evaluation
- Conference/seminar presentation or briefing
- Other (please describe) \_\_\_\_\_

A12. Cite or describe any concrete actions taken in your country as a result of the *Chartbooks*:

\_\_\_\_\_

\_\_\_\_\_

A13. Do you have any suggestions which would make the *Nutrition Chartbook* more useful to you or to your counterparts:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

A14. Do you recommend that *Nutrition Chartbooks* be produced for future rounds of the DHS?

- Yes
- No

A15. If yes, are there additional nutrition subjects which you would like to see included: (please describe) \_\_\_\_\_

## SECTION B

Pending sufficient national, USAID and donor interest and positive response regarding the *Chartbooks*, the Africa Bureau may produce another round of *Nutrition Chartbooks*. The bureau is especially interested in improving the dissemination and use of the *Chartbooks*. Please answer the following questions regarding dissemination and use.

### Analysis phase:

**B1.** Is local/national participation in nutrition data analysis important for subsequent use and dissemination of the *Nutrition Chartbooks* or DHS nutrition data?

- Yes  
 No

**B2.** If yes, should nutrition data analysis(mark one):

- be carried out by sending one or more counterparts to the US to work with  
DHS/MACRO staff in the MACRO office? OR  
 take place in-country.

**B3.** If data analysis should be carried out in-country, should it take place (please mark one):

- one-on-one with key counterpart(s)  
 in an in-country special nutrition data analysis workshop  
 at the same time overall DHS data are analyzed  
 other (please explain) \_\_\_\_\_

### Production phase:

**B4.** Should the style/format of the *Nutrition Chartbook* be maintained?

- Yes  
 No(please explain)

**B5.** Is the *briefing packet* a useful tool for improving the dissemination and use of the *Nutrition Chartbook*?

- Yes  
 No  
 Don't know or no opinion

**B6.** To improve dissemination and use is the current number of *Chartbooks* produced for your country:

- adequate  
 inadequate (please estimate how many would be sufficient \_\_\_\_\_)

**B7.** Does having the *Chartbook* available in color improve its dissemination or usefulness?

- Yes  
 No

**Distribution and Dissemination Phase**

**B8.** To whom should the *Nutrition Chartbook* be distributed? (Prompt)

**In-country/national**

CDD

ARI

Nutrition Division

Health Education

Other Ministries (which) \_\_\_\_\_

Other (please list) \_\_\_\_\_

**Out of country or donor/PVO**

regional (national?) nutrition centers

regional WHO offices

country UNICEF office

promoted in UNICEF or WHO workshops

distributed in HPN officer meetings

in-country PVOs

other (list) \_\_\_\_\_

**B9.** How should the *Chartbook* be distributed in-country? (check all that apply)

USAID

the MOH

other (please explain) \_\_\_\_\_

**B10.** Would additional dissemination or advocacy activities improve the use of the nutrition data?

Yes

No

**B11.** If yes, what are your suggestions?(Prompt)

involvement of decision makers at data gathering phase

involvement of decision makers at data analysis phase

special dissemination workshop to convey results of nutrition data analysis

other(please explain) \_\_\_\_\_

**B12.** Additional comments or suggestions:

<b>Country</b>	
<b>Name (optional)</b>	
<b>Organization</b>	
<b>Title</b>	
<b>Date</b>	

**QUESTIONNAIRE FOR MINISTRY OF HEALTH OFFICIALS**

*Evaluation of Dissemination and Use of DHS African Nutrition Chartbooks and Related Materials*

1. Are you familiar with any of the following Nutrition related materials\*?

*DHS Nutrition Chartbook*

Yes  
 No

*Nutrition DHS Report*

Yes  
 No

*Nutrition DHS Chartbook Briefing Packet*

Yes  
 No

2. *If no, thank you for taking the time to have answered this question. Please return the questionnaire to the Health, Population and Nutrition Officer of the USAID office in your country. Thank you.*

3. ( If Yes on any of the above) Do you have a copy in your office?

Yes (specify which \_\_\_\_\_)  
 No

4. (If no,) Where could you consult a copy? \_\_\_\_\_

5. (If yes) When did you receive a copy of the *Nutrition Chartbook* or Report? \_\_\_\_\_  
(approximate date)

6. How many copies did you receive? \_\_\_\_\_  
(number of copies)

7. From whom did you receive the copy? \_\_\_\_\_  
(name and organization)

8. Are there other copies available in your organization?

Yes  
 No  
 I don't know

9. Have you given or loaned copies to anyone?

Yes  
 No

**\*The title page of the Nutrition Chartbook is attached for your reference.**

10. If yes, to whom? \_\_\_\_\_  
(name and organization)

\_\_\_\_\_  
(name and organization)

11. Have you had a chance to use the *Nutrition Chartbook or in-depth Report*?

Yes

No

12. If no, why not?

Do not have a copy

Received it too late for my purposes

Other (please explain) \_\_\_\_\_

13. If yes, for what purpose?

14. Have you had a chance to use the *Nutrition Briefing Packet*?

Yes

No

15. If yes, please comment on the usefulness of the Briefing Packet: \_\_\_\_\_

16. Please describe any concrete nutrition actions or activities resulting from your use of these nutrition materials: \_\_\_\_\_

17. Do you have suggestions which would enhance the use of the *Nutrition Chartbook* or the nutrition data from the DHS Survey for improving nutrition related activities in your country? Please describe: \_\_\_\_\_

18. Specifically, how would you improve dissemination and use of nutrition information in your country? \_\_\_\_\_

19. If the *Chartbook* (or the in-depth nutrition report) is revised or updated in the future, which features would you change to improve it?(Check all that apply)

improve clarity of charts, format or presentation

increase number of copies available

\_\_\_\_ increase distribution and dissemination activities  
\_\_\_\_ increase number of nutrition topics covered (specify) \_\_\_\_\_  
\_\_\_\_ other (specify) \_\_\_\_\_

*Thank you for completing this questionnaire. Please return it to the Health, Population and Nutrition Officer of the USAID Office in your country.*



<b>Name</b>	
<b>Organization</b>	
<b>Date</b>	

**AID/W AND CA QUESTIONNAIRE** (telephone or in person interview)

1. Are you familiar with the *Nutrition Chartbooks and Briefing Packet*? (Prompt with list)

Yes  
 No

2. Are you familiar with the *Nutrition Reports* for Cameroon, Mali, Niger Nigeria, Uganda or Zambia (if these countries pertain)?

Yes  
 No

3. Do you have a copy of any of these in your office?

Yes  
 No

4. If yes, when did you receive it (them)? Give approximate date \_\_\_\_\_

5. From whom did you receive the copy (copies)? \_\_\_\_\_  
(name and organization)

6. Have you (or your staff) given or loaned copies to anyone?

Yes (to whom? \_\_\_\_\_)  
 No

7. Do you have enough copies?

Yes  
 No, I need more

8. Have you heard presentations using the nutrition data from:

<i>Nutrition Chartbooks</i>	<i>the briefing packet</i>	<i>the in-depth report</i>	<i>DHS report nutrition chaps</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

9. Have you had a chance to use:

<i>the Chartbooks</i>	<i>the briefing packet</i>	<i>the in-depth report</i>	<i>DHS nutrition chapters</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

10. If no, Why not?

Did not have a copy accessible  
 Received it too late for my purposes  
 Other (please explain) \_\_\_\_\_

11. If yes on two or more, which did you find most useful?

- the Chartbook*
- the in-depth nutrition report*
- the briefing packet*
- the DHS Report Nutrition chapters*

12. If yes, For what purpose? (check all that pertain)

- reference and keeping up to date
- project or program design work
- program or project evaluation work
- briefings, presentations or seminars
- translation and / or adaptation and reproduction
- other (please describe) \_\_\_\_\_

13. Cite or describe any concrete actions taken in your work as a result of the use of any of these materials: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Do you have any suggestions which would make the *Nutrition Chartbooks* or related materials more useful to you or your colleagues and counterparts?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

15. Which materials would you recommend be produced for future rounds of the DHS?

<i>Nutrition Chartbooks</i>	<i>Briefing Packets</i>	<i>In-depth reports</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

16. If yes on any, are there additional nutrition subjects which you would like to see included? If so, please list \_\_\_\_\_

17. Please comment on any suggestions you might have for improved dissemination and use of the DHS nutrition data: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Have you seen the color version of *the Nutrition Chartbook*?

- Yes
- No

19. Does having *the Nutrition Chartbook* available in color improve its dissemination and usefulness?

- Yes
- No

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*Annex 2: DHS Nutrition Document Distribution List*

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## NUTRITION MAILING LIST

Dr. C. Lutter  
Wellstart  
3333 K Street, N.W.  
Suite 101  
Washington, D.C. 20007

Dr. D. Nabharo  
Health Section  
ODA - Eland Place  
Stag Place  
London W1  
England

Catherine Siandwazi  
ESCA  
P. O. Box 1009  
Arusha, Tanzania

Dr. B. Cogill  
IMPACT/ISTI  
1616 Fort Meyer Drive, Suite #1240  
Arlington, VA 22209

Dr. M. A. Anderson  
Office of Health  
AID  
R&D/H/HSD/SA-18  
Room 1200  
Washington, D. C. 20523-1817

Dr. F. Simmersbach  
Food Policy & Nutrition Division  
F.A.O.  
Via delle Terme di Caracalla  
Rome 00100  
Italy

Dr. A. Horwitz  
PAHO  
525 23rd St., N.W.  
Washington, D. C. 20037-2897

Dr. J. McGuire  
Room S-6131  
1818 H Street, N.W.  
Washington, D.C. 20433

Dr. T. Marek  
Room J-417  
8880 H St., N.W.  
Washington, D.C. 20433

Dr. J. Mason  
ACC/SCN  
World Health Organization  
1211 Geneva  
27 Switzerland

Dr. G. Clugston  
Nutrition Division  
World Health Organization  
1277 Geneva  
27- Switzerland

Dr. R. Yip  
CDC  
Division of Nutrition  
1600 Clifton Road  
Mail Stop K26  
Atlanta, GA 30333

MS. Hope Sukin  
AID/Africa/Arts  
Room 2849  
Department of State  
Washington, D.C. 20523

Dr. T. Wardlaw  
Food & Nutrition Surveillance  
UNICEF  
3 UN Plaza  
New York, NY 10017

Dr. J. Johnson  
Nutrition Division  
UNICEF  
3 UN Plaza  
New York, NY 10017

Dr. E. Chung  
USAID  
Office of Nutrition  
Room 410, SA-18  
Washington, D. C. 20523-1808

Dr. Marito Garcia  
IFPRI  
1200 17th St.  
Washington, D.C. 20036

Dr. Susanne Prysor-Jones  
SARA  
AED  
1255 23rd St., N.W.  
Washington, D.C. 20037

Mr. Cheikh T. Sarr  
Directour Adjoint, N.A.R.D.  
Banque Africaine de Developement  
B.P.V. 316 Abidjan  
Abidjan, Cote d'Ivoire

Dr. Robert C. Weisell  
Nutrition Officer  
Food Agricultural Organization (FAO)  
Via delle Terme di Caracalla  
00100 Rome  
Italy

Mr. Roger Pearson  
Evaluation Unit  
UNICEF  
3 UN Plaza  
New York, NY 10017

Bibi Essama  
WINS/EDC  
1250 24th Street, N.W.  
Washington, D.C. 20037

Beth Ann Plowman  
USAID  
Office of Health  
R&D/H  
Room 1200, SA-18  
Washington, D.C. 20523-1817

Paula Correa  
Instit. Repr. Health  
Georgetown University  
OBGYN Department  
3800 Reservoir Road, N.W.  
Washington, D.C. 20007

Dr. Jayshree Balachander  
The World Bank  
J-Building, Room 2079  
1818 H Street, N.W.  
Washington, D.C. 20433

Ann Bowlee  
Wellstart/San Diego  
Location Management  
Education Program  
P. O. Box 87549  
San Diego, CA 93138

Gayle Gibbons  
APHA Clearinghouse  
1015 15th Street, NW  
Washington, D. C. 20005

Prof. Yngve Hofvander  
I.C.H.  
University Hospital  
Entrance 11  
S-751 85 Uppsala  
Sweden

Dr. S. Rabeneck  
Senior Nutrition Specialist  
CIDA  
200 Promenade du Portage  
Hull  
Quebec  
Canada K1A 0G4

Dr. Francis Delpeuch  
ORSTOM  
Centre de Montpellier  
911 Avenue d'Agropolis  
BP 5045  
34032 Montpellier CDX 1  
France



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***Annex 3: ISTI/MACRO September 1994 Modification Number 2  
to Task Order (Includes Requirements for Production/Distribution)***

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# **IMPACT**

FOOD SECURITY AND NUTRITION MONITORING PROJECT

September 29, 1994

Dr. Shea Rutstein  
MACRO International Inc.  
11785 Beltsville Drive  
Calverton, MD 20705

Re: Modification No. 2 to Task Order No. 4246-101: Africa Regional and Family Health Analytical Initiative

Dear Shea:

The IMPACT Project is pleased to provide MACRO with Modification No. 2 to Task Order No. 4246-101 (TO 4246-101). This modification:

- (1) Extends the Period of Performance of TO 4246-101 to September 29, 1995;
- (2) For the Period September 1994 through September 1995, adds the following activities to the Statement of Work:
  - (2.1) Briefing materials, consisting of binders and chartbooks, will be prepared for six (6) DHS country surveys in Africa. The selection of the countries will be in consultation with USAID/AFR/SD/HHRD, G/PHN/HN/NMH and the IMPACT Project. For each country, the packet of materials will consist of a binder with colored overheads and chartbook with graphs and figures, and other material to be determined by USAID/AFR/SD/HHRD, G/PHN/HN/NMH and the IMPACT Project. The data and chart materials will be provided to the IMPACT Project for distribution to USAID/AFR/SD/HHRD and G/PHN/HN/NMH on diskette and as a hard copy.

The binders and chartbooks will include but not be limited to the following information:

- 1) Undernutrition among children under 5 years old;
- 2) Undernutrition among children age 3-36 months in subject country and other sub-Saharan countries;
- 3) Undernutrition by age;
- 4) Feeding practices for infants under 4 months;
- 5) Infants who are exclusively breastfed;
- 6) Feeding practices for infants age 6-9 Months;
- 7) Infants 6-9 months not receiving food;

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A USAID project managed by the International Science and Technology Institute, Inc. (ISTI)



- 8) Undernutrition among children under 5 years in the region;
- 9) Undernutrition among children under 5 by residence;
- 10) Undernutrition among children under 5 by mothers' education;
- 11) Undernutrition under 5 by source of water and availability of toilet;
- 12) Age-related pattern of diarrhea;
- 13) Prevalence of diarrhea, fever and cough among children 1-14 months in country and the region;
- 14) Fertility and under-five mortality in country and the region;
- 15) Adult female nutritional status.

A total of eight (8) binders will be produced for each of the six countries identified. It is anticipated that up to three of the six countries will require French versions of the chartbooks. If necessary, translation of chartbooks will be undertaken and copies made for distribution. A total of 400 copies will be produced of the chartbook in black and white for each of the English countries. A total of 200 copies will be produced of the chartbook in black and white for each of the French countries. As color chartbooks have been produced in the past, 100 copies in color will be produced for each of the three countries in English and 50 for each French country. All binders and chartbooks will be provided to the IMPACT Project for distribution to USAID/AFR/SD/HHRD (at least 5 binders and 200 chartbooks (English)/100 (French)), G/PHN/HN/NMH (at least 2 binders and 15 chartbooks (English)/10 (French)) and the IMPACT Project (at least 1 binder and 5 chartbooks (English)/5 (French)).

- (2.2) In-depth country reports on the Nutrition and Health Status of Young Children will be prepared for three (3) countries that assess the country nutrition situation for national and sub national levels using the DHS data. The reports will contain analyses of the nutritional status of children, early age feeding practices, health, sanitation, family planning and demographic and socioeconomic characteristics. The country reports will contain analyses of the nutritional status of children, early age feeding practices, health, sanitation, family planning and demographic and socioeconomic characteristics, using the following general outline:
- 1) Executive Summary;
  - 2) Introduction that contains country background such as food production, food consumption, food expenditures and micronutrient deficiencies;
  - 3) Basic Indicators of Nutritional Status;
  - 4) Mortality and Health;
  - 5) Nutrition and Caring Capacity of the Family;
  - 6) Recommendations.

The contents of the reports will be decided together with the USAID/AFR/SD/HHRD, G/PHN/HN/NMH and the IMPACT Project. Tasks will include data tabulation, preparation of tables and charts, writing of text, editing, and printing of 120 reports for each country.

It is anticipated that up to two of the three countries will require a French translation of the report. The translation will be undertaken and additional copies made for distribution. A distribution list will be compiled by MACRO in collaboration with USAID/AFR/SD/HHRD, G/PHN/HN/NMH and the IMPACT project.

- (2.3) Technical support and training in the interpretation and presentation of the data of host country personnel will be accomplished during visits to Calverton Maryland, site of the DHS analysis. Host country personnel from the three in-depth countries will receive technical support and training. Two people from each in-depth study country will be selected for a two-week technical support and training session.
- (2.4) Project Monitoring will be required. The MACRO Project Director will be responsible for this task and will provide to IMPACT four (4) quarterly reports and an annual report. Each quarterly report will cover all activities undertaken during the quarter, including progress in data analysis, status reports on all materials completed and in development, distribution of materials (document, recipient, affiliation, number of copies), and training. Quarterly reports will be produced within two weeks of the end of the quarter. The MACRO Project Director will be responsible for liaison with IMPACT.

(3) Adds FY95 Work Days for the completion of tasks outlined in Section 2:



PRINTING COSTS IN AFRICA NUTRITION SERIES

ENGLISH CHARTBOOK

	B & W	Colour
Artwork	0.20	0.20
Covers	0.55	0.55
Photocopying	1.50	21.50
Binding	1.50	1.50
	-----	-----
	3.74	23.75

BILINGUAL CHARTBOOK

	B & W	Colour
Artwork	0.40	0.40
Covers	0.70	0.70
Photocopying	2.80	42.50
Binding	1.50	1.50
	-----	-----
	5.40	45.10

BRIEFING PACKET

	English	Bilingual
Transparencies	17.50	35.00
Sleeves	4.00	8.00
Binders	3.35	3.35
Covers	1.50	1.50
Chartbook	23.75	45.10
	-----	-----
	50.10	92.95



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*Annex 4: Detailed List of Persons Contacted and  
Respondents for Four Groups Surveyed*

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*Check Sheet for Mission Interviews (DHS Rapid Nutrition Assessment)*

<b>COUNTRY</b>	<b>INTERVIEWEE</b>	<b>TELEPHONE NUMBER</b>	<b>NUMBER OF TRIES</b>	<b>FINAL RESPONSE</b>
REDSO/W	Kate Jones-Patron Henrietta Ilomudio	011-225-414528(-32)		x
REDSO/E	Joan LaRosa	011-254-2-751-613		x
Cameroon and Togo/Burundi				missions closed or no health person
Burkina Faso	Jatinder K Cheema	011-226-306-808 333-687		x
Ghana	Charles Llewellyn	011-233-1-2-288-467		x
Kenya	Gary Leinen	011-254-2-751-613		x
Madagascar	Benjamin Adriamitiantsoa	001-261-2-254-89		x
Malawi	Chris McDermott	011-265-782-455		x
Mali	Dorothy Stephens	011-223-223-602		x
Namibia	Joan Johnson	011-264-61-225-935		x
Niger	Dan Blumhagen	011-227-734-215		x
Nigeria	Felix Awantang Boomi	011-234-1-261-4621 614-412		x
Rwanda	William Martin	Zimbabwe desk officer 647-4228		x
Senegal	Chris Barrett	011-221-23-64-89 23-66-80		x
Tanzania	Dana Vogel	011-255-51-46429		x
Uganda	Jay Anderson	011-256-41-242-896		x
Zambia	Paul Hartenberger	011-260-1-254-303(- 306)		x
Zimbabwe	Mary Pat Salvaggio	011-263-4-720-757 720-630		x
<b>TOTAL</b>				<b>17</b>

USA-based Respondents and Non-respondents for DHS/Nutrition Rapid Assessment

INTERVIEWEE	TEL NUMBER	NUMBER OF TRIES	FINAL RESPONSE
<i>Office of Health</i>			
-Al Bartlett			X
-Sue Anthony			X
-Beth Plowman	875-4568		0
-Eun Yung Chung	875-4074		X
<i>Office of Population</i>			
- Jim Shelton			0
PPC/CDIE			
- Harriet Dressler	875-4223		X
<i>Cooperating Agencies</i>			
<i>Omni</i>			
-Penny Nestel	528-7474		
<i>Basics</i>			
- Ronnie Waldman	312-6800		
- Bart Burkhalter			X
<i>EPB/Wellstart</i>	202-298-7979		
-Chloe O'Gara - Carol Baume - Kathy Krasovec			X X X
<i>MotherCare</i>			
- Coleen Conroy	528-7474		X
- Rae Galloway	528-7474		X
<i>NCP</i>			
- Peggy Parlato - Jay Ross	202-884-8700		X X
<i>IMPACT</i>			
-Bruce Cogill	202-466-7799		X

<i>WINS/EDC</i>			
- Bibi Essama	202-466-0540		X
<i>DHS/MACRO</i>			
- Shea Rutstein	301--572-0875		X
- Elisabeth Sommerfeld -Pat Haggerty	301-572-0875		X X
<i>JHU</i>			
- Dory Storms/ Muireann Brennan	410-659-4100		X
<i>World Bank</i>			
- Leslie Elder	202-473-3782		X
Tonia Marek	202-473-4086		X
Jayshree Balachander	473-5072		0
Marito Garcia	202-473-5385		0
<i>UNICEF</i>	212-326-7000		
David Alnwick			X
Terrell Hill			X
Leila Bisharat			X
Tessa Wardlaw			X
Joanne Chedda			0
<i>PVOs</i>			
CARE David Newberry Cathy Tilford	404-684-2552		0
SCF Ahmed Zayab Susan Krasber	203-221-4000		X X
World Vision Larry Casazza	202-547-3743		X

AfriCare Stephen Solat	202-462-3614		X
CRS Michael D'Adamo	410-625-3407		X
TOTAL			29

**Ministry of Health or Other Locally Based Respondents<sup>16</sup>**

<b>COUNTRY</b>	<b>Number of Responses</b>
Burkina Faso	3
Cameroon	1
Ghana	1
Kenya	2
Madagascar	7
Malawi	3
Mali	1
Namibia	3
Niger	2
Nigeria	2
Rwanda	1
Senegal	2
Tanzania	2
Uganda	3
Zambia	14
Zimbabwe	1
<b>TOTAL</b>	<b>47</b>

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<sup>16</sup>For example, respondents from Universities, UNICEF, WHO, PVOs or embassies



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*Annex 5: Sample Letters Requesting DHS Nutrition Documents*

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**ROYAL NORWEGIAN EMBASSY**  
**NORAD** (Agency for Development Cooperation)

The Director  
Population Health & Nutrition Office  
USAID  
P O Box 32481  
Lusaka

Our ref. 95/BS/cmm

Your ref.

Date 9 March 1995

Dear Mr Hartenberger,

**NUTRITION RELATED MATERIAL - SURVEY.**

Reference is made to your letter of 6th March 1995.

Please find enclosed completed questionnaire. The document has been used and referred to in our office on several occasions and has been useful to consultants and colleagues.

We would be grateful for five more copies of "Nutrition of Infants and Young Children in Zambia, Africa Nutrition Chartbook".

We have the Demographic and Health Survey report of 1993 as well as the summary but I cannot recall that we have received "Nutrition and Health Status of Young Children in Zambia". We would be grateful for one or two copies also of this document.

Yours sincerely,  
for Head of Mission



Birgitta Soccorsi  
Programme Officer

---

Postal Address:	Office Address:	Telephone:	Telefax:	Telex:
P.O. Box 34570	Plot 245/61	25 21 88 25 26 35	25 39 15	40100 ZA
Lusaka	Corner: Birdcage Walk/ Haile Selassie	25 26 25 25 26 37		
Zambia	Lusaka	25 26 26 25 26 38		
		25 26 28 25 26 39		



# THE NATIONAL FOOD AND NUTRITION COMMISSION

Lumumba Rd. P.O. Box 32689, Lusaka, Tel: 227803/227804, Fax: 221426. Telegraph: FONUTCOM. Zambia

NFNC/101/2/3

14 March 1995

Mr Paul Harteberger  
Director  
Population, Health and  
Nutrition Office  
USAID  
ZAMBIA

Dear Mr Hartenberger

I refer to your letter dated 6th March 1995.

Please receive the completed questionnaire as requested. The materials were most useful to the institution.

Sincerely

  
A K Luneta  
ACTING EXECUTIVE DIRECTOR.

/jcb.

*All communications should be addressed to the Executive Director.*

# CARE

ZAMBIA

Plot 5168, Chishango Road, Light Industrial Area, P.O. Box 36238, Lusaka, ZAMBIA. Telephone: 260-1-220136/7, 227409 Fax: 260-1-227108

15th March 1995

Paul Hartenberger  
Director, Population, Health and Nutrition Office  
USAID/ZAMBIA  
LUSAKA.

Dear Sir,

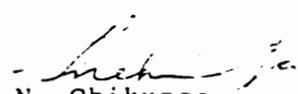
RE: NUTRITION RELATED MATERIALS

Please find enclosed a copy of the questionnaire sent to us through your office.

I write on behalf of Sarah Kambou, who is away in Malawi. I am sorry that we are not familiar with the Nutrition related materials and are unable to fill in the questionnaire.

I therefore request for two copies of each of the Nutrition Materials i.e Nutrition Chart books, Nutrition DHS Report and the Nutrition DHS chartbook briefing packet.

Yours faithfully,

  
Tabitha N. Chikunga  
ASSISTANT PROJECT MANAGER - CFP

27 March 1995

Ref: PHC/PR 022/01, ER 106

Dear Mr. Hartenberger,

Thank you for your correspondence of 6 March 1995 on USAID's rapid assessment of the dissemination and use of nutrition related materials based on 1992 DHS Survey. I apologise for the delayed response. Time has been very tight this year due to the country programming exercise we are engaged in.

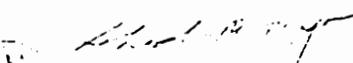
I enclose the completed form and hope the information is still useful. Personally I find the chartbook extremely useful for summarising the nutrition situation of young children in Zambia. The graphs are particularly useful in presentations.

We recently had opportunity to use both the text and charts in reviewing the nutrition situation in Zambia with David Alnwick (Senior Advisor, Micronutrients, UNICEF, NYHQ) and again found unequalled value in these. The interpretation of the causes and vulnerable ages is extremely helpful.

I would like to take up your offer and request for at least 10 copies of each, more if you can manage. Preferably the charts should be the colour ones.

Thank you for your consideration.

Yours sincerely,

  
Derrina C. Mukupo  
Project Officer, Nutrition

Mr. Paul Hartenberger  
Director  
Population, Health & Nutrition Office  
USAID/Zambia  
351 Independence Avenue  
P. O. Box 32481  
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DCM/am

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# AFRICA NUTRITION

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## Nutrition and Health Status Of Young Children in Zambia

Findings from the 1992 Zambia  
Demographic and Health Survey



U.S. Agency for International Development  
AFR, ARTS, and R&D, N

MACRO

Macro International Inc.

**IMPACT**

Food Security and Nutrition Monitoring Project

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To: ismtp@BASA14029@Servers[casmith@aed.org]  
Cc:  
Bcc:  
From: Paul Hartenberger@HPN@LUSAKA  
Subject: re: Re: Letter for typing/nutrition+copies  
Date: Thursday, March 9, 1995 12:46:16 ZAM  
Attach:  
Certify: Y  
Forwarded by:

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Cathi: First response from about 15-20 that we sent out. Dr. Sam Nyaywa, the MOH team leader for the Health Reforms Implementation Team/HRIT wrote back to me: "None of the members in the HRIT Secretariat received the above-mentioned nutrition-related materials (chartbook, DHS report/nutrition, or DHS Chartbook Briefing packet). Kindly send us about 20 copies of each to the HRIT Secretariat."

Cathi: I'm sure I'm going to get more requests-can you (or someone in AFR/SD) air pouch me at least 50 copies of each to: Paul Hartenberger, USEmbassy-Lusaka, Dept. of State, Wash D.C. 20523-2310? Thanks.

Bel -

please save

These responses

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*Annex 6: Detailed Responses to Question Regarding  
Use of DHS Nutrition Documents*

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## **RESPONSES GIVEN BY MINISTRY OF HEALTH AND OTHER IN-COUNTRY RESPONDENTS TO USES OF DHS RELATED NUTRITION DOCUMENTS**

### **SEMINARS, WORKSHOPS OR BRIEFINGS**

Provide nutrition information to other sectors  
Inform government leaders  
Dissemination of nutrition information  
Presentation during national breast-feeding week  
Policy meeting  
Feedback to personnel  
Meetings  
Presentation of the country's nutrition situation (5 respondents)  
The first study of its kind revealing the magnitude of the nutrition problem. It helped to get political commitment for nutrition from leadership.  
Nutrition meetings  
Advocacy to include breast-feeding in the national health sector policy  
Seminar

### **TRAINING RELATED**

training sessions for facilitators  
Training session for national and district level personnel  
Teaching (2 responses)  
Preparing training materials  
Training Diarrhea coordinators and village level workers  
Prepare training materials for field workers and training institutions  
Training people at different levels how to use data

### **PROGRAM PLANNING AND DESIGN**

Writing National Nutrition Action Plan  
Developing the Nutrition Plan of Action post ICN  
Five year UNICEF Country Plan  
Inclusion of breast-feeding in the Health Policy Framework  
Preparing a background report to justify nutrition interventions  
UNICEF Country Plan (2 responses)  
Develop a national nutrition plan (2 responses)  
Prepare a project plan (4 responses)  
Prepare a plan for the health of adolescents  
To develop nutrition program plans of action  
Annual planning  
1993- 1994 Action Plan  
District level action plan  
Replanning - changed the focus of our project to household level crops  
Helped with the design of a diarrhea project

### **OTHER**

Helped redesign five booklets for mothers on breast-feeding  
Helped design guidelines for health workers on breast-feeding  
"CBGM" implemented  
Provided a baseline for the Baby Friendly Hospital Initiative  
Compared with the results of a diarrhea survey  
Prepared a document on diarrhea and communication  
Helped with work on breast-feeding  
Input into a nutrition project progress report

Resource for a conference

Research or updating statistics (3 responses)

Preparing a report

Assisting with preparation of a rapid assessment or survey (2 responses)

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*Annex 7: Detailed List of Suggestions Provided by Respondents to  
Increase Use of DHS Nutrition-Related Data and Documents*

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## **Detailed List of Suggestions Provided by Respondents to Increase Use of DHS Nutrition Related Data and Documents**

### **IMPROVE FORMATTING OF GRAPHS OR CONTENT (30)**

Disaggregate to help with country decision making  
Increase regional intra-country comparisons/decrease international comparisons  
There is much demand for sub-national data  
Highlight the notes  
Make the message more prominent; give it its own page  
Make it less cluttered  
Simplify the graphs  
Include summaries with pictures; make it more "human"  
Provide an index (population does this)  
Too much on one page  
Emphasize inter country charts less  
Group similar countries  
Group countries regionally  
Use a better format for the *In-depth country reports*  
Produce wall charts like those of the Population Reference Bureau for population  
Produce a document similar to the Cairo Population Conference related publication on women's lives  
Provide cross-country comparisons (2)  
Present DHS plus other data where available  
Pull in other data bases  
Provide a reference as to how numbers and graphs were generated and how the numbers are used  
Put the actual percent on top of the bars  
Provide reference tables  
Group similar countries  
Make contents more detailed (2)  
Improve clarity of graphics (5)

### **IMPROVE TIMING/RAPIDITY OF AVAILABILITY (8)**

Not timely (2)  
The timing was off: it was published in 1993; I received my copy in 1995  
Good stuff; wishes she had it when she was in the field  
Make more timely (4)

### **TARGET PRODUCTION AND/OR DISTRIBUTION (16)**

Get copies to the World Bank when they are doing their programming  
Get into the PP team  
Need focused data gathering, DHS is not a good instrument for nutrition; it is for population  
Target  
Tie into specific strategic objectives (2)  
Produce these reports only if there is a relevant project in this country  
Prepare articles tailored to specific cooperating agencies or groups such as MotherCare  
Send to the specific country participants participating in the Lactation Management Education (LME) program at Wellstart/San Diego  
Target key individuals  
Over sample in countries with nutrition projects  
Need a strategy which draws on the country situation (be country-specific, e.g. Other donors and country initiatives should be taken into consideration  
Prioritize, rank countries; focus and use in fewer countries

It should be demand-driven, for example, linked to 5 year plan, World Bank loan, an interested HPN officer  
Target national and district level personnel  
Need to target specific groups - planners, providers; use as advocacy

**INCREASE NUMBER OF COPIES DISTRIBUTED (26 responses)**

Increase availability and circulation  
Need more such materials for district planning  
Need more for in service and basic education

**INCREASE/IMPROVE BROADEN DISSEMINATION AND DISTRIBUTION ACTIVITIES (100)**

Expand distribution((16); to all levels – users can't even buy them!  
Increase distribution and dissemination activities (9)  
Provide an annotated bibliography or a publications list semiannually  
Mail to the person's name, health sector and region (check names annually)  
Missions should have extra copies so they could distribute  
Ask PVOs semiannually in which countries they are interested; otherwise documents will be tossed  
It has to be somebody's job to do the promotion  
    phone calls  
    feature articles  
    seminars  
Assign to an institution that can best do the dissemination  
MACRO should do report production and then dissemination and use should be done separately and systematically  
Find a system to clear customs  
Go directly to Ministries in countries with closing Missions  
USAID should distribute to NGOs  
Put field offices on the mailing list  
Use a CD ROM and provide abstracts (see how the Center for Communication Program at Johns Hopkins University does things)  
Invest in electronic sharing/ download diskettes (4)  
Make data more accessible (cleaned up, clearer rules about use, who pays, how much, for what)  
Provide an annual list of all DHS reports  
Would like to know basic parameters such as: which countries? What is produced?  
Inform people where they can get the documents *quickly*  
Use UNICEF, NGOs or REDSO to distribute in countries with diminished or lacking USAID presence  
UNICEF offices would be happy to distribute the documents in country, especially where USAID missions are not particularly interested in nutrition  
Pre-label, asking Mission for names  
Include *local* address of where copies can be obtained  
Very hard to get (nice tool); good idea to continue  
Provide regularly to the distribution list  
Provide to nutrition units in the Ministry of Health (3)  
Provide to all health and nursing personnel in hospitals (7)  
Provide to joint planning teams  
Should provide to the Ministry of Finance  
Three levels of UNICEF should receive the documents: headquarters, regional offices, field offices  
Make data tapes more available; consider electronic c files (5)  
Target libraries in learning and research institutions  
Ship directly like Mothers and Children (3)  
Go to World Bank teams

Target national and district levels, nutrition folks, district health teams, nursing medical and midwifery schools, heads of service in both public and private sectors  
Provide to other ministries  
Use ORANA  
Go to offices in each bureau of USAID  
Distribute to Cooperating Agency offices and not only their projects  
Do more marketing to health projects  
Pick out large PVOs and send copies to their community and development offices and relief offices  
Send the documents to a specific person  
Provide technical assistance to integrate into planning (2)  
Use CDC's approach to distribution  
Use the APHA Clearinghouse  
NGOs and cooperating agencies should be on the regular distribution list  
Dissemination should be pro-active  
The social process is important; personal interaction would help make people more familiar with the documents for example in working groups, present in personal ways, use personal networks  
Get leaders to discuss in workshops  
Get implementation projects to disseminate  
Presently it is disseminated by "word of mouth"; it should be better publicized, especially in the academic and international health community  
Need more in-country explanation and presentation  
Increase distribution to other sectors in-country  
Increase distribution at the World Bank (infrastructure, agriculture, education)  
Need a better organized distribution plan  
Announce in other fora e.g. *Lancet*, *La Leche League Newsletter* etc.  
Use slide shows and videos  
Sending the report is not enough; some type of personal communication is important  
Send announcements of publications like CDC and state where you can obtain copies

#### **ADD OR AMPLIFY NUTRITION SUBJECTS COVERED (45)**

Weaning  
Weaning practices/ feeding patterns  
Weaning food  
Complementary feeding, especially solids (5)  
Micro nutrients (8)  
Prolonged breast-feeding  
Exclusive breast-feeding (5)  
Maternal height and weight; maternal nutrition (11)  
Present data in two month increments for children under two  
Increase information on the family planning / breast-feeding linkage  
Consumption of iodized salt  
Anemia (2)  
Cover a larger range of nutritional problems (7)

#### **EXPAND DETERMINANTS/CORRELATES (15)**

Age groups and SES (7), sex and regions  
Head of household information  
Tie in social data more  
More information on urban/rural breakdown (2)  
Provide information by gender  
Provide linkages to water and infectious diseases, especially in rural areas  
Provide analysis by infectious diseases, especially diarrhea

### **CONDUCT WORKSHOPS OR SEMINARS (30)**

Conduct a planning seminar with the government

Special dissemination workshops (4)

Brief Washington

Hold a seminar/open meeting and invite cooperating agencies and USAID staff, about 40-50 people; show them how to use; give them hands on experience

Conduct regional seminars or conferences by sector

Hold a workshop to review preliminary results

Hold a regional conference on child survival

Hold a planning seminar

Conduct "RAPID" Presentations like in population

Get into USAID State of the Art Workshops

Hold regional seminars for HPN folks and ministry of health representatives (country and regional); teach how to use for policy dialogue

In-country dissemination workshops and information sheets

Meetings with policy makers

Organize a conference

Seminars at different operational levels

Seminar for influential;

Country workshop of key players in key sectors (9)

Hold a technical meeting

Need intersectoral workshops (agriculture, planning, research, universities)

### **OTHER (30)**

Give "so what", what it means in terms of risk

Not specific enough

Too blunt for specific needs

Prepare a paper similar to the paper produced by Elisabeth Sommerfeld

Go to those who are developing the strategic mission objectives and advocate for nutrition

Get nutrition indicators into country's strategic objectives

Reanalysis of DHS data is not useful

Depends on the strategic objective of the Mission

Involve decision makers earlier-at definition or data gathering phase (3)

Incorporate into developmental phase of projects

Incorporate into scope of work for contractors

This provides more and more information which HPN officers don't need

More pretty brochures "hasn't changed one program because of availability of these documents"

Provide annual updates

Make phone calls

Call and tell people about the reports

Do an evaluation before you plan to publish these

Provide regular updates

Present means for all indicators

Prepare separate modules for other child survival topics

The Malawi map is upside down (2) Provide to implementing agencies

Like population, get nutrition on the agenda; do not try to be different

Lobby

Need to get more *feasible broad scale successful national* nutrition efforts instead of all these little projects

Get nutritional status to be a measure of health status

Look for ways to integrate; get ride of turf warfare; work with groups such as Food for Peace

Look for ways to get into new agency strategies and country Strategic Plans

These are valuable baseline tools for situation analysis; reliable data sets for monitoring  
Use both local and international experts for questionnaire design and training of data collectors  
Increase access to other relevant information quickly



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