

Education-Health/Nutrition/Population
Linkages:
A Guide to Resources

Prepared by Kaaren Christopherson
for
Support for Analysis & Research in Africa (SARA)
Health and Human Resources Analysis for Africa (HHRAA)
USAID, Africa Bureau, Office of Sustainable Development

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October 1996

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Introduction

Introduction

The Health and Human Resources Analysis for Africa (HHRAA) project of Africa Bureau's Office of Sustainable Development (AFR/SD), U.S. Agency for International Development, was created to increase the use of research, analysis, and information to support improved health, nutrition, education, and family planning strategies, policies, and programs in Africa. In the course of its work, the Education Unit of HHRAA has chosen to focus part of its research agenda on ways in which the education and health/population/nutrition sectors can be more effective by working collaboratively. As the project paper for HHRAA states:

There are many connections among the health and human resource sectors and sub-sectors. At the level of the individual person, different interventions have synergistic effects; that is, a combination of interventions results in each intervention being more effective than if it were applied in isolation. At the sectoral level, there are common policy issues and opportunities for linking service delivery. These connections justify in many cases treating the health and human resource sectors holistically, rather than separately. Efforts to increase human welfare and productivity can be carried out more efficiently and effectively if policy-makers take advantage of the connections among sectors.

Despite the commonalities, there is little material available to African decision makers to guide them in operationalizing these synergies in sustainable, context-appropriate, cost-effective programs. Indeed, little shared understanding exists of the programmatic strategies that have been attempted in Africa and the effects, positive and negative. The material gathered in this guide represents an initial step toward understanding what has been done in collaborative education-health programming, who is involved in research, intervention, and advocacy, and where the gaps in our knowledge lie. Three types of information form the bulk of the guide's resources:

- Projects and programs, past and present, that include both education and health, population or nutrition components.
- Organizations and networks that work across health and education sectors.
- Journal literature, research studies, and project and program reports that address the many facets, issues, and conclusions regarding education-health linkages.

In addition, we include a reader's guide to the document, observations on sub-sectors related to education-health linkages, and an index to assist in locating material on key concepts.

We have focused primarily on activities, interventions, and services that use school as the focal point. Although our interest is primarily in Africa, we recognize that the experiences of many

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nations are instructive. The resource guide draws on the experience of developing and industrialized nations that have wrestled with improving the growth and development of children and adolescents through linking education with health. In doing so, we offer African decision makers a wealth of information that can inform their processes of realizing better education and health for their people by working across sectors.

We appreciate your interest in this important topic.

James H. Williams
Education Specialist
Africa Bureau, USAID

Notes to the Reader

Notes to the Reader

Comments and Observations

Education-Health/Nutrition/Population Linkages: A Guide to Resources is a compilation of the experience of multilateral and bilateral donor organizations, private voluntary organizations, non-government organizations, foundations, and individuals who have contributed to our knowledge of the synergistic relationship between education and health/nutrition/population in human development, particularly the development of children and adolescents.

This guide presents the work others have generated in their own quests for answers about how to best help children grow and develop into productive, healthy people. Their work serves as pointers to the past to help us learn from their experience, as well as pointers to the future to inspire us to take new directions.

For the purpose of this guide, “education” encompasses education programs, as well as a child’s readiness to learn and his or her performance in school. School readiness and performance are seen as both indicators and consequences of the child’s physical and mental health. In-school programs are seen as one way of delivering health information and interventions to children and adolescents. In-school programs can include not only health education, nutrition education, or family life education, but also school feeding, deworming, or growth monitoring programs or learning about proper nutrition through cultivating a school garden. In the case of broad, comprehensive programs, such as integrated rural development or large-scale PL 480 programs, offering programs through schools may make up only a tiny fraction of the many activities the project may undertake.

This section includes an explanation of the contents of the resource guide, as well as a brief list of the most frequently cited interventions that can affect learning and how they relate to the question of education-health/nutrition/population linkages, to help develop a common vocabulary across the health and education sectors.

The resource guide is composed of four major types of resources: 1) descriptions of and contact information for organizations with interests or activities in this arena; 2) a list of individuals -- affiliated with organizations or otherwise -- who have knowledge and expertise to contribute to the question of linkages between education and health/nutrition; 3) descriptions of projects, programs, research efforts, or other activities in which donor or other organizations are or have been engaged that cross the education and health sectors; and 4) an annotated bibliography of literature related to cross-sectoral education-health/nutrition/population issues.

Notes to the Reader

Organizations and *Individuals* list those who take a holistic view of child and adolescent development with regard to education and health sectors, or who are undertaking work that moves away from a purely sectoral approach toward addressing problems of physical, intellectual, and emotional development. The lists are focused on the work of organizations and individuals, not simply on their interests.

Activities provides basic data, such as project titles, the country where the activity took place, and the dates of the activity along with an abstract of the project when such information was available. In the case of USAID projects, we have drawn on the USAID Development Information System (DIS), both online and through the CD-ROM version known as CD-DIS, to provide the project descriptions and a list of documents generated by the projects

Little has been done to alter the material retrieved from DIS, except in the case of very large worldwide projects that have produced literally hundreds of documents such as the AIDSCOM project. In these cases, citations for documents that did not touch on the question of linking health/nutrition/population and education have been deleted. For those interested in the documents that were deleted, a search of the DIS can be performed by the Center for Development Information and Evaluation through the USAID Development Information Center. Where possible, citations and abstracts generated from the DIS of selected evaluations have been included with their respective project information.

In the case of projects of other organizations, project information has been gleaned from consulting the literature, searching the available databases of such organizations as the World Bank, and from speaking with representatives of sponsoring organizations. Whenever possible, information was included that paralleled that obtained from USAID. Gaps exist, however, particularly in the older material.

The *Literature* section is a bibliography of over 100 articles, papers, monographs, and reports related to education and health/nutrition/population linkages. The goal here was locate documents that, though they may have a particular health or education focus, present evidence of the role the subject plays in child or adolescent development; for instance, the effect the worm burden has on a child's attentiveness in school. Because of the vast quantity of material available on every aspect of child health and education, the literature search was limited as much as possible to material covering activities or research centered on the school. Several online bibliographic databases were searched to generate this bibliography, including ERIC, Popline, Medline, the USAID Development Information System, and the World Bank database.

The *Index* completes the resource guide. The major topics, or "keywords," from the material have been used to generate the index, designed to help the reader locate material on topics he or she may find of particular interest.

Notes to the Reader

At the outset of preparing this resource guide, there was discussion as to what to include -- or, more important, what to exclude. Though the primary interest is in experience from Africa, we have drawn on experience from all parts of the world. The amount of material that could be considered for inclusion in a resource guide on linkages between education and health/nutrition/population in child development is vast. Each topic constitutes a discipline with its own facets, nuances, issues, and problems, not to mention its own body of literature, realm of activity, and cadre of experts. As a result, a number of topics encountered in preparing this guide were judged to be of a type that, though they are important contributors to child development, may in fact never touch on the problem of linking education and health, particularly education in the sense of school readiness and performance, and could easily require its own guide.

Child survival, for example, is often encountered in the literature related to child development. Its mandate to improve child health through immunization and other interventions makes child survival critical to the question of education and health linkages. If children don't survive, the linkages are irrelevant. Child survival activities generally focus on very young children, however, and do not always make the link with schooling, two important factors to consider when choosing material for this resources guide, which concentrates primarily on school-aged children and in-school programs. As is often raised in the literature, the more important question related to child survival for this older group of children is perhaps, "After child survival, what then?" The resource guide only begins to pull together material that can help point to answers.

HIV/AIDS education and prevention has gained ever increasing attention in health and education activities worldwide. Whole databases, Internet World Wide Web sites, networks, working groups, government and non-government organizations, formal publications and gray literature, and research efforts are currently dedicated to halting the spread of AIDS. How to reach and teach adolescents and, increasingly, how to reach younger children have created dilemmas for health professionals, officials, and educators everywhere. To the extent that HIV/AIDS education was included in school health or family life education programs for children and adolescents, it was included in this guide. General literature or activities regarding HIV/AIDS and these age groups was left to those with more HIV/AIDS-focused agendas.

Likewise, references to drug awareness and prevention were restricted to education activities conducted in schools. Drug education is another area that could easily require its own guide. Mental and emotional health, counseling, and the like are also beyond the scope of this document.

In preparing this resource, several people have asked, "Why so much on nutrition?" The simple answer is volume. Nutrition issues -- vitamin A deficiency, iodine deficiency, iron deficiency, malnutrition, protein energy malnutrition, short-term hunger, wasting, stunting, and many others -- make up a tremendous body of the literature and of program activities worldwide. And much

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of the nutrition literature discusses program activity that has taken place in schools and focuses on nutrition's impact on learning.

On the education side of the coin, much literature has been devoted to the positive impact basic literacy and education makes on the long-term well being of families, especially on mothers and consequently on the development of their children. Community education, whether for literacy or for health, plays an important role in delivering health messages to individuals and families. Female education has been the focus of numerous donor programs aimed at positive changes in fertility, women's health, and child development. Though focusing heavily on these topics would lead down paths important for the well being of children, would lead away from the central topic of this guide.

The reader should note that USAID currently is examining the link between health/nutrition and education, its benefits to school-aged children, and implications for programming. In May 1996, USAID held a two-day meeting of experts in health, nutrition, population, child development, and education from donor organizations, NGOs, and PVOs to begin to discuss strategies and interventions that can most effectively take advantage of the health/education synergy and how it can be used in current and future programming. Proceedings of this meeting, to be made available through USAID, will outline the discussion and its results.

To focus our attention further on the resources in this guide and away from the many topics covered by other resources, we have taken the most frequently cited topics regarding in-school programs for children and adolescents and have developed the following brief definitions to help those working across sectors to develop a common vocabulary.

Interventions That Can Affect Learning

In the development of this resource, a number of health and nutrition problems were identified repeatedly as having profound affects on learning. Nutritional deficiencies, helminthic (parasitic) infections, and childhood diseases take their toll in impaired cognitive development, mental retardation, inattentiveness, lack of energy, as well as physical impairments in development such as stunting and wasting, or disabilities such as blindness. As often happens, whether in developed or developing countries with populations plagued by poverty, these health problems rarely appear singly, making treatment difficult. For example, anthelmintic (deworming) programs may lessen the worm burden and curb the leaching of nutrients from the body, but if clean water and proper sanitation are not available, the helminthic infections recur. Providing breakfast or a snack may alleviate short-term hunger and immediately result in greater attentiveness, but if children are suffering from helminthic infections, overall nutritional value may be undermined.

Notes to the Reader

Schools provide a place from which health and health education efforts can be launched. Health education, school feeding programs, child-to-child approaches, school health services and many other programs can offer opportunities for regular health screening, administering nutritional supplements or medication, and teaching health-promoting behaviors. Below are some of the most common health problems whose remedy can result in enhanced learning, and some of the programs used, with pointers to programs and literature on these topics included in this guide.

Anthelmintic Interventions

Among the most common helminths are roundworm, hookworm, whipworm, and schistosomes. Intestinal helminth infections hinder children's physical and intellectual development by causing nutrient leakage, malabsorption of food, and anorexia. Heavy worm burdens can lead to other health and nutrition problems, such as protein energy malnutrition and iron deficiency anemia, both of which can affect learning. Deworming can reverse these effects and improve learning capacity and growth. School-based massed delivery is cited as one of the most cost effective health interventions for improving nutrition. Teacher training, safe water, and basic sanitation increase the effectiveness of deworming programs. The World Bank has identified anthelmintic treatment as part of its package of essential health interventions.

- Resources in this guide that discuss *anthelmintic interventions/deworming* are on pages 21, 73, 200.

Child-to-Child Programs

Child-to-child is an approach to family and community health that uses children as health educators. Child-to-child programs target children in school with messages and interventions they can take home to their younger siblings and parents and, through their families, to the wider community. Armed with simple primary health care interventions they learn in school, such as handwashing and proper use and maintenance of latrines, children can have a positive impact on their families' and communities' knowledge, attitudes, and practices regarding health. Child-to-child programs have been supported by such organizations as the World Bank, UNICEF, and the Aga Khan Foundation.

- Resources in this guide that discuss the *child-to-child approach* are on pages 20, 34, 76, 77, 148, 205, 208.

Notes to the Reader

Family Life Education Programs and Family Planning Programs

The introduction of family life education programs in schools has been one approach to curbing the rate of illegitimate births, sexually transmitted diseases (STDs) including AIDS, and ultimately keep children, particularly girls, in school. The content of family life education programs has included sex education, boy-girl relationships, family planning, STDs, and AIDS. Family planning programs, whether as part of a full family life education program or as a separate educational effort, have been credited with helping girls reach greater educational attainment by delaying marriage and pregnancy and keeping girls in school. USAID and UNESCO are among the donors that have supported the development of family life education programs, including curriculum development, materials development, and teacher training.

- Resources in this guide that discuss *family life education* are on pages 55, 75, 121, 122, 192, 198, 211; *sex education*, 60, 61, 63, 117-119, 124-126, 128-130, 217; *family planning*, 21, 23, 55, 60-64, 75, 104-106, 115, 117-129, 137, 147, 186-194, 211, 216, 231.

Immunization

Immunization has been shown to be one of the most cost-effective interventions against vaccine preventable diseases such as measles, pertussis, and diphtheria. Immunization for these preventable diseases can counter the debilitating effects of these diseases for school-aged children and keep them in school. Immunization has been part of the standard child survival package of interventions promoted by major donors such as USAID and UNICEF.

- Resources in this guide that discuss *immunization* are on pages 49, 82, 159, 194, 205, 217.

Micronutrient Deficiency Alleviation: Vitamin A, Iodine, Iron

If left unattended, vitamin A deficiency can lead to blindness, with obvious ramifications for learning. Vitamin A deficiency also is linked to diarrheal disease and acute respiratory infections. Countries without sufficient resources for health and education in general are unable to cope with the added burden of disabilities. Iodine deficiency is particularly devastating to adolescent girls as they mature and bear children in that maternal iodine deficiency can cause cretinism, mental retardation, or auditory impairment in their infants. Iodine deficient school-aged children may have impaired cognitive function. Iron deficiency anemia has been found to cause impaired

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cognitive function and school performance. Donors have used a variety of interventions to address micronutrient deficiencies, such as food fortification, micronutrient supplementation, school gardens emphasizing foods high in needed micronutrients, and integrating vitamin A with diarrheal disease control programs.

- Resources in this guide that discuss *vitamin A* are on pages 23, 24, 156, 159, 162, 163, 167-169, 173-181, 206, 229; *iodine*, pages 73, 212, 227, 229; *iron*, pages 157, 212, 227, 229.

Nutrition Education

Through nutrition and nutrition education programs, government agencies, international donors, private voluntary organizations, nongovernment organizations, and others have sought for many years to improve the quality of nutrition interventions. Poor nutritional status can retard a child's mental maturation as well as physical development and diminish a child's learning capacity and ability to participate in physical activity. The World Bank has cited early childhood malnutrition -- resulting in stunting -- as a possible cause for delayed enrollment in school. Inadequate intake of certain nutrients over a long period have been cited as affecting educational achievement in high school students. Nutrition issues focus not only on the adequacy of food intake, but also on the nutritional quality of the food eaten. Nutrition education has encompassed student planting and maintaining school gardens from which food is taken for school meals, teaching appropriate food selection and preparation, nutrition education as part of larger school health education programs, school feeding programs, as well as a host of non-school-based feeding and nutrition education programs for people of all ages.

- Resources in this guide that discuss *nutrition education* are on pages 65, 66, 68-70, 73, 74, 81, 85, 86, 109, 112, 113, 131, 133, 135, 137, 138, 147, 148, 155, 158-161, 164, 165, 167-173, 177-179, 181, 182, 184, 185, 222, 223, 227, 231.

Protein-energy Malnutrition (PEM) Alleviation

Protein-energy malnutrition (PEM) is one of the most prevalent nutritional disorders in developing countries. PEM is often associated with other types of nutritional deficiencies, such as vitamin A and iron. PEM has been found to correlate directly with poor cognitive function and poor school attendance and performance. Children who receive high energy foods perform better in school. Height-for-age is positively associated with verbal ability, grade levels, and

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performance in reading, spelling, and arithmetic. Weight-for-height is associated with better concentration.

- Resources in this guide that discuss *protein-energy malnutrition* are on pages 207, 212, 229.

School Feeding Programs

See the section on Short-term Hunger Alleviation, below. School feeding programs -- providing breakfast, lunch, or snacks to children in school -- have formed the basis of eliminating short-term hunger and helping to fill nutritional needs of children. School feeding programs have encompassed a number of approaches: developing and maintaining school gardens that provide nutritious food to be prepared in school, providing snacks or a drink, or providing full meals. Micronutrient or other dietary supplementation can be incorporated into school feeding programs. School feed programs can be expensive, depending on the amount and/or type of food given and the preparation time required. But the benefits may be high in improving children's attentiveness in school and in the corresponding benefits to school performance. The benefits stop, however, when feeding stops.

- Resources in this guide that discuss *school feeding* are on pages 56, 58, 65, 74, 81, 83-86, 115, 134, 135, 137, 194, 201-203, 210, 214, 215, 222-224, 231.

School Health Education Programs

School health education can impart knowledge and develop health-promoting practices in a broad range of interventions, such as water and sanitation, sex education, family planning, HIV/AIDS prevention, basic home economics skills, personal hygiene, and boy-girl relationships. Successful school health education programs require attention to other related activities that take place outside the classroom, such as teacher training and curriculum development. School health education can provide the basis for promoting the child-to-child approach, whereby school-aged children are taught health-promoting practices that can protect the health of their younger preschool siblings.

- Resources in this guide that discuss *school health education* are on pages 20, 28, 29, 34, 117, 151-153, 194, 201, 204, 205, 217, 224, 229-231; *curriculum*, pages 21, 22, 27, 42, 58, 61, 66, 68-70, 75-77, 82, 83, 99-101, 110, 115, 126, 129, 151, 152, 161, 183, 186,

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187, 194, 211, 217, 224, 227-230; *teacher training/education*, pages 58, 102, 118, 142, 147, 186, 203, 211, 226, 228-230.

School Health Services

School health centers can offer basic health care services such as nutritional screening or growth monitoring, deworming, first aid, routine check-ups, and referrals, and can maintain records of children's health history. *School-linked* services, with a health center located near a school rather than in it, can serve more than one school. Health personnel in school health centers can offer guidance to teachers in developing their health curricula or in recognizing and referring children with health problems. School health centers also can serve as a focal point for health services to preschoolers and can be an entry point for offering other types of support to families.

- Resources in this guide that discuss *school health services* are on pages 56, 57, 197, 199, 200, 206, 217, 228, 231.

Short-term Hunger Alleviation

Levinger writes that "In the school setting temporary hunger commonly occurs when children come to school without having eaten breakfast. The result of this short-term fasting is a child distracted by irrelevant stimuli (Pollitt et al., 1983). Because hunger appears to cause inattentiveness, it is likely to influence school performance and learning....Temporary hunger is likely to constitute an educational problem for well-nourished and malnourished children alike.... The severely malnourished child often is not hungry, and the very hungry child may or may not be malnourished. However, in terms of school achievement, malnourished children may be more susceptible to the effects of short-term hunger in light of other cognitive dysfunctions associated with their nutritional state." (1994). The effects of short-term hunger have provided the rationale for implementing school breakfast, lunch, or snack programs. Although problems in study designs have failed to produce a large crop of conclusive evidence to support the value of such programs, where studies have been well formulated and carefully controlled the evidence does show that relief of temporary hunger improves attentiveness and therefore performance of certain school tasks.

- Resources in this guide that discuss *short-term hunger* are on page 227.

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Organizations

Organizations

Academy for Educational Development
1875 Connecticut Avenue
Suite 900
Washington, DC 20009
Phone: 202/884-8000

The Academy is an independent, nonprofit service organization with 35 years of experience helping governments, donors, and private and public institutions find effective ways of serving the needs of communities. Since its founding, the Academy has been deeply involved in the field of education -- from preschool and basic education to university and distance education via satellite. Over the last two decades, the Academy has supported large-scale child health and nutrition programs in over 60 countries, specializing in behavior change strategies that have produced measurable impact on health practices. This broad sector experience has provided an invaluable base upon which to launch assistance to innovative child development programs in the United States and the developing world.

Action Group for International School Nutrition and Health
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158
Phone: 617/969-7100
Fax: 617/332-6405
Email: ronaldi@edc.org

Action Group is composed of agencies working together to better operational efforts in international school nutrition and health. Current members include CIDA, UNICEF, USAID, World Bank, and World Food Programme. The Action Group provides assistance in analyzing school nutrition and health needs and developing national action plans and studies ways in which school feed programs can be designed to enhance educational access and quality.

Catholic Relief Services
209 W. Fayette Street
Baltimore, MD 21201
Phone: 410/625-2220

Founded in 1943, Catholic Relief Services works in 75 countries throughout Africa, Asia, Europe, and Latin America, supporting over 2000 development projects aimed at alleviating poverty and building self-sufficiency. CRS works in seven agency program areas: agriculture, education, emergency relief, enterprise development, health, human rights, and welfare.

Organizations

**Child-to-Child Trust
Institute of Education
20 Bedford Way
London WC1H 0AL
England**

Phone: 44-71-612-6648

Fax: 44-71-612-6645

In over 80 countries, the Child-to-Child Trust encourages and enables children and young people to play an active and responsible role in the health and development of themselves, other children and their families and further, their communities. Through Child-to-Child, children learn about health and development in ways that are active and fun and then use this knowledge with their families. The Trust supports this work by producing and distributing low cost health education materials; assisting others in developing their own materials; training and programme evaluation; research; and maintaining a worldwide resource and information base.

The Consultative Group on Early Childhood Development (CG)

CG Secretariat

UNICEF House

Three United Nations Plaza

New York, NY 10017

Phone: 212/702-7233

Fax: 212/702-7149

The Consultative Group on Early Childhood Care and Development (CG) is an international, interagency group dedicated to improving the condition of young children at risk. The CG grounds its work in a cross-disciplinary view of child care and development. Launched in 1984, the CG has taken as its main purpose the fostering of communication among international donor agencies and their national counterparts, among decision-makers, funders, racecourse, programme providers, parents and communities with the goals of strengthening programmes benefitting young children and their families. The Consultative Group is administer and represented by its Secretariat. The Group includes an International Advisory Committee and a broad-based network of participating organisations and individuals who share a commitment to fostering the well-being and health development of young children. The CG is housed in UNICEF. Administrative backstopping is provided by the High/Scope Foundation. Financial support for the Secretariat comes from participating organizations. (Source: the Consultative Group on Early Childhood Care and Development).

Organizations

Education Development Center, Inc.

55 Chapel Street

Newton, MA 02158

Phone: 617/969-7100

Fax: 617/332-6405

Email: ronaldi@edc.org

EDC is a research and development organization that supports human development nationally and internationally by strengthening the field of education. In the U.S., EDC works in comprehensive school health, including areas such as curriculum development and teacher and school nurse training; AIDS and smoking prevention; and violence prevention. The International Programs division acts as the secretariat for the Action Group for School Nutrition and Health and provides technical assistance to the Partnership for Child Development.

Family Health International

2101 Wilson Blvd.

Suite 700

Arlington, VA 22201

Phone: 703/516-9779

Founded in 1971, FHI aims to improve family health with a major focus on the prevention of morbidity and mortality; improve reproductive health worldwide, with emphasis on the developing world. Program purposes include increasing the choices and availability of safe, effective acceptable and affordable family planning, enhancing the quality of family planning and reproductive health services, and preventing the spread of sexually transmitted diseases (STDs), including HIV/AIDS.

Head Start Bureau

Office location:

Mary E. Switzer Building

330 C Street, SW, Room 2050

Washington, DC 20201

Mailing address:

ACYFY/Head Start Bureau

P.O. Box 1182

Washington, DC 20013

Since its founding in 1965, Project Head Start has played a major role in the effective delivery of comprehensive health, educational, nutritional, social, and other services to economically disadvantaged children and their families. Head Start extends these services to meet the special needs of migrant, non-English speaking, and Native American children.

Organizations

High/Scope Educational Research Foundation

**600 N. River Street
Ypsilanti, MI 48198
Phone: 313/485-2000
Fax: 313/485-0704**

High/Scope's many projects have a common goal: to work toward improved programs for children and their families. Through research and curriculum development, we explore the effects of educational programs and the specific factors that make them work. High/Scope Educational Research Foundation carries out its mission to improve the contribution of education to young people's development by providing services for parents, care-givers, teachers, teacher-trainers, administrators, policymakers -- all those who directly and indirectly influence young people (at infancy, preschool, elementary school, and adolescence). (Source: High/Scope Educational Research Foundation).

Institute for International Research

**1815 N. Fort Myer Drive
Arlington, VA 22209
Phone: 703/527-5546**

Founded in 1976, IIR is an international research and development organization providing services to the international community through projects in communication, education, the environment, and human resource development. IIR contributes actively in political, social, and economic causes in cooperation with agencies and organizations worldwide. Among IIR's sponsors are USAID, the World Bank, the Peace Corps, and the National Science Foundation. Through the USAID-funded Africa Bureau project, Improving Educational Quality (IEQ), IIR seeks to improve children's fundamental skills by examining the classroom experience through curriculum-based assessment, classroom observation, school and classroom profiles, and pupil and teacher interviews focused on improving teaching and learning.

International Center for Research on Women

**1717 Massachusetts Avenue, NW
Suite 302
Washington, DC 20036
Phone: 202/797-0007
Fax: 202/797-0020
Email: icrw@igc.apc.org**

The ICRW conducts a wide range of research on topics that touch the lives of women and girls worldwide. Of particular interest in the context of links between health and education, the ICRW

Organizations

conducted a set of research projects between 1990 and 1994 known as the Nutrition of Adolescent Girls Research Program. This program generated a number of policy and research reports that are available for purchase through the ICRW. ICRW documents that address the links between nutrition and mental development and health determinants of school failure are listed in the bibliography of this resource guide. Several of the ICRW reports from the Nutrition of Adolescent Girls Research Program are available in Spanish and French.

International Planned Parenthood Federation

Regent's College

Inner Circle

Regent's Park

London NW1 4NS

England

Phone: 71-486-0741

Fax: 71-487-7950

IPPF links national autonomous Family Planning Associations (FPAs) in over 150 countries worldwide. IPPF and its member associations are committed to promoting the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health. IPPF's member associations provide reproductive health services, including counseling, information, and a choice of family planning methods and providers. They seek to convince governments and policymakers to improve national health services. Many work to prepare adolescents for responsible parenthood; others offer such services as infertility treatment, premarital counseling, pregnancy testing, and breast and cervical cancer screening.

International Vitamin A Consultative Group

IVAG Secretariat

ILSI Research Foundation

1126 16th Street, NW

Washington, DC 20036

Phone: 202/659-9024

The International Vitamin A Consultative Group (IVACG) was established in 1975 by the U.S. Agency for International Development to provide support and guidance to international activities to control and eliminate vitamin A deficiency worldwide. A primary objective of IVACG is to provide a forum for the exchange of new ideas, research findings, and programmatic interventions which may contribute to the eradication of vitamin A deficiency. To this end, IVACG sponsors international meetings of experts in development and establishing guidelines for public policy and for vitamin A deficiency diagnosis, treatment, and prevention; and provides

Organizations

technical guidance to implementors and policy makers through state-of-the-art publications addressing the causes, treatment, and prevention of vitamin A deficiency. (Source: IVACG).

National Association for the Education of Young Children (NAEYC)

1509 16th Street, NW

Washington, DC 20036-1426

Phone: 800/424-2460 or 202/232-8777

Fax: 202/328-1846

NAEYC publishes a resource catalogue on topics in early childhood development including family child care, social, emotional and moral development, developmentally appropriate practice, and health, nutrition and safety.

National Center for Education in Maternal and Child Health

2000 15th Street North

Suite 701

Arlington, VA 22201-2617

Phone: 703/524-7802

Fax: 703/524-9335

The NCEMCH is funded by the U.S. Maternal and Child Health Bureau of the U.S. Department of Health and Human Services, to provide information services to health professionals, policymakers, program planners, educators, researchers, and the public. The information center will run customized database searches of their collection and produce bibliographies of pertinent titles. The information center does not lend its materials, but cites give complete information for obtaining copies from the source organizations. They also maintain a database of organizations that work in maternal and child health and will run targeted searches and provide a printout. In addition, the information center maintains a database of projects funded by the U.S. Maternal and Child Health Bureau (MCHB) and can produce customized lists of these projects. The NCEMCH produces a publications list on maternal and child health topics; a number of the publications are produced in several languages.

National Council for International Health

1701 K Street, NW

Washington, DC

Phone: 202/833-5900

NCIH strives to bring together individuals, organizations, and communities of the international health arena and to provide leadership and advocacy for increased awareness of international health issues. It also provides networking and training opportunities to inform and educate the

Organizations

sector, stimulate a response to international health priorities and effectively support capacity building efforts for national responsibility.

National Head Start Association

1651 Prince Street

Alexandria, VA 22314

Phone: 703/739-0875

Fax: 703/739-0878

Product ordering: 1-800-687-5044

The National Head Start Association (NHSA) is the only national organization dedicated exclusively to serving the needs of the Head Start community. Their mission includes advocating for Head Start in the government, business, and private sectors; working to improve quality and expand enrollment through increased program funding; providing training and professional development for members; and helping Head Start parents become economically self-sufficient.

National Health/Education Consortium (NHEC)

The Institute for Educational Leadership

1001 Connecticut Avenue, NW

Suite 310

Washington, DC 20036

Phone: 202/822-8405

Fax: 202/872-4050

From NHEC's information brochure: "The health and education of children are inextricably linked....For a variety of historical and societal reasons, these two critical facets of children's development have been separated. As a result, society finds itself either concerned about the 'health' of children or the 'education' of children, but all-too-rarely aware of how the two fields are interdependent." NHEC was formed in response to a 1990 national symposium of researchers and policymakers from the health and education sectors, hosted by the Congressionally established National Commission to Prevent Infant Mortality and the non-profit Institute for Educational Leadership. Fifty-eight national professional membership associations belong to NHEC, representing some 11 million health and education practitioners. Among these organizations are the American College of Nurse-Midwives, the American Federation of Teachers, the American Public Health Association, the American School Food Service Association, Health Mother Healthy Babies Coalition, the National Association of Elementary School Principals, the National Head Start Association, the National Education Association, and the National PTA. "NHEC's overarching goals are: to improve public policy by addressing the need for a better coordinated health and education delivery system; to strengthen communication and dissemination of information between health and education practitioners and policymakers;

Organizations

and to identify exemplary program models and practices which more effectively integrate health and education services.” NHEC produces occasional papers, special reports, and research documents, provides training and technical assistance, and operates special projects.

National Information Center for Children and Youth with Disabilities (NICHCY)

P. O. Box 1492

Washington, DC 20013-1492

Academy for Educational Development

1875 Connecticut Avenue, NW

Washington, DC 20009

Phone: 1-800-695-0285 (voice/TT)

Fax: 202/884-8441

As the organization name states, NICHCY is an information with a vast collection of information on literature, programs, and other resources on disabilities for children, youth, and their families. Besides collecting information from other sources, NICHCY publishes fact sheets on the various disabilities, which include definitions, characteristics, incidence, educational and employment implications, literature citations, and resource organizations. Bibliographies, materials for parents, news digests, and general resources for such information as public agency lists and state resource sheets are available through NICHCY. Much of the information NICHCY publishes is in both English and Spanish. The information published by NICHCY is not copyrighted and requires no permission to duplicate. Other holdings collected by NICHCY may be under copyright. NICHCY publications are also available on the Internet via the gopher for the Academy for Educational Development. From the AED menu (gopher.aed.org), select 6, Disability Services, and follow the menus. NICHCY publications are also available through ERIC.

Partnership for Child Development

University of Oxford

South Parks Road

Oxford OX1 3PS

United Kingdom

Phone: (44) 1865-281-246

Fax: (44) 1865-281-245

Email: child.development@zoo.ox.ac.uk

The Partnership for Child Development is an international program to improve the health and education of children through school based services. Established in 1992, the Partnership for Child Development was founded to examine ways in which schools themselves can play a more active role in improving the health of school-aged children. The Partnership has operations research programs in Ghana, Tanzania, India, Indonesia, Colombia, and Vietnam, each with

Organizations

national partnerships to implement, monitor, and evaluate the impact of a package of interventions delivered through the existing education infrastructure. The Partnership is sponsored by WHO, UNDP, the Rockefeller Foundation, the Edna McConnell Clark Foundation, and the James S. McConnell Foundation.

The Peace Corps

1990 K Street, NW

Washington, DC 20526

**Phone: 202/606-3886 (Information
and locator)**

Phone: 202/606-3086 (ICE)

Fax: 202/606-3024 (ICE)

Besides Peace Corps' traditional volunteer service, the Peace Corps has a number of sector experts located in the Washington Office of Technical Assistance Programs (OTAPS). Currently, several OTAPS staff are engaged in programs such as micronutrients and education and curriculum development with health subject content. The Peace Corps Information Collection and Exchange (ICE) serves as a general information referral center and produces a publications list of technical monographs from ICE's Resource Center materials that have wide application in the field.

Save the Children

54 Wilton Road

Westport, CT 06880

Phone: 800/243-5075

Save the Children's mission is to create lasting, positive change in the lives of disadvantaged children, accomplished through the participation of parents, community leaders and partners in progress, through the combined support of all sponsors, contributors, government agencies, corporations, foundations, and partner organizations. A non-profit, non-political, non-sectarian organization, Save the Children of the United States operates interrelated programs in education, health, economic opportunities, and emergency response in 41 nations including the United States. Save the Children is a member of the International Save the Children Alliance, one of the world's largest consortia of child-assistance organizations.

Organizations

**UNDP/World Bank/WHO
Special Programme for Research and
Training in Tropical Diseases (TDR)
Task Force on School-Aged Children
World Health Organization
20, Avenue Appia
CH-1211 Geneva 27, Switzerland
Phone: (41-22) 791-3767/8
Fax: (41-22) 791-4181**

Note also other divisions of WHO: Division of Mental Health (phone: 41-22-791-3616, fax: 41-22-798-2986); Division of Health Promotion and Education (HPE), Health Education and Promotion Unit (HEP) (fax: 41-22-791-4186); Division of Family Health, Adolescent Health Programme (phone: 41-22-791-3362/2111; fax: 41-22-791-0746). The objective of the Task Force is to develop, test, and evaluate methods of improving the health of school-aged children in areas where TDR's target diseases are endemic. These diseases include malaria, schistosomiasis, onchocerciasis, filariasis, Chagas' disease, African trypanosomiasis, leishmaniasis, and leprosy. The Task Force has provided funds for research in rapid assessment methods, health education and communication, cost-effectiveness, and equity issues pertaining to children in and out of school.

**UNESCO
7 Place de Fontenoy
75352 Paris
France
Phone: 45-68-1000**

UNESCO has established an international initiative to examine the relationship between educational participation and health and nutrition. As part of the UNESCO/UNICEF/World Bank Basic Education for All initiative, UNESCO is examining ways to improve the health and nutrition of school children so that children may gain the maximum from their education.

**UNICEF
UNICEF House
2 UN Plaza
New York, NY 10017
Phone: Youth Promotion Unit, 212/303-7944
Fax: 326-7336**

UNICEF's Youth Health Program undertakes five programming areas: school-based interventions, youth health and development, sexual and reproductive health, mass

Organizations

communication and mobilization, and family and community care. The School Based Interventions (SBI) Technical Support Group (TSG) provided support and review.

Bernard Van Leer Foundation

P.O. Box 82334

2508 EH The Hague

The Netherlands

Phone: (31-070) 351-2040

Fax: (31-070) 350-2373

From the Foundation's publication, *Why Children Matter*: "The Foundation's central objective is to improve opportunities for children up to the age of eight years who are living in disadvantaged circumstances. Two main strategies are used to achieve this objective:

- supporting the development of innovative field-based approaches in early childhood care and development; and
- sharing relevant experience with as wide an audience as possible in order to influence policy and practice.

This means that the Foundation both supports projects in the field and advocates for policies and practices that will create improved conditions for children. The Foundation's philosophy and activities are embedded in real life rather than in theory, they stem from the experience gained from supporting hundreds of projects around the world."

The World Bank

Population, Health, and Nutrition Department

1818 H Street, NW

Washington, DC 20433

Phone: 202/473-3782

Fax: 202 522-3234

See the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), the UNESCO/UNICEF/World Bank Basic Education for All, and the Action Group for School Nutrition and Health, above.

The World Health Organization

20, Avenue Appia

CH-1211 Geneva 27

Switzerland

See the entry for the UNDP/World Bank/WHO Task Force on School-Aged Children, above.

Division of Mental Health (phone: 41-22-791-3616, fax: 41-22-798-2986); Division of Health

Promotion and Education (HPE), Health Education and Promotion Unit (HEP) (fax: 41-22-791-

Organizations

4186); Division of Family Health, Adolescent Health Programme (phone: 41-22-791-3362/2111; fax: 41-22-791-0746).

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Individuals

Activities

Activities: Africa

Africa: USAID Projects

Benin: Benin Soya Nutrition

Project No. 680-0207

FY 79-80

Operational Program Grant to Catholic Relief Services (CRS) to help the Government of Benin (GPRB) reduce malnutrition by promoting the production and consumption of soya among the rural poor. CRS will implement the project's extensive training, demonstration, and information dissemination activities in collaboration with the Ministry of Rural Development.

Initial training on soya cultivation, preparation, and nutritional value will be provided to core project staff (the project manager, 4 mobile unit team leaders, and several Centre d'Action Regionale pour le Developpement Rural (CARDER - the agricultural extension service) agents; team leaders will also receive training at the International Institute for Tropical Agriculture. Short-term training to increase awareness of soya and its nutritional value will then be provided to some 2,140 policymakers, agriculturalists, doctors, teachers, nurses, and other influential persons through conferences at the provincial, district, and village levels.

Four mobile teams will give soya planting and preparation demonstrations at some 500 schools, preschool centers, health centers, youth and agriculture clubs, and church groups. Seeds (a total of about 10,120 kilos) will be distributed to an estimated half of the farmers and to about 300 of the schools reached through demonstrations; schools will be expected to plant a soya section in their gardens for consumption in school and for dissemination to area families. These efforts will be complemented by the distribution of posters and information sheets (a total of 9,000 of the former and 150,000 of the latter) at each demonstration and through public offices throughout the country.

Complementary activities, to be conducted by CARDER and by agencies of the Ministries of Higher Education, of Secondary Education, and of Public Health, will include: seed multiplication and special training of CARDER agents; varietal field trials and nutritional analyses; cooking experiments; and nutrition surveys.

Activities: Africa

Logframe

- **Goal:** To reduce the level of malnutrition within the People's Republic of Benin.
- **Purpose:** To promote the production and consumption of soya throughout Benin as an affordable nutritional protein component for the rural poor.
- **Outputs:** 1. Host government personnel trained in soya horticulture, soya promotion techniques, its nutritional value and animation technique. 2. Centre d'Action Regionale pour le Developpement Rural (CARDER) agents trained to carry out monitoring and extension education activities related to soya production. 3. Demonstrations by 4 mobile units. 4. Seeds distributed to schools, farmers, and civil servants. 5. Posters distributed. 6. Information sheets on soya distributed. 7. Soya experimentation plot (Ministry of Higher Education). 8. Seed multiplication plots established in schools (Ministry of Primary Education/Office of School Production). 9. CARDER multiplication centers. 10. 150 lab tests on mixture. 11. Nutritional surveys conducted by the Department of Applied Food and Nutrition. 12. Soya produced - 9,000 tons.
- **Inputs:** A.I.D.: Personnel, training, commodities, other. Government of Benin: Personnel, commodities, other.

Related Reports

CRS Benin soya nutrition OPG supplement (680-0207)

AID Contract/Grant/OPG, 29 Oct 1979

DOCID/Order No: PD-BAN-365

Benin soya nutrition project no. 680-0207

AID Contract/Grant/OPG, 29 Oct 1979

DOCID/Order No: XD-BAN-365-A

Activities: Africa

Cameroon: Northern Wells Phase II
Project No. 631-0051
FY 84-84

Operational Program Grant, follow-on to 6310025, to enable CARE to potable water sources in three departments of Cameroon's Extreme North Province and to provide health education, especially regarding water usage, handling, storage, and disposal and the protection of the new water sources. A total of 135 water points - 45 reinforced large diameter dug wells and 90 small-bore drilled wells - will be completed, each capable of meeting the needs of some 500 persons in Mokolo, Mora, and Diamare Departments; well drilling will be performed in conjunction with the Ministry of Mines and Energy project in Garoua. All wells will be protected and equipped with hand pumps. Community participation - e.g., contributions of cash, materials, and/or labor, and construction of fences around completed wells - will be required.

At the same time, the health education program begun under the Phase I OPG, in cooperation with the Ministry of Agriculture's Department of Community Development (CD), will be extended to all new areas and villages in the three departments to instruct inhabitants in basic health and water management practices. A CD animation agent will be assigned on a full-time basis to each of 12 affected arrondissements and districts and also to the three departmental headquarters. Health education activities will include seminars for village leaders, development of hygiene and sanitation curricula in primary schools, establishment of simple primary health care facilities, and training of village maintenance crews in the upkeep of wells.

Related Reports

Project proposal : CARE Cameroon 050, northern wells project phase II

Activities: Africa

AIDSCOM

Project No. 936-5972

Malawi: AIDSCOM Subproject

FY 87-92

AIDSCOM's project in Malawi made possible the full integration of HIV/AIDS instruction into the curriculum for grades K-12. No USAID abstract of the subproject is available. The USAID abstract for the full AIDSCOM project follows:

Project to assist LDC efforts to prevent and control AIDS. The project, the Agency's primary vehicle for responding to AIDS control needs, consists of two subprojects: (1) AIDS Public Health Communication (AIDSCOM); and (2) AIDS Technical Support (AIDSTECH). See abstracts of the subprojects.

Amendment of 3/18/91 extends project 2 years to 9/97 at substantially increased funding and redesigns the project. The redesigned project aims at developing full-scale national programs in 10-15 priority countries via long-term TA; short-term TA will be available to non-priority countries.

Outputs will be as follows: (1) subprojects focusing on four proven interventions: increasing demand for and access to condoms via social marketing and public-private partnerships, counseling people to reduce the number of sex partners; and diagnosis and treatment of sexually transmitted diseases; (2) intensive research on sexual behavior in 6 of the priority countries, with results used to develop targeted communications strategies aimed at changing sexual behavior; (3) establishment of an international PVO/NGO federation to mobilize donor resources, prepare educational and guidance materials, disseminate information rapidly, and provide TA and subgrants to indigenous PVO's; and (4) the application in individual country of three modeling approaches for disseminating AIDS information to policymakers and service providers (the simple projection model, the State Department's Interagency Working Group Model, and the AIDS impact model). (PD-ABC-582) See the abstracts of individually numbered subprojects.

Selected Evaluations

AIDS technical support project (NIAID PASA)

U.S. Agency for International Development. Bureau for Research and Development. Office of Health, Washington, DC,

21 Dec 1993, 6 p. + attachment, En

DOCID/Order No: PD-ABH-450; Attachment: XD-ABH-450-A

Activities: Africa

Summarizes attached interim evaluation (XD-ABH-450-A) of a PASA with the National Institute for Allergy and Infectious Diseases of the U.S. National Institutes of Health (NIH) to provide training and TA to developing country scientists in AIDS/HIV-related biomedical science, and to develop collaborative relationships between U.S. and developing country institutions to facilitate AIDS research. The evaluation covered the period 9/88-8/92.

While the PASA has met its objectives of fostering international research relationships and providing training and TA to developing country scientists, it has principally served the interests of U.S. research. The PASA, as it is now structured and perceived, is not a valued contributor to the USAID AIDS/HIV program. However, it still has the potential to support the common research goals of NIH and USAID. This can be achieved by clarifying the PASA's goals and objectives, identifying mutual research interests, and addressing administrative weaknesses that have been experienced with the PASA.

Some common research interests that were identified are: biomedical and behavioral aspects of vaccine development; diagnosis and treatment of sexually transmitted diseases (STDs); management of tuberculosis; and risk factors, diagnosis, and management of HIV infection in women.

Lessons learned are as follows. (1) The PASA is an effective means of creating new collaborative relationships between U.S. research institutions and those in developing countries. (2) Training under the PASA can lead to U.S. recognition of the potential contributions of developing country scientists and also provides an opportunity to promote developing country research interests within the U.S. scientific community. (3) Effective utilization of the PASA mechanism requires detailed funding announcements that clearly and in detail state the type of grant proposals that will be considered and the criteria for awards. Because these were lacking, many of the proposals received to date have fallen outside the priority areas targeted by the PASA.

International forum on AIDS research (IFAR)

U.S. Agency for International Development. Bureau for Research and Development. Office of Health, Washington, DC,

20 Apr 1993, 6 p. + attachment, En. ES no. 936-93

DOCID/Order No: PD-ABH-342; Attachment XD-ABH-342-A

Summarizes external evaluation (XD-ABH-342-A) of the International Forum on AIDS Research (IFAR). Evaluation covers the period 9/89-6/92. IFAR was established in 1988 to improve coordination and exchange of information about HIV/AIDS research in developing countries, to enable donor agencies to achieve greater complementarity, and to marshal support for high-priority HIV/AIDS research.

Activities: Africa

Through personal interviews and telephone conversations with IFAR members and with IFAR staff at the Institute of Medicine, the evaluator determined that IFAR membership criteria were never clearly defined. There were no members from outside North America. IFAR members had no clearly defined financial or other obligations. IFAR staff and donor agency members of IFAR frequently disagreed and were disappointed about the agenda and/or proceedings of IFAR meetings. IFAR staff never satisfactorily completed the creation of an IFAR data base to facilitate exchange of information.

IFAR meetings and activities had ceased by the time of the evaluation because WHO's Global Program on AIDS and most other members had withdrawn support in favor of efforts to establish a more effective coordinating body through the Global Management Committee and WHO. The key lesson learned was to obtain agreement and commitment from the organizing members at the outset on membership, financing, goals, methods, and outcomes to be achieved by such a forum. (Author abstract, modified)

Mid-term evaluation of National Council for International Health

Preble, Elizabeth; Chapnick, Bernie

Atlantic Resources Corp., Arlington, VA,

U.S. Agency for International Development. Bureau for Research and Development. Office of Health, Washington, DC, (Sponsor),

Apr 1993, 24 p. + 5 appendices : charts, statistical tables, En.

DOCID/Order No: PD-ABG-945

Evaluates a grant to the National Council for International Health (NCIH) to strengthen the role of PVOs in the prevention and control of HIV/AIDS. Midterm evaluation covers the period 1991-1993. The project has been an effective and relatively inexpensive way for A.I.D. to help expand access to HIV prevention and control programs in developing countries. Under NCIH leadership, the PVO network expanded from 30 members in mid-1990 to over 140 by early 1993. Washington-based international health PVOs have benefitted most from the project, though the new relationship with Interaction may attract more non-health oriented members. While smaller PVOs have profited less, project leadership has made significant efforts to respond to their needs. It has been somewhat difficult for the project to involve indigenous PVOs because the level of funding has not been sufficient to reach small organizations based in developing countries.

The project's most impressive accomplishment has been the networking opportunities it has provided PVOs through: workshops, especially the annual conference, which remains NCIH's premiere activity; newsletters, especially the bimonthly AIDSLINK; frequent informal meetings in Washington; and other links made by the Project Manager. These fora have given credibility and support to PVOs new to the area of AIDS/HIV, linked PVOs having common needs and

Activities: Africa

valuable experience to share, matched PVOs with funding sources, and linked U.S. domestic and U.S. international PVOs.

In addition to its service to PVOs, the project has become an information resource on the international AIDS epidemic for other organizations and concerned citizens. The project has also facilitated dialogue between PVOs and AIDSCAP, A.I.D.'s largest AIDS project. In addition, the project manager has served as a de facto negotiator/facilitator in discussions of Government/PVO funding issues; an example is the Project's role in preparing the draft concept paper, "HIV/AIDS flexible funding," in which PVOs present a rationale for increased funding of HIV/AIDS activities in developing countries. However, despite the utility of this role, it is strongly recommended that in the future the project concentrate on substantive, programmatic issues.

While the project has improved PVOs' HIV/AIDS programming by facilitating the exchange of successful program models and experience, it has not played a major role in providing TA, information, or materials (the NCIH Project Manager feels that budget and staffing do not permit this), although it has frequently put PVOs in touch with sources of technical information. In the area of service delivery, efforts have focused on care for AIDS orphans through ongoing formal and informal meetings. The issue of home-based care may be discussed at a forthcoming workshop.

Finally, the project has undertaken several initiatives not outlined in the original scope of work, including (1) planning a forthcoming meeting on AIDS in Eastern Europe with the Center for Strategic and International Studies (CSIS) and the International Center for Better Health; (2) participation in a CSIS working group on AIDS as a foreign policy issue; (3) assisting in the preparation of AIDS documents for President Clinton's transition team; (4) working with Funders Concerned about AIDS to link domestic and international AIDS activities; and (5) contributing to strategic thinking on overall policy and program priorities for the U.S. Government in international AIDS efforts.

National Council for International Health

U.S. Agency for International Development. Bureau for Science and Technology. Office of Health, Washington, DC,

24 Oct 1990, [5] p. + attachment, En. ES no. 936-90

*DOCID/Order No: *PD-ABC-508; Attachment: XD-ABC-508-A*

** Microfiche not available -- every other page of evaluation missing*

Summarizes mid-term evaluation (XD-ABC-508-A) of a grant to the National Council for International Health (NCIH) to support an annual international health conference and to provide

Activities: Africa

coordination and support for U.S.-based PVO's interested in working on AIDS prevention in the Third World. External evaluation covered the period FY89-7/90.

The implementing agency, the National Council for International Health (NCIH), has performed well. Both activities, the conference and the PVO/AIDS initiative, are appropriate, effective, and well appreciated by PVO's and conference attendees. However, the focus of the PVO activity should be shifted from increasing their HIV/AIDS awareness towards helping them to obtain direct TA. PVO's now want more hands-on assistance in conceptualizing their roles, designing programs, and implementing existing programs.

It is recommended that both activities be continued and that A.I.D. provide additional funds to NCIH so that planning for the 1991 conference is not interrupted. However, before considering NCIH requests for future funding, A.I.D. must ensure that the Council's problems with staffing, financial, and organizational capacity have been resolved.

Related Reports

AIDS technical support
Project Paper (PP), 5 May 1987
DOCID/Order No: PD-AAZ-782

Reducing HIV transmission : lessons from the past
AID Supported Study, [1988]
DOCID/Order No: PN-ABF-382

Strategies for AIDS prevention : AIDS prevention counseling -- an introduction
AID Supported Study, Nov 1989
DOCID/Order No: PN-ABG-567

AIDS technical support project : amendment no. 2
Project Paper (PP), 18 Mar 1991
DOCID/Order No: PD-ABC-582

AIDS education : lessons from international health
AID Supported Study, [1990]
DOCID/Order No: PN-ABI-303

AIDSCOM : a generation free of AIDS -- developing AIDS education materials for public and private schools of Malawi
AID Supported Study, [1990]
DOCID/Order No: PN-ABI-307

Activities: Africa

Maphunziro a matenda a edzi : book one
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-382

Maphunziro a matenda a edzi : book two
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-383

Maphunziro a matenda a edzi : book three
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-384

Maphunziro a matenda a edzi : book four
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-385

AIDS education for secondary schools : book one -- learning activities
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-386

AIDS education for secondary schools : teachers' guide
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-387

AIDS education for secondary schools : book two -- students' handbook
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-388

AIDS education for colleges : teachers' guide
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-389

AIDS education for colleges : students' handbook
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-390

AIDS education for primary schools : teachers' guide for standards one to four
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-391

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AIDS education for primary schools : teachers' guide for standards five to eight
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-392

AIDS education for primary schools : pupils' handbook for standards seven and eight
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-393

AIDS education for primary schools : pupils' handbook for standards five and six
Handbook/Manual/Guide, 1992
DOCID/Order No: PN-ABL-394

HIV / AIDS prevention trainer's guide
Handbook/Manual/Guide, [1990]
DOCID/Order No: PN-ABL-492

Evaluation report for the AIDS education materials
Special Evaluation, Jul 1991
DOCID/Order No: PN-ABL-493

AIDSCOM -- lessons learned : AIDS prevention in Africa
AID Supported Study, [1993]
DOCID/Order No: PN-ABQ-409

Training manual : AIDS / STD education and counseling
Handbook/Manual/Guide, [1993]
DOCID/Order No: PN-ABR-395

Overview of AIDSCOM -- lessons learned : AIDS prevention in Africa
AID Supported Study, [1993]
DOCID/Order No: PN-ABT-194

Activities: Africa

Senegal: Rural Health Services II

Project No. 685-0242

FY 84-89

Project, follow-on to project 6850210, to develop a village-level primary health care (PHC) system in Senegal's Sine-Saloum region. The Ministry of Health (MOH) will implement the project, which will introduce a financially viable system of preventive health interventions, deliver maternal/child health services, train MOH professionals and villagers, and upgrade MOH information, applied research, and drug supply systems.

Preventive interventions - including immunization, epidemiological systems, and activities to control malaria, diarrheal disease, malnutrition, and tuberculosis and promote child spacing - will be introduced gradually into all 6 Sine-Saloum departments as the necessary community infrastructure and financing are developed. A network of 728 village health huts will be staffed by community health workers and financed through user fees and Government of Senegal (GOS) assistance. Children aged 0-3 and pregnant or lactating women will be targeted.

Training will be the centerpiece of the project. The Kaolack Training Center will be upgraded to allow it to serve as a hub for PHC and other health training and for related research and networking activities. The project will finance U.S. or third-country M.S. or Ph.D. training in public health for 10-12 persons and 75 months of in-country and external short-term training for MOH and departmental personnel, health post nurses, and villagers.

The project's health interventions will be supported by an improved management information system (MIS) (data on births, deaths, and health consultations will be kept for analysis in village notebooks, and microcomputers will be introduced as a tool in data analysis) and by applied research on PHC delivery and related issues. USAID/S will support a World Bank/GOS program to strengthen the MOH drug supply system, particularly at the regional level.

Amendment (7/84) authorizes a national oral rehydration therapy (ORT) program. The Sine-Saloum region has now become the regions of Fatick and Kaolack. (PD-BAS-655)

Amendment (7/89) focuses the project more closely on child survival and on decentralized management and expands it geographically to include intensive support to 4 (unidentified) regions and streamlined support elsewhere. Outputs will be expanded as follows. (1) To strengthen MOH management, TA will be provided in health planning, information management, and health education; operations research conducted on health costs and supervision costs; public health announcements developed for radio and TV; and training expanded to include, inter alia, 9 U.S. postgraduate degrees in public health and the training of 7,500 field agents and community personnel. (2) The project will support decentralization by

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funding regional-level training and procurement of medicines, supplies, and IEC materials, as well as KAP studies, decentralization workshops, and the renovation of 20 key rural health facilities. (3) To support child survival, the project will fund essential supplies for the 4 target regions, fund school gardens in these regions and in Louga region, renovate 6 Regional Pharmaceutical Supply Centers, upgrade drug supply systems, and conduct studies on malaria control and the production of ORT salts. CS in Louga will be supported via a grant to World Vision. (4) Tulane University and Morehouse College of Medicine will strengthen the University of Dakar's new Institute of Health and Development and help revise curricula in midwifery and nursing schools. (PD-AAZ-732)

Selected Evaluations

Rural health / child survival

U.S. Agency for International Development. USAID Mission to Senegal, Dakar, 23 Dec 1992, 9 p., En. ES no. 685-92

Project no. incorrectly listed on facesheet as 685-6242

DOCID/Order No: PD-ABF-199; Companion evaluation: PD-ABE-756

Summarizes final evaluation (PD-ABE-756) of a project to establish a rural health delivery network in Senegal's Fatick and Kaolack regions. The evaluation covered the period 5/86-9/91. Subsequent to the evaluation, the PACD was extended to 3/93, with a decrease in LOP funding of \$10.7 million. Achievement of the project's purpose of the project -- to increase agricultural productivity by reducing days lost due to illness -- proved impossible to measure accurately. However, it was the perception of all, actors and beneficiaries, that the purpose had been attained due to decreased family illness, reduced travel time and cost, and increased availability of lower-cost drugs at the village level.

More health huts were functioning than health officials had thought. The health hut system is an appropriate strategy for providing basic preventive and curative health care in Senegal and should be expanded. Also, combining several interventions at the health post and hut levels has proved to be an effective way to deliver services to rural populations and a promising means toward financial sustainability.

Despite inadequate numbers of trained public health cadres and difficulties in getting regional and district health plans written, the decentralization process has moved forward and planning capability has increased.

Implementation of Phase II of the project -- to have begun in 1989 -- was seriously delayed due to a covenant requiring that regions prepare health planning and development documents before activities could begin.

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The project's assumptions about the time and economic setting needed for achieving sustainability and transferring responsibility to the host country were flawed; institutionalization of a sustainable supervision system down to the village level has not yet been achieved. Much more work is required before the Health Information System can provide manageable, relevant, and accurate data, standardized reports, and analyses of epidemiological and management information.

The Operations Research component never became fully operational nor responsive to project needs. The pharmaceutical supply system is hampered by a lack of supervision and resources to support transportation costs. Training of health staff was initially successful but slowed early in the project due to the departure of key trained personnel, budgetary constraints, and a void in regional leadership. Few short- or long-term trainees have returned to work in the project area for any significant length of time, though many have been assigned to headquarters or other areas with higher levels of responsibility. A national health training plan is still incomplete.

In regard to project management, there have been serious problems in providing effective TA due to reticence on the part of the GOS to take on TA and lack of appreciation for the potential value of this resource. Also, there has not been effective planning and use of GOS counterpart funds.

It was recommended that the PACD be extended to permit completion of health planning and development documents in the region, as well as other health system improvements. Lessons learned concern the evaluation process. (1) The requirements in the evaluation scope-of-work proved very difficult and burdensome. The Mission needs to be more realistic in its expectations about what evaluation teams can accomplish; moreover, efforts must be made to provide advance documents to team members so as to free up their often limited time in-country for field work. (2) Regarding project design, objectives must be realistic and measurable. If a baseline survey is done, a follow-up survey, employing a similar methodology, should be conducted to determine any changes in indicators. (3) Joint host country and USAID/contractor teams are desirable and superior; funding for translation needs to be added to accommodate dual teams. Overall, the Mission agreed with the findings and recommendations of the evaluation. It has taken steps to focus efforts on the inadequacies detailed above, and has prepared a PACD extension.

Mid - term evaluation, April - May, 1986 : Senegal rural health project, phase II

Toure, Bou; Ba Diagne, Bineta; et al.

U.S. Agency for International Development. USAID Mission to Senegal, Dakar, (Sponsor)

May 1986, v, 82 p. + 8 annexes : statistical tables, En

DOCID/Order No: PD-AAW-066

Evaluates project to establish a rural health delivery network in Senegal. Mid-term evaluation covers the period 5/84-5/86 and is based on document review, site visits, and interviews with

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project personnel. The project has made good progress in the areas of training, health delivery, supervision, pharmaceutical supply, financial management, and establishment of a management information system (MIS). For example, 316 health huts have been established in the target areas, and 8 health posts have been built; as a result, 89% of mothers regularly take chloroquine while pregnant or nursing to prevent malaria, and 55% of mothers utilized oral rehydration therapy the last time their children had diarrhea. Vaccination activities are behind schedule, however, and the planned nutrition program has not yet been implemented.

The training component has trained literally thousands of community health workers (CHW's) and members of village health committees. Long-term training has been less successful: only 4 of 10 officials scheduled for U.S. training have begun their studies, due partly to delays in signing a TA contract with Harvard University. Short-term overseas training has been provided to 13 officials. A project-established training center began operations in 1985, but needs to be used more. Similarly, a twice a year refresher training program for the CHW's is in place but its performance has been subpar so far.

Efforts to improve CHW supervision, the MIS, and the pharmaceutical distribution system have met with mixed success: all are designed well for the most part, but have operational difficulties that need to be addressed. Finally, possibilities for self-financing of project activities when A.I.D. assistance ends are being explored at all levels.

A total of 63 recommendations are made, focusing on accelerating malaria, ORT, and vaccination activities, expanding the use of the training center, improving supervision techniques, simplifying the MIS, improving the pharmaceutical supply system, and tightening financial management procedures. In general, the project should concentrate on decentralizing management, improve communication between the administrative and local levels, complete construction of the health posts, and improve the upkeep and sanitation of the health huts. It is also recommended that the project take steps to ensure the functional literacy of the CHW's in order to improve record keeping.

Related Reports

Senegal rural health II project
Project Paper (PP), 1984
DOCID/Order No: PD-BAT-626

Rural health II - Kaolack, USAID project : 6850242; report on review of project accounts and Internal control
Non-AID Evaluation, 27 Jul 1984
DOCID/Order No: PD-AAS-233

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Mid - term evaluation, April - May, 1986 : Senegal rural health project, phase II
Special Evaluation, May 1986
DOCID/Order No: PD-AAW-066

Supervision dans le cadre du projet de sante rurale Senegal / USAID, phase II : proposition de
programme de recherche operationnelle
Authorized Proposal, Aug 1986
DOCID/Order No: PD-AAW-845

Grant agreement between the Government of the Republic of Senegal and the United States of
America for rural health delivery services II
Grant Agreement (PROAG), 12 Apr 1984
DOCID/Order No: PD-BAR-101

Rural health delivery services project II, implementation letter no. 0242-15, renovation of
Medina Niassene health post
Not Elsewhere Classified Design Document, 4 Aug 1988
DOCID/Order No: PD-AAY-082

Amendment number six to the grant agreement between the Republic of Senegal and the United
States of America for the rural health delivery services II / child survival project
Grant Agreement (PROAG), 31 Aug 1989
DOCID/Order No: PD-AAZ-708

Senegal rural health delivery services project -- phase II (primary health care for child survival),
(685-0242) : project paper supplement, amendment no. 3
Project Paper (PP), 21 Jul 1989
DOCID/Order No: PD-AAZ-732

Project paper supplement : Senegal rural health II project, A.I.D. project no. 685-0242
Project Paper (PP), 10 Jul 1984
DOCID/Order No: PD-BAS-655

Evaluation of rural health delivery services project II / child survival (685-0242)
Special Evaluation, 27 Sep 1991
DOCID/Order No: PD-ABE-756

Rural health / child survival
Proj Eval Summary(PES)/Eval Summary(ES), 23 Dec 1992
DOCID/Order No: PD-ABF-199

Activities: Africa

Audit of A.I.D.'s contract with Action Consulting Association (no. 685-0242-C-00-2167-00) under the rural health delivery services II project (no. 685-0242) from January 31, 1992 to June 30, 1993

Audit Report, 22 Sep 1994

DOCID/Order No: PD-ABJ-369

Activities: Africa

Swaziland: Family Planning Endowment - Family Life Association of Swaziland (FLAS)

Project No. 645-0237

FY 92-95

Project to capitalize an endowment for the Family Life Association of Swaziland (FLAS). FLAS will use the interest income from the endowment to improve its existing family planning (FP) activities and/or initiate new ones. This interest income is expected to cover some 25% of FLAS' operating expenses over the next 10 years.

Arrangements for managing the endowment will ensure that, inter alia: (1) the principal is used for investment only and is invested so as to yield relatively high and consistent returns at minimum risk; (2) at least one seat on FLAS's Board is reserved for a person of established reputation in Swaziland's financial community; and (3) the income from the endowment will be used only for purposes directly relevant to FP (except that some of the income may be reinvested). FLAS intends to use the endowment indefinitely as a funding source for FP activities.

FLAS currently operates three FP clinics (the first, second, and eighth largest in the country) providing FP services, sexually transmitted disease (STD) counseling and treatment, pregnancy counseling, Pap smears, and, less frequently, adolescent sexuality counseling and infertility counseling. The organization also provides family life education in secondary schools, operates a community-based distribution (CBD) program in five rural communities, and is working with rural women's groups in a pilot project, counseling them on personal and family matters, including FP. FLAS services account for about 30% of Swaziland's total couple-years of protection.

Illustrative examples of activities which could be funded from the endowment income include the following (although funds would not be sufficient to finance all of these): hiring new staff (including staff currently funded under Project 6450228, Family Health Services, which is scheduled to end in 12/92); expanding FP services and education to private industry; purchasing antibiotics needed to treat STD infections; operating mobile clinics; and expanding FLAS's in-school family life education, CBD, and women in development activities.

Related Reports

Family planning endowment (FLAS)
Project Paper (PP), 29 Sep 1992
DOCID/Order No: PD-ABE-948

Activities: Africa

Tanzania: School Health Program

Project No. 621-0150

FY 79-80

Grant is provided to the Government of Tanzania (GOT) to develop a comprehensive health program for the nation's primary schools (PS). The GOT's Ministry of Health (MOH) will be the project's primary implementing agency.

On the national level, an improved Teacher's Guide to Health Instruction will be developed for the domestic science syllabus. More specific lessons for teacher use will be included and emphasis will be placed on the child-to-child approach whereby school children are taught how to protect the health of preschool siblings. Before distribution to the country's 10,000 PS's, the guide will be field tested in the Central Zone. To ensure adequate training in health instruction for future PS teachers, the new guide will be included in the programs of the 35 National Colleges of Education (NCOE) and a detailed plan to expand the new program nationally will be prepared. Training will be provided to NCOE health tutors. Other training will include U.S. training at the M.P.H. level for three GOT school health managers and in-country training for eight GOT school health officers. A.I.D. technicians will help MOH develop a state health information system.

One teacher from each of the Central Zone's 800 PS's will be trained as a School Health Coordinator (SHC) and will in turn relay new health teaching techniques to their colleagues. Trained SCH's will provide routine health check-ups, referral and follow-up procedures, and first aid and will maintain a record of each student's health history and provide the cumulative information to the MOH. All 800 schools will be provided with a first aid kit and school health cards.

Finally, 80 PS's in the Central Zone's Dodoma and Singida regions will be selected to receive the new program's full benefits on a pilot basis. In addition to the above, benefits will include installation of water supply systems and complete latrine facilities and upgrading of school farms to produce crops to feed students, along with development of student feeding plans. In the zone's remaining 720 PS's, plans for water supply systems will be developed and latrines will be improved.

Logframe

- **Problem:** Since the early 1970's, the Government of Tanzania has increased the development of health services for the rural villagers who comprise 87% of a population totaling 17.5 million. Child health care services have been implemented, but as children approach school age, they receive only follow-up health services which are inadequate in

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view of the high rate, among school aged children, of illness and consequent student absenteeism. Insufficient resource funds and field expertise impede further development of health care services.

- **Strategy:** Three-year project consists of a grant to the Government of Tanzania for technical assistance, commodities, and training to implement a health program in the primary schools of Tanzania. Host-country will provide salaries of government participants in the project.
- **Goal:** To help Tanzania develop a health service system which can improve the health status of the people sufficiently for them to enjoy life and participate fully in community development activities and contribute to the goal of self-reliance.
- **Purpose:** To initiate a comprehensive school health program in Tanzania which develops health instruction, health services, and nutritional and environmental improvements within the primary schools and is integrated into the national health system and the national development plan.
- **Outputs:** 1. Teachers trained in health instruction, health services, nutrition and environmental improvement. 2. Government officials trained for role in program. 3. Revision of health instruction syllabi. 4. Teachers' Guide. 5. Student Health Information System. 6. Elementary health services developed at school. 7. Safe water systems developed at schools. 8. School sanitation systems installed. 9. School farms improved for student nutrition. 10. Plan for expanding School Health Program.
- **Inputs:** 1. A.I.D.: A. Technical assistance--2 Long term technicians and Short term consultants. B. Commodities--Local Purchase and Offshore procurement. C. Training--Participant and In-country. 2. Tanzania: Government salaries.

Selected Evaluations

Tanzania School Health

Ehmer, Paul; Berger, Ian; et al.

U.S. Agency for International Development. USAID Mission to Tanzania, Dar es Salaam, 6 Dec 1982, [3] p., En. PES no. 621-83-3

DOCID/Order No: PD-AAM-109

Evaluates school health project in Tanzania. PES covers the period 9/80-12/82. No methodology is given. Recommendations are: (1) develop detailed workplans and budgets to assist program component planning and analysis to give USAID/T a basis for deciding whether the project should be extended one year (to 9/30/84) or two; (2) add personnel to help in the

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preparation of educational materials and in project management; (3) expand the management training component to include Ministry of National Education personnel; and (4) prepare a training workplan to include increased assumption of local training costs by the Tanzanian Government.

Report on the midterm evaluation of the Tanzania school health project

Faigenblum, Jacques; Tonon, Marilyn

U.S. Agency for International Development. Bureau for Science and Technology. Office of Health, Washington, DC, (Sponsor)

American Public Health Association, Washington, DC,

17 Dec 1982, xiii, 71 p., En

DOCID/Order No: PD-AAM-075

Evaluates project to help the Government of Tanzania (GOT) develop a pilot comprehensive health program in 30 primary schools. Special evaluation covers the period 9/80-8/82 and is based on document review, site visits, and interviews with school, health, GOT, USAID/T, and AID/W personnel. Although progress is being made, objectives will not be met within the allotted time. Implementation has been delayed by 12-20 months due to insufficient contractor authority over procurement and construction, a cholera epidemic which diverted the energies of the project field coordinator, materials unavailability, and transportation problems. The project has also suffered from the absence of the GOT program director (receiving U.S.-graduate training), and a lack of clarity regarding the roles of expatriate advisors and central and regional GOT health and education personnel.

Despite these problems, a rough draft of a school health handbook has been produced; one chapter is being pretested in schools and a teacher training curriculum based on the handbook is being prepared. A protocol for teachers to use in screening for and treating illnesses, as well as a school health course are also in draft form. Limited project orientation training has been provided to district health officers, school health coordinators, and head teachers, but planned teacher training is threatened by the GOT's failure to program funds for transportation and per deems. U.S. graduate training is being provided to two health officials, but no training has been programmed for education officials.

Procurement of school health kit supplies and development of a student health record system have also begun. Inputs have been provided to school farms, but it appears unlikely that the farms will be able to support planned school feeding programs; while 1-3 schools have begun school feeding, most still lack kitchen facilities and utensils. The schools' water supply and sanitation needs have been ascertained; some digging of wells and latrines has begun. Finally, collection of baseline data for use in future expansion of the program is underway. Support for project activities among teachers, local officials, and community members has been strong.

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It is recommended that the project be extended two years to 9/85 to allow completion of planned outputs; other recommendations concern training and project management.

Related Reports

Tanzania school health program; mid-term report
Progress/Interim Report, 30 Apr 1982
DOCID/Order No: PD-AAM-272

Tanzania School Health Program
Project Paper (PP), 1 May 1979
DOCID/Order No: PD-AAG-064-A1

Economic overview : Tanzania
Conference Proceedings/Paper, Sep 1980
DOCID/Order No: PN-AAZ-546

Tanzania school health project : amendment no. 1
Project Paper (PP), 24 May 1983
DOCID/Order No: PD-BAN-902

Activities: Africa

Togo: Family Health Project No. 693-0212 FY 77-78

Grant and technical assistance to the Government of Togo (GOT) to strengthen the GOT's institutional capacity to provide improved family health services (FHS) to its populace, particularly pregnant and lactating mothers and to children 0-5 years of age. In this project, FHS implied integrating preventive and curative maternal/child health (MCH) services with nutrition education and family planning (FP) for the purpose of better spacing between childbirths and thus reducing population-related MCH problems.

Emphasis will be on clinical and classroom in-depth training of medical, paramedical and social services personnel and on the extension of the FHS in at least one MCH center in all 21 health districts and hence to the rural population. From each health district core groups of senior personnel with supervisory responsibility will be selected for training. Training of supervisors will be conducted, in part, by physicians, midwives, social agents-animateurs and health educators previously trained abroad; in preparation for this role, these GPs will receive refresher courses in their specialties. Once trained, supervisors will train paramedicals, social services workers and other health personnel in the field.

A.I.D. TA will be limited to one public health advisor-administrator who will help establish and assist in family health training center (FHTC) management and development and revision of training curricula, training counterparts and trainees at the center. A.I.D. will also fund design and construction of the FHTC. Approximately 120 senior-level and 120 mid-level health personnel will be trained per year at the center. Health and sex education pamphlets and films will be produced by the FHTC to educate, motivate the public to understand and use family planning to assist the MOH in providing sex education in primary and secondary schools.

The project will be implemented under the Ministry of Health, Social Affairs, and the Advancement of Women (MOH). The A.I.D. advisory and the Togolese director of the FHTC will be responsible for day-to-day project management and coordination of all donor inputs. Family Planning International Assistance (FPIA) will fund the entire training component (from PHA/POP Title X funds), including in-country TA, participant training of supervisory personnel, and KAP research on family planning. Beneficiaries: women and children.

Logframe

- **Problem:** In Togo, 50% of rural children die before age five; 80% of women suffer from preventable diseases; 50% of women suffer from anemia. Health services are highly urbanized, curative, and hospital based. Little emphasis is placed on public health and

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preventive medicine; the few rural paramedical and auxiliary health personnel have had very limited preventive medicine maternal/child health or population training. Also, even though pregnancy's health risks far outweigh those from use of the pill, the pill's failures prevent its use in reducing health problems of poor child spacing.

- **Strategy:** Six-year project consists of grant and technical assistance to the Government of Togo (GOT) to improve its institutional capacity for providing maternal and child health services through training of family health delivery personnel. A.I.D. provides funds, personnel, commodities, and equipment. GOT contributes land, salaries, and per diem/transportation for participants. Other donors: UNFPA, Family Planning International Assistance.
- **Goal:** To improve the health of Togolese populace with particular emphasis on pregnant women, lactating mothers, and children in the 0-5 age group.
- **Purpose:** To strengthen the GOT's institutional capacity to provide improved family health services to its populace, particularly pregnant and lactating mothers and children 0-5 years of age in rural areas, through in-depth training of medical, paramedical, and social services personnel in various aspects of family health.
- **Outputs:** 1. Trainees (trained or retrained): A. Senior level - one MO didactic and clinical - physicians, midwives, nurses and medical assistants; B. Mid-level one to two weeks didactic and clinical - auxiliary midwives and social agents; C. Lower-level variable didactic only; D. Student training, medical students and interns, midwives, medical assistants (including nurses), auxiliary midwives, social agents/animateurs -- actual number of students, type of training, length of courses to be determined by MOH, Family Planning International Assistance and administration of the schools involved. 2. Participants trained. 3. Center constructed. 4. Curriculum developed. 5. Health and sex education materials developed.
- **Inputs:** 1. A.I.D.: A. Construction (A&E labor and materials); B. Personnel (TA and secretary); C. Commodities and equipment. 2. Family Planning International Assistance: A. Personnel (short-term TA and secretary); B. Commodities and equipment; C. Participant training; D. Local cost (research, secretary). 3. GOT: A. Land; B. Personnel (salaries); 3. Training (per diem and transportation); 4. Operating cost.

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Selected Evaluations

*Project assistance completion report : [Togo] Family Health Center
U.S. Agency for International Development. USAID Mission to Togo, Lome,
19 Feb 1993, [2] p., En
DOCID/Order No: PD-ABF-511*

PAC of a project (9/77-12/85) to construct a Family Health Center in Togo. Construction of the Center was delayed more than 2 years due to several factors including difficulties in finding an appropriate contractor, the decision to build the Center in the World Health Organization Regional Training Center compound (a different location than was originally planned), and the long negotiations with the Ministry of Health over the structure and function of the project. Construction was finally completed in 7/82. Minor changes were made and construction deficiencies were corrected during the next 2 years. Final payment was made to the construction contractors in 3/84.

The Center was fully staffed with qualified training and administrative personnel, including three educational facilitators, (a nutritionist, a midwife, and a nurse), an administrative coordinator, and a technical coordinator. By 7/83 the Center was fully equipped, and training courses began in 10/83. Funding for training courses at the Center was provided through a separate grant, awarded to Family Planning International Assistance.

In sum, the project successfully achieved its primary purpose of building the Togo Family Health Center, albeit 2 years later than planned. In his final inspection of the Center, the REDO/WA chief engineer described the Center as "attractive, well coordinated to the existing buildings, and entirely appropriate in design. It will serve the purpose for which it was intended."

The following lessons have been learned. The project design and proposed inputs were not clearly understood by both parties to the agreement at the beginning of the project. Issues pertaining to the use of the new facility were not clearly resolved before the project began, resulting in some confusion surrounding the Center's purpose. Construction plans were drafted before the facility's activities were theoretically designed. Agreements on the use of the physical facilities among USAID, the GOT, and WHO should have been more clearly shared between all parties. Disagreements on use and design factors significantly delayed construction.

Inadequate time was allowed for discussion between USAID and the host country on the project purpose and goals. A substantial length of time was necessary even after the project agreement had been signed to reach consensus on a number of important issues, resulting in prolonged delays in project start-up. (Author abstract, modified)

Activities: Africa

*Final evaluation : Togo family health, 23 November - 20 December, 1985; final report
Erickson, Six; Toumi, Liliane*

*U.S. Agency for International Development. USAID Mission to Togo, Lome,
24 Jan 1986, 48 p. + 10 appendices : statistical tables, En
DOCID/Order No: XD-AAT-930-A; Attached to PD-AAT-930*

Presents final external evaluation of project to construct a family health center (FHC) and expand family planning (FP) services in Togo. Evaluation covers the period 10/83-12/85 and is based on document review and visits to seven clinics.

The FHC was completed by 7/82 (not 1/80, as planned) and equipped by 7/83. Family Planning International Assistance (FPIA) has developed curricula for physicians, midwives, nurses, and social workers and trained 121 Ministry of Health (MOH) personnel in these categories; another 85 persons will be trained before the FPIA grant expires in 11/86, still far below target.

Course content and methods seem appropriate, although facilitators need training to improve their use of interactive teaching methods and broaden their understanding of FP. There is a general lack of audiovisual AIDS and support materials, and the library is little used by the facilitators due to a paucity of French materials and "how-to" materials.

The MOH has designated 11 facilities (four in Lome, the remainder up-country) as FP centers; there have been 1,992 contraceptive acceptors at these centers. The <<Association Togolaise pour le Bien-Entre Familial>> (ATBEF), which also offers FP services at its private clinic, provides contraceptives to the FP facilities and to other MOH centers. Thus, FP services are available - if not through the project - in all 21 MOH districts. ATBEF statistics show that about 2% of Togolese women of child-bearing age use modern methods. (The project design projected 10% prevalence within five years of FHC's full operation.) As demand for FP services is expected to increase, regular inservice training for health workers is recommended.

Medical supervision at FP facilities is adequate, but no supply management system exists; reliance on ATBEF has led to periodic stockouts of contraceptives, especially of spermicides, the preferred method. (IUD's and condoms are also used, but the pill is used by very few and diaphragms not at all.)

The project has not provided sex education materials to schools or engaged in FP promotion, the latter due to a lack of trained personnel (since contraceptive use in Togo requires the husband's permission, male promoters are especially needed). The project needs a plan to guarantee FP delivery in existing and future centers; included should be a system for collecting statistics (which currently depends on irregular visits by project staff) and for effective use of administrative staff. The project manager and the rest of the staff would benefit from management training. Also, FPIA has not transferred funds in a timely manner or provided

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sufficient technical and managerial assistance. It may be necessary to explore alternative sources of assistance.

Togo family health center

Popp, Ernest W.; Devo, Viginio

U.S. Agency for International Development. USAID Mission to Togo, Lome, 5 Mar 1986, 1 p. + attachment, En

DOCID/Order No: PD-AAT-930; Attachment: XD-AAT-930-A

PES consists of facesheet attached to a final evaluation (XD-AAT-930-A) of a project to construct a family health center and expand family planning services in Togo. The evaluation covered the period 10/83-12/85.

Four potential actions upon completion of the project are noted: (1) provide short-term management training to the Project Director and explore the possibility of using Central funds of the UC/Santa Cruz course in 1986; (2) explore continued funding of the project (including commodity support) at current levels - with or without the participation of Family Planning International Assistance (FPIA) - as part of the new Health Planning Project (6930228); (3) explore continued TA, especially in administrative and financial management, from FPIA; and (4) continue to monitor the project in order to ensure that training emphasizes information, education, and communication (IEC) and increased impact on line clinic operations.

Related Reports

Togo Family Health

Loan Paper/Capital Assistance Paper(CAP), 9 Sep 1977

DOCID/Order No: PD-AAC-324-B1

Memorandum Audit Report No. 80-19, Review Of A.I.D. Activities In Togo

Audit Report, 22 Jan 1980

DOCID/Order No: PD-AAG-388-A1

Togo family health

Project Paper (PP), 12 Aug 1977

DOCID/Order No: PD-ABB-703

Activities: Africa

Tunisia: Integrated Preschool Feeding

Project No. 664-0297

FY 77-79

Project to improve the effectiveness of the Food for Peace preschool feeding program being conducted by Tunisia's National Committee for Social Solidarity and to integrate preventive health care and health/nutrition education into the program. Catholic Relief Services will have responsibility for implementing the project in 8 governorates (See Subproject 01), and CARE will have implementation responsibility in 10 governorates (Subproject 02).

Related Reports

Fourth progress report on integrated pre-school feeding project, OPG grant no. AID/NE-G-1431
Progress/Interim Report, Feb 1980
DOCID/Order No: PD-AAR-799

Final report and evaluation of the integrated pre-school feeding project, C.R.S. - Tunisia, grant number : AID/NE-G-1431 - May 25, 1978 to May 31, 1982
Final Report, May 1982
DOCID/Order No: PD-AAX-035

Review of Title II integrated preschool feeding project - CRS, Tunisia
Special Evaluation, 20 Mar 1983
DOCID/Order No: PD-AAX-228

A.I.D. grant to Catholic Relief Services, U.S.C.C. to provide partial support for implementation of pre-school feeding program in Tunisia, grant no. AID/NE-G-1431
AID Contract/Grant/OPG, 31 Aug 1977
DOCID/Order No: PD-AAY-527

Operational program grant proposal [: integrated pre-school feeding program in Tunisia]
Project Identification Document (PID), [1977]
DOCID/Order No: PD-AAY-528

Report on first evaluation of integrated pre-school feeding program, CRS - Tunisia, grant AID/NE-G-1431
Special Evaluation, Nov 1979
DOCID/Order No: PD-AAY-529

Activities: Africa

**Zaire: Area Nutrition Improvement
Project No. 660-0079
FY 82-85**

Project, follow-on to 6600055, to develop a replicable process of integrated nutrition planning and effective nutrition interventions which will reduce by 25% the level of acute malnutrition among children aged 0-5 in Zaire's Bandundu Region. Zaire's National Nutrition Planning Center (NNPC) will be the lead implementing agency.

Key NNPC activities will be to: (1) establish a nutrition surveillance (early warning) system, based initially on Bandundu-originated data; (2) mobilize, coordinate, and assist the activities of other organizations, public and private, that are or could be actively involved in nutrition activities in Bandundu; (3) promote creation of a regional nutrition council and subregional groups; (4) develop nutrition education materials relevant to Bandundu and train others in their use; and (5) open a regional office in Bandundu itself. NNPC will receive TA and training at both national and regional levels.

Amendment of 5/16/85 revises project in keeping with findings of an 11/84 evaluation. The project purpose is amended to read as follows: to demonstrate cost-effective interventions, and a method for conducting them, capable of reducing by 25% the prevalence of acute malnutrition among children aged 0-5.

As to NNPC, the project will strengthen its capabilities to: (1) set up the framework for a nutritional surveillance system based on health zone age-for-weight measurements of children aged 0-5; (2) set up and service an office to organize Regional Food and Nutrition Councils capable of seeking postproject financing for nutrition interventions; (3) develop and diffuse nutrition education curricula for primary schools; and (4) establish standardized growth monitoring procedures and a curriculum for primary health care personnel in national health zones, to be incorporated with inservice and institutional training.

In addition: project roles and responsibilities will be realigned so as to encourage institution building and improved working relations between Zairois and U.S. staff; surveillance activities that structurally and technically exceed NNPC's institutional capacity will be discontinued; priority will be placed on serving the Food and Nutrition Council of Bandundu (CRANB); nutrition information efforts will be focused on supporting CRANB nutrition interventions, as well as on health personnel training and on refining the primary school curriculum already drafted by the project. (PD-BAW-189)

Activities: Africa

Logframe

- Goal: To eradicate acute malnutrition in Zaire by the year 2000.
- Purpose: To develop a replicable process of integrated nutrition planning and effective nutrition interventions that will reduce by 25% the levels of acute malnutrition among children 0-60 months of age in Bandundu Region (BR) within 5 years.
- Outputs: 1. Improved nutrition planning/intervention ability in Government of Zaire (GOZ) and other agencies active in BR: a. Inventory of relevant regional organizations. b. Nutrition surveillance system in BR health installations. c. Food and nutrition council (regional level) and working groups (sub-regional level). d. Annual regional planning conference among public and private agencies operating in BR. e. Regional personnel from various sectors, GOZ, and other agencies trained in nutrition interventions. 2. Improved National Nutrition Planning Council (NNPC) ability to collect/analyze data, serve as a nutrition training institute, and coordinate activities with other agencies. a. Baseline/endline surveys, data analysis. b. NNPC staff trained to develop/supervise early warning system. c. Continuous analysis of surveillance data by NNPC and quarterly reports/recommendations. d. NNPC regional office established. e. Quarterly reports on NNPC operations. 3. Targeted nutrition and health and education (N&HE) packages developed. a. N&HE modules developed for primary schools and training institutions in BR; users trained. b. H&E materials developed/disseminated for use in health installations and by village health workers throughout the region; users trained. c. Radio and TV spots. d. NNPC staff trained to develop H&E packages and train others in their use. 4. Malnutrition reduced.
- Inputs: 1. Personnel. 2. Commodities. A. Vehicles. B. Nutritional education materials, nutritional surveillance equipment. C. Mass media materials. D. Material support for NNPC and TA staff. 3. Training.

Selected Evaluations

Area nutrition improvement project

U.S. Agency for International Development. USAID Mission to Zaire, Kinshasa,

31 Mar 1988, [6] p. + attachment, En. ES no. 660-88-02

DOCID/Order No: PD-AAX-742; Attachment: XD-AAX-742-A

Summarizes attached evaluation of a project to reduce acute childhood malnutrition in Zaire's Bandundu region, by developing a Regional Food and Nutrition Council (CRANB) and increasing the institutional capabilities of CEPLANUT, Zaire's National Nutrition Planning

Activities: Africa

Center. Final evaluation covered the period from the project's mid-term redesign (1984) to 12/87 and was based on document review and interviews with project and related personnel.

While none of the project's components were without problems, the project as a whole was successful. Its most lasting achievement has been to develop CEPLANUT's ability to function independently as a research and planning organization. To this end, the project provided long-term training for eight staff and short-term training for many others (exceeding target). Also, data processing equipment was purchased, along with more than 1,200 scales for use in growth monitoring. Other Zairian and international organizations are increasingly undertaking collaborative activities with CEPLANUT.

CEPLANUT expanded its training and advisory role in nutrition education by developing several materials for health workers and primary school children. But, for various reasons (inflation, priorities in other sectors, etc.), the flip charts for the primary school curriculum and the nurses' manuals were not printed and there are currently no funds with which to do so.

Under the nutrition surveillance activity, a methodology was set up to use already existing health zone (HZ) information sources to supply nutrition data to CEPLANUT. However, feedback on these data was not made available to HZ's and other planning units in a regular and timely fashion.

Finally, some 51 small projects were funded on a grant basis through CRANB from 1982-85 and 10 were funded on a reimbursable loan basis in 1986 and 1987. Nutrition education messages were developed and presented as part of some of these projects. On the negative side, no evaluations were conducted on the projects' impacts nor were any self-financing mechanisms set up; thus, the sustainability of these projects is uncertain - although some are now profitable and seem to be having the desired effects on nutrition.

The project teaches that: (1) surveys and studies should be planned so that data collection does not overwhelm analysis capacity, especially in the early phases of a project when little training has been done; (2) the use of institutional contractors for complicated projects can ease Missions' management burden; (3) inadequate skills of some expatriates impeded progress initially. Other lessons (relating to training and budgets) underline the need for improved planning at the project design stage. (Abstract based in part on XD-AAX-742-A)

Activities: Africa

Zaire, 28 October - 15 November 1985 : CEPLANUT food/nutrition and agriculture education project evaluation

Myers, Christine

Education Development Center, Inc. International Nutrition Communication Service, Newton, MA, U.S. Agency for International Development. Bureau for Science and Technology. Office of Nutrition, Washington, DC, (Sponsor)

INCS consultant report series, [Dec 1985], 7 p. + 5 appendices, En, Fr

DOCID/Order No: PD-AAS-204

Evaluates project to provide education in nutrition and agriculture to children in the primary school system of Zaire. Special evaluation covers the period 1984-85 and is based on document review, site visits, and interviews with project staff and students (beneficiaries).

The curriculum devised by the staff of the National Center for Human Nutrition Planning (CEPLANUT) is far more innovative and participatory than the curriculum guide provided by the government, and marks the first attempt to introduce such a detailed course into the public school system. The curriculum, 300 lessons in agriculture and 300 lessons in nutrition/health, will cover grades one to six, and is being pilot-tested in four representative rural schools. After preliminary evaluations and revisions, project staff plan to print the curriculum and expand the project to include several hundred schools in the Kikwit subregion during the 1986-87 school year.

Because the curriculum was developed before any evaluation activities began, important preliminary research was not undertaken; hence the medium- and long-term effects of the project will not be clearly documented. However, during the two remaining years of the project's life, a number of evaluation activities will be conducted: bimonthly monitoring in each of the pilot schools; four separate attitudes/practices surveys for grades three through six; a test of teachers' knowledge; a curriculum-based test of student knowledge for grades three through six; and an observational study in the pilot villages to document changes in attitudes and practices. A thorough curriculum revision/review will be made to ensure that the material is not overwhelming to untrained teachers; and a final assessment will be made of the project's impact on the knowledge, attitudes, and practices of the target children. Because these activities will overburden the present staff, it is recommended that an additional Zairian staff member join the nutrition education/monitoring team, at least from 1/1/86-7/1/86.

Interim evaluation of Zaire area nutrition improvement project

Babcock, Christine; Forman, Martin; et al.

U.S. Agency for International Development. USAID Mission to Zaire, Kinshasa, 27 Nov 1984, 42 p. + 6 annexes : maps, En, Fr

DOCID/Order No: XD-AAQ-645-A; Attached to PD-AAQ-645

Activities: Africa

Evaluates project to reduce malnutrition among preschool children in Zaire's Bandundu region. Special evaluation covers the period 9/82-11/84 and is based on document review, site visits, and interviews (including anonymous questionnaires) with project and nonproject personnel and Government of Zaire (GOZ) officials.

Project objectives are overly ambitious, given the difficulty in travel and communications in Bandundu region and a lack of sufficient resources to address malnutrition on the village level, but implementation, at least on the micro-level, is on schedule. The Food and Nutrition Council of Bandundu (CRANB) has in its first year become a viable working group, funding ten food production subprojects; nutrition surveillance has evolved into widescale data collection; and nutrition education has expanded. However, there is as yet no assurance that any of these activities will affect malnutrition. Also, the capacity of National Nutrition Planning Center (CEPLANUT) staff in Kinshasa has not been notably strengthened, and CEPLANUT has no staff development and training plan.

A preoccupation with outputs on the part of the senior project advisor has clouded the project focus, led overworked staff to neglect their responsibilities to transfer skills and technical capacity to Zairians, with related injury to Zairian morale. The project has also been handicapped by its separation from the GOZ units with which it must coordinate; e.g., curriculum development has been hampered by inadequate CEPLANUT-Department of Education interaction, while insufficient collaboration in nutrition surveillance by the Ministries of Public Health and Agriculture has led the project to rely on uncertain private data sources.

Recommendations are to: allow Zairians, supported by U.S. staff, to direct project activities; increase the realism and focus of the project purpose, redefining it as both to reduce the prevalence of acute child malnutrition by 25% and to increase CEPLANUT institutional capabilities; cease nutrition surveillance activities which exceed CEPLANUT capabilities; focus nutrition education efforts on supporting CRANB interventions, training health personnel, and refining the draft primary school curriculum; and improve CRANB review procedures to increase the effectiveness of its interventions.

Area nutrition improvement

Babcock, Christine; Forman, Martin; et al.

U.S. Agency for International Development. USAID Mission to Zaire, Kinshasa, 29 Jan 1985, 1 p., En. PES no. 660-85-01

DOCID/Order No: PD-AAQ-645 Attachment: XD-AAQ-645-A

Evaluates project to demonstrate cost-effective interventions capable of reducing by 10% the level of acute malnutrition among preschool children in Zaire's Bandundu region. PES covers

Activities: Africa

the period 9/82-11/84 and consists of a facesheet attached to a special evaluation (XD-AAQ-645-A). The PES refers to recommendations in the body of the evaluation.

Related Reports

Area nutrition improvement : amendment no. 1
Project Paper (PP), 16 May 1985
DOCID/Order No: PD-BAW-189

Area nutrition improvement
Project Paper (PP), [1982] .
DOCID/Order No: PD-BAC-508

Project grant agreement between the Republic of Zaire and the United States of America for area nutrition improvement
Grant Agreement (PROAG), 20 Sep 1982
DOCID/Order No: PD-BBF-264

Interim evaluation report, April 1987 : A.I.D. - ORT - food for peace -- maternal - child health (Title II) component, area nutrition improvement project (no. 660-0079)
Special Evaluation, Apr 1987
DOCID/Order No: PD-AAZ-136

Activities: Africa

World Bank Projects

Guinea: Equity and School Improvement Project Project Period: 1995-2000

This project includes a health component entitled "Student Capacity to Learn;" targeted primarily at girls, but includes boys with the thought that if the health problems that inhibit learning for girls are solved, they will be solved for boys, too; programs include deworming, improving sanitary facilities in schools, and addressing iodine deficiency in older girls.

Kenya: District Centers for Early Childhood Education (DICECE) Project Period: no data

This project provided for a national training program developed by the Kenya Institute of Education that provide training and support to preschool teachers operating from community-initiated preschools.

Madagascar: Food Security and Nutrition Project Period: no data

The project, which is primarily active in two of Madagascar's six provinces, has three components: (a) income generating activities to be carried out through: (i) the Fonds d'Intervention pour le Developpement (FID) financing labor intensive works and other income generation activities, and (ii) a food for work program targeted to the urban poor in Greater Antananarivo; (b) nutrition interventions including: (i) a community nutrition program in the provinces of Toliary and Antananarivo working through mothers' groups organized by a community nutrition agent supported by nongovernmental organizations to provide nutrition education, arrange supplemental feeding and refer severe cases of malnutrition to nutrition rehabilitation centers operating under medical supervision, and (ii) a national iodine deficiency disorders control program; and (c) institutional strengthening to support the development and execution of an information, education and communication program and support the development of a national food security strategy for the long term. (Source: The World Bank.)

Activities: Africa

Nigeria: Development Communications Project

Project Period: 1994-1998

This project used mass media in early childhood development, targeting preschool children aged three to six.

Rwanda: no project title

Project Period: no data

Nutrition education was included in basic education projects.

Senegal: Animation Feminine

Project Period: 1962-?

The project developed a day care center for children of women working in the fields; mothers rotated responsibility for tending a community garden used in feeding their children while they were at the center; center also used to provide other social services.

Activities: Africa

Projects of Other Organizations

Botswana: Teen Mothers Project

Initiated by the YWCA, funded by Pathfinder Foundation and the GOB Trust Fund

Project Begun: 1988

Project provided education and vocational training for girls who have dropped out of school; family life education, family planning, health, parenting skills, religious education are included in the curriculum.

Cameroon: National AIDS Control Program

Assistance from Croix Rouge Internationale, Funding from the World Bank

Project Begun: no data

Project integrated HIV/AIDS prevention into the primary and secondary curriculum; also developed a family life/population curriculum, but lack of funding has delayed implementation.

The Gambia: MOE Curriculum Materials--Family Life Education/Population (FLE/POP)

Initiated and funded by the Government of The Gambia

Project Begun: 1992

MOE FLE/POP curriculum materials were introduced into secondary curriculum through science, social and environmental sciences.

Madagascar: Initiative for Child Survival

Initiated and funded by UNICEF

Project Begun: 1987

Health and nutrition were integrated into primary school curriculum.

Activities: Africa

Mali/Burkina Faso: no title

In collaboration with CILSS and UNICEF

Project Begun: no data

Project integrated environment and population issues into school curricula; uses the child-to-child approach.

Nigeria: no title

GON, collaborating with the University of Ibadan, the Center for Curriculum Development of the African Social Studies Institute, and the African Regional Health Center (ARHEC)

Project Begun: no data

Project developed curriculum guidelines and a core curriculum for integrated health issues in the primary schools; uses child-to-child approach.

**Senegal: Education a la Vie Familiale et en Matiere de Population
(Family Life and Population Education)**

Initiated by UNESCO, funded by the Ministry of Education

Project Begun: 1992

Project integrated four main concepts into the school curriculum: family life/population, health, environment, and migration patterns.

**Senegal: Kall-Yoon: Projet Inter-NGO "Les Jeunes au Service des
Jeunes" (Youth to Youth Inter-NGO Project)**

Initiated by the Scouts of Senegal, funded by NGO sources

Project Begun: 1992

The project is to develop peer communication and counseling skills; information about reproduction, sexual behavior, AIDS, STDs, pregnancy and family life; program works in a variety of settings including schools.

Activities: Africa

**Tanzania: National AIDS Control Programme
Project Begun: no data**

GOT's policy is to target teens for the National AIDS Control Programme primarily through school-based programs; difficulties in designing curriculum acceptable to MOE and MOH have prevented implementation; AIDS education available in some private schools.

**Zimbabwe: Health Across the Curriculum
Initiated by the School Education Programme Service in collaboration
with UNESCO child-to-child approach initiative
Project Begun: 1989**

Curriculum development project that includes family life and population education.

Activities: Africa

Activities: Latin America and Caribbean

Latin America and Caribbean: USAID Projects

**Belize: Civic Action Against Drug Abuse
Project No. 505-0048
FY 93-96**

Project in Belize to establish an integrated national program, supported by community action, to prevent drug abuse among youths. The National Drug Abuse Control Council (NDACC) and its private affiliate, Pride Belize, will integrate their organizations to implement a public/private program; Pride Belize will be renamed the National Abuse Control Foundation (NDACF). NDACC will develop community youth action programs in each of Belize's six districts to support such activities as skills training and sports programs for youth and the creation of drug-free zones and drug-free leisure activities. Community events and local media, along with school and parents groups, will be used to carry drug prevention messages.

The programs will enlist support from such organizations as the Ministries of Education and of Youth Affairs, town councils, and youth groups. In addition, counseling programs, entitled Student Assistance Programs (SAPs), will be established in secondary schools throughout the country; follow-up counseling programs will also be initiated, with the hope that they will be expanded by other donors and agencies. NDACC/NDACF may also develop Employee Assistance Programs for businesses and public agencies. NDACC/NDACF will use a training of trainers model to provide the necessary training to participating community leaders, youth leaders, teachers, parents, and counselors. Trainees will, in turn, train other parents, leaders, teachers, and counselors, causing a multiplier effect. NDACC/NDACF will also develop training and activity programs for other public or private agencies, using other-donor support and/or project-provided seed money.

NDACC/NDACF will develop a management information system (MIS) using data from national surveys of youth (those in school, school dropouts, young adults), staff observation of drug use trends, and routine data collection efforts. The MIS will record drug use prevalence rates, attitudes towards use, shifts in drug use patterns, results of networking and community action activities, and program expenditures. The data will be used by NDACC/NDACF in developing its drug use prevention strategy.

NDACF will seek to generate revenues through fees for its technical services and donations from international and local agencies; these revenues will be used to create an endowment to provide the agency with a long-term financial base. NDACF's Board of Directors will be expanded to include representatives from industry and the business community in order to increase financial

Activities: Latin America and Caribbean

support from this sector of society as the social and economic costs of drug abuse become more apparent.

A key input will be the provision of TA and training to upgrade the skills of NDACC and NDACF staff. Training will cover management, cost recovery and revenue generation, research and evaluation techniques using a MIS, social marketing, computer literacy, training, counseling, and community outreach. Emphasis will be on making the newly integrated staff a single operational team.

Related Reports

Project grant agreement between Belize and the United States of America acting through the Agency for International development for the civic action against drug abuse project Grant Agreement (PROAG), 27 Aug 1993
DOCID/Order No: PD-ABG-934

Activities: Latin America and Caribbean

Bolivia: School Feeding and Nutrition

Project No. 511-0439

FY 68-78

Capital assistance to the government of Bolivia (GOB) in the form of PL 480, Title II food commodities (milk, CSM, wheat flour, corn meal, fats/oils, rolled oats) to be distributed through Catholic Relief Services to family feeding.

The project originally emphasized food distribution to a target group including pregnant and lactating mothers, pre-school and school children, and institutionalized adults. Emphasis switched to nutrition education as a long term mechanism for reducing malnutrition and developing GOB capability to continue program.

Catholic Relief Services and the Ministry of Public Health jointly implement programs for nutrition education in rural and urban schools and maternal/infant care centers. A national seminar program provides training at all levels to community leaders, teachers, extension agents, nurses and voluntary agency personnel. Project outputs include instructional materials, nutritional status surveys and Title II program impact evaluations. The project will be managed by a coordinating committee.

Logframe

- **Problem:** Mass illiteracy, diversity of languages, antiquated agricultural practices and lack of good nutritional habits contribute to the high degree of malnutrition in Bolivia. Voluntary agency and government programs focusing on food distribution as a solution have not been successful. To date there are no programs conducted by volags, maternal child health centers, schools or the government providing nutrition and mother/infant education or rehabilitation
- **Strategy:** Capital intensive, long term, public sector, existing institutions, centralized approach.
- **Goal:** To raise the health standard of the Bolivian population, especially of children of primary and pre-school ages, and expecting and lactating mothers in selected areas participating in the program.
- **Purpose:** 1. Improve the nutritional status of the most vulnerable groups: a. Preschool age children; b. Expecting and lactating mothers; c. Primary school age children; D. Children in institutions. 2. Establish in the country the necessary capacity to effectively carry out this nutritional activity after the termination of the Title II food assistance.

Activities: Latin America and Caribbean

- **Outputs:** 1. Supplementary feeding program. 2. Education and promotion: education on health, nutrition, environmental sanitation, hygiene, immunization. Promotion of: cooperativism, craftsmanship, agriculture activities, etc. 3. Training of Caritas and Nutrition Division (MOH) personnel. 4. Instructional manuals. 5. Conferences, workshops, and meetings at the program implementation level. 6. Nutrition status surveys and Title II program impact evaluations. 7. A plan to continue feeding program after Title II phaseout. 8. Program coordination committee meetings.
- **Inputs:** U.S.- 1. PL480, Title II food commodities. 2. Personnel. 3. Funds for surveys. 4. Supervision expenses. Catholic Relief Services - 1. Operations budget, materials, office staff. Caritas Boliviana - 1. Operations budget; administrative personnel, equipment, training. GOB - 1. Operations budget, salaries for office staff, equipment, food commodities. Communities - 1. Local foods, manpower, building materials, fuel, food transportation, cash contributions.

Selected Evaluations

Curriculum revision and textbook publication

Coy, Edward W.

U.S. Agency for International Development. USAID Mission to Bolivia, La Paz, 17 Dec 1969, 10 p., En

DOCID/Order No: PD-AAA-114-B1

As of 11/28/69 previous progress has not been completely satisfactory due to the complexity of such a new program. But the trend has been one of improvement and project is now well organized and functioning according to expectations.

The publishing companies involved in textbook production overestimated their capacity and production is behind schedule. Contracting of technical advisors is delayed because of failure to locate qualified technicians. Laboratory personnel training is behind schedule because of personnel changes. The text distribution plan is also behind schedule. There have been several other delays in project due to frequent change of ministers of education. The institutionalization of the laboratory into the Bolivian education system should improve this situation.

At the beginning of the project the various institutions administering education in Bolivia were separate and distinct entities with little coordination. Project has been instrumental in producing more cooperative attitudes among institutions. The GOB has not been able to supply laboratory materials because of an inadequate budget nor has it been able to maintain facilities and materials related to the curriculum laboratory. USAID/Bolivia does not propose any substantive changes in objectives of project and project continues to be a valid enterprise. Project should continue with

Activities: Latin America and Caribbean

only minor modifications to improve and expedite ongoing functions. It is expected that when USAID terminates involvement in project, Bolivia will have a permanent and effective institution with which to continue curriculum development and evaluation.

Human resources development

Landry, Amadee S.

U.S. Agency for International Development. USAID Mission to Bolivia, La Paz, 27 May 1971, 6 p., En

DOCID/Order No: PD-AAA-114-C1

7/68-5/19/71. LASPAU has not kept USAID adequately informed of its activities or selection procedures related to participant training. To date nine scholars have returned and only three are employed. Mission attempts to ascertain if the problem is related to overtraining or top administrative turn over at the universities. All other performance factors affecting various types of training other than LASPAU progressing well. Frequent changes of university leadership preclude continuity of planning and implementation. This adversely affects the utilization of scholars sent for long term training. Outputs to date include nine LASPAU trainees and two aid specialized training seminars. Three universities have contributed to the establishment of a revolving fund for the training of their staff and other universities have expressed willingness to do the same.

The UMSA and the Catholic Normal School of Cochabamba have established cooperative bookstores since late FY 1970 and requests have been received from universities in Sucre and Cochabamba. CONIF and ACF have collaborated with League of Women Voters, OEF and USAID/ARSD in the selection of seven candidates for U.S. training and have financed two local seminars related to community action. Indicates need for more coordination to take full advantage of LASPAU. Recommends that training office and technical backstopping advisors implement participant pre-departure orientation and follow up program and that an in-depth evaluation of the LASPAU program and the utilization of former trainees be undertaken.

Related Reports

School Feeding

Non-Capital Asst Project Proposal (PROP), 15 Jul 1969

DOCID/Order No: PD-AAA-112-C1

School Feeding And Nutrition

Project Appraisal Report (PAR), 28 Nov 1969

DOCID/Order No: PD-AAA-113-F1

Activities: Latin America and Caribbean

School Feeding And Nutrition
Project Appraisal Report (PAR), 1 Jun 1971
DOCID/Order No: PD-AAA-114-D1

School Feeding And Nutrition
Project Appraisal Report (PAR), 29 Jun 1972
DOCID/Order No: PD-AAA-115-A1

Title II Voluntary Agency Food Distribution Program
Project Appraisal Report (PAR), 19 May 1975
DOCID/Order No: PD-AAA-115-F1

Title Ii Voluntary Agency Food Distribution Program
Project Appraisal Report (PAR), 1 Oct 1976
DOCID/Order No: PD-AAA-116-A1

Activities: Latin America and Caribbean

Brazil: Food for Peace - Planning and Supervision

Project No. 512-0174

FY 63-74

Food commodities and a grant to the Brazilian National School Feeding Campaign (CNAE) of the GOB Ministry of Education and Culture in support of a national school lunch program. 209305 M/T of food commodities are provided for use by the program; this input is also intended to solidify the CNAE's viability. Project commenced in FY1963. Initial assistance (in addition to food commodities) included the services of a full-time advisor to work with the planning, administering, and implementing of the lunch program as an insufficient number of CNAE Personnel had the necessary experience. Project funding has supported annual short-term school lunch administration training courses for CNAE regional coordinators and their subordinate technical personnel since project inception; additional funding provides participant training in the US (six weeks) for 20 key CNAE representatives. The Brazilian Institute of Municipal Administration (IBAM) is contracted by the CNAE (with AID grant funds) to develop and distribute a model operating and administrative manual to state and municipal agencies participating in the school lunch program.

To encourage the introduction of nutrition education in the schools, AID and the CNAE fund the publication and printing of a school manual on food and hygiene, and nutrition and nutrition education courses for Brazilian teachers at the CNAE Firmina Sant'ana and Agnes June Leith Nutrition Schools. One project stipulation requires the GOB to provide adequate funds to procure cornmeal, vegetable oil, and nonfat dry milk from local producers for this lunch program. Thus, the project also serves to stimulate local agricultural production and employment of Brazilian agricultural and food service personnel. Primary school children--the principal targets of the school lunch program--are this project's primary beneficiaries.

Logframe

- **Problem:** a large number of Brazilian children, particularly primary school children, suffer from the effects of poverty and malnutrition. The National School Feeding Campaign (CNAE) was established by the GOB to initiate a school lunch program for these children. The shortage of food commodities available to this program and the inexperience of CNAE personnel with school lunch operations and administration threaten its possibility for success.
- **Strategy:** eight-year project consisting of a grant providing technical advisory assistance, food commodities, participant training, and training materials development to support a national school lunch program. Host country provides complementary funding for the above, plus operational facilities and staff, and long term maintenance.

Activities: Latin America and Caribbean

- Goal: Brazil's poor school-aged children are better nourished.
- Purpose: an institutionalized school lunch program is established for Brazilian school children.
- Outputs: 1. Food commodities made available to the National School Feeding Campaign (CNAE). 2. CNAE field staff trained in school lunch administration. 3. School feeding and hygiene manual and other nutrition education materials developed. 4. Model school lunch program operating manual prepared and distributed to state and municipal agencies involved with the school lunch program.

Selected Evaluations

Final Report : Evaluation of the CPMI program and recommendations for its improvement (Nov 3, 1971 - Aug 31, 1972)

Lockwood, Richard M.

U.S. Agency for International Development. USAID Mission to Brazil, Brasilia, 31 Aug 1972, 58 p., En

DOCID/Order No: PD-AAA-266-A

8/31/72 final report of implementation of Nov 1969-June 1972 Food for Peace material child feeding program (CPMI) in ten states in NE Brazil. Project provides for shipment and disbursement of PL480 Title II non-fat dry milk (NFLM) To estimated 600,000 infants, pre-school children, and pregnant/lactating mothers.

Final shipment date extended from March to June 72; further extension under consideration by AID. Of 19,710 authorized metric tons NFLM, 8,875 delivered to participating states by June 72. Evaluation conducted by USAID maternal and child feeding advisor based on observations and onsite interviews at selected dispensing locations in nine of ten NE states employing seven criteria: screening of beneficiaries; weighing of children; nutrition education; qualified personnel; storage facilities; transportation; and monitoring of food distribution.

Observation revealed varying levels of performance by Brazilian dispensing agencies: national recuperation centers, with least coverage had highest rating for criteria (86% good); Special Public Health Service Foundation (ESESP) Centers observed were given 64% good rating; the Philanthropic Brazilian League of Assistance With scant coverage, 49% good; and the State Secretariat Of Health (SSH) centers (most widespread coverage within NE states) were rated 23% fair, 54% poor, 20% non-existent with regard to the seven criteria. SSH centers were judged extremely deficient in weighing of children, nutrition education, and monitoring of distribution.

Activities: Latin America and Caribbean

Project effectiveness varies by state with discrepancies between individual plans and implementation and deficiencies in infrastructure and human resources.

Evaluation presents three options for project extension: (1) continue present project contingent on obligation of funding and qualified personnel by each state with shipment NFLM dependant on periodic reports demonstrating compliance; (2) negotiate new transfer authorization designating FSESP as coordinating agency to approve all participating agency plans on state level; (3) discontinue project until national health ministry defines new policy with priority on maternal/child health consistent with AID objectives. Appendices contain outline of new national policy and calculations of numbers children/mothers malnourished.

Feed grains

Standley, Robert R.

*U.S. Agency for International Development. USAID Mission to Brazil, Brasilia,
12 Aug 1974, 6 p., EN*

DOCID/Order No: PD-AAA-265-A

4/72 to project termination. Project was successful in increasing poultry and livestock production in project areas, unsuccessful in stimulating local feed grain production. In project areas, poultry, milk, pork and eggs became available at reasonable prices. Some of the project-related coops continued to operate in some form after project completion indicating the existence of a multiplier effect. Farmers related to projects gained greater competence in management and improved their production efficiency as a result of on-the-job training; many project training participants were able to obtain key agricultural positions in government, cooperatives, and private industry. Inadequate pay scales and lack of supporting staff made recruitment of most able men difficult. The successful projects, Belem and Macapa, were the result of good coordinators and project presidents. The personnel of the less successful Sao Luis, Natal and Terezina projects rated as barely satisfactory.

The project terminated before anticipated completion due to the increasing scarcity of PL 480 Title II grains for animal feeding (this program category was eliminated in FY 1974. Of a total of 19000 M/T OF Title II grain authorized for the five project areas, only 5347 M/T were delivered.

Feed grains

Huber, Joe

*U.S. Agency for International Development. USAID Mission to Brazil, Brasilia,
26 May 1972, 5 p., En*

DOCID/Order No: PD-AAA-264-G1

Activities: Latin America and Caribbean

10/70 TO 4/72. Cites several difficulties or shortcomings which rose during evaluation period: 1. There was little evidence that project activities strengthened local farmer organizations. 2. In newer project areas, little progress was made to establish and/or improve production inputs. 3. Several ex-project-related coops were not able to survive for unknown reasons. 4. Project demonstration of use of balanced rations led to increased farmer demand for such rations in project areas, not to increased local grain production. 5. There was little up-to-date information available on similar, old projects. 6. Recruitment of a dynamic local project coordinator was difficult due to inadequate pay and lack of supporting staff. 7. Adequate data was not provided USAID by the project councils on changes in poultry and egg consumption and market pricing due to project influence. 8. AID/W's unilateral imposition of unexpected changes in host country responsibilities raised doubts among GOB And cooperative personnel about AID's desire to carry out the project.

Project activities significantly improved production of animal protein foods in project areas, however. Also, former training participants were able to hold key positions at all project sites; a number of them proposed and implemented innovations learned during training experiences.

It was recommended: 1. Communication be increased between project manager, top mission management, and the GOB. 2. More in-country training should be conducted for coop personnel. 3. An in-depth study of feed grain projects should be conducted to determine effects of project on strengthening participating coops and increasing feed grain production. 4. Coordination of this project with related USAID projects be improved. 5. Training needs of participating organizations should be more formally diagnosed. 6. State governments and farmers' organizations should provide more technical man-years to project activities. 7. INCRA and ANCAR-type organizations should increase their participation in project activities in Fortaleza, Terasina, and Sao Luis.

Work fronts program

Nathan, Robert R.; Standley, Robert R.; Ballantyne, Robert J.; Heller, J. I.

U.S. Agency for International Development. USAID Mission to Brazil, Brasilia,

7 Jun 1978, 11 p., En

DOCID/Order No: PD-AAA-266-F1

AID evaluation teams visited participating states. Team was accompanied by Sudene representatives. Programs in Rio Grande Do Norte and Paraiba were particularly well managed. In Rio Grande Do Norte food commodities were provided to 130 municipalities out of a total 150 in the state. In Paraiba 80 municipalities out of a total of 168 participated. In Bahai, the program did not receive strong support of its governor and funding was inadequate. Also in Bahia, Food for Work program was seriously threatened by on-going voluntary food programs, which did not require labor in return for food. Team did not visit Ceara and Alagoas. However, it was reported

Activities: Latin America and Caribbean

that Ceara program operated reasonably well despite state's chronic financial difficulties. Out of 148 municipalities, projects operated in 51 in 1967. Alagoas program did not receive strong state support.

Report recommended that larger projects, particularly those combining resources of several adjacent municipalities, be implemented; and stated that larger projects are more likely to be on lasting economical significance. Also it was felt that larger projects would attract greater support from sudene, state and possibly federal entities.

*Food For Work / Ministry Of Agriculture (Minag) Transfer Authorization Nos. 3687 and 5689
Standley, Robert R.*

*U.S. Agency for International Development. USAID Mission to Brazil, Brasilia,
19 Mar 1976, 5 p., EN
DOCID/Order No: PD-AAA-264-F1*

4/10/75 - 3/30/76. This is a terminal PAR - State of Rio Grande Do Norte will send final report to USAID by 4/76. Performance of USAID technicians rated outstanding. US food commodities arrived on time. Ministry of Agriculture, SUNAB/APD (National Superintendency of Supply/Food for Development) and State of Rio Grande Do Norte provided excellent support. 30,000 laborers were provided employment and 150,000 persons (workers and their families) received supplemental foods. 514 acudes (earthen dam reservoirs) were constructed and are beginning to produce fish and agricultural crops.

GOB has contributed 50% of the food. Ministry of Agriculture' SUNAB/APD has progressively taken on more project related activities and responsibility for continuing the project without external assistance. Ministry of Labor contributed CR \$2,833,000 during life-of-project for payment of wages to laborers.

Water fronts program

Stanley, Robert R.

*U.S. Agency for International Development. USAID Mission to Brazil, Brasilia,
21 May 1975, 4 p., En
DOCID/Order No: PD-AAA-264-E1*

6/11/73 - 4/10/75. Quantities and delivery of Title II commodities was satisfactory. USAID technicians maintained good relations with host-country and on-job training of Ministry of Agriculture administrative team and state's implementation team was successful. Delivery of Brazilian Foods and GOB financial and administrative support was satisfactory. SUNAB/APB (National Superintendency of Supply/Food for Development) provided better monitoring and

Activities: Latin America and Caribbean

implementation support than expected. Food warehouses were inspected on a regular basis and stored food stocks fumigated. State of Rio Grande Do Norte performance was rated outstanding - storage of food was excellent; technical assistance by engineering Office of Secretariat of Agriculture Was complete and thorough; administration and inspection was good; and records were better than planned. During this period, 23,200 laborers were provided temporary employment and 115,000 persons (workers and families) received supplementary foods. 304 acudes (earthen dam reservoirs) were completed and stocked with fish. ANCAR, state agricultural extension service, is providing practical agricultural training for workers. Number of workers to receive this training was reduced from 27,500 to 19,000. Ministry of Labor "work scholarships" paid approximately cr \$1,300, 000 in wages to laborers.

Food For Work Program/Ministry of Agriculture (Rio Grande Do Norte), Transfer Authorization 1687

Stanley, Robert R.

U.S. Agency for International Development. USAID Mission to Brazil, Brasilia, 25 Sep 1973, 9 p., En

DOCID/Order No: PD-AAA-264-D1

11/6/72 - 6/11/73. Administrative, technical and implementation teams In Ministry of Agriculture and at state levels conducted program with high degree of efficiency. Sixteen administrators, GOB and state level, received on-job training. 12,400 laborers were provided temporary employment, and 62,200 persons (laborers and families) received supplemental foods. Sixty-six acudes (earthen dam reservoirs) were built during this period. ANCAR (northeast arm of ABCAR, the national agriculture extension agency) prepared a manual to train technicians who will conduct on-the-job training for workers at acude construction sites. Manual has been used in two training sessions in which 63 technicians were trained.

Ministry provided unexpected contribution - gave and monitored cr \$3,840,000 to state for 20,000 work scholarships (payment of wages and some training on building, use and care of acudes).

Works front program

Ballantyne, Robert J.

U.S. Agency for International Development. USAID Mission to Brazil, Brasilia, 3 Mar 1971, 15 p., EN

DOCID/Order No: PD-AAA-264-B1

Activities: Latin America and Caribbean

As of 7/1/70. Food and part-time employment was provided to 33,956 workers. Plans are being developed to implement more local works projects specifically related to agriculture as well as projects providing long-term employment.

Quarterly status reports arrived on-time from some states. Delays were encountered where sub-projects were implemented by mayors who often lacked administrative personnel and even ability or interest to submit reports. Overall implementation was rated adequate. Out of seven participating state programs, three fell short in their performance. Program in Alagoas was suspended in 4/70 because of inefficiency of the coordinator's office and in the implementation of sub-projects. Bahia program was reduced because it lacked an efficient and interested coordinator and state funding was insufficient. Program in Rio Grande Do Norte was extended beyond its administrative and reporting capability on both state and local levels. This program was also reduced and its sub-project implementation has been channeled to The State Department of Agriculture. Paraiba and Ceara operated well-controlled, solidly efficient programs. Although the state's wrote adequate financial support in their annual budgets, sometimes the money was not released. In response USAID will seek professional interest and support of the governors and will also seek ways to obtain federal funding.

PAR recommended shift away from scattered projects operated by majors. In the future, state technical secretariats or federal agencies will be utilized. Because of drought conditions and marked increase in numbers of unemployed, the implementation schedule has been accelerated.

Related Reports

CNAE School Lunch Program

Other Authorized Design Document, 26 Aug 1969

DOCID/Order No: PD-AAA-263-B1

Activities: Latin America and Caribbean

Colombia: SCF/CDF Integrated Rural Development Project No. 514-0210 FY 76-76

OPG to Community Development Foundation/Save the Children Foundation (CDF/SCF) to implement model community-based, integrated rural development (CBIRD) programs in Colombia's Sibundoy, Guadalupe, and Sumapaz municipal districts. SCF/Colombia will implement the project, largely by coordinating CBIRD efforts of local agencies.

A multi-faceted training program will be a major project component. This program will include: (1) local workshops, conducted by Government of Colombia (GOC) agencies with SCF/C help, to promote community participation in CBIRD and provide local groups with related planning, technical, and business skills; (2) programs to be developed by a new SCF/C direct hire to promote women's participation in CBIRD; (3) CBIRD-related training to community resource people (community leaders, local agronomists, PCV's, teachers, nurses, and health aides), GOC and PVO personnel holding important posts in the market towns of Sibundoy and Guadalupe (these officials will work as extensionists to Sumapaz), and SCF administrators and regional and national GOC officials; and (4) graduate training for the CDF/SFC-Colombia program director and two GOC counterparts to help institutionalize the CBIRD approach.

A construction component will build/renovate: primary and high schools; demonstration farms suitable to the needs of the three municipalities (SFC/C will finance all experiments in agriculture and animal husbandry, activities for which farmers will receive local TA); child care and small health centers in or near primary and high schools; above- and below-ground crop storage structures; a crop drainage system for Sibundoy farm; community potable water systems at Sibundoy and Guadalupe; roads in Guadalupe and Sumpaz and, with the Inter-American Foundation, a model penetration road for Sibundoy; and two one-lane bridges. Much of this construction will be provided by Community Action, a local company, using village labor.

The Ministry of Health will expand health delivery services to the three target areas by training health workers in preventative medicine and curative practices at MOH headquarters in Guadalupe and by placing a doctor and/or a nurse in each area. The project will also help form small businesses, commercial cooperatives, and a crop-reserve system.

Logframe

- **Problem:** The vast majority of Colombia's rural population has little access to educational, medical, agricultural and other community/government services and practically no influence in the government ministries/agencies where decisions are made affecting rural inhabitants.

Activities: Latin America and Caribbean

- **Strategy:** Conduct replicable, community-level development projects in three geographically diverse rural areas of Colombia which coordinate the delivery of government agency services and assistance, information and commodities and train community members in rural development, home economics, agriculture techniques, job skills, education, school/bridge/road construction, medical services, land titling, community culture-activities proposed by community members.
- **Goal:** To help Colombian officials to find a way of stemming rural-to-urban migration and to improve the economic and social well-being of Colombia's rural poor, particularly the residents of Sibundoy, Guadalupe, and Sumapaz.
- **Purpose:** To establish three integrated, community-based, development operations in diverse areas of Colombia.
- **Outputs:** Interagency coordination and cooperation; institutionalization of local services and community organizations; training programs; infrastructure; health programs; technological input; industry and marketing.
- **Inputs:** A. Monetary: A.I.D.; Save the Children Foundation/Community Development Foundation-Colombia (SCF/CDF-COL); State Government of Putumavo; Caja Agraria. B. Training: Government of Colombia (GOC) Ministry of Education; SENA (the National Capacitation for Training Association); ICA (the Colombian Agriculture and Cattle Institute); SCF/UK; SCF/CDF-COL. C. TA: ICCE; CFP; IGAC; Ministry of Health (MOH); Peace Corps (PC); INCORA (the National Farmers Institute); Cafeteros (coffee growers association). D. Construction: Communities; Accion Comunal; ICCE; ICBF (unidentified acronym); INPES (the National Contractor for Special Health Projects); Inter-American Foundation; GOC Secretary of Public Works; MOH; INPES. E. Supplies and Equipment: SCF/CDF-COL.

Activities: Latin America and Caribbean

Selected Evaluations

CBIRD revisited : an in-depth evaluation of the effects of a development program grant on Save the Children Federation's program in Colombia and Honduras

Buvinic, Mayra

International Center for Research on Women, Washington, DC, U.S. Agency for International Development. Bureau for Private and Development Cooperation. Office of Private and Voluntary Cooperation, Washington, DC, (Sponsor)

30 May 1980, iii, 40 p. + 2 annexes : statistical tables, En

Cover title: Collaborative evaluation of the community based integrated rural development program model of Save the Children Federation / Community Development Foundation

DOCID/Order No: XD-AAF-643-A; Attached to PD-AAF-643

Evaluates project to extend community based integrated rural development (CBIRD) programs administered by the Save the Children Foundation (SCF) in six developing nations. Evaluation covers the period 5/1/75-12/31/78, consists of a contractor's ex post evaluation, and examines in detail CBIRD's impact in Honduras and Colombia.

Using grant funds, SCF became a full-fledged development assistance foundation. Both field and U.S. headquarter staff were trained in the CBIRD approach and SCF professional capabilities, especially in planning, evaluation, and reporting, were strengthened. In the project's three years, SCF received 13 operational program grants, mainly because of its increased capacity for self-evaluation and proposal writing.

SCF applied the CBIRD approach in numerous social infrastructure, welfare, and productive enterprises projects. It was found that the more innovative, straightforward, and necessary the project, the greater chance it had for vigorous community support. SCF provision of rational feedback to the participants generated community commitment and countered the feeling of powerlessness so prevalent among Latin America's poor.

SCF is commended for regularly applying concepts of women in development and appropriate technology in the field. The strong self-help component in projects to build schools, clinics, roads, and other infrastructure made these the most successful. Health, nutrition, and other social welfare service projects were less impressive since they were often understaffed and poorly planned. Finally, the programs did benefit the poor, but not the poorest -- women heads of households and the landless. Observations/suggestions include: (1) truly innovative ideas, which have the greatest socioeconomic impact, are usually generated outside the community and are not "felt needs;" (2) the inclusion of planning, evaluation, and reporting activities can strengthen community participation in larger development projects; and (3) experimentation with innovative ideas should always be accompanied by thorough recording and evaluation.

Activities: Latin America and Caribbean

Save the Children - Operational Program Grant (9/78)

Martin, Jerry B.

U.S. Agency for International Development. USAID Mission to Colombia, Bogota,

26 Oct 1978, 36 p., En

DOCID/Order No: PD-AAQ-624

Evaluates OPG to the Save the Children Fund to establish three model community-based development operations in diverse areas of rural Colombia, from 10/76 to 6/78. The evaluation included visits to subproject sites, intensive meetings with local project committees and action groups, and a review of budgets and progress reports.

Overall, exceptional progress was made -- especially in the construction of health centers, schools, bridges, and roads. To date 20% of the families in Guadalupe and 15% of the families in Sibundoy have home latrines, piped water, and access to a health center within an hour of the house. The majority of the participating communities in Guadalupe have new schools and the others have enlarged or repaired their schools. (The communities have recently shifted their focus to the acquisition of more appropriate and improved educational materials.) a large number of agriculture, livestock, and small industry subprojects were implemented in Guadalupe and a large new agricultural training center was established at Sibundoy. Community response in Sumapaz was very poor and its remaining funds will be transferred to the other two project areas.

It is estimated that the project goals of 50% community participation in Guadalupe and 75% in Sibundoy are likely to be achieved. In Guadalupe, the farmers themselves initiated the formation of a local credit and loan association. In Sibundoy, 350 Kamza families contributed the equivalent of \$41,318 during the first half of the project and in Guadalupe, the equivalent of \$53,895 in labor and materials was contributed.

Two problems occurred with regard to budget and cash flow: 1) USAID funds were delayed one-half year by exchange of rate difficulties; 2) inflation was estimated at 40 to 50% during the first half of the project. Nevertheless planned outputs are well ahead of schedule and expenditures less than budgeted. The author attributes this to the high level of community participation and cooperation by the GOC. The project experience demonstrated that community resources can be mobilized to a much greater extent when community members are directly involved in the project. It is recommended that the logical framework be revised to accord with the current scope of the project.

Related Reports

SCF / CDF integrated rural development OPG

Project Paper (PP), 5 Mar 1976

DOCID/Order No: PD-AAR-569

Activities: Latin America and Caribbean

**El Salvador: Drug Awareness and Abuse Prevention
Project No. 519-0377
FY 90-92**

Grant to the Anti-Drug Foundation of El Salvador (FUNDASALVA) to establish a nationwide drug and alcohol awareness and prevention program comprising action programs at the school, community, and business levels, as well as a mass media information, education, and communication (IEC) program.

An action program for public and private schools will begin as a pilot effort in 8 schools and expand to 48 schools by project end. Activities will include developing educational materials for use by physical education teachers and sports coaches in developing anti-drug programs and providing related training to teaching and administrative staff. FUNDASALVA will also recruit, train, and provide TA and support to committees of teachers, parents, and students to plan and implement prevention activities; a similar strategy will be adopted in the anti-drug efforts noted below.

A community-level program will aim at mobilizing youth, especially in marginal areas of major cities, to combat drug abuse among their peers. The program, which will begin in 4 communities and increase to 50 over the life of the project, will offer training for "program monitors" (youth and church leaders, boy/girl scouts, etc.) in the causes and effects of drug and alcohol use and help them form youth organizations to engage in community development and recreational activities promoting self-worth and usefulness. FUNDASALVA will also help community organizations devise prevention and education strategies and implement community drug prevention programs for youth; the sustainability of such programs will be emphasized. FUNDASALVA will also develop and test a preventive education program for use by private businesses, which will be charged a fee for services provided by FUNDASALVA. Adoption of drug-free workplace policies and programs by at least four businesses is targeted. Finally, FUNDASALVA will develop a mass media IEC program targeted to youth and young adults. The program will aim at increasing popular support for legislative/policy changes and a national prevention/education program.

The grant will also strengthen FUNDASALVA's institutional capacity by helping FUNDASALVA: (1) develop the trained personnel and institutional infrastructure needed to implement a national-level program; (2) establish a system to manage and account for A.I.D. and other donor funds; and (3) carry out income-generating activities and charge appropriate fees for providing assistance and services to other drug abuse prevention organizations.

Activities: Latin America and Caribbean

Selected Evaluations

*Project assistance completion report : drug awareness and abuse prevention project
U.S. Agency for International Development. USAID Mission to El Salvador, San Salvador,
3 Mar 1995, [15] p., En
DOCID/Order No: PD-ABL-254*

PAC of an OPG (9/90-9/94) to the Anti-Drug Foundation of El Salvador (FUNDASALVA) to upgrade national drug and alcohol abuse/awareness programs and strengthen its own institutional capabilities.

The project surpassed its objectives. FUNDASALVA conducted training programs in 152 schools, 152 marginal communities, and 50 private businesses, many times the original targets. FUNDASALVA also provided for a multiplier effect by training 104 sport trainers, 629 teachers, and 1,100 community leaders using a training of trainers model. A mass media campaign lasting more than two years included 64 hours of TV spots and 251 hours of radio spots aimed at youth of all ages and socioeconomic levels, as well as 4,823 inches of print media. The program achieved broad coverage of events and was very successful in raising awareness of the drug problem and in establishing FUNDASALVA as a program for preventing substance abuse. FUNDASALVA also created a documentation center that uses MICRO-ISIS, the database software most used in substance control centers throughout Latin America and the Caribbean, thereby facilitating interchanges between FUNDASALVA and other centers. Finally, FUNDASALVA has acquired the designs, materials, and staff skills needed to institutionalize drug prevention programs in both public and private agencies.

Lessons learned include the following. (1) Multipliers are important elements in reaching broad target groups with limited resources at the community level. Sustainability of multiplier programs requires follow-up to reinforce lessons learned and provide continued motivation to volunteers. (2) Sustainability needs to be a clearly stated objective from the beginning of a project in order to maximize the TA and institutional planning efforts needed. In this case, Mission efforts and TA provided under the project have resulted in an institution which is able to control operating costs and obtain additional funding from other donors as USAID assistance ends.

Related Reports

A.I.D. cooperative agreement no. 519-0377-A-00-0399-00, drug awareness and abuse prevention project with Anti-Drug Foundation of El Salvador (FUNDASALVA)
AID Contract/Grant/OPG, 27 Sep 1990
DOCID/Order No: PD-ABB-882

Activities: Latin America and Caribbean

Drug awareness and abuse prevention
Project Paper (PP), 26 Sep 1990
DOCID/Order No: PD-ABB-930

Activities: Latin America and Caribbean

Guatemala: Educational Development (Primary)

Project No. 520-0198

FY 70-77

Project originally conceived of as a grant component of 5200192; became separate project and was assigned separate number 5200193 with issuance of proposal 6/25/78; became 5200198 with proposal of 7/17/70; project number further changed to 5200198.1 by proposal of 9/5/73.

Grant to Government of Guatemala supports development of four existing structures into pilot schools to test teaching and curricular reforms in primary education and aimed at rural Indian and Latino populations. Existing facilities supplemented with land, equipment and buildings for instruction in agriculture, health, nutrition, home economics and social science and industrial arts. Instruction in math, natural science and social science project centered with relevance to rural life. Overall learning scheme is practical, with students performing agricultural and home economic projects in the home. General community involvement sought through this means as well as adult evening classes and agricultural demonstrations. Qualified technicians in agriculture, health and nutrition supplement and support pilot school staff. Twenty-one supplementary primary texts developed to cultural and geographic differences. Control schools matched with pilot to determine pilot impact. Schools will test changes in rural curriculum, teaching aids on attendance, dropout rate; measure potential role in adult education, provide centers for inservice training of teachers.

Proag of 11/18/71 expands project scope to emphasize bilingual instruction of Indian students and development of bilingual texts and teaching aids. PIO/T of 4/28/71 contracts development of audio visual material for inservice training of primary teachers. Contractor also prepares student and adult education material.

Proag of 4/17/72 discusses separate activity to design in conjunction with ministry task force, an experimental program for low cost non-formal adult education. Activity will study alternative communications media, availability of training personnel, cultural factors, etc., and will provide ground work for broader programs which may be implemented.

Logframe

- Problem: Primary education in Guatemala, prior to 1968, was extended to only 29 percent of the school age population, with only 6 percent of all entering students finishing the sixth grade. Overcrowding of existing structures, the majority of which consists of only one room and serves only three grades, presents a major problem. This, coupled with the lack of teachers prepared for rural assignments and the lack of a rural-oriented

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curriculum taught in any of Guatemala's 20 Indian dialects, presents the major obstacle to meaningful primary education.

- Strategy: Four year project consists of grant to the Government of Guatemala to support construction of pilot schools and services of technical advisors. Host country provides technicians, teachers, and supervisory staff.
- Goal: Model for rural primary education developed in pilot schools is used in the loan funded normal, regional, and satellite schools and leans to a qualitative improvement in the entire system.
- Purpose: Development of models for an effective system of primary education responsive to the needs of rural communities for use in loan funded normal, regional, and satellite schools.
- Outputs: 1. Administrative organization which coordinates pilot and loan funded programs (PEMEP). 2. Pilot schools. 3. Teaching methods. 4. Course content and materials. 5. Teachers trained (inservice).
- Inputs: See Table 'A' OF PAR 7/16/71

Selected Evaluations

Evaluation of USAID-assisted educational sector programs in Guatemala, 1969-1983: final report

Seelye, H. Ned

International Resource Development, Inc., La Grange, IL, U.S. Agency for International Development. USAID Mission to Guatemala, Guatemala City, (Sponsor)

Dec 1983, 45 p. + 4 annexes, En, Es

DOCID/Order No: XD-AAP-381-A; Attached to PD-AAP-381

Evaluates eight A.I.D. education projects implemented in Guatemala during the period 1969-83. Special evaluation is based on document review, site visits, interviews with educators, field studies, and analysis of archival data.

Overall, the projects (4 of which are ongoing), have been well-designed and have addressed rural Guatemala's most pressing education needs. Although most major objectives have been realized, specific targets - which tended to be unrealistic - often were not met, due especially to late start-ups. Many gains have been diffused beyond initial sites (e.g., the adoption of A.I.D. construction standards by government agencies). Over 500 rural primary schools and two normal schools (Santa Lucia and Monjas) have been built/reconstructed and equipped and are in

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good condition, despite the absence of a Ministry of Education (MOE) school maintenance program. However, much equipment is under used or unused.

Fundamental change has occurred in the primary school curriculum, specifically, the introduction of complex problem solving techniques (to replace rote memorization) in 100 rural schools, An ongoing project with considerable promise is developing bilingual texts (in Spanish and 4 Mayan languages) for preschool and grades one and two. Two nonformal education projects have built/equipped radio stations and tested the effectiveness of various media mixes. While the first was entirely successful, later efforts have been hindered by an overly centralized administration and predominantly Spanish messages (five of the eight projects did not plan for the fact that most highland Indians do not speak Spanish). A project to upgrade MOE staff - primarily through training - has made a good beginning.

Some areas have not been so successful, however. Few graduates of the two normal schools have been offered teaching positions, possibly due to political reasons. Most texts in rural schools are some 15 years old and neither widely available nor widely used - although some 3.9 million texts/teachers' guides were printed, most remained for years in an MOE warehouse. Use of the regional/satellite school concept (in pilot projects) was never institutionalized and has been discontinued.

Studies to assess the feasibility of using double school sessions and a flexible school calendar for migrant children indicate that both programs would succeed. Another study suggests that bilingual promoters with 6th grade educations can be as effective as trained monolingual teachers.

Educational sector programs in Guatemala Fairchild, Frank L.

*U.S. Agency for International Development. USAID Mission to Guatemala, Guatemala City,
4 Apr 1984, 3 p., En. PES no. 520-84-03*

DOCID/Order No: PD-AAP-381; Attachment: XD-AAP-381-A

Evaluates all eight A.I.D. education projects implemented in Guatemala as a basis for a proposed Rural Primary Education Improvement Project. Final PES, consisting of a facesheet only, covers the period 1969-83 and is based on an attached special evaluation (XD-AAP-381-A).

The following action decisions should be considered in developing the Rural Primary Education Improvement Project. (1) Ministry of Education (MOE) distribution of textbooks, supplies, and equipment, unsatisfactory under previous A.I.D. loans, should be clearly linked to the World Bank's textbook distribution system. (2) Information on school maintenance and latrine use should be incorporated into the new bilingual texts and teachers' guides. (3) A flexible school

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calendar for migrant children should be implemented to reduce drop-out rates. (4) The Bilingual Education project should hire a senior anthropologist/linguist to guide the Mayan language teams and assist in the development of fourth grade materials. (5) The academic qualifications of MOE Mayan Indian educators should be improved.

General sector decisions are to: (1) initiate discussions with the MOE to encourage immediate employment of Santa Lucia Normal School graduates; (2) support implementation of double sessions in rural schools; (3) immediately distribute all texts, supplies, and equipment procured under previous loans; (4) initiate a study to determine why the regional/satellite school concept was never implemented; (5) initiate discussions with the Government of Guatemala concerning funds for repair and maintenance of primary education buildings.

Educational development (primary)

Wright, Peter C.

U.S. Agency for International Development. USAID Mission to Guatemala, Guatemala City, 11 Jun 1974, 5 p., En. PAR serial no. 74-8

DOCID/Order No: PD-AAA-912-A

1/73-6/74: pilot school construction and teacher training on schedule; publication/distribution of bilingual texts in 18 Indian languages affects 500,000 students. Promotion rates, achievement scores, and enrollment counts significantly higher for pilot schools than for controls. Contractor and host country support very satisfactory.

Educational development (primary)

Wright, Peter C.

U.S. Agency for International Development. USAID Mission to Guatemala, Guatemala City, 16 Jul 1971, 6 p., En. PAR serial no. 72-2

DOCID/Order No: PD-AAA-910-F1

FY69-FY71. Project preceding largely as scheduled. Two schools need more teachers and rooms to attain satisfactory student/teacher ratio; irrigation, electricity, and sanitary facilities incomplete in two schools. Short-term personnel and grantee contractors highly satisfactory, although retention of qualified, trained host country staff is a problem.

Related Reports

Educational Development

Miscellaneous Project Documents, n.d.

DOCID/Order No: PD-AAA-913-A1

Activities: Latin America and Caribbean

Educational Development (Primary) : Revision 1
Non-Capital Asst Project Proposal (PROP), 17 Jul 1970
DOCID/Order No: PD-AAA-910-B1

Educational Development (Higher Education)
Non-Capital Asst Project Proposal (PROP), 2 Nov 1970
DOCID/Order No: PD-AAA-910-C1

Educational Development
Non-Capital Asst Project Proposal (PROP), 5 Sep 1973
DOCID/Order No: PD-AAA-910-E1

Educational Development
Project Appraisal Report (PAR), 6 Sep 1973
DOCID/Order No: PD-AAA-910-G1

Educational Development
Proj Eval Summary(PES)/Eval Summary(ES), 29 Jun 1977
DOCID/Order No: PD-AAA-912-B1

Activities: Latin America and Caribbean

**Haiti: Community Integrated Nutrition and Education
Project No. 521-0138
FY 80-85**

Operational program grant is provided to CARE to expand its community integrated nutrition and education center (CINEC) system in Haiti and to improve the preschool child's physical and mental preparation for school. CARE will implement the project in selected rural areas with institutional support from the Government of Haiti (GOH). The number of operating CINEC's will be expanded from 18 to 96. Each CINEC will be staffed by a GOH home economist, will distribute PL 480 food supplements to the homes of 200 children aged one through four, and will instruct, on a day school basis, 50 five-year olds suffering from mild-to-medium malnutrition. Instruction will be offered in language skills, social and hygiene education, health/nutrition care and physical education. Doctors will visit the centers regularly to provide health and nutrition monitoring and to vaccinate children at scheduled intervals. Children with more severe malnutrition will be referred to health centers for treatment.

A demonstration garden will be established at each CINEC and children will be taught to plant and weed the garden as well as to recognize various vegetables and to develop proper eating habits. The gardens will provide food for the students (supplemented by PL 480 commodities) and will serve as teaching tools for the companion adult education program.

A major focus of the project will be to involve the parents of CINEC students in health, nutrition, and sanitation education at the center. To this end, mothers will be recruited to work as teachers' aides, especially in the preparation of balanced school lunches. GOH auxiliary nutritionists will conduct nutrition classes for mothers in food selection and meal preparation using local foods. Each center will be provided with two sewing machines and sewing classes will be offered to elicit interest among community women. Additional classes for both men and women will be offered in home economics, home and village sanitation, family planning, and literacy. Village men will also be trained in agricultural techniques to increase food production.

Logframe

- **Problem:** The primary school system in Haiti is deemed unsuccessful, largely because of the students' lack of school-related skills, their low health and nutritional levels, and their lack of family support. This is especially true in the country's poorest areas, where 80% of children under five suffer from malnutrition severe enough to affect their mental capacity. A CARE-established system of preschool education, while preparing some children for primary school, is both too limited and too isolated from the parents to be truly effective.

Activities: Latin America and Caribbean

- Strategy: Two-year project consists of operational program grant to CARE to expand the construction and operation of community integrated nutrition and education centers. CARE will provide personnel and operating costs and GOH will offer institutional support. Other donors include the World Bank.
- Goal: Preschool children in Haiti physically and mentally prepared for entry into primary school.
- Purpose: The CARE system of community integrated nutrition and education centers (CINEC) expanded.
- Outputs: 1. 76 CINEC's constructed. 2. 4,800 preschool students instructed in health, nutrition, language, motor skills, and hygiene. 3. 24,000 children under five treated for malnutrition. 4. 9,600 parents trained in health, nutrition, food production and preparation, hygiene, literacy, and family planning. 5. 7,750 preschool children vaccinated. 6. 76 demonstration gardens established.

Related Reports

Community Integrated Nutrition and Education OPG
AID Contract/Grant/OPG, 29 Aug 1980
DOCID/Order No: PD-AAF-959-A1

Community integrated nutrition and education centers (CINEC) project : a head start type program for rural Haiti
Special Evaluation, [1984]
DOCID/Order No: PD-AAR-030

Activities: Latin America and Caribbean

Haiti: Nutrition Improvement

Project No. 521-0075

FY 76-79

The Bureau of Nutrition has proven capability to establish new nutrition centers, increase support for old ones, train personnel, assist with ancillary programs (health, agriculture, family planning). Project grant expands successful program to change family eating habits. Centers determine the 30 most malnourished preschool children in community and actively involve mothers in recuperating child on food available in the local market. The child attends daily for three-four months; the mothers go weekly to prepare food, learn hygiene, Bureau of Nutrition trains local girls in nutrition, home economics, health, center management. Project evaluates center design for most cost effective combinations of inputs for each area. Spread effect is significant.

Logframe

- **Problem:** Despite fact that high percentage of Haitian families have enough income to provide adequate nutrition for children, malnutrition is a serious problem because of unwise distribution of protein among members of the family. Education provided by government of Haiti (GOH) nutrition centers has reduced incidence of malnutrition, but centers are not in enough areas.
- **Strategy:** Long term, public sector approach uses existing institutions, decentralized system.
- **Goal:** Improve health of Haitian families in lowest income groups.
- **Purpose:** 1. Provide Haitian mothers with knowledge of best choice of available foods and food preparation required for good health. 2. Protect mothers and children against certain serious infectious diseases. 3. Teach farm families to grow more nutritious food crops. 4. Determine most cost/effective alternative reducing malnutrition of the poor.
- **Outputs:** 1. Mothers provided with and using knowledge to improve nutrition of children. 2. Farm families provided with and using knowledge of how to produce and utilize more nutritious foods. 3. Evaluation of most effective, least cost design for different ecological situations. 4. Recommendation on cost/effective alternatives and integrate activities to reduce malnutrition prevalence of poor majority.
- **Inputs:** US: 1. Technical advice; 2. Commodities, vaccines, contraceptives, training materials, furnishings, etc.; 3. Budget support for salaries, training, operational costs.

Activities: Latin America and Caribbean

Government of Haiti (GOH): 1. Supervision and training; 2. Operational costs; 3. Equipment and supplies.

Selected Evaluations

Agricultural extension program, Bureau of Nutrition, description and new directions
Attfield, Harlan

1 Jan 1979, 37 p. + annex, En

DOCID/Order No: PD-AAG-317-A

This report, attached to a PES (PD-AAF-559-A), is a special study of agriculture and nutrition in Haiti. The report begins with an examination of the major food crops grown in Haiti and how these foods are consumed. Typical peasant meals are described and evaluated for their nutritional quality. The average Haitian peasant's diet is found to be deficient in protein, fat, and calories, while vitamin intake is dependent upon the season. Practical measures for improving the diet are presented. In order to add green vegetables and fruit to the diet, home gardens should be encouraged. Calorie consumption can be increased through the production and consumption of root crops, such as sweet and Irish potatoes. The quality of the protein consumed could be improved through the introduction of milk, meat, and eggs into the diet. Milk and beef, however, are neither affordable by the peasant nor economical for the agriculture sector. Therefore, the author strongly recommends the promotion of rabbit and chicken production to fill the country's protein needs.

The agricultural extension activities of Haiti's Bureau of Nutrition (BON) are described. BON employs agricultural extensionists (AE's) to encourage improved food production, preservation, meal preparation, and infant feeding practices. One AE is assigned to each of the 30 nutrition centers; the AE's visit families with children in the feeding program, conduct weekly group meetings, and provide practical and theoretical agricultural assistance through the use of demonstration plots and other methods. Specific recommendations to further improve the extension program are made for each of following subject areas: staple foods, fruit/vegetable production, animal husbandry, soil conservation, grain storage, logistics, training, and supervision.

Cost-effectiveness of Mothercraft and other alternatives for Haiti
Fort, Catherine J.

Medical Service Consultants, Inc., Arlington, VA,

1 Jan 1979, 29 p. + annex, EN

DOCID/Order No: PD-AAG-316-A

Activities: Latin America and Caribbean

This special study, attached to a PES (PD-AAF-559-A), assesses the cost-effectiveness of Mothercraft centers and other nutrition intervention strategies in Haiti. It should be read in conjunction with a special evaluation (PD-AAF-559-A). The study evaluates various interventions based on the following criteria: capability of the strategy, number of participants per center, cost per recuperated child and educated mother, changes in percent of standard weight for age, and mortality rates. The author develops a cost-effectiveness rating for each of the five strategies commonly used in Haiti: nutrition rehabilitation and education centers (CERN's); Hacho centers; Church World Service (CWS) centers; projet integre (foyer and nutrition centers); and hospital rehabilitation.

Despite a lack of the detailed data needed for a thorough cost effectiveness study, the following conclusions are drawn. Hospital rehabilitation is the most expensive strategy, followed by CERN, Hacho, projet integre, and CWS. The author's major conclusion is that, based on the number of benefits per dollar spent, the CERN program -- the one most emphasized by the Bureau of Nutrition (BON) -- is the least cost-effective method. Projet integre and CWS are not only the cheapest strategies, but produce lower mortality rates among 1-4 year olds, increased life expectancy, and a higher rehabilitation rate. Further study is recommended to ascertain that the foyer system used in projet integre is the most cost-effective.

A discussion follows which examines the elements of each individual program and describes the ideal mix of components for effective nutrition intervention, including untried elements of programs which are currently being developed. These include integrating nutrition services into the rural health system and distribution of supplementary dry food. The final recommendation is that BON diversify its program and retract its current emphasis on CERN's. A more cost-effective program than any of the options now used would be a mobile center offering a range of nutrition and education interventions in the regions of greatest need.

A.I.D. role in Haiti's Mothercraft network from 1976, toward the future

King, Joyce M.

1 Jan 1979, 67 p., EN

DOCID/Order No: PD-AAG-315-B1

Evaluates project to improve nutrition in Haiti. Onsite evaluation covers the period 10/1/76-12/31/78 and is based on project documentation. This special evaluation, attached to PES (PD-AAF-559-A), focuses on the performance of the nutrition rehabilitation and education centers for mothers and children (CERN's) established in the project's first stage.

Utilization of the CERN's was far below both the maximum and the expected rates. Only 59 children were nutritionally rehabilitated and 181 children protected via mother education -- less than 60% of the maximum projected totals. The per capita cost of \$42.40 was \$18.00 higher than

Activities: Latin America and Caribbean

projected. Moreover, the most nutritionally vulnerable children are not being treated first, a situation made worse by the inadequacy of existing CERN guidelines, which need immediate revision. Criteria for location, admission/exit standards, age of children, length of stay, and supervision are provided.

One of the program's most serious problems is that 74% of the children show second and third degree malnutrition upon leaving the CERN, despite an average stay of 5.4 months. The CERN diet is insufficient to fill a child's total nutritive requirements, yet 30% of mothers give no supplements to their children. Dietary studies of CERN food and of children's consumption should be made and a special formula should be given to seriously malnourished children immediately upon visiting a CERN. The mother education component should receive greater stress and training made more applicable to home conditions. Basic nutrition lessons should be presented early and repeated often. Other suggestions to improve education are more frequent home visits and use of alternative teaching methods.

Refresher training for CERN directors and extensionists is needed, as is stricter adherence to the length-of-stay limit (four months). The CERN system alone is incapable of reaching all 270,000 seriously malnourished children under five. A nutrition education component should be introduced into the overall health delivery system in order to make integrated nutrition services available to all children.

Nutrition Improvement (Haiti)

Cotten, Joel Q.

U.S. Agency for International Development. USAID Mission to Haiti, Port-au-Prince, 28 Sep 1979, 17 p., EN. USAID/Haiti; 79-3

DOCID/Order No: PD-AAF-559-A

Evaluates, for the period 6/76 to 1/79, nutrition improvement project in Haiti. Project purpose is to enlarge the coverage of Nutrition Rehabilitation Centers (CERNs) run by the Bureau of Nutrition (BON) and to reinforce nutritional service in the health delivery system through training of BON personnel. Evaluation is based on an in-house technical review of three recent evaluations of BON and consists principally of USAID recommendations.

Because of the inefficiency of CERNs and their failure to provide adequate coverage, CERN norms, including norms for location and mobility of centers, frequency of supervision, education of mothers, use of road-to-health cards as motivators, and use of kwash-milk, will be revised and improved. New norms will be included in an amended PRO-AG to be signed 6/79. USAID will also request BON to prepare a plan of action for 1979/80. This plan should include a dietary study (to be carried out as soon as possible); refresher training for BON staff; research to provide weight-to-height data for measuring child recuperation. A project paper (PP) amendment

Activities: Latin America and Caribbean

will also be prepared. It will include funds for transportation for extensionists; grain storage facilities; promotion of rabbit culture; and a food production manual, visual aids, and a training course curriculum. Amended PP and PRO-AG will stress decentralization of BON and will discuss its possible integration into the Department of Public Health and Population.

Alternatives to CERNs such as the Foyer Approach, as well as elements of the proposed Integrated Nutrition Program (projects 091 and 099) were discussed at a national nutrition seminar held to disseminate results of a national nutrition survey and to review recent evaluations. Targets, together with a financial review of the project, will be undertaken at the end of CY79. A baseline study of all CERNs will be undertaken during final project evaluation or in connection with project 099. Status of implementation of the present recommendations will be reported in the bi-monthly status report.

Related Reports

Nutrition Improvement

Project Paper (PP), 8 Jun 1979

DOCID/Order No: PD-AAB-708-A1

Audit Report : Health Sector

Audit Report, 7 Feb 1979

DOCID/Order No: PD-AAA-981-A1

Nutrition Improvement

Miscellaneous Project Documents, n.d.

DOCID/Order No: PD-AAA-996-A1

Nutrition Improvement

Project Paper (PP), 27 Oct 1975

DOCID/Order No: PD-AAA-995-B1

Evaluation Of The Effectiveness Of Education And Rehabilitation Centers

Miscellaneous Project Documents, n.d.

DOCID/Order No: XD-AAB-708-1

Agricultural Extension Program, Bureau Of Nutrition, Description And New Directives.

Bibliography/Index/Literature Review, 1 Jan 1979

DOCID/Order No: XD-AAG-317-A

Activities: Latin America and Caribbean

Mid-year progress report : evaluation of non-formal education in Ecuador
Progress/Interim Report, 31 Dec 1974
DOCID/Order No: PD-AAA-744-E1

Activities: Latin America and Caribbean

Honduras: Honduras Nutrition

Project No. 522-0124

FY 76-80

The project assists "Sistema de Analisis y Planificacion de Alimentation y Nutricion" (SAPLAN) to address restraints to nutritional improvement. SAPLAN forms food/nutrition policy and evaluates design/operation of nutrition programs. SAPLAN professional staff trained to teach/disseminate health/nutrition practices in primary schools and over radio broadcasts. Sanitary latrines and wells build and promoted using broadcast potential. Pilot projects include farm storage facilities, breeding stock for small animals, aquaculture facilities and training, soybean introduction, sorghum improvement, and the design of a data gathering system.

Logframe

- **Problem:** Lack of potable water, environmental sanitation and preventive-curative health care and inadequate nutrition education and information at all levels of society are major determinants of the nutritional standards of Honduras. Also an inefficient GOH nutritional analysis and planning capability.
- **Strategy:** Project is a capital intensive, long-term operation coordinated and implemented through existing central government institutions.
- **Goal:** Improve nutritional status of pre-school children and pregnant, lactating women in selected geographic
- **Purpose:** Increase GOH capability to carry out nutrition analysis, planning and evaluation; improve target group's dietary and environmental sanitation patterns; test cost-effectiveness of several nutrition interventions.
- **Outputs:** 1. SAPLAN established. 2. Wells constructed. 3. Studies completed. 4. Latrines constructed. 5. Pilot nutrition monitoring system designed and tested. 6. GOH's ability to impart nutrition information to the target group increased. 7. Interventions designed and implemented.

Activities: Latin America and Caribbean

Selected Evaluations

National Nutrition Program

Baum, Raymond; Ruelas, Leo L.; Hyslop, Thomas; Hartenberger, Paul

U.S. Agency for International Development. USAID Mission to Honduras, Tegucigalpa,

17 Jul 1980, 12 p., EN

DOCID/Order No: PD-AAF-963

Evaluates project to increase the government of Honduras (GOH) capability to analyze, plan and evaluate nutrition programs, and support the development of institutions and rural infrastructure necessary to deal effectively with malnutrition among the Honduran people. Evaluation covers the period 7/1/78-6/30/79 and is based on participating GOH agencies' reports.

Four pilot projects were created to develop and increase agriculture and aquaculture production of several foodstuffs. Of the four, two are on target in their production schedules and two have been obliged to downgrade their goals due to redistribution of funding. Funds were transferred from other components to the aquaculture pilot project in order to accommodate the high priority accorded aquaculture by the GOH; additional transfers may be recommended.

Nutrition education via radio broadcasts and community education was a successful aspect of the project -- a total of 60,000 spot radio messages were transmitted in 1978 alone and over 300 community leaders were trained. Publication of educational material, however, is being held up by a delay in procurement of printing equipment; in fact, inadequate GOH deliveries have disrupted schedules in almost every project activity. USAID will attempt to rectify this situation.

The water supply and environmental sanitation component of the project was substantially revised, with the total number of wells planned for installation cut by 33%, and numbers of latrines constructed reduced by 25%; the original goals were found to have been overambitious. Under the planning and evaluation component of the project, an experimental nutrition surveillance system was designed and tested which will now be broadened to other parts of Honduras.

Unplanned effects have been the decision not to encourage soy production in highly productive redbean areas, which removed one sector of the country from the project area. Also, the fact that farmers who were offered an improved variety of sorghum hesitated to recultivate taught that the introduction of a new seed package is not always the answer to increased production.

Activities: Latin America and Caribbean

Related Reports

Nutrition Loan

Project Paper (PP), 24 May 1976

DOCID/Order No: PD-AAB-075-B1

Nutrition

Miscellaneous Project Documents, n.d.

DOCID/Order No: PD-AAB-077-A1

Nutrition

Progress/Interim Report, 1 Mar 1976

DOCID/Order No: PD-AAB-076-A1

National Nutrition Planning

Audit Report, 22 May 1981

DOCID/Order No: PD-AAH-583-A1

Activities: Latin America and Caribbean

Honduras: Mosquitia Relief and Development

Project No. 522-0278

Subproject: 04

FY: no data

Subproject (SP) to develop a radio-based educational program for Miskito and Sumo Indians (including those who are refugees from Nicaragua) in the Department of Gracias a Dios in Honduras. The SP, which will be implemented by the International Rescue Committee (IRC), will include primary education for children and nonformal literacy training of adults, implemented in connection with IRC management of an emergency food program.

Given the geographical area to be covered, and the dispersed nature of the population, IRC will develop a radio-based instructional system, supplemented by local coordinators and a small number of promoters. The SP will fund a radio transmitter and production studio, receivers, and instructional materials. Local learning center facilities will be established; in most cases, this will consist of improving an available room for group study activities. About 30 local coordinators will be trained by roving promoters to coordinate instructional activities.

The adult nonformal educational program will provide instruction and informational radio programming in practical subjects such as agriculture, health, nutrition, family planning, community organization, and literacy study; the program will be coordinated with ongoing development and relief activities in the area. The primary school equivalency program will give instruction in core curriculum subjects for children and adolescents; approximately 9,000 persons will benefit from this activity.

A radio-based public information channel with the capability of reaching the remotest sections of the target area will provide information about programs and meetings of general interest and about health and agricultural conditions. The SP will also finance a supplemental feeding program for about 500 malnourished children, to be administered through village or area schools.

Selected Evaluations

Project assistance completion report : Mosquitia relief and development project (522-0278)
U.S. Agency for International Development. USAID Mission to Honduras, Tegucigalpa,
[1989], 16 p. : charts, statistical tables, En
DOCID/Order No: PD-AAZ-303

PAC of a project (11/84-12/87) to provide health and educational services and rehabilitate transportation infrastructure in the Mosquitia Region of Honduras, a remote area strained by the influx of Nicaraguan refugees.

Activities: Latin America and Caribbean

The project constructed a health clinic in Auasbila, where no medical services had been available, and health centers in the communities of Barra Patuca, Yahurabila, Laka Tabila, and Raya. A field hospital unit was established in Puerto Lempira that is expected to treat 22,750 people during its first year. The hospital is the only facility accessible to most of Mosquitia's population that is capable of performing limited surgery. The project significantly reduced the incidence of malaria by spraying houses with residual insecticide in nearly 100 communities. To improve environmental health, the project provided training to 24 Miskitos, 11 of whom were hired to report on community health, organize health and water groups, provide TA in construction and maintenance of wells and latrines, and distribute educational health material. With their guidance, the communities completed 2,141 of a targeted 3,200 latrines.

A community-based educational radio station, called Sani Radio, was developed for the region by the International Relief Committee (IRC). The radio station, which includes 2 production studios, was ingeniously pre-assembled in the United States and shipped to Puerto Lempira at a remarkable speed. Sani Radio is the only Honduran station that reaches the Mosquitia Region and the only station broadcasting in the Miskito language. The station's major challenge is to find a suitable permanent institutional and financial base.

The infrastructure component experienced a setback when unprecedented flooding of the region in 8/86 damaged the nearly completed principal bridge on the Rus-Rus river. However, the bridge was redesigned and completed in 12/87 to the benefit of 3,898 people. The project improved 13 small bridges on the region's road network - 122 km of which were also improved (more than double the project target). Rehabilitation of the canal connecting Laguna Sirpe and the Kruta river proved difficult. A dredge purchased in the United States could not remove tree trunks and roots embedded in the canal and the material excavated severely abraded the dredge's pumping mechanism. The dredge was used to rehabilitate 5 km of the planned 12 km of the canal, while 3 km were rehabilitated by manual labor during the dry season.

Several lessons were learned. (1) Since the Government of Honduras (GOH) commitment to the Mosquitia is far less than to more populated regions, longer lead times and training of GOH personnel might be required for projects in the area. (2) The GOH has limited concern for the refugees in the Mosquitia, and so should not be heavily relied upon to implement projects designed to assist them. (3) Contracting out might have lessened the administrative burden of the infrastructure component, but would not have provided employment to as many local Miskitos.

Related Reports

A.I.D. grants to the International Rescue Committee for Mosquitia relief and development
AID Contract/Grant/OPG, 22 Jul 1985
DOCID/Order No: PD-KAB-887

Activities: Latin America and Caribbean

Jamaica: Family Planning
Project No. 532-0030
FY 66-79

Grant provided to the Government of Jamaica to expand its national family planning (FP) program. The National Family Planning Board (NFPB), a semi-autonomous government agency within the Ministry of Health (MOH), will implement the program. Project components include: 1. Clinical services: 160 FP clinics with clinic outreach programs will be operating by 3/70. Most will operate part-time out of existing health centers. Services will also be offered to post partum patients in maternity hospitals and to others through trained midwives. All acceptors will be offered the PAP Smear test. A cytological service will be established with the MOH for cancer detection. 2. Training: in-country training will be provided to clinic staff -- including physicians, nurses, midwives and clerks -- as well as health education personnel, personnel of parish health departments, and community leaders. Short and long-term participant training will be provided to professional personnel in the areas of FP methods, audio-visual techniques, health education, statistics, census planning, and cytology. 3. Education: the MOH Bureau of Health Education will develop curricula and teaching aids to introduce sex education into secondary schools. Educational activities will also be conducted through the clinics, the outreach program, maternal/child health facilities, mass media, and through orientation seminars for personnel of government and private organizations. 4. Activities at the University of the West Indies (UWI): a population center will be established within UWI to conduct training, evaluation, and operational research (attitude surveys and organizational studies).

USAID will provide two FP advisors and short-term consultants, contraceptives, clinic equipment, medical supplies, educational materials, A/V equipment, participant training, and some local operational costs.

Proag of 5/17/72 shifts emphasis from part-time to full-time clinic services. Prop 4/26/74 expands training to include all categories of health workers and related workers in other ministries and organizations. This follows the MOH directive that all health institutions provide FP services.

Logframe

- Problem: Jamaica's annual rate of natural increase in 1960 was 3.3 percent -- one of the highest rates in the world. Even with the high rate of emigration, the present population of 1,900,000 could reach 5,000,000 by the year 2000. Rapid population growth has placed a severe burden on Jamaica's economy. GOJ has established family planning clinics in existing health centers where available. However, often those facilities lack

Activities: Latin America and Caribbean

adequate space. Due to the shortage of doctors and nurses, clinics cannot operate on a continuous daily service basis.

- Strategy: Nine-year project consists of grant, direct-hire and contract technical assistance commodities (contraceptives, clinic equipment, medical supplies, educational materials, A/V equipment, and vehicles), participant and in-country training, and some local operational costs to expand the national family planning program. Host country provides budgetary support, facilities, training, and project management. Other donors include IBRD, IPPF, UNFPA-ILO, and the Association for Voluntary Surgical Contraception.
- Goal: Population growth in Jamaica reduced to zero by the year 2000.
- Purpose: Assist and strengthen government, academic, and private agencies involved in family
- Outputs: 1. 50 family planning (FP) personnel from the National Family Planning Board and 55 from other ministries trained. 2. 1400 government medical and paramedical personnel trained to deliver FP services and educational programs. 3. Family planning services delivered in over 300 hospitals, health centers, and dispensaries. 4. Commercial distribution of oral contraceptives and condoms established. 5. Family life/sex education courses prepared for primary, secondary, and college levels. 6. 2000 primary/secondary teachers trained in family life/sex education. 7. 1,500 students in teacher training college annually prepared to teach family life/sex education.
- Inputs: USAID: 1. Project manager. 2. Consultants and other short-term advisors in program planning/organization development, record keeping/statistics, contraceptive techniques/surgical procedures, and education/communication training. 3. Participant 4. Commodities (contraceptives, medical supplies, clinic equipment, educational materials, A/V equipment). 5. Local costs of training, workshops/seminars, post-partum and other demonstration projects, local production of educational materials. 6. Salaries and operating costs of University of the West Indies Family Planning/Epidemiology Unit..

Selected Evaluations

Family planning

Cole, Arjuna A.

U.S. Agency for International Development. USAID Mission to Jamaica, Kingston,

24 Jun 1976, 6 p., En

DOCID/Order No: PD-AAN-465

Activities: Latin America and Caribbean

6/75 - 6/76. Due to inadequately trained medical and para-medical staff, family planning (FP) was only being provided on sessional basis. But with integration of FP Services into basic health services, all clinics must provide FP services on full-time basis. 750 medical and para-medical personnel have had in-service training and are on-the-job. The quality of in-service training at the University of the West Indies is good, but needs to be on a continuing basis to upgrade medical skills.

Commercial distribution of contraceptives after 20 months of operation has exceeded all local expectations. Over 690 distribution points sold 54,891 cycles of oral contraceptives and 3,516 gross of condoms and recruited 11,200 new acceptors. There are 70,000 continuing FP users. The birthrate was reduced from 30.6 in 1974 to 30.1 in 1975.

Ministry of Education has developed family life/sex education curricula and is integrating it into the school system at all levels. 130 guidance counselors and 2,000 teachers have received training in family life/sex education.

Sterilization programs continue to conduct over 3,000 sterilizations per year. The Ministry of Health may support the Jamaica Family Planning Association's innovative vasectomy program.

Evaluation of the Jamaican family planning program, 1974

D'Onofrio, Carol N.; Minkler, Donald H.; Pulley, Hamlet C.

U.S. Agency for International Development. USAID Mission to Jamaica, Kingston, 18 Jun 1974, 195 p., En

DOCID/Order No: PD-AAA-466-A

Progress toward Jamaica's stated interim goal must be greatly accelerated if that goal is to be achieved. Until recently, the program was confined essentially to a clinic-oriented "family planning" approach. With the advent of the community health aides, the concept of outreach functionaries became established, and family planning became one of the five major tasks of these multipurpose outreach workers. While program success has been limited in terms of continuing acceptors and impact to date on national fertility statistics, the process of institution building by the relevant government, academic, and private agencies involved has been accompanied by the progressive acquisition of the political, administrative, and technical capabilities required in order that self-sufficiency may ultimately be attained. In spite of obstacles, some progress in building national awareness of the program has also been made. More needs to be done, chiefly in assisting people to link family planning goals to their own personal and organizational motivations. The evaluators believe that bilateral, multilateral, and private donor assistance should all continue, but better coordination and communication among the responsible agencies as well as with recipient institutions is required if their potential for effective aid is to be realized. The evaluators made 54 program-specific recommendations.

Activities: Latin America and Caribbean

Related Reports

Audit Report : Family Planning Program

Audit Report, 26 Nov 1976

DOCID/Order No: PD-AAR-603

Activities: Latin America and Caribbean

Jamaica: Population and Family Planning Services II
Project No. 532-0163
FY 91-98

Project, follow on to 5320069, to help Jamaican organizations provide effective and sustainable family planning (FP) services. The National FP Board (NFPB) will be the lead counterpart agency in implementing the project's three components: policy framework, sustainable FP services, and NFPB institution building. Emphasis will be on the public sector, which is expected to remain Jamaica's major FP provider for the foreseeable future. The policy framework component will include three activities. (1) Analyses of population policies and issues and an ongoing dialogue with the Government of Jamaica (GOJ) will ensure that national FP policies are appropriate and sustainable. This activity will include seminars for GOJ decision makers and presentations on the social and economic costs of unchecked population growth. (2) Operations research, contraceptive prevalence surveys, and other research will be conducted to help refine a sustainable FP strategy. (3) Contraceptive social marketing (CSM) activities will include general media campaigns about FP and method-specific promotions.

The sustainable services component will include three public sector and three private sector activities. For the public sector, USAID will supply condoms, orals, and IUD's on a decreasing basis, and will strengthen the contraceptive logistics capacity of the GOJ, which will be fully responsible for purchasing contraceptives when the project ends in 1998. The project will also assist the Ministry of Education's Family Life Education program, e.g., by providing new texts/teaching materials for primary and secondary schools, and teachers' colleges. Clinical FP services within the Ministry of Health (MOH) will also be upgraded, especially in two areas -- IUD insertion and identifying the optimal contraceptive method mix. For the private sector, the major activity of the sustainable services component will be to shift the CSM program from the NFPB to commercial firms. The project will also promote FP services by private physicians (probably through a subgrant to the Jamaica Family Planning Association -- JFPA), and provide a small grant to the Women's Center for a pilot program to work with younger adolescents in Kingston to delay the first pregnancy. The final component will strengthen the NFPB as an advocate and coordinator of FP through a wide variety of TA and training activities covering organizational structure, market research, cost recovery, private sector development, planning, and development of a management information system.

Training will be an important part of the project and will cover the following areas: (1) contraceptive forecasting, logistics management information system, procurement, and logistics management for NFPB, MOH, and JFPA personnel; (2) the use of clinical methods such as the minilap sterilization procedure and IUD insertion for MOH and JFPA personnel and possibly for private physicians; and (3) the delivery of a full range of FP services, especially FP counseling, for public and private providers.

Activities: Latin America and Caribbean

Selected Evaluations

Midterm evaluation of the USAID / Jamaica family planning initiatives project (FPIP)

Wright, Mary W.; Blumberg, Naomi; McKenzie, Hermione

Basic Health Management International, Arlington, VA,

Futures Group International, Arlington, VA,

U.S. Agency for International Development. Bureau for Global Programs, Field Support, and Research. Center for Population, Health and Nutrition. Office of Population, Washington, DC, (Sponsor), U.S. Agency for International Development. USAID Mission to Jamaica, Kingston, (Sponsor)

Oct 1995, xii, 42 p. + 5 appendices : statistical tables, En.

POPTECH report no. 95-047-032

DOCID/Order No: PD-ABL-948

Midterm evaluation (7/91-10/95) of a project to strengthen the capacity of Jamaica's National Family Planning Board (NFPB) to sustain its family planning (FP) promotion program following USAID's phase-out. The project is well-designed, with many ambitious subprojects aimed at creating change in specific areas. Much progress has been made in some areas, while others need continued attention.

On the positive side, the project has increased the contraceptive prevalence rate (CPR) from 55% in 1989 to 62% in 1993; conducted an impressive array of outstanding policy research and analysis, on which most FP programming has been based; and initiated the Women's Center projects, which have elicited an enthusiastic response from the adolescent community and their parents in the limited areas where the projects are operating. The NFPB has successfully implemented, island-wide, the Top-Up Contraceptive Logistics Delivery System, which has improved record keeping, is popular with clinic staff, and has all but eliminated stock-outs. In addition, the project has completed the design and implementation of the major part of the Contraceptive Tracking System (CTS), which is utilized by the NFPB warehouse staff. The USAID phase-out (NFPB phase-in) for contraceptive procurement is proceeding on schedule, and contraceptives have been entered as a line item in the Government of Jamaica (GOJ) budget. In 11/92, the NFPB met the USAID conditions precedent to divest the Commercial Distribution of Contraceptives Program. This opened the door to assistance from the Social Marketing for Change (SOMARC) Project's assistance in starting the Personal Choice Social Marketing Program, which has undertaken a wide range of successful activities including training, extensive mass media campaigns, and public relations. In 11/94, the conditions precedent were met for the funding of the Family Life Education Program (FLE); the subproject proposal has been finalized and is awaiting official authorization. Two new computers have been acquired and installed, the Service Statistics Software has been installed and is operational, and a management information system (MIS) training workshop was held 10/93.

Activities: Latin America and Caribbean

However, the project faces some constraints. (1) In order for the NFPB to lobby successfully for the GOJ's continued financial and material support, it needs more time to develop advocacy skills. However, the Options for Population Policy Project (OPTIONS II) buy-in ends 9/95. (2) The hiring of a logistics manager, which has been recommended repeatedly for years, has not been done, although the position has been advertised. Constraints are related to position and salary approval from the Ministry of Public Service and reluctance of some NFPB staff to relinquish some of their responsibilities. (3) The NFPB is not able to conduct forecasting and procurement procedures independently; further TA must focus on technology transfer rather than service provision. (4) Three separate logistics systems are running concurrently: the main NFPB system, one for Depo-Provera, and one for condoms purchased for the Epidemiology Unit of the Ministry of Health (MOH). This complicates the forecasting and procurement of commodities. (5) The functions that would have been served by subcommittees of the Board of Directors (financial oversight, medical expertise to consider ideal method mix and means to shift toward it, and direct attention to sustainability issues) are not being performed because those subcommittees have not been appointed. Further, the Minister of Health has not yet appointed a full board of directors who would appoint the subcommittees. (Author abstract, modified)

Related Reports

Project grant agreement between the Government of Jamaica and the United States of America for the family planning initiatives project
Grant Agreement (PROAG), 31 Jul 1991
DOCID/Order No: PD-ABD-235

Family planning initiatives project
Project Paper (PP), 23 Jul 1991
DOCID/Order No: PD-ABE-217

Jamaica national family planning initiatives project (FPIP) launch conference -- May 20 - 22, 1992
Conference Proceedings/Paper, 22 May 1992
DOCID/Order No: PN-ABN-735

Activities: Latin America and Caribbean

Panama: Population II
Project No. 525-0204
FY 78-85

Grant to the Government of Panama (GOP) and Asociacion para el Planeamiento de la Familia (APLAFA) to expand GOP delivery of family planning (FP) information and services to poor, adolescents, and men. The grant, which builds on terminating health and population project 0142, will provide assistance to three programs.

With the help of grant funds, quality and coverage of FP services through the Ministry of Health (MOH) will be improved. A wider variety of contraceptive devices will be made available on a large scale, especially to urban and rural poor and to adolescents, and there will be a major new effort in male sterilization, including provision of simple and inexpensive sterilization techniques. MOH will also mount a vigorous information/education campaign. Health teams will speak on sex education in schools and pamphlets and folders on contraceptive techniques will be produced and distributed at all health centers. FP information will be publicized through use of posters, billboards, radio spots.

In-country and limited third country training will be given to medical, paramedical and administrative personnel in sex education, FP techniques (including sterilization) and management, human relations, communications, logistics. MOH supervisory capacity will be improved and studies on attitudes towards and use of contraceptives will be launched. A grant will also assist APLAFA, a private FP organization, to develop sex education and FP presentations for private sector groups and service organizations and, on a limited basis, for courses and seminars for APLAFA's new adolescent center. AID/W central funding will assist APLAFA's condom vendor pilot program.

Assistance will be given to the Ministry of Education (MOE) and the Panamanian Institute for Special Education (IPHE) in a major new national program of sex education. Funding will be provided for core teaching teams, for other teachers and counselors, and for audio-visual and written materials. Technical assistance in evaluation will also be provided.

UNFPA will provide FP information and services in the MOH program, but care has been taken that its inputs do not overlap with those of the grant.

Logframe

- Problem: Government of Panama (GOP), assisted by AID, has achieved marked success over the past 12 years in lowering Panama's population growth by providing family planning information and services. Recent demographic trends, however, threaten to

Activities: Latin America and Caribbean

reverse this trend, especially in view of GOP's limited capability to expand its family planning activities to those most in need of them.

- Strategy: Five year grant to the Government of Panama(GOP) and the Asociacion Panamena para el Planeamiento de la Familia (APLAFA) for Population II project will support family planning (FP) information, education, and training. GOP and APLAFA will implement the project and provide material inputs, training, personnel, technical assistance. AID will provide funding, UNFPA material, inputs related to maternal/child health program.
- Goal: To contribute to a further reduction in Panama's birthrate, which will strengthen efforts to improve the quality of life of lower income Panamanians.
- Purpose: To expand delivery of family planning information and services to a higher proportion of the fertile age group.
- Outputs: 1) Family planning (FP) services provided in a dependable, humane and understanding manner at all MOH/CSS health facilities. 2) Sex education introduced in the public schools. 3) FP information and services are systematically available to adolescents. 4) Active public and private sector programs to attract males to FP established and operating. 5) Increase number of health and on-health sector personnel receiving training in sex education, FP and demography. 7) Improved data base for population/FP, including capability to update information.
- Inputs: MOH: Contraceptives, equipment, vehicles, information/education materials, training, FP specialists and administrators, evaluations and studies. APLAFA: Information/education materials. National Program of Sex Education: a) MOE: training, including training of trainers in sex education from other GOP agencies; equipment and materials; technical assistance. B) IPHE: training, equipment and materials; technical assistance, evaluation.

Selected Evaluations

Project evaluation : project population II no. 525-0204

Coury, John

U.S. Agency for International Development. USAID Mission to Panama, Panama City,

Aug 1983, 13 p. + attachments, En

DOCID/Order No: XD-AAP-497-C; Attached to PD-AAP-497

Evaluates project to extend family planning (FP) services, institutionalize sex education, and expand FP information, education, and communication (IEC) outreach activities in Panama.

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Special evaluation covers the period 8/79-7/83; no methodology is given. Despite delays and problems experienced by the implementing institutions (the Ministry of Health - MOH, Ministry of Education - MOE, Ministry of Labor and Social Welfare National Directorate for the Child and Family - DINNFA, Institute for Special Education - IPHE, and International Planned Parenthood Affiliate of Panama), the project has contributed to a reduction in the crude birth rate from 29 per thousand in 1978 to 27.4 in 1981.

The sex education component was initially delayed by difficulties encountered by all five institutions in meeting conditions precedent and developing training plans and by administrative, program, and staff changes. However, over 80% of secondary school guidance counselors have now received training and a sex education curriculum, developed for three secondary levels, is being tested in five schools. The MOH's inter-institutional National Commission on Sex Education has coordinated a series of courses for staff of the involved institutions. They, in turn, have developed their own training programs: DINNFA for its program staff; IPHE for its teachers; MOE, initially, for its administrative and technical personnel and later, for the counselors; and the MOH for regional health personnel. Although each institution has created lists of needed audiovisual and other supplies, institutional administrative incompetence has delayed their procurement. encyclopedias are being delivered to schools and DINNFA has received an extra vehicle.

MOH implementation of the FP services component has been hampered by: limited staff; contraceptive distribution problems (e.g., shortages of some contraceptive types in remote areas due to lack of vehicles and fuel); and inadequate supervision of and TA for MOH field staff. Recommendations are given.

Final report on mid project evaluation of the contraceptives logistics component of population II
Marti, Pedro A.

U.S. Agency for International Development. USAID Mission to Panama, Panama City, (Sponsor)
22 Jun 1983, 28 p. + attachments, En

DOCID/Order No: XD-AAP-497-B; Attached to PD-AAP-497

Evaluates the contraceptive supply and logistics system of a project to provide family planning (FP) services in Panama. Special evaluation covers the period 8/79-6/83 and is based on document review, site visits, and interviews with Government of Panama (GOP) and health facility personnel.

Although Ministry of Health logistics staff and contraceptive distribution at the regional and local levels appear quite efficient, distribution at the national level has been seriously hampered by communications difficulties and an acute shortage of vehicles and fuel. All health facilities

Activities: Latin America and Caribbean

visited reported receiving contraceptives, however quantities and types available varied greatly. At more than 70% of the facilities, only 4 of the 12 most frequently used contraceptives were available. Health personnel complained that supplies were delayed (56%), lacking in the required types (67%), or insufficient in quantity (45%). Although storage facilities are satisfactory, the inventory system is inadequate: contraceptives are not stored or distributed according to the date of receipt. Health facility personnel mentioned the need for more contraceptive training; information was particularly lacking on low-dose oral contraceptives.

*Family planning communication needs assessment and population II IEC evaluation : Panama
Saunders, Lyle; Coleman, Patrick*

Johns Hopkins University. School of Hygiene and Public Health.

Johns Hopkins Population Center, Baltimore, MD,

*U.S. Agency for International Development. USAID Mission to Panama, Panama City, (Sponsor)
Jan 1983, iii, 87 p., En*

DOCID/Order No: XD-AAP-497-A; Attached to PD-AAP-497

Evaluates information, education, and communication (IEC) component of a project to provide family planning (FP) services in Panama. Special evaluation covers the period 8/79-1/83 and is based on document review, site visits, and interviews with USAID/P and Government of Panama officials.

With the Panamanian contraceptive usage rate at 63%, the crude birth rate near 27 per thousand, and the population growth rate at 2.1%, there is no urgency about FP within the Ministry of Health (MOH) and progress in developing the IEC component has been minimal. The MOH has failed to create an IEC unit and, due to lack of funds, has not hired a qualified communications specialist to develop IEC programs. Although IEC responsibility has recently shifted to the new head (and sole staff member) of the community organization and education unit, a significant acceleration of IEC activities seems unlikely. Media have not been fully exploited: radio use has been sporadic and limited as to format; there has been over reliance on films rather than less expensive slides, flip charts, cassettes, and folk media; and with the exception of five posters and five leaflets (not yet available), no print materials have been developed. Although the posters and leaflets were designed for rural use, they are unsuitable for rural audiences; otherwise, little attempt has been made to develop messages for different segments of the audience. A positive note, local staff members who have received few or no materials from MOH headquarters have begun to develop their own. Recommendations are included.

Activities: Latin America and Caribbean

Population II

Cernik, Marvin

U.S. Agency for International Development. USAID Mission to Panama, Panama City, 28 Mar 1984, [11] p. + attachments, En. Pes no. 525-84-01

DOCID/Order No: PD-AAP-497; Attachments: PD-AAP-199; XD-AAP-497-A; XD-AAP-497-B; XD-AAP-497-C

Evaluates project to extend family planning (FP) services, institutionalize sex education, and expand FP information, education, and communication (IEC) outreach activities in Panama. PES covers the period 8/79-3/84 and is based on the attached special evaluations (PD-AAP-199, XD-AAP-497-A, XD-AAP-497-B, XD-AAP-497-C).

Despite scarce Government of Panama (GOP) resources, a slow start due to delayed approval of the work and funding plans, and a further 15-month delay while the project amendment was modified, project progress has been generally satisfactory. Although the Ministry of Health (MOH) has integrated FP services within the maternal/child health care system and given FP a lower priority than expected, FP service delivery has been good. New female contraceptive users have increased by 30% in the past four years and condoms have been provided to 12,000 males; about 70% of contraceptive users utilize MOH or Institute of Social Security services. Contraceptive supplies have been arriving on schedule, although ineffective vehicle maintenance and fuel shortages have often prevented timely distribution. A contraceptive prevalence survey is planned for early 1984.

The sex education component has produced and distributed a booklet on adolescent sexuality and trained health personnel and 210 secondary school guidance counselors; the latter, in turn, have trained about 2,000 teachers and offered sex education information to students.

With the MOH's failure to organize an IEC program or hire an IEC specialist (due to a GOP hiring freeze), this component has been the least successful and the most poorly implemented. However, word-of-mouth messages on the availability of FP services have proven to be an effective IEC tool. Action decisions are to: develop a plan for completion of project activities; evaluate the possibility of a project extension; complete the National Contraceptive Prevalence Survey; and establish a policy dialogue with the MOH regarding contraceptive purchase following project termination.

Activities: Latin America and Caribbean

Report on an evaluation of the sex education component of population II, USAID/Panama Jewell, Norine C.

American Public Health Association. International Health Programs, Washington, DC, U.S. Agency for International Development. Bureau for Science and Technology. Office of Population, Washington, DC, (Sponsor)

3 Apr 1984, iii, 31 p. + annex, En

DOCID/Order No: PD-AAP-199

Evaluates the sex education component of a project to provide family planning services in Panama. Special evaluation covers the period 8/79-3/83 and is based on document review, site visits, and interviews with USAID/P and Panamanian staff.

Despite a slow start up and subsequent administrative delays, the sex education component - an inter-institutional effort involving the Ministry of Health (MOH), Ministry of Education (MOE), National Directorate of the Child and Family (DINNFA), Institute for Special Education (IPHE), and International Planned Parenthood Affiliate of Panama (APLAFA) - has made some progress. Since the initial training in five seminars of the core teams from each institution, the grantees have largely worked independently. The MOH has provided training for its own staff and other groups. The MOE has nearly completed training of all secondary school guidance counselors, has drafted a sex education curriculum for three grade levels, and is preparing a detailed plan for the next phase. DINNFA has trained day care teachers and other professionals, delivered sex education programs to various groups, initiated an extensive collaboration with the Red Cross to train volunteers, and introduced an effective teaching technique to stimulate greater participation in its seminars and workshops. Although IPHE progressed rapidly at first - training its staff and delivering sex education programs to parents - it has not developed formal curricula or systematized its activities. APLAFA, despite continuing restrictions on its activities due to lack of formal recognition by many public agencies, has continued its sex education program in the San Miguelito area and completed a study with Catholic University of adolescent sexual knowledge, attitudes, and practices.

The sex education component has been hampered by: inadequate collaboration and communication among the grantees and difficulties with the inter-institutional coordinating National Commission on Sex Education (i.e., its failure to provide effective leadership following completion of the five national seminars; attempts by some members to exert undue authority; and conflicts regarding its role). Recommendations are included.

Related Reports

Population II

Project Paper (PP), 16 Jul 1979

DOCID/Order No: PD-AAC-641-B1

Activities: Latin America and Caribbean

Report on activities preceding the evaluation of the sex education component of the USAID /
Panama population II project

Trip Report (TDY), 7 Aug 1981

DOC/Order No: PN-AAV-194

Activities: Latin America and Caribbean

Peru: National School Lunch Program

Project No. 527-0001

FY 74-79

Title II assistance improved planning, managerial capability of National School Lunch Program at national, regional level. CARE, Inc., provides technical assistance in FY74, FY75, but US participation after FY75 is contingent upon GOP progress. GOP proposes increase in number of recipients from 500,000 in 1974 to 900,000 in 1978 and agrees to increase staff, to improve budgeting, administrative procedures. Objectives are achieved through training of staff personnel, national and regional seminars for administrators and technicians. Health/nutrition education programs use newly developed techniques, particularly puppet shows, to disseminate nutrition information in schools and communities.

Logframe

- **Problem:** Progress in school lunch program development is inadequate on regional, national level because of weak administrative structure. Field operations shared in ineffective arrangement between Direccion de Alimentacion (DA) and Ministry of Education. GOP has not allocated enough resources to program.
- **Strategy:** Short term, centralized, public sector approach.
- **Goal:** Effective National School Lunch Program exists in Peru.
- **Purpose:** Institutional capability of three school lunch program (PAE) agencies developed and strengthened: program planning, management techniques, nutrition education, community participation.
- **Outputs:** 1. By 1977, 750,000 students fed per year, approximately 10 percent increase per year. 2. 25 regional offices upgraded, five new warehouses, kitchen equipment built/obtained. 3. National and regional meetings and short courses in planning, administration, warehousing, nutrition education. 4. Delivery system, government standards in place. 5. GOP food purchase program (high protein and local fresh foods) funded.
- **Inputs:** US: Title II food (18000MT); technical assistance/training (contract, participant, short term technician, educational materials); \$417,000 through FY75. GOP: \$919,000 in foods; 63 regional administrative staff; \$208,000 facilities and equipment (office and kitchen); \$31,000 for seminars; total of \$5,679,504 through FY75. Local Community

Activities: Latin America and Caribbean

participation: food service personnel, locally purchased foods, kitchen facilities and equipment.

Selected Evaluations

Peru school lunch Title II program. PAE (Programa De Alimentacion Escolar) program administration. Survey and recommendations (December 1975 - December 1976)

Prouty, G. K.

U.S. Agency for International Development. USAID Mission to Peru, Lima,

15 Dec 1977, 17 p., EN

DOCID/Order No: PD-AAB-360-E1

Evaluates results as of 12/15/77 of Title II food shipments for National School Lunch Program in Peru. Evaluation included visits (dates unspecified) to schools in Cuzco and Lima, and reports from mission program monitor on four other districts.

In spite of cumbersome administrative structure involving 3 ministries, the National Programa de Alimentacion Escolar (PAR) works well. Allowing for regional variations, its administration, logistic, and reporting methods are generally adequate. Government Of Peru (GOP) funding constraints seriously restrict necessary field supervision beyond metropolitan Lima, resulting in diluted rationing and restricted feeding schedules. Current estimated food sources appear to be 60% PAE/Title II, 32% local community, and 8% GOP Central funding, with no increase in sight from GOP due to financial and economic crisis. To increase local inputs will require enlarging corps of regional monitor-promoters who stimulate community (i.e., fathers' clubs) contributions. Contrary to agreement, for three years there has been no GOP schedule to phase in Peruvian resource foods. Central funds have supplied little more than regional sugar purchases. Local contribution totals are unknown.

Evaluator recommends initiation of tabulation of present local food contribution levels, classification of school types, and establishment of norms for increasing contribution levels. These procedures will require time and increased staff. A 1-year transfer authorization (ta) of 6012 metric tons of specified commodities is recommended to carry program through 1078 school year, provided that above procedures are initiated and corps of regional monitor-promoters is increased by at least two per region for promoting and evaluating local committee contributions. Ta recommendation also depends upon PAE taking steps to hold US food inputs to stated 500,000 beneficiaries and upon nonfat dried milk allocation being designated for metropolitan Lima.

Evaluator also recommends reduction of host country requirement for paying 50% of ocean freight to 35% provided that funds saved be allocated to PAE for staff needs. Continuation of

Activities: Latin America and Caribbean

Title II beyond FY1979/81 will depend on GOP performance, progressive results, and development of specific schedule by type and source of GOP food inputs, with annual review.

*Project completion report. School lunch project, Peru
U.S. Agency for International Development. USAID Mission to Peru, Lima,
14 May 1976, 8 p., EN
DOCID/Order No: PD-AAB-360-D1*

Evaluates results of grant (January 1974 - January 1976) to extend technical assistance to the Government of Peru (GOP) through contract with CARE to improve and develop GOP institutional capacity to implement effective integrated school lunch program. CARE contract purpose was to improve nutrition of children in Programa de Alimentation Escolar (PAE). Some extra-contract funds provided some training, seminars, demonstrations, and teaching materials. Remaining balance of \$20, 000 will be used for national school lunch seminar and comprehensive program evaluation.

Full-time school lunch program specialist was provided for two years, as well as Peruvian experts in administration and bookkeeping, and part-time nutritionists and educators. Training was provided to 2,082 persons in 16 nutrition education courses and to 2,834 regional supervisors through 51 courses. Training was complemented by 1-week seminar for all voluntary agencies in feeding programs. A new procedures manual and feeding guide for school personnel were developed. CARE has provided a reorganization plan for PAE central coordinating office, has recommended another regional coordinator position, and has evaluated present coordinators. Consolidation of regional and area budgets was recommended; as was more realistic budget preparation. Ministry of Health has provided more funds for per diem for PAE supervisors, more national budget funds have been requested to supplement Title II donations, and national PAE supervisory staff will be increased. Integration of applied nutrition program and hiring of full-time agronomist will increase availability of locally produced fresh foods for PAE. Ten additional nutritionists will augment nutrition training and overall program supervision.

Major constraints include inadequate GOP financial resources, lack of continuity of well-qualified project administrators, and difficulties due to multitude of GOP agencies, ministries, and personnel. Since termination of contract and departure of CARE personnel, there has been accelerated GOP interest in resolving problems in PAE. Since three years remain before GOP assumes full responsibility for school lunch problem, continued close monitoring by USAID will provide basis for decisions concerning continuation of PL480, Title II inputs.

Activities: Latin America and Caribbean

Evaluation of school feeding in Peru (March 13 - 31, 1978)

Parlato, Ronald

Transcentury Corp. New Transcentury Foundation, Washington, DC,

31 Mar 1978, 14 p., EN

DOCID/Order No: PD-AAB-361-C1

Presents preliminary plan for evaluation of school feeding program in Peru, Programa de Alimentacion Escolar (PAE). Consultant's rept by J M Pines (5270001001701) was reviewed and field visit made, March 13-31, 1978. Consultancy purpose was to pass on information about design and implementation methods to Government of Peru (GOP) personnel, to determine extent of local expertise in these methods and to assist in baseline data collection if implementation strategy could be developed. Evaluation plan includes general methodology, specific implementation plan for Lima and Puno region, technical recommendations, sample questionnaires and suggested budget line items.

PAE-Puno has completed final draft plan, and ad hoc working group has been formed. Consultant was able to explain basic ideas in evaluation plan to Ministry of Health officials, and to elicit good understanding of standard evaluation methods. Director of Instituto de Nutricion (IN) Made valuable suggestions for modification of sampling techniques, questionnaire development and survey criteria.

One problem in implementation plan is lack of qualification of key government officials responsible for PAE. Basic technical/administrative experience to begin evaluation exists in Puno but not in Lima. Consultant recommends restricting evaluation to Puno unless effective liaison with Lima technicians can be achieved, and beginning baseline data collected not later than April 30, 1978. Greater delay after school opening might affect validity of results. Consultant suggests visit in may to assist in initial baseline survey and in preparation of final family survey. Preliminary evaluation cost estimate is \$10,000, excluding possible contract fees to IN for family survey and possible computer time costs. No final budget estimate could be made due to administrative delays in Lima.

Of four possible forms of agreement outlined between AID and GOP, all should include following points: all survey, design, planning, implementation, data processing (except computer time) is GOP responsibly. AID may contract if needed and will pay related survey and foreign technical assistance costs, but no salaries. Detailed budget is required in all cases.

Evaluation approves three zones in Puno for evaluation and recommends that statistician verify survey sample size, that more schools be used with fewer students per school and with fewer educational performance tests. Also recommended: more in participation in detailed budgets, methodologies, workplans.

Activities: Latin America and Caribbean

Evaluation of school feeding in Peru (November 28 - December 9, 1977)

Pines, James M.

Transcentury Corp. New Transcentury Foundation, Washington, DC,

23 Dec 1977, 15 p., En

DOCID/Order No: PD-AAB-361-A

Proposes method for evaluating nutrition impact of national school lunch program in Peru, Programa de Alimentacion Escolar (PAE) after observations on November 28 - December 9, 1977 field visit. Consultant proposes pilot evaluation study in Lima and one other school feeding region, including anthropometry and family intake measurement. Proposal is based on assumption that food donations will continue for three years.

Problems in assessing PAE's nutrition impact are due to vague initial project hypotheses, deviation of project performance from original intent, and economic changes affects Peruvian family food intake (inflated food prices). Obstacles to measuring PAE'S impact include negligible collection of baseline data, irregularity of feeding due to transport breakdowns, feeding suspension for vacations, and varying community contributions.

Field observations confirm much dilution of rations by distribution of fixed amount of food to increase number of students. Nutrition education is sporadic or unavailable. Program effectiveness is affected by time of delivery (lunch versus breakfast), poor absorption, preparation loss, and plate waste. Impact assessment is also affected by earthquake, drought, disease patterns and parasite infestation.

Evaluator considers extensive measurement of children less useful than measurement of family intake and intra family food distribution. PAE lacks staff to maintain proper supervision and funds to support present staff; routine data collection for future evaluation is impossible. Evaluator suggests that impact evaluation be regarded as future standard, and recommends measurement in departments and schools where quality of program implementation offers high probability of measurable nutrition impact. Puno region has wide and serious malnutrition, but "best" school programs: regular feeding, school gardens, community support, adequate administration. Health ministry staff prefer Lima study, with Puno as secondary pilot area. Evaluator suggests matching comparison groups from non-participating and poor performing schools and ineligible students. Longitudinal evaluation is recommended, beginning 4/78, using height/weight measurements and family intake for reviewing nutrition impact and impact on participant intake, intake of other family members and phasing-in of local foods. Measurements should be repeated in (e.e.) six months examination of local intake would reinforce or negate PAE's role would clarify exogenous effects. No immediate improvement in GOP or local inputs.

Activities: Latin America and Caribbean

Related Reports

National School Lunch Program
Miscellaneous Project Documents, n.d.
DOCID/Order No: PD-AAB-362-A1

National School Lunch Program Development
Non-Capital Asst Project Proposal (PROP), 18 Jun 1973
DOCID/Order No: PD-AAB-360-B1

Activities: Latin America and Caribbean

Peru: Expanded Feeding Program

Project No. 527-0247

FY 83-87

Grant to the Seventh Adventist World Service (SAWS) and its Peruvian counterpart, Obra Filantropica y Asistencia Social Adventista (OFASA) to continue their P.L. 480 Title II programs on behalf of the very poor in the slums of Lima and other urban areas.

Grant funds will be used to: (1) defray the costs of transporting and handling Title II commodities; (2) provide basic education in the areas of health, nutrition, sanitation, and vocational skills; (3) provide family planning (FP) education and basic medical treatment for selected slum residents; and (4) initiate basic community development activities through Food for Work (FFW) subprojects.

Amendment of 6/86 provides additional funding. The project now includes targets to (1) implement a functional growth surveillance system for children aged 0-6 to determine Title II and child survival program impact, as well as to (2) conduct agricultural, productive infrastructure, and microenterprise FFW subprojects. A maternal/child health program will include: a health/nutrition course for 400 rural promoters; health and nutrition education for mothers; feeding centers for malnourished children; family and community gardens; and mobile medical vans and dental consultations. (PD-AAZ-111)

Related Reports

OFASA OPG - expanded feeding program, project no. 527-0247 : amendment no. 8
AID Contract/Grant/OPG, 24 Jun 1987
DOCID/Order No: PD-AAW-274

A.I.D. grant amendment to Adventist Development Relief Agency / Obra Filantropica y Asistencia Social Adventista for the expanded feeding program
AID Contract/Grant/OPG, 23 Jun 1986
DOCID/Order No: PD-AAZ-111

A.I.D. grant to the Seventh Day Adventist World Service, Inc. for the OFASA OPG urban food for work program project no. 527-0247
AID Contract/Grant/OPG, 31 Jan 1983
DOCID/Order No: PD-ABD-151

Activities: Latin America and Caribbean

**Peru: ADRA/OFASA OPG: Nutrition and Food for Work
Project No. 527-0328
FY88-92**

OPG, follow-on to 5270247, to Adventist Development and Relief Agency (ADRA) and its Peruvian counterpart, <<Obra Filantropica y Asistencia Social Adventista>> (OFASA), to implement nutrition and Food for Work (FFW) activities in rural and peri-urban areas of Peru. The project's four components - maternal/child health (MCH) and nutrition, agricultural credit and inputs, microenterprises, and infrastructure construction - will employ P.L. 480 Title II food. The last three are specifically FFW activities.

Local health promoters, supplemented by ADRA/OFASA professionals, will provide regular MCH and nutrition services to 34,000 beneficiaries. Activities will include health and nutrition education, growth monitoring, nutrition surveillance, supplemental feeding of pregnant and nursing women and children aged 0-6, introduction of community kitchens and gardens, distribution of oral rehydration salts, and directed treatment of some 9,500 malnourished children over aged 6 (who are not participants in the MCH program).

ADRA/OFASA, working with local promoters and the Departmental Development Corporations, will assist some 19,000 farmers with below average yields by (1) providing on-farm demonstrations in agronomy, soil conservation, crop diversification, and improved seeds; and (2) supplying tools, seeds, and fertilizers on a loan basis, with repayment in crops. Farmers will receive FFW rations as an incentive to participate.

In an innovative FFW activity, ADRA/OFASA will form some 1,354 community microenterprise groups, and train them in the production of their planned product (e.g., sweaters, baskets) and in business management techniques. The groups will also receive TA during their first 12 months of operation, and capital loans in the form of materials, which will be repaid into a rotating fund. Participants will receive food rations.

In a traditional FFW activity, community work teams will receive food in exchange for labor in constructing basic productive infrastructure. A total of 460 works in 360 localities are targeted. Priority will be given to: (1) works that increase productivity, e.g., irrigation canals, food storage facilities; and (2) latrines and potable water supplies, as well as wells, roads, and social infrastructure such as schools and health posts.

The project will directly assist a total of 700,000 people in 14 Departments of Peru.

Activities: Latin America and Caribbean

Related Reports

ADRA/OFASA OPG : nutrition and food - for - work -- project no. 527-0328, grant no.
527-0328-G-00-8403-00
AID Contract/Grant/OPG, 30 Sep 1988
DOCID/Order No: PD-AAZ-091

Audit of USAID / Peru's Public Law 480 Title II program activities and the nutrition and food for
work project managed by the Adventist Development and Relief Agency : October 1, 1988 to
June 30, 1991
Audit Report, 13 Aug 1992
DOCID/Order No: PD-ABE-475

ADRA / OFASA OPG : nutrition and food for work -- amendment no. 1
Project Paper (PP), 13 May 1993
DOCID/Order No: PD-ABG-634

Activities: Latin America and Caribbean

Peru: Narcotics Education

Project No. 527-0347

FY 92-96

Project to stimulate national, action-oriented awareness in Peru of the dangers of drug production, trafficking, and use. The project will: (1) strengthen the Center for Education and Information on Drug Abuse (CEDRO) as Peru's leading drug information and education center; (2) expand drug-related curricula in secondary schools; (3) develop community drug prevention programs in high-risk areas; (4) and consolidate the Street Children program. CEDRO, the implementing agency, was established under predecessor Project 5270288.

To consolidate its position, CEDRO will undertake following: (1) disseminating information by developing anti-drug campaigns (book, newspapers, film, and video), gaining community participation in this effort, sponsoring workshops and conferences, and implementing public awareness activities in concert with its network of concerned community groups; (2) providing educational materials to schools, universities, entrepreneurs, prisoners, and community groups in general; (3) conducting drug abuse studies, including epidemiological studies, opinion surveys, and anthropological research; (4) training new CEDRO promoters to provide drug prevention training/TA to public and private institutions; and (5) supporting special programs for high-risk populations such as teenagers. In addition, CEDRO will develop a financial sustainability plan.

The project will also support expansion of the Ministry of Education's secondary school drug prevention program from the present 114 schools to no fewer than 1,800 by 1997. Emphasis will be put on schools in and near coca-growing regions.

Third, community-designed drug prevention programs will be implemented in areas adjacent to coca growing regions. These efforts may be recreational, cultural, or entrepreneurial, and will include campaigns concerning the adverse environmental impacts of drug processing.

Finally, the project will consolidate and extend CEDRO's Street Children Program in Lima. The program -- which currently operates five shelters providing food, medical care, drug rehabilitation, social re-education, vocational training, and a family "reinsertion" program to children (aged up to 18) living on their own in the streets -- will be expanded to include: a child mistreatment/runaway prevention system; training/TA for other child care facilities; a data bank on children in high-risk areas of Lima; and a protective commerce and employment system for 230 children.

Amendment of 8/16/93 finances assistance from CEDRO to improve operations at six tutelary and promotion centers for orphans and displaced children run by the National Institute for Family Welfare (INABIF), four in Lima and two in the regions. CEDRO's assistance will help to prevent

Activities: Latin America and Caribbean

dangerous conduct that could result in minors using drugs. CEDRO will also help rehabilitate the production workshops in INABIF's ATM (Albergue Temporal de Maranga) shelter.
(PD-ABG-687)

Logframe

- **Goal:** Replace coca based employment and foreign exchange earnings with legal alternatives. Sub-goal is to establish a sustainable and aggressive government and private sector action plan to counteract drug production, trafficking, and consumption.
- **Purpose:** Stimulate a national awareness leading to activities that counteract drug production, trafficking, and consumption.
- **Outputs:** (1) A prestigious self-sufficient private institution demonstrating that it can effectively provide the nation with accurate information on the adverse effects of drugs; (2) the dissemination of timely and accurate information to the nation; (3) drug prevention curricula expanded nationwide; and (4) drug prevention and awareness network is strengthened.
- **Inputs:** (1) A.I.D.-grant agreement and -Street Children Program; (2) Other donors - project funds and -Street Children Program; and (3) Government - grant for street children program.

Selected Evaluations

Narcotics education and community initiatives
U.S. Agency for International Development. USAID Mission to Peru, Lima,
15 Feb 1995, [5] p. + attachment, En
DOCID/Order No: PD-ABK-501

Summarizes mid-term evaluation (XD-ABK-501-A) of a project to promote anti-drug abuse and trafficking activities in Peru. The project is being implemented by the Center for Education and Information on Drug Abuse Prevention (CEDRO). covered the period 1992-10/94.

CEDRO is meeting and at times exceeding project objectives. It is a well-managed organization with appropriate procedures and controls in place and has excellent relations with USAID/P. CEDRO is taking steps to achieve self-sufficiency by PACD--its endowment fund has increased from \$150,000 to \$481,000, but still needs to seek funding from a variety of donors to achieve this goal.

Activities: Latin America and Caribbean

The IEC Unit has met or exceeded goals for motivating third parties to publish editorials, make radio and TV presentations, and conduct conferences for professionals and the public, though production of publications has fallen short. Institutional TV campaigns are being aired on schedule. Epidemiological survey and public opinion studies have been completed, and CEDRO has more than met its yearly goals of supporting 100 community-based institutions to organize relevant activities. Progress is being made with the Street Children Project: CEDRO continues to maintain 5 centers in Lima, and the rate of re-insertion of children into their families is approaching 40%, with recidivism at about 15-20%. Work with the Ministry of Education on incorporating drug prevention curricula in secondary schools is ahead of schedule, although goals for the private schools are not being met. Cultivating and marketing natural colored cotton has been well-received by former coca growers.

Lessons learned are as follows. (1) Recruiting and hiring people from the communities being served improves program design and help to reach community residents. (2) New programs should always start with a pilot project, and expand if successful. (3) Incorporation of drug prevention information into secondary school subjects requires teacher training and top-level support. (4) Use of existing groups and organizations facilitates entry into a community. (5) An extensive community survey is key to selecting the most appropriate groups and strategies for start-up. (6) Find out how to satisfy your client -- whether opinion leader, editor, teacher, or street kid -- and provide the best attention possible. (7) A TV spot is just one tool among many in a prevention campaign. To treat the drug problem, one must treat individuals, the institutions to which they belong, and society in general. (8) Research shows that people's perceptions are not always correct. Do not assume that leaders know more than the public about drugs. (9) Obtaining reliable information about drug use requires constant study and updating of research procedures. Care must be taken to ensure that respondents understand the questions clearly.

Final report : evaluation of the LAC narcotics demand reduction program (598-0000)

Weissman, Marvin; Gussman, William; et al.

Checchi and Co. Consulting, Inc., Washington, DC,

U.S. Agency for International Development. Bureau for Latin America and the Caribbean. Office of South American and Mexican Affairs, Washington, DC, (Sponsor)

7 May 1993, v, 111 p. + 5 annexes, En

DOCID/Order No: PD-ABF-829

Evaluates A.I.D.'s drug demand reduction program in Latin America and the Caribbean. The evaluation is based on case studies of bilateral projects in Guatemala, Mexico, Bolivia, Peru, and Brazil. Although cocaine and marijuana use in the five assisted countries tend to be well below U.S. levels, there are some alarming trends, such as high levels of use of gateway drugs such as inhalants; the use of drugs by drug traffickers to pay their collaborators, which increases the user base; high poverty levels and rapid population growth; a growing drugs/AIDS connection,

Activities: Latin America and Caribbean

especially in Brazil; and significant increases in use in some countries, again notably Brazil. Public awareness of the dangers of drug use varies widely, but seems to be growing. Public awareness of the dangers of drug production and trafficking appears to have increased significantly, particularly in Peru and Bolivia.

Host governments generally neither assign a high priority to reducing drug demand and nor contribute significantly to the projects, while the priority assigned by USAID Missions ranges from high in Bolivia, Peru, and Brazil, to medium in Mexico, to low in Guatemala. The larger projects in Bolivia and Peru have reasonably well defined goals, purposes, and outputs; this is generally not the case with smaller projects. While not necessarily precluding positive accomplishments, the lack of a precise statement of goal, purpose, and outputs impedes project management and evaluation. Monitoring systems appear adequate for the projects, but impact assessment has been weak or nonexistent, and there have also been weaknesses in evaluating output and performance.

Overall, the projects have generated impressive outputs, and the A.I.D.-supported entities are run by competent and dedicated individuals. Project resources are generally adequate, though there are exceptions, such as the SUBDESAL Communication Unit in Brazil. Also, in a number of cases, notably Brazil, extra funding could be put to good use if available. However, the most promising efforts are now generating or showing promise of generating outside assistance. Creation or strengthening of an institution is the mostly costly intervention and should be undertaken, as with the Center for Information and Drug Abuse Prevention (CEDRO) in Peru, only when less costly means of achieving similar ends have been ruled out.

In most cases, sustainability of drug prevention efforts in the absence of continued U.S. funding is unlikely. This is particularly true because A.I.D. has focused its assistance on PVOs, which face all the difficulties inherent in private sector fundraising in the region. Until demand reduction programs begin to receive full support from national public sources, they will continue to require outside funding. Except for CEDRO, there is little evidence of serious efforts by A.I.D.-supported entities to raise non-U.S. funds.

Most persons contacted -- country team officers and host country nationals -- had a high opinion of A.I.D.-funded services and TA; most also expressed satisfaction with the TA provided by Development Associates, Inc. under the Narcotics Awareness and Education contract.

Seventeen recommendations are made for modifying A.I.D.'s drug demand reduction strategy in the region; chief among these is that A.I.D. conduct an interagency assessment of U.S. efforts in this area and develop a strategy involving collaboration with other donors, in particular the U.N. Drug Control Program.

Activities: Latin America and Caribbean

Related Reports

Narcotics education and community initiatives

Project Paper (PP), 29 Sep 1992

DOCID/Order No: PD-ABF-478

Narcotics education and community initiatives: amendment no. 1

Project Paper (PP), 16 Aug 1993

World Bank Projects

Bolivia: Integrated Child Development Project

Developed by the Junat Nacional de Solidaridad y Desarrollo Social (JNSDS) and funded by the World Bank, USAID, and public and private donors

Project Period: no data

This project supports the Social Strategy Statement (SSS) of the Government of Bolivia (GOB) and its Ten-Year Action Plan for Children and Women. It contributes toward poverty alleviation and human capital development objectives by supporting the initiation of the Proyecto Integral de Desarrollo Infantil (PIDI), thus expanding coverage and improving quality of child development programs in poor urban and peri-urban areas of the 34 largest cities. The specific objectives of this project are to: (a) improve children's readiness to succeed in school and beyond by facilitating their physical, emotional, social and cognitive development; (b) enhance the status of women by increasing their employment opportunities, and expanding their knowledge of education, health and nutrition; and (c) increase community and private sector participation in the social development process. An associated objective of this project is to assist the GOB to strengthen its capacity to formulate and evaluate social policy. The project is comprised of three main components: (i) the sector policy development and management strengthening component enhances the public sector's capacity to formulate and evaluate social policy; (ii) the service delivery support component supports the delivery of integrated child development services to poor children; and (iii) close project performance monitoring and impact evaluation. (Source: The World Bank.)

Brazil: Programa de Alimentacao de Pre-escolar (PROAPE)

Project Period: 1977-?

Project aimed at urban families on economic margins, gave integrated attention to education, health, and nutrition for young children and significantly reduced repetition rates in the first years of primary school.

Activities: Latin America and Caribbean

Chile: Parents and Children Program (PPH)

Project Period: no data

Project to enhance child development and adult personal growth through discussion meetings that coincided with radio broadcasts of radio dramas or other devices to stimulate conversation; meeting topics included helping a child learn to talk, to read, human relations in the family, nutrition, food preparation, and alcohol abuse.

Chile: Primary Education Improvement

Project Period: 1991-97

The project's central objective is to assist the Government in enhancing the efficiency, quality, and equity of primary education in selected schools in urban and rural areas. The project will also: (a) expand the coverage and enhance the quality of preschool education to increase primary school preparedness and reduce late entry, repetition, and dropout conditions; (b) strengthen the institutional capacity of the Ministry of Education (MINEDUC) central, regional, and provincial offices, as well as that of the education departments of the municipalities to direct and manage a decentralized education system, and improve the managerial skills of the municipal and private-subsidized preschool and primary school administrators; and (c) assess alternative cost-effective approaches to meet the secondary education needs of primary education graduates. The project will be supported by financing the following four components: (i) primary education; (ii) preschool education; (iii) institutional development, and; (iv) secondary education. (Source: The World Bank.)

Colombia: Community Child Care and Nutrition Project

Project Period: 1987-?

This project forms a key part of the Government's poverty reduction program and aims to strengthen an ongoing program of home based child care. The basic objectives are as follows : a) improve the cost effectiveness of the Colombian Institute of Family Welfare (ICBF) operations; b) support the institutional development of ICBF; and c) evaluate, improve and maintain the quality of home based child care (HBI). The project would finance the main investment costs of the HBI expansion during 1990/95. It would consist of the following components: 1) policy development - i) enhancing the effectiveness of ICBF resource use by establishing revised financing arrangements for the CAIPs and reducing the ICBF's budget contribution to the program and ii) improving the production efficiency of Bienestarina (an important food supplement); 2) management development - strengthening the management capacity of ICBF in a

Activities: Latin America and Caribbean

number of areas, including implementing monitoring and impact evaluation systems for the HBIs on a national scale; and 3) service support - through assistance in consolidating gains of the HBI program; improving quality through introduction of systematic training for community mothers and other HBI participants; and by providing access to home improvement credits to community mothers. (Source: The World Bank.)

Ecuador: First Social Development Project Period: 1992-99

The project is part of a social sector program incorporating a sequence of projects in rural development, education and training, health and nutrition and social welfare. The project comprises two main components. The urban basic education component finances: (a) textbooks and other education materials, in-service teacher training, pre-school and special education programs for needy children and enhancement of existing physical facilities; (b) a decentralized network for school management that will deliver these services; (c) development of an educational assessment system; and (d) policy and institutional strengthening of the Ministry of Education and Culture (MEC). The adult education and training component will finance: (a) basic education and training (functional literacy) programs directed to the poor; (b) technological and informational support for small enterprises in subsectors with good export development potential; and (c) strengthening of the Vocational Training Services' (SECAP) utilization of their installed capacity, and of their institutional and technical capacity. (Source: The World Bank.)

El Salvador: Social Rehabilitation Project Period: 1991-95

The objectives of the project are to: (a) improve the delivery of basic social services targeted to some 80 of the most disadvantaged municipalities. The project will finance two main components. The first component, basic services development, will improve the delivery of basic social services to the project area through: (a) a primary health care program consisting of family planning, maternal and child health care, and health and nutrition education, and safe motherhood referral program; and (b) pre-primary and primary school program including implementation of community operated schools, provision of teaching materials and textbooks, nutrition assistance and staff training. The second component, institutional development, aims to: (a) strengthen the Ministry of Health's management and technical capacity to plan and deliver health services efficiently and improve cost-recovery systems; (b) increase the Ministry of Education's capacity in planning and management of services delivery; and (c) strengthen the Ministry of Planning's capacity to develop a social sectors information system, analyze social investment programs, and evaluate their impact. (Source: The World Bank.)

Activities: Latin America and Caribbean

Guyana: Health, Nutrition, and Sanitation

Project Period: 1992-96

The main objective of the project is to assist the government in cushioning the social costs of the adjustment process through the establishment of an effective mechanism aimed at addressing the basic needs of the population in a decentralized manner, through such groups as nongovernmental organizations (NGOs). The project aims to: a) improve health and nutrition over the short-term; and b) assist in the formulation of sustainable policies and programs in the social sectors over the medium term. The project contains four components: 1) institutional development; 2) sub-project implementation; 3) establishment of a living standards measurement survey (LSMS); and 4) development of a policy framework in the health sector. The first component assists in the development of the Social Impact Amelioration Program (SIMAP) Agency. The second component addresses basic health, nutrition, water and sanitation needs of the groups affected by the economic decline, especially pregnant and lactating women and children under age five. Financing is provided for: i) rehabilitation of primary health care facilities; ii) nutrition education and food distribution programs; iii) construction of day care centers; and iv) installation of basic water supply facilities. The third component involves development of a household survey. The last component includes financing of technical assistance to help the government develop medium term policies for the health sectors. (Source: The World Bank.)

Jamaica: Child-to-Child

Project Period: 1979-?

This school-based program was directed at improving knowledge and caretaking practices of primary school children ages nine to 12, and through them, enhance the knowledge of their parents or other care givers.

Mexico: Initial Education

Project Period: 1993-97

Initial education promotes the physical, emotional, intellectual and social development of infants and toddlers, between birth and the age of four. It revolves around four interrelated and simultaneously occurring processes: child survival, growth, development and care. There are two principal types of initial education: a formal modality (used by traditional kindergartens and nursery schools) and a non-formal approach. In the past two decades, the non-formal method has

Activities: Latin America and Caribbean

received increasing attention, as countries have sought to provide early education on a larger scale and to draw on the local culture by incorporating parents and communities. This report outlines Mexico's strategy of initial education which includes Mexico's non-formal initial education program, its description, evaluation, issues, and recommendations. (Source: The World Bank.)

Peru: A Non-Formal Program and of Initial Education (PRONOEI) Project Period: 1967-? (in-depth evaluation in 1985)

From a cooking program preparing mid-morning snacks for children, a non-formal preschool was developed to help children develop mentally and socially and to prepare them for school.

Venezuela: Social Development Project Period: 1991-97

The objective of the project is to assist the government in developing a social sector strategy to redirect its social expenditures into well-targeted and efficient programs, by financing high priority activities, within the framework of its Social Sectors Action Program. The project supports: (a) rehabilitation and development of the primary health care network, including provision of basic health and nutrition services for pregnant and nursing women and children under six years of age; (b) development and expansion of pre-school education, focused on the lower-income urban and rural areas; (c) information, education, and communications services for health, nutrition, and education promotion; and (d) improvement of the government's capacity to design, plan and implement social programs and to monitor the effect of such programs. (Source: The World Bank.)

Activities: Latin America and Caribbean

Activities: Asia and Near East

Asia and Near East: USAID Projects

Lebanon: Health Education

Project No. 268-0316

FY 81-81

Project to develop and introduce a pilot health education program to 10,000 students in selected elementary and intermediate schools in Lebanon. The project will develop relevant teaching material and train the necessary personnel. The Government of Lebanon's Ministry of Education will establish a Health Unit to supervise, coordinate, and evaluate the project.

In the project's first month a sequential curriculum plan for grades 1-9 will be developed by a curriculum specialist and then reviewed and modified by a committee of five educators. Next, a series of nine Arabic-language, 50-75 page textbooks will be written; 18,000 copies of the text (2,000 for each grade) and supplementary charts and posters will be printed.

Once the curriculum is ready, Health Unit staff will be trained through a special 100-hour seminar to assist in training classroom teachers. After the core Health Unit staff have been trained, two intensive, 3-week courses will be conducted to train 20 elementary and 20 intermediate level teachers. The teachers will be assigned to 20-25 schools, introducing the health program to about 400 classes with approximately 25 students in each class. It is hoped that after an experimental period of 1 year the program will be evaluated, developed, and introduced in more schools.

Related Reports

OPG, health education

AID Contract/Grant/OPG, 13 Mar 1981

DOCID/Order No: PD-AAJ-570

Activities: Asia and Near East

Lebanon: Health Education

Project No. 268-0320

FY: no data

Project, follow-on to project 2680316, to promote health education in Lebanese public schools by institutionalizing in the implementing agency, the Ministry of Education's (MOE) Directorate of Elementary and Intermediate Education (DG/EIE), a health education program and curricula materials for delivery in 300 of the country's 1300 elementary and intermediate schools.

The DG/EIE will create District Health Units in each of Lebanon's five regions to carry out the project as directed by the DG/EIE's Central Health Unit; to this end, 30 district personnel will receive managerial and supervisory training. The Central Health Unit will be upgraded in financial management and administrative procedures by the YMCA, which will also supervise all project training and train an MOE accountant. The MOE will permanently assign teachers to the program after their candidacy has been accepted by their School Directors and the Central Health Unit staff and after they have been trained. DG/EIE will also train 200 health education teachers to teach in the public schools for at least one full year.

The curriculum, which will take local traditional practices into account, will be based on priority health problems, especially those arising from the curtailment of public services due to civil strife. Twelve modules have already been prepared under project 2680316: man and his environment; hygiene; growth and development; food and nutrition; first aid and safety; disease control; mental and social health; physical fitness; pollution; drug abuse; family life; and local health services. Teaching materials, including textbooks, posters, and audiovisual aids, will also be developed. Project progress (and the effectiveness of teachers and teaching materials) will be continually evaluated, the evaluation process itself revised, and follow-up training sessions held. Finally, to institutionalize health education in public schools, a health education curriculum and prototype teaching materials will be developed, textbooks will be reprinted and distributed, and budgetary provisions ensured to continue the project after A.I.D. funding ceases. The project is expected to benefit one-fourth of the public school (including low-income) children aged 6-14 (80,000).

Logframe

- Goal: Improve health status of Lebanese population.
- Purpose: To create awareness, increase knowledge, positively influence attitudes, and foster adoption of appropriate preventive curative health behaviors of public school students through organized health education efforts.

Activities: Asia and Near East

- Outputs: An operational health education program with trained staff and curricula materials institutionalized in the Ministry of Education (MOE).
- Inputs: MOE: 1. Salaries. 2. Facilities. 3. Materials. 4. Other costs. A.I.D.: 1. Technical assistance. 2. Training. 3. Commodities. 4. Other costs.

Related Reports

Lebanon : health education
Project Paper (PP), 28 Feb 1983
DOCID/Order No: PD-AAM-617

Activities: Asia and Near East

World Bank Projects

Bangladesh: no project title

Project Period: no data

Nutrition education was included in basic education projects.

China: Parent Schools

Project Period: 1985-?

Purpose of this project was to assist parents by empowering them with knowledge; topics included health, nutrition, child development, education, among others; the program was facilitated by the All China Women's Federation at the community level.

India: Integrated Child Development Services

Project Period: no data

The project's objectives are to improve the nutrition and health status of children under 6 years of age, with special emphasis on those 0-3 years old, and pregnant and nursing women. It will also help to improve the capacity of the Integrated Child Development Services (ICDS) to deliver services, including to tribal people, over the longer term. The project will comprise the following components: (a) service delivery, to increase the range, coverage and quality of nutrition and health services to target groups through improvements in the design and implementation of software systems, training for health and nutrition workers, provision of health referral services, and increasing the availability of medicines and equipment for maternal and child health; (b) communications, to provide innovative approaches and new messages to increase demand for the full range of project services and provide health and nutrition education; (c) community mobilization, to promote greater community ownership of ICDS services and involvement in meeting program objectives of better health and nutrition and women's and adolescent girls' development schemes; and (d) project management, monitoring and evaluation, to manage, monitor and evaluate the project and conduct operations research to test innovative activities and improve aspects of project design. The project will also include actions to strengthen ICDS among tribal populations.

The project focuses on 301 tribal or otherwise disadvantaged blocks in Andhra Pradesh and Orissa. Specific objectives are to reduce severe malnutrition by 50% among children 6 - 36

Activities: Asia and Near East

months, increase the proportion of children in normal or only mild malnourishment status, and to contribute to reductions in infant mortality and the incidence of low birth weight. The project consists of four components: A. Service delivery finances construction, furnishing and equipping of village child development centers and block offices; increased training for Integrated Child Development Services (ICDS) and health workers and supervisors; incremental drugs and medicines; vehicles for supervision, and incremental salary and other operating costs. B. Communications finances production and distribution of audio-visual materials, local consultancies for message design and development, training, surveys and incremental salary and other operating costs. C. Community mobilization finances support to village women's organizations and special educational programs for women and adolescent girls, including incremental worker honoraria and other operating costs. D. Project management and evaluation finances furnishing and equipping of a project management office in each state, its operating costs, local consultancies, surveys and operations research, including the costs of therapeutic nutrition supplements under optional delivery arrangements. (Source: The World Bank.)

India: Second Tamil Nadu Integrated Nutrition Project Period: 1991-98

The objectives of the Tamil Nadu Integrated Nutrition Project are to: (a) reduce severe malnutrition among children 6-36 months in Tamil Nadu Integrated Nutrition Project (TINP) I areas; (b) increase the proportion of children 6-36 months in normal or mild malnutrition status in project areas; and (c) contribute to a reduction in the infant mortality rate to 55 per 1,000 births, and to a reduction in the incidence of low birth weight from present levels. The project has three components. The service delivery component will finance construction, furnishing and equipping of village nutrition centers; increased training for health and nutrition field workers and staff; supervisory vehicles; incremental maternal and child health drugs and medications; therapeutic nutrition supplements for malnourished younger children and at-risk pregnant and nursing women and incremental salary and other operating costs. The communications and community participation component will finance production and distribution of print and audio-visual materials for worker and community use. It would also fund training for community support groups. The project management and evaluation component will finance baseline nutrition surveys of project areas, mid-term and final project impact and process evaluations; vehicles, equipment, training and incremental operating costs of the project monitoring and evaluation system.

The project would support: (i) a system of nutrition surveillance for children aged 6-36 months in six Districts of Tamil Nadu; (ii) a selective program of food supplementation to counter or avert energy-protein malnutrition in children in the target group as well as pregnant and nursing women, combined with a supplementation program to protect against Vitamin A deficiency and

Activities: Asia and Near East

iron deficiency anemia; (iii) an expansion in the scope and coverage of rural health services in the project area, with particular attention to improved maternal and child health care; (iv) combined mass media and face-to-face communications efforts to improve food habits and child care practices among the target population; and (v) studies, surveys and analysis of the impact of project activities and their relationship to other nutrition and health programs in the State. (Source: The World Bank.)

Indonesia: Kaders Project

Project Period: 1982-?

The project provided training to community workers to train mothers and other members of the family in child care skills and child development.

Indonesia: PANDAI Project

Project Period: 1986-?

Project provided home visits by volunteer kaders to work with parents and other care givers to improve their attention to and interaction with children; follow-on to the Kaders project.

Malaysia: Sang Kancil Project

Project Period: 1978-?

This was a health sector project that began by establishing a preschool and an income-generating project; these enabled the introduction of primary health care.

Nepal: Project “Entry Point”

Project Period: no data

The project supported the child care needs of working women and the developmental needs of young children; established child care cooperatives, credit schemes; provided training for mothers.

Activities: Asia and Near East

Philippines: no project title

Project Period: no data

Nutrition education was included in basic education projects.

Thailand: Integrated Nutrition and Community Development Project

Project Period: no data

A nutrition education project aimed at families with the most vulnerable infants and preschoolers.

Activities: Worldwide

Worldwide: USAID Projects

Nutrition Education and Social Marketing Field Support

Project No: 936-5113

FY 87-94

Project, follow-on to 9311065, to promote the use of social marketing techniques in nutrition education (NE) programs, especially those relating to child survival. The project, which will be implemented by a contractor or consortium, will test NE social marketing interventions and provide related TA and training.

The project's first component -- "core activities" subprojects (SP's) -- will test social marketing strategies (e.g., use of mass media and interpersonal channels) in up to 6 countries, with emphasis on 7 content areas: growth monitoring; breastfeeding; weaning practices; nutrition in infection, especially diarrhea; Vitamin A; maternal nutrition; and NE in primary schools. SP's in growth monitoring will develop a social marketing methodology for the NE components of growth monitoring programs, and will demonstrate the use of growth monitoring activities as a channel for expanding immunization or oral rehydration therapy (ORT). Breastfeeding SP's will: develop an A.I.D. strategy and conceptual model for breastfeeding promotion; expand the San Diego Lactation Management Training Program; find ways of supporting working women who breastfeed; and use social marketing to promote breastfeeding.

The weaning SP will adapt the social marketing methodology to NE on weaning. The SP on nutrition in infection will develop a communications methodology, with an NE emphasis, for ORT programs, and will expand an existing A.I.D. diarrheal education program. The Vitamin A SP will train nutrition educators and develop related training materials. An SP for maternal nutrition will use social marketing with expectant mothers, and will test new NE methods (e.g., a "maternal growth chart"). An SP in primary school NE will develop curricula and educational materials.

The project's second component, field support, will provide TA (mostly short-term, ad hoc TA) to USAID's, PVO's, and host country agencies that are designing, implementing, or evaluating NE programs. This TA will be funded through buy-ins, and provided in at least 15 countries.

Training will be the third focus of the project. At the national level, the project will help to assess NE training needs, develop curricula, etc. Training tailored to local needs will be provided as part of the field support activities, while hands on training will be a key feature of the core

Activities: Worldwide

SP's and will emphasize social marketing. Training will also be provided to PVO's implementing P.L. 480 Title II programs, with emphasis on institutional development.

Logframe

- Goal: Reduce the incidence and severity of malnutrition among young children and their mothers in developing countries.
- Subgoal: Foster positive changes in nutrition related behaviors.
- Purpose: To improve host country capacity to design, implement, and evaluate public nutrition education programs and messages relevant to maternal and child health.
- Outputs: 1. Technical assistance. A. Long-term. B. Short-term. 2. Field experience. 3. Training.
- Inputs: A.I.D. funding for: Technical assistance, training, seed money for core projects. Host country in-kind assistance.

Selected Evaluations

Assessment of the impact of a national intervention to promote exclusive breastfeeding in Honduras

Hernandez, Orlando; Marquez, Lani; Parlato, Margaret

Academy for Educational Development, Inc., Washington, DC,

Honduras. Ministry of Public Health, [Tegucigalpa], (Sponsor)

U.S. Agency for International Development. USAID Mission to Honduras, Tegucigalpa,

(Sponsor) U.S. Agency for International Development. Bureau for Global Programs, Field

Support, and Research. Center for Population, Health & Nutrition. Office of Health & Nutrition, Washington, DC, (Sponsor)

Feb 1995, xi, 68 p. + 3 annexes : charts, statistical tables, Es

DOCID/Order No: PN-ABU-421; Spanish ed.: PN-ABW-711

Assesses the impact of a national intervention to promote exclusive breastfeeding in Honduras. The intervention, which was implemented by the Academy for Educational Development as part of the Nutrition Communication Project, included health personnel training, dissemination of print materials, and the broadcast of radio messages. The evaluation focused on Regions V and VII, two of the country's poorest.

The intervention, primarily due to the strength of the radio component, increased the prevalence of exclusive breastfeeding in the first six months of life, largely by discouraging the use of water

Activities: Worldwide

and other liquids. This is considered an impressive accomplishment given the difficulties inherent in modifying infant feeding practices.

All project components were implemented, though not with equal coverage and completeness. The amount of print materials available in each region was not as high as had been planned, due in part to the decision to extend the intervention nationally. Quality and coverage of health worker training was lower than expected (75% of health workers were trained in Region V and only 32% in Region VII), possibly due to a failure to extend the model curriculum and training-of-trainers approach systematically below the area level in the latter region. Health worker knowledge benefitted most from the poster and the flip chart and least from the reference guides.

Radio messages, in particular the slogan "breastmilk and nothing else in the first six months," reached nearly half of the targeted mothers, while the poster was seen by two-thirds. Other print materials received only limited exposure, and interpersonal contacts between mothers and health workers on breastfeeding topics was infrequent. Exposure to print materials was associated with knowledge increases among mothers related to not giving water to newborns (a major problem identified in the pre-survey), exclusive breastfeeding up to six months, and the introduction of solids at six months. Increases in mothers' knowledge were strongly associated with increased practice of exclusive breastfeeding through the first six months and in particular, in the first and sixth months.

Final evaluation : nutrition education and social marketing field support project (936-5113)

Moser, Thomas A.; Stanton - Rosario, Jacquelyn

Creative Associates International, Inc., Washington, DC,

U.S. Agency for International Development. Bureau for Research and Development. Office of Nutrition, Washington, DC, (Sponsor)

Jan 1994, xii, 35 p. + 4 appendices, En

DOCID/Order No: PD-ABH-949

Final evaluation of a project to strengthen the capacities of developing countries to design and implement nutrition education programs. Evaluation covers the period 9/87-12/93 (15 months prior to the extended 3/95 PACD), with emphasis on efforts since the 1990 mid-term evaluation. The project is being implemented by the Academy for Educational Development (AED).

Overall, the project has been a success. Since the mid-term evaluation, the project has strengthened, in varying degrees, the ability of public and private institutions in Mali, Burkina Faso, Niger, and Honduras to design and implement nutrition education/communication programs using a wide range of communications strategies from mass media to interpersonal exchange. TA and training targets have been far exceeded, and counterparts have generally been

Activities: Worldwide

satisfied with the TA provided. Project monitoring and evaluation strategies have been thorough, and collaboration with PVOs, USAID Missions, and other donors has been effective.

The recommendations of the mid-term evaluation have been conscientiously acted upon, especially regarding the project's need to consolidate and concentrate its efforts, undertake more innovative community-based efforts, and focus on sustainability. In particular, since the mid-term evaluation the project has devoted considerable resources to state-of-the-art syntheses and lessons learned. These include Questions and Answers on Infant Feeding, published in English, French, and Spanish and distributed worldwide; Media Promotion of Breastfeeding, a popular review of breastfeeding promotion efforts in over 25 countries; and videos on training in interpersonal communications and on solutions to micronutrient problems. Also of note are two experimental approaches to interpersonal communication developed by the project: a manual, entitled Learning to Listen to Mothers, designed to strengthen the interpersonal communications skills of nutrition and growth promotion field staff; and Healthy Communities, a new approach to rural, community-based nutrition problem assessment and counseling currently being implemented in Mali and Burkina Faso.

Preliminary data reveal that project activities have had a positive effect on nutritional behaviors, and to a lesser degree, on nutritional status, and that the project merits continuation, although future activities should link more closely with P.L. 480 Title II and II programs and with other nutrition and child survival projects.

Where the project has fallen short of target is more a function of unrealistic design assumptions than faulty implementation. Reducing the incidence and severity of malnutrition among young children and their mothers in a five-year centrally funded, buy-in project is an unrealistic goal, except for possible limited demonstration purposes. Recommendations for a follow-on project are included.

Republic of Niger : evaluation of the vitamin A social marketing project (mini - project)

Kone, Hugues; Mohamed, Zeibabou; et al.

Academy for Educational Development, Inc., Washington, DC,

Helen Keller International, Inc., New York, NY,

Niger. Ministry of Public Health, Niamey, (Sponsor)

U.S. Agency for International Development. USAID Mission to Niger, Niamey, (Sponsor), U.S.

Agency for International Development. Bureau for Research and Development. Office of Nutrition, Washington, DC, (Sponsor)

Dec 1992, [9] p., En

DOCID/Order No: PN-ABQ-463; Related French document: PD-ABM-326

Evaluates Phase I (1/91-9/92) of a Vitamin A social marketing project in Niger in 16 villages in the Birni N'Konni district of Tahoua Department. The project is carried out by the Ministry of

Activities: Worldwide

Health and Helen Keller International, with TA from the USAID/W Nutrition Communication Project. The region was selected because of the availability of water and the existence of dry-season vegetable cultivation.

Phase I was a pilot intervention which tested six message concepts, which were communicated to pregnant and nursing women and their husbands to increase consumption of particular Vitamin A rich foods; to gardeners to encourage cultivation of traditional dark green leafy vegetables; and to community leaders, to motivate them to support the project. The messages were communicated by Village Animation Committees, primarily through community-based events, such as skits, and other traditional media. Local health workers, teachers, and agricultural agents provided technical support to the committees and carried out specific communication activities.

Results of interviews and questionnaires in 12/92 indicated that consumption of vitamin A-rich foods increased: 90% of adults eat green leaves more frequently and 87% eat liver more frequently; the percentage of women who had eaten liver in the past week rose from 51% to 69%. Exposure to nutrition messages was high, particularly among men. (Women are more cloistered.)

Theater was popular, and perceived by villagers as a good source of information; 61% of men and 34% of women saw at least one play. Many who saw plays took steps to improve their own and their children's nutritional status, although messages about children's nutritional needs seem to have been less emphasized in the story lines. Village-sponsored activities continued without outside support after the project ended.

Lessons and recommendations are as follows. (1) Messages about child nutrition should be intensified, as behavior change was lower in this group. Close to half the children under age 6 either don't eat leafy vegetables or eat them less than once a week. Some parents feel children under a year are not old enough to eat leaves. (2) One Village Animation Committee per village should be created; members should be chosen by villagers according to willingness, motivation, talent, and stability, and should include women and be recruited outside of the growing season. (3) The committees should address a number of nutrition themes beyond vitamin A, and all of their skits should be compiled as material for radio dramas and other program. (4) Gifts could be budgeted for the committees as the idea of volunteering is not well understood, and the general poverty makes it difficult for people to participate without remuneration. There is a perception on the part of health workers and extension agents that the "foreign" money is kept by those in Niamey, and a perception among the committee members that the technical field agents keep the money. More contact between Niamey and the villages might stem these rumors. (5) Traditional, religious, and opinion leaders should have a more active role. (6) Local artists should be used to create visual aids to ensure they are culturally appropriate. (7) Extension workers and other field personnel should live in the villages they are advising. (8) Delays in wiring funds from the U.S. to Niger must be shortened. (Author abstract, modified)

Activities: Worldwide

Nutrition education and social marketing field support

U.S. Agency for International Development. Bureau for Science and Technology. Office of Nutrition, Washington, DC,

31 Dec 1990, 6 p., En. ES no. 936-90

DOCID/Order No: PD-ABC-515; Companion evaluation: PD-ABC-081

This mid-term evaluation of the Nutrition Education and Social Marketing Field Support project, more commonly known as the Nutrition Communication project (NCP), assessed the nutrition and social marketing activities carried out under the contract between S&T/N and the Academy for Educational Development (AED). NCP has three main goals: perform assessments of nutrition information and education needs; develop nutrition communication strategies and design, disseminate, and evaluate nutrition information messages; and upgrade technical skills of developing country personnel in nutrition communication. A six-person evaluation team consisting of nutrition, communication, and management specialists undertook content analysis, open-ended interviews, and trips to Africa and Latin America to observe project activities first hand.

Key findings include the following. (1) There was considerable NCP activity, although it appears to be fragmented. Despite the constraints of projects heavily dependent on buy-ins, the contractor should consolidate and focus its efforts on fewer activities. (2) The contractor should make greater use of its subcontractors and/or other sources of U.S. and developing country nutrition expertise. (3) The NCP buy-in and core-funding process is tedious and should be replaced by the newly developed streamlined dual contract mode if this can be done without rebidding the contract. (4) While institutionalization is difficult in such projects, the contractor should attempt to develop cadres of host country trainers in nutrition communication activities in local and regional institutions. (5) NCP should concentrate on four areas in its remaining years: implementing coherent state-of-the-art country projects; undertaking additional state-of-the-art syntheses in such areas as ethnographic research; undertaking pilot projects in a truly community based mode; and developing cadres of trained personnel. (6) The contractor needs an additional year beyond the current contract to complete the above activities. Additional core funds will also be required. (7) The requirement for U.S. resident advisors is impractical and should be removed from the contract. Local U.S. or host country nationals should be hired instead. (8) While coordination with related projects is important, some duplication is inevitable and not necessarily bad. (9) The A.I.D. administrator should send a circular message to the field affirming the Agency's support for nutrition programs and encouraging missions to participate in projects such as NCP. (10) S&T/N should endeavor to link the NCP, APHA, and VITAL databases into one coherent system.

Activities: Worldwide

A major lesson learned is the difficulty which centrally funded projects with small core budgets face in achieving their objectives in developing countries. (Author abstract) For more detailed information, see the abstract of PD-ABC-081.

Mid-term evaluation : nutrition education and social marketing field support project

Moser, Thomas A.; Figueroa, Martha Weiss; et al.

Pragma Corp., Arlington, VA,

U.S. Agency for International Development. Bureau for Science and Technology. Office of Nutrition, Washington, DC, (Sponsor)

30 Nov 1990, ix, 76 p., En

DOCID/Order No: PD-ABC-081; Companion evaluation summary: PD-ABC-515

Mid-term evaluation of a project to help Missions, host governments, PVO's, and other host country organizations to design, implement, and evaluate nutrition information, education, and communication (IEC) activities. External evaluation covers the period 9/87-11/90.

There are few outcomes to assess at this time, since the project is only now becoming fully operational. Achievements have been as follows. (1) Specialists have completed several short-term field assignments, and their efforts have been well received. The project has also established a small, computerized reference library on communication and educational issues in nutrition. (2) Some 30 separate training events, mostly concerned with the social marketing of nutrition, have been conducted. The training appears suitable and intellectually stimulating. The problems that have arisen -- with recruiting the correct audience, balancing theory and practice, and trying to cover too much in a short time -- are endemic to most development training programs; they should be of continuing concern to S&T/N. (3) Only one resident advisor (RA) has been assigned (Honduras); the "up to six" mentioned in the Project Paper was unrealistic. Despite the lack of RA's, several country projects have been developed. Three are currently active (Mali, Burkina Faso, and Honduras), though it is still too early to draw firm conclusions. (4) Adequate baseline data are being collected to assess project impact at the consumer/beneficiary level; a process evaluation will need to be carried out to assess the value of training and TA at the institutional level.

The Academy for Educational Development (AED), the primary implementing agency, is performing well in meeting contract objectives, but administration is fragmented, even in the countries where nutrition education activities are focused. This shortcoming is due in part to the buy-in process, which entails inordinate paperwork and confusion, a problem which may be alleviated through a new streamlined dual contracting mode, which involves one contract for core costs and another for buy-ins. At the same time, AED could better consolidate its efforts and focus them on fewer activities. AED should also make greater use of its subcontractors to complement its core staff.

Activities: Worldwide

In the remaining year of the project, S&T/N should instruct AED to: (1) reassess country projects to ensure that they follow a coherent strategy for truly innovative, state-of-the-art activities; (2) develop state-of-the-art syntheses of lessons learned; (3) conduct, as part of existing country projects, one or more experimental pilot activities in a community-based mode; and (4) ensure sustainability by developing cadres capable of training others in nutrition communication interventions.

Panama breastfeeding promotion project evaluation

Johns Hopkins University. School of Public Health and Hygiene. Dept. of International Health, Baltimore, MD,

Academy for Educational Development, Inc., Washington, DC,

U.S. Agency for International Development. Bureau for Latin America and the Caribbean.

Regional Office for Central American Programs, Guatemala City, (Sponsor). USAID Mission to Panama, Panama City, (Sponsor)

31 Jan 1990, xvii, 42 p. + 5 appendices : charts, statistical tables, En

DOCID/Order No: PD-ABA-439

Evaluation of a project to promote breastfeeding in Panama by providing training to health professionals, establishing milk banks, and conducting educational activities for working women and the general public. The evaluation covers the period 9/83-1987.

The project's unique regional focus allowed flexibility in promoting breastfeeding and enforcing related national policies. Regional workshops were conducted for more than 4,000 health personnel. While no nationwide data are available to assess training impact, small-scale evaluations reflect major improvements in hospital practices and subsequent breastfeeding rates. Changes include increased rates of rooming-in; increased support by health professionals for breastfeeding; decreased use of formula, glucose, and oxytocin; and decreased intervals between delivery and first breastfeed. Milk banks established in six Ministry of Health hospitals also helped support improvement in hospital practices.

The working women's component is one of the first to examine the problems of breastfeeding in the workplace. The project held discussions with women in labor unions, conducted a training seminar for 21 women directors of major labor unions, and set up 90 working groups in factories. During a four-month period, visits were made to each of the groups to distribute information and hold discussions with members. It was found that the women were having difficulty breastfeeding because they lacked creches and facilities for pumping at the worksite.

Information activities, implemented by PROLACMA, the local La Leche League affiliate, were also mostly successful. While the national mass media campaign was delayed and not coordinated with other components, regional campaigns were more successful. In Chiriqui,

Activities: Worldwide

Cocle, Colon, and Veraguas, local radio campaigns were developed in coordination with other regional activities, including the milk banks, and helped to support their operations. Overall, information on breastfeeding reached some 49,000 citizens.

Related Reports

Nutrition education and social marketing

Project Paper (PP), 31 Mar 1987

DOCID/Order No: PD-AAZ-794

Nutrition in Haiti : an analysis of problems and solutions

Sector Assessment, Sep 1988

DOCID/Order No: PN-ABD-132

Mali -- communication for vitamin A : field study in Macina, November 28 - December 5, 1989

AID Supported Study, 5 Dec 1989

DOCID/Order No: PN-ABE-754

Media promotion of breastfeeding : a decade's experience

AID Supported Study, Jul 1989

DOCID/Order No: PN-ABF-089

Growth monitoring and promotion : issues and actions -- a report of an advisory meeting sponsored by the nutrition communication project of the Academy for Educational Development in coordination with the Office of Nutrition of A.I.D.

Conference Proceedings/Paper, Dec 1988

DOCID/Order No: PN-ABF-459

Promising PVO strategies in growth monitoring and promotion -- a report on a workshop sponsored by the nutrition communication project of the Academy for Educational Development in coordination with the Office of Nutrition of A.I.D.

Conference Proceedings/Paper, Jun 1989

DOCID/Order No: PN-ABF-460

Breastfeeding in Latin America and the Caribbean : a sampling of promotional materials

Handbook/Manual/Guide, Jan 1990

DOCID/Order No: PN-ABF-527

Republic of Mali : field research in Macina for Vitamin A communications, March 5 - 22, 1990

AID Supported Study, 1990

DOCID/Order No: PN-ABG-603

Activities: Worldwide

Niger : a summary of findings related to the consumption of vitamin A - rich foods and suggestions for a communications strategy

AID Supported Study, Feb 1990

DOCID/Order No: PN-ABG-629

Rapid ethnographic assessment of infant feeding practices in the Sudan

AID Supported Study, [1990]

DOCID/Order No: PN-ABG-630

Needs assessment -- Honduras nutrition communication project, May 16 - 25, 1988

AID Supported Study, 25 May 1988

DOCID/Order No: PN-ABG-631

Breastfeeding and infant feeding graphs based on data from the demographic health surveys

AID Supported Study, Jun 1990

DOCID/Order No: PN-ABG-634

Niger : final report -- rapid ethnographic assessment of infant feeding

AID Supported Study, Jan 1989

DOCID/Order No: PN-ABG-657

Haiti nutrition education project planning : guide for investigators -- nutritional problems, dietary practices and socio-economic constraints

Project Design/Implementation/Work Plan, n.d.

DOCID/Order No: PD-ABC-360

Needs assessment -- Bolivia : nutrition communication project, March 7-25, 1988

Sector Assessment, 1988

DOCID/Order No: PN-ABH-079

Guide de recherche : Mali -- communication pour la Vitamine A, etude sur le terrain a Macina
Handbook/Manual/Guide, Mar 1990

DOCID/Order No: PN-ABH-094

Infant and child feeding practices in Burkina Faso

AID Supported Study, Jun 1989

DOCID/Order No: PN-ABH-234

Activities: Worldwide

Nutrition education and social marketing field support
Proj Eval Summary(PES)/Eval Summary(ES), 31 Dec 1990
DOCID/Order No: PD-ABC-515

Breastfeeding promotion in Central America : high impact at low cost
AID Supported Study, 2 Feb 1990
DOCID/Order No: PN-ABK-671

Nutrition education / social marketing field support project : quarterly technical report no. 18,
January - March 1992
Progress/Interim Report, 1992
DOCID/Order No: PD-ABE-065

Breastfeeding and weaning practices in Honduras : nutrition communication project baseline
study
AID Supported Study, 1991
DOCID/Order No: PN-ABL-253

Practicas de la lactancia y el destete en Honduras : proyecto de comunicacion en nutricion
estudio de lines base
AID Supported Study, 1991
DOCID/Order No: PN-ABL-254

Field note : producing a training video -- the case of `comuniquemonos, ya! [let's communicate!]
AID Supported Study, [1992]
DOCID/Order No: PN-ABL-303

Field research in Birni'n Konni : Vitamin A communication project
AID Supported Study, 1991
DOCID/Order No: PN-ABL-318

Knowledge, attitudes, reported practices and anthropometric indicators of children's nutritional
status : a baseline survey conducted for nutrition communication project activities in Dioro,
Koutiala and Macina, November 11 - December 16, 1990
AID Supported Study, [1991]
DOCID/Order No: PN-ABL-319

Activities: Worldwide

Connaissances, attitudes, pratiques signalees et indicateurs anthropometriques sur l'etat nutritionnel des enfants : enquete initiale realisee dans le cadre du projet de communication pour la nutrition dans les regions de Dioro, Koutiala et Macina, 11 novembre - 16 decembre 1990
AID Supported Study, 1990

DOCID/Order No: PN-ABL-320

Nutrition education / social marketing field support project : quarterly technical report no. 19, April - June 1992

Progress/Interim Report, Jun 1992

DOCID/Order No: PD-ABE-515

Muestras de materiales de promocion sobre lactancia materna en la America Latina y el Caribe Handbook/Manual/Guide, Jan 1990

DOCID/Order No: PN-ABM-576

Historical review of the Panama breastfeeding promotion project

AID Supported Study, 1991

DOCID/Order No: PN-ABM-665

Revision historica del proyecto para la promocion de la lactancia materna en Panama

AID Supported Study, 1991

DOCID/Order No: PN-ABM-666

Nutrition education / social marketing field support project : quarterly technical report no. 16, July - September 1991

Progress/Interim Report, Sep 1991

DOCID/Order No: PD-ABE-912

Nutrition education / social marketing field support project : quarterly technical report no. 20, July - September 1992

Progress/Interim Report, Sep 1992

DOCID/Order No: PD-ABE-913

Integracion de informes de grupos focales en Belice, Guatemala, Honduras, Peru, Republica Dominicana para la validacion del video sobre comunicacion en monitoreo y promocion del crecimiento

AID Supported Study, 19 Oct 1990

DOCID/Order No: PN-ABM-820

Tecnicas y principios de la capacitacion aplicada a la nutricion : diseno, materiales, y productos del taller

Activities: Worldwide

Conference Proceedings/Paper, 1992
DOCID/Order No: PN-ABM-915

Learning to listen to mothers : a trainers' manual to strengthen communication skills for nutrition and growth promotion
Handbook/Manual/Guide, [1991]
DOCID/Order No: PN-ABN-035

Nutrition education / social marketing field support project : quarterly technical report no. 7,
April - June 1989
Progress/Interim Report, Jun 1989
DOCID/Order No: PD-ABF-113

Nutrition education / social marketing field support project : quarterly technical report no. 8, July
- September 1989
Progress/Interim Report, Sep 1989
DOCID/Order No: PD-ABF-114

Nutrition education / social marketing field support project : quarterly technical report no. 10,
January - March, 1990
Progress/Interim Report, Mar 1990
DOCID/Order No: PD-ABF-115

Nutrition education / social marketing field support project : quarterly technical report no. 11,
April - June, 1990
Progress/Interim Report, Jun 1990
DOCID/Order No: PD-ABF-116

Nutrition education / social marketing field support project : quarterly technical report no. 12,
July - September 1990
Progress/Interim Report, Sep 1990
DOCID/Order No: PD-ABF-117

Nutrition education / social marketing field support project : quarterly technical report no. 14,
January - March 1991
Progress/Interim Report, Mar 1991
DOCID/Order No: PD-ABF-118

Activities: Worldwide

Nutrition education / social marketing field support project : quarterly technical report no. 15,
April - June 1991

Progress/Interim Report, Jun 1991

DOCID/Order No: PD-ABF-119

Mid-term evaluation report of the Macina child health project

Special Evaluation, Apr 1992

DOCID/Order No: PD-ABF-933

Reinforcement of nutrition communication through supervision, Riau, Indonesia : final activity
report

Final Report, 1993

DOCID/Order No: PD-ABH-433

Nutrition communication project quarterly technical report 25, October - December 1993

Progress/Interim Report, Dec 1993

DOCID/Order No: PD-ABI-008

Activities: Worldwide

**Vitamin A for Health
Project No. 936-5116
FY 87-96**

Project, follow-on to 9310045, to help LDC's develop national programs to prevent blindness, morbidity, and mortality in pre-school children due to Vitamin A deficiency. A Technical Advisory Group will manage the project, which will include field support, operations research, and international coordination and information dissemination.

A contractor will provide TA and training to Missions and host country institutions in order to expand the application of proven Vitamin A interventions; 50 prevalence assessments and 20 country and subnational strategies are targeted. The contractor will also provide TA for four types of pilot projects: high dose supplement distribution (in 10 countries); food fortification (5 countries); vitamin A rich gardens (10 countries); and community education/social marketing (10 countries). Other activities will include information gathering and dissemination; small grants to PVO's, LDC institutions, and U.S. universities and private companies to undertake research and pilot projects in various countries; and women in development activities.

Grant- and cooperative agreement-funded operations research will include: (1) 5 studies on morbidity/mortality aimed at developing assessment techniques that are sensitive, specific, and easy to use in the field; and (2) 10 studies on service delivery alternatives. Examples of the latter include, inter alia, development of protocols for integrating Vitamin A with diarrheal disease control programs; testing lower dose Vitamin A supplementation to reduce side effects; and studies of the feasibility of providing Vitamin A capsules and training to midwives, other traditional birth attendants, and health para-professionals to increase coverage.

Finally, the project will support the International Vitamin A Consultative Group (IVACG) Secretariat and such activities as the preparation of IVACG position papers or scientific reviews and state-of-the-art papers. The project will also help IVACG expand its constituency.

Logframe

- Goal: To overcome Vitamin A deficiency worldwide.
- Purpose: 1. To assist countries in formulating and implementing expanded and improved Vitamin A programs. 2. To determine the role of Vitamin A in child morbidity and survival.
- Outputs: 1. Assessments of Vitamin A deficiency. 2. Strategies and program plans. 3. High dose supplement programs. 4. Nutrition education/communication. 5.

Activities: Worldwide

Home/community gardens. 6. Fortification of foods with Vitamin A. 7. Morbidity/mortality studies. 8. Operations research on interventions/delivery systems. 9. Information on Vitamin A gathered and disseminated.

- Inputs: Not mentioned in logframe.

Selected Evaluations

Final evaluation report for the NOVA project, Eye Care / Haiti
Stansfield, Sally K.; Lerebours, Gerald; McKigney, John I.
International Science and Technology Institute, Inc., Arlington, VA,
U.S. Agency for International Development. Bureau for Science and Technology. Office of
Nutrition, Washington, DC, (Sponsor). U.S. Agency for International Development. USAID
Mission to Haiti, Port-au-Prince, (Sponsor).
Apr 1990, 41 p. : statistical tables, En. Report no. TA-1
DOCID/Order No: PD-ABB-065

Evaluates a project implemented by Eye Care in the Anse a Foleur and Saint Louis du Nord districts in northwest Haiti to (1) develop a service delivery infrastructure to improve the nutritional status of and Vitamin A intake by area children, (2) train mothers in oral rehydration therapy (ORT) and nutrition, and (3) conduct an impact study of vitamin A supplementation on childhood morbidity and mortality. Final evaluation covers the period 10/86 to 2/90.

Despite the fact that project activities were carried out under extremely difficult logistics and during a period of political turmoil, Eye Care was generally able to adhere to its timetable and achieve its objectives. Eye Care made new outreach services available, substantially increasing the accessibility and utilization of primary health care services for children and mothers and the proportion of children receiving Vitamin A supplementation. Eye Care's research study, the first of its kind in the Western Hemisphere, was successful and probably helped to strengthen the project's service delivery component. Community acceptance of the project is demonstrated by the progressive increase in the rate of coverage over the life of the project. Worthy of particular mention is that the project was designed and carried out entirely by Haitians.

On the negative side, the project was hampered by a shortage of field managers; lack of clear plans for training, monitoring, and evaluation; and unnecessary hand tabulation of data. In addition, extreme delays in data coding resulted in a lost opportunity for detection of differences in morbidity between treatment groups, and for adequate supervision and improvement of data quality. Additional TA and a midterm evaluation could have improved the quality of interventions and efficiency of operations.

Activities: Worldwide

Related Reports

Vitamin A for health
Project Paper (PP), 19 Aug 1988
DOCID/Order No: PD-AAY-199

Home and community gardens assessment program implementation experience : the tip of the iceberg
AID Supported Study, Jun 1990
DOCID/Order No: PN-ABG-660

First annual report, October 1, 1989 - September 30, 1990 : volume I, technical component
Annual Report/Yearbook, Nov 1990
DOCID/Order No: PD-ABC-144

IEF / Malawi vitamin A project management information system
AID Supported Study, Feb 1991
DOCID/Order No: PN-ABH-939

Vitamin A field support project : third annual workplan, October 1, 1991 - September 30, 1992
Project Design/Implementation/Work Plan, 9 Sep 1991
DOCID/Order No: PD-ABD-353

Getting out the message : a review of communications strategies for promoting vitamin A interventions
AID Supported Study, Sep 1991
DOCID/Order No: PN-ABJ-802

IVACG guidelines for the development of a simplified dietary assessment to identify groups at risk for inadequate intake of vitamin A : a review of field experience
Handbook/Manual/Guide, Oct 1991
DOCID/Order No: PN-ABJ-904

[Vitamin A field support project] second annual report, October 1, 1990 - September 30, 1991: volume I -- technical report
Annual Report/Yearbook, Nov 1991
DOCID/Order No: PD-ABD-573

Semi-annual report, October 1991 - March 1992 [: vitamin A field support project (VITAL)]
Progress/Interim Report, Jun 1992
DOCID/Order No: PD-ABE-106

Activities: Worldwide

VITAP annual report, October 1990 - September 1991 (abbreviated FY 91 report & recommendations from mid-term evaluation)

Annual Report/Yearbook, Oct 1991

DOCID/Order No: PD-ABE-126

Vitamin A expansion project in 3 provinces in the Philippines -- cooperative agreement no. DAN-5116-A-00-0074-00, project no. 936-5116: annual report -- October 1990 - September 1991

Annual Report/Yearbook, Sep 1991

DOCID/Order No: PD-ABE-149

Vitamin A field support project (VITAL) : quarterly report, April 1992 - June 1992

Progress/Interim Report, Jul 1992

DOCID/Order No: PD-ABE-545

Vital nutrients : supporting life, health, and productivity through iron, iodine, and vitamin A nutrition

AID Supported Study, [1992]

DOCID/Order No: PN-ABM-924

VITAP (vitamin A technical assistance program), [Helen Keller International] annual report : October 1991 - September 1992

Annual Report/Yearbook, Oct 1992

DOCID/Order No: PD-ABF-671

Increasing the availability of dietary vitamin A to under six - year - olds through natural, plant food - sources of provitamin A (PROVITA) : 7th progress report, September - December 1992

Progress/Interim Report, Dec 1992

DOCID/Order No: PD-ABF-871

First annual report : vitamin A for child survival, Tegucigalpa, Honduras

Annual Report/Yearbook, Nov 1991

DOCID/Order No: PD-ABF-872

First annual report : vitamin A for child survival, Alta Verapaz, Guatemala

Annual Report/Yearbook, Nov 1991

DOCID/Order No: PD-ABF-873

Activities: Worldwide

Training and resource unit for vitamin A and nutrition education 'unidad pro vitamina A' : 3rd progress report, October - December 1992

Progress/Interim Report, Jan 1993

DOCID/Order No: PD-ABF-874

Increasing the availability of dietary vitamin A to under six - year - olds through natural, plant, food - sources of provitamin A (PROVITA) : 3rd progress report, May - October 1991

Progress/Interim Report, Sep 1991

DOCID/Order No: PD-ABF-875

Increasing the availability of dietary vitamin A to under - six - year - olds through natural, plant, food - sources of provitamin A (PROVITA) : 4th progress report, September - December 1991

Progress/Interim Report, Jan 1992

DOCID/Order No: PD-ABF-876

Increasing the availability of dietary vitamin A to under - six - year - olds through natural, plant, food - sources of provitamin A (PROVITA) : 5th progress report January - April 1992

Progress/Interim Report, May 1992

DOCID/Order No: PD-ABF-877

Multiple intervention strategy to improve vitamin A nutrition in peri - urban communities, Tegucigalpa, Honduras

Project Design/Implementation/Work Plan, [1990]

DOCID/Order No: PD-ABF-918

Development of a vitamin A - rich weaning food and child cereal from dried and 'instantized' sweet potato buds

AID Supported Study, Oct 1992

DOCID/Order No: PN-ABP-099

A.I.D. cooperative agreement no. DAN-5116-A-00-0067-00 with the International Eye Foundation for a program entitled 'increasing the consumption of carotene - containing foods as a long term and sustainable strategy to reduce hypovitaminosis A in Guatemala'

AID Contract/Grant/OPG, 7 Sep 1990

DOCID/Order No: PD-ABF-926

Training and resource unit for vitamin A and nutrition education in Guatemala 'unidad pro vitamin A' : detailed implementation plan

Project Design/Implementation/Work Plan, Mar 1992

DOCID/Order No: PD-ABF-936

Activities: Worldwide

II taller Latinoamericano sobre supervivencia infantil : los ninos -- nuestra prioridad
Conference Proceedings/Paper, Aug 1991
DOCID/Order No: PN-ABP-187

Detailed implementation plan for the I.E.F. -USAID cooperative agreement no.
DAN-5116-A-00-0067-00 : increasing the availability of dietary vitamin A to under - six - year-
olds through natural, plant, food sources of provitamin A
Project Design/Implementation/Work Plan, Dec 1990
DOCID/Order No: PD-ABG-107

Training and resource unit for Vitamin A and nutrition education : 'unidad pro Vitamina A' --
2nd progress report, June - September, 1992
Annual Report/Yearbook, Sep 1992
DOCID/Order No: PD-ABG-434

Training and resource unit for vitamina A and nutrition education 'unidad pro vitamina A' : 4th
progress report, January - March 1993
Progress/Interim Report, Apr 1993
DOCID/Order No: PD-ABG-535

Training and resource unit for vitamin A and nutrition education 'unidad pro vitamin A' : 1st
progress report, March - May, 1992
Progress/Interim Report, Jul 1992
DOCID/Order No: PD-ABG-612

Bellagio meeting on Vitamin A deficiency and childhood mortality : proceedings of 'public
health significance of Vitamin A deficiency and its control,' Bellagio Study and Conference
Center of the Rockefeller Foundation, February 3 - 7, 1992
Conference Proceedings/Paper, 1993
DOCID/Order No: PN-ABP-875

Training and resource unit for vitamin A and nutrition education 'unidad pro vitamina A' : 5th
progress report, April - June 1993
Progress/Interim Report, Jul 1993
DOCID/Order No: PD-ABG-890

Development of a vitamin A - rich weaning food and cereal from dried and 'instantized' sweet
potato buds (SPB II) : third quarterly report, July - September 1993 -- further studies on
production, product quality and patterns of utilization in rural communities
Progress/Interim Report, Sep 1993
DOCID/Order No: PD-ABG-891

Activities: Worldwide

Training and resource unit for vitamin A and nutrition education 'unidad pro vitamina A' : 7th progress report, October - December 1993

Progress/Interim Report, Feb 1994

DOCID/Order No: PD-ABH-705

Training and resource unit for vitamin A and nutrition education 'unidad pro vitamina A' : 8th progress report, January - March 1994

Progress/Interim Report, May 1994

DOCID/Order No: PD-ABI-037

Social marketing : Vitamin A - rich foods in Thailand -- a model nutrition communication for behavior change process

AID Supported Study, [1993]

DOCID/Order No: PN-ABR-588

Report of a joint WHO / USAID / NEI consultation of principal investigators : vitamin A mortality and morbidity studies -- Geneva, Switzerland

AID Supported Study, 1992

DOCID/Order No: PN-ABR-449

Economic rationale for investing in nutrition in developing countries

AID Supported Study, 1992

DOCID/Order No: PN-ABR-423

Food fortification in developing countries

AID Supported Study, 1993

DOCID/Order No: PN-ABR-424

Fortificacion de los alimentos en los paises en desarrollo

AID Supported Study, 1993

DOCID/Order No: PN-ABR-425

Research and programme experience in the control of vitamin A deficiency in the West African subregion: toward development of policy and strategies -- report of a meeting held in Accra, Ghana 9 - 11 August 1993

Conference Proceedings/Paper, 11 Aug 1993

DOCID/Order No: PN-ABR-427

Activities: Worldwide

Carotenoid content of foods with special reference to developing countries

AID Supported Study, Dec 1993

DOCID/Order No: PN-ABR-428

Tercer taller regional sobre deficiencias de vitamin A a y otros micronutrientes en America Latina y el Caribe, Recife (Brasil), agosto 23 - 27, 1993

Conference Proceedings/Paper, Nov 1993

DOCID/Order No: PN-ABR-659

Nutrientes vitales : el hierro, el yodo y la vitamina A al servicio de la vida, la salud y la productividad

AID Supported Study, [1991]

DOCID/Order No: PN-ABR-636

Nutriments vitaux : le fer, l'iode et la vitamine A au service de la vie, de la sante et de la productivite

AID Supported Study, [1992]

DOCID/Order No: PN-ABR-637

Justificacion economica : de las inversiones en micronutrientes

AID Supported Study, [1993]

DOCID/Order No: PN-ABR-638

Solar drying for vitamin A

AID Supported Study, Jun 1993

DOCID/Order No: PN-ABR-639

Secado solar para la vitamina A

AID Supported Study, Jun 1993

DOCID/Order No: PN-ABR-640

Sechage solaire et la vitamine A

AID Supported Study, Jun 1993

DOCID/Order No: PN-ABR-641

Vitamin A deficiency: an update -- VITAL slide presentation = Carence en vitamine A :

Nouvelles connaissances -- diaporama VITAL = Deficiencia de vitamina A : avances recientes -- presentacion de diapositivas VITAL

AID Supported Study, [1993]

DOCID/Order No: PN-ABR-642

Activities: Worldwide

Measles case management and vitamin A : VITAL slide presentation = Rougeole et vitamine A -- diapormam VITAL = Sarampion y vitamina A : presentacion de diapositivas VITAL
AID Supported Study, [1993]
DOCID/Order No: PN-ABR-645

Fortification of foods with vitamin A : VITAL slide presentation = Enrichissement des aliments avec la vitamine A : diaporama VITAL = Fortificacion de los alimentos con vitamina A : presentacion de diapositivas VITAL
AID Supported Study, [1993]
DOCID/Order No: PN-ABR-648

Improving the vitamin A content of diets : VITAL slide presentation = Ameliorer le contenu en vitamine A des regimes alimentaires -- diaporama VITAL = Como mejorar el contenido de vitamina A de las dietas -- presentacion de diapositivas VITAL
AID Supported Study, [1993]
DOCID/Order No: PN-ABR-651

Vitamin A supplement distribution programs : VITAL slide presentation = Programmes de disribution de supplements de vitamine A -- diaporama VITAL = Programas de distribucion de suplementos de vitamina A -- presentacion de dispositivas VITAL
AID Supported Study, [1993]
DOCID/Order No: PN-ABR-654

Mid-term evaluation -- expansion of vitamin A supplementation and nutrition education interventions in three provinces in the Philippines (Vitex)
Special Evaluation, May 1992
DOCID/Order No: PD-ABJ-703

Mid-term evaluation of vitamin A for health project 936-5116
Special Evaluation, Jan 1993
DOCID/Order No: PD-ABJ-704

Activities: Worldwide

Social Sector Policy Analysis

Project No. 930-0082

FY 89-93

Worldwide project to support and inform the development of USAID's social sector policies of the Program and Policy Coordination Bureau (PPC) and specifically the Office of Policy Development and Program Review, Sector Policy Division (PPC/PDPR/SP) focusing on the health, nutrition, population, and education sectors. It was intended to assist PDPR in keeping abreast of fast breaking issues by providing expert consultant services, preparing studies and reports, distributing their findings, and convening special issues meetings. The project specifically was to assist the Sector Policy Division in its analysis of the way in which cross-cutting policies of the Agency interact with sector policies and programs.

Selected Evaluations

Evaluation of nutrition education messages for supplementary feeding: the Bangladesh experience

Brown, Laurine; Zeitlin, Marian

U.S. Dept. of Health and Human Services. Public Health Service. Office of International Health, Rockville, MD, U.S. Agency for International Development. Bur. for Program and Policy Coordination. Office of Policy Development and Program Review, Washington, DC, (Sponsor). U.S. Agency for International Development. Bureau for Asia and Near East. Office of Technical Resources, Washington, DC, (Sponsor).

*Sep 1989, v, 52 p. + 3 appendices : ill., charts, statistical tables, En
DOCID/Order No: PN-ABF-428*

Traditionally, infants in Bangladesh are breastfed until well into the second or third year, and while supplementary foods are provided, these area generally remain insufficient to sustain normal growth. This report evaluates the impact of nutrition education on the infant feeding practices of impoverished rural Bangladeshi mothers and on the growth of their weaning age infants. Activities included in-home demonstrations of recipes as well as techniques to enrich foods from the family pot with energy (e.g., oil and molasses), protein (e.g., milk, fish, or legume flour), and vegetables and fruits. Hygienic preparation of foods was stressed, and mothers were encouraged to continue breastfeeding, while at the same time frequently and persistently feeding new foods. A total of 117 children between 4-14 months were involved in the study. Findings are very encouraging, with behavioral changes evident in many of the mothers' feeding practices. Even after two years, the messages were still remembered by many of the mothers. Food refusal, due to anorexia stemming from frequent infectious illnesses, was identified as a major barrier to adequate consumption; other barriers included seasonal food shortages, inability to purchase foods due to poverty, and limited time of the mothers to prepare food and attentively feed their

Activities: Worldwide

babies. The study concludes that, while increased intake of energy-enriched weaning foods is likely to reduce the degree of growth faltering, it cannot sustain ideal growth rates, given other economic and environmental barriers in rural Bangladesh.

Final report of an evaluation of the health sector resource allocation model

Russell, Hugh C.; Black, Ronald P.

University of Denver. Denver Research Institute, Denver, CO,

U.S. Agency for International Development. Bureau for Program and Policy Coordination, Washington, DC, (Sponsor)

Apr 1983, x, 67 p. + 6 appendices, En

DOCID/Order No: PD-AAM-841

Evaluates project to develop a computerized model as a tool for health planning in LDC's. Evaluation covers the period 1979-83 and is based on document review and interviews with A.I.D. and academic specialists.

Unlike the traditional epidemiological approach to planning, this Health Sector Resource Allocation Model introduces an econometric planning strategy, to help national health planners in LDC's analyze the relative merits of various resource allocation strategies. Developed at the University of Michigan (UM) on a large research mainframe computer using Fortran, it can also be used with Basic on a small portable computer. The model can run health effects calculations for 30 diseases, for numerous interventions or combinations of them, at various budget levels, in a matter of seconds. At UM the model has proved its capability as a training tool for technology transfer. Lack of disaggregated, systematically gathered data in LDC's is a principal constraint, with cost data deficiencies a severe handicap. The model will help to sensitize LDC health managers to the need for many types and qualities of planning data. As these data normally begin to be available at the provincial level, deployment of the model at the regional as well as the national level is indicated. It should be used initially as a tool not so much for planning as for training and motivating health planners to rely on empirical observations and to think about health alternatives in economic as well as epidemiological terms. Core training packages appropriate to each LDC audience would be most effective.

The value of the model for furthering A.I.D. health goals was to be tested in Indonesia and Egypt. Several applications of the model technology have been completed in Indonesia, but despite the enthusiasm of many Egyptians who have studied at UM, most USAID/Cairo officials are doubtful of the model's value for health planning in Egypt and it has not yet been applied there. A fresh presentation of its capabilities and potential could lead to better rapport between the Mission and the UM team. The situation in Egypt is promising for piloting a health planning technology transfer, with two concerned government agencies headed by strong well-qualified leaders; a collaborative pilot program to test a core curriculum is recommended.

Activities: Worldwide

Other recommendations are to: continue upgrading the technology at UM; adapt the model for use with a variety of hardware and in a variety of computer languages; and upgrade health sector data and information management systems of LDC's.

Related Reports

Food subsidies : a study of targeting alternatives for Tunisia
AID Supported Study, Mar 1990
DOCID/Order No: PN-ABF-292

Targeting food subsidies
AID Supported Study, Dec 1990
DOCID/Order No: PN-ABH-084

Seminar on : demographic change and economic growth, Washington, DC, January 11, 1991
Conference Proceedings/Paper, 1991
DOCID/Order No: PN-ABH-396

Workbook for policymakers : guide to assessing the economic value of breastfeeding
Handbook/Manual/Guide, Feb 1991
DOCID/Order No: PN-ABH-582

Economic value of breastfeeding : the national, public sector, hospital and household levels -- a review of the literature
Bibliography/Index/Literature Review, Oct 1990
DOCID/Order No: PN-ABH-583

Economic value of breastfeeding : four perspectives for policymakers
AID Supported Study, Sep 1990
DOCID/Order No: PN-ABH-584

Nutrition education to improve the diets of lactating mothers and weaning - age children:
evaluation of effectiveness and food costs -- an experience from Bangladesh
AID Supported Study, May 1991
DOCID/Order No: PN-ABI-931

Non-governmental organizations' involvement in child development in developing countries
AID Supported Study, 31 Jul 1991
DOCID/Order No: PN-ABK-694

Activities: Worldwide

Report on a discussion meeting on child readiness profiles in developing nations

Conference Proceedings/Paper, 29 Oct 1991

DOCID/Order No: PN-ABK-711

Promoting child quality : issues, trends and strategies

AID Supported Study, Sep 1992

DOCID/Order No: PN-ABN-291

Nutrition education for lactating mothers and weaning -- age infants in Bangladesh : policy implications of an evaluation

AID Supported Study, Aug 1991

DOCID/Order No: PN-ABN-292

Strengthening the family to participate in development

AID Supported Study, Jan 1993

DOCID/Order No: PN-ABN-294

Summary version of a research study : strengthening the family to participate in development

AID Supported Study, Jul 1992

DOCID/Order No: PN-ABN-295

Nutrition, health and education for all

AID Supported Study, 1994

DOCID/Order No: PN-ABT-139

Activities: Worldwide

**Family Planning Assistance Through Home Economics
Project No. 936-3006
FY 78-82**

Grant is provided to the American Home Economics Association (AHEA) to integrate population/family planning (P/FP) activities into formal and non-formal home economics (HE) educational and service systems in selected LDC's. AHEA will implement the project, which is a follow-on to project 9320980.

P/FP activities will be integrated into existing HE programs in 16 countries. AHEA will use existing HE and extension services to channel P/FP information to the target group. Community leaders will be trained and extension agents will be used to develop methods and materials to achieve a non-formal instruction that supports fertility control. AHEA will also assist primary and secondary schools in P/FP curriculum development and in devising teaching methodologies. Teacher training will be provided where needed.

Efforts to change HE curriculum in schools and extension systems through the introduction and development of adaptable P/FP concepts will continue. This process will be encouraged in in-country programs, as well as in Tier II (potential project LDC's) and Tier III (LDC's not meeting the project selection criteria) situations. The newsletter "The Link" and relevant scientific and professional papers supporting P/FP activities will be published and distributed. Such publications will maintain local intellectual interest. In addition, the AHEA will further institutionalize P/FP activities in HE on an international scale by providing leadership and cooperation with related organizations.

AHEA's central and regional staff in conjunction with country coordinators, will develop annual workplans. These workplans will integrate and modify field studies, evaluations, and revisions of organizational and operational activities to adapt to changing national environments. Instructional materials will be distributed on a country-specific basis and materials will be translated into the native language and culture of the given country. In addition, teachers will be trained in the use of these materials. Feed-back will be sought concerning their efforts to convey the information to the public.

Logframe

- **Problem:** The population growth rate in LDC's has been increasing at an accelerated rate and threatens to overrun the resource base of many countries. The inability of governments to adequately provide essential social services has led to increased suffering. To help governments and families manage this situation, the American Home Economics

Activities: Worldwide

Association has been active, integrating family planning activities into existing national home economics programs. Unfortunately, it lacks the funding to expand this effort.

- **Strategy:** Five-year project consists of a grant to the American Home Economics Association to develop home economics courses, to change curriculum for formal and informal distribution, to adapt materials using translation and gap-filling production, to publish materials to support the worldwide home economics network, to cooperate with other agencies, and to conduct field studies. Host countries will provide counterpart funding and institutional support.
- **Goal:** Development of more adequate systems to deliver information and education on population and family planning.
- **Purpose:** To institutionalize the integration of population/family planning knowledge and practice into formal and non-formal home economics educational and service systems for the enhancement of family well-being in selected developing countries.
- **Outputs:** 1. Strong home economics courses developed. 2. Curriculum change, for formal and informal home economics education. 3. Educational material adaptation, translation, utilization, and gap-filling production. 4. Publications to support the worldwide home economics network. 5. Cooperation with International Federation of Home Economics; Food and Agricultural Association; United Nations Educational, Scientific, and Cultural Organization; Integrated Improvement Program for the Urban Poor; and other international and national groups and agencies. 6. Field study, evaluation and revision of organizational and operational strategies.
- **Inputs:** 1. American Home Economics Association: A. Leadership; B. Central and regional personnel; C. Management. 2. AID/W: A. Funding as shown in financial plan; B. Liaison with A.I.D. Missions; C. Monitoring with collaboration in country choice and approval of yearly work plans. 3. USAID Missions: A. In-country monitoring; B. Guidance and assistance; C. Funding for quality local reproduction of translated materials as negotiated in individual countries. 4. Host Countries: A. Cooperation and support of Home Economic Agencies.

Selected Evaluations

Evaluation of family planning assistance through home economics

Boynton, Willard H.; Murphy, Elaine M.; Weidemann, Celia J.

American Public Health Association, Washington, DC,

3 Jun 1980, 78 p. + annex, EN. AID/PHA-C-1178; AID/DSPE-G-0010

DOCID/Order No: PD-AAG-965-A1

Activities: Worldwide

Evaluates project to integrate family planning information and education in formal and nonformal home economics programs in LDC's. Evaluation covers the period 1/1/78-4/21/80 and is based on site visits in Jamaica, Panama, Sierra Leone, Thailand, and the Philippines and discussions with AHEA (American Home Economics Association, the project contractor) regional directors.

Each country made good progress in integrating FP information into home economics training in both formal school systems and rural outreach programs. AHEA conducted numerous international and national conferences and workshops. Educational materials produced by AHEA are being used in all country programs and by international organizations. "Working with Villagers", in particular, was highly regarded. In many countries, local newsletters and journals are being published. Cooperation with international family planning agencies, USAID missions, and host-country ministries was very good. Planned research studies, needs assessments, and evaluation projects are being carried out. Time-consuming procedures for approving project activities was a major problem for AHEA. Also, AHEA management was handicapped by personality conflicts and an inexperienced staff.

Evaluators recommend that A.I.D. continue the project as a grant rather than a contract and reduce the number of reports required. Annual workplans for AHEA and country programs should be approved or revised promptly. AHEA personnel should be authorized to proceed with implementation without interim approval of all details. AHEA management could be improved by selection of a staff with LDC experience, language capability, and regard for other cultures; more rapid responses to country proposals; and the delegation of greater authority to regional offices and country coordinators. Other recommendations include the provision of funding to complete the training of extension workers; greater distribution of training materials; conducting surveys to determine if FP goals are being met; and intensifying country programs. Country and regional reports and an AHEA response to this evaluation are attached.

Family planning assistance through home economics

U.S. Agency for International Development. Bureau for Science and Technology. Office of Population, Washington, DC, (Sponsor)

American Home Economics Association, Washington, DC,

10 May 1982, 15 p., En

DOCID/Order No: XD-AAL-235-A; Attached to PD-AAL-235

Evaluates project to provide family planning (FP) information and education to LDC's through home economics systems. Final evaluation, attached to a PES facesheet, covers the full project period, 1972-79, and is based on a review of project evaluations.

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The project was only moderately successful. The American Home Economics Association (AHEA) worked with home economists in 39 LDC's, conducting 53 workshops for 3,500 home economists and 53 leadership training programs for 270 economics leaders. Associations and programs were established in eight "emphasis countries". In addition, multi-language curricula (Spanish, French, English, and Arabic) and village-level teaching materials were developed, field tested, and adapted to worldwide use. Extensive training was provided in Korea, the Philippines, Thailand, Ghana, Jamaica, Nepal, Panama, Tanzania, and Sierra Leone.

A 1977 A.I.D evaluation found that the project was burdened with management and field coordination problems (probably originating from AHEA's Washington headquarters); lacked definition in its country selection process and country programs; and was involved in more countries than its limited resources allowed. After modifications, including a reduction in country programs, the introduction of a country tier system, and an increased focus on non-formal rural education, the project produced its most successful products - a training guide for field workers and teachers, <<Working with Villagers>>, and related source-books, which have been translated into six languages and adapted for nine cultures. However, a 1980 evaluation reported ongoing central management and field coordination problems, and budget reductions eventually forced termination of the project.

The project achieved its purpose in four countries (the Philippines, Thailand, Jamaica, and Sierra Leone) and proved useful in several others such as the Gambia, Ghana, Tanzania, and Guatemala. The project did validate the concept of providing FP information and services through outlets other than clinics or other public institutions. However, the support grant mechanism may not have been appropriate for an organization such as AHEA which was in need of continuous technical support and monitoring.

Evaluation report on family planning promotion through home economics
Muller, Willard C.; McGurk, Lois F.; Hayden, Mark S.
American Public Health Association, Washington, DC,
6 Oct 1976, 59 p. + annexes, En
DOCID/Order No: PD-AAF-598; Attachment: PD-AAF-598-A1

Evaluates project to integrate family planning (FP) education into developing country (DC) home economics programs. Evaluation covers the period 6/72-1/77 and is based on document review, visits to seven DC's, and interviews with staff at AID/W and at headquarters of the American Home Economics Association (AHEA), the contractor.

The project has been moderately successful. AHEA has developed working contracts with 28 countries, eight of which have carried out significant amounts of project activities. Of these, progress -- which has depended on host country governmental and cultural support and the

Activities: Worldwide

availability of solid institutional mechanisms -- has been greatest in Korea, Thailand, and the Philippines; least in Sierra Leone and Ghana; and moderate in Jamaica, Panama, and Nepal. Progress in integrating FP education into university home economics programs (where students, however, are relatively few) has been excellent, and has been good in vocational and teachers' colleges. Rural outreach has been most successful in Korea, the Philippines, and Thailand. Educational radio messages and contacts with parents of day care children have been moderately successful.

On the negative side, community development and extension services have been underutilized; record keeping is inadequate; few DC home economists have become actively involved; chronic shortages of teaching and reference materials exist; project leadership is too often concentrated in a few dynamic personalities; and assistance from AHEA headquarters to field workers and host country funding have been insufficient. Planning has been hampered by AHEA's failure to utilize DC home economist advisory committees and by A.I.D.'s failure to provide in-depth analyses of country environments.

The project should be extended for five years, provided AHEA: increase its headquarters staff to provide stronger field management; increase the involvement of DC home economics associations; determine, with the help of A.I.D.'s Office of Population (DS/POP) whether a suitable environment for the project exists before beginning work in a given country; and place more emphasis on assessing DC needs for teaching and outreach materials and on helping to obtain these materials.

Family planning assistance through home economics (American Home Economics Association) Trott, Melody

*U.S. Agency for International Development. Bureau for Science and Technology. Office of Population, Washington, DC,
5 Oct 1981, 11 p., En. PES no. 936-81-5
DOCID/Order No: PD-AAI-337*

Evaluates project to integrate population and family planning (FP) knowledge and practice into developing country home economics programs. Final PES covers the period 9/77-5/80 and is based on onsite visits to five countries.

The American Home Economics Association (AHEA) has provided knowledge about FP to national leaders, teachers, and extension agents in 39 countries; it has been most successful in countries having a home economics infrastructure, professional training institutions, or extension programs. Full integration of FP with home economics was achieved in only five countries (Sierra Leone, Ghana, the Philippines, Jamaica, and Thailand), although it is possible in another three or four countries if the project were to be extended through 1983. Of the countries visited,

Activities: Worldwide

all except Panama had strong programs which included a large number of training materials and workshops, high level technical assistance, and extensive volunteer networks. The major unplanned effect has been the broad dissemination of AHEA training and resource materials, which have been translated into six languages, adapted for use in nine cultures, and are requested and used worldwide.

Overall, however, the project was only a moderate success. The number of successfully completed projects is small, given the project's long (10-year) time frame. This has been due to the lack of carefully focused, goal-oriented country programs; poor choice of countries and/or field personnel; and poor management and inadequate guidance from AHEA headquarters -- factors which have resulted in erratically spaced activities, low field morale, and little support from USAID's in many countries. Although the project has provided FP information to 4,000 home economists and 100,000 rural women, its actual impact has not been demonstrated due to a lack of appropriate record keeping and evaluation procedures.

Because AHEA has not evidenced the management capability to develop or administer the program effectively, the project -- which has demonstrated the viability of using professional women's groups to promote FP -- will be terminated at the end of the present grant period. If the project were to be continued, a strong evaluation component should be included from the outset and firm country program goals should be established.

Related Reports

AHEA international family planning project : annual report, October 1, 1979 - September 30, 1980; family planning through home economics
Annual Report/Yearbook, Sep 1980
DOCID/Order No: PD-AAJ-821

Family Planning Through Home Economics; AHEA International Family Planning Project,
Semi-annual Report, Apr. 1 - Sept. 30 1979
Progress/Interim Report, 1979
DOCID/Order No: PN-AAH-666

International Family Planning Project; Annual Report, 1978 / 1979
Annual Report/Yearbook, 1979
DOCID/Order No: PN-AAH-778

Family Planning Assistance Through Home Economics
Project Paper (PP), 21 Jul 1978
DOCID/Order No: PD-AAH-321-B1

Activities: Worldwide

Family Planning Through Home Economics
Bibliography/Index/Literature Review, 21 Jul 1978
DOCID/Order No: XD-AAH-321-1

Final report : family planning assistance through home economics
Final Report, May 1982
DOCID/Order No: PD-AAP-928

Sierra Leone Home Economics Association : summary report on the family planning -
population education projects & activities of SLHEA, 1973 - 1981
Progress/Interim Report, 1981
DOCID/Order No: PD-AAQ-035

Working with villagers material adaption workshop for Nepal and consultation
Trip Report (TDY), Dec 1979
DOCID/Order No: PD-AAQ-131

Consultation report : the Gambia workshop on the integration of family life education and home
economics
Trip Report (TDY), Apr 1980
DOCID/Order No: PD-AAQ-133

American Home Economics Association : International family planning project annual report,
October 1979 to September 1980, Philippines
Annual Report/Yearbook, Sep 1980
DOCID/Order No: PD-AAQ-161

International family planning project workshop report : home economics / family planning echo
workshop
Conference Proceedings/Paper, 1980
DOCID/Order No: PN-AAS-821

Report of seminar / workshop on integrated approach in the teaching of family life education in
home science
Conference Proceedings/Paper, 1980
DOCID/Order No: PN-AAS-822

Ministry of Agriculture home economics report on seminars on teenage pregnancy
Conference Proceedings/Paper, 1980
DOCID/Order No: PN-AAS-825

Activities: Worldwide

Report on a workshop for evaluative criteria of family life / population education : Teachers
College syllabus

Conference Proceedings/Paper, Mar 1980

DOCID/Order No: PN-AAU-720

Homemaking handbook for village workers in many countries

Handbook/Manual/Guide, Sep 1981

DOCID/Order No: PN-AAU-384

International family planning project, workplans for 1979 - 1980 and background information :
Ghana

Miscellaneous Project Documents, Jan 1980

DOCID/Order No: PD-AAW-891

Activities: Worldwide

**Foster Parents Plan
Project No. 938-0514
FY 85-85**

Grant to Foster Parents Plan (FPP) to add child survival activities to its established community development program in Jacmel, Haiti. Project activities will include health education, social worker training, and other support services for a beneficiary population of 18,000 children (aged 0-6) and their mothers.

FPP will continue its nutrition and feeding programs in 40 preschools, but will teach preschool teachers how to integrate health education into their curriculum. These preschools will serve as centers for organizing mothers' clubs and demonstrating various child survival interventions (e.g., growth monitoring, oral rehydration therapy (ORT), and breastfeeding).

By also training 60 of its social workers, FPP will expand their role in health promotion. The social workers will conduct health education programs for mothers at the preschools and follow-up these messages through individual family visits. FPP will support related services by, e.g., (1) supporting the Haitian government's immunization programs, ensuring broad-based community participation in vaccination campaigns, and monitoring the completion of the full sequence of vaccinations; (2) expanding existing family planning activities; and (3) developing an improved monitoring and evaluation system to track infant mortality within the population.

FPP will implement the program in a three-stage process, starting with intensive health training of social workers and preschool teachers; mothers clubs and community-level training will then be initiated as health interventions increase; the final phase will involve adding new preschools and beneficiary families to the program.

Related Reports

Cooperative agreement no. PDC-0514-A-00-5074-00 to Foster Parents Plan
AID Contract/Grant/OPG, 25 Sep 1985
DOCID/Order No: PD-FAS-126

Literature

Literature

Adjei, Sam. *Ghana's Experience with School-Based Health Services. The Task Force for Child Survival and Development. Proceedings from Achieving Health: New Perspectives on Integrated Services and Their Contributions to Mid-Decade Goals. February 2-4, 1994, New Delhi, India.*

This brief article is the second of three articles outlining the need for and challenges to providing school-based health services (see also Lawrence and Galvez-Tan). Dr. Adjei presents the case of Ghana and the challenges to enabling a school-based approach to services aimed at improving children's education and learning and schools' performance. In particular, he addresses supporting policy development through determining priorities and commitment in education and health; developing the political, administrative, and financial support systems; and training teachers to deal with delivery of health services. In addition, he suggests goals and roles for ministry officials.

Ahmed, F.; et al. "Interactions Between Growth and Nutrient Status in School-age Children of Urban Bangladesh." *American Journal of Clinical Nutrition*. Vol.58, no. 3, September 1993. Pp. 334-338.

Ballweg, J.A.; R.E. Webb. "Nutritional Status and Mental Development in Rural Haiti." *Ecology of Food and Nutrition*. Vol. 24(2), June 1990. Pp. 77-87.

This article reports on a survey of 221 preschool children in a village in Haiti, in which nutritional status, ages, and weight were determined and classified according to their weight-for-age using the Gomez scale. A decade later, 164 of the children from the original survey were tested for mental maturity using the Goodenough Draw-A-Person test. Findings showed a statistically significant relationship between the children's nutritional level and their mental maturity level. Findings showed: children with the most severe malnutrition in the first survey were found in significant numbers in the lowest quartile of mental maturity test scores; children with normal weight-for-age in the first survey were in the highest quartile; malnutrition in early childhood is associated with lower mental development scores during school years; children are most vulnerable with nutritional deficits occur between six and 28 months. Policy implications for nutrition intervention programs are discussed.

Barker, Gary. *Adolescent Fertility in Sub-Saharan Africa: Strategies for a New Generation. Based on the Proceedings of the International Forum on Adolescent Fertility, Arlington, VA September 1990. Washington, DC: Center for Population Options, March 1992.*

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This report includes a synthesis of information presented at a forum on adolescent fertility in Sub-Saharan Africa, a review of major research, and recommendations. It identifies five key cultural and social factors that affect adolescent fertility in Sub-Saharan Africa: 1) rapid rural-urban migration, 2) increasing educational attainment for women and rising age at marriage, 3) breakdown of traditional value systems, 4) continuing influence and adaptation of certain traditional factors, and 5) the spread of HIV/AIDS. High rates of sexual activity among teens and extremely low contraceptive use are cited as contributing to the high rates of adolescent pregnancy. One of the strongest programmatic responses has been introduction of Family Life Education curricula in the schools. Recommendations are made. Co-sponsoring organizations and participants are listed.

Behrman, Jere R. "Schooling and Other Human Capital Investments: Can the Effects Be Identified?" *Economics of Education Review*. Vol. 6, no. 3, 1987. Pp. 301-305.

This article suggests that maximizing allocations in all areas of human capital investment, such as children's education, health, nutrition, and general development, may make it difficult to identify the actual effects of education. Even if non-schooling investments are observed, relative price variations across individuals are difficult to measure. The article concludes that schooling's impact is usually overestimated.

Behrman, Jere R.; Victor Lavy. *Children's Health and Achievement in School. Living Standards Measurement Study Working Paper No. LSM104. Washington, DC: The World Bank, 1994.*

Casual observations suggest that extremely poor child health is detrimental to educational achievement. However, in fact the evidence is quite limited about the impact on education of child health within the range of health usually observed among school children. On a priori grounds it would seem that child health and child schooling are determined simultaneously by households given their observed and unobserved characteristics and those of the community in which they live. If so, failure to control for such household allocations in estimates of the impact of child health on child schooling is likely to lead to biased estimates of that effect in the standard estimates that do not control for such allocations. This paper explores the a priori nature of the possible biases and then presents some illustrative empirical analysis of these effects using some rich data for this purpose from the Ghanaian Living Standard Measurement Study. These explorations lead to four major conclusions for this data set. First, the failure to control for estimation problems as in previous studies leads to a considerable bias in the estimated impact of child health on child schooling success. Second, instrumental variable estimates based on observed family and community characteristics similar to those often used in other studies suggest that the direction of this bias in standard estimates without control for simultaneity is downward. Third, estimates with family and community fixed effects suggest that the direction of the bias in standard estimates is upward and that the true effects of the range

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of observed child health on school success is nil despite the strong association that leads to the appearance of an effect in standard ordinary least squares estimates or with instrumented level estimates using family and community variables. Fourth, exploration of the possibility that child health may affect child cognitive achievement through schooling attainment also does not reveal a significant positive impact of child health on child schooling. This paper concluded that for this sample there is no evidence of an impact of the observed range of child health on child cognitive achievement. (Source: The World Bank.)

Bennett, John. "International Work in Early Childhood Education: A UNESCO Perspective." *International Journal of Early Years Education*. Vol. 1, no. 2, Fall 1993. Pp.57-64.

This paper presents new situations that have arisen in recent years for the world's children, noting that the major problem for international organizations is not child survival, but children's development. It presents an early childhood development programming model, taking into account research and the socioeconomic context of developing countries. The paper also explains UNESCO's place in the United Nations system.

Boissiere, M.; J.B. Knight; R.H. Sabot. *Earnings, Schooling, Ability, and Cognitive Skills*. Washington, DC: U.S. Agency for International Development, December 1975. PN-ABB-211. Also published in *American Economic Review*. Vol. 75, no. 5, 1975. Pp. 1016-1030.

Brindis, Claire. *School-Based Health Centers, School-Linked Integrated Service Models and Family Resource Centers: Promising Approaches to Improving Outcomes for Children, Youth and Families*. Washington, DC: The World Bank, July 1994.

The purpose of this report is "to provide a brief history of efforts to provide health services in school settings, an overview of existing approaches, and lessons learned from the U.S. experience in developing innovative school-based and school-linked models of care." Following a brief history of providing health care in schools, the paper describes a range of service delivery models, including school-based health clinics or centers operated in schools or on school grounds; school-linked services, such as a health center located beyond school property that serves one or more schools; and comprehensive models that include broader services, such as family resource centers, school-based youth service centers, and full service schools. A number of lessons were drawn from the U.S. experience: 1) linking services to schools is an effective strategy of increasing access to needed services; 2) health services can serve as a critical entry point for offering other types of supports to children and families; 3) extensive program planning and community engagement are vital first steps in planning programs; 4) care must be taken to avoid duplication of services; 5) flexible models evolve to respond to emerging needs; 5)

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selection of staff, particularly support staff, is key to the success of programs; 6) new service delivery models require role transitions; 7) interagency collaboration is critical and challenging; 8) diversified sources of funding and reimbursement for services assures viability and sustainability; 9) a realistic set of outcomes must be developed; and 10) outcome evaluation is needed. The paper's summary states: "Although it is certainly not feasible or warranted to operate a comprehensive health services program in every school, school-based models have helped to draw attention to a number of alternative community-based health and social service models that can help to begin to bridge the types of support many students need....Both School-based and school-linked health and social service models have an important role to play in meeting the need for accessible, coordinated, and continuous care for children, adolescents, and their families.

Brown, J. Larry; Ernesto Pollitt. "Malnutrition, Poverty and Intellectual Development." *Scientific American*. February 1996. Pp.38-43.

Bundy, Donald A.P.; Joy Miller Del Rosso. *Making Nutrition Improvements at Low Cost Through Parasite Control*. Washington, DC: The World Bank, 1993.

The 1993 World Development Report includes mass delivery of anthelmintic (or deparasitization or deworming) treatment in its essential package of health interventions that will address at lowest cost the diseases that cause the greatest burden. School-based mass delivery is singled out as one of the most cost-effective measures. Until now this intervention has received little attention in Bank operations; more emphasis is deserved. Worm or parasite (technically known as intestinal helminth) infections are among the most relevant of human infections. Most common in the least-developed countries, and among children in those countries, such infections hinder children's physical and intellectual development and reduce the productivity of adults. Reversing the nutrient leakage, anorexia, and malabsorption of food caused by such infections can improve the growth and learning capacity of children and the productive output of adults. Attractive new approaches and tools for controlling parasite infections in endemic communities are low-cost and have high return. These guidelines were prepared to assist World Bank task managers responsible for nutrition, health, education and other related projects in the preparation of parasite control interventions. (Source: The World Bank.)

Carpenter, Kera. *Collaboration for Health and Education. An Examination of Organizational Issues and Programs*. Washington, DC: U.S. Agency for International Development, October 1996. Draft.

"The concept of universal primary education is widely accepted -- all children have a right to be educated. All children also have a right to be healthy, and this according to Novella, et al, at a minimum, means that decision makers should promote optimum use of available and preventive

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measures, such as immunization, prevention of injuries, early identification of disease and disability, and the prompt provision of treatment when needed....One approach to child health being explored by governments, donor agencies and other development organizations is the delivery of health services through schools....Is it possible for the health and education sectors to work together to achieve common and related goals? What makes a program successful or unsuccessful? What are the institutional elements of such collaborative initiatives? What are the structural barriers preventing effective collaboration? What can governments do to ensure that the provision of health services to school-aged children is effective and sustainable? This study looks at these questions and programs. It also analyzes the organizational and institutional barriers to collaboration and the possible ways of overcoming them. Lastly, it describes school-health programs undertaken in developing countries." (Source: the document introduction.)

Chandra Babu, S.; J.A. Hallam. "Socioeconomic Impacts of School Feeding Programmes. Empirical Evidence from a South Indian Village." *Food Policy*. Vol. 14(1), 1989. Pp. 58-66.

This evaluation reports on the impact of a government-operated school feeding on rural poverty and inequality and on education in Tamil Nadu, India. Nutrition policies were examined to reveal any changes in spending patterns for food, cereal, and non-food items for three groups of rural households. The study indicates that school feeding programs enable households to spend more on non-calorie and non-food items and that school attendance increases. School nutrition policies are seen as a potential vehicle for improving socioeconomic conditions of rural communities beyond the educational and nutrition benefits of school feeding programs to individual participants.

Chatterjee, M. "Health for the School Aged: a Fledgling Concern." *Health for the Millions*. Vol. 17(2), April 1991. Pp. 3-9.

Linkages between health and education form the basis of this document, focusing on health education for school-aged children in India. That the health and education sectors take joint responsibility is of critical importance and both sectors must accord health education a high priority. An underlying assumption is that school health is intended to improve both a child's health and cognitive ability. To accomplish this, school health must include regular and complete health surveillance, a healthy school environment, and teachers as role models. Government policies must take into account children who are not in school and provide for reaching them through non-formal education channels.

Literature

Chavez, A.; et al. *Early Nutrition and Physical and Mental Development in Mexican Rural Adolescent Women*. Washington, DC: International Center for Research on Women.

Chavez, A.; C. Martinez. "School Performance of Supplemented and Unsupplemented Children from a Poor Rural Area." In *Nutrition in Health and Disease and International Development: Symposia from the XII International Congress on Nutrition, Vol. 77. Progress in Clinical and Biological Research*, A.E. Harper and G.K. Davis, eds. New York: Alan R. Liss, 1981.

Chetley, Andrew. *The Power to Change: The Experience of the Costa Atlantica Project in Colombia (1977-1989)*. The Hague, Netherlands: Bernard Van Leer Foundation, 1990.

In 1977, the Costa Atlantica project began, with support from the Bernard Van Leer Foundation and partial funding from the Colombian Institute for Family Welfare, with the objective of improving the quality of early childhood care and education in a small Colombian village. The project used community organization, social management, participation, cooperation, popular education, and a solidarity in searching for a common good as the basis for effecting change. Over the course of the project, the focus expanded from the needs of children to including new approaches to poverty alleviation. Preschool and other programs were initiated in over 100 communities. The book gives background information, describes the role of a university as a change agent, the role of the community, the effect on national policy, and lesson learned.

Chicot, Claude; et al. *Some Recent Ideas on School Feeding*. UNESCO-UNICEF-WPF Co-operative Programme Digest No. 21. Paris, France: United Nations Children's Fund and United Nations Educational, Scientific, and Cultural Organization, 1986.

This paper describes the goals and purposes of school feeding programs, raises basic questions and offers tentative answers. Contents include: educational experiences and activities that could be linked to school feeding programs; suggestions for linking cognitive interventions to school feeding programs; a research proposal on the impact of school feeding programs; a simple monitoring and evaluation method; and an example of a school feeding program linked to teacher training in Madagascar. The paper is directed to policymakers on the international, national, and local levels as well as teachers and teacher trainers. A statement by the director of the World Food Programme on the WFP's goals is appended to the paper.

Literature

Citizens' Commission on School Nutrition. *White Paper on School-Lunch Nutrition.* Washington, DC: Center for Science in the Public Interest, 1990.

Clay, E.J. "Assessment of Food-Entitlement Interventions in South Asia." *Preventing Famine: Policies and Prospects for Africa.* Brighton, UK: Institute for Development Studies, 1988. Pp. 141-156.

Discussed in this paper are ration and other food entitlements that combine food security and income transfers to eligible groups; rural works/Food for Work that combine guaranteed employment with development investment objectives; and vulnerable-group feeding, such as mother and child and school feeding programs aimed at improvements in long-term nutritional status and human resources development but also contribute to food security. The paper also demonstrates how these mechanisms were used in 1984 to avert famine, outlining the advantages and disadvantages of each strategy.

Consultative Group on Early Childhood and Development. *Preparing Children for Schools and Schools for Children.* New York: United Nations Children's Fund, 1991.

This report offers a critical examination of evaluations of the impact of early childhood development programs in developing countries and presents an interactive relationship between children's readiness for school and schools' readiness for children. Children's readiness for school includes their physical capabilities and activity levels, cognitive ability, learning style, knowledge base, and social and psychological competencies. Schools' readiness for children includes availability, accessibility, quality, and adaptation to local needs. Studies of nutrition interventions programs in Guatemala, Cali and Bogota, Colombia, and Pueblo, Mexico are discussed. The effects of early interventions program on enrollment, promotion, grade repetition, dropout rates, and performance are examined. The Indian Integrated Child Development Services and the Programas No-Formal de Educacion Inicial of Peru are also examined. The paper concludes with a discussion of the implications of the findings and presents policy recommendations regarding program integration, organization, and evaluation.

Del Rosso, Joy Miller; Tonia Marek. *Class Action. The Importance of Nutrition and Health in Improving School Performance.* Directions in Development Paper. Washington, DC: The World Bank, 1996.

This forthcoming publication focuses on the health and nutrition of school-aged children -- those aged 6 to 18 who have passed the critical child mortality period, but who continue to suffer deficiencies in diet, worm burdens, and diseases that can severely diminish educational performance. The paper states: "Data are beginning to show that school-age children may not, in fact, be healthier than younger children. Clinical trials have shown critical links between

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learning and health/nutrition, suggesting that the potential gain in educational effectiveness through improving the nutrition and health of school-age children is substantial. Analysis of disease control priorities have established that the school-based treatment of children is exceptionally cost-effective....Hence, the developing world and the development community are both beginning to acknowledge the problem of school-age health, the importance of improving it, and the efficacy of school-based programs in doing so....This book will detail the scope of the educational and economic gains to be had from improving the health of the school-age population, and it will point the way to highly cost-effective means of attaining those gains.”

Dryfoos, Joy G. *Full-Service Schools: A Revolution in Health and Social Services for Children, Youth, and Families*. San Francisco, CA: Jossey-Bass Publishers, 1995 (?)

Dryfoos, Joy G. “Medical Clinics in Junior High School: Changing the Model to Meet Demands.” *Journal of Adolescent Health*. Vol. 15, 1994. Pp. 549-557.

“Purpose: To document the development of an initiative undertaken by the Columbia University School of Public Health to provide medical, mental health, and social services in inner city junior high school-based clinics. Methods: Review of records, reports, and foundation proposals from 1984-1993. Site visits, interviews with clinic staff, school personnel, and students. Results: Years of planning and community development produced four clinics in the Washington Heights area of New York City, the first school-based clinics located in junior high schools in the country. After seven years, the program has the capacity to serve over 4,000 students who present an overwhelming array of physical, psychological, social, and family problems. Almost 23,000 visits were made to the clinics this year: 49% for medical services, 38% for social services, and 13% for health education. As the demand multiplied, a form of triage was implemented that tracked the highest risk students into intensive individual and group interventions. Primary health screening, mental health services, and pregnancy prevention were identified among the critical needs in this deprived community. Conclusions: Over the years, the clinic have become integrated into the fabric of the schools. Strategies for working in urban junior high schools must be broad, encompassing medical and mental health services, group counseling, life planning and career orientation, along with enhancement of the total school and learning environment.” (Abstract from the article.)

Education Commission of the States. *Every Child a Learner: Reducing the Risks of Learning Impairment During Pregnancy and Infancy*. Denver, CO: Education Commission of the States, 1990.

Literature

Eisemon, Thomas Owen. *The Consequences of Schooling: A Review of Research on the Outcomes of Primary Schooling in Developing Countries*. Education Development Discussion Paper No. 3. Washington, DC: U.S. Agency for International Development, September 1988.

Access to schooling has been credited with benefits that go beyond the educational process, such as development of attitudes that can support participation in modern production and governance; profound cognitive changes that result from using written language and learning new skills; participation in a market economy; and better health, lower fertility rates, and good nutrition practices. The social organization of schooling, secular literacy as a cognitive development process, and human capital and social discontinuity theories explain schooling's impact. The four sections of the paper correspond to different school outcome domains: studies on schooling's modernizing effects on individual attitudes; research on the effects of school-acquired literacy and numeracy on cognition; the relationship between schooling and employment, earnings, and productivity; and benefits such as better health, nutrition, and fertility control. Conclusions and implications are discussed.

Evans, Judith. *Participatory Evaluations of Child-to-Child Projects in India Funded by the Aga Khan Foundation*. Aga Khan Foundation, 1993.

This report describes a review of the many facets, issues, and lessons of child-to-child projects in India supported by the Aga Khan Foundation. Chapters cover 1) background on the child-to-child concept, its context, evolution, and effectiveness; 2) the India setting for child-to-child and the research approach for the study; 3) child-to-child in New Delhi as evaluated by Lady Irwin College, including the evaluation objectives, methodology, findings, and recommendations; 4) child-to-child in Bombay as evaluated by the Centre for Research and Development, focusing on four areas: the Mobile Creches Programme, the Malvani Child-Child Programme, Diamond Jubilee Schools for Boys and Girls, and a Cross-Project Comparison; 5) child-to-child in rural Gujarat/Rajasthan as evaluated by Maharaja Sayajirao University, Baroda, including evaluation objectives, methodology, and findings; and 6) lessons learned regarding the impact of child-to-child, its implementation, the evaluation process, sustainability, and the national perspective. A bibliography is included.

Fleming, J. "Child Health and Education in Kenyan Schools Programmes." *Health Visitor*. Vol. 64(3), March 1991. Pp. 80-1.

This article describes a variation on the child-to-child model, using school health programs to teach children who will be health care providers for the younger siblings. The effort described was carried out through the Aga Khan Health Services (AKHS) in Kisumu, Kenya, beginning the 1980s to improve children's health status through primary school health education. Children are active in preventive health measures. Teachers monitor growth and immunizations. A primary school comic book entitled *Pied Crow* is used to address social issues such as AIDS. Some

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teachers become community health workers. The paper covers other public health interventions for Kisumu, including piped water. Malaria rates and infant mortality rates declined during the project period, however measles and acute respiratory failure remain the leading causes of death among children.

Ford Foundation. *Child Survival/Fair Start: A Look at the Factors Threatening the Survival, Health, and Cognitive Development of the World's Disadvantaged Children, and at the Ford Foundation's New Program to Help These Children Get a Fair Start in Life.* New York: Ford Foundation, 1983.

Fordham, Paul. *Education for All: An Expanded Vision. World Conference on Education for All.* Based on roundtables held at the World Conference on Education for All, 1990. Paris, France: United Nations Educational, Scientific, and Cultural Organization, 1992.

This monograph details the five components of an expanded vision of basic education, focusing on these components: universalizing access and promoting equity, focusing on learning, broadening the means and scope of basic education, improving the learning environment, and strengthening partnerships. Chapter 3 of the monograph is of particular interest in education-health linkages and deals with early childhood care and education, and health and nutrition in education. Other chapters include an overview of the expanded vision; education of women and girls, including advantages of female education, the gender gap, and gender, literacy, and cultural differences; strategies to improve primary education and enhance learning; nonformal and distance education; grassroots participation and communication; and a summary. Attached to the monograph is the World Declaration on Education for All and guidelines to implement it.

Galvez-Tan, Jaime. *The Philippines' Experience with School-Based Health Services. The Task Force for Child Survival and Development. Proceedings from Achieving Health: New Perspectives on Integrated Services and Their Contributions to Mid-Decade Goals.* February 2-4, 1994, New Delhi, India.

This is the third presentation in a series on school-based health services. Following a brief description of the health status of Filipino children, Dr. Galvez-Tan reviews current intervention packages used in the Philippines. The major program being undertaken is TCP, for teacher-child-parent, a program to reach the community through parents who learn health and nutrition messages through their children who learn them in school. TPC is used throughout the country and has its own syllabi, testing materials, and assignments. In addition, the Philippines has instituted programs for dispensing iron, iodine, and vitamin A. AIDS education is now being included in human sexuality education. Intervention packages for eyes and ears are being developed.

Literature

Glewwe, Paul; Hanan Jacoby. *Delayed Primary School Enrollment and Childhood Malnutrition in Ghana. An Economic Analysis.* Living Standards Measurement Study Working Paper No. 98. Washington, DC: The World Bank, 1993.

This paper describes an investigation into the reasons primary school enrollment is often delayed for children in poor countries, despite the prediction of human capital theory that schooling will begin at the earliest possible age. The paper contains a number of explanations for delayed enrollment, but focuses on the hypothesis that such delays are rational responses to early childhood malnutrition. The data used is from a 1988-1989 Living Standards Survey household questionnaire used in Ghana, examining age of enrollment, height-for-age, family income, proximity to a primary school, and dropout rates. Estimates from the study strongly support the notion that childhood malnutrition causes delayed enrollment.

Gorman, Kathleen; Ernesto Pollitt. "Determinants of School Performance in Guatemala: Family Background Characteristics and Early Abilities." *International Journal of Behavioral Development.* Vol. 16, no. 1, March 1993. Pp. 75-91.

Preschool cognitive development and family socioeconomic status were examined as predictors of school enrollment for children in four villages in Guatemala. For school children, age-at-entry, number of grade passed, and maximum grade attained through age seven were associated with socioeconomic status and abilities at preschool age.

Grantham-McGregor, S.M.; G. Cumper. "Jamaican Studies in Nutrition and Child Development, and Their Implications for National Development." *Proceedings of the Nutrition Society.* Vol. 51(1), May 1992. Pp. 71-79.

This document describes several studies conducted in Jamaica on malnutrition and its effects on child development. One study compared the developmental levels of 18 children in a Jamaican hospital suffering from severe protein energy malnutrition with 15 sufficiently nourished children. Although both groups scored low on the Griffith's test, the malnourished children had significantly lower scores than the controls. Upon recovery, both groups improved at the same speed, resulting in a continuing deficit in the case group. In another study in Jamaica examined the effects of longterm psychosocial stimulation at the hospital and then at home for children with PEM, compared with another severely malnourished group that received no stimulation and with an adequately nourished group. The case group caught up with the adequately nourished group within two years. Six years after the intervention, the school grades of the case group in reading and spelling were significantly higher than those of the non-intervention malnourished group. Studies on the effects of stunting factors, as opposed to acute malnutrition, were also conducted. The studies showed a link between nutritional status and educational success or failure. Based on these studies and others that show a link between education and individual and

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national development, the study recommended that Jamaica promote nutrition interventions to improve equity and chances in life, which in turn would benefit national development.

Grawe, R. *Ability in Preschoolers, Earnings, and Home Environment*. Staff Working Paper No. 319. Washington, DC: The World Bank, 1979.

This paper explores on the basis of available data the role of various family characteristics in fostering ability in pre-school children and the subsequent effect of ability on earnings. The paper is part of the Bank's effort to improve the understanding of the process of human capital development as a basic determinant of earning. The results suggest that household income and the status of the mother are key predictors of abilities of preschool children from disadvantaged backgrounds.

Halpern, Robert; Robert Myers. *Effects of Early Childhood Intervention on Primary School Progress and Performance in the Developing Countries*. Ypsilanti, Michigan: High/Scope Educational Research Foundation, 1985. Sponsored by the U.S. Agency for International Development.

This review examines the effectiveness of early childhood intervention programs on primary school performance and progress of poor children in developing countries and begins to draw generalizations about how such programs can enhance children's school experiences. The paper discusses the logic of investing in early childhood development programs, the typical primary school experience, the value of completing primary school, and whether evidence concerning the long term benefits of early interventions from the United States can be generalized for developing countries. The authors review data from early intervention program evaluations in developing countries, particularly Latin America, and policy suggestions for developing sound investment in early childhood care and development.

Harvard Center for Population and Development Studies. *The African School-Age Health Research Initiative, Volume I, School-Age Health Research: An Annotated Bibliography*. July 1995.

"This annotated bibliography gathers mainly published literature on school-age health in Africa in an attempt to provide the reader with a sense of the boundaries and content of this emerging focus of research. Materials were identified through literature searches of health, population, social science and education databases using subject keywords such as 'children', 'schools', 'health' and 'Africa'. Over 100 published articles and reports are summarized in this document, with the intent of being representative rather than exhaustive....Annotations in the bibliography are organized into the following 5 categories: 1) diseases and deficiencies; 2) sexual and reproductive health; 3) school health programs and children out of school; 4) child-to-child; and 5) life skills....Discrepancies in the volume of literature reviewed in each section are not

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indicative of a deliberate selection bias but rather are a reflection of the predominant focus of existing research on diseases, deficiencies and sexual and reproductive health.” (Source: document introduction).

Herrera, M.G.; C.M. Super. *School Performance and Physical Growth of Underprivileged Children: Results of the Bogota Project at Seven Years*. Population, Health and Nutrition Department Technical Notes No. RES 8. Washington, DC: The World Bank, 1983.

An experiment providing various combinations of nutritional supplementation and “home education for a cohort of children and their mothers through pregnancy and up to three years of age was conducted in Bogota. This study reports significant effects in children’s growth, diet, and school performance four years after the termination of the project’s interventions for both supplementation and home education interventions. (Source: The World Bank.)

Hertenberg, Rachelle; Robert G. Myers. *The Eleven Who Survive: Toward a Re-examination of Early Childhood Development Program Options and Costs*. Education and Training Series Discussion Paper No. EDT69. Washington, DC: The World Bank, 1987.

Since eleven out of every twelve children born in the developing world in 1985 survived to age one, greater attention by the Bank to these eleven who survive is recommended. This paper presents a case for increased World Bank investment in early childhood development, drawing upon new research results, changing circumstances and views, and increased demand for early childhood care and development. There is evidence that early, not necessarily expensive, interventions can have salutary effects on school readiness and, sometimes, on school progress and performance, on care giver knowledge, status and mobility, on community participation and action, and on the functioning of education and health systems. Such investments could help to integrate and strengthen present Bank lending efforts directed toward increasing child survival, improving women’s productivity, providing urban services, increasing primary school quality and efficiency, and reducing fertility. The paper outlines a wide range of current programmes of ministries of education, health, other governmental or private voluntary organizations which the Bank can take as starting points for their own programming. (Source: The World Bank.)

Literature

Ivanovic, D.; M. Vasquez; M. Marambio; et al. "Nutrition and Education. 2. Educational Achievement and Nutrient Intake of Chilean Elementary and High School Graduates." *Archivos Latinoamericanos de Nutricion*. Vol. 41(4), 1991. Pp. 499-515.

Educational achievement was one of the factors reviewed in this assessment of food intake by the FAO/WHO for 550 adolescents graduating from elementary or high school in Santiago, Chile. Twenty-four hour dietary recall was used to estimate the adequacy of food intake. The random sample included adolescents from elementary and high school, public and private schools, and of high, medium and low socioeconomic status. For the elementary graduates, a significant and positive correlation was found between educational achievement and energy, protein, riboflavin, ascorbic acid, calcium, and retinol intake. Those who participated in the school feeding program who were in the low socioeconomic group had the lowest educational achievement and nutrient intake, especially for energy, riboflavin, nicotinic acid, retinol, and calcium. In addition, they had the lowest values for height-for-age, weight-for-age, and head circumference-for-age and a higher upper-to-lower segment ratio than other groups. For the high school graduates, there was a positive correlation between educational achievement and protein, calcium, riboflavin, and iron intake.

Jamison, D. *Childhood Malnutrition and School Retardation in China*. Development Economics Population & Human Resources No. DPH8127. Washington, DC: The World Bank, 1981. Also available as World Bank Reprint Series No. REP393.

This study measures the impact of nutritional variables on the available measure of school performance using data on height, weight, age, and grade level of over 3000 children in five different locations in China. The study shows that children in rural areas are about one grade behind children in the provincial capitals; children in the provincial capitals are about one-half a grade behind children in Beijing. Even after controlling for location, lower nutritional status was found to affect performance adversely. Though caution should be used in generalizing results from a geographically limited sample, it appears likely that malnutrition in rural China in 1979 was prevalent enough to retard school advancement for many children.

Jamison, Dean. "Child Malnutrition and School Performance in China." *Journal of Development Economics*. Vol. 20, 1986. Pp. 299-309.

Literature

Kagia, Ruth; et al. *Education for Child Survival and Development in Africa*. UNESCO-UNICEF Co-operative Programme Digest No. 20. Paris, France: United Nations Children's Fund and United Nations Educational, Scientific, and Cultural Organization, 1986.

This article is one of a collection for an issue of the *UNESCO-UNICEF Co-operative Programme Digest* highlighting education for child survival in Africa. Topics include: the role of education in promoting child survival and development; child health in Eastern and Southern Africa, including the role of education in health; basic education for nutrition; research issues; health and the environment in Africa; the Pied Crow's Environment Special Magazine, Kenya's publication for upper primary school students; children as change agents; basic development education in Ethiopia; and child survival and development through environmental and population education.

Kallen, D.J., ed. *Nutrition, Development and Social Behavior: Proceedings of the Conference on the Assessment of Tests of Behavior from Studies of Nutrition in the Western Hemisphere*. Washington, DC: National Institutes of Health, U.S. Department of Health, Education, and Welfare, 1973.

Kondo, Allan. *The Family Life Education Project in Fiji: a Case Study*. Lessons Learned Series in Population, Education and Communication. Bangkok, Thailand: United Nations Educational, Scientific and Cultural Organization, 1992.

Fiji faced a high rate of illegitimate births among teenage girls and a high incidence of sexually transmitted disease (STD). In 1985 a project was begun to attempt to address these problems by fostering responsibility, understanding, and moral values on the part of students and parents as a part of the human development process. Family life education was introduced into 104 secondary schools, following a period of gaining parental support, developing a curriculum and instructional materials, and training teachers. AIDS and substance abuse education were integrated into the curriculum. TALANOA, a 45-minute video, was produced to stimulate discussion about sex, family planning, STDs, and boy-girl relationships. The family life education course was optional initially, with the expectation that it would become compulsory. Lessons learned in program development, materials development, teacher training, and program development are highlighted and program impact is discussed.

Literature

Kurz, Kathleen M.; Charlotte Johnson-Welch. *The Nutrition and Lives of Adolescents in Developing Countries: Findings from the Nutrition of Adolescent Girls Research Program*. Washington, DC: International Center for Research on Women, 1994.

This document gives an overview of the findings of the Nutrition Adolescent Girls Research Program, which supported eleven research projects: India, Nepal, two in the Philippines, Ecuador, Mexico, Jamaica, two in Guatemala, Benin, and Cameroon. The paper describes the variety of study designs; nutrition results presented in sections on anemia, stunting, undernutrition, catch-up growth, and dietary intakes; morbidity; reproductive health; factors related to school attendance and achievement; adolescents' responsibilities and physical activities; and adolescents' self-perceptions. The document ends with a discussion and recommendations based on discussions held at an ICRW conference in May 1994, where the research teams presented their major findings.

Latham, Michael C.; Brenda C. Langdon; Mary Shawa. *National Primary School Nutrition and Health Assessment. Malawi*. Newton, MA: Education Development Center, Inc., May 1995.

Lawrence, Robert S. *School-Based Global Perspective. The Task Force on Child Survival and Development. Proceedings from Achieving Health: New Perspectives on Integrated Services and their Contributions to Mid-Decade Goals. February 2-4, 1994, New Delhi, India.*

This brief article is the introductory companion to the articles by Sam Adjei and Jaime Galvez-Tan, also included in this bibliography. In his remarks, Dr. Lawrence points out that child development was only added to child survival in 1988, taking children beyond their successful survival to age five through their school years, improving their health and preparing them to be productive adults. He briefly describes a school-age package that includes two components -- a micronutrient malnutrition initiative and an anti-helminthic package -- and describes the disease burden to which they respond.

Leslie, J.; D.T. Jamison. "Health and Nutrition Considerations in Education Planning. 1. Educational Consequences of Health Problems Among School-age Children." *Food and Nutrition Bulletin* (UN). Vol. 12(3), September 1990. Pp. 191-203.

Using recent findings, this article reviews how education systems can intervene to improve the nutrition and health status of school-aged children. The authors review how health status is linked to three of the most pressing educational problems in developing countries: inadequate school readiness, inadequate school performance, and unequal participation by girls in school. Chronic protein-energy malnutrition, iron deficiency anemia, iodine deficiency, and intestinal parasites are identified as having negative effects on school participation and performance.

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Disability, premature fertility, substance abuse, and a number of other infectious diseases also may affect health and success in school.

Leslie, J.; D.T. Jamison. "Health and Nutrition Considerations in Education Planning. 2. The Cost and Effectiveness of School-based Interventions." *Food and Nutrition Bulletin* (UN). V. 12(3), September 1990. Pp. 204-214.

The authors list health and nutrition intervention vehicles available to education authorities, the cost effectiveness of these mechanisms, the extent to which they use up scarce resources, and the implications for health planners. The article concludes that greater investment in child health and nutrition programs will have a positive impact on education, if programs of modest cost are well designed and well targeted. Cost-benefit analyses also suggest that school-based health and nutrition interventions will likely be high-yield investments in education.

LeVine, R.A.; et al. "Schooling and Survival." In *Health and Social Change in International Perspective*, Lincoln Chen, Arthur Kleinman and Norma Ware, eds. Oxford, UK: Oxford University Press, 1994.

Levinger, Beryl. *Critical Transitions: Human Capacity Development Across the Lifespan*. Washington, DC: U.S. Agency for International Development, 1996.

In this book, the author addresses the question, "What is the most affordable, sustainable, and efficacious strategy for building the level of *human capacity* needed to survive and thrive in the emerging context?" by examining human capacity development "as it occurs across an individual's life spectrum. Attention is focused on three life junctures: the period from birth to the age of school enrollment; the years during which, *under optimal circumstances*, basic education takes place; and the period during which livelihood activities -- finding and pursuing them -- become a central preoccupation. For each of these life junctures, attention will be given to three critical questions: (1) What are the essential participation opportunities that must be extended to citizens in order to promote sustainable development in the context of a rapidly globalizing, information-rich world? (2) What factors act either as *inhibitors* or *enablers* with respect to the *creation* of these participation opportunities? And (3) what are the *inhibitors* and *enablers* that determine the degree to which such participation opportunities are *accessed*?" Three types of opportunities are introduced: available participation opportunities, accessed participation opportunities, and created participation opportunities. The book does not follow traditional sectoral lines, but looks at the totality of the individual at various stages from the perspectives of health, education, nutrition, participation opportunities, and community development considerations. The national, community, and household levels of environment in which human capacity is developed are examined.

Literature

Levinger, Beryl. *Malnutrition, School Feeding and Educational Performance*. Paris, France: United Nations Children's Fund, 1989.

This research analysis examines the relationship between school feeding programs and cognitive development in both developing and industrialized countries. Issues examined include the relationship between diet and cognitive development; the limitations of IQ tests and the need for more accurate instruments; school feeding programs and the socioeconomic background of students; and behavioral effects. The studies analyzed lacked the methodological rigor to warrant policy decisions regarding the relationship between school feeding and cognitive development, based on their findings. Results of the study highlight the need for further research. Recommendations are included.

Levinger, Beryl. *Nutrition, Health and Education for All*. New York: United Nations Development Programme, 1994.

The United Nations Development Programme, Division for Global and Interregional Programmes, in association with the Education Development Center, and the U.S. Agency for International Development, is presenting this book to stimulate a dialogue among national and international agencies, universities (including schools of public health, medicine, education, public administration and economics), and individuals committed to improving the nutrition, health and school performance of children. By addressing such topics as the effects of health and nutrition on a child's school performance, active learning capacity, policy and technical environments, this book intends to facilitate information exchange and the decision-making process, leading to the judicious allocation or reallocation of scarce financial and human resources. The people involved in this process -- specifically the ministers of education, health and planning and international agency officials -- may wish to consider the methodology for addressing the child's needs and aspirations discussed herein....In our view this book represents an original and concrete way of dealing with education opportunities and eliminating major obstacles to learning. In particular, Dr. Levinger's Active Learning Capacity model represents a new and important conceptual tool for integrating basic education reform with health, nutrition and community-based initiatives. We believe this model can serve as a road map for promoting optimal growth, development, and learning for *all* children. (From the book's preface).

Levinger, Beryl. *Promoting Child Quality: Issues, Trend and Strategies*. Washington, DC: U.S. Agency for International Development, September 1992. PN-ABN-291.

This monograph seeks to address some of the information-related impediments to fuller adoption of child quality initiatives that bear on school achievement. It reviews in broad terms what is known about micronutrient deficiency disorders, helminthic infection, protein-energy malnutrition, and short-term hunger in relation to school achievement. This evidence is analyzed in the context of a conceptual model that links health and nutrition status, active learning

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capacity (ALC), and school achievement. A chapter is devoted to the identification of significant, ongoing or proposed investigations, extant networks and programs, as well as recent meetings that bear on the issues under discussion. While the listing of initiatives is not intended to be comprehensive, it is illustrative of policy, research, and field work currently in place or planned for the near future. In a final section the monograph analyzes initiatives described in an earlier chapter in order to identify salient trends, issues, and future research needed. A list of recommendations addressed to A.I.D. proposes next steps it should take to advance the child quality agenda. (Author abstract)

Levinger, Beryl. "School Feeding Programmes: Myth and Potential." *Prospects*. Vol. 14(3), 1984. Pp. 369-376.

This article reviews research showing a positive impact of school feeding programs on student enrollment and school attendance in developing country elementary schools. Research on the impact of school feeding programs on academic performance were inconclusive, however. Recommendations for school feeding program design are included.

Levinger, Beryl. *School Feeding Programs in Developing Countries: An Analysis of Actual and Potential Impact*. AID Evaluation Special Study No. 30. Washington, DC: U.S. Agency for International Development, January 1986. PN-AAL-060.

Studies of the effects of school feeding programs (SFP's) on student attendance and enrollment, nutritional status, and cognitive development are assessed. Regarding SFP impact on attendance and enrollment: (1) 3 retrospective analyses and 6 comparative studies proved inconclusive, although the latter suggest that SFP's may be most effective in poorer areas where attendance is low, and that program regularity is a key factor; (2) of 8 studies covering 11 countries and based mainly on teachers' impressions, 7 noted a positive impact of SFP's on attendance and enrollment, although methodological imprecisions make these findings suspect. Studies from Guatemala and Nepal on the general impact of nutritional status on school attendance were reviewed. Both suggested that SFP's designed to improve nutritional status will indirectly improve attendance and performance as well. The Nepal study also found that the influence of nutritional status on enrollment may differ between boys and girls. Regarding cognitive development: (1) general studies of the relation of diet to cognitive development showed a positive correlation between the two, but also that a climate of poverty compounds dysfunctions due to malnutrition; (2) of 4 studies of the specific impact of SFP's on cognitive development, 2 lacked baseline data and proved inconclusive, while the other 2 suggest that exogenous factors affect performance as much as SFP's themselves, but also that SFP's are not designed to mitigate these factors; (3) 6 studies of short-term behavioral effects of SFP's provided conflicting results, but suggest that the provision of breakfast may enhance performance; (4) 5 studies of long-term behavioral effects of SFP's were seriously flawed methodologically. The report also examines how SFP's can help improve a school system's efficiency, especially in relation to attendance and

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academic performance. A final section proposes recommendations for operations research on 3 issues - the changes SFP's promote and for whom they promote them, the interdependence of these changes, and the ideal SFP design. A 9-page bibliography (1949-83) is appended.

Liddell, Christine; Chris McConville. "Starting at the Bottom: Towards the Development of an Indigenous School Readiness Program for South African Children Being Reared at Home." *Early Child Development and Care*. Vol. 97, 1994. Pp. 1-15.

The evaluation of a home-based enrichment program for children to promote school readiness is reported. The study used 30 matched pairs of five-year-old children from poor South African families to form the experimental and control groups. Families in the experimental group were provided with educational materials thought suitable to promote school readiness. Some benefits from the enrichment program were realized, though none that were statistically significant.

Lynch, H. "I am a Healthy Indonesian Child. 1,000 Primary Schools in Jakarta Join in the School Health Program." *Integration*. Vol. 38, December 1993. Pp. 10-13.

In 1987, a school-based parasite control program was begun in Jakarta through Yayasan Kusuma Buana (YKB), an Indonesian NGO with experience in providing family planning and maternal child health services to the urban poor. Stool samples are taken and analyzed twice a year from 250,000 students in 1000 schools. Infected children are treated for parasites. To try to keep infections from recurring, all children, teachers, and families receive education on the range of potential parasites and ways infection may be prevented. Parents pay Rp1000 per year per child enrolled in school to receive the service. In 1992, the program was 71.8% self sufficient, compared with 13.2% at the outset. The program has proven successful in spite of fluctuations in the numbers of students participating in the program, small reductions in prevalence of parasitic infections, and the failure of some to change their behavior to prevent reinfection. Findings include: many lower-middle class people are willing to pay for affordable health services; parent and child health can be improved through NGO-provided school health programs; fee-for-services programs are sustainable with proper management; and school health programs provide good entrée to developing ties with the community. The Department of Health, the National Family Planning Coordinating Board, the Department of Education and Culture, the National Coordinating Board for Parasite Control, the Indonesian Planned Parenthood Association, and YKB coordinated the program.

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MacDonald, Mary Alice; et al. "Impact of a Temporary Food Shortage on Children and Their Mothers." *Child Development*. Vol. 65, no. 2, April 1994. Pp. 404-15.

This article reports on the evaluation of the effects of a drought and temporary food shortage on 248 Kenyan mother-child dyads. The evaluation examined energy intake, weight, and behaviors. The study concluded that school children were affected more negatively than toddlers and showed significant declines in classroom attention, playground activity, and energy intake.

Mason, J.; M. Lofti. "Food for Thought - Nutrition and School Performance." *SCN News*. Vol. 5, 1990. Pp. 1-7.

Mathur, Y.C.; A. Kumar. "School Health Services: Rationale." In *Health Care of Women and Children in Developing Countries*, Helen M. Wallace and Kanti Giri, eds. Oakland, CA: Third Party Publishing, 1990. Pp. 410-8.

This article examines the contribution of school health services to child development. School health services and health education provide a means of monitoring growth and development and a child's health status and detecting diseases as well as dispelling superstitions and mistaken beliefs, benefitting not only the children, but also their families and communities, to whom they carry information learned. School can also be the focal point for supplementary nutrition programs and immunization programs to improve nutritional status and control communicable diseases. The authors suggest that activities may include periodic medical check-ups, remedial measures and follow-up, dermatological screening, evaluation of children with behavioral problems and possible mental disorders, growth monitoring, and services for children with disabilities to help them achieve their full potential. The article also identifies roles teacher can play in school-based health programs, such as recording height and weight, testing vision and hearing, keeping health records, assisting with follow-up with children identified with disorders, administering first aid in emergencies, teaching a health and nutrition curriculum, and educating parents in the importance of school health services. Health education curricula can address topics such as personal hygiene, community sanitation, immunization, sex education, and substance abuse. The UK, USSR, France, Japan, the US, the Philippines, Sri Lanka, and India are cited as having well developed school health services.

McKay, L.; et al. "Improving Cognitive Ability in Chronically Deprived Children." *Science*. Vol. 200, April 1982.

Meisels, S.J. "Uses and Abuses of Developmental Screening and School Readiness Testing." *Young Children*. Vol. 42(2), 1987. Pp. 4-6, 68-73.

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Meisels, S.J. *Developmental Screening in Early Childhood: A Guide*. Washington, DC: National Association for the Education of Young Children, 1985.

Mook, Peter; Joanne Leslie. *Childhood Malnutrition and Schooling in the Terai Region of Nepal and Child Malnutrition and School Performance in China*. Education and Training Series Discussion Paper No. EDT17. Washington, DC: The World Bank, 1985.

This assessment of the relationship between nutritional status and school participation uses data on 350 primary school age children from subsistence farm households in the Terai region of Nepal. The study found nutritional status to be a significant determinant of school enrollment and age-adjusted grade attainment. The authors conclude that local interventions or national policies for improving nutritional status in children could benefit both education and health.

Moulton, Jeanne. *Collaborative Programs in Primary Education, Health, and Nutrition: Report on the Proceedings of a Collaborative Meeting, Washington, D.C., May 7-8, 1996*. SD Publications Series, Technical Paper No. 38. Washington, DC: Agency for International Development, August 1996.

The Office of Sustainable Development in the Africa Bureau of the U.S. Agency for International Development (USAID/AFR/SD) held a consultative group on May 7-8, 1996, to explore linkages between education and health/nutrition goals and activities. The impetus for the meeting came from the education group of this intersectoral office, which has programs in health, nutrition, population, and education. The two-day meeting revealed the remarkable lack of attention paid to the health of school-age children and the negative impact not only on the present and future health of those children, but on their ability to perform in school. Poor health contributes to poor education and eventually has repercussions on students' future lives as parents and as participants in civil society and the work force. The organizations working in school health programs are few in number and have not yet commanded much attention from either governments or donor agencies. Some of the reasons for this are obvious. Policymakers and practitioners in the education sector have never seen students' health on their agenda, which is limited to the management of schools and instructional systems. Policymakers and practitioners in the health sector are consumed with concerns about maternal and infant health and terrifying epidemics, including HIV/AIDS. Total funding is shrinking, and there is not much room for experiment and innovation in either sector. Finally, intersectoral collaboration for any purpose is a mighty challenge. Yet participants at the meeting concluded that school health issues merit further attention from both sectors. (Source: Executive Summary.)

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Myeni, A.D.; E. McGrath. "Swaziland: Perspectives in School Health." *Journal of School Health*. Vol. 60(7), September 1990. Pp. 351-6.

This overview of school health in Swaziland outlines the history of programs and interventions offered over approximately 20 years. Following independence, the emphasis was on expanding the education system. In later years, the focus shifted to improving efficiency, which depends largely on the characteristics of the children entering school. Primary school access is universal, but dropout and repetition account for much waste during these years. The article maintains that with little extra cost, school performance can be improved by enhancing the health and nutrition status of preschool children and on through their primary school years. Although Swaziland has offered many physical and mental health care activities to students, no clear policy on school health and no coordination among ministries and NGOs exists. Activities in the school health system, such as school visits by public health teams, dental service, school nutrition, and hearing impairment are reviewed.

Myers, Robert. *Early Childhood Development Programs in Latin America: Toward a Definition of Investment Strategy. A View from LATHR, No. 32*. Washington, DC: The World Bank, 1992.

Myers, Robert. *The Twelve Who Survive. Strengthening Programmes of Early Childhood Development in the Third World*. The Consultative Group on Early Childhood Care and Development. Sponsors: USAID, UNICEF, Ford Foundation, UNESCO. London & New York: Routledge, 1992. PN-ABN-486.

With the continuing success of child survival interventions (only 1 of every 13 Third World children born in 1991 was expected to die before age 1), donors must give increased attention to the growth and development of the "twelve who survive". This book examines existing child development programs and provides recommendations for improving them. Part 1 documents the evolution and current configuration of child care and development programs, with emphasis on the period after 1979, the International Year of the Child. Part 2 seeks to clarify key concepts in the literature on early childhood development. From this review, a comprehensive programming strategy is suggested combining stages of development with five complementary approaches (direct attention, education of caregivers, community development, strengthening institutions, and strengthening awareness and demand) and with several program guidelines (emphasize children at risk, be comprehensive and participatory, adjust to the cultural context, reinforce and complement local ways, and seek cost-effective solutions having the potential for maximal coverage). Part 3 presents a "state of the practice", describing and assessing a range of program options available for carrying out the five complementary approaches; the advantages and disadvantages of each approach are considered, and specific examples of programs are described briefly. Part 4 discusses problems in combining the program elements. Individual chapters deal with: relating health and nutrition to social and psychological well-being;

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combining child development programs with primary level schooling; and integrating child care programs with efforts to improve women's work and welfare. Parts 5 and 6 treat community involvement, the importance of identifying and respecting traditional wisdom in child rearing, and issues of scale and costs. A final part sets out conclusions and recommendations.

Myers, Robert G. *Development of Young Children: Why We Should Invest and Some Suggestions About What Can Be Done.* Washington, DC: U.S. Agency for International Development, May 15, 1991. PN-ABI-731

Significant advances have been made in developing knowledge and technologies related to early child care and development. Nonetheless, the level of investment in this area by many national and international organizations is still low. This report presents the following eight arguments for increased investment in child development. (1) Scientific evidence demonstrates immediate and lasting effects of early attention to child development. (2) Children have a human right to develop to their full potential. (3) Humanity transmits its values through children. (4) Programs can help to modify inequalities rooted in poverty and discrimination. (5) Children provide a rallying point for social and political actions that can build consensus and solidarity. (6) Society benefits through increased productivity, income generation, and cost savings associated with enhanced early childhood development. (7) The efficacy of programs can be improved through joint investment for early childhood development. (8) Major social changes call for new approaches to early childhood care and development. The final sections of the report present guidelines for promoting investment in child development and in designing related programs.

Myers, Robert G. *Programming for Early Child Development and Health: The Value of Combining Nutritional and Psycho-social Interventions and Some Ways To Do It.* UNESCO-UNICEF Co-operative Programme Digest No. 30. Paris, France: United Nations Children's Fund and United Nations Educational, Scientific, and Cultural Organization, 1990.

"Integrated attention to the whole child" is the subject of this digest, which provides suggestion on how such an integrated approach might be accomplished, aimed at improving nutritional status and psychosocial development in young children. Chapter I summarizes the argument. Chapter II outlines the problems associated with an integrated approach. Chapter III defines child development along with a rationale for focusing on developmental concerns. Chapter IV discusses relevant research related to the impact of nutrition on development and implications for programs. Chapter V provided guidelines for intervention. Chapter VI addresses ways to incorporate psychosocial development into nutrition plans and programs; Chapter VII does the same with respect to nutrition manuals. Chapters VIII and IX provide examples of programs using holistic approaches in Northeast Thailand, India, Indonesia, Brazil, Chile, and Jamaica. Mosley and Chen's analytical framework for studying child survival in developing countries,

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plus discussion of the model and a suggested revision, are presented in an appendix. A bibliography is included.

Myers, Robert G. *Toward a Fair Start for Children: Programming for Early Childhood Care and Development in the Developing World. The Young Child and the Family Environment Project, 1990-95.* Prepared for the United Nations World Summit for Children, September 1990. Paris, France: United Nations Educational, Scientific, and Cultural Organization, August 1993.

This report was prepared for the United Nations World Summit for Children in September 1990 and calls for commitment at the highest political levels to set goals and strategies for child survival, protection, and development. The report includes a definition of child development linked to child care, as distinct from child survival; a rationale for investing in early childhood care and development; an overview of child care and development programs past and present; a programming framework with approaches and guidelines; descriptions of programs undertaken in several countries; and conclusions and recommendations.

National Education Goals Panel, Goal 1 Technical Planning Group. *Reconsidering Children's Early Development and Learning: Toward Shared Beliefs and Vocabulary.* Washington, DC: National Education Goals Panel, 1993.

National Health/Education Consortium. *Bridging the Gap: An Education Primer for Health Professionals/A Health Care Primer for Education Professionals.* Special Report. Washington, DC: National Health/Education Consortium, 1992.

National Health/Education Consortium. *Eat to Learn, Learn to Eat: The Link Between Nutrition and Learning in Children.* Washington, DC: National Health/Education Consortium in collaboration with the American School Food Service Association, 1993.

National Health/Education Consortium. *Health/Education Collaboration: Insights Into Six Field Activities.* Occasional Paper No. 5. Washington, DC: National Health/Education Consortium, 1992.

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National Health/Education Consortium. *Starting Young: School-Based Health Centers at the Elementary Level*. Special Report. Washington, DC: National Health/Education Consortium in collaboration with the National Association of Elementary School Principals, 1995.

Office of Educational Research and Improvement. "Children's Nutrition and Learning." *ERIC Digest*. Urbana, IL: ERIC Clearinghouse on Elementary and Early Childhood Education, June 1994.

Olmsted, P.; D. Weikart. *How Nations Serve Young Children: Profiles of Child Care and Education in 14 Countries*. Ypsilanti, MI: High/Scope Educational Research Foundation, 1989.

Parker, Lynn; et al. *The Relationship between Nutrition & Learning. A School Employee's Guide to Information and Action*. Washington, DC: National Education Association, 1989.

This two-part guide for school staff discusses the physical, emotional, and intellectual impact of nutrition on a child's ability to learn. Part 1, *What We Know About the Relationship Between Nutrition and Learning*, reviews research linking academic performance with nutrition and discusses how early nutritional influences such as low birthweight and the adequacy of day-care feeding affect learning ability and behavioral development. Part 2, *Putting Into Action Our Knowledge About the Relationship Between Nutrition and Learning*, suggests ways to address students' nutrition problems, including how schools can ensure that students have access to nutrition education, programs, and healthful food. A model school nutrition policy, plus an appendix describing several national nutrition programs for children and an appendix of reference are included.

Pelican, S.; et al. *Relationships of Hunger and Malnutrition to Learning Ability and Behavior*. Lakeland, FL: Florida Department of Citrus, ca. 1981.

Pollitt, E.; M. Gershovitz; M. Garguilo. "Educational Benefits of the United States School Feeding Program: a Critical Review of the Literature." *American Journal of Public Health*. Vol. 68(5), 1978. Pp. 477-481.

The U.S. Child Nutrition Act of 1966 stated that educational progress was an objective of school feeding programs that had been in operation since 1946. No scientific evaluation on that basis had ever been conducted, however. Past studies have not shown valid information on

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achievement in and adaptation to school that might accrue from the program. Some studies on short-term effects indicate that students may benefit emotionally and in their capacity to do school work if they are given breakfast.

Pollitt, Ernesto; et al. *Early Supplementary Feeding and Cognition: Effects over Two Decades.* Monographs of the Society for Research in Child Development. Vol. 58, no. 7, 1993. Pp. 1-99.

Pollitt, Ernesto; Kathleen S. Gorman. *Nutrition and Development: Considerations for Intervention.* Monographs of the Society for Research in Child Development. Vol. 58, no. 7, 1993. Pp. 116-118.

Pollitt, Ernesto. "Malnutrition and Infection in the Classroom: Summary and Conclusions." *Food and Nutrition Bulletin.* Vol. 12, no. 3, 1990. Pp. 178-191.

Pollitt, Ernesto. "Poverty and Child Development: Relevance of Research in Developing Countries to the United States." *Child Development.* Vol. 65. no. 2, April 1994. Pp. 283-295.

In the interest of bringing the lessons home, this article suggests that research from developing countries may shed light on the effects of poverty on child development in the U.S. Three cases are cited: 1) the link between anemia and decreased mental and motor development, 2) the positive effects of supplemental nutrition programs on child development, and 3) the effects of poor nutrition coupled with illness on school performance.

Pollitt, Ernesto. *Nutrition and Educational Achievement.* Nutrition Education Series, Issue 9. Paris, France: United Nations Educational, Scientific, and Cultural Organization, 1984.

Presented is a selective literature review on the effects of nutrition and malnutrition on educational achievement. The study focuses on three areas: the effects of early undernutrition and subsequent intellectual function and educational progress; the relationship between the student's nutritional status and his or her progress in school; and the educational consequences of school feeding and nutrition programs. The study infers that nutrition may be a significant determinant of educational progress and achievement. Implications for nutrition and education policies are given. The author proposes that nutrition in particular, and health in general, should be viewed as key factors in determining educational progress and achievement. These factors can be influenced by social and educational policy decisions.

Literature

Pollitt, Ernesto. "Nutrition and Educational Performance." *Prospects: Quarterly Review of Education*. Vol. 14, no. 4, 1984. Pp. 443-60.

Rajan, S.I.; A. Jayakumar. "Impact of Noon Meal Programme on Primary Education: An Exploratory Study in Tamil Nadu." *Economic and Political Weekly (India)*. Vol. 27(43-44), October 24, 1992. Pp. 2372-2380.

The Chief Minister's Nutritious Noon Meal Programme in rural Tamil Nadu, India, aimed at eradicating malnutrition among school children and promoting universal primary education, is described. Using data on school enrollment, attendance, and dropout for Kanyakumari District from 1978-1989, the program was found to have increased school enrollment and decreased the dropout rate from 40 percent to 22 percent of students. In particular, boys' enrollment in government schools increased. The program had its greatest impact on backward classes and Muslim students.

Read, M.S. "Malnutrition, Hunger, and Behavior. 2. Hunger, School Feeding Programs, and Behavior." *Journal of the American Dietetic Association*. Vol. 63(4), 1973. Pp. 386-391.

Rohde, J.E.; T. Sadjimin. "Elementary-school Pupils as Health Educators: Role of School Health Programmes in Primary Health-care." *Lancet*. Vol. 1(8182), June 21, 1980. Pp. 1350-2.

This article reports on the evaluation findings of a health education project in the primary schools in rural Indonesia, aimed at improving health in the community by increasing children's knowledge of and skills in health interventions through an action-oriented health education curriculum. Lessons involve children in health activities in their homes and neighborhoods. The evaluation of the impact of the teaching module on diarrhea found that knowledge, attitudes, and skills of rural families improved substantially. The study shows that well-designed school health programs can significantly increase the reach of primary health care activities. The action oriented lessons have clear goals and observable results, which appeals to both children and their teachers, providing modern, reliable, and credible information. The program was designed for classes four through six, reaching seven million of the 20 million children attending primary school in Indonesia.

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Selowsky, M. *A Note on Preschool-age Investment in Human Capital in Developing Countries*. World Bank Reprint Series No. REP32. Washington, DC: The World Bank, 1976.

The character of the output of schools in developing countries depends largely on a single input, specifically, the characteristics of the children entering the schools. The relevance of public investment in preschool programs in developing countries rests on evidence indicating the acceleration of the rate of enrollment in primary schools by children from poor socioeconomic backgrounds, low performance records of such children, the crucial role of environment in childhood development, and the role of malnutrition in poor performance. Analysis of the contribution of preschool-age public policies to a vector of cognitive and noncognitive performance at adult age requires empirical evidence concerning the contribution of the child's ability upon entering school to performance at adult age, the coefficients of the explanatory variables of expression that can be affected by public policy, and the resource cost of inducing changes in the variables affecting adult performance per unit change in adult performance. Numerous references. (Source: The World Bank.)

Selowsky, M. *Nutrition, Health, and Education: the Economic Significance of Complementarities at Early Age*. World Bank Reprint Series No. REP218. Washington, DC: The World Bank, 1981.

Studies have shown that preschool age children of the lower socioeconomic groups in developing countries perform substantially worse in tests of cognitive development than children from higher income groups. Studies also show that a great deal of this difference can be attributed to factors able to be influenced by public policy such as: malnutrition, lack of sanitation, low levels of psychological stimulation and other environmental deficits surrounding children in poverty. This paper derives orders of magnitude for the economic value of increases in preschool children ability scores, i.e., the demand price for early abilities. This information is necessary to "price" interventions that can increase ability scores of chronically deprived children. The analytical framework used is the semilog earnings function, relating earnings with schooling and early abilities. This function implies a complementarity between early abilities and schooling, namely the marginal product of schooling increases with the level of these abilities. Hence, the benefits from preschool programs boosting early abilities stem from: a) the increase in earnings out of a given level of schooling; and b) the net benefits from additional schooling induced by a higher rate of return to schooling. (Source: The World Bank.)

Senemaud, B. "Diet, Environment and Children's Development." *Children in the Tropics*. No. 177. Paris, France: International Children's Center, 1988.

This report discusses the interrelationship among malnutrition and environmental and maternal nutrition factors in child development. The opening section on child development focuses on psychomotor, mental, and brain development. The second section describes field work and its

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difficulties, as well as methodological problems in measuring the effects of malnutrition on the brain and the pros and cons of animal experiments to investigate anatomical and behavioral modifications and malnutrition-related reversibility disorders. The third section describes the interrelationship among malnutrition, development, and environment, using studies based on interactions between malnutrition and development, malnutrition and environment, and mother and child. Research on poverty, growth, and development in Cali, Colombia is examined. A glossary of the main psychometric tests and a bibliography are included.

Smilansky, M. *Priorities in Education: Pre-school; Evidence and Conclusions*. Staff Working Paper No. SWP323. Washington, DC: The World Bank, 1979.

This paper presents and evaluates the broad results of pre-school intervention experiments and programs aimed at fostering the intellectual and social development of disadvantaged groups. Among the general findings discussed are that there is a sensitive, or even critical, period in child development, an age at which a child will be more susceptible to fostering; that a dominant share of intelligence develops during early childhood; that a gap in IQ between advantaged and disadvantaged groups exists before school entrance and widens thereafter; that traditional kindergartens do not protect disadvantaged children from lagging behind or failing in school; and that malnutrition or poor health have a marked effect on intellectual development. While studies have shown that IQ may be accelerated through pre-school programs, pre-school is not the cure-all it was anticipated to be. Generally, children with initially lower IQs show the largest gains. But, in most studies, it was found that within a few years the children who were not in the special programs made up the difference with fostered group. (Source: The World Bank.)

Susman, E.J.; L.V. Feagans; W.J. Ray, eds. *Emotion, Cognition, Health, and Development in Children and Adolescents*. Hillsdale, NJ: Lawrence Erlbaum Associates, 1992.

Tufts University, Center on Hunger, Poverty, and Nutrition Policy. *Statement on the Link Between Nutrition and Cognitive Development in Children*. Medford, MA: Center on Hunger, Poverty and Nutrition Policy, Tufts University, 1994.

UNESCO. *Child Health, Nutrition and Educational Participation, A Technical Support Services (TSS-I) Report for the Government of Kenya*. Paris, France: United Nations Educational, Scientific, and Cultural Organization, February 1995.

The studies reported in this document were undertaken by UNESCO in collaboration with the Kenyan Ministries of Health and Education and focus on several important concerns: health and nutrition status of school children, delayed school entry and grade retardation, school attendance patterns, physical learning environment of schools, and school environmental health. Specific

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findings include, among others: high rates of morbidity associated with multiple intestinal parasitic infections are closely related to lack of water and to inadequate standards of hygiene and environmental health in and around the majority of Kenyan rural primary schools; malaria is widespread among school children; poor nutrition status and morbidity are denote a high risk child regarding the likelihood of that child starting school late and retarding at the grade; less than a quarter of sampled children are of the expected age for grade and more than half are up to four years above the expected age for grade; early entry in school may offer no advantage, since children often go on to stagnate in the first grade; illness is the most often cited explanation for absenteeism; school environments are largely stark, bleak, and dreary, damp, and poorly lit; and less than a quarter of the schools in the sample have ready access to a water supply and very few have an adequate number of latrines for pupils.

UNESCO. *First Technical Report of the New UNESCO Project to Improve Primary School Performance Through Improved Nutrition and Health. Nutrition Education Series Issue 18. Paris, France: UNESCO, Division of Science, Technical and Environmental Education, 1989.*

This document reports the outcome of a UNESCO-funded meeting to examine the relationship between school performance and health and nutrition. The meeting aimed to develop a methodology for motivating the Ministry of Health to collect data on students' health and nutrition and their school performance, recommend low-cost intervention strategies, and develop research on these health-education links. Research outcomes need to influence policymakers, aid implementation of interventions, and improve scientific understanding of the relationship between education and health. The paper includes a protocol to help planners identify the most effective intervention. Teacher training in health issues and screening children in a number of health areas is recommended. The paper identifies intestinal parasites, short term hunger, iron deficiency, iodine deficiency, and protein energy malnutrition as priority health problems.

UNESCO. *New UNESCO Project to Improve Primary School Performance through Improved Nutrition and Health. First Technical Report. Nutrition Education Series, Issue 18. Paris, France: United Nations Educational, Scientific, and Cultural Organization, 1989.*

This document reports on the proceedings of the first technical meeting, held in Stockholm, Sweden in April 1989, for a new UNESCO project to increase the capacity of developing countries to strengthen primary school performance by improving children's health and nutrition status. Three working groups were formed to focus on assessment, intervention, and research. The assessment group recommended that nutrition problems must be assessed at the national and local levels through parent and teacher observations, mid-level health workers, and doctors. Teachers and education professionals also must assess educational factors. The intervention group developed a protocol for ministries of education to use in planning school nutrition and

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health services and identified the resources and constraints in dealing with five priority health conditions. The research group identified six research programs and suggested ways of using prevalence analysis, observational research, and experimental intervention research for common nutrition and health problems. A participant list and bibliography are included.

UNESCO. *Succeeding at School. International Symposium on Significant Strategies to Ensure the Success of All in Basic Education and Round Table on Multidimensional Evaluation, Lisbon, Portugal, May 20-24, 1991. Paris, France: United Nations Educational, Scientific, and Cultural Organization, 1991.*

This is the final report of a symposium attended by more than one hundred educational specialists from 51 UNESCO member states and non-governmental organizations. The report concludes that a need exists for global and local strategies that make possible coordination of actions by public authorities and commitment of the whole community. Highlighted are the importance of systematic and continuous social and familial action from early childhood on and the relationship between preschool education and health, nutrition, and social services for very young children and their mothers, continuing this activity until community involvement in educational activities occurs.

U.S. Agency for International Development. *Lessons Learned on the Integration of Health, Population, Environment, Democratization, and Privatization Into Basic Education Curriculum in Africa. Final Report. Technical Paper No. 14. Washington, DC: U.S. Agency for International Development, July 1994. PN-ABS-038.*

A number of African countries have undertaken to integrate instruction on such socially crucial topics such as health (especially, HIV/AIDS), population, the environment, democracy, and privatization into their formal basic education curricula. This report presents case studies of curriculum reform and development efforts in Botswana, Senegal, and The Gambia, from which it attempts to develop some general insights and suggestions on the pace, nature, and direction of curriculum development and reform in African societies. The first section briefly compares traditional, rigid educational theory to more modern, holistic theories on the goals of education, the learning process, and curriculum design; section two contains the three case studies; the third and final section presents synthesis observations and recommendations. While the report finds that the integration of health, population, and environmental issues into basic education is at an embryonic stage in the three countries studied, the synthesis findings focus on what African countries can do overall to improve their basic education programs; other suggestions are the need for culturally appropriate curricula and teaching methods; greater attention to gender issues; and in-service teacher training programs. Appendices include: (1) charts and matrices summarizing findings on the educational programs in the three countries; (2) a synthesis of conclusions of the literature review undertaken for the report; (3) a general bibliography, and

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individual bibliographies for democracy/ privatization, environmental, HIV/AIDS, health and population, and curriculum issues; (4) a list of contacts in Botswana, Senegal, and The Gambia; and (5) a list of upcoming ECONET accessible conferences on education.

U.S. Department of Agriculture. *Nutrition, Learning and Behavior*. Beltsville, MD: Food and Nutrition Information Center, U.S. Department of Agriculture, 1991.

Van der Vynckt, S. *Malnutrition: Major Handicap to Children in School*. Paris, France: United Nations Educational, Scientific and Cultural Organization, 1986.

Malnutrition has not been taken into account in education policy making as effecting a child's ability to learn and achievement in school. Protein-energy malnutrition, iron deficiency anemia, vitamin A deficiency, and iodine deficiency are discussed as the major deficiencies afflicting poor children, accounting for poor concentration, slowed learning pace, retardation, weakness, fatigue, blindness, and death. Studies report that children with a history of undernutrition score lower on intelligence and achievement tests than do their well nourished counterparts. The results from a 15-year study in Africa showed that children with a history of severe malnutrition show a 25-point deficit in intelligence quotient tests. Education policies must address children's nutrition status through improved teacher training in health and nutrition, nutrition-targeted educational materials, nutritious food served at school, school gardens, and coordinated activities with other agencies. A 30-minute video by UNESCO highlighting successful activities around the world is described.

Van der Vynckt, S. "Primary School Health: Where Are We and Where Are We Going? Realities in the Life of Schoolchildren in the Third World." *Hygie*. Vol. 11, no. 3, 1992. Pp. 45-49.

Nutrition and health are integrally linked to a child's ability to attend school and function effectively. This article examines primary school health education programs in developing countries, their history and quality, new developments, and problems in primary school health. Primary schools are overcrowded and have inadequate facilities and basic supplies. Problems in health education include: no consensus on the meaning of primary school health education; emphasis in a school's core curriculum on secondary school qualifying exams; it may be considered interdisciplinary and therefore broken into several subjects. The effects of international efforts, including the 1978 WHO International Conference on Primary Health Care, the World Conference on Education for All in 1990, the Bellagio conference in 1991, and the Partnership for Health, are discussed. Despite varying conditions in each country, efforts are being directed toward collaborative international school nutrition and health programs for exchanging information, policymaking, and global programming. Baseline research, as well as time, effort, and commitment are needed.

Literature

Bernard Van Leer Foundation. *The Challenge of Early Childhood Care and Education: An Agenda for Action*. Prepared for the World Conference on Education for All, 1988. The Hague, Netherlands: Bernard Van Leer Foundation, February 1990.

Following background on problems in providing education and a rationale for focusing nationally on early childhood education, the paper discusses various programming aspects, including parents as educators; community involvement; replicating programs; parent-community partnerships; new ways of operating for governments, service agencies and educators; roles for governments; and community development. Programs promoting early childhood care and development worldwide are described, including community involvement in Nigeria, community ownership of schools in Kenya, and development of "little schools" and teacher training in Mozambique, as well as programs in the US, Thailand, Colombia, Israel, the UK, and Brazil.

Walker, S.P.; et al. *Nutritional and Health Determinants of School Failure and Dropout in Adolescent Girls in Kingston, Jamaica*. Washington, DC: International Center for Research on Women.

WHO/UNESCO/UNICEF. Consultation on Strategies for Implementing Comprehensive School Health Education/Promotion Programmes. "Comprehensive School Health Education: Suggested Guidelines for Action." *Hygie*. Vol. 11(3), 1992. Pp. 8-15.

An outcome of the 1991 WHO conference was a set of suggested guidelines for providing and promoting comprehensive school health education. The guidelines are summarized in this article, which focuses on a needs statement, the concept of comprehensive school health education, guiding principles and strategies for action, critical tasks, research and evaluation, and challenges. Justification for these recommendations is based on known linkages between health and education, as well as linkages between maternal education and school attendance, between schools and outreach to the student and community, between in-school learning and out-of-school behavior, and between "life skills education" and critical thinking ability. Comprehensive school education and health education can dramatically affect children's knowledge, attitudes, and behavior and empower them to adopt healthy ways. Political will, advocacy, integration into national education and health policies, and community support are among the requirements discussed.

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WHO/UNICEF. *The Development and Dissemination of Life Skills Education: An Overview.* Geneva: The World Health Organization, 1994.

This paper provides case studies of major life skills education initiatives for children and adolescents, together with the key observations that can be drawn from the review of program development and dissemination. It is not possible to document all life skills work here. For the sake of establishing a firm basis on which to study life skills program development and dissemination, this paper draws upon what is known of those initiatives that have, or have potential for, wide-scale impact, and so is primarily concerned with work at national and international level in the life skills education field. Most of this work has taken place in schools, and this overview therefore primarily describes school-based life skills programs. This document is particularly intended for those people, working at national level, who wish to learn about life skills initiatives that have been undertaken elsewhere before embarking on the process of life skills program development. (Abstract from document).

World Bank. *Brazil – Innovations in Basic Education Project.* Report Nos. P5034 and 7686. Washington, DC: The World Bank, 1991.

The objective of the project is to improve primary school learning and retention among children of poor and migrant families in Greater Sao Paulo in a manner that could eventually be adapted to other states. The project will support: (i) a new curricular approach and extended school day for the first two years of primary school through in-service teacher training, provision of new educational materials, more efficient school feeding programs, and school construction to allow primary schools in poor neighborhoods to operate two daytime five-hour shifts; (ii) expansion of low cost pre-primary education provided by private non-profit organizations and municipalities in poor neighborhoods; (iii) reform of the school health program to emphasize cost-effective screening, referral and health education; (iv) the strengthening of state and municipal education authorities; and (v) evaluation studies and dissemination activities. (Source: The World Bank.)

World Bank. *El Salvador – Social Sector Rehabilitation Project.* LA2. Human Resources Operations Division. Washington, DC: The World Bank, 1991.

The objectives of the project are to: (a) improve the delivery of basic social services targeted to some 80 of the most disadvantaged municipalities. The project will finance two main components. The first component, basic services development, will improve the delivery of basic social services to the project area through: (a) a primary health care program consisting of family planning, maternal and child health care, and health and nutrition education, and safe motherhood referral program; and (b) pre-primary and primary school program including implementation of community operated schools, provision of teaching materials and textbooks, nutrition assistance and staff training. The second component, institutional development, aims to: (a) strengthen the Ministry of Health's management and technical capacity to plan and deliver health services efficiently and improve cost-recovery systems; (b) increase the Ministry of

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Education's capacity in planning and management of services delivery; and (c) strengthen the Ministry of Planning's capacity to develop a social sectors information system, analyze social investment programs, and evaluate their impact. (Source: The World Bank.)

Young, Mary Eming. *Investing in Young Children*. World Bank Discussion Paper No. WDP275. Washington, DC: The World Bank, 1995.

This paper summarizes why investment in human capital formation through early child development is worthwhile. It reviews lessons learned from programs and projects in operation, and examines how such projects can be designed under various conditions. Early child development programs promote the physiological and intellectual development of young children, helping to ready them for further schooling and a productive role in society. Cumulative research indicates that most rapid mental growth occurs during infancy and early childhood and that on the whole the early years are critical in the formation and development of intelligence, personality, and social behavior. Scientific research indicates that, given the decisive influence of children's early stimulation on physical, psychological, and social development, primary school and even kindergarten programs (for children four to five years old) can prove to be too late to counteract some physical, neurological, psychological, and social factors closely associated with early deprivation and lack of adequate stimulation. In addition to the scientific, human rights, economic, and changing social and demographic arguments in favor of early childhood development, investing in such projects combines efficiency and equity, and cuts across traditional human resource subsectors. Investments in such programs can help modify the effects of development deprivation. Evidence from the developed and developing world indicates that some interventions can: a) increase the efficiency of primary and secondary education; b) contribute to future productivity and income; and c) reduce costs of health and other public services. Indirect benefits from early childhood interventions can include reduction of gender inequities, increased female participation in the labor force, and increased community development efforts. (Source: The World Bank.)

Zeitlin, M. *Child Care and Nutrition: The Findings from Positive Deviance Research*. Final Report to UNICEF, the Italian Government, and Tufts University. New York: United Nations Children's Fund, 1993.

Zeitlin, Marian F.; Ratna Megawangi; et al. *Strengthening the Family to Participate in Development*. Washington, DC: U.S. Agency for International Development, January 1993. PN-ABN-294.

Recent sociological research emphasizes "family social health" as a determinant of healthy development in children in poverty. Based on an extensive review of the social change, economic, psychological, and development assistance literature on the family, along with

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analysis of data from Indonesia and Nigeria, this report describes the characteristics of healthy families. Structural equations with latent variable models are created in order to explore the factors (material and social resources, cultural values, family-level care, and developmental outcomes) that comprise family social health. Findings seem to refute the popular notion that programs targeted exclusively at children or exclusively at improving family resources can ensure children's healthy development and economic improvement. Study results suggest, rather, that family social health combined with adequate educational opportunity are the strongest determinants of a child's preparation for living. For the purposes of development assistance, four dimensions of social wellness are identified: family management; caring capacity; beliefs, rules, and goals; and structural integrity. It is recommended that the international donor community support: a revitalization of family policy, laws, and values; social entitlements for the poor; and early child development and educational enhancement programs at the grassroots level.

Zeitlin, M.; H. Ghassemi; M. Mansour. *Positive Deviance in Child Nutrition, with Emphasis on Psychosocial and Behavioral Aspects and Implications for Development*. Tokyo, Japan: United Nations University, 1990.

Zigler, E.; S. Muenchow. *Head Start: The Inside Story of America's Most Successful Educational Experiment*. New York: Harper Collins Publishers, 1992.

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