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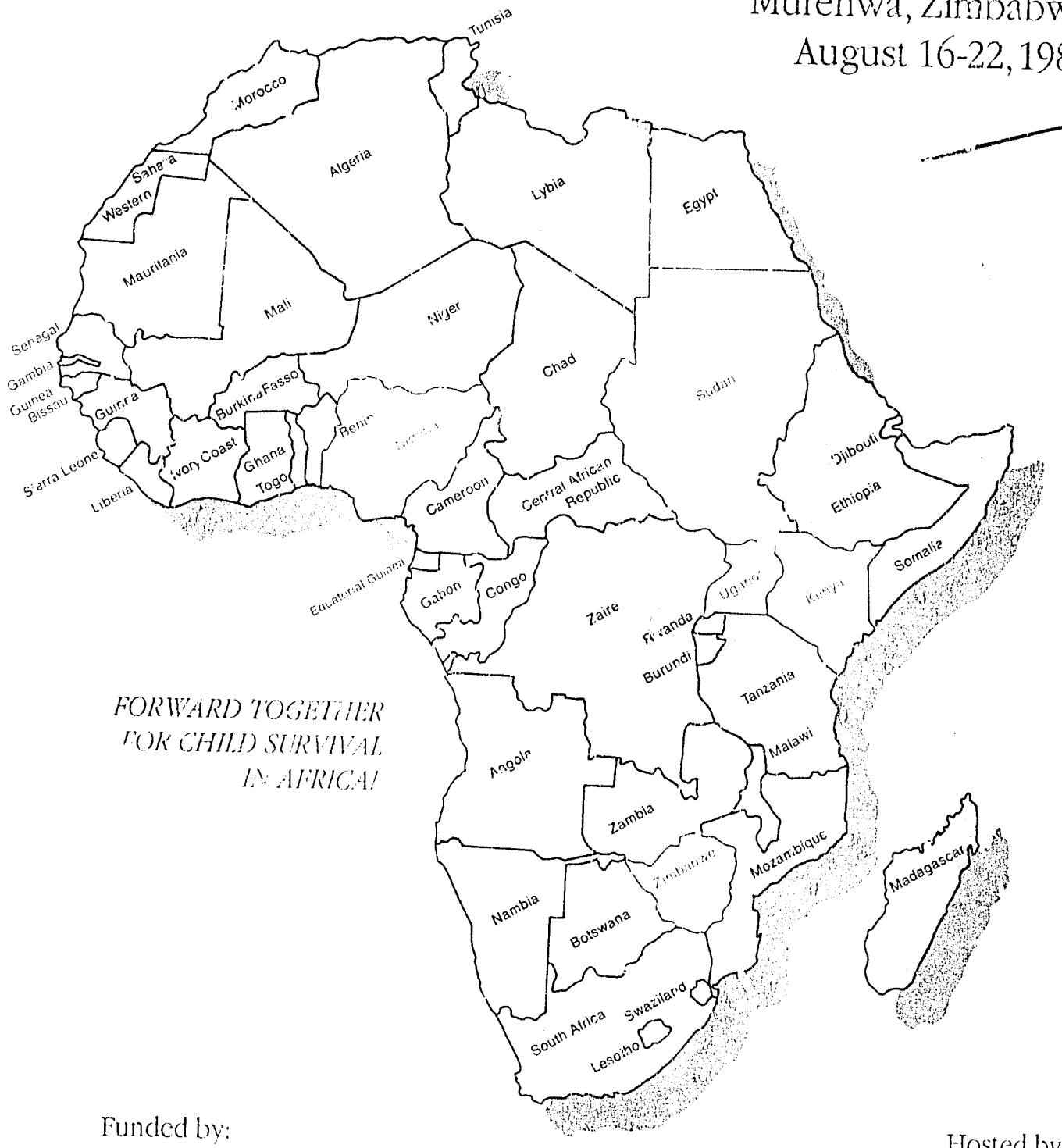
And If the Children Perish

Zimbabwe Child Survival Workshop Summary Report

Murehwa, Zimbabwe
August 16-22, 1987



FORWARD TOGETHER FOR CHILD SURVIVAL IN AFRICA!

Funded by:
U.S. Agency for International Development

Hosted by:
World Vision Relief Organization and World Vision Zimbabwe

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On the cover: People from Kenya, Nigeria, Sudan, Uganda and Zimbabwe participated in the Zimbabwe Child Survival Workshop.

Introduction

Support for Child Survival is now among the United States Agency for International Development's (A.I.D.) top priorities, comprising more than half of its annual health budget. During fiscal year 1986 alone, more than $150 million of A.I.D.'s funds went to support Child Survival activities around the world.

During the course of its administration of the Child Survival Fund, A.I.D. has provided technical assistance to Private Voluntary Organizations' (PVO) programs in the developing world. In 1985, a training workshop for the first generation of Child Survival Fund grant recipients was held in Airlie, Virginia. Following this workshop, A.I.D. determined that a more effective approach to such workshops for the future would be to focus more upon actual field implementation and management of Child Survival projects.

As a part of this strategy, A.I.D. determined that it would choose PVOs who were already implementing Child Survival projects to host training workshops based at or near the site of actual projects, to allow workshop participants to utilize an ongoing project as a case study for reference and critique. In 1986, Meals For Millions/Freedom From Hunger Foundation hosted the first such field-based workshop in Sierra Leone. In 1987, two PVOs were chosen to host implementation workshops in Africa. The Adventist Development and Relief Agency (ADRA) was slated to host a workshop for PVOs funded by A.I.D. in 1986 to implement Child Survival projects in francophone Africa, while World Vision was picked to host a workshop for all PVOs funded by A.I.D. in 1986 for projects in anglophone Africa.

And if the children perish, then the past becomes a hollow echo, and the future an unheard cry, upon shifting, uncaring winds of change.

Pre-Workshop Activities

After accepting the invitation to host the anglophone Africa regional workshop in December 1986, World Vision held its first planning meeting with an A.I.D. representative in February 1987. At the California meeting, A.I.D. guidelines were reviewed and overall standards, goals, and technical needs were agreed upon.

At the second workshop planning meeting held at A.I.D./Washington (April 30-May 1, 1987), the first workshop needs assessment using project detailed implementation and evaluation plans was carried out. Workshop venue was placed near an engoing Child Survival program to optimize learning. World Vision Zimbabwe would be the host.

Workshop Design

The overall workshop goal was to improve the survival potential of infants and children in Africa by enhancing the skills and experience of Child Survival implementors. Specific workshop objectives met were:

1. Promote and actively encourage information, sharing of ideas, experiences and lessons learned by workshop participants during this past year's implementation of Child Survival activities.

2. Enhance participants' understanding of how a Child Survival project works with a community to achieve a sense of "community ownership" for project activities.

3. Improve participants' practical knowledge in the delivery, use and measurement of effectiveness for the key Child Survival interventions of immunization, oral rehydration therapy (ORT), nutrition and social mobilization. Develop critical technical standards for effective interventions in ORT, Expanded Program for Immunization (EPI), and nutrition. Share simple criteria for the definition of high-risk groups; devise practical methods for locating these high-risk children and mothers; devise a practical method for mobilizing each community.

4. Improve participants' practical knowledge of Child Survival information systems, including objectives, project monitoring, Child Survival and PVO reporting requirements, and mid-term and final evaluations.

Balancing Rocks of Zimbabwe

Child Survival is a precarious balance of key interventions that must be maintained if the Africa of today is ever to have a tomorrow.

5. Increase participants' knowledge in communication, coordination, and relation-building among host countries, donor agencies, and other Non-Governmental Organizations (NGOs) working in Child Survival.

6. Help participants to develop a plan of action for identifying and resolving sustainability issues within the projects.

7. Expose participants to an ongoing Child Survival project, observe it critically, and suggest ways to improve the design, implementation, and evaluation systems of their own (participants') Child Survival projects.

8. Promote and actively encourage an Africa regional network among PVO Child Survival project implementors, as started by the Sierra Leone Child Survival Workshop in April 1986.

A child is the culmination of all mankind's yesterdays, and the promise of tomorrow, tottering on the spindly legs of today.

The workshop staff also developed the following workshop standards for the workshop:

1. The workshop design would be participatory in nature with the purpose of training field staff who are directly working in USAID funded Child Survival projects.

2. A strong emphasis would be placed upon training African staff who anticipate continued involvement in the project area after USAID funding has been completed.

3. The focus of the workshop would be upon improving the delivery and effectiveness of Child Survival technologies, as well as an emphasis upon process issues such as training, evaluating, supervising, monitoring, and reporting.

4. World Vision's Child Survival project would be utilized for site visits and serve as a tool for training and critique.

5. A broad variety of resource materials would be made available to the workshop participants for their future use.

Workshop Theme

In keeping with the trend in the host country of Zimbabwe, the Workshop designers adopted the theme of "Forward Together for Child Survival."

The Participants

Special communications were sent to PVO offices in Africa and the U.S. to identify their participants. In addition, World Vision Zimbabwe decided it was appropriate to extend the invitation to the Ministry of Health of Zimbabwe. The final Workshop participants represented the following organizations:

1.	AMREF (African Medical and Research Foundation)	2
2.	CARE-Kenya	1
3.	CARE-Sudan	2
4.	CARE-Uganda	2
5.	AFRICARE-Nigeria	2
6.	Save the Children-Malawi	2
7.	Save the Children-Sudan	2
8.	Save the Children-Zimbabwe	1
9.	SAWSO-Kenya (Salvation Army World Service Organ.)	2
10.	World Vision-Sudan	2
11.	World Vision-Zimbabwe	2
12.	Zimbabwe Ministry of Health	3
13.	St. Paul's Mission Hospital (WV-Zimbabwe CS partner agency)	1
	Total Participants	24

Survey of Participants' Interest Areas

AID's analysis of the Detailed Implementation Plans (DIPs) submitted by the participants' projects suggested that the following topics be included in the workshop. This list was sent to the participants' PVO offices for them to indicate what would be of greatest (or least) interest to their project staff. The following topics are listed in a descending order of importance to the participants:

1. Supervision
2. Monitoring and reporting
3. Training (methods and materials)
4. Evaluation
5. Coordination with the government
6. Baseline data
7. Oral rehydration therapy

8. Community organization
9. Technology of immunization
10. Growth monitoring
11. Program design
12. Vitamin A

Workshop Location

World Vision's Mashonaland East Child Survival project was utilized as the location for this implementation training workshop. Located near Murewa, Zimbabwe, the Mwamuka Hotel also afforded close proximity to the project site as well as the necessary facilities for the workshop sessions and resource center. Located 86 Kilometers northeast of Harare, this small country hotel proved to be a simple, yet warm and engaging, environment for participants to focus upon training and learning opportunities of the workshop.

Workshop Team

There was a total of 41 people in the workshop: 24 participants from the PVOs and the MOH, 9 workshop staff, 5 resource people from Zimbabwe, and 3 observers.

The final workshop team included Dr. George Ngatiri, overall coordinator; Rev. Max Chigwida, World Vision (Host Country) Field Director; Dr. Jake van der Vlugt, Health and Child Survival Coordinator (A.I.D./PVC); Dr. Dory Storms, Coordinator (A.I.D. reporting systems, D.I.P. review feedback, Collaborative Child Survival Project); Mrs. Cynthia Rawn, Resource Person in EPI (REACH); Mrs. Bongi Mushapaidze, World Vision Zimbabwe PHC Unit Head/Child Survival Project Manager; Dale Flowers, Health and Management Training Consultant (Facilitator); Mark Publow, World Vision Relief Organization Headquarters Liaison; and Dr. Doug Mendoza, technical assistant from World Vision Relief Organization.

The Workshop

Special features of the workshop included: review of participant expectations, opening speech by a representative of the Ministry of Health, a balanced mixture of lecture presentations by invited speakers and participants, village visits, small group discussion, group reports, daily evaluations by participants, and formulation of 90-day action plans on the last day of the workshop.

The actual schedule of the workshop is presented on the following page.

WORLD VISION ZIMBABWE CHILD SURVIVAL WORKSHOP SCHEDULE—August 15-22, 1987

TIME	Saturday, Aug. 15	Sunday, Aug. 16	Monday, Aug. 17	Tuesday, Aug. 18
7:00—7:45	Arrival in Harare	Breakfast	Breakfast	Breakfast
8:00—9:00		Workshop Staff Leave for Workshop Site	Announcements	Social Mobilization
9:00—10:00			Poster Display Presentations	Tea Break
10:00—11:00			Tea Break	Briefing
11:00—12:00			Opening Ceremonies	Site Visits (Lunch Served in the Community)
12:00—13:00		Lunch	Lunch	
13:00—14:00		Participants Arrive in Murewa	Poster Presentations Continued	
14:00—15:00		Registration	Tea Break	Reflections on Visits
15:00—16:00		Distribution of Binders		Tea Break
16:00—17:00		Welcome	Survey Reviewed	Presentations
17:00—18:00		Introduction	Group Sessions	Evaluation
18:00—19:00		Participant Interviews	Next Day Orientation and Evaluation	Review of Next Day
19:00—20:00		Orientation		
20:00—21:00		Dinner	Dinner	Dinner
		Review of Resources	Workshop Staff Meeting	Staff Meeting

TIME	Wednesday, Aug. 19	Thursday, Aug. 20	Friday, Aug. 21	Saturday, Aug. 22
7:00—7:45	*Breakfast*	*Breakfast*	*Breakfast*	*Breakfast*
8:00—9:00	*Control of Diarrheal Diseases*	*Immunizations*	*Preparation of Action Plans*	*Participants Leave for Harare*
9:00—10:00	*Tea Break*	*Tea Break*	*Tea Break*	*Workshop Staff Wrap-up Meeting and Departure for Harare*
10:00—11:00	*Briefing*	*A.I.D. Reporting System*	*Action Plan Presentations*	
11:00—12:00	*Home Visits/ ORT Interviews*			
12:00—13:00		*Lunch*	*Final Evaluation*	
13:00—14:00	*Lunch*	*Health Information Systems*	*Lunch*	
14:00—15:00	*Reflections on Visits*		*Photo Session*	
15:00—16:00	*Tea Break*	*Small Group Sessions/ Presentations*	*Cultural Presentation*	
16:00—17:00	*Presentations*			
17:00—18:00	*Case Studies*	*Evaluation*		
18:00—19:00	*Evaluation*			
19:00—20:00	*Dinner*	*Dinner*	*Fellowship Dinner*	
20:00—21:00	*EPI Meeting/ Staff Meeting*	*Staff Meeting*	*Closing*	

"Group discussion was the best; sharing and exchanging some of the experiences from other countries; knowing others' problems and getting new ideas from others."

Highlights of Topical Sessions

Social Mobilization

- A community-based health program recognizes the political context of the area and evolves a structure which responds to the needs and priorities of the total community.
- The program should develop a careful analysis of problems in the context of socio-political and economic structures, available resources, and uses a range of methods to cope with inherent struggles for power.
- Participants were impressed in the visit to three project villages by the interaction between staff and people, singing and dancing as a way of reflecting oneness as a community, and community development centers which the people built. Ideas generated by the visit included planting of trees for shade and fuel, use of run-off water from wells for gardening, and income-generating activities.

Oral Rehydration Therapy

- All three ORT techniques (ready packets, salt-sugar solution, and home made solutions like light tea, porridge and banana juice) were promoted in the projects.
- The importance of continuing normal feeding, referrals, and the training of village health workers was emphasized. Oral rehydration corners in aid posts, and supervision by the pre-school health infrastructure were among the innovative ideas presented.

- A structured interview of mothers relevant to diarrhea and ORT was carried out by the participants in the project area. The interviews designed by Dr. Carl Kendall of John Hopkins included literacy level, knowledge (what diarrhea was, its causes, how to mix the salt-sugar solution), attitudes and practice on diarrhea and ORT.

Nutrition and Growth Monitoring

- Nutrition status of the children is part of the baseline survey.

- Health education messages included breast-feeding up to 18 months, introduction of other foods at 4-6 months, and promotion of balanced diets from local foods.

- Useful ideas included regular growth monitoring of 0-5 year olds every 2-3 months, installation and periodic calibration of Salter scales at all delivery points, organization of a Women's Development Center, demonstration gardens, and income generating activities to sustain nutrition.

- Indicators chosen included registration of under threes (instead of under fives), number of cards issued, attendance in clinics, knowledge and skills of mothers, and drop in malnutrition cases.

Immunization

- The participating PVO projects described a variety of collaborative relationships with national Ministries of Health.

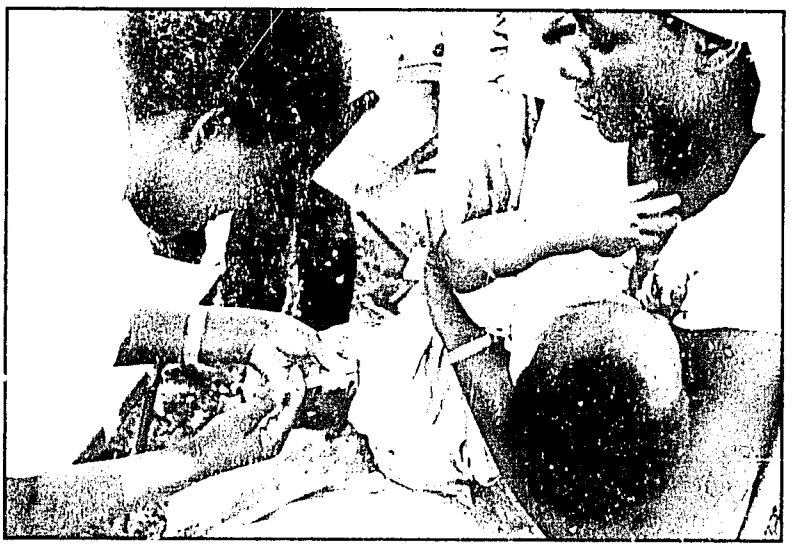
- PVO projects have unique qualities that enable them to try innovative approaches in delivering vaccinations.

- Political will and intensive mobilization are necessary ingredients in efforts to increase immunization coverage.

- Immunization programs progress slowly without an occasional "boost" like a campaign. Plans for follow-up campaigns up to 1990 and beyond were encouraged.

- Planning should be based on what you need, and not on what you have, e.g., using police vehicles to distribute vaccines where there are no EPI vehicles.

"I learned the importance of inter-agency collaboration in trying to increase immunization coverage."



- It is very important for all immunization reporting that vaccine doses delivered be categorized according to vaccine, number of the dose, and the age group.

- The challenge in EPI is to raise immunization levels to the point where significant reduction in morbidity and mortality can be sustained.

Baseline Surveys

- The Uganda "100-house survey" was quoted as a practical cost-effective way to obtain baseline information.

- Baseline surveys should include, in addition to demographic information, the community's knowledge, attitudes and practices (KAP), and resources to meet its health needs.

- Community maps and family enrollment are useful survey tools.

- This has been the most difficult part of the work for field staff. Four major issues include: use, problems, personnel, and time constraints.

Health Information Systems

- The use of outside Technical Assistance in the design phase of a project's health information system was recommended when needed.

- Focus on information needs at family/community levels and community feedback are important to provide the information needed by the people to take an active part in their own health care.

Sustainability

- Sustainability was a constant issue in all the topics covered in the workshop. A formal session on this subject was held on the third day. PVOs were challenged to work out measures with the communities to sustain the child survival activities after the funding has been completed.

- Suggested approaches include: integration and coordination with national and local government systems and structures, significant degree of involvement of ministry of Health, resource generating activities such as fee for service, reduction of costs, and seeking other funding sources.

Supervision and Training

- Supervision should have a participative style, rather than "top-down," should be shared between health workers and community leaders, and should be supportive of the work of community health workers.

- Communities should be actively involved in planning, implementation, monitoring and evaluation.

- Supervisors should have training in both technical know-how and supervisory principles and methods.

Linkages with Ministry of Health and Other PVOs

- Ministry of Health workers are members of PVO project committees, and PVO staff are also members of EPI committees at various levels.

- It was recommended that PVOs consider and respect community and government inputs. Ministries of Health should also develop more interest in PVOs, provide feedback to them, and monitor/follow-up PVO programs.

- PVOs can learn and benefit from each other by exchanging ideas and reports, visiting each other's projects, meeting and consulting with each other, and holding joint workshops.

Traditional Health Providers (THPs)

- THPs in Child Survival projects have their strengths; they are respected members of the community and many of them have been integrated into projects.

- However, some THPs do not want to work with "modern medicine" providers. They often work in secrecy and may still have some harmful practices.

AIDS, EPI and Malaria

- There is no evidence that AIDS has been transmitted through immunization activities. Recommendations for AIDS prevention included the promotion of sterile techniques, use of a one-needle-one-patient policy, training of project staff to educate the community and help dispel rumors, and education of health care providers about AIDS.

- Consider measures to support AIDS patients such as increased social/family sympathy, establishment of hospices, AIDS-anonymous, and labor certification support.

- Malaria was noted as a major cause of fetal deaths, prematurity, and low birth weight. Its incidence and prevalence are useful indicators of community health status, and may be considered in surveys and in providing technical assistance.

- The target of malaria intervention (Chloroquine prophylaxis) in a CS program was established as pregnant women and children under two years old. Appropriate environmental interventions should be also carried out.

Education/Mass Campaigns

- Mass campaigns should not be seen as an end by themselves, but as a means of developing and refining implementation schemes.

- Mass campaign strategies require a comprehensive foundation such as baseline surveys and KAP (Knowledge, Attitudes and Practice) focus interviews.

- Inter-sectoral linkages, short-term and long-term strategies toward reaching goals and maintaining sustainability are important components of mass campaigns.

Technical Assistance (TA)

- Technical assistance was considered important in the start-up, middle and concluding phases of CS programs.

- USAID announced the availability of TAs from Washington DC and a TA request form was presented and explained.

- Persons providing TA should have knowledge and familiarity with the country's health policies, good background information about the country, and the ability to effectively share from his/her own expertise and experience.

- TA should be made available from international (PVO) headquarters, national, regional, and local levels with the possibility of tapping project workers to provide TA to other PVOs.

Computers in CS Programs

- Participants who have been using computers in their projects found them useful in baseline studies, statistical analysis, reporting, communications, and logistics.

Eye Care and Vitamin A

- Dr. Larry Schwab, author of the book, "Primary Eye Care in Developing Nations," shared that 1 percent of the world's population is blind by WHO criteria, and two-thirds of these cases are preventable and treatable.

- There is a global goal to reach about 5 million affected people. Vitamin A is an important intervention in achieving this goal.

"Improve home management of child diarrhea by getting down to the level of the users."

Highlights of the Participants 90-Day Action Plans

1. Determine coverage of EPI in target area.
2. Design and implement baseline ORT survey.
3. Improve working relationship with other PVOs and MOH (on CS implementation)
4. Conduct seminar on Vitamin A
5. Select and train VHWs
6. Review and improve monitoring and evaluation methodologies

Highlights of the Final Day Evaluation by the Participants

"The most important things I have learned in this workshop and would like to apply in my project."

- Encourage inter-sectoral collaboration with all the PVOs, WHO, UNICEF, and MOH. This can increase country/regional networking and technical assistance.
- How to prepare an action plan and how to evaluate my project better.
- Communicate more, work and live together with the people to be more effective.
- I will get more technical assistance especially during the middle and final phases of my project.
- Consider the strategies demonstrated in the workshop and explore other methods to sustain Child Survival activities after funding has been exhausted.
- Traditional health providers will definitely be tapped in my community.
- I need to reevaluate my project objectives, have better baseline studies, improve reporting system, work with comparable standards, and keep close linkages with other PVOs.
- Improve on the health information systems of my project.
- Develop a simple message and make sure mothers understand well.

- We should rely more on African manpower resources and less on expatriates.
- In mobilizing the community, we should start by asking the community's most felt need: water? food (in famine conditions)?
- Learning is difficult and should be a continuing process. Reminding them constantly will be a strategy that I will consider seriously.
- This workshop has prepared me to host a future workshop.
- Take advantage of the technical assistance being offered by A.I.D./ Washington, D. C.

"My Suggestions For Future Workshops of Newly Funded Child Survival Projects in Africa."

- Plan on a longer workshop.
- Involve experienced and qualified field workers as resource persons.
- Give other countries the chance to host future workshops.
- Inform participants months ahead to be able to prepare better.
- Workshop materials should be sent in advance.
- Limit number of participants.
- Plan to have back-up facilities in case of electricity cuts.
- Limit community visits. Consider observing more than one intervention per visit.

"The following topics should be addressed (or discussed more) in future workshops."

- Birth-spacing
- Maternal health
- Growth monitoring and sustainability

Participants listed 32 potential resource people for future workshops. Some suggested CDC-epidemiology type of people, project staff from impact areas, regional staff, and headquarters staff should likewise be invited as resource persons.

Budget Summary

Line Items	A.I.D. Budget	A.I.D. Actual	WVRO Match
1. Consultants & Evaluations	$5,300	$5,300	$1,700
2. Supplies/Materials	2,000	1,853	0
3. Other Direct Costs	3,700	3,847	2,812
4. Indirect Costs	4,000	4,000	0
5. Travel	25,000	25,000	3,793
Workshop Total	$40,000	$40,000	$8,305

World Vision Zimbabwe Workshop Evaluation

The Zimbabwe Child Survival Workshop was the first international effort of its kind to be held at district level in a remote area. This "grass roots" approach served to foster a deeper identity and oneness with the local people themselves.

Organizational skills of our Child Survival team were enhanced by just arranging such an international Workshop. The workshop provided a learning exercise for the Child Survival Team as well as the country as a whole.

The Child Survival projects benefited from contributions made by Workshop participants from Kenya, Malawi, Nigeria, Sudan, Uganda and Zimbabwe. The participation of NGOs at the workshop is widely held to be the beginning of the ultimate goal of inter-agency coordination.

Ministry of Health officials expressed their appreciation of the week-long effort to World Vision Zimbabwe.

WVRO Headquarters Evaluation

The organization and facilitation of this training workshop represented a significant degree of collaboration, coordination and cooperation between the WVRO headquarters in Monrovia, California and the World Vision Zimbabwe field office in Harare, Zimbabwe. While World Vision Zimbabwe served as the host to the actual workshop, WVRO served in a facilitation and coordination capacity with A.I.D./Washington and the headquarters of other Private Voluntary Organizations (PVOs) invited to participate in the workshop.

The following observations represent the highlights of WVRO's evaluation of the workshop planning and preparation process:

> The successful preparation and planning for this workshop required a close and intentional coordination between WVRO (headquarters) and World Vision Zimbabwe. WVRO determined from the point of inception that the primary responsibility and authority in the hosting of the workshop would be with the field office hosting the event, and not with headquarters. While both WVRO and World Vision Zimbabwe (WVZ) by necessity undertook specific roles in the

planning process, the ultimate point of approval for all decisions impacting the workshop was with the WVZ field director, Max Chigwida, and his team.

- Coordination efforts by WVRO required the continued recognition of and sensitivity to appropriate organizational protocol, both between the headquarters and fields of other PVOs invited to participate, and between WVRO and WVZ.

- Successful workshop preparation required the significant attention of at least one mid-to senior-level staff person within WVRO headquarters for at least six months prior to the workshop. During the three months immediately prior to the workshop, the time requirements for preparation incrementally grew from approximately twenty-five percent of one person's time to a full-time equivalency for the last six weeks of preparation.

- Based upon WVRO's experience, the process of workshop design must include the field office (for content as well as structure and format). Moreover, the process of workshop design will, by necessity, need to be flexible throughout the planning process, including the flexibility to adjust after the workshop itself has already begun. Of particular significance in this regard is the need to allow opportunity for small group interaction by the participants for both pre-designated and participant-determined topics of discussion.

- Feedback by both A.I.D. officials and World Vision staff who attended both the Sierra Leone workshop in 1986 and the Zimbabwe workshop in 1987 concluded that the technical capability and degree of project-level experience was notably higher in the area of primary health care with the Zimbabwe workshop. Speculation on the reasons for this included the fact that the A.I.D. Child Survival program was at a greater point of maturity than in 1986, when it was first beginning and the strong perception that the PVO projects represented at the workshop were further along due to increased PVO capability than were the projects at the first workshop.

- Relatedly, the workshop design appeared to be most successful when sufficient unprogrammed time was allowed for the schedule. This greater level of experience seemed to generate a significant degree of

self-motivation among the participants to learn from the resources available from one another.

- The role of workshop facilitator was critical to the ongoing flow and effective progress of the Zimbabwe workshop. In WVRO's estimation, it was particularly important that this role be carried out by a person external to both A.I.D. and the host PVO, to allow the facilitation to be carried out with effective authority and objectivity. Moreover, while the facilitator should be generally conversant with the overall topics being discussed, in WVRO's estimation it is more important for the facilitator to have a training background than it is for the person to have a technical background in Child Survival issues. In his role as facilitator at this workshop, Dale Flowers performed exceptionally well; A.I.D., WVRO and WVZ officials each recognized and noted Dale's strong personal performance, as well as the value that this role played. Thus, in WVRO's estimation, this function is also worth the costs involved for consultant's time and travel, if the person is well selected.

- While it should not be an ongoing issue, WVRO's experience indicated the importance of role clarification at critical mileposts in the workshop preparation, planning, and implementation process. For the Zimbabwe workshop, these mileposts included the point of WVZ and WVRO first accepting the responsibility to host, the initial stages of workshop planning beginning six months prior to the workshop, a point approximately three months before the workshop when detailed planning and preparation began in earnest both with WVZ and WVRO, and the point just prior to the workshop's beginning. With workshop staff and resource persons, including PVO field and headquarters representatives as well as A.I.D. representatives, the process of role clarification was very helpful to the overall flow of the workshop itself.

- Relatedly, daily coordination and review meetings at the end of each workshop day for all workshop staff proved to be very helpful, particularly in adjusting schedules and training processes.

- Two days of detailed site visits seemed to be a good level for this workshop. Originally, three days of site visits were included in the design, but each site visit required so much time for the participants as well as time in coordination with the area communities and MOH

staff, that more than two would have diminished the ability of the workshop to address several key issues for a simple lack of time.

- While the financial allocation by A.I.D. for the workshop appeared at first to be significantly under the required costs, WVRO's experience was that actual costs were able to be minimized due to the lowered costs of lodging and food for a workshop held in a more rural area. Moreover, the workshop setting proved to be very adequate and allowed participants to focus on the workshop without significant distractions (e.g., shopping). In agreeing to host a workshop like this, however, the PVO headquarters and field office will each need to recognize the substantial contribution in staff time and related impact on other workloads that this requires.

- While the experience of hosting this workshop held many valuable lessons for World Vision generally, in retrospect one critical component of the workshop design was the close coordination and involvement with the Ministry of Health in its planning. MOH officials at the national, provincial, district, and local levels were included in both the planning process and the workshop itself. This involvement provided a critical and complementary resource point for workshop participants as well as lasting goodwill for the ongoing work of World Vision Zimbabwe in the implementation of the Mashonaland East Child Survival project.

- Finally, a critical component to the lasting effectiveness of this workshop was the intentional focus on training for enhanced ability to implement existing Child Survival projects. The focus of the workshop participants from the start, much less the focus of the workshop design, was upon obtaining tools and learning new information based upon the experience of one another and the resource persons utilized in the workshop which would enable them to improve the successful implementation of their own projects.

THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF HYGIENE AND PUBLIC HEALTH

INSTITUTE FOR INTERNATIONAL PROGRAMS

November 11, 1987

Dr. Rufino Macagba
World Vision Relief Organization
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Monrovia, CA 91016

Dear Rufi,

I congratulate World Vision for the successful workshop in Murewa. You made manifest the values on which we have built the Child Survival implementation workshop strategy -- field-based, shared experiences, exchange of ideas, and dissemination of practical information to help project managers do a better job. Indeed, in the opinion of some, the group dynamics and the feelings of solidarity were the most prominent outcome of the workshop. As one letter from a PVO staff member expressed, "Participants now feel that they are not alone in the struggle to implement the child survival interventions."

We believe the participants who came to Murewa will be more effective in their work in the Africa region because of that experience. It was a very worthwhile experience for me personally, and I am deeply appreciative of the tremendous amount of hard work which those at World Vision gave to the effort.

The success of the WV workshop, (and that of the earlier workshop for the CS projects in francophone Africa), has convinced A.I.D. to continue their support of additional implementation workshops in the Africa region in 1988. Based upon his direct experience of the WV workshop, Dr. Gerold van der Vlugt, PVO Health and Child Survival Coordinator, FVA/PVC, has encouraged further field-based workshops in Africa. He has directed the PVO Support Program at Johns Hopkins to work with AMREF in Kenya, to design a workshop for Child Survival III project implementors. You will be excited to learn that we are working with Dr. B.O.N. Oirere, who attended the WV Zimbabwe, to incorporate the lessons learned in Murewa.

I look forward to continued contact with you, Mark Publow, George Ngatiri, Max Chigwida, Bongi Mushapaidze, Doug Mendoza, and all the wonderful WV field staff who accomplished so much through this workshop.

Sincere regards,

Doris

Dr. Doris Storms
Coordinator, PVO Child Survival Support Program

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Post Script: A Message

This final report is not merely a compendium nor a tool to help planners of future workshops. May it come with a message to people all over the world involved in Child Survival. The crusade to reduce morbidity and mortality of children and give them a decent start in life is now going on. We need to reinforce the commitment in people, organizations, and governments involved in this global crusade and to encourage dedication among those who will join the campaign. May the Zimbabwe and future workshops serve as catalysts in realizing this dream for the world's future leaders. As the slogan goes ... **Forward Together For Child Survival!**