

PVO RESOURCES FOR CHILD SURVIVAL

Transferring Lessons Learned
January 9-11, 1989
Lake Junaluska, North Carolina

*The 3rd annual workshop for U.S.-based PVO staff who backstop
Child Survival projects in Africa, Asia, Latin America, and the Caribbean.*



This workshop was organized by the PVO Child Survival Support Program at the Institute for International Programs, School of Hygiene and Public Health, The Johns Hopkins University, under Cooperative Agreement #PDC-0526-A-00-6186-00 between the Institute for International Programs, JHU, and the Office of Private Voluntary Cooperation, Bureau for Food for Peace and Voluntary Assistance, United States Agency for International Development.

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Preface

The trees have turned their glorious fall colors, and up and down the street the neighbors are raking shifting piles of crackling leaves. Here we are putting the finishing touches on your workshop report. Why distribute the report 10 months after the workshop? you might ask. It is because I think it important we give you information on workshop evaluation and follow-up action.

In my experience, about a third or more of the annual workshop participants are no longer in the same job by the end of the year (though they may have been reassigned to another PVO slot). Thus, we use this report to familiarize those new to Child Survival with what has gone on this year, as well as to bring to mind what happened at the last annual workshop for those still with the PVO Child Survival Program. So please, take the time to review what happened at Lake Junaluska before you come to Aliso Creek, California, site of the 1990 workshop.

Some special acknowledgments for those who have helped with this report: Mary Anne Mercer and Cynthia Carter wrote the text, and Sally Foster contributed photos. This year the cover is a collage—prepared by Wise Chauluka, an artist from Malawi. He calls his work "Hope Against Hope." Since August 1987, with the help of a United Nations fellowship, Chauluka has been refining his expertise at the Maryland Institute-College of Art. Chauluka's guiding interest is his art. By borrowing traditions from his mother and father, he wishes to preserve, interpret, and cherish the cultural traditions of his Central African home. Also, in this report you'll again find cartoons drawn by my son-in-law, Peter Charles.

At the close of the Lake Junaluska workshop, each participant shared feelings regarding their involvement in Child Survival and their future plans. The comments reinforced the fact that the PVO community is a diverse group of individuals who labor as advocates for mothers and children worldwide. You indeed are key resources for Child Survival. Your willingness to acknowledge constraints, share successes, and learn from one another is an indicator of the strong future of Child Survival.



Dory Storms
November 1989

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Workshop Planning and Preparation

“It is helpful to share strategies for implementing Child Survival with other groups, and to find out about resources that are available. I came away with a sense of direction, which is hard to find on a daily basis.”

—PVO representative

Background

The Agency for International Development, Bureau for Food for Peace and Voluntary Assistance, Office of Private Voluntary Cooperation (AID/FVA/PVC) currently funds 25 U.S.-based private voluntary organizations (PVOs) to carry out Child Survival projects in 25 countries located in Africa, Asia, Latin America, and the Caribbean. Since 1985 the PVO staff who backstop the field projects have participated in an annual PVO Resources for Child Survival workshop. PVOs have found these workshops, funded by AID/FVA/PVC as part of its Child Survival technical support strategy, to be an important source of networking, sharing, and consulting among the Child Survival PVOs.

The annual PVO Child Survival workshops are designed and conducted by staff and consultants of the PVO Child Survival Support Program, under a cooperative agreement between AID/FVA/PVC and the Institute for International Programs of The Johns Hopkins University School of Hygiene and Public Health. The Support Program directs a number of activities designed to strengthen the capacity of PVOs to plan and carry out effective Child Survival projects.



Sally Foster

The Lake Junaluska Workshop was patterned after and built upon the experience of the two previous annual workshops held in Baltimore, Maryland (1986) and Lake Havasu, Arizona (1988). The third annual workshop was held in Lake Junaluska, North Carolina on January 9-11, 1989. The 45 participants included technical staff from 19 PVOs who are responsible for the design, implementation, and evaluation of 81 Child Survival country projects. Again this year the workshop focused on "PVO Resources for Child Survival."

Organization

The workshop organizing team consisted of a facilitator (Mr. Dale Flowers), the workshop coordinator (Dr. Mary Anne Mercer), and the PVO Child Survival Support Program coordinator (Dr. Dory Storms). In addition, Ms. Cynthia Carter and Mr. Martin Garcia-Bunuel, PVO Child Survival Support Program staff, assisted in workshop planning and implementation.

Needs Assessment

Planning for the 1989 workshop began with a needs assessment. Those PVO staff responsible for backstopping Child Survival country projects reviewed a tentative set of agenda items based on recommendations from the 1988 workshop evaluation and made suggestions for additional topics.

PVO home office staff expressed the need to use the workshop to share lessons learned and to update their skills. A number of PVOs decided to send newer staff members to the workshop and suggested topic areas that would serve as orientation to routine matters such as reporting requirements. Several PVO staff indicated an interest in discussing the pros, cons, and process of computerizing projects, and most regarded sustainability as a must for discussion. Some requested increased contact with PVC project officers. Evaluation of the 1988 workshop



Cynthia A. Carter

suggested some participants wished to focus on one or two technical issues in greater depth. A review of consultant reports pinpointed growth monitoring as a real problem area for project staff. Despite concentration on this subject over the past two years, considerable technical flaws existed in implementation of growth monitoring and promotion (GMP). Feedback from technical consultants to field projects had shown that many field staff were making errors in weighing and measuring children, which needed correction if growth monitoring components were to be accurate.

Workshop Goals

Based on the needs assessment and experience from previous workshops, the following workshop goals were identified:

1. To facilitate exchange of experiences and materials from Child Survival I, II, and III projects among PVO home office personnel responsible for backstopping PVO Child Survival country project staff.
2. To provide PVO technical support staff with practical knowledge and skills to improve the weighing and measuring of infants and children in the country projects.
3. To identify follow-up action for the transfer of lessons learned by PVO Child Survival country and home office staff to strengthen ongoing and future PVO Child Survival efforts.
4. To provide a forum for PVO staff and A.I.D. representatives to exchange information and ideas on the current PVO Child Survival Program and its future direction.

Dates and Location

As in previous years, workshop planners scheduled the annual workshop during the period between the Child Survival proposal and the detailed implementation plan deadlines. In this case, the scheduled days were January 9, 10, and 11.

The 1988 Lake Havasu workshop demonstrated the value of choosing a quiet, modestly priced setting that is secluded from major urban centers. Information from Dr. Henry Perry suggested that Lake Junaluska, North Carolina, the site of the PVO, Andean Rural Health Care, would provide a similar setting for the 1989 workshop. Indeed, Lake Junaluska proved to be

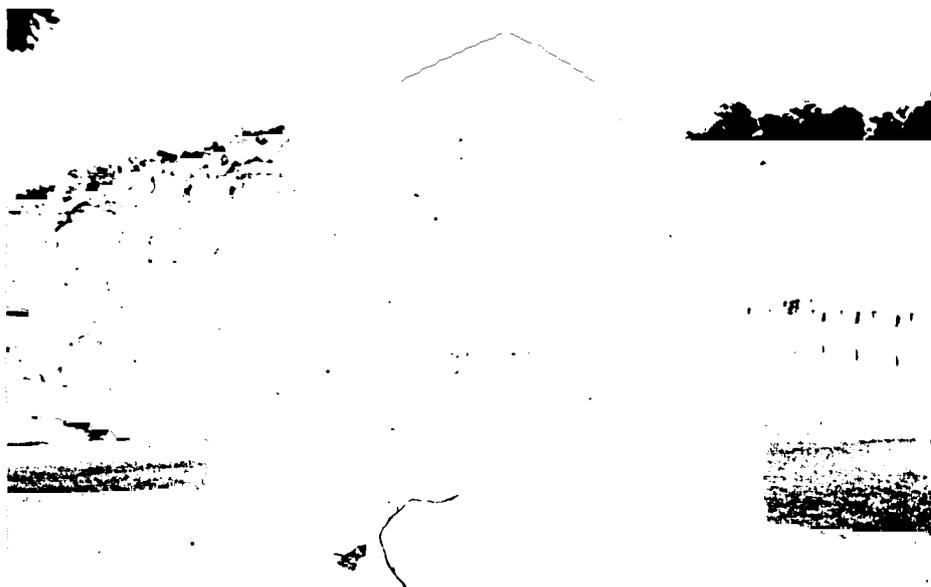
an excellent site. The Terrace Hotel and Conference Center offer modestly priced guest rooms and dining facilities, a variety of meeting rooms, and the services of a conference coordinator. The main meeting room is large enough to accommodate comfortably the PVO group, and smaller "breakout" rooms are also available, including one the organizers set aside to be the Resource Center for display of PVO project materials.

Participants

PVO Child Survival grantees received a letter of invitation to the workshop in October 1988, requesting the attendance of one or

two home office staff who were responsible for technical backstopping of Child Survival country projects. The final roster of PVO participants consisted of 30 home office staff from 19 PVOs. Of the 30 PVO participants, nearly half were new to the Child Survival Program, having assumed their positions within the previous year. They held a variety of administrative and technical positions, ranging from presidents to medical directors to program officers, although the majority classified themselves as working previously in a technical position. A list of workshop participants can be found on pages 42 and 43.

Several resource persons from the PVO and consultant community took a major role in organizing particular technical sessions. Dr. Ibrahim Bani, formerly of the World Vision/Sudan Child Survival project, reviewed the quality of the baseline surveys carried out by CSIII projects. Dr. Tee Hiatt, health information systems consultant for Project HOPE, and Dr. Bart Burkhalter from ISTI led the small group session on computerizing a health information system. Ms. Susan Eastman, Helen Keller International staff, presented an overview of vitamin A. Dr. David Pyle of Management Sciences for Health gave a thoughtful summary of the lessons learned in the early Child Survival projects. In addition, Dr. Raul Gomez, from the Foster Parents Plan/



Cynthia A. Carter



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Honduras project, served as co-facilitator for some sessions with Mr. Dale Flowers and led the communications role play.

AID/FVA/PVC was able to send two representatives this year to join in workshop activities. Dr. Jake van der Vlugt, Child Survival & Health Coordinator, and Ms. Ann Thompson, Project Officer, spent much of their time meeting informally with PVO participants, addressing the many questions posed by PVO staff.

The three staff members from the PVO Child Survival Support Program, The Johns Hopkins University, who attended were Dr. Dory Storms, Program Coordinator, Ms. Cynthia Carter, Technical Support Specialist, and Mr. Martin Garcia-Bunuel, Program Assistant. The PVO Child Survival Support Program contracted with the workshop coordinator, Dr. Mary Anne Mercer, and facilitator, Mr. Dale Flowers.

Theme

The theme of the workshop was the need to transfer lessons learned in Child Survival I, II, and III to new projects and to new project staff. Since nearly half of the participants were relatively new to PVO Child Survival, it was important for working sessions to include basic information on Child Survival and discussions of different approaches to implementation. "We have learned that..."

was a recurring component of each of the topics discussed, as well as looking at next steps in Child Survival based on the lessons learned.

Process and Content

The workshop process was based on principles of adult education, stressing the unique contributions that can be made by each participant and emphasizing communication among participants. All participants were considered resource persons for each other. Approximately half of the formal sessions were presented by PVO staff in the form of panel discussions, providing the rest of the group the opportunity to benefit from the experience of its members. To facilitate exchange among participants, small group sessions were emphasized.

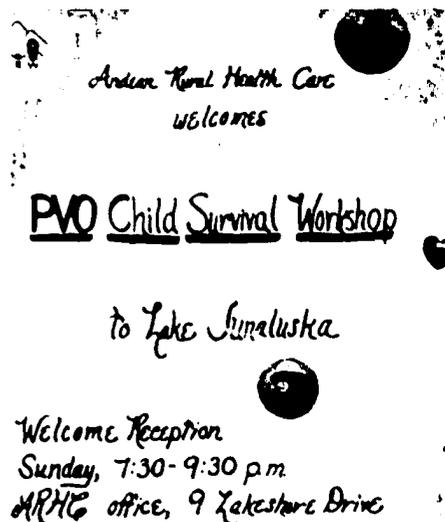
While researching the Lake Junaluska area, workshop organizers had discovered that the Southwestern Projects Child Development Center and the Mountain Projects Head Start Program were located only 10 minutes from Lake Junaluska. Management of the two programs had generously agreed to provide a laboratory session in which workshop participants could practice weighing and measuring preschool children.

Agenda

Efforts were made to vary the pace and type of sessions in order to minimize participant fatigue. The workshop schedule included plenary sessions, split group/concurrent sessions, and small group activities for groups of six to eight persons. Participants also carried out a role-playing exercise to illustrate the difficulties encountered in field office/home office communication. Ninety-minute lunch breaks allowed time for networking and relaxation. At the close of each day, a wrap-up session was held to evaluate the day and to preview the following day's activities. Entertainment was scheduled for the final evening. A Resource Center displayed materials developed and contributed by the PVOs.

Southern Hospitality

The staff of Andean Rural Health Care, based in Lake Junaluska, hosted a welcome reception at their headquarters office the evening before the workshop began. They presented each participant with a gift package containing information about local attractions and a record album featuring local musicians performing Appalachian mountain music. Andean Rural Health Care (ARHC) staff also arranged a number of welcome activities for early arrivals, including hikes, transportation to Sunday religious services, and an invitation to a locally produced play, "Amahl and the Night Visitors." Dr. Henry Perry, ARHC Medical Director, Ms. Martha Edens, Executive Director, and ARHC staff proved that southern hospitality is still strong, and not easy to forget!



Cynthia A. Carter

YUM!—Recipes From ARHC Reception

Sugar Cookies

2/3 cup shortening
2/3 cup sugar
2 eggs
1 teaspoon vanilla
2 cups flour
1/2 teaspoon salt
1 1/2 teaspoons baking powder

Cream shortening, add sugar and eggs. Mix flour, salt and baking powder. Blend well. Divide into two balls and chill. Roll out fairly thin and cut. Bake in 400 degree oven. Be careful not to brown too much.

Orange Coconut Balls

12-ounce box Vanilla Wafers (crushed finely)
1 box powdered sugar
9 ounces of frozen coconut
1 cup chopped nuts
6-ounce can of frozen orange juice
1/2 stick melted margarine
Mix all this together. Make into balls 1/2 or 3/4 inch in diameter. Roll into coconut.

Sausage Balls

3 cups Bisquick
1 lb. sausage
12 ounces cheddar cheese, finely shredded
Mix well. Make balls about 1 inch in diameter.
Place on large cookie sheet. Freeze. Take out and bake when needed.

Broccoli Bread

1 box chopped broccoli (thawed)
4 eggs
1 stick butter (softened)
1 12-ounce carton cottage cheese
1 teaspoon salt
1 box Jiffy corn mix
1 medium chopped onion
Mix all together well. Bake at 400° in a 9X12 inch pan for 35 minutes or until brown.

PVO Resources for Child Survival Workshop at Lake Junaluska, North Carolina, January 9–11, 1989
"COMMUNICATING LESSONS LEARNED TO NEW CHILD SURVIVAL EFFORTS AND STAFF"

	Monday 1/9	Tuesday 1/10	Wednesday 1/11
8:30 am	Introductory Session: Objectives and Expectations	What We've Learned About Health Information Systems—Part 1: Group A: CS Project Reporting Group B: Computerize?	Report and Recommendations from Groups A & B
9:30 am	What We've Learned from CSII and CSIII Midterm Evaluations: <ul style="list-style-type: none">• Process and Management of the Midterm Evaluation• Synthesis of Findings	TOT in Weighing and Measuring: <ul style="list-style-type: none">• Practice Lab at the Day Care Center	The Shape of Things to Come <ul style="list-style-type: none">• Report from A.I.D.• PVO Feedback
10:30 am	<ul style="list-style-type: none">• Reaction from PVO CS Staff• Next Steps	TOT in Quality Control when Weighing and Measuring	Sustainability
12:30 pm	Lunch/Resource Center	Lunch/Resource Center	Lunch/Resource Center
2:00 pm	Training in Weighing and Measuring Infants and Children: <ul style="list-style-type: none">• Introduction	What We've Learned About Health Information Systems—Part 2: A: Computerize? B: CS Project Reporting	Implementation Workshops: <ul style="list-style-type: none">• 1988 Africa Regional Workshop Report• 1989 Central America and Asia Regional Preview
3:00 pm	TOT in Weighing and Measuring: <ul style="list-style-type: none">• Scales, Height Boards and Other Measuring Tools	CSIII & CSIV Baseline Studies <ul style="list-style-type: none">• Process and Management• Report on CSIII Methodology, Content, Quality & Constraints• Next Steps for CSIV Baselines	Closing Comments
4:00 pm	Role Play: Field/HQ Communication		
5:00 pm	Day's evaluation and tomorrow's preview	Day's evaluation and tomorrow's preview	(Workshop evaluations will be mailed to participants)
6:30 pm	Dinner	Dinner	
7:30 pm	New Initiatives: HKI's VITAP	Down Home Stompin'	

Materials Displayed at the Lake Junaluska Resource Center

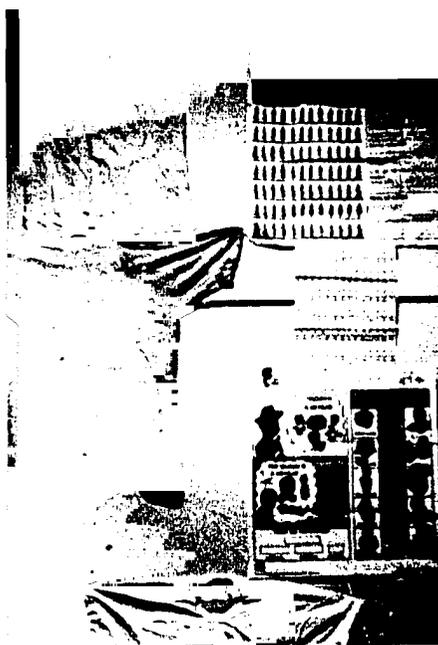
A Resource Center displayed Child Survival materials useful for Child Survival projects. Although not all PVOs brought materials from their CS projects, the resource collection did include samples of health education materials, technical articles, videos, and a large selection of weighing and measuring equipment provided by the GMP consultant.

AFRICARE:

- Detailed implementation plan (Nigeria)
- First and second annual report to A.I.D. (Nigeria)
- Midterm evaluation report (Nigeria)
- Videocassette of Nigeria project
- Africare slide show
- Sample food supplement packets: corn-meal, infant food mixture, food supplement, and sugar-salt mixture
- Christmas card (Nigeria)
- Village health workers' T-shirt (Nigeria)

African Medical & Research Foundation (AMREF):

- Midterm evaluation report (Kenya)



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Andean Rural Health Care (ARHC):

- Baseline survey report (Bolivia)
- ARHC brochure
- Articles: "Health in the Developing World: An Overview of Obstacles and Opportunities" by Henry B. Perry. In *Modern and Traditional Health Care in Developing Societies*. Christiane I. Zeichner, ed., pp. 3-19
- "Rural Health Care in Bolivia" by Henry B. Perry. In *The Journal of Rural Health*, January 1988:4(1)

Catholic Relief Service (CRS):

- Second annual report to A.I.D. (Ecuador)
- Midterm evaluation report (Ecuador)
- Growth monitoring card (Ecuador)
- Certificate of completion, CS seminar
- Photo album of CS project (Ecuador)
- Health education materials: diarrheal disease control flip chart (fabric), nutrition flip chart, EPI poster, road-to-health game, ORT slide show, ORT poster, ORT measuring bag, ORT game
- Article: "A Study of Grade System—A New Development in Growth Monitoring Techniques"

CARE:

- Midterm evaluation report (Sudan)
- Guidelines for CARE evaluations (draft)
- Newsletter: "Primary Health Care Exchange," April and June 1988
- Articles: "Assessing Vitamin A Deficiency as a Part of an EPI Coverage Survey"
- "A Community-based Educational Approach to Promote Control and Treatment of Diarrheal Disease—A Sudanese Experience" by Carol Martin, November 1988

ESPERANCA:

- Illustrated calendar
- Newsletters: "Vamos a Luta," "Onde Ha," January/March 1988

International Eye Foundation (IEF):

- IEF brochure

NutriAtol sample packet

- Pamphlet: NutriAtol Project in Rural Guatemala

LaLeche League (LLL):

- LLL Annual Report, 1988
- Catalog: LLL breastfeeding materials
- Pamphlets and articles: LLL breastfeeding (English, Spanish)
- Videocassette: "Breastfeeding Your Baby"
- Books: *The Womanly Art of Breastfeeding* and *The Working Woman's Guide to Breastfeeding*

Project Concern International (PCI):

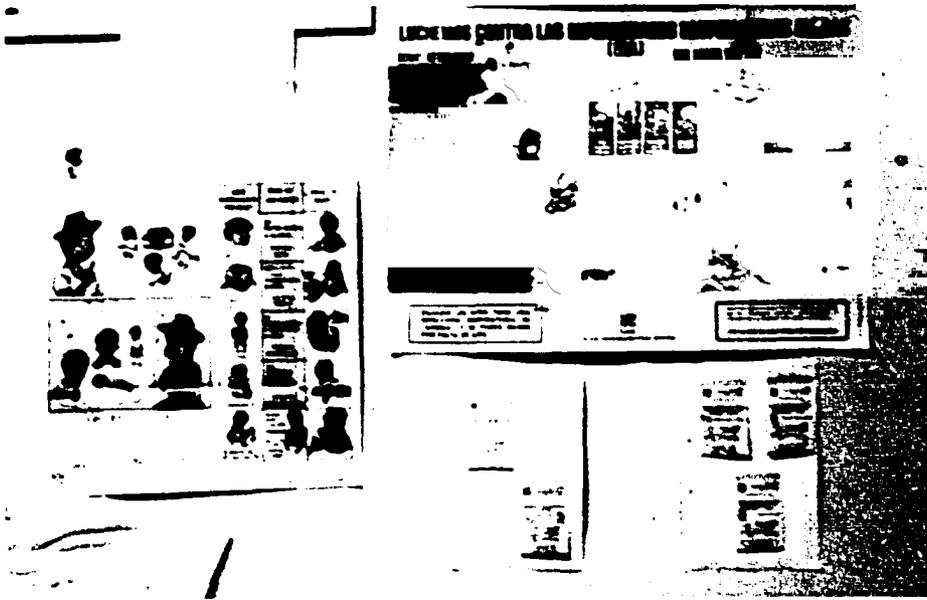
- Midterm evaluation report (Indonesia)
- Articles: "A Longitudinal Study in Indonesia" and "Birthing Practices in Papua New Guinea"

Foster Parents Plan International (PLAN):

- Second annual report to A.I.D. (Haiti)
- Child Survival Action Program country report (Haiti)
- Fabric flip charts: "Recognition and management of ARI," "URO-P" (Spanish)
- Posters: Immunizations, treatment of ARI, diarrheal disease control, goiter (Spanish)
- T-shirts: ORT
- Booklets: "In the Child's Best Interest: A Primer on the UN Convention on the Rights of the Child" by Kay Castelle
- "Development through Health"
- Lapel pins
- Shopping bag: Sewmoral ORT

Rotary PolioPlus (ROTARY):

- PolioPlus report on operations, 1987-88
- Rotary and PolioPlus brochures
- Videocassette: "Reaching Out"
- Photos of Rotary Nigeria National Task Force meeting
- Action Guide for National PolioPlus Projects: "The Challenge"
- PolioPlus statistics, 1988



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Newsletter: "The PolioPlus Reporter,"
vol. 1, no. 1

"Rotary International PolioPlus Update
with Special Reference to the Americas,"
November 1988

Posters: polio immunization

World Vision Relief and Development, Inc.
(WVRD):

Second annual report to A.I.D. (Senegal)

CS workshop report (Zimbabwe)

AIDS brochure

ORT teaching booklet: "A Special Drink to
Treat Diarrhea"

Selected publications: "Community Health
Care and Annotated Bibliography" by
Rufino Macagba and Mike Minodin

*International Science and Technology
Institute (ISTI):*

ISTI materials: "Core Indicators for Moni-
toring and Evaluating the Child Survival
Program," "Monitoring and Evaluation of
the Effectiveness of Child Survival Pro-
grams in Developing Countries: Selected
Indicators"

Health Information System—Tier II, April
1988 (A.I.D.)

Health Information System Project (A.I.D.)

*Growth Monitoring and Promotion
Materials:*

"Anthropometric Nutritional Status Refer-
ences, A Limited Bibliography" by Irwin
Shorr

"A Critique of Four Hanging Spring Dial
Scales Suitable for Field Use" by Irwin
Shorr

"Instructions on How to Make Child
Weighing Pants and Infant Weighing
Sling" by Irwin Shorr (draft)

"Measuring Change in Nutritional Status,"
Annex 3, WHO, Geneva, 1983

"Key Results from the Swaziland National
Nutrition Status Survey," National Nutri-
tion Council (Swaziland) and UNICEF
(Swaziland), 1985

Anthropometric Standardization Forms
1-4, Anthropometry as Part of Living
Standards Surveys by Irwin Shorr

"Supervisor Anthropometric Qualitative
Checklist" by Irwin Shorr (draft)

"How to Weigh and Measure Children" by
Irwin Shorr. Also available in French and
Spanish from Mr. Parmeet Singh, U.N. Sta-
tistical Office, 3 U.N. Plaza, Building DC-2,
17th Floor, United Nations, New York, NY
10017

Growth Monitoring Equipment:

Hanging spring dial scales (25kg. capacity)
from:

- CMS Weighing Equipment, Ltd., Lon-
don, England (both models with
faceplates):
 - Model MP 25, polycarbonate
construction
 - Model MP 25, metal construction
- Salter Industrial Measurement, Ltd.,
West Midlands, England:
 - Model 235, ABS plastic with poly-
carbonate faceplate
 - Model 235 PBW (Portable Baby
Weigher), metal construction with
faceplate
- ITAC Corporation, Silver Spring,
Maryland:
 - Model 800, "High Impact Plastic"
with plexiglass faceplate
- Detecto Scale Company, Hallandale,
Florida:
 - Model 171, metal construction
with "non-breakable faceplate"

Interchangeable faces for CMS and Salter
hanging spring dial scales, in Arabic and
Indian numbers, produced and provided by
CMS, London, England

Salter "Super Samson" 5 kg. portable baby-
weigher, plastic tubular construction, pro-
duced by Salter Abey Weighing Machines,
Ltd., Suffolk, England

Detecto "Eye-Level Beam Scale" Model 439,
Detecto Scale Company, Hallendale, Florida

Two traditional bar balances for weighing
infants and preschool children, made in
Thailand with cloth weighing basket,
loaned from the International Nutrition
Unit, Chevy Chase, Maryland

Infant beam balances (with tray) from:

- SECA Corporation, made in West Ger-
many, distributed by SECA Corporation,
Columbia, Maryland:
 - SECA Model 725 pediatric scale,
steel construction with baked
enamel finish, 32 lbs., 16 kg. capac-
ity, with case

- Detecto Scale Company, Hallandale, Florida:
 - Model 240 Neonatal Scale, metal with baked enamel finish, 30 lb. capacity

Scales from SECA Corporation (West Germany), Columbia, Maryland:

- Beam Scale (waist level), Model 710, with cast iron base, capacity to 150 kg./340 lbs.
- Floor, walk-on spring scale with 7-inch diameter extra-large dial, steel construction, Model 760, capacity to 150 kg./320 lbs.
- Floor, walk-on digital scale (LED read-out), uses six AA batteries, Model 770, cast iron base, capacity to 400 lbs., accurate to 0.2 lb./200 kg. accurate to 0.1 kg.

- Floor, walk-on digital scale, Model 815. The Integra, with cast aluminum base, plastic construction, capacity to 300 lb. in 0.5 lb. increments/130 kg. in 0.2 kg. increments

TALC direct recording scale, for immediate marking of growth charts, made of "almost unbreakable plastic" (17 kg. capacity) by TALC, St. Albans, England; displayed with tear-resistant growth card

Miscellaneous child weighing pants and infant weighing slings from a variety of materials, some produced by the above scale companies. "Run-stop nylon" available at fabric stores to make pants and slings

Height measuring devices:

Shorr infant/child portable height measur-

ing board, produced by SHORR PRODUCTIONS, Woonsocket, Rhode Island and Silver Spring, Maryland.

Microtoise height measure, attaches to wall, available from CMS, London, England.

Arm circumference tapes from TALC, Zerfas insertion tape and one made from X-ray film with three colors (instructions available from TALC, St. Albans, England)

Nabarro height-for-weight three-color wall chart

"See How They Grow" waterproof, tear-resistant vinyl wall chart, from TALC, St. Albans, England

"Anthropometric Nutritional Status References, A Limited Bibliography"

CDC Anthropometric Software Package (CASP) with training manual



The Workshop

“Even though an old hand at Child Survival, I still learned a lot. The exposure to new ideas and new approaches is very important for the growth of my organization.”

—PVO representative

Introductory Session

Dr. Henry Perry, President of Andean Rural Health Care, opened the workshop by welcoming participants. He expressed the hope that they would enjoy their stay at Lake Junaluska and return in the spring to see the area at its best. Dr. Storms explained the evolution of the PVO Resources for Child Survival workshops and of how transferring lessons learned had emerged as an important theme for the current meeting. Dr. Mercer reviewed the Lake Junaluska workshop goals and provided an overview of the agenda, explaining how the topics and sessions addressed concerns that had been identified during the needs assessment.

The facilitator created a relaxed atmosphere among this group of 45 diverse individuals. Participants introduced themselves



by describing something unusual about their background or a unique experience. The introductions were both amusing and revealing. One participant had played touch football with Elvis Presley, another had married in Paradise (California), and one had been named the "second funniest girl in Michigan"! Among other distinguished participants were a surgical sociologist, a relative of the filmmaker Luis Bunuel, and a Gene Shalit look-alike who had been given the "prettiest hair" award by his high school class!

What We've Learned from CSI & II Midterm Evaluations

A panel featuring representatives of Foster Parents Plan, World Vision Relief and Development, Inc., and Africare presented their experiences with the midterm evaluations of their respective Child Survival country projects. The major processes used by each PVO are as follows:

Foster Parents Plan: Dr. Victor Lara, Plan/Bolivia CSII Midterm Evaluation

PLAN sees the midterm evaluation as an important tool for decision making, not merely as a requirement for reporting to donors. They believe the midterm evaluation should provide those involved in implementation of the project (i.e., the community, PLAN staff, host country government) with an assessment of the project's current status and its progress toward achieving stated objectives. The midterm evaluation results should indicate what decisions are needed to facilitate continued successful implementation of the project. For these purposes, participation by an objective external resource person enhances the usefulness of the evaluation.

PLAN recommends that the Child Survival projects:

- Hold a two-day pre-evaluation meeting at the field office, with the participation of home office staff.
- Divide the evaluation into two phases:
 - 1) In phase one, PLAN field staff prepare and collect necessary data, with local or international technical assistance if needed. They also arrange field visits and hold focus groups with field staff and community members.
 - 2) Phase two is directed toward analysis and decision making and includes all involved in the implementation of the Child Survival project (Ministry of Health [MOH], collaborating agencies, etc.). The evaluation team reviews findings with PLAN staff.

PLAN staff develop one set of recommendations; the MOH and other collaborating agencies develop a second set. The national health coordinator develops the final report, which serves as a basis for decision making during the rest of the project.

- Share the information from the midterm evaluation with the community (i.e., leaders, mothers, health committees), field office staff, regional managers, the headquarters Health Advisor, and AID/FVA/PVC.

The PLAN/Bolivia midterm evaluation encountered the following difficulties: scheduling problems arose because of the large number of participants; time spent on the evaluation detracted from other field activities; and there was a lack of useful feedback regarding implementation issues for the field.

An important outcome of the PLAN/Bolivia midterm evaluation was that the field staff overcame initial fears and concerns about the evaluation process, resulting in an increase in their self-confidence.

World Vision Research and Development, Inc.: Dr. Milton Amayam, WV/Senegal CSI Midterm Evaluation

- The midterm evaluation for the World Vision/Senegal Child Survival project was designed to assist in project management, assess the overall progress of the project, and identify steps needed to enhance the effectiveness and sustainability of the project. The midterm evaluation had components of both process and impact evaluation.
- The evaluation was conducted in four stages: preparation, implementation, analysis, and feedback. It was seen as one of the four landmarks or milestones of the project process, the other three being baseline data gathering, annual reports, and the final evaluation.
- Individual schedules, professional backgrounds, language proficiency, and personalities were all considerations in selecting the evaluation team. Three

child survival in the communities in which they are operating. He expressed hope that his report would reduce the chances that the PVOs will waste time and resources to "reinvent the wheel" in subsequent Child Survival projects. And he said, "The more we can share the experiences that the PVOs have had in implementing their CS projects, the better chance we have of eliminating the reinvention syndrome."

Pyle organized his observations into four categories, which include the following highlights:

I. Technical Issues

Immunization

While great strides have been made toward increasing basic immunization coverage, PVOs report the results in a number of different non-standard ways. In some cases, it is difficult to determine the completeness and the timeliness of immunization coverage; yet these very considerations are important if infant and child survival is to be improved.

Oral Rehydration Therapy

While most of the PVOs' efforts have involved the promotion of ORT and the training of staff in its use, PVOs are reporting a trend in favor of packets instead of home-produced sugar-salt solution.

Growth Monitoring and Promotion

This intervention requires considerable time and the vital counseling aspect has proved difficult. PVOs are shifting to more selective targeting on the most vulnerable ages and the use of easier monitoring methods, such as the mid upper-arm circumference method.

Other Interventions

Child spacing is an important and successful component in a significant number of CS projects. A few projects are also carrying out interventions for acute respiratory infections, malaria, and nutrient deficiencies (vitamin A and iodine).

Targeting

The "at risk" (child, mother, even family) methodology has been broadly accepted and introduced into CS projects, increasing effectiveness and efficiency by delivering essential interventions to those who need them most.

Health Education

Interpersonal contacts (in some cases with mass media reinforcement) are preferred over the lecture approach.

Training

Short orientation courses followed by field-based, on-the-job training and use of informal/participatory techniques are favored over the longer intensive courses using formal/didactic techniques.

II. Monitoring/Management Information Systems

Baseline Surveys

In the early years of CS programming, baseline studies were often complex and time-consuming exercises, lacking in technical quality.

Supervision

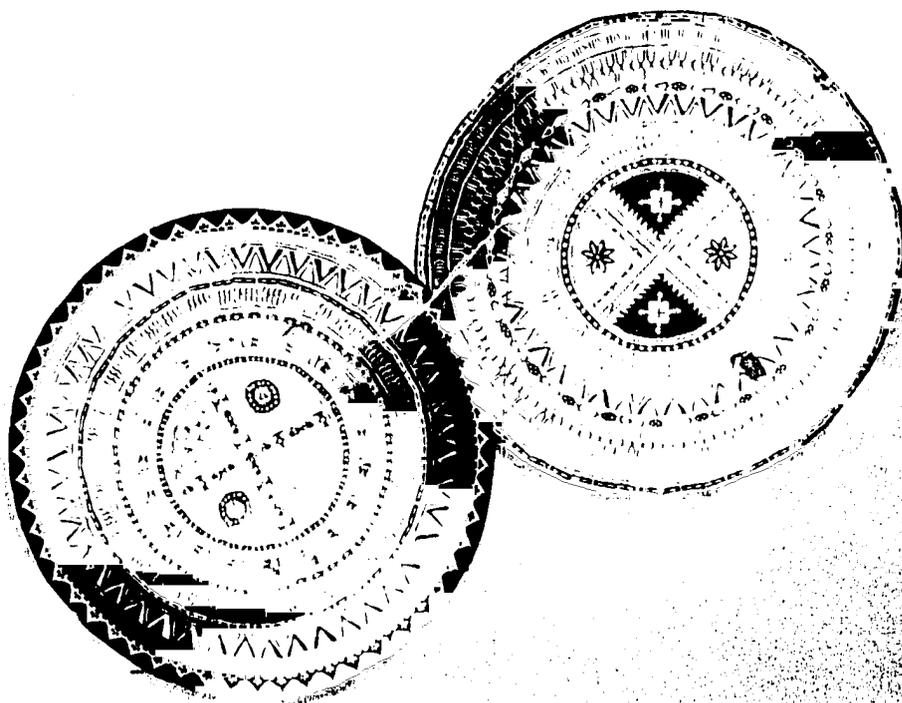
Supervision is viewed as a vital element in the success of the community-based approach but is typically deficient in many Child Survival projects. Checklists are suggested as a means to improve supervision.

Indicators

Gradually, the number of indicators has been reduced so that only the most important (or "key") indicators are being monitored. This approach has improved the effective management of CS projects.

Reporting Systems

Several PVOs are relying on family involvement as a management tool. The population-based registration system involves the regular monitoring of the vulnerable groups and permits early detection and treatment, as well as more complete coverage through follow-up of problem cases. The population-based approach (often employing family and child records) has been found to provide good data on a few key indicators; when aggregated by project staff, these indicators allow the community,



staff, and managers to know how well the project is faring at any time. This methodology has permitted several of the CS projects to collect vital statistics, a task that is usually very difficult.

Routine Reporting of Vital Statistics and Mortality by Cause

By virtue of the family and child records, some of the projects have a good idea of births and deaths within the populations they cover. Verbal autopsies allow for the cause of death to be determined, which is helpful to the project manager.

Rapid Surveys

Methods to determine or verify project progress are available and are being used by some PVOs.

Financial Accountability

To eliminate misuse of CS funds, a few PVOs have developed procedures to tighten financial systems.

Computers

Computers can be helpful if used to support a simple management information system and not to divert attention and overwhelm the staff by promoting research.

Coverage Statistics

In a few cases, PVOs are calculating percentages incorrectly and the absolute numbers upon which the percentages are based are not provided, making it difficult for readers of the evaluation to determine the significance of the data.

III. Sustainability

Emphasis on Output

Little attention was devoted to sustainability during the first several years of the PVO CS projects, but the trend is toward sustainability issues early in progress development. The majority of CS projects were built on existing PVO development programs. Although the overall programs concerned themselves with the sustainability issue, the CS component usually focused on achieving results and improving the quantity and quality of health/nutrition services.

Community-Based Programming

Several of the PVOs have effectively generated high levels of community involvement.

Financial

Cost-recovery mechanisms (e.g., fee for service, drug revolving funds) have been attempted, with varying results, in a high percentage of PVO CS projects.

Institutional Capacity Building

Establishing a relationship with a local organization and assisting it in the development of CS and management capabilities is an effective way to ensure sustainability.

IV. Inter-Agency Collaboration

More must be done to ensure that the lessons that have been learned and documented are fed back to the field and put into practice.

In several countries, PVOs have developed collaboration among the CS projects; the participating projects have benefited primarily from the sharing of experiences and technical assistance.

In most cases, PVOs working closely with the Ministry have demonstrated the value of involving the private sector in the delivery of health/nutrition services at the community level. They have also found value in working with guidelines and standards established by MOH/EPI and CDD programs.

PVO Response

The PVO panel and David Pyle's report elicited considerable enthusiasm. Ellen von der Bruegge of the Freedom from Hunger Foundation said the reports point to the need for improved targeting of beneficiaries, clarity of messages, coordination of activities, and reconsideration of project priorities. Improved use of the at-risk focus and more effective health education messages are particularly important.

Michael Gerber said that the AMREF/Kenya's midterm evaluation found major differences in the progress of each of their three service areas. AMREF encountered major start-up problems in one service area

not attached to an existing development effort.

In response to AMREF's experience, one participant noted that Child Survival is not always the best approach to begin with in a community; rather, such a project may be more meaningful and sustainable after other basic needs (e.g., literacy and income generation) have been addressed.

Participants believed it was important to address a project's long-term effects as well as short-term results. A few questioned whether three- or four-year projects should be sustainable, and suggested that 15-20 years may be needed for a truly sustainable program to emerge. One participant expressed the desire for a report on the fate of the first round of Child Survival projects. Were they sustained? If so, how?

The remaining group discussion centered on project sustainability. It was the aspiration of Hal Royalty of Project HOPE that the goal of institutionalizing project activities is realized when behavior change, on the part of health institutions, becomes automatic, reflexive, the "normal way" of doing things. He also said that keeping overall costs low is also an important prerequisite to sustainability.

Training in Weighing and Measuring Infants and Children

The consultant, Irwin Shorr, has worked with several PVOs as an evaluator of growth monitoring components of Child Survival projects. 1988 saw the publication of his monograph for UNICEF, "How to Weigh and Measure Children." Workshop organizers selected Shorr to provide PVO technical staff with the practical knowledge and skills to improve the weighing and measuring of infants and children in the country projects. Organizers hoped these skills would then be transferred to the field project staff to remedy some of the deficiencies noted in growth measurement. During the workshop, Irwin Shorr prepared the following summary to guide PVOs in this process.

Introduction

Growth monitoring and promotion has been a component of primary health care programs for many years and, more recently, it has been part of the PVO Child Survival strategy. Weighing and measuring children is an integral component of GMP and is a valuable tool for assessing the nutritional status of individuals and populations. PVOs often underestimate the amount of time and technical input necessary for staff training in weighing and measuring and quality control of GMP programs. For a GMP program to be most effective, PVOs should include adequate time and resources for training and quality control in the project plan.

Which Measurements?

Weight is one of the most important tools to assess a child's health status. When recorded on a regular basis, serial weights of preschool-age (1-5 years) children are the best anthropometric measurement for detection of short-term changes in child growth. Problems associated with weighing include charting and interpreting the data and counseling the mother.

Height of preschool-age children is a useful nutritional status indicator because stunting has been associated with indicators of poverty. Field staff find height is more difficult to measure than weight. However, with a few hours of training spread over two to three days, PVO staff can learn to measure height with a minimum of error.

Personnel

Those who weigh and measure children should feel comfortable with handling numbers, questionnaires, and, of course, children. It is not necessary to have formal education or previous experience in nutrition to take anthropometric measurements such as height and weight. Weight can be taken by one worker; measuring height (either standing height or recumbent length) requires two people, a measurer and a trained assistant to hold the child in place.



Measuring Instruments

Portable, lightweight, durable, and accurate measuring instruments are required, especially if weighing and measuring is done household by household. The most popular portable scale is the commercially produced hanging spring dial scale (25-kg capacity in 0.1-kg increments). This scale has been used extensively worldwide and has an excellent track record. PVOs should contact local UNICEF missions regarding procurement of scales and height-measuring boards, as some equipment may be available to projects affiliated with local government agencies at little or no cost. The lightweight, water-resistant pants that come with the scales vary widely in design and durability. PVOs may find it desirable to have infant pants and slings made locally.

Training

Growth monitoring training should include explanations and demonstrations and should be followed by practice regardless of the simplicity of the concept or the past experience of the trainees. Several hours a day for two to three days is sufficient to train for each measurement. The greatest potential for error exists in the reading and recording of a measurement. Three impor-

tant principles of training are (a) health workers should be trained together from the beginning of every procedure, regardless of prior experience, training, or education; (b) sufficient time should be scheduled for practice; and (c) objective tests should be administered to evaluate competency.

Practice Sessions

PVOs can use two types of practice sessions. The first is "heavily supervised" (errors are identified and corrected immediately) and the second type is "independent" (trainees evaluate their own measurement techniques without input from the trainer).

In-class Exercises

During brief in-class exercises before practice sessions, the trainer should give simple explanations of chronic and acute malnutrition. This helps the trainees understand why they are weighing and measuring children and what will be done with the data.

Trainees should practice assembling and dismantling all equipment. The class should also include scale reading and measurement recording exercises using sketches. For measurement of standing height and recumbent length, trainees can practice proper head placement among themselves.

Age assessment is crucial to the proper

classification of a child's weight or height in comparison with international growth references. To assess age when there is no health or immunization card available, a local "calendar of events" can be constructed to determine the birth month of a child in relation to well-known local events. During training, role-playing can be used to practice assessing age by using the local calendar of events, which is sketched on a chalkboard. One trainee plays the role of a mother and the other the health worker who performs the measurements. A fictitious birth date is chosen and told to the trainee acting as the mother so he or she will know how to respond to the health worker's questioning. The health worker then begins questioning the mother about the relationship of her child's birthday to special local events (e.g., "Was your child born before or after the fire in the village?").

Practicum

After these initial in-class exercises, training should take place where there are children available who can be weighed and measured. As a general guide, each worker should repeat taking each measurement a total of 20 to 40 times during a two-to-three day period.

Quality Control

Supervision of weighing and measuring will help to ensure quality control. Quality control procedures can include objective tests, subjective evaluations, and observations, which together should be used to evaluate worker performance. Supervisors can assess qualitative process indicators by observing measurement procedures on a small sample of children (i.e., did the measurer hang the scale from a secure place, zero the scale, weigh the child undressed, make sure the child did not touch anything while being weighed, wait for the needle to stop moving before taking a reading, read the scale at eye level?). In addition, they can take duplicate measures on a small sample of children who have just been weighed to compare results.

Improving Transfer of Information

Session four focused on the exchange of information among the major participants in Child Survival.

Dr. Raul Gomez organized an amusing role play that illustrated the difficulties involved in achieving clear and effective communication among PVO field offices, PVO home offices, and the Agency for International Development.

Situation: A message is transmitted from A.I.D. to Hapless Caring for the Children (HCC) home office. Some essential data are requested regarding the HCC field project's immunization targets and accomplishments. HCC home office transmits the request to the field. In the course of communicating with the field, there are delays, the message is garbled, and no one seems to have a clear idea of why the data are essential. The project staff overcome great obstacles to produce the "needed" data (after the requested due date), but the data are not used by A.I.D. after all.

During the group discussion, these communication problems were identified:

- Often there is a request for more rapid communication than is feasible.
 - There is too great a reliance on verbal communication, without written follow-up memos.
 - Personnel who have to transmit information may be uninformed or unaware of the technical issues.
 - The person who transmits the message often fails to check whether the recipient comprehends the message.
 - Field staff may have an adequate explanation for decisions that affect the project.
 - An attitude of unwillingness sometimes exists in the "it's not my job" syndrome.
 - Reliance on high technology, such as computers, can be disastrous for field projects.
 - The PVO home and the field offices may have different priorities.
- The group discussed some possible solutions:



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- Make use of routine channels of communication whenever possible and reserve "emergency" channels for truly urgent needs.
- Keep careful written records or notes about all official communications, including telephone calls.
- Avoid relying on a technology that may sometimes be unavailable by maintaining a written back-up file for all computerized information.
- Double-check information that appears inaccurate.
- Routinely provide feedback to all requests/communications from the field so field staff will know that they are being "heard."

New Initiatives: Helen Keller International's Vitamin A Technical Assistance Program (VITAP)

Dr. David French, Medical Director, Helen Keller International (HKI) introduced Susan Eastman, VITAP Director, and Anne Ralte, VITAP Deputy Director, who gave the following overview of HKI's work in

vitamin A deficiency, and of the newly created VITAP.

Background

HKI will celebrate its 75th anniversary in 1989. Co-founded by Helen Keller, the agency initially concentrated its efforts on the education and rehabilitation of the blind in war-torn Europe. The agency soon expanded its programs to the developing world, where all of its current activities are carried out. In the early 1970s, HKI began its programming in vitamin A deficiency control. The deficiency leads to irreversible blindness—xerophthalmia—the major cause of childhood blindness in the developing world.

The term, xerophthalmia (xero, dry; ophthalmos, eye) refers to all the ocular signs of vitamin A deficiency, ranging from night blindness, to xerosis, to scarring. More than 500,000 children are blinded each year, with 8-10 million suffering from other stages of xerophthalmia.

HKI's longest-standing and largest program is in Indonesia. In collaboration with the government of Indonesia, a large multi-

faceted study was undertaken in the late 1970s, with Dr. Alfred Sommer, of The Johns Hopkins University, serving as the study's principal investigator in residence. The major conclusions of the study were that xerophthalmia was a major public health problem in Indonesia and that vitamin A deficiency is the common pathway to nutritional blindness. In addition, it was found that malnutrition, measles and mortality are often associated with the deficiency.

Later statistical analyses of the research data indicated that child mortality is associated with even mild forms of vitamin A deficiency and that the vitamin A-deficient child is significantly more vulnerable to diarrhea and respiratory infection. The exact mechanism is unknown, although presumably the process is a result of a weakened epithelial lining and poor immune status associated with vitamin A deficiency.

These findings, published during the mid-1980s, galvanized international attention. The Congressional Select Committee on Hunger sponsored a vitamin A earmark for A.I.D. funding; replication studies were funded; international organizations like World Health Organization (WHO), Food and Agricultural Organization (FAO), and UNICEF developed long-term vitamin A strategies. HKI's experience in implementing vitamin A programs to prevent nutritional blindness put it in the position of a key PVO in this rapidly expanding area of programming.

Vitamin A Technical Assistance Program (VITAP)

In order to extend the vitamin A resource base—both in terms of expertise and field projects—AID/FVA/PVC awarded HKI a grant to provide technical assistance in vitamin A to the large PVO community. This five-year endeavor is titled VITAP. This grant follows on the 1986-89 pilot initiative funded by AID/FVA/PVC for HKI to work with U.S. PVOs in six Child Survival countries in Africa.

A comprehensive vitamin A program includes:

Vitamin A provision (capsules, food production)



Bette Marshall

Training

- Nutrition education
- Materials development
- Monitoring and evaluation

Examples of the types of technical assistance available through VITAP are:

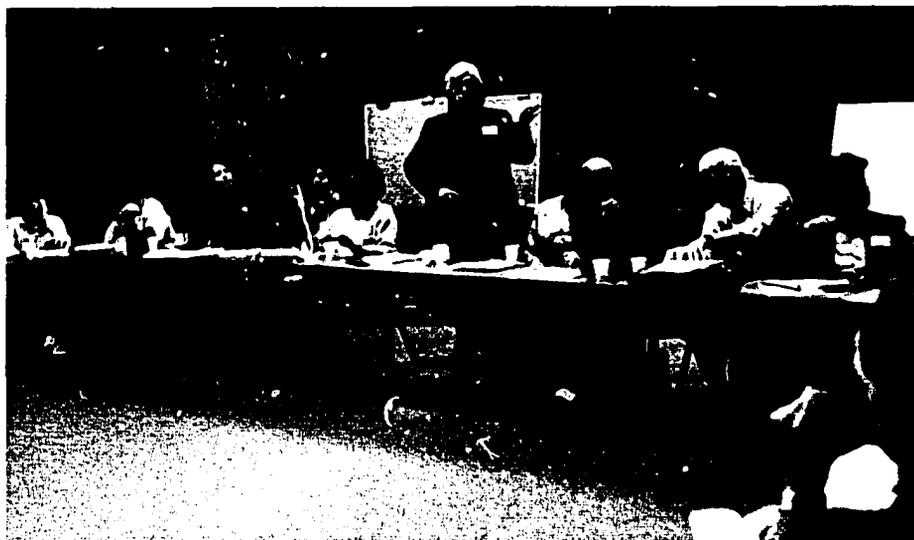
- Consulting and advisory service in any area of vitamin A programming
- Orientation seminars and training workshops
- Educational materials
- Access to VITAP's computerized data bank and information system on vitamin A
- Newsletters, technical reports, and reference materials
- Technical assistance in xerophthalmia field surveys and evaluation plans (i.e., design and analysis)
- Program support for development activities in vitamin A

VITAP will support U.S. PVOs receiving Child Survival funding and indigenous non-government organizations that are working in countries designated by WHO as having a serious vitamin A deficiency problem, including:

- Africa: Benin, Burkina Faso, Chad, Ghana, Malawi, Mali, Mauritania, Niger, Nigeria, Sudan, Tanzania, and Zambia
- Asia: Bangladesh, India, Indonesia, Nepal, Philippines, and Sri Lanka
- Latin America/Caribbean: Brazil and Haiti

VITAP can give orientation sessions to headquarters staff in the United States or overseas. Country visits and workshops will follow, depending on the needs and requirements of the respective PVO.

Experience has demonstrated that although a one-to-one training session with a PVO can serve as a catalytic force, a larger impact is felt when a critical mass of concerned parties within a country is committed to program coordination. Hence VITAP can serve as a coordinating source for interested groups to develop a policy and program for their respective country projects.



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What We Have Learned about Health Information Systems

Two concurrent small group sessions facilitated the exchange of experiences in PVO Child Survival project reporting learned by Child Survival I, II, and III projects. One group focused on the A.I.D. Child Survival and Health Questionnaire—the other group discussed their experience with microcomputers in Child Survival projects. In the afternoon the resource persons switched groups. Each of the groups reported their discussions to the general assembly, and the resource person summarized the session.

The USAID Health Information System

Dr. Bart Burkhalter conducted the session on USAID Health Information System, which is operated by the Center for International Health Information, ISTI. The PVO representatives reviewed the system, responded to a short questionnaire, discussed ways of improving the information system, and made recommendations. Dr. Raul Gomez of Foster Parents Plan and Mr. Martin Garcia-Bunuel of the PVO Child Survival Support Program, JHU, helped the author.

A summary of the major conclusions and some of the most interesting observations from the questionnaires, discussion,

and recommendations follow. A more complete report of the results is available on request.

There was substantial support for translating the Annual Health and Child Survival Reporting Questionnaire into Spanish (19 of 28 respondents) and French (16 of 28 respondents). However, three respondents thought translation would only be worthwhile if it would not require back-translation before it could be used by ISTI.

While there was unanimous support for an annual data report to the PVOs summarizing the information in the system, there was not a clear consensus on the type of data that would be most useful, even among respondents from the same PVO. (10 PVOs were represented by two respondents). The sense of the responses from PVO headquarters seemed to be to "send along everything available," although for PVO country projects, somewhat higher priority was given to tabular and graphic health statistics than to demographic statistics, project data, or success stories. There was a moderate level of agreement (40-50 percent) between respondents from the same PVO.

Six small working groups prepared separate recommendations for the information system and presented them before the conference. The recommendations are summarized in Table 1.

Table 1 PVO Ideas on Ways to Improve the USAID Health Information System

1. Increase measurement and reporting of vital statistics on Tier III (impact)
 2. Practical suggestions for improving the Annual Health and Child Survival Reporting Questionnaire included the following: carry out more field testing, clarify certain terms, reword and simplify the formats, eliminate or consolidate certain questions, and add a few new questions.
 3. Provide more and better feedback to PVOs:
 - a. Provide feedback on individual PVO performance
 - b. Send aggregated results to PVO field offices
 - c. Report a range (high-medium-low) of estimates for funding, impact, etc.
 - d. Summarize the problems and needs reported by PVOs
 - e. Report aggregated data more frequently to improve policy formulation
 - f. Translate the various reports into Spanish, French, etc.
 4. Improve Annual Report to Congress on Child Survival:
 - a. Reduce amount of text
 - b. Translate to Spanish, French, etc.
 5. Help PVOs computerize so that information systems are compatible.
 6. Analyze and report the advantages of longer-term funding.
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Computerize?

The resource person for the session on microcomputers was Dr. Tee Hiatt, consultant to Project Hope. The topic was timely because all PVOs were making use of microcomputers, but most of the workshop participants believed that more could and should be done with computer technology. Some were just using microcomputers and word processing to write proposals, reports, and to merge letters with mailing lists. Others were using microcomputers and data base programs to develop and maintain data files about the children and families in their service areas. Some were using microcomputers and statistical programs to analyze data produced by surveys. Another use was spreadsheets to produce some analysis of survey data and to produce graphical representations of the data. PVOs also used the microcomputer and communications programs to transmit reports and data between the home and the field offices around the world.

The participants discussed very freely both their successful and unsuccessful attempts to make use of this technology in the Child Survival projects. They described

problems with certain types and manufacturers of computers and with specific computer programs. Frequently, these experiences were laced with humor such as a description of getting a laptop through customs in an African country. Occasionally, the experiences contained a note of anguish as in a description of losing an entire data set during a power failure.

With the strong interest expressed in this topic, Tee Hiatt developed a two-page survey which was completed by the 12 PVOs who used microcomputers in their country projects. On the first page, participants were asked to identify the computers used by their organization and the major issue associated with using microcomputers. The second page was devoted to identifying computer programs used and the major issues associated with these programs.

Although five PVOs reported using Apple or Macintosh computers, the majority used IBM compatible computers. The following microcomputers were reported being used in the home office: Kaypro, Leading Edge, AT&T 63100, IBM—PC, XT, AT, IBM Compatible, Zenith laptop, Toshiba laptop, Apple, Macintosh, and IBM

Mainframe.

PVOs reported the following computers used by the CS projects: Hyundai, IBM—PC, XT, AT, IBM Compatible, Zenith laptop, and Apple.

Five organizations reported field conditions to be a major issue in using computers, both the lack of dependable electricity and dust. PVOs identified the following issues to be important: field conditions (5 PVOs), local maintenance (4), local training (4), lack of well-defined needs (2), hardware incompatibility (2), lack of appropriate programs (1), problems with international communications (1).

As seen in Table 2 the participants reported a range of microcomputer programs, with WordPerfect and Lotus being the two mentioned most frequently.

The concerns of participants about full use of the technology seems justified as indicated by the identification of WordPerfect and Lotus as the two most frequently used programs and the limited number of programs used in other activities. For example, there were several graphics programs far more powerful than Lotus and only one organization was using one of these, Harvard Graphics. There were several very good communication programs, and only one organization was using one of these (ProComm).

All Child Survival projects required some type of timeline of activities for planning, proposing, and managing. In early 1989, there were three project management programs for the microcomputer which could automate the development of such planning; one of the programs is actually named TimeLine. Only one organization reported using one of these programs, Harvard Project.

Nine PVOs reported that training of staff was the major issue associated with microcomputer programs. Other issues in order of frequency were training of staff in the field and the home office (9), lack of flexibility in programs (4), lack of specific programs (3), planning and matching programs with needs (2), price and ease of use (1), maintenance of programs (1), data collection instruments (1).

Although nine of the 12 organizations viewed training as one of the major issues associated with computer software, not one of the organizations reported using computer training programs. At the time of the workshop, there were several computer programs for training in DOS, word processing, spread sheets and data base programs. There were also several programs which help users learn typing on computer keyboards.

Another class of computer program simplifying the use of the microcomputer and reducing training needs is a "shell" program. Such programs permit the selection of the DOS command and the program from menus. Programs and data files can be deleted, copied and opened by moving the cursor around and depressing the RETURN key at the appropriate time. Not one organization reported using these programs.

In early 1989, presentation programs could be used to produce a smooth-flowing "slide" presentation. Not one organization

reported using any of these programs. Elegant reports could also be produced on the microcomputer using a desktop publishing program. Of the desktop publishing programs available in early 1989, one organization reported using Ventura and another reported using Page Maker.

It must be recognized that the survey may not be an entirely accurate picture of PVO computer capacity. There was the possibility of error; participants completed the questions while at the workshop, and several participants were new to their organization. Even so it seems that there is need for making all PVOs aware of the wide range of programs available on the microcomputer.

During informal gatherings, several participants suggested that microcomputers and available programs should be the topic of another workshop. It is recommended that the PVO participants again share their rich experiences with this pervasive technology.



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Practice in Weighing and Measuring Children

Resource Person: Mr. Irwin Shorr

To further the acquisition of good technical support skills in GMP, a small group of workshop participants elected to travel by bus to the Day Care and Head Start centers for a practice lab in weighing and measuring children. There, each participant had the opportunity to use the techniques that had been discussed the previous day.

Mr. Shorr oriented the group to the procedures to be followed, emphasizing that speed and efficiency would minimize the children's anxiety. Participants first spent time familiarizing themselves with the equipment and organized into teams of four. Mr. Shorr demonstrated the weighing procedure with several children. Each team then went through the procedure of zeroing the scale, putting the weighing pants on the child, taking the weight reading, and reporting/recording the weight. The same sequence was repeated with the height and length procedure until all participants had taken a weight and a height or length. In closing, Mr. Shorr reviewed the principles of quality control for weighing and measuring sessions and workshop participants discussed some of the problems they had encountered during the practice session.

Table 2 Most Frequently Used Computer Systems by PVO CS Projects

Word Processing Programs

9 PVOs	WordPerfect
3	Multi-Mate
2	Display Write
1	Leading Edge
1	Office Write
1	Apple Writer

Spread Sheet Programs

9 PVOs	Lotus
3	SuperCalc
1	First Choice
1	Q&A

Accounting Programs

5 PVOs	Mainframe
3	Lotus
1	DACEasy
1	FMS80

Data Base Programs

4 PVOs	Dbase 3-4
2	Lotus
1	First Choice
1	Data Ease
1	PC File

Statistics Program

7 PVOs	SPSS/PC
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Other Programs

1 PVO	Harvard Graphics
1	Agenda
1	ProComm
1	Page Maker
1	Ventura
1	Harvard Project

A Review of CSIII Baseline Studies *Resource Person: Dr. Ibrahim Bani*

Introduction

Baseline surveys are a known area of weakness for some U.S. PVOs. In 1983 and 1984, an assessment was made of eight PVO programs in health and nutrition funded partly by A.I.D. matching grants. The evaluations were performed by teams from Management Sciences for Health for A.I.D.'s Bureau for Food for Peace and Voluntary Assistance, and were carried out in close collaboration with PVO staff members.

The authors of the evaluation, Lazar and Danforth, stated that "baseline surveys of beneficiaries are necessary for (a) planning, deciding priorities for using limited resources, and setting measurable objectives; (b) implementation, helping health workers find and work with those in greatest need; and (c) monitoring, as a benchmark to measure progress." However, their study of the PVO projects concluded that few PVOs had performed and utilized adequate baseline surveys of health needs. They noted that some PVOs had failed to do a thorough sample survey or census and some failed to use baseline information to plan or monitor activity.

In 1985 the Office of Private Voluntary Cooperation, Bureau for Food for Peace and Voluntary Assistance, A.I.D., initiated a competitive Child Survival grants program for U.S. PVOs working in Africa, Asia, Latin America, and the Caribbean. Although A.I.D. encouraged the new PVO Child Survival grantees to carry out project baseline studies, they did not require these projects to do so. Also, no model or template for a baseline study was given to the U.S. PVOs participating in the Child Survival Program funded by A.I.D.'s Office of Private Voluntary Cooperation. The chief reason why no one model was put forth for the PVOs was to allow the PVOs maximum flexibility to determine needs and set priorities.

However, A.I.D. set aside monies for technical assistance to PVOs from A.I.D.'s chief technical support mechanisms, PRI-TECH and REACH. PVOs were urged to obtain technical assistance for project surveys and other anticipated needs.

By the third cycle of PVO Child Survival grant funding (CSIII), the time seemed opportune to review the status of PVO baseline data collection. The timeliness and quality of the early Child Survival baseline studies had not always been sufficient to

assist in planning, implementation, or measurement of project progress. It was believed that the PVO CSIII projects were in a better position to make some positive changes. The PVO community had strengthened their back-up support to field projects; nearly all PVO grantees had added a trained health professional to their USA office or primary care unit. This technical support group was highly motivated to improve project performance.

Thus, a study was designed to review the baseline studies carried out by PVO CSIII grantees, in order to comment on strengths and shortcomings, and to point out issues for consideration and future action by the PVO community.

The review asked the following questions:

- What is the nature of the baseline studies PVOs use for data collection? What are their main characteristics? What are their main constraints?
- When are the studies initiated? How are they implemented? What are the major data collection instruments?
- How do the baseline studies approach quality control issues of interviewer training and supervision?
- What do the baseline studies cost PVOs in terms of money and time? How does this cost relate to the overall Child Survival project budget?

The final step is to present findings to the PVO community at this workshop and to obtain their recommendations for improving future baselines.

Methodology

The review was carried out in the fall of 1988 at the PVO Child Survival Support Program, located at The Johns Hopkins University, Institute for International Programs. This program provides operations support to PVO Child Survival grantees under a cooperative agreement with the Office of Private Voluntary Cooperation, A.I.D./Washington.

The study population was composed of 20 PVO projects which received funding in the third cycle of the PVO Child Survival



By: Storms

grants program (Table 3). The 20 projects are sponsored by nine U.S. PVOs. Projects were located in 13 countries. The 20 projects received almost 13 million in A.I.D. funding; PVOs "matched" these government monies by approximately another 4 million dollars.

Although each project varied in the emphasis placed on any one Child Survival intervention component, the projects taken as a whole directed 31 percent of funding toward increasing immunization coverage, 27 percent ORT/CDD promotion, 24 percent nutritional improvement; and 18 percent toward birth-spacing and other interventions (iodine deficiency control, etc.) (Figure 1).

Most CSIII projects were funded for three years. As the project lifeline shows (Figure 2), project staff were required to submit a detailed implementation plan in the first six months, and annual reports at 12 and 24 months. A final evaluation was

Table 3. US Private Voluntary Organizations and Number of Child Survival Projects
Review of Baseline Studies, 1987-88

Adventist Development and Relief Organization (ADRA)—4
Aga Khan Foundation (AKF)—1
Andean Rural Health Care (ARHC)—1
Cooperative for American Relief Everywhere (CARE)—2
Freedom from Hunger Foundation (FFH)—2
Rotary International Polio Plus Program—2
Save the Children Federation (SCF)—3
World Relief Corporation (WRC)—2
World Vision Relief and Development, Inc. (WVRD)—3

required at project end, to be submitted within 90 days after project termination.

A.I.D. guidelines for the CSIII annual report requested that each PVO country project respond to a number of questions about

its baseline survey. The investigators used a structured form to record the responses by field staff to those questions.

Results

As seen in Table 4, 14 of the 20 projects were able to carry out a baseline study in the first 12 months of project operation, representing 57 percent of CSIII grant funding. There was no pattern by PVO or country as to the projects without baseline studies. Individual project problems seemed to be the deciding factor in the ability to field a study in the first year (Table 5).

Nevertheless, the majority of PVOs initiated a baseline study during the first six months of the project's life and before completion of the detailed information plan. (More recent information has shown that four of the six projects without baselines were able to field a survey in the second year of project operations.) (Figure 3)

PVOs reported the major constraints to initiating baseline data collection to be delay due to late receipt of A.I.D. funding, delay in hiring qualified project staff; MOH change of the project's location; problems in obtaining prompt MOH approval of the study and questionnaire; and logistic barriers introduced by floods or other natural disasters.

There were also constraints encountered in the design and implementation of the

Figure 1. PVO Child Survival III Projects
% Major Interventions

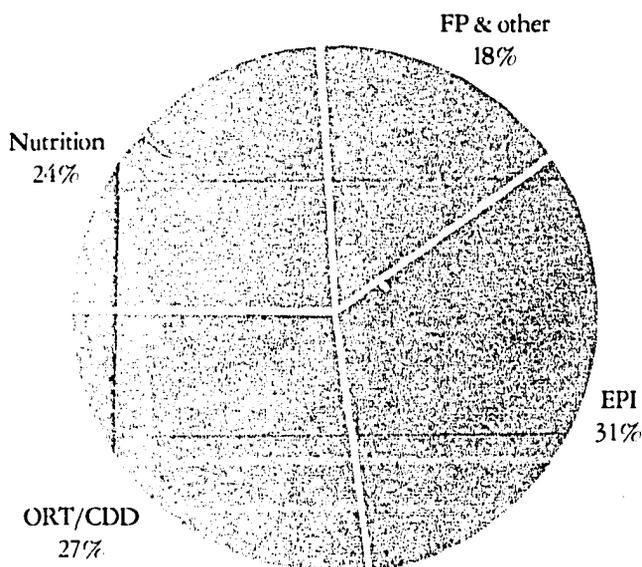
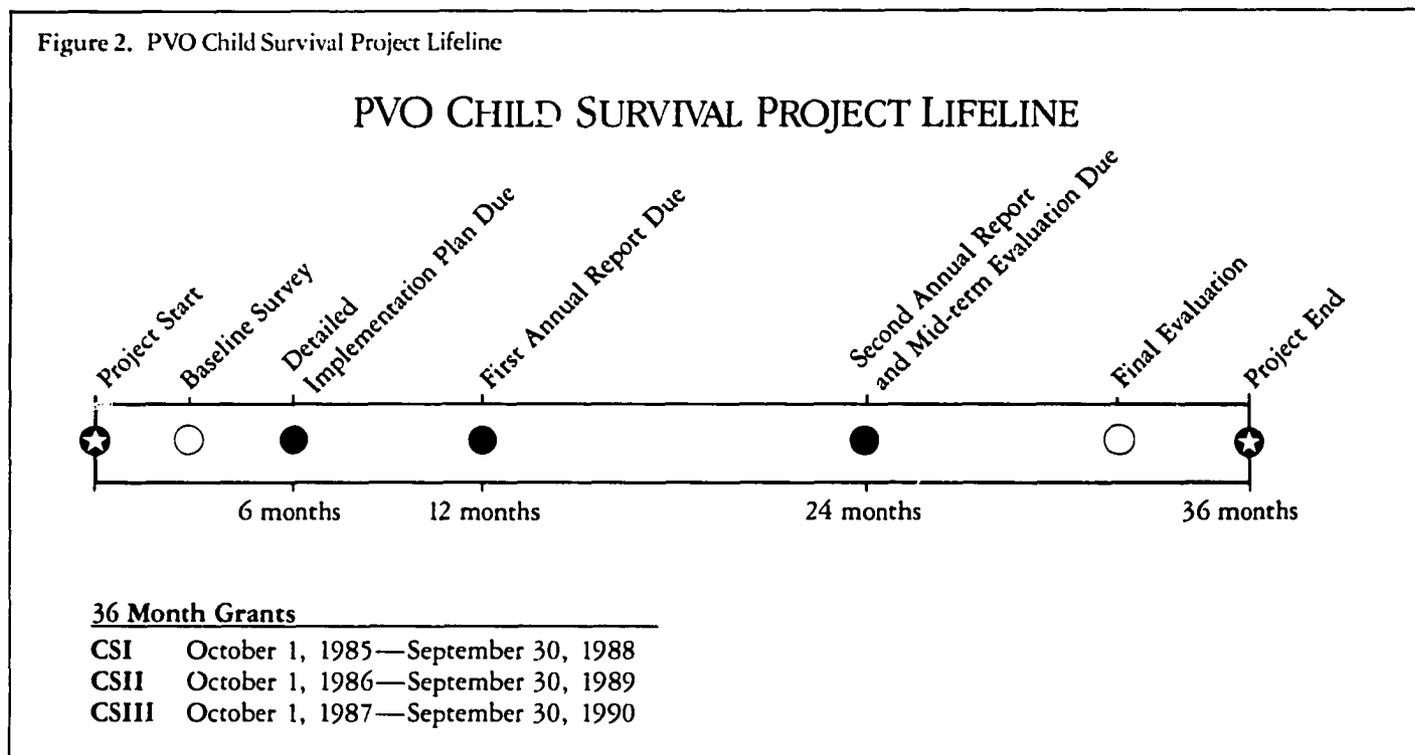


Figure 2. PVO Child Survival Project Lifeline



Graphic Arts Department, JHU School of Medicine

baseline study, including difficulties with local language and customs, shortage of properly trained survey personnel, logistic problems in surveying widely dispersed communities, and community reluctance to be interviewed related to political changes or civil unrest.

The review identified the following special issues regarding design of the baseline studies:

- Approximately eight of the 14 projects reported that the baseline study was designed by project staff with the assistance of local and international consultants (Table 6). However, five projects did not state who prepared the study.
- A review of questionnaires found that international consultant assistance resulted in improved survey methodology and questions, although not necessarily a shorter, more streamlined, questionnaire.
- A few PVOs reported problems with local consultant assistance—in one case the consultant never completed

data analysis, in another case the survey questions did not follow generally accepted norms in ORT and EPI evaluations, and in a third case, the PVO was never able to generate tables from the computer program a local consultant had developed to handle anthropometric data.

—Poor communication between U.S. and field offices lessened the efficacy of two consultations. In both cases the PVO office in the United States requested external assistance for design of a project baseline survey, but upon arrival at the country project, the international consultants found a survey

Table 4. PVO Child Survival III Projects
Baseline Studies 1987-88

Baseline Study	Number of Projects	Life of Project Funding*
Yes, in year 1	14	7,416,000 (57%)
No baseline in year 1	6	5,567,000 (43%)
	—	—
	20	\$12,283,000 (100%)

*Life-of-project funding by A.I.D./Washington

Table 5. Constraints Affecting Baseline Studies
PVO Child Survival Projects, 1987-88

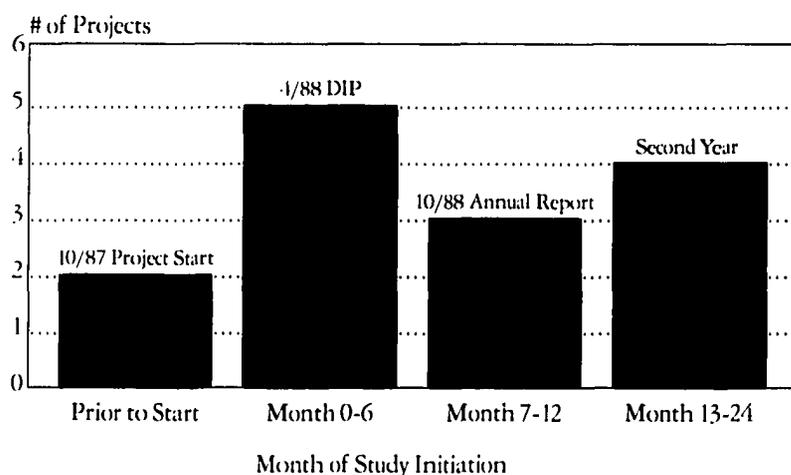
■	Project delays, e.g., funding, staffing
■	Language and local customs
■	MOH approval of study design and questions
■	Shortage of properly trained personnel
■	Geography e.g., dispersed communities
■	Political changes; civil unrest
■	Natural disasters, e.g., floods

Table 6. Consultant Assistance in Baseline Study Design
PVO Child Survival Projects, 1987-88

Who Designed Baseline	#	Percent
Project staff only	1	7%
Project staff and local consultant	4	28.5%
Project staff and international consultant	4	28.5%
Not Mentioned	5	36%
	14	100%

*6 projects had no baseline study

Figure 3. Initiation of Baseline Study
PVO Child Survival Projects, CSIII



*Baseline incomplete for 2 projects

already in progress. One PVO field office held a second survey to collect data on health problems not previously obtained. In the other case the PVO project manager incorporated consultant suggestions into the ongoing survey, but the result was too long and impractical.

—The majority of PVO Child Survival projects obtained baseline data according to established statistical methods: A listing of the strategies for data collection shows that 29 percent made a complete census of the population, usually through a family enrollment process. Half the projects carried out either a cluster or a random sample (43 percent and 7 percent, respectively). The remainder followed no scientific procedure for selection of interviewees.

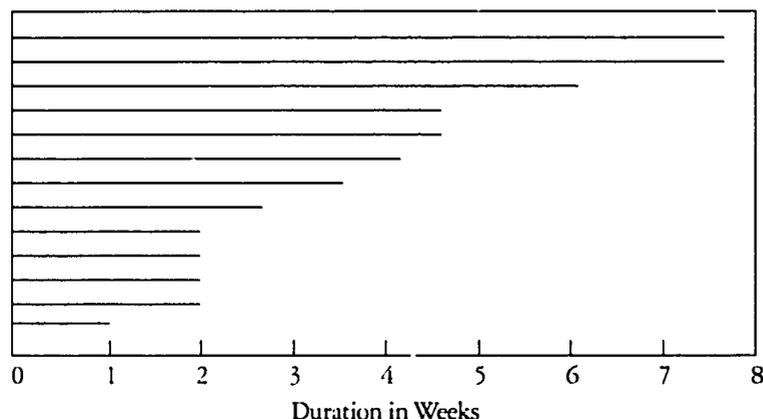
—The data collection instruments were a mix of questionnaire, anthropometric measurement, or clinical exam. Approximately three of the 14 baseline studies involved focus group discussions.

—For the most part, the questionnaires were long. Only four projects reported asking fewer than 20 questions, while three questionnaires contained over 40 questions. As might be expected, the interviews usually took longer than 20 minutes each, with the upper limit reported to be around 40 minutes. Seven of the 14 projects did not provide any information on the length of the interview.

—The duration of baseline data collection ranged from one to eight weeks. However, nine of 13 projects completed their baseline study within two to four weeks (Figure 4).

A detailed examination of the questionnaires found considerable inadequacies in content. Demographic data was missing in three of the 14 PVO questionnaires, ORT and EPI content was absent from four questionnaires, and nutrition questions were omitted in five of the baseline studies. Few projects queried current or past use of mod-

Figure 4. Duration of Baseline Studies
PVO Child Survival Projects, 1987-88



*6 projects had no baseline study

ern family planning methods. One project's baseline study asked no questions pertinent to planning or implementation of the key Child Survival interventions.

There was a poor match between questions asked, and the level of funding and effort which a project placed in a specific program area. Five of the 14 studies were missing questions regarding one of their designated Child Survival interventions. For example, questions concerning ORS were not asked by a project with 40 percent of its effort in ORT promotion, and questions regarding immunization were not part of a baseline for a project with 60 percent of its effort directed toward increasing immunization coverage.

The review also noted weaknesses in the quality control exercised over baseline data collection. The investigators found:

- Although most projects did not describe their process for selection of interviewers, it seems that interviewers were drawn from project staff, government health workers, and community health volunteers.
- Quality of interviewer training was weak in seven of 13 projects, as judged by the criteria that training contain (a) appropriate technical questions, (b) instruction in survey

methodology, and (c) supervised field practice.

- Nine projects reported pre-testing their data collection instruments. The extent of pre-testing varied from two hours to three days in a field setting.

Although feedback is regarded as an important part of any study, only three projects reported that they had shared the study re-

sults with project staff, health workers, and local communities. The remaining 11 projects provided no information about feedback.

Only six of 14 projects were able to estimate baseline study costs. The proportion of the first year's expenditures attributed to survey costs ranged from 2.3 percent to 18.3 percent. However, the baseline costs accounted for less than 1 percent to 2.6 percent of the total life-of-project budget (Table 7).

Future Action

This review of PVO capacity to perform and utilize baseline surveys in their Child Survival projects has shown that there has been improvement within the PVO community since the 1983-84 assessment, but that problems remain, particularly in technical adequacy of questionnaire content and survey management.

After these findings were presented to the workshop, representatives from several PVOs shared "lessons learned" in their experience with baseline surveys.

- Timing of baseline surveys is very important to the direction of the project. When projects completed their baseline study before writing the detailed implementation plan, they could accomplish

Table 7. Proportion of Budget Attributed to Baseline
PVO Child Survival Projects, 1987-88

Project	Percent of Total A.I.D. Funding	Percent of 1st Year Expenditures
ADRA/Indonesia	0.96%	3.0%
ARHC/Bolivia	1.6%	5.9%
CARE/India	1.5%	11.5%
SCF/Honduras	2.6%	18.3%
WVRD/Haiti	0.97%	14.0%
WVRD/Kenya	0.91%	2.3%

- more during the first year of operation.
- It takes a minimum of four weeks to plan, train, implement and analyze baseline data. Project staff must leave time for designing the questionnaire, translating it, negotiating with the MOH regarding various aspects of the survey, pre-testing etc.
 - The design of the survey should be done by persons who have had previous field experience in conducting baseline surveys. Consider including the MOH regional epidemiologist or local academic institution faculty on the study team.
 - The baseline should be relatively simple to plan, carry out, and analyze. Resist adding questions; the result can be more data than you need. Instead, focus on the interventions that your project wants to specifically track during the project.
 - Questions should be consistent with those advocated by international organizations such as WHO or PAHO, in order that PVOs can measure progress in a manner consistent with others.
 - Analyze survey results first by hand and then, time permitting, the staff can be trained to use the computer to analyze the data in more detail.
 - Educate the community regarding the function of surveys so people understand the mechanics and don't feel left out.
 - It does get easier if you make the effort to learn from the past (and adapt your strategy to the local situation).

PVO Baseline Surveys

Ms. Sue Toole, CARE, reported that CARE uses its own regional staff rather than consultants for baseline surveys. CARE staff are trained in how to do baseline surveys. The process takes approximately four to six weeks, including the development and pre-testing of questionnaires, revisions, and collection and compilation of data. CARE encourages the feedback of baseline data to all interested parties, with attempts made to aggregate data in the most meaningful ways.

The baseline data gathering process has

improved over time, as CARE has gained experience. It is in a continual process of revision, with efforts being made at present to develop standard questions that can be used widely. Over time, CARE has placed increasing emphasis on baseline behavior measurements, in hopes of identifying subsequent behavior change in the community.

In contrast, the Adventist Development and Relief Agency (ADRA) approaches baseline surveys differently based on each country's unique needs. Lucia Tiffany, ADRA, reported that both external and internal consultants are used to provide technical assistance to project surveys. A randomized cluster sampling method is the usual approach, with results tabulated in the field. The total time needed is usually four to eight weeks.

ADRA has experienced problems in coordinating survey activities in the time needed. Tiffany also noted the questionable quality of some data collection, such as lack of genuine randomization, interviewer bias, difficulties with the language of the interview, and inadequate training of interviewers. On the other hand, ADRA has found an unexpected benefit of doing baseline surveys is that it gets facility-based staff out into the community.

Leslie Hornung discussed the experience of World Vision Relief and Development, Inc. in successfully adapting surveys developed by past projects in Africa, Asia, and Haiti for use by new ones.

WVRD clearly set forth the purpose of baseline surveys. The surveys were conducted to validate the need for Child Survival interventions, to determine the magnitude of the health problems in the area, and to acquire data with which to measure progress made by the project.

WVRD has found that the best timing for the baseline survey is before the Detailed Implementation Plan (DIP) is completed. Also, it is important to allow time for designing the questionnaire, negotiating with the MOH, training interviewers, etc.

Hornung asked, "For whom is the survey being conducted? Is it for the MOH? Proj-

ect staff? A.I.D.?" The content of the survey must be determined based on the needs of these groups. WVRD has learned to focus survey questions only on a few interventions that it wishes to follow closely. And they have found pretesting of the survey questions crucial.

One of the major lessons learned is that educating the community about the purpose of the survey can be a useful way to heighten community awareness of its problems. It is also important to explain survey activities to the community so they can better understand why some houses are surveyed and others are not, or why some children are weighed and others are not. Dr. Sherry Guild, Save the Children (SCF), presented a different approach to baseline data collection. At project start, SCF carries out a population-based census, known as Family Enrollment. This data base forms the basis for the project's health information system. Women's groups identify or elect women who will be trained to help educate the village women about health issues. Then the villages are mapped and the Family Enrollment is carried out by multisectoral teams. All of SCF's Family Enrollment forms contain a few items of common information; additional questions can be added by the local project.

The main premise for SCF's health information system is that staff should only collect information that they will use in their activities. In SCF's experience, careful translation and retranslation of questions are important. They also found it is preferable to have data analysis carried out by the individuals who collect the data and who will use the data. The calculation of basic vital statistics and simple methods of displaying data, such as pie charts, have been easily taught and profitably used.

Discussion

During the discussion, workshop participants compared and contrasted survey methodologies and elaborated on some fine points of surveys.

The survey questionnaire usually contains

20 to 35 questions and takes 20 to 30 minutes to complete.

Most PVOs try to use closed-ended questions, to simplify tabulating the responses.

At least three or four of the intervention areas covered by the project can be included in a questionnaire of this length.

A number of different sampling methods have been used, one group reported using the WHO 30-cluster sampling method.

PVO headquarters staff are usually not in the field for the baseline survey, but regional support staff often are.

Down Home Stompin'

The evening session for the second day of the workshop was designed to bring the participants into closer contact with the regional/ethnic flavor of the workshop setting in the Smokey Mountains of North Carolina. The Southern Appalachian Cloggers, with an accompanying country music band, provided an enthusiastic and energetic demonstration of the local folk dance known as clogging. The dancers elicited equally enthusiastic, if not quite as technically skilled, participation from the workshop participants, who joined in several of the dances. Everyone's reward for braving the dance



Peter D. Charles

floor was an acronym T-shirt, specially designed for PVO Child Survival.

During rest breaks from dancing, the workshop entertainment committee presented a number of humorous participant awards. A few of the more memorable awards were a pair of decorated weighing pants for the growth monitoring consultant, an emergency travel supplies kit for the facilitator whose luggage never arrived, an enormous stuffed carrot representing vitamin A programming, a laugh box for one lady who is known for her hearty giggling, and a dart board for AID/FVA/PVC's use in scoring the next PVO Child Survival proposals!

The Shape of Things to Come: Report from A.I.D.

Dr. Gerold van der Vlugt, the Child Survival and Health Coordinator for AID/FVA/PVC, provided an overview of trends in the new U.S. administration that might affect future directions of the Child Survival Program. Dr. van der Vlugt announced that he would retire in August 1989. At the time of the workshop, the extent of changes in key personnel at higher A.I.D. levels was not known.

He stated that the budget for the 1989-90 fiscal year will hold at approximately \$15 million for centrally funded PVO Child Survival grants, including the annual \$1 million contribution to fulfill Rotary International's PolioPlus commitments. However, PVO funding requests for Child Survival V proposals totaled \$46 million, thus only about one in three proposals can be funded. FVA/PVC continues to encourage USAID mission funding for many of the Child Survival proposals that cannot be centrally funded.

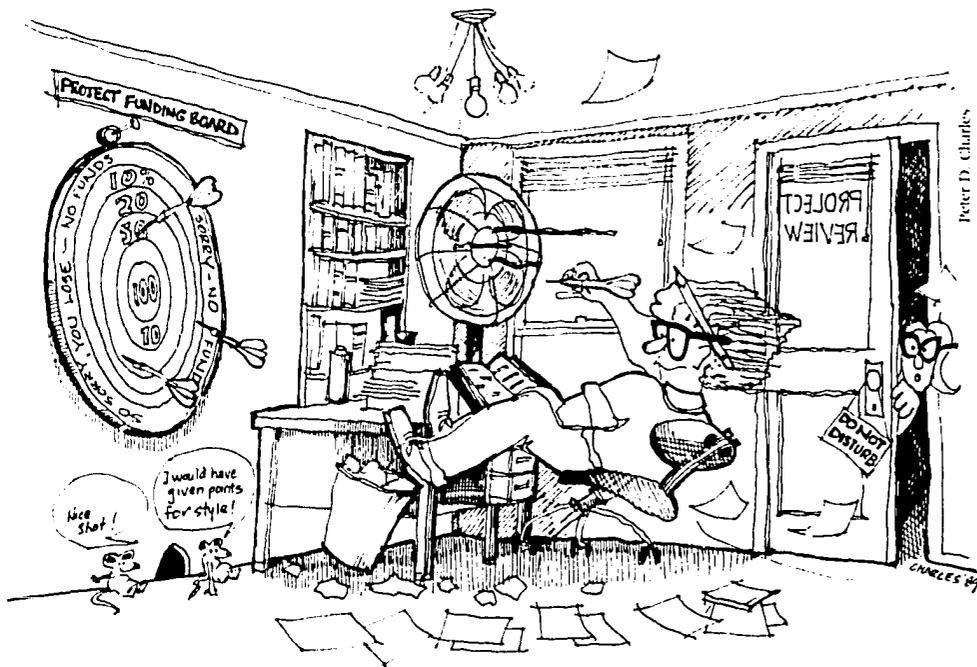
Dr. van der Vlugt noted that it is important to keep in mind the large amount of international assistance provided by U.S. PVOs every year. In 1986, for example, approximately \$3 billion was spent by U.S. PVOs in their programs. Only \$400 million of that was provided by all A.I.D. sources.

Dr. van der Vlugt explained that the technical assistance network for the PVO community was undergoing an evaluation, scheduled for completion in spring 1989. This network included the cooperative agreement with The Johns Hopkins University, as well as PRITECH, REACH and other contracts. He said that there is agreement in many circles that it is important to strengthen the technical components of many A.I.D. programs, not just those related to PVOs.

Dr. van der Vlugt announced the availability of research grants from the A.I.D. Office of the Science Advisor to fund researchers from developing countries who have links to U.S. institutions. These grants provide up to \$100,000; the initial application required a two-page concept paper due February 1, 1989.



The Southern Appalachian Cloggers



the community involved may seek other sources of assistance on its own.

The small groups identified examples of PVO Child Survival projects that are moving toward sustainability of project benefits.

- Rotary International projects in India and Nigeria encourage existing local Rotary groups to shift their activity focus to PolioPlus programming, training task forces to assist in formulating and working toward project goals.
- SCF/Indonesia has influenced the MOH to change the way they register families, resulting in a simplified and improved government system.
- In the WV/Senegal project, mothers are closely involved in growth monitoring activities, including paying for the growth monitoring services.
- Africare has succeeded in institutionalizing central drug projects in the Gambia and Sierra Leone after relatively short initial input.

Ralph Montee also asked workshop participants to identify indicators for sustainability. They thought it important to track changes in political commitment, infrastructure, community ownership and project management, beneficiary knowledge, and demand for better services. The groups suggested possible indicators to measure a project's progress toward sustainability:

Sustainability

The sustainability session was introduced by Ralph Montee, of Project Concern International, who defined sustainability as "the continuation and/or expansion of benefits in the impact area, or beyond, by local people, groups, communities, and/or host government institutions." Sustainability is a long-term process, and integral to development. "Sustainability" is not synonymous with "institutionalization," since it is possible for a program or service to continue without the continuation of benefits for project participants.

Workshop participants formed four small work groups in order to discuss reactions to the definition of sustainability as the continuation of benefits and as a long-term process. Two of the four groups were satisfied with the definition of sustainability offered by the moderator. However, one group ventured the definition, "when people in the project area are committed to, responsible for, and able to carry on practices and activities, on an ongoing basis, which

change attitudes and behaviors with regard to Child Survival and development." This group expressed the belief that the mission or philosophy of sustainability includes the concept of partnership. Workshop participants also noted that a definition of sustainability should not exclude all the external assistance for a sustainable project because



- Commitment to the project at all levels, from the MOH to community groups
- Institutionalization of project approaches or ideas within the host government. (For this to occur, project objectives must be in line with the government's own priorities and norms, and professional and technical capabilities must be available within the project and nearby institutions.)
- Amount of collaboration with national, regional, and community agencies or groups
- Continuation of training, both preservice and inservice
- Existence of planning for project sustainability during the design phase
- Ongoing self-criticism, indicating a willingness to make use of lessons learned in prior experience
- Level of partnership with indigenous organizations
- Extent to which training of local people continues. (If it is still going on, a "ripple effect" indicating movement toward sustainability may be taking place.)
- Existence of level of community support/responsibility for the project activities
- Assumption by the PVO of less management responsibility over time
- Continuation of supervision of the community health workers carried on by local counterparts
- Continuation of financing mechanisms, e.g., through fee for service or an income-generating activity
- Changes in behavior
- Evidence of major changes in original project objectives, e.g., if water, sanitation and hygiene efforts are successful then the need for oral rehydration therapy may be diminished; or, if gardening and dietary changes are made, vitamin A capsule distribution may not be necessary
- Requests for and utilization of services
- Existence and vitality of indigenous groups

Common Elements of Projects' Progress toward Sustainable Benefits

1. The project is seen as important to the host governments and recipient groups (felt need).
 2. A feasibility study has been carried out in collaboration with important local, national, and international groups.
 3. The project started as a modest demonstration effort, and its first endeavors documented the value of the approach taken.
 4. Local management and supervision was included from the beginning.
 5. The host government gave a cash match in return for an "up-front" grant from the donor.
 6. PVOs are seeking a predictable means of funding recurrent project activities, e.g., a cost-recovery mechanism.
-
-

The sustainability indicators listed in David Pyle's "Lessons Learned from the Midterm Evaluation Report" were seen to be useful and valid.

A lively discussion ensued in which the group debated three major questions. Is a fee for service system always viable? In much of Latin America the Pan American Health Organization and the World Health Organization encourage governments to offer free services for women and children. Is it truly shortages of funds or differing priorities? Sometimes the apparent shortage of national government funding for health may be due to differing priorities, not to absolute shortages of funds. Can PVOs justify short-term efforts? In some cases Child Survival efforts fall into the relief category and, even though not sustainable in the short term, may be justifiable.

Regional PVO Implementation Workshops, 1988-90

The PVO Child Survival Support Program at JHU assists PVOs in organizing regional implementation workshops that provide field-based practical training for PVO country national field staff. These AID/FVA/PVC-funded workshops are hosted by an ongoing PVO project in a designated country. During this session, Cynthia Carter reviewed the objectives and expected outcomes of regional workshops and reported on the results of the 1988 Africa Regional Workshop hosted by AMREF/Kenya. Representatives from SCF and Project HOPE updated the group on plans for the 1989 regional workshops scheduled for CSIII and CSIV projects located in Asia and Central America.

Child Survival Implementation Workshops

Region	PVO Field Project	Date	Participants
Africa	AMREF/Kenya	June 1988	CSIII field staff from Kenya, Mali, Niger, Nigeria & Sudan
Asia	SCF/Nepal	April 1989	CSIII & IV field staff from Bangladesh, India, Indonesia, Nepal & Pakistan
Central America	Project HOPE/Guatemala	August 1989	CSIII & IV field staff from Ecuador, Guatemala & Honduras
Africa	Africare/Nigeria	May/June 1990	CSIV & V field staff from Nigeria, Zimbabwe, Sudan, Malawi, Uganda & Kenya

Workshop Evaluation

"This workshop fully measured up to my expectations and had a good blend of A.I.D., headquarters, and field perspectives. I am grateful for the mutual support and the opportunities for communication it provided."

—PVO representative

PVO Participants Evaluate the Workshop

Evaluation forms were mailed to 28 PVO participants after the workshop. An open-ended questionnaire encouraged comments and suggestions for future workshops. It was accompanied by a rating form modified from the previous year. Responses were received from 20 participants.

Workshop Goals

Overwhelmingly, the respondents responded that they had come away from the workshop enriched. Depending upon needs and previous experience, participants reported that they had created and improved contacts, exchanged experiences, and acquired information. Workshop sessions, resource materials, and human resources combined to provide participants with the information they sought. One participant's

opinion was, "The reviews of baseline surveys, midterm evaluations were extremely helpful and the sharing by technical people from some of the larger PVOs regarding their own experiences with certain aspects of the Child Survival program were extremely helpful as well."

The workshop managed to achieve most of its stated goals and expectations. It did "facilitate exchange of experiences and materials from Child Survival I, II, and III projects," and provide practical knowledge and skills to improve the weighing and measuring of children, although the relevance of the practice session to measuring children's heights in the field was questioned by some respondents: "I couldn't see such an exercise being carried out in the same fashion in the field." "I don't feel it was really possible to deal with this issue under field conditions as every project's field conditions must be different."

PVO staff continued to express the importance of workshop participation by A.I.D. project officers. With regard to the workshop goal of providing a forum in which PVO staff can exchange information and ideas with A.I.D. representatives on the current PVO CS Program and its future direction, participants wrote that "there was a very evident openness in all those from A.I.D. to questions and concerns from the participants and . . . no one felt we couldn't broach A.I.D. personnel" and "the A.I.D. representatives were very open and approachable."

The goal "to identify follow-up action for the transfer of lessons learned by PVO Child Survival country and home office staff to strengthen ongoing and future PVO Child Survival efforts" was met by the numerous recommendations developed by workshop participants. However, one respondent wrote, "This goal isn't really clear



to me, and I am not sure how this goal was pursued during the conference." Another participant thought the goal referred to action plans and replied "Realistically, it is not possible to develop elaborate follow-up plans as a result of these workshops given the existing workloads HQ CS managers already have." Many others simply did not comment.

Workshop Critique

It is a challenge to provide sessions that will interest everyone in a group with widely divergent experiences and skills in the field of child survival. At the Lake Junaluska workshop, more participants described their positions as technical than as administrative in nature. Many participants were new to the field of child survival, while others were more experienced and looking for specific information. Feedback on this diversity was positive. "The mixture of old and new hands in the PVO CS field could have been a difficult situation, but it was dealt with in a very beneficial manner to all concerned." The pairing of experienced with novice participants during the session on health information systems contributed to this atmosphere.



Irvin Short

The idea of concentrating upon one technical intervention, as was first proposed in the 1988 Arizona workshop, was appreciated by many, yet the choice of topic was not widely favored. Consequently, the session on weighing and measuring provoked controversy. Some participants were grateful for the opportunity to focus in depth on one Child Survival intervention,

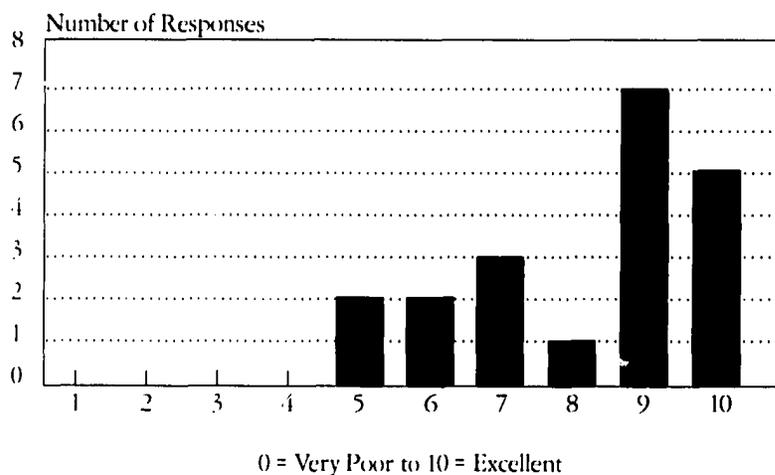
"Time during the workshop is limited, so focusing on one issue may be the most efficient use of time." And some cited the weighing and measuring session as educational; while others felt that the session was inappropriate and unlikely to be applicable. "The amount of time we invested in this topic was not proportional to the impact it has on programming." Another participant suggested that the session could have broached the issues of follow-up to growth monitoring and measuring (which, in fact, was a topic at the previous year's Lake Havasu workshop).

Workshop Achievements

Participants responded very enthusiastically about what they had learned from the workshop. Exchange of information between PVOs was a highlight for the majority of participants, and the basis for much of what was learned from the workshop. One response epitomized the group's opinion: "PVOs face very similar problems and issues and by providing more opportunities for meeting with each other, we could save time and resources by sharing lessons learned, materials, and access to consultants, etc."

The workshop inspired participants to cultivate potential future collaboration and networking. The session on VITAP's new initiative sparked interest and enthusiasm for a workshop on vitamin A, which was held in the spring of 1989. HKI reported the VITAP session helpful to the achievement of their long-range goals: "We foresee more long-term benefits of this exposure as PVOs who attended the vitamin A workshop are now seeking to develop vitamin A programs and have become more interested in this subject." One respondent suggested: "I hope the workshop will result in more focused workshops like the one HKI just held on vitamin A (what about a workshop by REACH, PRITECH, AED, PATH, etc.?). The workshop also sparked informal contacts. "Since January, I have had contact with many PVOs present at the workshop." It was also very gratifying to read the comment of one respondent, "I paid close atten-

Relevance of Workshop... Theme and Objectives
1989 PVO Participant Evaluation



Total of 20 Responses

tion to the lessons learned expressed by others in order to see how they would apply to our projects. On a recent trip to our project in Haiti, I was able to share some of our lessons learned with them."

Suggestions for the Future

More time for informal interaction among participants was repeatedly urged; given the amount of learning that was attributed to discussions with fellow participants, such a request is warranted. Greater periods of time were desired for exchange in small

group sessions. Another recommendation was to continue the procedure of concentrating on one Child Survival intervention, but to include more field experience. Possibly two choices of topics for a Child Survival intervention would more specifically meet needs and reduce group size.

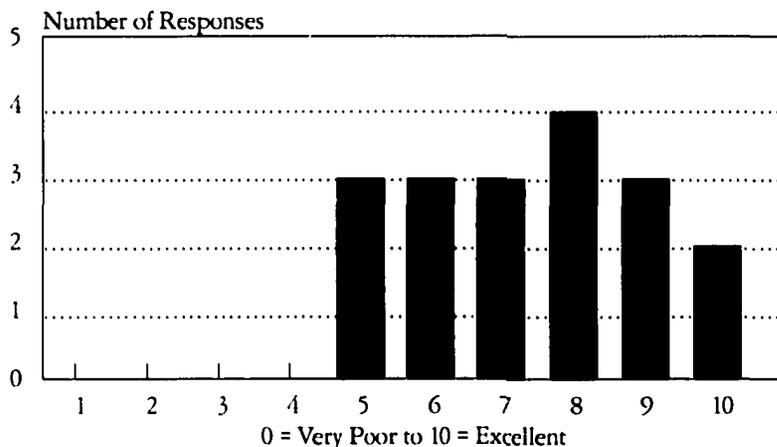
Almost everyone suggested that the workshops continue to bring in a field person to participate, and vary the PVO that the person represents. One participant brought up an important aspect of the field representative's presence: "He brought with him a little of the field which is impor-

tant not to forget at a gathering of home office staff."

PVOs believe feedback on midterm evaluations and baseline surveys along with sustainability issues, should receive high priority. These components of the workshop were felt by all to be essential to the planning of next year's workshop. Many participants requested copies of the workshop presentation on midterm reports and baseline surveys.

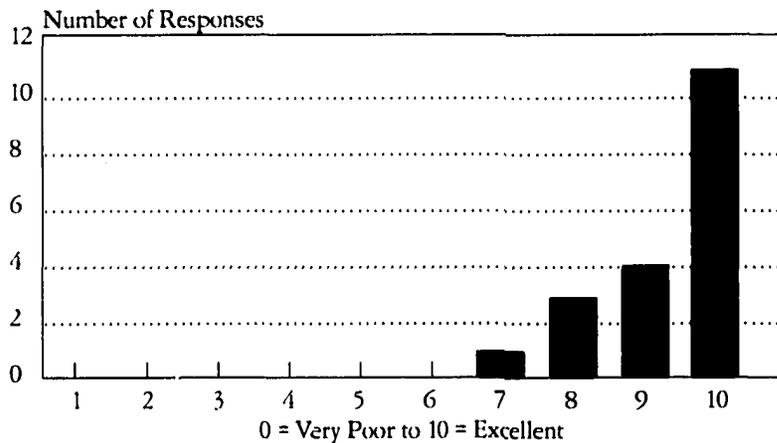
Some participants requested material distributed beforehand, such as one-page outline/summaries from each PVO on their organization and their Child Survival projects. Others requested more sessions on health information systems/computers information (possibly introduction to appropriate computer programs) and a preview session for newcomers to familiarize them with terms and procedures.

Belief that Workshop will Lead to Action
1989 PVO Participant Evaluation



Total of 18 Responses

Degree of Freedom to Express Any View
1989 PVO Participant Evaluation



Total of 19 Responses



What have you learned from the Lake Junaluska Workshop?

"I learned that there are many ways to carry out a child survival project depending on the local situation. I got a better idea of what conditions or prerequisites make for a better project. I learned some helpful points to consider when developing a baseline survey. I learned more of the implementation challenges involved in weighing and measuring children. I learned that our projects have many of the same critical issues as other child survival projects."

"I learned a lot. I learned CS terminology (probably not all of it, but certainly my CS vocabulary is richer than before the workshop). I became better acquainted with CS project necessities, like DIPs, baseline studies, midterm evaluations, what these really mean and their implication to the success of a CS project. The important thing here, is this information came from one source basically; the CS projects staff themselves, so that it was very down-to-earth, concrete information and suggestions. I heard about and began to see the importance of sustainability to a project and how this needs to be

well thought out and defined from the beginning of the project."

"What I have learned from the workshop: PVOs face very similar problems and issues, and by providing more opportunities for meeting with each other, we could save time and resources by sharing lessons learned, materials, and access to consultants, etc. Availability of resources (e.g., the PVO Support Program, HKI, Rotary). That everyone complains about A.I.D requirements."

"I learned what PVOs have done with their baseline surveys and midterm evaluations (most helpful for me at this state of our involvement which was great). I got a glimpse of some ideas regarding the sustainability issue (very important for our organization). I got some good guidelines for setting up midterm evaluation process. I learned about some of the fine points of weighing and measuring children. The lecture on vitamin A deficiency was very educational."

"What struck me as most useful was the suggestion (by one of the participants?) that PVOs try to conduct a baseline survey before the detailed implementation plan is finalized. We had thought of this; the discussion highlighted the importance of this and we are currently putting this suggestion into practice."

"Have become more informed about vitamin A and weighing, and better understanding of health information systems, and learned more about what other PVOs success/failures and approaches are."

"Some of the finer details of weighing/measuring children, especially on the technique for height measurements. Learned/shared information on software being used by different PVOs for particular tasks and how they might be helpful to our organization."

"The need to focus and simplify as much as possible."

What long-term effects might this workshop have?

"The connections made between participants and others will always be long-term. The sharing of experiences and ideas is always useful, and it is psychologically reassuring to know that others go through similar constraints."

"Enhance collaboration."

"Improved networking/resource sharing."

"Since January, I have had contact with five PVOs present at the workshop. These workshops are instrumental in facilitating this kind of exchange well beyond the actual workshop sessions. For example, the professional exchange started in North Carolina will be continued next week at my place. I'm having a "Women in Develop-

ment" dinner and several NC Workshop participants from the NYC area will be present. If you are in the area, come on over!"

"Fostering collegiability among technical support people of PVOs. Making it possible to more quickly adopt more successful or more effective policies, procedures, or techniques in our programs."

"Help me to shape strategies that are more likely to be sustainable and have more impact."

"I think it will promote more informal interaction among the various PVOs. It has

probably raised the participants' interest in subjects they might not have addressed such as vitamin A. I believe the workshop has a long-term effect in providing encouragement to home office staff and an increased enthusiasm in our work."

"The long-term effects of the workshop are also a bit difficult to describe. The CS concept is still relatively new. Just being able to come together to share ideas, experiences, failures, and success stories had a tremendous long-term impact on many of us. Even if the CS concept evolves into something different, with a new name and a new set of catchy buzz words, the workable/do-able aspects will carry over. Well-run workshops like this help these essential aspects to percolate up the common store of knowledge."

1989 PVO Evaluation of the Lake Junaluska Workshop

Scale: 0 = Little Value (or Very Poor) to 10 = Excellent

	Average Rating	Number Responses
<i>Organization</i>		
• Degree to which the workshop was organized	9.2	19
• Workshop schedule	8.7	19
• Pre-workshop communications	8.4	19
• Relevance of workshop theme and objectives	8.2	20
• Resource documents and materials	7.6	19
• Resource Center displays	6.8	19
<i>Process</i>		
• Friendliness of atmosphere	9.6	19
• Freedom to express any view	9.3	19
• Acceptance of suggestions from participants	9.0	19
• Effectiveness of facilitator	8.8	19
• Degree to which discussion kept to the topic	8.8	19
• Degree to which cliques did not develop	8.8	19
<i>Content—Large Group Sessions</i>		
• Session on CSII/III midterm evaluations	8.2	19
• Session on baseline studies	8.0	19
• A.I.D. guidelines/CS project protocol	8.2	19
• Report from A.I.D.	8.0	19
• Session on sustainability	7.9	19
• Role play on field/HQ communications	7.9	18
• Session on HKI's VITAP	7.8	18
• Session on weighing and measuring	4.8	19
<i>Content—Small Group Sessions</i>		
• Day-care center visit	6.7	13
• Session on implementation workshops	6.4	12
• Session on project reporting	6.3	17
• Session on computerizing	6.1	19
<i>Facilities</i>		
• Hotel accommodations	8.6	20
• Hotel food	7.9	20
• Workshop meeting space	7.8	20
• Recreational facilities	6.1	16
<i>Special Event</i>		
• Tuesday evening Stompin'	9.7	17
<i>Follow-up Action</i>		
• Degree to which you think what was learned in this workshop will result in action	7.4	18

Follow-Up Action

“I paid close attention to the lessons learned expressed by others in order to see how they would apply to our projects. On a recent trip to our project in Haiti I was able to share some of the lessons learned with field staff.”

—PVO representative

1st Asia Regional PVO Child Survival Implementation Workshop

Due to trade disagreements between Nepal and India, A.I.D. postponed the April 1989 Asia Regional workshop, scheduled to be hosted by SCF/Nepal, and changed the venue. PCI/Indonesia will host this Child Survival implementation workshop in December 1989. AID/FVA/PVC and the PVO Child Survival Support Program acknowledge the considerable time and effort put forth by staff at SCF home office and SCF/Nepal field office in workshop planning. It is regrettable that the situation caused by the trade embargo prevented travel to Kathmandu and the SCF Child Survival project in the foothills of the Himalayas.

Aliso Creek, California Workshop

The 4th Annual PVO Headquarters workshop takes place January 23-26, 1990 at the Aliso Creek Inn, South Laguna, California.

Changes in PVC

Dr. Gerold V. van der Vlugt, retires: In August 1989, Dr. Gerold van der Vlugt retired from the Agency for International Development, just as he had notified the PVOs at the Lake Junaluska workshop. His colleague, John McEnaney, replaced Jake as chief of the PVO Child Survival and Health unit at AID/FVA/PVC. At Jake's farewell party, John gave this tribute to Jake:

"Jake van der Vlugt, a man who chose to be the birch and not the oak. He preferred to be identified with the underdog and selected medicine as a life career. Jake carried the ranching years of his youth into his new life as a physician through his halcyon years with the U.S. Coast Guard as a Commissioned Officer in the U.S. Public Health Service and was soon faced with a difficult life choice: self or service. He would stay in the public health field. He made his Tulane connections, first his M.P.H. and then his Dr.P.H. Subsequently, Jake came to the Agency as a public health physician with assignments in Africa and Southeast Asia. His understanding of third world health

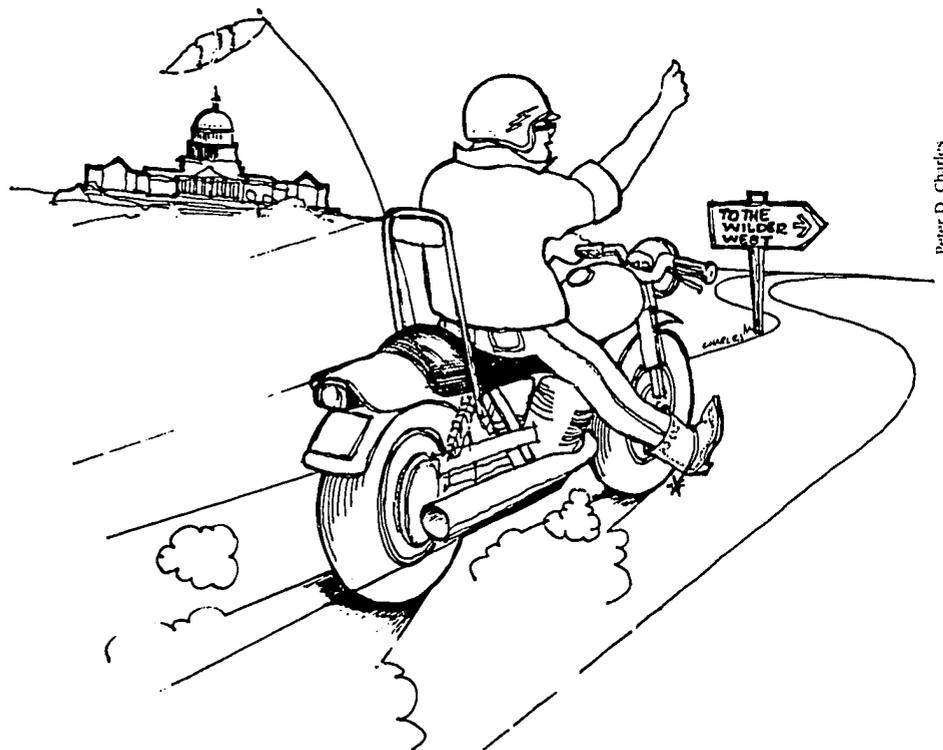
problems, and the people who have them to deal with, engendered trust and confidence in his host country colleagues up to ministerial levels. About this time, Jake traded his childhood horse for his now widely known mode of transportation, the BIKE. From Nepal to Manila to Khartoum to Washington, the man on the BIKE became a singular trademark within A.I.D.

But more importantly, Jake spearheaded efforts to promote Agency family planning efforts. This has resulted in A.I.D. being the largest condom purchaser in the world today, and supporting some of the most effective family planning programs in the developing world. He was a staunch supporter of the early immunization activities supported by A.I.D. EPI today is the centerpiece of the Agency's Child Survival strategy. Clearly, Jake was in the forefront of Child Survival before there was a bandwagon. Jake has come full circle in his A.I.D. career and public health service, leaving the Agency as Child Survival Coordinator. He has truly

put service above self, has endured the wrath of enemies but has cherished the love of his friends. For us Jake is the epitome of what Hannibal once said, 'We will either find a way, or make one.'"

New Chief, Child Survival Division, FVA/PVC: John P. McEnaney. From 1966 to 1976 he began his health career with the U.S. Public Health Service, Centers for Disease Control as a field epidemiologist assigned to the New York City Health Department. Subsequently he was assigned to the Federal Republic of Cameroon, Central West Africa with the combined World Health Organization-Agency for International Development -U.S. Public Health Service Smallpox Eradication Program. Also during this period, he was seconded from the Public Health Service to the U.S. Peace Corps as Associate Peace Corps Director, Zaire.

From 1976 to 1980 John continued his public health service in the Bureau of Health Planning, focusing on domestic



Peter D. Charles



Sally Foster

health care and cost containment issues. In 1978 he was seconded to the Agency for International Development, Office of Health. In 1980 he joined the Agency for International Development. Since then, as a Foreign Service Officer, he has served as Health Development Officer in Niger, Grenada, and Indonesia. He assumed his present position in August 1989.



Sally H. Montgomery named Deputy Assistant Administrator, Child Survival Division, FVA/PVC: Ms. Montgomery brings to A.I.D. skills in marketing and communications and a wealth of experience in both the executive and legislative branches of government. She has served the Reagan White House, Senators Howard Baker and John Warner, and Governor Lamar Alexander. Ms. Montgomery began her government service in 1973 as a member of the Minority Staff of the Senate Watergate Committee and, most recently, assisted in the Broadcast News Department at the Bush/Quayle Campaign Headquarters.

In the private sector, Ms. Montgomery spent almost six years in Southeast Asia (primarily in Vietnam, 1967-72) where she worked intermittently as a reporter for Public Broadcasting Service in Los Angeles and the *Pasadena Independent Star News*. In subsequent years, she was West Coast Manager of the Maxell Communications *Armed Forces Journal International*.

In September 1989, Ms. Montgomery spoke to over 80 students at The Johns Hopkins University School of Hygiene and

Public Health on the topic, "A.I.D. and U.S. PVOs: Collaboration in Child Survival."

The objective of FVA/PVC is to support and strengthen the PVOs' role in development and to advise the Agency on the best ways of achieving development goals in partnership with PVOs. . . . This partnership is rooted in the belief that PVOs are effective in developing the abilities of people in the third world to solve their own problems, and in promoting the local institutions necessary for communities to take responsibility for their own development and to sustain the improvements in their well being. . . . In 1988, A.I.D. programed 22 percent of its foreign assistance dollars through U.S. PVOs. This amount of U.S. government funding for PVO activities may sound like a great deal, but it pales in comparison with the private resources invested by PVOs in development. In 1987 alone, the PVO community spent more than \$2.3 billion of private funds on development programs overseas. . . . By continuing to foster a strong private partnership in Child Survival I believe that we will truly make a difference for the world's children.

CA Evaluation Results

In January 1989, according to the AID-JHU cooperative agreement guidelines, the PVO Child Survival Support Program underwent a midterm evaluation. Six major conclusions were made by the evaluation team:

1. The impact of those technical support procedures and activities that have been established, developed, and refined from 1985 to the present is significant. The overall impression supported by the evidence is that these have, by and large, been of considerable value, have greatly raised the technical competence of PVOs in Child Survival, and have incurred costs that are eminently reasonable.
2. The PVC/JHU partnership has been close and productive and has provided a high level of technical expertise and support far beyond what PVC could acquire or maintain in-house.
3. A signal contribution that deserves special mention, is that of drawing expertise from a research-oriented university and interpreting this to PVOs in such a

way that they have found it both acceptable and practically meaningful. Indeed, it was somewhat surprising to find that the more onerous professional and technical requirements of the mandatory procedures such as proposals, detailed implementation plans, health information systems, and evaluations are more strongly endorsed by PVOs than the discretionary procedures such as the largely PVO-initiated technical consultants, the orientation visits, and the like.

- i. From 1985 to the present, overall PVO technical capacity has been strengthened to the extent that they are now clearly in a position to exercise an increasingly significant influence on the reduction of infant mortality in less developed countries and therefore more effectively to meet the ultimate purpose of the whole PVO Child Survival Program.
5. Not only have PVO capacities been strengthened to develop, implement, and manage Child Survival projects specifically, but the technical support they have received has contributed to their

more general sustainability and competitiveness in ways relevant to all their health-related programs.

6. Of particular significance for the future of the PVO Child Survival Program, this technical support has contributed to a steady movement by PVOs in the direction of readiness to assume increasing responsibility themselves for determining their own technical support needs and for taking the initiative in securing such support from a variety of resources.

HAPA Task Force

The Africa Bureau of A.I.D. has developed a cooperative agreement with Johns Hopkins University to develop a technical support program for HIV and AIDS Prevention in Africa (HAPA) grantees for the purpose of strengthening PVO capacity to plan, implement, and evaluate their achievements in the control and prevention of transmission of HIV infection. The HAPA Support Program is directed by Dr. Mary Anne Mercer. It is located at the JHU Institute for International Programs and is modeled on the PVO Child Survival Support Program, which has provided technical support to centrally funded PVO Child Survival projects in Africa, Asia, and Latin America since 1986.

Four of the HAPA grantees are U.S.-based PVOs who also receive Child Survival funds from AID/FVA/PVC. A.I.D. and the technical support programs sought PVO guidance on how best to integrate management requirements of the HAPA and Child Survival grantees, and how to make use of Child Survival Support Program experience in developing HAPA grants support activities.

To facilitate obtaining PVO input, the Child Survival Support Program organized a special Task Force meeting composed of representatives from the four PVOs with both awards—CARE, Project HOPE, Save the Children Federation, and World Vision Relief and Development, Inc. Using their collective experience with Child Survival projects, the Task Force provided recom-



Sally Foster



Cynthia A. Carter

Central America Regional Workshop

The 1st Central America Regional PVO Child Survival Implementation Workshop took place August 5-12, 1989 in Quetzaltenango, Guatemala. Participants at the workshop, hosted by the Project HOPE/Guatemala Child Survival IV field project, included country national field staff from CSIII and IV projects, namely, CRS/Ecuador, HOPE/Guatemala, Honduras, LaLeche League/Guatemala, Honduras, PCI/Guatemala, PLAN/Guatemala, and SCF/Honduras. Also attending were representatives from HOPE/Belize, ROTARY Polioplus/Guatemala, Honduras, and SCF/Dominican Republic health projects.

recommendations to A.I.D. regarding project requirements, activities, performance expectations, and technical support needs.

Follow-up to Growth Monitoring Sessions

Feedback received this year indicates people used what they had learned! Both Mary Beth Powers, SCF, and Gordon Buehler, formerly of ADRA, said that while conducting visits to growth monitoring sessions at field sites they were able to identify procedures that were being implemented incorrectly, and assist field staff in better weighing and measuring of infants and children.

Reports Presented at the American Public Health Association Annual Conference, October 1989, Chicago, Illinois:

Since 1985, PVOs have learned many lessons about implementing effective Child Survival programs. In an attempt to disseminate much of this valuable information to the larger PVO health community, staff of the PVO Child Survival Support Program compiled and presented four reports at the annual American Public Health Association Meeting. Cynthia Carter presented "Strengthening Rural Africa PVO

Child Survival Projects through Regional Implementation Workshops" and "Training Strategies Used by PVO Child Survival Projects Working in Rural Africa and Haiti: Lessons Learned." Rob Cunnane presented "Sustainability: Reality Check for PVO Child Survival." In Dr. Bani's absence, Dr. Dory Storms presented "Review of Baseline Studies for PVO CS Projects."

Where in the World Are Our Lake Junaluska Friends?

Retired

Dr. Harold Royalty, Project HOPE

Reassigned

- Dr. Michael Gerber, President of AMREF USA, to Director General of AMREF
- Katherine McKaig, CARE, PHC Coordinator/New York to Regional Technical Advisor for PHC in West Africa
- Lucia Tiffany, Technical Assistant, Dept. of Evaluation, to ADRA/Mali Headquarters
- Sue Toole, CARE, Deputy Director for PHC, to Senior Development Program Officer

Moved On

- Celia Brown, formerly of WRC
- Gordon Buehler, formerly of ADRA



Sally Foster

- Martin Garcia-Bunuel, formerly of JHU PVO Child Survival Support Program
- Julie Svenson, formerly of MIHV

Shook Up

Dale Flowers, Facilitator, earthquake damage to his Watsonville home



PVO Recommendations to A.I.D. for Improving the Child Survival Reporting System and Actions Taken

On the final morning of the workshop the participants met in small groups to develop recommendations for future CS reporting systems, surveys, and assistance to new projects. Participants based their recommendations on information and ideas exchanged in the previous two days of the workshop. Each group presented its recommendations in a plenary session. This section is a composite of the results and subsequent follow-up actions.

<i>Recommendation</i>	<i>Action</i>
Make Child Survival and Health Annual Questionnaire available in languages other than English and allow PVO projects to complete the questionnaire in languages other than English.	ISTI published and distributed 1989 CS & H reporting questionnaires in English, French, and Spanish. A.I.D. decided it would not be wise for questionnaires to be completed in different languages.
Define certain terms used in the Child Survival and Health Annual Questionnaire (e.g., what does number "served" by the project actually mean?) and give PVOs greater choice in the way they report involvement in an activity (for example, more than "minor" but less than "substantial").	In redesigning the questionnaire this year, ISTI took this suggestion into account and defined some of the terms used in the instruction guide. In addition, more room is available on the questionnaire to add descriptive statements.
Add a question on PVO activities carried out with "match" funds and include the resulting data in A.I.D.'s Child Survival Reports to Congress.	Page three of the questionnaire is for financial information; PVOs can include other donor information in this section. ISTI uses reported data, and other briefing materials, extensively in the annual Report to Congress.
Add a section in the Annual Questionnaire that addresses PVO activities with host country governments.	The highlights section, page five, can be used for this purpose.
Eliminate questions that do not relate to information needed for the Child Survival reports.	Each year A.I.D. reviews all questions and eliminates those that are not useful.
Develop a mechanism for receiving increased feedback on project annual reports, including individual project data as well as aggregated project data by country and region.	PVO CSSP staff will provide feedback on the annual reports at the 1990 PVO Headquarters workshop, Aliso Creek, CA. Also, the new PVO Child Survival Technical Report features essays from the 1989 annual reports.
Provide technical assistance to the projects to strengthen PVO health information systems.	ISTI has provided technical support to several PVOs this past year. Also, PVO CSSP staff has prepared a review of lessons learned in PVO Child Survival health information systems for presentation at the Aliso Creek workshop.
Develop a software package to enhance the PVOs' reporting capabilities.	After the Lake Havasu workshop ISTI tried, unsuccessfully, to develop the software. It is difficult to customize a system when the questionnaire format changes each year. Also, not all PVOs are equipped to code, enter, and interpret such data.
Encourage PVOs to collect Tier III data to assess project impact, perhaps with university collaboration.	Issue is on the 1990 PVO Headquarters workshop agenda.
Provide PVOs feedback, either formal or informal, on project midterm evaluation results, as is done for proposals and DIPs.	A.I.D. provides this feedback on a case-by-case basis through sending PRITECH, REACH, and/or JHU consultants to assist PVO field project staff with midterm evaluations. The debriefing following the evaluation provides A.I.D. and the PVOs the opportunity to communicate project successes and constraints.

Recommendation

Action

Compile "pool" of technical assistance resources for midterm evaluations as other technical support for PVO Child Survival projects.

A.I.D. TA mechanisms provided eight consultants this year to support CSIII midterm evaluations.

The PVO Child Survival Support Program at JHU should make available technical information to assist projects in the preparation and implementation of baseline surveys, including rapid assessment methods, appropriate questionnaires used by PVOs, adequate sampling plans, etc.

JHU cooperative agreement extension as of October 1, 1989 sets aside funds for this in the 1989-90 budget year.

The PVO Child Survival Support Program at JHU should serve as the clearinghouse for all materials gathered and facilitate information dissemination.

PVO CSSP keeps all materials on file and when requests for particular materials are received, refers the caller directly to the appropriate PVO.

Adjust the baseline timeline for projects so that baseline data collection precedes the preparation of the detailed implementation plan.

Done. See new lifeline diagram (page 22).

Distribute guidelines for the DIP to newly funded projects at the start of the first year and schedule six months after project start for submission of the DIP. PVOs may need to review the DIP at regular intervals or when important changes occur in the project.

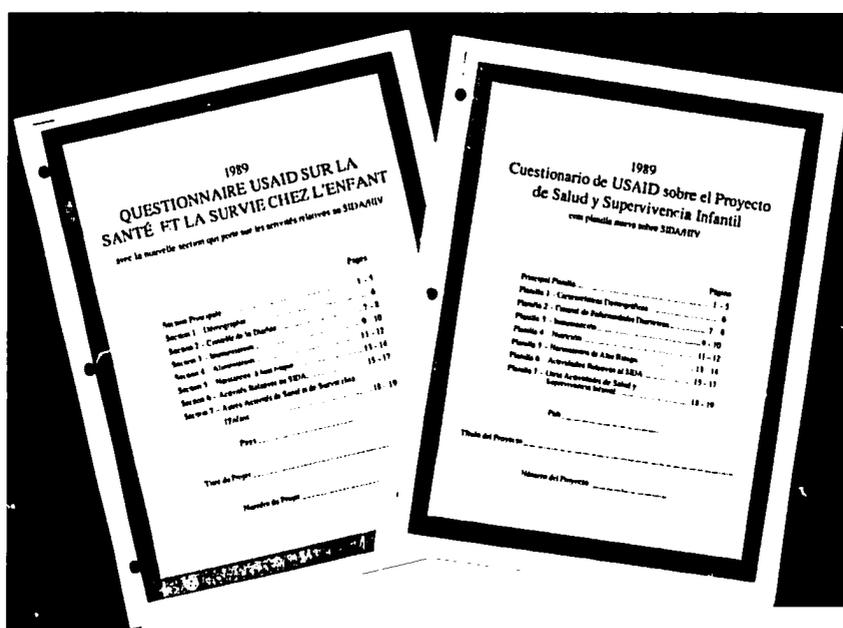
Done.

Orient PVOs new to Child Survival as soon as possible after funding is awarded and staff are hired.

Ann Thompson, PVC project officer, traveled in September to headquarters of WRC and FSP, both new to Child Survival; Dory Storms visited FSP country director in Vanuatu to review required reports, plans, and strategies.

Continue the process of documenting lessons learned. PVOs commend A.I.D. for its efforts to document the lessons learned from Child Survival I and Child Survival II midterm evaluations and baseline surveys to date.

More feedback scheduled for 1990 Aliso Creek workshop.



Graphic Arts Department, JHU School of Medicine

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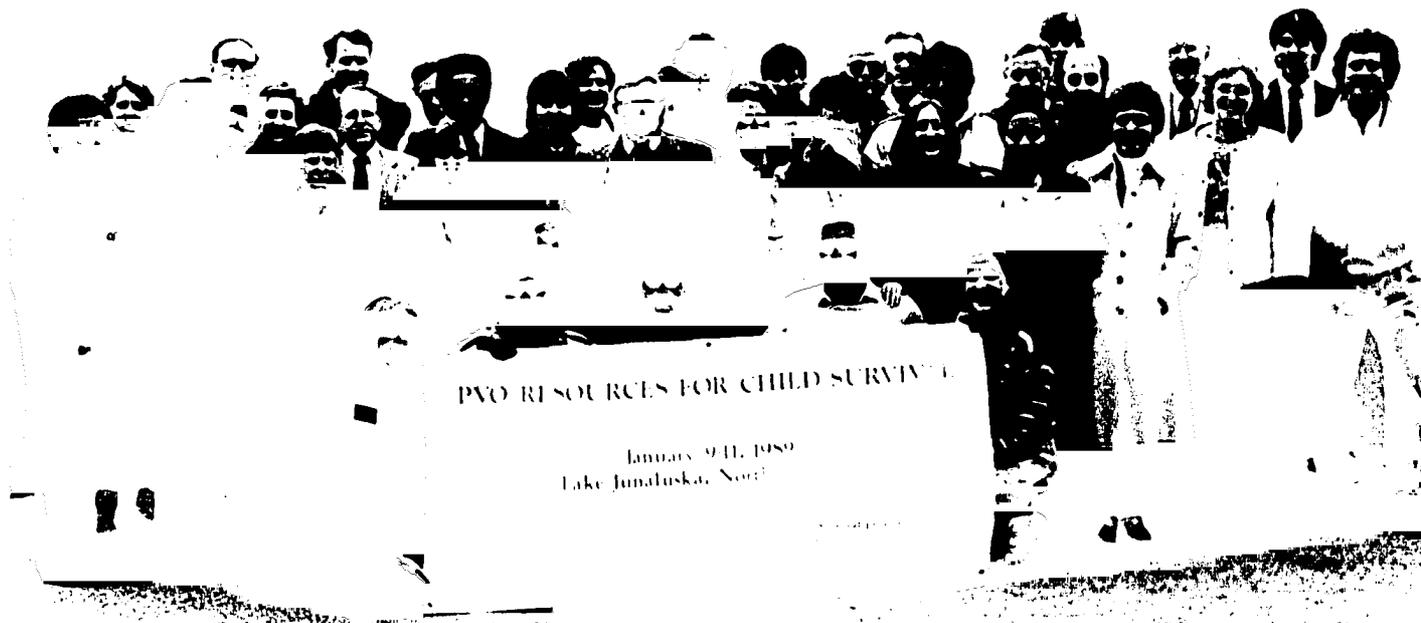
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