

CARE WORKSHOP ON LINKING DIARRHEAL DISEASE CONTROL AND WATER SUPPLY AND SANITATION PROGRAMS

(Segou, Mali)

WASH Field Report No. 351
PRITECH Report No. CON 021-MA
February 1992

PRITECH
Technologies for Primary Health Care
MANAGEMENT SCIENCES FOR HEALTH

**WATER AND
SANITATION for
HEALTH
PROJECT**

Sponsored by the U.S. Agency for International Development
Operated by CDM and Associates

PJ-ABK-579
ISN 75298

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**CARE WORKSHOP ON LINKING DIARRHEAL
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AND SANITATION PROGRAMS**

SEGOU, MALI

APRIL 29-MAY 3, 1991

Prepared for the USAID Mission to Mali
under WASH Task No. 235
and PRITECH Assignment No. CON 021-MA

by
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February 1992

This activity was jointly conducted by the WASH Project and PRITECH (Technologies for Primary Health Care). PRITECH is operated by Management Sciences for Health, in cooperation with the Academy for Educational Development, Inc.; the Department of International Health, School of Hygiene and Public Health, Johns Hopkins University; the Program for Appropriate Technology in Health; the Centre for Development and Population Activities; and Creative Associates International.

Water and Sanitation for Health Project
Contract No. DPE-5973-Z-00-8081-00, Project No. 836-1249
is sponsored by the Office of Health, Bureau for Research and Development
U.S. Agency for International Development
Washington, DC 20523

Technologies for Primary Health Care (PRITECH) Project
Contract No. AID/DPE-5969-Z-00-7064-00, Project No. 936-5969
is supported by the Office of Health, Bureau for Research and Development
U.S. Agency for International Development
Washington, DC 20523

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ACKNOWLEDGMENTS

The success of this program was due to the hard work of a number of people. In Washington: O. Masee Bateman, M.D., Associate Director for Environmental Health at the Water and Sanitation for Health (WASH) Project, whose paper, "Health and Hygiene Behavior: Hygiene Behavior in Epidemiologic Perspective," written for the Workshop of Measurement of Hygiene Behavior, held at Oxford University in April 1991, was liberally used in this workshop; Sumana Brahman, Assistant Task Manager at the WASH Project, was a constant source of support; and Dan Campbell, WASH's information specialist, who came to our rescue with stacks of useful information.

We would also like to acknowledge Kate Burns, Jane Brown, and Bob Simpson, Senior Managers at PRITECH, who recognized the potential importance of a water supply and sanitation (WS&S)/control of diarrheal disease (CDD) workshop. We would also like to thank the PRITECH Technical and Information Center staff, who reviewed the initial work on linking CDD and WS&S program components and who made available a range of technical documents we distributed to the participants.

In Mali special acknowledgments should go to Kathy Tilford, Director of CARE/Mali, who came through on every count to make our work and lives in-country a pleasure; to Catharine McKaig, CARE Regional Technical Advisor for Primary Health Care in West Africa, who first had the notion to have this workshop, who worked with us in Washington to develop the design, and then willingly and cheerfully took on the logistics of the conference—a not so easy task deep in the heart of Mali; and finally, a special thanks to Moussokoro Kane, Country Director Administrative Assistant to Kathy Tilford, who came to Segou to capture all of the flipcharts on computer disks.

ACRONYMS

A.I.D.	Agency for International Development (Washington, D.C.)
CDC	Centers for Disease Control
CDD	Control of diarrheal disease
GRAPP	Association for Research and Promotion of Rural Self Development (Groupe de Recherche et d'Appui a l'Autopromotion Paysanne)
NGO	Nongovernmental organization
ORT	Oral rehydration therapy
PRITECH	Technology for Primary Health Care (AID/W)
PHC	Primary health care
USAID	United States Agency for International Development/Overseas Mission
WASH	Water and Sanitation for Health Project (AID/W)
WHO	World Health Organization
WS&S	Water supply and sanitation

EXECUTIVE SUMMARY

In August 1990, the West Africa Regional Technical Office of CARE International requested the Water and Sanitation for Health (WASH) Project and Technology for Primary Health Care (PRITECH) to conduct a workshop that would explore linking diarrheal disease control programs with water supply and sanitation programs. The workshop, possibly the first of its kind, would draw on the strengths of both projects to produce a pilot design that could, if successful, be replicated elsewhere.

The goals of the workshop, as outlined in the scope of work, were 1) to initiate a comprehensive approach to diarrheal disease control in water supply and sanitation (WS&S) and child survival projects through appropriate education in the control of diarrheal diseases (CDD); and 2) to promote an exchange between WS&S and child survival projects based on experiences in hygiene education and promotion of oral rehydration therapy.

Following three-day planning sessions in Washington, D.C., and Bamako, Mali, the workshop took place in Segou, Mali, from April 29 to May 3, 1991. Thirteen participants attended, 8 of whom were CARE staff members from missions in Chad, Mali, Haiti, Niger, Rwanda, and Cameroon. Five of the participants came from four other American nongovernmental organizations working in Mali: AFRICARE, World Vision, Plan International, and Save the Children-USA. WASH and PRITECH each provided a facilitator for the workshop.

The workshop set out to establish the links between WS&S, CDD, and hygiene education. The participants were provided with a review of important WS&S and CDD technical issues, and key diarrhea prevention behaviors were analyzed. A grid concept was introduced to organize key technical and programmatic components. Using the grid, the participants analyzed the extent to which they had integrated WS&S and CDD into their own projects. This information was then prioritized and turned into a work plan, to be used when the participants returned home.

The final evaluations show that the participants liked the design of the workshop and thought they gained a good understanding of the issues discussed, as well as useful tools for future analyses. Nearly all the participants said the time available was too short for the amount of work to be accomplished, however. Several participants claimed that if the backgrounds of the participants had been more homogeneous, they could have dealt with a number of technical and programmatic issues in greater depth. The facilitators agreed with both of these observations. As the workshop progressed, it became clear that the real audience for a workshop of this sort would be project managers and/or others in a position to make decisions.

In short, the workshop's design was successful, resulting in a significant step on CARE's part, one that should provide its staffs, as well as the staffs of the guest agencies, with tools for

linking CDD and WS&S programs in their respective countries. WASH and PRITECH's facilitators found it was enormously fruitful to collaborate together and that the recipients truly benefitted from the workshop. As one participant casually observed, "We are getting the best of both worlds." With some revision and further field testing, this workshop should be ready to be replicated elsewhere.

Chapter 1

INTRODUCTION

1.1 Project Initiation

In 1978 the International Conference on Primary Health Care, held in Alma-Ata, Kazakhstan, included in its definition of primary health care both curative interventions, such as oral rehydration therapy (ORT), and preventive measures, such as water and sanitation. Since then, programs for the control of diarrheal diseases (CDD) have continued to focus on treating diarrhea using ORT, improved nutrition, and, in special cases, drug therapy. Programs for water supply and sanitation (WS&S), meanwhile, have continued to focus on how to improve water sources availability in communities. For the most part, however, primary health care programs have failed to integrate the two.

Today, although WS&S and CDD programs both focus on improved health care and maintain complementary goals, there remains a range of issues that hinder linking the programs. During the past six years the Water and Sanitation for Health (WASH) Project has reported on the pros and cons of joining CDD and WS&S programs. WASH Technical Report No. 31, "Linking Water and Sanitation to Oral Rehydration Therapy in the Control of Diarrheal Diseases" (July 1985), examines the advantages of and opportunities for linking ORT and WS&S. WASH Technical Report No. 65, "Strategies for Linking Water and Sanitation," examines the barriers to and opportunities for linking WS&S and primary health care programs at a variety of levels. The latter report suggests a series of steps to help link WS&S and CDD, including developing training guides for project managers to use in organizing regional and national workshops, and creating start-up and team-building workshops.

1.2 Request for the Workshop

In August 1990, the CARE International Regional Technical Advisor for Primary Health Care in West Africa requested WASH and Technology for Primary Health Care (PRITECH) to deliver a workshop on how to link CDD and WS&S in the programming of primary health care projects. The attraction was that such a workshop, possibly the first of its kind, would draw on the strengths of both projects. The product could well be a pilot design that, if successful, could be replicated elsewhere.

PRITECH, like WASH a project funded by the United States Agency for International Development (USAID), has acquired an acknowledged expertise in diarrheal diseases during the past eight years. Thus it was a likely partner for a collaborative venture with WASH—an opportunity both were seeking since USAID was strongly encouraging collaboration between

projects. Indeed, WASH and PRITECH agreed that other collaborative ventures could result from this one.

WASH and PRITECH were each assigned to provide a facilitator for the workshop. The methodology of the workshop was based on interactive learning in which participants could share their field experience with one another.

CARE's Regional Technical Advisor for Primary Health Care selected Mali as the host country. The workshop took place April 29 to May 3, 1991, in Segou, Mali's second largest city.

1.3 Scope of Work

The purpose of the workshop was to provide a pilot experience in how to link WS&S and CDD programs in the field. The goals of the workshop as specified by CARE in the scope of work were as follows:

- To initiate a comprehensive approach to diarrheal disease control in water and sanitation and child survival projects through appropriate education on the control of diarrheal diseases
- To promote an exchange between WS&S and child survival projects based on experiences in hygiene education and promotion of ORT

(See Appendix A for the scope of work.)

Chapter 2

PLANNING

2.1 Initial Planning

A collaborative approach prevailed throughout this activity, as the WASH and PRITECH consultants worked closely with the CARE Regional Technical Advisor for Primary Health Care both in Washington, D.C., and in Bamako, Mali.

The workshop approach and its goal and objectives were agreed on in early April during a team planning meeting at the WASH Operations Center. The consultants and the CARE representative worked together on the workshop design, which WASH approved in mid-April.

2.2 Materials Preparation

The WASH Operations Center and the PRITECH Technical and Information Center provided technical documents to be distributed to the workshop participants. Among the important handouts given to the participants were the following:

- "Maladies de l'eau" (Water-borne diseases)
- "Evaluation preliminaire des strategies preventives de la LMD selon les priorites" (Preliminary evaluation of the preventive strategies for control of diarrheal disease according to the priorities)
- "Principaux aspects et comportements desirés des interventions preventives liees aux maladies diarrheiques" (Principal aspects and behaviors desired from preventive interventions linked to diarrheal disease)
- "Interventions possibles pour diminuer la morbidite ou la mortalite diarrheique parmi les enfants de moins de cinq ans—adapter de Feachem, Hogan, and Merson" (Possible interventions to reduce diarrheal morbidity and mortality among children under 5 years of age—adapted from Feachem, Hogan, and Merson)
- "Incorporating Preventive Anti-Diarrheal Interventions into DDC Programs," annexes 1 through 4 (in draft)

2.3 Consultant Preparation

In addition to the team planning meeting, the consultants met with two WASHi specialists before the workshop to discuss its goals, objectives, and design, as well as the expectations of WASH, PRITECH, and CARE. The meeting also helped define pre- and postworkshop activities. A briefing was held for WASH, PRITECH, and A.I.D. staff at which the sponsoring agencies were given a chance to review the plans and offer suggestions.

2.4 Workshop Site

The CARE Regional Technical Advisor for Primary Health Care in West Africa chose Mali as the host country because the CARE program in Mali has had a number of successes in developing water programs. Segou, Mali's second largest city, was chosen as the workshop site because it is one of the few places outside the capital with adequate housing and conference facilities. Workshop staff and participants stayed at the Auberge Hotel in Segou.

2.5 In-country Preparations

Final preparations took place in Bamako three days prior to the workshop. Included in these were consultant briefings of staff from four American nongovernmental organizations (NGOs)—Save the Children-USA, AFRICARE, Plan International, and World Vision. The NGOs had been invited to send participants to the workshop. The consultants also briefed the NGO staffs in-country after the workshop.

Prior to actually designing the workshop the CARE Regional Technical Advisor had arranged for visits during the workshop to Wani, Kien, and Gan. The sites, which are villages participating in a CARE WS&S Primary Health Care and Development Project, were chosen to give the participants an opportunity to see in practice the techniques developed by the Association for Research and Promotion of Rural Self Development (GRAPP). The sites also were selected to enable participants to attend follow-up sessions on treating water in households, to visit well sites and observe how they were maintained, and to attend extension sessions for women and children on treating water and controlling diarrhea. Because the sites were scattered and far from Segou, project representatives came to Segou to brief participants prior to their site visits.

Chapter 3

WORKSHOP IMPLEMENTATION

3.1 Workshop Goals and Objectives

This workshop had several purposes: to pilot an effort to link CDD and WS&S programs, to create a model that would serve as a guide for similar workshops elsewhere, and to see if a collaborative venture would benefit both the recipients and the participating projects.

As mentioned in Section 1.3, the specific goals of the workshop were to 1) assist CARE and other NGOs to initiate an approach to linking diarrheal disease control, water supply and sanitation, and child survival/primary health care projects through appropriate education; and 2) promote informational exchanges among project staff based on participants' separate experiences.

To meet these goals the following workshop objectives were developed:

- The workshop would provide participants with
 - an overview of the linkages between WS&S, CDD, and hygiene education
 - an in-depth technical review of CDD and WS&S program components
 - a tool for analyzing their own projects in terms of current CDD technical and program effectiveness
 - opportunities to exchange ideas and insights drawn from their ongoing projects
 - assistance in identifying strategies to develop or enhance CDD components in their projects
 - an opportunity to develop a plan of action for better integrating CDD activities into existing projects

(See Appendix D for the individual session objectives.)

3.2 Participants

Thirteen people participated in the workshop, 8 of whom were CARE staff of which two came from Mali, two from Chad, and one each from Niger, Rwanda, Haiti, and Cameroon. Five participants came from other American NGOs working in Mali: AFRICARE, World Vision, Plan International, and Save the Children-USA. Two participants were physicians, two civil

engineers, one an MPH, two nurses, one a midwife, and the others a mixture of extension agents and rural health workers. Five of the 13 were project managers. (See Appendix B for a list of participants.)

3.3 Logistics

CARE/Mali agreed to provide logistical support, with the Regional Technical Advisor assigned as logistical support officer. CARE/Mali provided vehicles, drivers, and administrative support, as well as the materials needed for the workshop. What photocopying was needed was done locally.

3.4 Workshop Methodology, Content, and Schedule

The workshop methodology was based on adult learning principles, emphasizing active participation in sessions to draw on the participants' field experience. Given the interactive nature of the workshop, a balance of lectures and small-group work was the modus operandi.

The workshop followed a sequence that, step by step, introduced a conceptual framework for linking WS&S and CDD and encouraged participants to apply it to their own projects. In so doing, the learning process aimed to solidify the WS&S and CDD integration process.

Using their own projects as reference points, the participants were provided with a review of important WS&S and CDD technical issues. Key antidiarrheal behaviors were analyzed, and a grid concept was presented to organize key technical and programmatic components. Using the grid, the participants analyzed the extent to which they had integrated WS&S and CDD into their projects. The information developed on the grid was then prioritized and turned into a work plan, to be used when the participants returned home.

The governor of Segou formally opened the workshop. Afterward the participants were introduced to the purpose of the workshop, the workshop schedule, and to one another (see Appendix C for the workshop schedule). The workshop activities began with a quick written test to measure what the participants understood about links between WS&S and CDD, ways to prevent diarrhea, kinds of diarrhea, basic programming, and so on. To build a common understanding among the participants, the facilitators provided a general review of the linkages between WS&S, CDD, and hygiene education. This review included a discussion of the levels of prevention of diarrheal disease and the variety of interventions used to reduce morbidity and mortality. The session also included a review of the factors that make up WS&S, including the various kinds of waterborne diseases, and the kinds of activities that can reduce diarrheal disease in children. This allowed the participants to see that while the interconnections between WS&S, CDD, and hygiene education are complex and often fit together uneasily, there are points at which they overlap, and one of those points is diarrheal disease prevention. Although

the facilitators tried to present information as simply as possible, the review sessions were difficult for some: easier for the physicians and public health experts but less so for the extension workers, due to their more limited academic and experiential backgrounds.

The second day of the workshop was devoted to describing the three levels of CDD: disease prevention, death prevention, and rehabilitation. This led to a discussion of behavior as it relates to diarrheal disease: how to identify behaviors, how to rank their importance, and how to change them where necessary. The participants then looked at their own projects to see which of these behaviors already existed and which should be introduced or withdrawn. The participants were then introduced to the concept mentioned above.

The facilitators developed the idea of the grid to give the participants a way to organize their thoughts, analyze systematically what behaviors exist in their projects, and determine what programmatic elements must be considered if behavioral change is to be effective. The grid looks essentially like a checkerboard, with the far left-hand block of vertical spaces devoted to listing critical diarrhea prevention behaviors in order of importance, and the top block of horizontal spaces devoted to listing critical programming elements. (See Appendix E for a sample grid.) The vertical and horizontal spaces can be expanded to include as many behaviors and programming elements as the individual user deems important. The user then evaluates his or her project, looking at each behavior listed as a function of the programming elements needed to initiate, sustain, or cancel it.

The day closed with a preparation session for the site visits scheduled for the next day.

The third day was spent in the field visiting three sites involved in the CARE Macina water project. The participants were divided into three teams, each visiting one village. On-site, they observed health lessons using the techniques developed by the Association for Research and Promotion of Rural Self Development, attended follow-up sessions on treatment of domestic water, and attended extension sessions on water treatment and diarrheal control for mothers and children.

The fourth day opened with a debriefing session regarding the site visits, which led to a lengthy discussion of behavioral change in which participants compared what they had seen in Macina with what was happening in their own projects. Using these experiences the participants analyzed the behavioral elements of their own projects and entered the results on the grid.

At this point, because of time limitations the facilitators abandoned the original plan to have participants list critical programming elements on the grid and propose key behaviors in CDD. Instead they gave participants a series of diarrhea prevention behaviors recommended by WHO and four key programming elements with which to analyze their projects. The elements were introduced as questions: "What is your present situation? Where do you want to go? How do you plan to get there? How will you know when you have arrived?" These questions

provided an entry into the issues of defining developmental problems, setting goals, creating a strategy, and developing a monitoring and evaluation system.

The participants then broke into small groups and chose one participant's project to be analyzed using the programming questions. They then did the same analysis of their own projects.

At this point, something unexpected happened: Those participants who were not project managers found using the grid to address particular problems in their communities an easy task. This may have reflected the fact that the behavioral changes being sought were easily identified: getting people to wash their hands, reinforcing the value of breast-feeding, and so on. The nonmanagers also readily identified the programming requirements. The participants who were project managers, on the other hand, once having identified what behavioral change they sought, got mired in the complexity of the programming requirements and, as a result, had little time to practice using the grid.

Project managers found themselves faced with a complex array of tasks that accompanied even the simplest behavioral change: baseline studies, government concurrence, integration into national and regional plans, donor resources, budgets, and so on. Consequently, the project managers made far less headway than the nonmanagers when it came time to develop their work plan. In the end the consensus among the managers was that realizing what was involved in making developmental decisions was worth whatever was sacrificed in not completing a work plan. It also became clear to the facilitators that as decision makers, the project managers were the real audience, since they were actually in a position to implement or generate projects aimed at linking CUD and WS&S.

The last day of the workshop, a half day, focused on the participants completing and sharing their work plans with the group and soliciting comments and suggestions. The workshop was formally closed by the secretary for social affairs for the district government of Segou.

Parenthetically, there were several related topics the participants wanted to discuss that were outside the scope of the workshop. In response, the facilitators posted sheets on which participants could sign up as either an interested party or as a resource person for the topic they wished to discuss. The originator of the request was asked to organize the session. A number of these sessions took place in the evenings.

3.5 Workshop Products

This workshop was not a production workshop as much as it was a skills enhancement workshop. Nonetheless, two products did result. The first was the work plans produced by each participant. (Because the results were practice exercises rather than the completed work plans, initially proposed samples were not collected. See Appendix F for a sample work plan

worksheet.) The second product will be a training guide. The guide is to be a revision of the work plan for this workshop expanded to eight days—the amount of time the facilitators thought necessary for a workshop of this sort. The additional days would provide time to devote a full session to setting priorities, to provide a programming overview similar to the technical review, and to provide sufficient time to discuss at some length and in more depth the linkages between CDD and WS&S programs using more fully the participants' projects as the basis for those discussions. The training guide will be field tested and revised before it is put in final form.

Chapter 4

WORKSHOP ASSESSMENT

4.1 Participant Evaluation

4.1.1 Goal Attainment

The participant evaluations indicated that attendees were satisfied that the workshop had achieved its objectives: four of the respondents said the workshop met the objectives sufficiently, while seven said it met them for the most part. Twelve of the 13 participants said they saw the link between WS&S and CDD. About a third of the participants thought they had received sufficient technical review, a third felt they had gotten a complete, in-depth overview of the technical components, and the remainder fell somewhere between those opinions.

The participants commented that they found very useful the methods of introducing behavioral change, the effectiveness of the different preventions, and the identification of programming elements. They also found useful the grid and the opportunity to exchange experiences.

4.1.2 Workshop Organization

Nearly everyone who attended thought the conference went well and said they liked the way the workshop was designed. About half said they felt sufficiently comfortable with the grid, while five respondents ranged from feeling comfortable with the grid "for the most part" to "completely." This likely reflects their previous experience in designing programs. Two-thirds of the participants thought they had had a more than sufficient chance to exchange ideas and insights, and about a quarter felt they had a sufficient chance. The less than enthusiastic response from the latter group may reflect the fact that, for want of time, not all participants were able to present their projects. Nine of the 13 said they felt they received more than sufficient help in developing strategies for behavioral change, and 8 of the 13 said they had a more than sufficient chance to develop a work plan. Several participants commented that differing backgrounds held the group back, and nearly everyone commented on the need for more time.

Several participants suggested that more in-depth work on programming be provided, and several said they would have liked more time to analyze their own projects. A number of participants indicated a need for additional information and follow-up workshops.

One participant suggested that in the future, all participants should present their projects and have the group analyze them as a basis for learning new methods of working. The facilitators had considered this approach and decided against it for want of time. (See Appendix H for a complete summary of participant evaluations.)

4.2 Trainer Assessment

4.2.1 Workshop Goals

Overall value

This workshop was a good idea for CARE as well as for WASH and PRITECH. For CARE's project staff the workshop clarified the links between WS&S and CDD and brought them up to date on a range of technical issues. It gave all participants an analytical framework for assessing the degree to which CDD and WS&S are linked in their projects, and it showed them how to develop a strategy and work plan to integrate these programs into their own projects. Finally, it provided the participants with a chance to get to know one another, and to see how CARE functions in other parts of the world.

The workshop showed that WASH and PRITECH worked well together, and that their project goals were genuinely complementary. Another product is a series of training guidelines (forthcoming) that will play to the strengths of the two projects and highlight their complementarity.

Content and teaching aids

The facilitators found that the grid participants used to analyze the relationship between CDD and WS&S and their own projects served different functions for different participants. In some cases it clarified the thinking of the participant, and in others it clarified the design of the project. Thus rather than providing a standard operating procedure, the grid provided an option for the participant to use according to his or her need.

Interestingly the participants quickly understood the mechanics of the grid, but got bogged down in setting priorities among the differing behaviors. More to the point, a number of participants had little experience handling the mechanics of prioritizing groups of related behaviors, at least in any formal setting. It was apparent therefore that the participants needed more structure and guidance than the workshop, as designed, afforded them.

The participants' focal points for integrating CDD and WS&S appeared to involve simple behaviors, such as washing hands with soap, rather than activities, such as forming village clean-up committees. The facilitators concluded that to make sure formative research on how to change behavior is included in subsequent workshops, the sessions on behavioral change should be reviewed by an expert in behavioral change. The facilitators also thought the workshop design should incorporate a set of good visual aids and some games to play to make the process more fun.

4.2.2 Planning and Site Preparation

The site preparations were handled well. In the future, however, it would probably be more fruitful to include site visits only if they are essential to the workshop. Site visits are time-consuming, requiring a lot of preparation if they are to be integrated into the workshop successfully. In this case, they were arranged prior to designing the workshop and consequently were poorly integrated.

4.2.3 Schedule

Time was too short to address both technical and programmatic issues satisfactorily. Thus models for hygiene education that were to have been a part of the workshop were only mentioned briefly. Additionally, there was no time to explore the role of hardware and maintenance of WS&S equipment in the link between CDD and WS&S. Sessions on setting priorities and relating objectives to strategies, as described in Section 3.4, also needed more time. Developing monitoring and evaluation tools, including impact indicators, was not discussed.

4.2.4 Participants

The wide diversity of the participants' educational and experiential backgrounds hindered the workshop's pace. In fact, the range in educational backgrounds (high school to medical school) made the technical review useful. Moreover, had time permitted, a thorough programming review would have served everyone well.

Chapter 5

RECOMMENDATIONS

5.1 CARE

- CARE should perform a follow-up evaluation in six months to a year to assess the impact of the workshop and what should be added or subtracted from it. Specifically, the evaluation should entail asking the participants how well the workshop served them, and what they would add, subtract, or reinforce in a repeat performance. Such information would be of enormous value in revising the training guides.

5.2 Future Workshops on Integrating WS&S and CDD

The following recommendations are made regarding the planning and design of future workshops linking CDD and WS&S programs.

5.2.1 Workshop Concept

- Once appropriate revisions are incorporated and tested, this workshop should be repeated in other countries.
- WASH and PRITECH cofacilitators should continue to be used, since their complementary interaction seemed to impress on participants that they were getting "the best of both worlds." The PRITECH facilitator should continue to give the technical review unless perchance the WASH representative were also an expert in CDD.
- Similar joint ventures should be explored to the benefit of both WASH and PRITECH.

5.2.2 Workshop Planning

- The workshop should be targeted to the specific needs of project managers and/or decision makers, and ideally be given to no more than 15 participants at a time. The topic of programming needs should be emphasized, since in the current format, project managers had little time to develop work plans due to getting bogged down in management details while doing the grid exercise.

- The duration of the workshop should be increased to eight days. If the workshop were to start on a Tuesday, the weekend could then serve as a mid-workshop break and possibly include an optional site visit or related activity. This suggestion should be field tested using the workshop training guides. Ideally the testers should be those facilitators who created the guides.
- Only participants with similar experiential backgrounds and likely similar educational backgrounds should be invited to attend to ensure that the group has a pool of common experiences and information from which to draw.

5.2.3 Workshop Design

- Sessions on the following topics should be added:
 - Principles of programming
 - defining development problems
 - setting goals
 - creating strategies
 - monitoring and evaluation
 - Developing impact indicators
 - Setting priorities
 - Provide more structure and guidance on how to set priorities, with materials, exercises, and examples.
 - Regularly revise and update the technical-review component of the workshop.
 - Use the WHO list of diarrhea prevention behaviors when time is not available to ask the participants to list key behaviors.
 - Use the following four components for assessing participants' own projects: describing the situation, establishing objectives, developing a strategy, and creating a monitoring and evaluation system. Require all participants, regardless of the complexity of their individual projects, to consider them in these terms.
 - Develop a set of good visual aids and some games to make the workshop more enjoyable.

5.2.4 Workshop Materials

- Appropriate specialists should review the WS&S and CDD materials, as well as the behavioral-change material, to make sure they are consistent with recent research.
- In developing the training guides, it would be very useful to prepare a written evaluation tool to send to workshop participants. It would be helpful to have an assessment of the workshop a year later as to what was actually helpful and not so helpful, and what should be included, excluded, or modified in future workshops.
- Appropriate visual aids would facilitate the learning process.

Appendix A

SCOPE OF WORK

MALI: CARE Workshop on Water Supply, Sanitation, and Control of Diarrheal Diseases

BACKGROUND:

Primary health care, as defined at the 1978 International Conference on Primary Health Care held in Alma-Ata, includes both curative interventions, such as ORT, and preventive measures, such as water supply and sanitation. Nonetheless the intervening 12 years have seen the development of vertical and fragmented health initiatives in an effort to "focus" health programs. Control of Diarrheal Disease (CDD) programs have focused on the treatment of diarrheal disease, through ORT, diet, and, occasionally, drug therapy. Water supply and sanitation (WS&S) programs have focused, from the health side, on the prevention of diarrhea with appropriate institutional development, community participation, and hygiene education, all interventions aimed at the community level. There is an obvious fit between the strengths and weaknesses of these two types of interventions, and linkage could optimize the impact of both. Primary health care programs, though conceived as integrated programs, have generally failed to integrate the obviously complementary activities of diarrhea prevention (WS&S, hygiene education) and diarrhea treatment (ORT, etc.).

There are a number of barriers to the integration of preventive and curative health strategies, and to the integration of CDD and WS&S in particular. Two WASH reports have addressed the advantages of linking programs and the barriers to these linkages. WASH Technical Report No. 31 (Linking Water Supply and Sanitation to Oral Rehydration Therapy in the Control of Diarrheal Diseases, July, 1985) examined the advantages and opportunities for linkage of ORT and WS&S. WASH Technical Report No. 65 (Strategies for Linking Water and Sanitation Programs to Child Survival, draft) examines the barriers and opportunities in linking WS&S and primary health care programs at several levels. The logical next steps discussed in the latter document include the development of workshops and training guides for project managers to organize regional and country-level workshops, as well as start-up and team building workshops, to facilitate linkage between programs.

In West Africa, as in all of the developing world, diarrheal diseases are the cause of high rates of morbidity and mortality, particularly in children under age five. CARE currently has five WS&S projects in West Africa, four of which are in Francophone countries. The complementary nature of ORT and WS&S programs dictates that the two interventions be addressed in CARE/PHC programming. As such, CARE is planning a regional Francophone Water Supply, Sanitation, and Control of Diarrheal Disease Workshop, to address the integration of WS&S and the control of diarrheal diseases in the programming of primary health care projects. The workshop will be held in Macina, Mali on April 29 to May 3, 1991.

WASH technical assistance in supporting this workshop was requested in a letter to WASH from CARE date 8-31-90. This letter, subsequent phone and written communications, a parallel request to PRITECH, and WASH discussions with PRITECH led to an agreement between CARE, WASH, and PRITECH that WASH and PRITECH will collaborate in supporting the CARE workshop by each providing a co-facilitator. The workshop objectives were expanded to include providing a pilot experience in the integration of WS&S and CDD in one workshop with possible spinoffs of other WASH - PRITECH collaborative ventures and with the goal of WASH replicating the workshop and producing a training guide.

WORKSHOP GOALS:

- o To initiate a comprehensive approach to diarrheal disease control in WS&S and child survival projects through appropriate education on the control of diarrheal diseases.
- o To promote exchange between WS&S and child survival projects based on experiences in hygiene education and promotion of ORT.

MAIN TASKS:

1. Review selected documents to become familiar with the different types of methods used to promote ORT, other diarrheal treatments, hygiene education, the control and prevention of diarrheal diseases, and to identify issues in WS&S - primary health care integration.
2. Participate in a one-day team planning meeting in Washington, DC.
3. Take part in a three-day planning meeting in Washington, DC, to design the workshop, which will be implemented in Macina, Mali. The design will be reviewed by representatives from CARE and WASH.
4. Deliver the five-day workshop in Macina, Mali. Workshop participants will include members from CARE projects, as well as staff from other PVOs with similar health care programs in the region.
5. Write a workshop report which clearly outlines the design, outcomes, and recommendations of the workshop.

PERSONNEL:

- o One trainer/facilitator with extensive background in the design and delivery of workshops for PVOs. Fluent French and excellent writing skills are also required.

SCHEDULE:

<u>March 1991:</u>	One-day team planning meeting Three-day meeting to design workshop
<u>April 25-May 5:</u>	Fieldwork in Mali
<u>May 6-May 31:</u>	Final report preparation

Appendix B

WORKSHOP PARTICIPANTS

Ryaita, Adissol Nagata
Community Development Agent
CARE/Chad

Andjingar, Daniel Alphonse
Community Development Agent
CARE/Chad

Coulibaly, David, M.D.
Chief of Technical Team, Pediatric Service
World Vision/Mali

Coulibaly, Kadidjatou
Health Promoter
CARE/Mali

Diallo, Taifour
Chief of Health Projects
Plan International, Mali

Doumbia, Fode, M.D.
Health Coordinator
Save the Children-USA/Mali

Foster, Timothy
Project Manager
CARE/Rwanda

Nouhou, Sali
Extension Supervisor
CARE/Cameroon

Philoctete, Gary
Project Coordinator
CARE/Haiti

Roozendaal, Leo
Chief of Project, PSI/Zinder
CARE/Niger

Shively, Heather
Peace Corps Volunteer
AFRICARE/Mali

Traore, Karim
Supervisor/Trainer
AFRICARE/Mali

Wallet Ekawel, Fadimata
Agricultural Extension Agent
CARE/Mali



Appendix C
WORKSHOP SCHEDULE

Monday, April 29

8:00 - 10:30 Opening Ceremony

Session 1: Introduction

10:30 - 10:45 Break

10:45 - 12:30 Session 2: Technical Introduction to CDD within PHC and WS&S Projects

12:30 Lunch

15:00 - 16:30 Continuation of Session 2

16:30 - 16:45 Break

16:45 - 17:30 Continuation of Session 2

17:30 - 17:45 Introduction to Journals

17:45 - 18:00 Daily Evaluation and Wrap-up

Tuesday, April 30

8:00 - 9:15 Session 3: Three Levels of Prevention of Diarrheal Disease

9:15 - 10:30 Session 4: Discussion of Behavioral Change

10:30 - 10:45 Break

10:45 - 12:30 Continuation of Session 4

12:30 Lunch

15:00 - 16:30 Continuation of Session 4

16:30 - 16:45 Break

16:45 - 17:45 Session 5: Preparation for Site Visit

17:45 - 18:00 Daily Evaluation and Wrap-up

Wednesday, May 1

8:00 - 18:00 Site Visit

Thursday, May 2

8:00 - 9:00 Session 6: Debriefing of Site Visit

9:00 - 10:00 Session 7: Identification of Missing Behaviors in Participants' Projects

10:00 - 10:30 Session 8: Programmatic Analysis of Participants' Projects

10:30 - 10:45 Break

10:45 - 12:30 Session 9: Introduction to Work Plan

12:30 Lunch

15:00 - 17:45 Session 10: Work Plan Preparation

17:45 - 18:00 Daily Evaluation and Wrap-up

Friday, May 3

8:00 - 12:30 Session 11: Presentation of Work Plans

12:30 - 13:00 Session 12: Evaluation and Workshop Closure

Appendix D

SESSION OBJECTIVES

Session 1: Introduction

By the end of the session the participants will have

- become acquainted with one another and with the organizers
- discussed and clarified their expectations for the workshop vis-à-vis the goals and objectives set by the organizers

Session 2: Technical Introduction to CDD within PHC and WS&S Projects

By the end of the session the participants will be able to

- explain the link between water supply and sanitation and the control of diarrheal disease
- describe the health consequences of WS&S programs
- describe the possible interventions found in CDD programs

Session 3: Three Levels of Prevention of Diarrheal Disease

By the end of the session the participants will be able to

- describe the three levels of CDD prevention
- analyze the preventive and curative behaviors with regard to diarrhea

Session 4: Discussion of Behavioral Change

By the end of the session the participants will be able to

- define CDD behaviors in more depth

- identify the factors relating to behavioral change, especially with respect to CDD
- analyze a project for CDD behaviors using a grid

Session 5: Preparation for Site Visit

By the end of the session the participants will

- have received an overview of the proposed site visit from the project manager
- have identified the key elements of making an effective site visit

Session 6: Debriefing of Site Visit

By the end of the session the participants will have analyzed the site visited in terms of key behavioral components it addressed.

Session 7: Identification of Missing Behaviors in Participants' Projects

By the end of the session the participants will

- have identified behavioral elements missing in their own projects
- have developed a grid with which to analyze these behaviors in a community in terms of primary, secondary, and tertiary preventions

Session 8: Programmatic Analysis of Participants' Projects

By the end of the session the participants will be able to

- analyze the program components of their own projects using a grid
- list four key components of effective programming
- identify key programming components for each CDD-linked desirable behavior

Session 9: Introduction to Work Plan

By the end of the session the participants will be able to

- **identify behavioral components missing in their own projects**
- **identify the key issues to be addressed in a work plan to enhance the implementation of CDD in their own projects**
- **identify key programming components needed to effect the desired behavioral changes**

Session 10: Work Plan Preparation

By the end of the session the participants will have developed a work plan to implement in their home countries.

Session 11: Presentation of Work Plans

By the end of the session the participants will have had an opportunity to describe their work plans to the group and receive feedback and suggestions.

Session 12: Evaluation and Workshop Closure

By the end of the session the participants will have had an opportunity to evaluate the workshop formally.

COMPORTEMENTS Changements souhaitables en matière de maladies diarrhéiques	Présent ou absent	Commentaires	Where are we now (current situation)	Where are we going (objectives)	How are we going to get there Strategy/activ.	How do we know we've arrived (Monitoring + Evaluation)	Resources Required		
Prévention primaire hand wash.	Present	But no poop - need to investigate							
exclusive breast feeding	No	Project cannot incorporate							
dispose of child. stools	No	Could include in Hyg. Ed comp of latrine activity							

WORKSHOP GRID

<small>COMPARAISON</small> Changements souhaitables en matière de maladies diarrhéiques	Présent ou absent	Commentaires							
Prévention tertiaire									
<i>Referring after diarrhea</i>									
<i>attending G.M. activities</i>									

Appendix F

WORK PLAN WORKSHEET

WORK PLAN
PLAN D'ACTION

PROJECT NAME
Nom du Projet _____

DEFINE THE PROBLEM:
Le probleme est:

THE FIRST ACTION TO TAKE IS:
A. le _____ action a faire c'est:

TO COMPLETE THIS ACTION THE FOLLOWING
1. Pour achever cette action il faudra faire les taches
suivantes:

THINGS MUST BE DONE:

USING THE FOLLOWING RESOURCES:
2. Avec des ressources suivantes:

BY THIS DATE:
3. Dans un delai de:

THE PERSON RESPONSIBLE IS:
4. La personne responsable sera:

B. le _____ action a faire c'est:

1. Pour achever cette action il faudra faire les taches
suivantes:

2. Avec des ressources suivantes:

3. Dans un delai de:

4. La personne responsable sera:

repeat ↗

C. le ____ action a faire c'est:

1. Pour achever cette action il faudra faire les taches suivantes:

2. Avec des ressources suivantes:

3. Dans un delai de:

4. La personne responsable sera:

D. le ____ action a faire c'est:

1. Pour achever cette action il faudra faire les taches suivantes:

2. Avec des ressources suivantes:

3. Dans un delai de:

4. La personne responsable sera:

E. le ____ action a faire c'est:

1. Pour achever cette action il faudra faire les taches suivantes:

2. Avec des ressources suivantes:

3. Dans un delai de:

4. La personne responsable sera:

Appendix G

FLIPCHARTS

DEFINITIONS

"APPROVISIONNEMENT EN EAU"

L'eau utilisée par la famille pour la boisson, la cuisson, le bain, l'hygiène domestique, etc. (donc pas pour l'agriculture etc)

"ASSAINISSEMENT"

L'évacuation des selles humaines au moment de la défécation

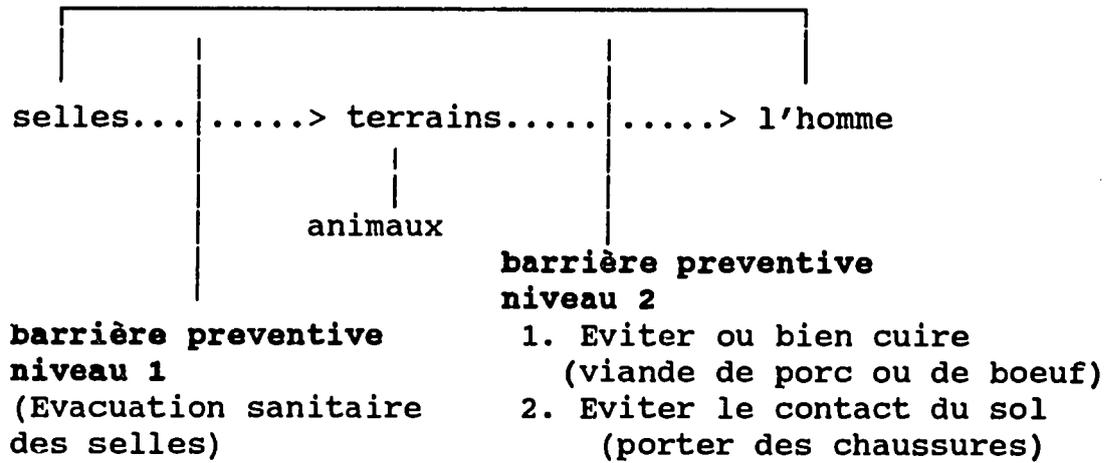
CLASSIFICATION DES MALADIES AEA

1. Maladies transmises par l'eau
2. Maladies traitables par bain à l'eau
3. Maladies basées dans l'eau
4. Maladies transmises par des insectes liées à l'eau
5. Maladies liées à l'assainissement mais non à l'eau

5. MALADIES LIEES A L'ASSAINISSEMENT MAIS NON A L'EAU

- * 1. Les ténias (boeuf et porc)
- ** 2. Les ankylostomes et les strongyloides

TRANSMISSION



DEFINITIONS

- . Barrière préventive NIVEAU 1
 - Eviter que les organismes contagieux n'entrent dans l'environnement
- . Barrière préventive NIVEAU 2
 - Eviter les organismes contagieux
 - Eliminer ou détruire les organismes contagieux

4. MALADIES TRANSMISES PAR DES INSECTES LIES A L'EAU

Donc: Maladies transmises par des insectes qui vivent en partie dans l'eau ou près de l'eau

1. Maladies transmises par les moustiques

- . Paludisme
- . Fièvre jaune
- . Filariose
- . Dengue
- . Arbovirus

2. Maladies transmises par les mouches

- . Onchocercose
- . Trypanosomiase (maladie du sommeil)

. Barrière preventive NIVEAU 1

Contrôle des insectes (destruction des habitats, insecticides, etc.)

. Barrière preventive NIVEAU 2

Eviter les habitats

Se protéger contre des piqûres (moustiquaires etc.)

3. MALADIES BASEES DANS L'EAU

Donc: Maladies dont les pathogènes passent une partie de leur vie dans l'eau

- . Bilharziose
- . Vers de Guinée

Barrière preventive NIVEAU 1

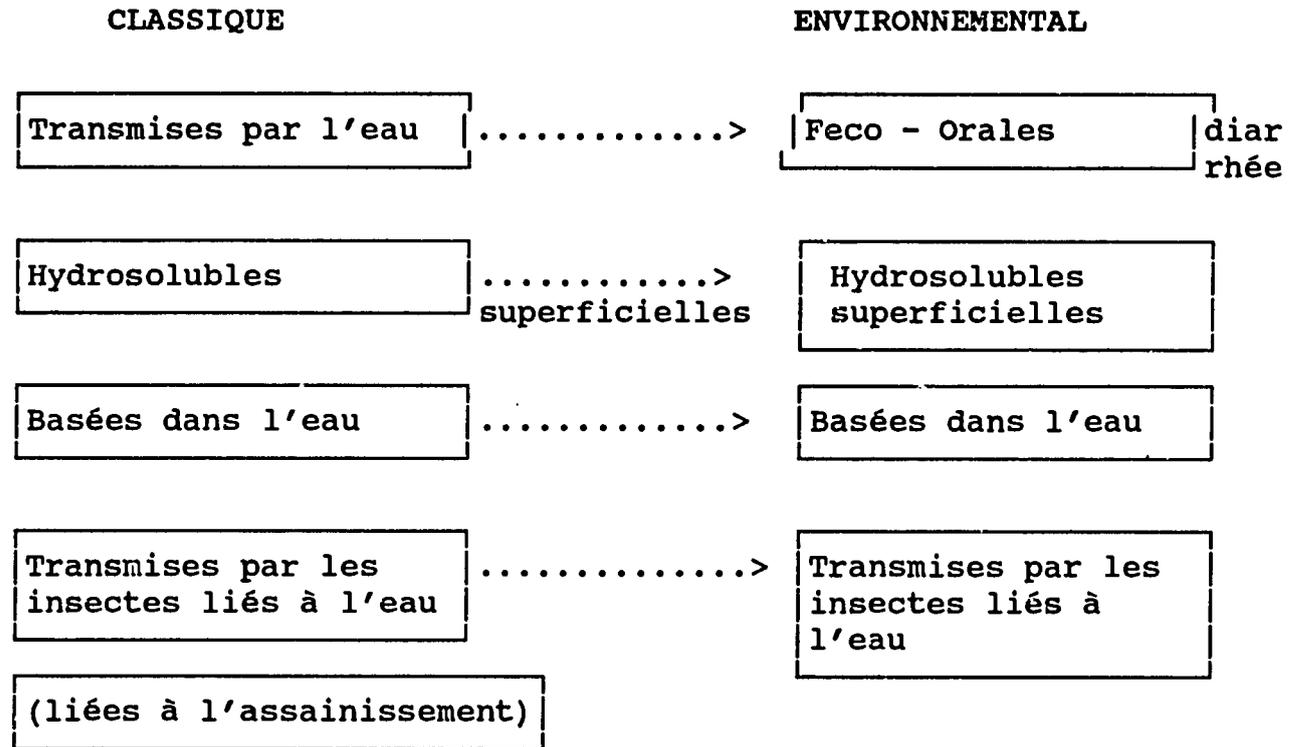
(Eviter la contamination du milieu)

- . Evacuation sanitaire des excreta et urines
- . Eviter le contact avec l'eau pour les personnes infectées par le vers de Guinée
- . Elimination des escargots ou cerpodes
- . Traitement curatif des personnes infectées

Barrière preventive NIVEAU 2

1. Eviter les organismes contagieux
 - . Eviter le contact de la peau avec l'eau contaminée
 - . Eviter de boire de l'eau contaminée
2. Enlever les organismes contagieux
 - . Désinfecter l'eau avant de boire

CLASSIFICATION DES MALADIES "AEA"



(2 et 1) MALADIES FECO-ORALES

. Maladies traitables par bain à l'eau enteriques

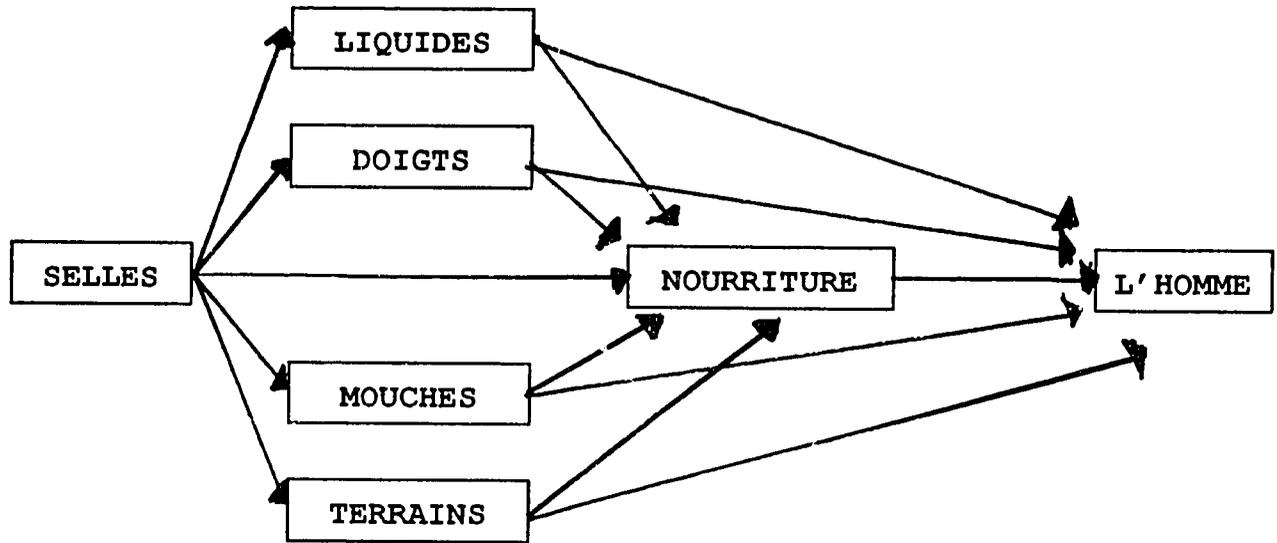
- * Diarrhées à l'origine bactérienne
- * Diarrhées à l'origine virale
- * Amoebiose
- * Giardiase
- . Fièvres enteriques (thyphoïde et parathyphoïde)
- . Hépatite A
 - . Ascariase
 - . Tricuriose

. Maladies transmises par l'eau

- * Diarrhées à l'origine bactérienne
- * Diarrhées à l'origine virale
- * Amoebiose
- * Giardiase
- . Fièvres enteriques
- . Hépatite A
 - * Cholera

* Maladies diarrhéiques

TRANSMISSION : MALADIES FECO-ORALES



Barrières preventive NIVEAU 2

. Eviter les organismes contagieux

- . Eviter les sources d'eau contaminée
- . Eviter la contamination

de l'eau: pendant le transport et stockage

des mains: par l'eau, des objets, le sol contaminé, des ustensils de cuisine, des recipients de nourriture, les surfaces de preparation de nourriture: par l'eau, les mains, les objets, le sol contaminé

de la nourriture: par les ustensils, les recipients, les surfaces de preparation, les mains, l'eau, les objets, le sol contaminé

- . Eviter de mettre les objets sales (y compris les mains) dans la bouche
- . Eviter la nourriture contaminée (contrôler les mouches)

. Eliminer les organismes contagieux

- . Desinfecter (bouillir, filtrer avant la consommation)
- . Laver les mains
- . Laver les ustensils de surface de cuisine avant la preparation de nourriture
- . Faire cuire la nourriture

INTERVENTIONS POSSIBLES DANS LES PROGRAMMES DE LMD

Notez:

- . Les programmes AEA mettent l'accent sur prevention des maladies: MORBIDITE
- . Les programmes LMD mettent l'accent sur la prevention de la mort: MORTALITE

AEA

- . L'Approvisionnement En Eau et Assainissement (sans interventions complémentaires) peut reduire
 - . la mortalité (due à la diarrhée) de 21 - 30 %
 - . la morbidity 22 - 27 %

LMD

- . La provision des bons soins curatifs (sans autres interventions complémentaires) dans 78% des cas de maladies diarrhéiques peut reduire:
 - . la mortalité de 50 - 58%
 - . la morbidity de 0%

1. PROVISION DES BONS SOINS AUX ENFANTS MALADES

. La rehydratation par voie orale (c'est-à-dire donner à boire) et la nutrition (c'est-à-dire donner à manger)

- * à domicile
- * dans les services de santé

. La rehydratation par voie non-orale (c'est-à-dire intraveineuse ou autres)

. L'administration des médicaments (par exemple: les antibiotiques pour les cas de dysenterie ou cholera)

- * à domicile
- * dans les services de santé

. La référence et suivi des cas spéciaux

- (par exemple :
- . suivi des malnourris
 - . shigelloses
 - . soins diététiques pour certains cas de diarrhées persistants

2. RENFORCER LA REISTANCE DE LA POPULATION CIBLE (ENFANTS <5ANS) AUX INFECTIONS, A LA SEVERITE DE LA MALADIE OU A LA MORT

. Nutrition maternelle

- * L'amélioration de la nutrition prénatale pour réduire les naissances à poids faible
- * L'amélioration de la nutrition pre-et-post natale pour améliorer la qualité du lait maternel

. Nutrition infantile

- * Promotion de l'allaitement au sein exclusif jusqu'à l'âge de 6 mois et continuation de l'allaitement partiel jusqu'à l'âge de 24 mois.
- * Amélioration des pratiques de sevrage
- * Nutrition renforcée des enfants de 6-59 mois (c'est-à-dire par dons)
- * Promotion de l'emploi de cartes de suivi de la croissance par les mères

. Immunisation

- * contre la rougeole
- * contre le rotavirus et cholera (dès disponibilité des vaccins efficaces et testés)

. Chimio prophylaxie (c'est-à-dire donner des médicaments aux enfants en bonne santé pour les protéger contre la maladie, par exemple contre la dysenterie (shigellose))

3. REDUCTION DE LA TRANSMISSION DES PATHOGENES A L'ORIGINE DES MALADIES DIARRHEIQUES

- . Approvisionnement En Eau et Assainissement
 - * Construction des sources d'eau et des latrines et l'éducation pour assurer leur emploi et entretien corrects
- . Hygiène corporelle et domestique
 - * L'Education pour la promotion des comportements spécifiques (exemple: se laver les mains)
- . Hygiène de nourriture
 - * Preparation et stockage - Accent sur aliments de sevrage
- . Contrôle des reservoirs zoonotiques
 - * Contrôle des infections des animaux domestiques
- . Contrôle des mouches

CONTROLE/PREVENTION DES EPIDEMIES PAR LA SURVEILLANCE,
L'INVESTIGATION (POUR DETECTER TOT LES EPIDEMIES) ET LES ACTIVITES
DE CONTROLE

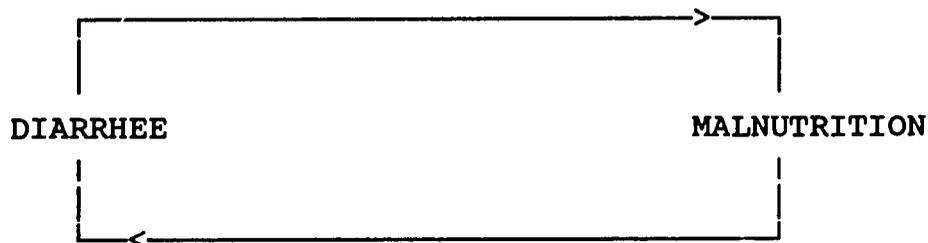
TROIS NIVEAUX DE PREVENTION

PREVENTION PRIMAIRE: Prévenir la maladie
Prévention de la morbidité

PREVENTION SECONDAIRE: Prévenir les mauvaises conséquences de
la maladie (surtout la mort)
Prévention de la mortalité

PREVENTION TERTIAIRE: Rétablir la santé normale
La réhabilitation/recuperation

LE CYCLE VICIEUX



PREVENTION PRIMAIRE

Au niveau individuel

- * Se laver les mains avec de l'eau et du savon plusieurs fois par jour
- * Transport et stockage de l'eau dans des conditions hygiéniques
 - des récipients propres
 - utiliser une tasse propre pour tirer l'eau (à la maison)
 - filtration ?
- * Faire les selles dans les latrines propres (évacuation des selles des enfants)
- * Laver les ustensils, etc. avec du savon
- * Utilisation des étagères
- * Sevrage amélioré
- * Laver les habits, draps, etc.
- * Allaitement maternel exclusivement
- * L'hygiène de "l'habitat"/foyer
- * Utiliser beaucoup d'eau
- * Vaccination anti-rougeoleux
- * Hygiène alimentaire
- * Parcs animaux

Au niveau communautaire

- * Etablir des systèmes d'approvisionnement en eau potable
- * Assainir les points d'eau
- * Mettre en place des programmes d'assainissement de l'environnement
- * Evacuer les eaux stagnants

LA TERMINOLOGIE

RVO (Rehydratation par Voie Orale) : faire boire

SRO (Solution de Rehydratation par Voie Orale) : sachets

TRO (Therapie de Rehydratation par Voie Orale) : faire boire

E/SSS (Solution Salée et Sucrée)

Boissons préparées à domicile

TRO et nutrition

Boissons à base de céréales

IMPACT DES ACTIVITES PREVENTIVES (SUR LA MORBIDITE ET MORTALITE INFANTILE DUES A LA DIARRHEE)

ACTIVITE	MORTALITE (% reduction)	MORBIDITE (% reduction)
Promotion de l'hygiène corporelle et domestique	?	14-48% (reduction de l'incidence)
Promotion de l'allaitement maternel	Age 0-5 mois 24-27 % Age de 0-4 ans 8 - 9%	Age de 0-5 mois 8-20% Age de 0-4 ans 1-4% Age de 6-12 ans 0%
Promotion du sevrage amélioré	Age de 0-4 ans 2-12%	? La bonne nutrition diminue la durée et la sévérité de la diarrhée (fréquence et volume des selles)
Approvisionnement en Eau et Assainissement	21 - 30 %	20 - 27 % (surtout cas sévères et diarrhées nécessitent dosage élevé de pathogènes)
Immunisation contre la rougeole	Age 0 - 4 ans 6 - 26 %	Age 0 - 4 ans 06 - 38 %
Contrôle des mouches	0 %	0 %
Chimioprophylaxie	Pour cholera 0.4- 12 % Pour shigellose 0.3 - 0.7 %	Age 0-4 ans pour cholera: 0.02-0.06% Pour shigellose 0.15 - 0.35 %

LES TROIS SORTES DE DIARRHEE

TYPES		% CAS	% MORTS
Diarrhée aiguë		80 %	50 %
Diarrhée persistante		10 %	35 %
Diarrhée sanglante (dysenterie)		10 %	15 %
TYPES	DEFINITION	TRAITEMENT	
Aiguë	<3 jrs; debut rapide 3-10 selles par jour; -	TRO+nutrition (pas de "medicaments sauf pour le cholera)+référence+suivi	
Persistante	> 10 jrs	TRO+nutrition (pour 3% des cas:traitement diététique special)+ référence + suivi (pas de "medicaments")	
Sanglante	sang dans les selles (observé à l'oeil)	TRO+nutrition (+pour 10% des cas, antibiotiques)	

PRECONDITIONS FAVORISANT LE CHANGEMENT DE COMPORTEMENT

PRECONDITIONS	DEFINITIONS/ EXPLICATIONS	CE QUE L'AGENT DOIT FAIRE	ACTIVITES DE PROGRAMME
Reconnaissance que la situation actuelle n'est pas bonne	.raisons de santé prestige, religion honneur, économie, etc. .problème prioritaire	motiver	recherches
Reconnaissance d'un alternatif valable	croissance que les résultats du changement seront surtout positifs	informer	recherches, développement des matériels, messages/ stratégie, pre-test.
Confiance en sa capacité de mettre en pratique l'alternatif	aptitudes	entraîner	éducation face-à face, Séances pratiques
Disponibilité des ressources nécessaires	temps matériels finances, etc.	chercher des ressources	recherches, activités pour rendre disponibles ressources
Courage d'essayer l'alternatif au moins une fois	perception des conséquences de l'action	soutenir	prevoir les difficultés, actions communautaires, face-à-face
Avoir du succès	.on a pu faire l'action .on a eu les résultats escomptés	suivi et discussion	visites suivi
Soutien moral pour continuer à long terme	pour ne pas retomber dans les anciennes pratiques	suivi/ soutien continu	éducation continue, action communautaire

LES CHANGEMENTS DE COMPORTEMENT SONT PLUS FACILES SI:

- . Ils aboutissent au résultat souhaité dans un court délai (résultat désirable et visible)
- . Ils ne demandent que le minimum de nouvelles aptitudes (simplicité)
- . Ils demandent peu de ressources (coût)
- . On n'est pas obligé de le faire fréquemment (fréquence)
- . Ils ressemblent et/ou sont en harmonie avec les anciens comportements
- . Ils s'adressent aux besoins ressentis

Appendix H

SUMMARY OF EVALUATION RESULTS

CARE

Workshop on Linking Diarrheal Disease Control and Water and Sanitation Programs
April 29-May 3, 1991

Segou, Mali

Workshop Evaluation Form

I. Reaching the Objectives: Evaluate how well the goal and objectives were reached in choosing one number between 1 and 5 below.

1	2	3	4	5
		(4 = 36%)	(7 = 64%)	
not at all	a little bit	sufficiently	for the most part	completely

(Note: Only 11 of 13 people replied to this question. All 13 replied to the rest.)

A. Are you convinced there is a link between water supply and sanitation, the fight against diarrheal diseases, and health education activities?

1	2	3	4	5
			(1 = 7%)	(12 = 93%)
not at all	a little bit	sufficiently	for the most part	completely

B. Did you get an in-depth overview of the technical components found in a program to fight diarrheal disease?

1	2	3	4	5
		(5 = 38%)	(4 = 31%)	(4 = 31%)
not at all	a little bit	sufficiently	for the most part	completely

C. Do you know how to use the grid to identify the technical and programmatic components needed to analyze the effectiveness of diarrheal disease control activities in your project?

1	2	3	4	5
	(1 = 7.5%)	(7 = 54%)	(4 = 31%)	(1 = 7.5%)
not at all	a little bit	sufficiently	for the most part	completely

D. Did you have a chance to exchange ideas and insights about the way your projects are going?

1	2	3	4	5
	(1 = 7.5%)	(3 = 22.5%)	(7 = 54%)	(1 = 7.5%)
not at all	a little bit	sufficiently	for the most part	completely

E. Did you get help in identifying strategies for adding or expanding diarrheal disease control activities in your project?

1	2	3	4	5
		(4 = 31%)	(7 = 54%)	(2 = 15%)
not at all	a little bit	sufficiently	for the most part	completely

F. Did you have a chance to develop a plan of action with which to begin integrating diarrheal disease control activities into your project?

1	2	3	4	5
		(5 = 38%)	(2 = 15%)	(6 = 45%)
not at all	a little bit	sufficiently	for the most part	completely

II. Technical and Programmatic Components

A. After you took the post-test what things did you answer differently from the pre-test?

- The different interventions aimed at reducing the incidence of diarrheal disease
- The different types of diarrhea (4)
- The three types of prevention (10)
- The links between WS&S and CDD
- The four elements of programming (3)
- The different behaviors for reducing the incidence of diarrhea
- The link between diarrhea and malnutrition (3)
- The five key interventions for reducing the incidence of diarrheal disease (3)
- The pre-test and the post-test were, except for a few questions, the same
- Clarified the impact of the duration of the diarrheal episode
- I found I could more easily name the different elements of the questions, and be more precise
- Exclusive nursing and improved weaning

B. How do you plan to explain to your boss the usefulness of this workshop for your project?

- To show the impact of the different preventive activities using the percentage measurements of morbidity and mortality due to diarrheal diseases
- To explain the preconditions for introducing behavioral change and increase the chances for success
- To show the techniques for prioritizing the CDD activities

- To report the status of information on CDD
- Organize new knowledge
- Exchange ideas
- New ways to develop a work plan
- As a guide to create a water or hygiene education project
- End goal is social development. Programs will not be complete unless all the important elements leading to their success are identified, analyzed, and incorporated. CDD is one of the elements in child survival that needs to be included if the program is to be effective. The workshop is a supplement to our actual projects.
- We have no one in the project who is trained in public health. I will assemble the staff and share what I learned and together we will integrate the results of the workshop into our project.
- Use the impact percentages, key interventions, and the experience of the other projects. In addition, use the new information, which should prove useful to us.
- Write a detailed report (2)
- Give a group presentation (2)
- Explain the impact of preventive activities, the conditions for changing behavior, and how to use the grid to analyze projects
- Tell them what we learned about SSS
- Clarify and prioritize the health education activities
- We are looking again at our project following a mid-term evaluation and recent KAP studies. The workshop grid is a tool for prioritizing and executing our activities—which everyone will be able to understand and use effectively.

C. Do you feel the need for follow-up to this workshop (e.g., additional documents, site visits, additional training)? If so, please specify what.

- Something on monitoring and evaluating projects in the field (methodology, developing databases, etc.)
- More information on using the grid (2)
- To give extension agents the results of studies from other countries that could be applied here
- To get more information on the things we learned in the workshop (3)
- Research documents on breast-feeding and its impact on CDD
- CARE should develop an evolving policy on CDD; base future workshops on that policy allowing participants to compare what they are doing with the policy and then either adjust the project or the policy

- More documents and training
- Training on nutrition and family planning to better program for child survival
- To examine problems that arise in applying what we have learned in the field; together we could then see what we could do better or get rid of
- Documents on rapid ethnographic assessment (REA) and KAP
- Catalogue of PRITECH publications

III. Other Comments

A. What things in the workshop did you find the most helpful?

- Different elements of CDD
- Impact of these elements on morbidity
- Methods of introducing behavioral change (3)
- Effectiveness of organizing work
- Classification of diarrheal diseases
- Effectiveness of different preventions (4)
- Working in groups
- Simplicity of our trainers
- Site visit
- Identification of programming elements (2)
- Marriage of cultures, and experiences of others, especially the trainers
- Method of learning
- The advice of WHO on the key interventions
- Link between CDD and malnutrition
- Exchange of experiences with trainers and participants
- The grid (2)
- Workshop put some order into my thoughts on technical planning
- How to prioritize a program
- Classifying interventions of WS&S/CDD according to impact
- Work plan (easily applied to project)

B. What things in the workshop were the least helpful?

- Different steps in programming a project
- Lack of time(3)
- I was completely satisfied with the training received
- Levels of responsibility and knowledge differed widely among participants
- Some disorganization in planning and continuity
- Elements with which to evaluate changing behavior
- Diseases transmitted by insects linked to water
- CDD

C. What did you think of the way the workshop was put together?

- Interesting
- Went well (5)
- Adult learning methods were well used
- In general, very useful

- The difference in background constrained the work of the small groups
- Nicely balanced between presentations and working in groups
- Presentation of themes was logically ordered
- Was very interesting
- Good
- Sometimes it was not clear toward which goal we were going, i.e., explanations before/after the session
- Effective management and rigorous use of time
- Good; we got to know each other and to share our experiences

D. How would you have improved the design, the organization, or the delivery of the workshop?

- Better to use site visit by developing a work plan with which to work and then be able to compare notes
- By basing it on the work we did from the beginning to the end of the workshop
- Would prefer to work with people at my own level—in more depth on programming issues in small groups
- Nothing to add
- I would give more time to working in small groups
- Time too charged
- Let participants first present their projects, then evaluate the impact of their activities, and afterward teach new methods of working
- Add a session on developing impact indicators
- The actual situation; create objectives, create the strategy, evaluation
- In deepening the exchange on projects we need more time to examine what we learned, and draw together the major themes of the workshop
- Increase the number of hours
- Deepen our understanding of how to use the grid, and ways to analyze activities effectively

E. Have you other comments or suggestions?

- Thanks for having me
- Workshop was very interesting, especially the exchange of ideas with others—especially the foreigners, the niceness of the trainers, the hospitality. Need more training days.
- Trainers should bring more documents to be distributed

- Workshop had a relaxed environment, which I liked very much. Need some time for tourism. As a result need fewer topics, more depth.
- I congratulate the team for running a workshop with a masterly hand. I thank CARE International for inviting other NGOs to profit from their experience.
- The trainers ought to stay in permanent contact (by correspondence) with the participants, to guide them
- I would hope workshops as rigorous as this would have more time in which people could understand the topics, even though it would be more expensive
- I would like another workshop so we could be trained again around the same themes
- Workshop should be given especially to project planners
- I would like it if other seminars of this sort could be held either in other regions of Mali where CARE has projects, or in other participating countries with the same trainers
- It was a good idea to have organized this workshop. Hopefully we will see each other again next year in Rwanda chez Tim Foster—CARE
- Would like all of us to meet again in the future