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**AN INITIATIVE TO EXTEND THE CONTROL
OF DIARRHEAL DISEASE SERVICES
THROUGH COMMUNITY BASED
NON-GOVERNMENTAL ORGANIZATIONS**

**A Report Prepared by PRITECH Consultant:
CENTRE FOR DEVELOPMENT AND POPULATION
ACTIVITIES - CEDPA**

**During The Period:
MAY 1992 (INTERIM REPORT)**

**TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
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THROUGH COMMUNITY BASED NON-GOVERNMENTAL ORGANIZATIONS

A PRITECH/CEDPA INITIATIVE

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1.0 EXECUTIVE SUMMARY

This report describes the activities undertaken by CEDPA in fulfillment of its subcontract agreement with Management Sciences for Health's PRITECH Project. During the last 12 months, CEDPA, in close collaboration with PRITECH technical and managerial staff, has completed Phase 1 and 2 of the sub contract agreement. These are the preparatory/planning and implementation phases of a community based African NGO Workshop to develop the capabilities of participants to initiate and/or improve sustainable CDD activities relating to home case management and control of diarrhoea in children. In the preparatory phase, CEDPA and PRITECH sent out applications to their network of community based NGOs and received approximately 100 completed applications for the CDD workshop. Following established criteria, 12 NGOs were selected from the following countries: Cameroon, Ethiopia, Gambia, Ghana, Kenya, Malawi, Sierra Leone, Tanzania and Uganda. Five African trainers joined with CEDPA and PRITECH technical staff to undergo a training of trainers and planning for training in the week prior to the initiation of the workshop. Twenty-two NGO representatives came together for two weeks in Nairobi, Kenya from March 16 - April 4, 1992 for the intensive CDD technical up-date and project design workshop.

The major outputs of the workshop were detailed intervention plans prepared by each NGO team. The plans reflected an improved knowledge of CDD technical information and project design skills. All proposed activities were integrated into the existing infrastructure of the community based NGOs and built on established relationships both at the community and government level. The workshop stressed the importance of working within the policy and frameworks of the National CDD Programs in each country. In a post-workshop planning meeting, the training team reviewed the plans and prepared an action plan for follow-up technical assistance visits.

Of the 12 NGO plans, eight have potential for funding within the project period under direct PRITECH country office programs or through this CEDPA small grant initiative. Four of the NGO plans have potential for funding once the plans are further developed in their organizations. However, all workshop participants returned to their organizations and countries with up dated information and refined skills enabling them to improve diarrheal disease control programs in their target communities.

Phase 3 - Follow Up of the sub-contract is now underway. This report details monitoring and evaluation strategies and plans which will take place until the end of the contract period - August 1993.

2.0 OVERVIEW OF NGO INITIATIVE

The focus of the CEDPA NGO initiative is to assist NGOs in promoting effective home case management and prevention of childhood diarrhœa through the community based NGO channel. Through community participation, these NGOs will develop programs aimed at changing behavior by reaching out to women who do not have access to health care centers and by supporting existing services to women who do utilize these centers.

In order to assist the NGOs on a more on-going basis, the CEDPA NGO initiative includes developing a pool of regional consultants with expertise in both the technical aspects of CLD services and in project design and implementation. These consultants acted as trainers during the workshop and will provide technical assistance to organizations as they implement their plans.

The NGO Initiative calls for three basic activities:

PHASE 1 - PREPARATION/PLANNING - Identification of NGOs and trainers/consultants, curriculum planning and workshop preparations.

PHASE 2 - WORKSHOP IMPLEMENTATION - Training of Trainers and curriculum planning, two-week workshop implementation for community based NGOs.

PHASE 3 - FOLLOW UP - Review NGO plans, make plans for technical assistance visits, final selection and funding of five NGOs, monitoring of funded NGOs, follow up meeting of consultant/trainers, monitoring and evaluation of overall initiative, final reporting to PRITECH.

3.0 PHASE 1 - WORKSHOP PREPARATION AND PLANNING

3.1 PARTICIPANT SELECTION

CEDPA tapped into its existing network of NGOs and CEDPA alumni to announce the workshop. A brochure describing the workshop and an application were prepared jointly by CEDPA and PRITECH (See Annex A). Together with PRITECH country offices, 350 applications were sent out to countries. CEDPA received approximately 100 completed applications by the due date.

The criteria for selection of NGOs included;

- the existence of established community based infrastructures and networks;
- interest in health activities;
- access to large target population;
- interest in initiating/expanding CDD activities; and
- proven effectiveness in community level activities.

Countries where PRITECH has on-going programs (Kenya, Uganda, Cameroon and Gambia) received first priority and selection was made in collaboration with PRITECH country representatives. The participants were selected to be heterogenous but complementary to allow for a wide range of experiences and backgrounds. Three types of NGOs were selected: 1) church related health organizations, 2) community-based organizations/associations, and 3) family planning/CBD associations. (See below)

<u>NGO Group</u>	<u>Participants</u>	<u>Countries</u>
Church Related Health Associations	CHAK	Kenya
	KCS	Kenya
	PHAM	Malawi
	FEMEC	Cameroon
	Aga Khan	Kenya
Community Based Organizations/Associations	Red Cross	Ghana
	Red Cross	Uganda
	Home Economics	S. Leone
	Home Economics	Tanzania
	Food and Nutr. ACFODE	Gambia Uganda
Family Planning/CBD Associations	Family Guidance	Ethiopia

(For Participant List See Annex B)

3.2 TRAINING TEAM

CEDPA AND PRITECH selected regional African consultants to represent various countries and a range of expertise. All of them have both technical and community development experience. Together with one CEDPA staff trainer and one PRITECH technical consultant trainer, the training team included the following members:

<u>Trainer/Consultant</u>	<u>Specialty/Country</u>
John Alwar	Pediatrician - Kenya
Kate Burns	CDD Technical - PRITECH
Grace Delano	MCH/FP - Nigeria
James Lwanga	Sociology - Uganda
Esther Nagawa	PHC Programs - Kenya
Penina Ochola	Training - Kenya
Ralph Stone	Training - CEDPA

Elizabeth Herman and Larry Casazza of the PRITECH Technical Unit provided technical oversight during the planning process. Dr. Casazza and Agma Prins, Senior Program Manager for PRITECH's Central Eastern and Southern African Region, provided technical assistance during the workshop in Kenya. (For Profiles of Trainers, Consultants and Resource People see Annex C.)

3.3 CURRICULUM PLANNING

3.3.1 IN WASHINGTON, DC

With technical assistance from PRITECH, CEDPA developed the preliminary workshop curriculum in Washington, DC. The topics and methodology were outlined based on consideration of CDD program experiences in the field in both the public and private sectors, and a review of existing curricula, training materials, and recent research in CDD activities.

By the end of the preparation phase in Washington, a draft workshop schedule and trainer's guide was completed to include session objectives, training techniques, reference materials for the participants and the trainers, and session notes. In addition, a packet of updated technical information on CDD was sent to each of the trainers to prepare them for the workshop content.

3.3.2 IN KENYA

The training team met for the first time in Nairobi and worked together during the week prior to the workshop. The purpose of the planning week was to develop a team spirit among the trainers and prepare each of them for the workshop sessions.

The week began with team building exercises to get to know one another and to create a positive atmosphere for planning. The

trainers received an overview of the workshop and overall CEDPA/PRITECH NGO CDD project and moved into discussions of the following topics:

- problems in effective implementation of CDD activities
- purpose(s) of expanding home case management activities in diarrheal disease control by NGOs
- expected workshop purposes and outputs
- selection of content areas for each trainer during the workshop

In addition, the training team discussed adult learning principles and the experiential learning process as a guiding framework for the training activities. As the week progressed, the trainers developed the curriculum drafted in Washington through further discussion of the needs of the workshop participants and of the materials and resources available.

4.0 PHASE 2 - WORKSHOP DESCRIPTION AND OUTPUTS

4.1 WORKSHOP GOAL

The goal of the workshop was to enable community based NGOs to initiate and/or improve sustainable CDD activities relating to home case management and control of diarrhoea in children.

4.2 MAJOR WORKSHOP COMPONENTS

The workshop was divided into four major components or content areas. These were: technical updates on diarrheal diseases, community participation and information, education and communications (IEC) planning, designing training activities, and intervention planning and implementations. A curriculum was developed for each session including behavioral objectives, outlines and process. (See Annex D for Workshop Schedule and Annex E for Session Objectives). CEDPA is developing a training manual which will be developed as a separate report to include revised session plans and outputs.

4.2.1 SUMMARY OF COMPONENTS

TECHNICAL CDD UPDATES

The pretest indicated that participants had a range of knowledge on CDD and that most were misinformed about CDD terminology. Therefore, the technical information focused on key terms and concepts regarding home case management of diarrhea. These sessions emphasized prevention of dehydration through the use of home available fluids; continued feeding during diarrhea, recognition of early referral signs and catch-up feeding after diarrhea stops. The roles of exclusive breastfeeding and proper weaning were stressed. The participants reviewed the role and

positioning of home available fluids (HAF), sugar and salt solution (SSS) and Oral Rehydration Salts (ORS) packets in prevention and treatment of dehydration. Prevention strategies were discussed at length. NGOs were urged to collaborate with National CDD Programs and to follow established government policies for CDD. (See Annex G.1 for Definition of Key Terms)

COMMUNITY PARTICIPATION AND IEC PLANNING

Workshop participants had the opportunity to share their experiences and successes in community based development projects. They examined the process of assessing community needs and planning IEC messages based on those needs. Through a schematic model, participants discussed how to work directly with the community to reduce diarrheal disease mortality and morbidity through participatory planning. (See Annex G.2 for Guidelines for Community Needs Assessment for Diarrheal Diseases and Schematic Community Goal Setting Exercise)

DESIGNING TRAINING ACTIVITIES

Participants practiced using a task analysis format to identify who they would train and what knowledge, attitudes and skills these workers would need to perform certain tasks related to diarrheal diseases. Based on their task analyses, participants developed training models and the content, materials, methodologies and human resources needed to conduct training.

INTERVENTION DESIGN AND IMPLEMENTATION

The two-week workshop was structured around the steps in planning an intervention strategy. Consideration of how each organization would integrate a CDD intervention began early in the workshop, and as the workshop progressed the participants developed and revised their plans with regular feedback from trainers and other participants. The session on Goals and Objectives provided direction for each intervention. In Week Two, the participants developed monitoring and evaluation plans with sound indicators, and plans for identifying and allocating resources. By the end of the workshop, each organization presented its intervention design and received critical feedback from the other participants and trainers. (For a Summary of NGO Plans - See Annex G.3)

4.3 TRAINING METHODOLOGY

The training team used a variety of participatory training methodologies to achieve the objectives of the workshop. The trainers encouraged a high level of interaction among trainees so they could benefit as much as possible from their shared insights and experiences with their colleagues. Throughout the program the

trainers acted as facilitators to a learning process that emphasized analysis of shared experiences, problem-solving discussions and collaborative strategy planning.

4.4 WORKSHOP EVALUATION

The facilitators used both daily evaluations and a final workshop evaluation to assess the quality of the workshop. For the daily evaluation, the participants completed a written form to rate the content, methodology, output and timing of the day's sessions, and they rated their own participation. During the team meetings at the end of each day, the facilitators used this information to discuss the day's activities. This process enabled them to check on the progress of the workshop activities and to improve and adjust plans for the following day.

The final evaluation used a written questionnaire to ask for participant feedback on the sessions overall and on the facilitators' roles, the materials used, the overall workshop objectives and logistics. Findings from both evaluations appear in Annex F.

5.0 PHASE 3 - FOLLOW-UP

5.1 POST WORKSHOP FOLLOW UP - ACTION PLAN

During the week following the workshop in Nairobi, the training team met with the following purpose:

- review NGO plans;
- decide on technical assistance needs for each NGO;
- decide which NGOs would be funded under the CEDPA/PRITECH mechanism;
- discuss the consultant process and logistical issues; and
- prepare an action plan for the next four months (April - July 1992) follow-up period.

(Please refer to Annex H for the Action Plan.)

FOLLOW UP PROCESS AND STEPS

1. CORRESPONDENCE WITH NGOS

Each NGO plan was critiqued to identify strengths and concerns. These critiques, along with a typed copy of the plan have been sent to the NGOs. The NGOs, in turn, have been asked to address the concerns and revise the plans as necessary.

2. DEVELOPMENT OF SCOPE OF WORK

The consultants identified which NGOs would receive technical assistance in revising their plans before CEDPA proceeds with small grant disbursements. If the NGO agrees to the recommended technical assistance visit, it drafts a Scope of Work (SOW). CEDPA will review and approve the SOW and forward it to the identified consultant. (See Annex I)

3. TECHNICAL ASSISTANCE VISIT REPORTING

A report format for a trip report based on the SOW was agreed upon.

4. CONSULTANT ASSESSMENT FORM

The training team discussed the purpose and format of a consultant assessment form. The NGO will complete this form upon completion of the technical assistance visit in order to provide constructive feedback to CEDPA as well as to the consultant. (See Annex J)

5. FUNDING OF NGO INTERVENTION PLANS AND QUARTERLY MONITORING

It is anticipated that revised NGO plans will be received by June 1992 and funding will start by July 1992. CEDPA program staff will manage all aspects of project funding. NGOs will be required to submit quarterly financial and intervention summaries based on CEDPA's format for reporting. CEDPA will summarize these reports on a quarterly basis and submit to PRITECH.

6. ROLES AND RESPONSIBILITIES OF CEDPA AND PRITECH IN FOLLOW UP

A meeting was held between PRITECH and CEDPA staff in Washington and roles and responsibilities of each were reviewed and agreed upon. A memo detailing these roles has been prepared.

6.2 FOLLOW-UP VISITS AND MEETING FOR CONSULTANTS

Follow-up visits to funded NGOs will take place in early November 1992. This will be followed by a consultant meeting to be held most likely in Nairobi, in mid November, to evaluate actions to date and plan for follow-up and NGO monitoring for the period January - August 1993.

5.3 INITIATIVE EVALUATION

The training team established evaluation indicators for this NGO initiative. These indicators refer to the two major objectives of this initiative: 1) to enable community based NGOs to improve and/or initiate sustainable CDD activities, and 2) to develop a regional pool of African consultants providing quality technical assistance to NGOs in implementing sustainable CDD activities.

5.3.1 EVALUATION INDICATORS

- a) Number of NGOs who have on-going CDD interventions initiated since the workshop.
- b) % increase in the number of community based resource people trained and functioning in home case management and prevention of diarrhea.
- c) % of NGOs collaborating with government and other organizations through sharing of materials and resources, providing TA and coordinating training.
- d) The extent to which NGOs demonstrate quality community needs assessments, training curriculum designs, IEC materials development and effective monitoring plans.
- e) Number and type of technical assistance visits provided by regional consultant pool assessed by NGOs as benefitting their interventions.

5.3.2 MEANS OF MEASUREMENT

- * Quarterly NGO Reports
- * Consultant Trip Reports
- * Consultant Assessment Forms
- * NGO Plan Outputs (IEC materials developed, training curriculums, needs assessment reports)
- * Discussions with PRITECH Country Reps, USAID, NCCD Staff

ANNEX A WORKSHOP BROCHURE

Help families control infant
diarrhea – NGOs can make a
difference.



Extending CDD Services Through Community-Based NGOs.

A two-week project design workshop on the control of diarrheal diseases (CDD) through community-based programs. Sponsored by CEDPA and PRITECH

Dates: March 23 – April 3, 1992
Location: Nairobi, Kenya

Meals, accommodation, tuition and educational materials will be provided by CEDPA & PRITECH.

Workshop Strategy

The two-week workshop will be attended by representatives of approximately ten non-governmental organizations (NGOs) with the potential to provide training in the treatment and prevention of diarrheal diseases in the home. These NGOs will develop community-based CDD programs targeting families not yet reached by existing health care systems.

Phase I - Design

Each NGO attending the project design workshop will design a community-specific outreach project that will function outside of the existing health care system to increase knowledge of diarrhea prevention methods and use of oral rehydration therapy (ORT). The projects will either add a CDD component to ongoing outreach programs or expand existing CDD activities.

Phase II - Implementation

Up to five of the participating NGOs will be selected to receive small grants and technical guidance from a resource specialist for the implementation of their projects. The other NGOs will leave the workshop prepared to implement CDD activities within the context of their existing programs. All participating NGOs will have access to CEDPA and PRITECH resource personnel in the implementation of their CDD projects.

CEDPA

The Centre for Development and Population Activities (CEDPA) is an international non-profit organization dedicated to improving the skills of professionals who manage family planning, health and development programs in developing countries. Since its founding in 1975, CEDPA has provided management training to over 3,200 individuals from 100 countries in Africa, Asia, the Caribbean, Latin America and the Middle East. As follow-up, CEDPA works with its alumni to strengthen local institutions and increase their capacity to carry out effective health, family planning and development programs.

PRITECH

Technologies for Primary Health Care (PRITECH), sponsored by the U.S. Agency for International Development, is a consortium of experienced, internationally known organizations led by Management Sciences for Health. PRITECH assists developing countries in implementing national diarrheal disease control (CDD) programs and related activities, often as part of integrated programs of maternal and child health. PRITECH's mission is to promote effective diarrhea treatment and sound preventive measures wherever children suffer from diarrhea.

**If your organization is interested
in participating please contact:**
Ralph Stone, CEDPA
1717 Massachusetts Ave., #202
Washington, DC 20036
Telephone: (202) 667-1142
Fax: (202) 332-4496
Telex: 440384
Cable: CEFPA

**Help families control infant
diarrhea – NGOs can make a
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Extending CDD Services Through Community-Based NGOs.

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Rationale

The demand for more effective diarrhea prevention and treatment programs is too great for the existing health system alone. CDD activities will have limited impact as long as the clinical health worker, with only marginal access to the target population, remains the primary contact for diarrhea prevention and treatment. Opportunities for offering more extensive CDD services through community-based organizations have not yet been fully explored. This workshop is the basis of a strategy to develop alternative outreach channels to promote effective diarrheal prevention and treatment practices through community-based NGOs.



Selection of Participating NGOs

The NGOs represented in the project design workshop must meet the following criteria.

- Work in Anglophone Africa
- Demonstrated interest in health care delivery
- Ongoing community-based programs
- Access to a large target audience
- Interest in initiating or expanding CDD activities
- Proven effectiveness in community-level programs.

CEDPA anticipates inviting representatives from 10-12 NGOs from both rural and urban areas.

Participating NGOs are requested to send at least two representatives – one senior-level manager and one mid- or junior-level project manager.

Workshop Structure

Module 1: Controlling Diarrheal Disease

Home case management
Prevention of diarrhea
Nutrition and breast feeding
Role of health facilities

Module 2: Community Activities

Assessing community practices
Selecting messages
Undertaking specific activities

Module 3: Project Planning

Problem description
Project goal and objectives
Project description and work plan
Monitoring and evaluating activities
Project resources and budget

Expected Outputs:

Development of an organizational strategy for adding or expanding CDD activities;

Documentation of shared NGO experiences in carrying out community-based CDD programs to complement government services;

Increased knowledge and skills in technical aspects of CDD;

Increased knowledge and skills in the process of project planning and proposal writing; and

Funding of up to five organizations with small grants for adding or expanding community-based CDD activities.

ANNEX B
LIST OF PARTICIPANTS

EXTENDING CDD SERVICES THROUGH COMMUNITY BASED NGOS
CEDPA/PRITECH WORKSHOP
PARTICIPANTS INFORMATION

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PARTICIPANTS	ORGANIZATIONS	TITLE	RESPONSIBILITIES	ADDRESS (Box No)	TELEPHONE
UGANDA					
1. Mrs. Hope AKONGO	Red Cross	Pri. Hlth Care Coord.	Planning, budgeting	Box 494	258701/2 Off
2. Justus TIBEZINDA	Red Cross	Programme Officer	General Running/PHC Training of TOT, CHWs TBAs, etc.	Kampala 494 Kampala	258701/2 Off
3. Ms Belh BAMWINE	Action for Development	Networking Officer	Programming activities	ACFODE 16729 Kampala,	245936 off
4. Ms Gasumba WINIFRED	Action for Development	Committee Member	committee activities	16729, Kampala	245936 off
SIERRA LEONE					
5. Josephine AARON-COLE	Home Economics Association	Project Director	Administration implementation	19 Sanders St. Freetown	226811 off
6. Louisa THOMAS	Home Economics Association	Counsellor/Supervisor	Field supervision	414 Freetown, Sierra Leone	226811 off 224211 hse
GAMBIA					
7. Kinday N'DELLA SAMBA	Food & Nutrition Association	Nutritionist	material development design, research	PMB 111, Banjul, Gambia	90433/4 off 28542 hse
8. Mr. Joseph Rex Top JASSEY	Food & Nutrition Association	Nutritionist Coord.	Training/coord/mgt.	PMB 111 Banjul, Gambia	90433/4 off 84752 hse
CAMEROON					
9. Mme Lydie ZOUNG-KANYI	FENEC	Depart. des Femmes	Incharge of Programs	B.P 491 Yaounde	23-56-53 off 31-73-78 hse
10. Mme Helene MEDJO-AKONO	FENEC	A.C.F	Incharge Health Educ.	B.P 2684 Yaounde	22-31-64 off 21-29-98 hse
TANZANIA					
11. Generosa Hilary NGONYANI	Home Economics Association	Ass/Head FL Div	Project activities	1125 Dar, Tanzania	27211 off 41208 hse
12. Ms Angeline KOPWE	Home Economics Association	HEAD Family Life Div.	Administration	20499 Dar, Tanzania	33891 off
ETHIOPIA					
13. Mr. Araya DEMISSIE	Family Guidance Association	Director of Programmes	Training F. planning	5716 Addis Ababa	51-41-11
14. Mr. Fekadu CHALA	Family Guidance Association	Regional Coordinator	Activities/coord.	174 Bahirdar, Ethiopia	08-20-04-57 off

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	ORGANIZATIONS	TITLE	RESPONSIBILITIES	ADDRESS (Box)	TELEPHONE
MALAWI					
15.Percy KANTUNDA	Private Hospital Association	PHAM PHC Coordinator	Management	30378 Ligongwe Malawi	730966 off 721031 Hse
16.Alexandre NYAMBI	Private Hospital Association	PHC Coordinator	Coordinations	21 Chilewa Malawi	531234 off
GHANA					
17.Ms. Theresa BABERO	Red Cross	Health coordinator	Coordination	835 Accra, Ghana.	662298 off
18.Mr. Faisal AZU-BILLA ANABAH	Red Cross	Regional Secretary	Coordinations	330 Bolgatanga,	072/3174 off
KENYA					
19.Miss Esther NBIYU	Christan Hlth Assoc. of Kenya	Dev. Project Coord.	Staff development Project design Strategic planning	30690 Nrb	441920 off 798280 hse
20 N.P. WANGAI	Christan Hlth Assoc. Of Kenya	Project Officer	Prog managt Training	30690 Nrb	441920 off 445160 off
21.Anne M. MUKURIA	Kenya Catholic Secretariat	PHC CBHC Coordinator	Training/coord.	48062 Nrb	443133/4/5
23.Janet KIPOTO	Aga Khan Health Services	Community Nurse	Training/supervision	83013 Mombasa	226950 off
RESOURCE PERSONS					
Mr. James LWANGA	Makarere University - Uganda Counselling and Guidance Ctr			P.O. Box 9370 Kampala Makerere University P.O. Box 7062 Kampala	542992 office
Ms Grace DELANO	Unv. College Hosp.-Nigeria Fertility Research Unit Dept of Obst & Gyn			University Collage Hospital P.O. Box 28353 Agodi Ibadan FAX c/o Spectrum 022/312705	400010 ext 3169 713132 home Telex 31236/31588
Mr. Ralph STONE	CEOPA - Director of Training			1717 Massachusetts Ave. N.W. Suite 202, Washington DC 20036	(202) 667-1142 FAX 332-4496
Ms. Kate BURNS	PRITECH Consultant			1705 Lena St, Santa Fe, NM, 87501	(505) 986-0299
Ms. Esther NAGAWA	Aga Khan Health Services-Kenya			P.O. Box 83013, Mombasa, Kenya	Tel 226950 of or 312953/4/5 228546 (home) FAX 011 313278
Dr. John ALWAR	University of Mairobi Medical School			c/o Kenyatta National Hospital Mairobi, Kenya	254-2-560461 home
Ms. Penina OCHOLA	AMREF - Kenya	Head of CBHC		P.O. Box	504962 direct FAX 245-2 506112
Dr. Larry Casazza	PRITECH Technical Office - USA			1925 N. Lynne St, Arlington VA 22209	703-516-2555 FAX 703 525-5070
Agna Prins	PRITECH Reg. Programme Mgr Central East & Southern Africa			PRITECH Yaounde/Cameroon Rue Nachtigol, B.P. 817	Tel and FAX 237-202036

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ANNEX C

TRAINERS AND RESOURCE PERSONS

JOHN D. ALWAR - John is a pediatrician and a member of the faculty at the Department of Pediatrics at University of Nairobi Medical School. He has been involved in diarrheal disease programs for over ten years and has conducted both clinical and community based research in diarrheal diseases. He has been a consultant with a variety of international agencies including WHO, UNICEF, DANIDA, AMREF and PRITECH. John's expertise in CDD covers many areas including clinical training, monitoring and evaluation and research.

GRACE EBUN DELANO - Grace is the Program Coordinator and Deputy Director of the Fertility Research Unit of the Department of Obstetrics and Gynecology at the University College Hospital in Ibadan Nigeria. She has over 30 years experience in training in MCH/FP, community based distribution, women in development and adolescent sexuality. She has worked as a consultant for Pathfinder, UNFPA, Columbia University, JHPIEGO, World Bank and WHO. She is a co-author of over eight books on MCH/FP, the latest of which focuses on adolescents questions about sexuality. Grace's expertise specific to CDD is in the areas of integration of CDD into CBD/FP programs.

JAMES S. LWANGA - James is a psychotherapist by profession at the Counselling and Guidance Center at Makerere University in Kampala, Uganda. He is currently a senior Counsellor/Lecturer in Psychotherapy and Behavioral Sciences in Medicine at Makerere. James has been involved in diarrheal disease research, conducting studies on cultural beliefs associated with diarrhea and traditional healers management of diarrheal diseases. Presently he is the Chairman of the Central Facilitating Team and Technical Coordinator for the Uganda Traditional healers Initiative. He has been a consultant for UNDP, PRITECH, Africa Development Assistance and other Uganda based NGOs. James' expertise in CDD is in the are of community needs assessment and counselling training.

ESTHER SEMPEBWA NAGAWA - Esther is currently the Project Manager of the Mombasa Primary Health Care Project of the Aga Khan Health Services, Kenya. She is a sociologist/demographer by training and has been working in community based health care programs for the past 10 years. Special interest and skills are in community based training and education as well as monitoring and evaluation of project activities at the grassroots level. She has been a consultant for WHO, UNICEF, AMREF and CORAT Africa. Esther's expertise in CDD include monitoring and evaluation and training at the community level.

PENINA OCHOLA - Penina is currently the Head of the Community Based Health Care Department of the African Medical Research Foundation (AMREF), which for over 15 has been a pioneer in all aspects of CBHC throughout East and Southern Africa. She is an excellent trainer and curriculum designer. She has a keen sense of working with the community and places community participation as her guiding light. She has conducted many consultancies especially geared towards health care planning at the government level. She is strong proponent of collaboration between governments and NGOs.

KATHARINE A. BURNS - Kate has worked in the international health development field for over 17 years. She is a nurse by training with a Masters in Public Health. The majority of her work has been with non-governmental organizations at the grassroots level. She has worked long term in Tunisia, Brazil, Somalia, Philippines and Kenya. Short term assignments have taken her to most countries in Africa as well as Asia. Her specialty areas include training, program design, implementation, evaluation and health information systems in all aspects of Primary Health Care. She was the Country Representative for PRITECH in Kenya.

RALPH STONE - Ralph is Deputy Director of CEDPA's Training Division. He has an M.A. in International Educational Development from Columbia University and is currently pursuing an Ed.D. program in Human Resources Development. Over the past ten years he has worked as a trainer in several countries in Africa and South Asia. As a training consultant prior to joining CEDPA, his assignments included work with the Centers for Disease Control, PRITECH, UNICEF, Peace Corps, Delphi Research Associates and other USAID contractors.

RESOURCE PERSONS

LARRY CASAZZA - Larry is a pediatrician in the Technical Unit of the PRITECH Project, based in the headquarters office. He works extensively with National CDD Programs in effective case management training of health care providers and with lactation management programs at national level. He comes to the PRITECH Project through The Johns Hopkins School of Hygiene and Public Health. Larry works closely with the WHO CDD program and worked previously with the World Bank.

AGMA PRINS - Agma is the Regional Senior Program Manager for Central, Eastern and Southern Africa (CESA) for the PRITECH project. Her formal training includes African Studies and a Masters degree in Public Health. She has over 20 years experience in Africa in the design and implementation of both community and national level development programs including primary health care, water and sanitation, diarrheal diseases and income generation. Her technical skills include training, educational materials development, program design and evaluation.

ANNEX D
WORKSHOP SCHEDULE

EXTENDING CDD SERVICES THROUGH COMMUNITY-BASED NGOS
 March 23 - April 3, 1992
 Nairobi, Kenya

Week I

MON 23	TUES 24	WED 25	THURS 26	FRI 27	SAT 28
Introductions Opening Address Expectations Program Overview	2) Introduction to Intervention Planning	5) Nutrition and Breast Feeding	7) Intervention Goals and Objectives	9) Targetting Behavioral Change	11) Training: Conducting a Task Analysis
1) Issues ID: Home case management	3) Overview: Diarrhea and Dehydration 4) Home Case Management of Infant Diarrhea	6) Prevention of Diarrhea	8) Information for Decision-making	10) Counselling	Free

Week II

MON 30	TUES 31	WED 1	THURS 2	FRI 3
12) Field Visit	13) Designing Training	15) Monitoring and Evaluation	17) Finalizing Intervention Designs	19) Short-term action planning
Discussion of Field Visit	14) Intervention Description Developing a work plan	16) Resource Planning	18) Presentation of Intervention Designs	Workshop Evaluation Closure

ANNEX E

WORKSHOP SESSION OBJECTIVES

EXTENDING CDD SERVICES THROUGH COMMUNITY BASED NGOs
CEDPA/PRITECH WORKSHOP

SESSION OBJECTIVE

SESSION 1 RATIONAL FOR CDD

1. Identify diarrhoea as a major child health problem.
2. Describe the types of diarrhoea.
3. State the interrelationship between diarrhoea, dehydration malnutrition and death.
4. Explain successes and failures (problems) of current CDD programs.

SESSION 2 INTRODUCTION TO INTERVENTION PLANNING.

1. Describe the steps of project planning.
2. Identify the problems in CDD that your organization can address.

SESSION 3 DIARRHOEA AND DEHYDRATION.

1. Define dehydration and state its signs.
2. Describe the need for urgent and correct treatment of dehydration.

SESSION 4 HOME CASE MANAGEMENT OF DIARRHOEA.

1. Explain the objectives of the three main principles of home case management, fluids, feeding and referral.
2. Specifically state the 6 key referral signs:
 - blood in the stool
 - refusing to drink
 - diarrhoea with other problems (fever, rapid breathing, cough)
 - general condition: weakness or irritability
 - excessive vomiting more than 3 times a day (in 24 hours).
 - if child does not improve in 3 days
 - "Keep in mind = marked thirst."
3. Describe the main issues regarding fluids during diarrhoea.
 - what kinds of fluids should be given?
 - what kinds of fluids should be avoided?
 - how much of fluid should be given?

- how to give the fluids?
- when to use ORS.

**SESSION 5 BREASTFEEDING AND FEEDING DURING AND AFTER
DIARRHOEA.**

1. Explain the rationale for exclusive breastfeeding and its role in prevention of diarrhoea.
2. Describe the benefits of feeding during diarrhea.
3. Describe a criteria for selection of appropriate locally available weaning foods for use before, during and after diarrhea.
4. State 5 core messages related to identified constraints to improve feeding of young children.

SESSION 6 PREVENTION.

1. Explain in detail the 5 strategies of prevention of diarrhea.
2. Prioritize sub-components of the prevention strategies and state which ones are more effective and easier to implement within your project area.
3. Identify a priority prevention strategy and describe a health education plan to convey messages to change a particular behavior.

SESSION 7 GOALS AND OBJECTIVES

1. Define the approach the intervention will take
2. Develop a goal and objectives for a community-based CDD intervention

SESSION 8 INFORMATION FOR DECISION MAKING

1. Describe the kind of information a community assessment should find, explaining why the project needs that information.
2. Identify sources of existing information (such as government statistics or other research) on communities within the area of intervention.
3. Describe methods an organization might use to carry out a needs assessment and the resources that would be used for each approach.

SESSION 9 TARGETING BEHAVIORAL CHANGE

1. Identify appropriate IEC strategies and activities for the intervention.
2. Identify existing material available to the extension worker (from local, government, private or other sources).

SESSION 10 **COUNSELLING**

1. Develop a checklist for observing/critiquing a counselling session.
2. Use effective counselling techniques to discuss one targeted behavior (such as hand-washing, administering fluids, etc.) in a role play situation.

SESSION 11 **TRAINING: CONDUCTING A TASK ANALYSIS**

1. Describe the overall training process, including
 - a. determining training needs
 - b. defining objectives
 - c. identifying resources
 - d. developing content
 - e. selecting appropriate techniques
 - f. designing evaluation
2. Analyze the tasks of the community worker in order to identify the required knowledge, skills and attitudes.

SESSION 12 **FIELD VISIT: OBSERVATION OF DIARRHEA CASE MANAGEMENT**

Objectives were defined by each group. One visited the diarrheal disease unit at the Infectious Disease Hospital. The second group visited the outpatient MCH Clinic at the Kenyatta National Hospital where lactation management is carried out.

SESSION 13 **TRAINING ACTIVITIES**

1. Identify workshop topics, techniques and possible schedule for training community workers in CDD activities.
2. Identify resources and responsibilities needed to carry out effective training in CDD, including possible collaboration with government agencies for resource sharing and training workshops.

SESSION 14 **INTERVENTION DESCRIPTION AND DEVELOPING A WORKPLAN**

1. Develop an intervention description that includes the activities the organization hopes to carry out in controlling diarrheal diseases and how the organization will coordinate their intervention with appropriate government programs where possible.
2. Develop a workplan for 18 months of project activities beginning with April 1992.

SESSION 15 MONITORING AND EVALUATION

1. Explain why record keeping is important and how it can benefit a project.
2. Identify methods for regular collection of information.
3. Identify what information needs to be collected over the first 18 months of the project.
4. Describe appropriate indicators to monitor your intervention objectives.

SESSION 16 RESOURCE PLANNING

1. Identify resources necessary to implement the intervention plan including sources and persons responsible.
2. Define what a budget is.
3. Explain the uses of a budget.
4. Prepare a draft budget for the first 18 months of the project following the budget format and line items.

**ANNEX F
EVALUATION FINDINGS**

1. Average participant rating when asked how well they thought the workshop achieved its final goal: 4.27/5.00
2. PARTICIPANTS EVALUATION OF WORKSHOP SESSIONS

AVERAGE DAILY RATINGS COMPARED TO THE FINAL OVERALL RATINGS
(The scores are rated on a 5.0 scale)

SESSION TITLE	DAILY EVALUATION	FINAL EVALUATION	AVERAGE
Rationale for CDD	4.6	4.4	4.5
Introduction to Intervention Planning	4.5	4.3	4.4
Overview: Diarrhea and Dehydration	--	4.7	4.7
Home Case Management of Diarrhea	4.4	4.6	4.5
Nutrition and Breast-feeding	4.5	4.2	4.4
Prevention of Diarrhea	4.3	4.6	4.5
Intervention Goals and Objectives	4.5	3.2	3.9
Information for Decision-making	4.6	3.4	4.0
Targeting Behavioral Change	4.6	3.4	4.0
Counseling	4.6	3.5	4.1
Training: Conducting a Task Analysis	4.4	4.2	4.3
Field Visit	4.5	4.1	4.3
Training Activities	4.3	4.6	4.4
Intervention Description and Developing a Work Plan	--	4.3	4.3
Monitoring and Evaluation	4.1	4.1	4.1
Resource Planning	4.3	3.9	4.1

3. MATERIAL PROVIDED TO PARTICIPANTS

Almost all participants (19/23) felt that they received a sufficient amount of material during the workshop. Only one thought the material was insufficient, and two thought there was too much.

4. USEFULNESS OF WORKSHOP

All of the participants thought the workshop was useful and enlightening. At the end of the workshop, they felt empowered to better manage ongoing projects and to initiate new CDD interventions.

5. EXPECTATIONS

The participants agreed that their expectations had been met, although two of them expressed concerns about planning resources for their interventions.

6. MOST USEFUL ASPECTS

When asked to choose the most useful aspects of the workshop, participants mentioned the small group discussions, the training methods and the field visit. Some of them thought the opportunity to share experiences with project managers from other countries was extremely useful.

7. LEAST USEFUL ASPECTS

Most participants stated that no aspect of the workshop was "least useful." Two participants mentioned the field visit and three sessions were cited by one participant each: Diarrhea and Dehydration, Resource Planning and Intervention Planning.

8. ADDITIONAL SESSIONS NEEDED

When asked what additional information or sessions could be added to the workshop or expanded, the following were cited:

- management skills
- proposal writing
- project evaluation
- technical aspects of CDD
- budgeting
- home visits
- examples of successful CDD programs
- community involvement
- sustainability

9. COMMENTS ABOUT THE TRAINERS

"Very knowledgeable indeed. They were a set of people who knew what they were doing."

"They were perfect. They did everything to make themselves clear and to ensure that every participant left the session with something."

"Generally the trainers had knowledge on the various topics, but they seem not to have a uniform opinion about the topics."

"They tried well but it appeared they didn't have enough time to prepare some notes. They expected too much from the participants."

"Very good, and those in East Africa should keep in contact with us for technical guidance."

"They used first class skills/techniques."

"All the facilitators were knowledgeable and knew what they were doing. They were very friendly."

"Some of the trainers did not seem to have much knowledge on the background of their topics, hence the constant need to look at their notes. It seemed as if they had to learn the topics before coming to the workshop; nevertheless, training skills were good."

"In my opinion all the trainers handled their topics very well and imparted their skills excellently. Their attitudes have been most accommodating."

"Generally the training skills of the trainers were perfect. Their presentations of topics, styles, etc. were excellent; however, during smaller group discussion each trainer seemed to have a different approach on topics handled by participants."

"They were all experienced."

10. LOGISTICS/ORGANIZATION

In general, the participants were very satisfied with the organization of the workshop. One thought it was good that the group shared the same hotel and another thought there should have been more time for shopping and sightseeing.

11. OTHER COMMENTS

"There is a need for follow-up after the workshop."

"Could have been done with more trainers from West Africa."

"The aspect of separating the sessions on project design made it too disjointed to be followed by a beginner. It was hard to keep remembering what built on what. There was too much packed in the last sessions for the participants to do it well."

"Please organize a follow-up workshop in 18 months for the same group to share what we have so far done."

"If there is a chance for sponsorship of such workshops in other countries please don't forget us. We need another forum as pioneers to share our field experiences."

"The workshop is very useful and timely. You have tried very well and I thank you for your efforts."

ANNEX G.1
DEFINITION OF KEY TERMS

**EXTENDING CDD SERVICES THROUGH COMMUNITY BASED NGOS
CEDFA/PRITECH WORKSHOP**

DEFINITIONS OF KEY TERMS

CDD PROGRAM	Control of Diarrheal Diseases Program: refers to government or non-governmental organization's program directed to prevention and treatment of diarrheal diseases.
DIARRHEA	Term to describe loose, watery stools occurring 3 or more times a day. Diarrhea is one of the leading causes of childhood morbidity and mortality.
DEHYDRATION	A state that results from the loss of body fluids and salts due to diarrhea when these fluids and salts are not adequately replaced.
DYSENTERY	Bloody diarrhea or diarrhea mixed with blood.
PERSISTENT DIARRHEA	Diarrhea lasting 14 days or more. This type can contribute greatly to overall diarrhea mortality. It is frequently associated with malnutrition and can contribute to further deterioration of the nutritional status.
ORS	Oral Rehydration Salts packaged the mix of salts and sugar specially produced to be mixed in a specified quantity of water (1 liter, or 500 ml or other volume as noted on the package). ORS when prepared, is given to a child with diarrhea to prevent or treat dehydration. After mixing, the ORS can be used for 12 hours and should be discarded and another package prepared if more is needed.
ORT	Oral Rehydration Therapy is used to prevention and/or treat dehydration due to diarrhea. The components of ORT are: 1) continued and increased frequency of breastfeeding; 2) adequate and appropriate fluid replacement (which can include ORS); 3) continued feeding during diarrhea.
HAF	Home available fluids. HAF refers to the fluids readily available in the home which are appropriate for use in children with diarrhea in order to prevent dehydration.

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COLOSTRUM The first yellowish fluid secreted from the breast immediately after birth prior to the milk coming in. It is particularly rich in substances that protect the infant from illnesses. Colostrum should always be given to the new born baby and never be discarded.

EXCLUSIVE BREASTFEEDING A practice consisting of the initiation of breastfeeding immediately after birth, the giving of colostrum and then the subsequent breast feeding of an infant from birth to 4-6 months without adding any other fluid (including water) or food.

WEANING The time when family foods are introduced to the infant in a addition to breastmilk. This practice should be delayed until the infant reaches 4-6 months of age.

CONVALESCENT PERIOD Refers to the time period after the diarrhea has ended when a child needs to be given more food in order to make up the weight she/he has lost during a diarrheal illness.

CATCH UP GROWTH Refers to the growth that a child needs to achieve after diarrhea so that s/he returns to the target weight/Height on his growth curve that is appropriate for his age and his normal growth rate.

ANTI DIARRHEAL DRUGS Drugs that are said to stop or reduce diarrhea. None of these are of any value to young children with diarrhea and some are dangerous. Sometimes these drugs are called ADMs or anti-diarrheal medicines.

MORBIDITY Refers to illness or sickness caused by a specific disease or infection. Diarrhea morbidity rate is the number of children/1000 with diarrhea in a given period of time.

MORTALITY Refers to death. Diarrheal Mortality Rate is the number of children/1000 dying from diarrhea in a given period of time.

ANNEX G.2
GUIDE LINES FOR COMMUNITY NEEDS
ASSESSMENT FOR DIARRHEAL DISEASES

CONTROL OF DIARRHEAL DISEASE PROGRAMS

COMMUNITY NEEDS ASSESSMENT

INTRODUCTION:

Many times NGOs, government officials, professionals, and hired consultants design interventions on wrong assumptions about communities. Such interventions about communities may end up by not meeting the community's felt or expressed need or even the cause of the problem. This can waste all kinds of resources and can sometimes cause resentment because people may feel that they are just receiving handouts. This is probably one reason why many projects are not sustained by the communities after the projects have been launched.

Furthermore, even if one made an assumption about a particular situation in a community, it would be wise for one to go to that community and find out about the assumption before an intervention is planned. This would be a good basis for developing a problem statement on which "SMART" objectives can be made.

On the other hand, however, there are times when "problem identification" can be made from other relatively "reliable" sources which have had contacts with the community. Such sources would include general surveys, specific scientific studies, community workers' reports, working experiences in the community, etc.

It is suggested, however, that even if an assumption has been made about a given situation in a community, one still needs to go and learn something about the community itself before an intervention is made. This can be technically called "needs assessment". There are many reasons for a needs assessment exercise.

Some reasons for a Needs Assessment:

1. One gets a good understanding of the community and planning the intervention is not left to chance or good luck.
2. The problem goals and objectives can be modified and clearly stated.
3. Potential resources in the community can be identified and used appropriately.
4. One can estimate good timing for the intervention.
5. One is in a better position to identify the indicator for achieving one's objectives and goal.
6. One can anticipate possible difficulties/problems the intervention may encounter.
7. One establishes a rapport with the community especially with its different categories of leaders.
8. One gets to know the key elements for community mobilization which is crucial for community participation if people are not to feel that the intervention is imposed on them. Through community participation people can see the need to support and sustain the intervention: in the long-run behavior change can be achieved.

NEEDS ASSESSMENT FOR A COMMUNITY-BASED CDD INTERVENTION:

Needs assessment can be a very tricky exercise. As Elizabeth Herman (PRITECH) observes, there is " a tendency for people to want to collect a great deal of information that they will not know what to do with." It is therefore suggested to set priorities in data collection so that needs assessment does not become an overwhelming and time-consuming. For a community-based CDD intervention Herman suggests the collecting the following 10 most important pieces:

1. What is the national policy regarding initial home management of diarrhea? Does the national program recommend ORS at the onset of every episode? Does it recommend SSS? If the recommendation is for "home fluids" have appropriate home fluids been defined? The recommendations of the NGO (including the recipe for SSS it is used) should be consistent with those of the National CDD program.

2. What are the words used to describe frequent loose or watery stools in young children? Sometimes different words are used to describe diarrheal stools in children than are used to describe diarrheal stools in adults. Sometimes different words are used for severe cases than for mild episodes. Its important to know these words when developing communication or training materials, or when talking to community members.

3. Are there any "non-diarrheal diarrheas"? In many cultures, looses stools are considered a "side-effect" of teething or of some developmental process such as starting to crawl, starting to walk, etc. Loose stools of this type are not considered "real" diarrhea, do not usually trigger action, and are not perceived as serious. At the other end of the spectrum, some truly dehydrating diarrheas are not considered " diarrhea" but another illness of which diarrhea is only a symptom. For example, many cultures define "fontanelle disease" in which the soft spot on top of the head is depressed. The diarrhea is perceived as caused by sunken fontanelle rather than fluid loss.

It is important to know about these "non-diarrheal diarrheas" to the extent that they are problematic. i.e that they prevent or delay appropriate treatment. Sometimes they must be specifically addressed in educational messages or presentations.

4. Do caregivers perceive the need to give extra fluids during diarrhea? In every culture that I know of (including the U.S.A) it is counter-intuitive to give large volumes of fluid during diarrhea, particularly severe episodes. The perception is that putting more in makes more come out. Therefore, the most important task in developing communication messages is to find a way of explaining fluid replacement. The old metaphor of the wilting plant just doesn't work because plants don't vomit and nor have diarrhea.

5. Who do caregivers go to for advice and/or treatment when their children have diarrhea? This information should be used to define the outreach strategy. If caregivers go to traditional healer, target them. If they go to shops or pharmacies or older women, the strategy would be different.

6. What is the prevalence and seasonality of diarrhea? It's probably self-evident that those implementing a CDD project would want to know how common the problem is and at what times of the year the most cases occur.

7. What fluids and foods are acceptable during diarrhea? A reasonable approach is to determine what foods and fluids are acceptable, then select the most appropriate from among them (see WHO document on the Decision Process for selecting a Fluid for the Home Management of Diarrhea).

8. Are there any harmful practices that should be discouraged? Ask particularly about the use of enemas, purgatives, tooth extraction, or other invasive procedures such as making incisions or scarring. These should be gently and respectfully discouraged.

9. What are the local beliefs about how the body works and about what happens differently during diarrhea? This may be difficult to obtain but, if available, the information can be very helpful in finding a way to explain fluid replacement.

10. What are the common causes of concern? It's helpful to know what worries caregivers and what causes them to take action. This information can be used to motivate care seeking or to explain appropriate case management.

Herman also suggests to give a much lower priority to:

1. Perceived seriousness of diarrhea. Many projects try to determine whether mothers consider diarrhea a serious disease, then put a great deal of effort into convincing them that it is. Mothers are generally quite practical and know that most episodes are mild and do not require very much care. It is not helpful to try to convince them that every episode is life-threatening. It is useful to help them identify the minority of cases that need special attention and referral.

2. Details of different local kinds of diarrhea. It's easy to get caught up in describing the different local types of diarrhea, their associated symptoms, etc. Although potentially useful, the chief objective is to identify types that present an obstacle to appropriate case management. Otherwise, a great deal of detail is seldom helpful.

3. Details of perceived etiologies. Again I would put a minimal amount of effort into this. The main objective is to determine if dirt or contamination is perceived to be a cause (this belief can be reinforced or exploited) and if there are any perceived causes that are particularly problematic.

4. Traditional herbal remedies. Since it's very difficult to determine whether local remedies have any pharmacologic action, the best approach is to neither discourage nor promote them. Just emphasize that food and fluids (whether ORS, SSS or home fluids are recommended) can be given at the same time as traditional remedies.

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ANNEX G.3 SUMMARY OF NGO PLANS

CAMEROON PRESBYTERIAN CHURCH OF CAMEROON (FEMEC)

The Presbyterian Church of Cameroon aims to improve the diarrheal disease related home management and prevention knowledge and practices of 9000 mothers in the Central Province. Working through the church hierarchy on women's groups, the FEMEC project will train central level advisors, who, in turn will train women group leaders who will be responsible for the integration of CDD related educational activities into the regular monthly meetings of church members. Educated members will be asked to contact and instruct at least two additional women in their community. The CDD educational activities will complement on-going health education already being conducted through this network. FEMEC will work closely with the National CDD Program to develop and select training and educational materials and to refine monitoring and evaluation strategies.

ETHIOPIA FAMILY GUIDANCE ASSOCIATION OF ETHIOPIA (FGAE)

The focus of the Family Guidance Association of Ethiopia's activities has been the training of clinic based GOE staff in improved family planning service delivery. They now have written a proposal to start a community based distribution of contraceptives project which has been submitted to donors for funding. As a result of the workshop, FGAE participants have designed a plan to integrate CDD activities into this proposed CBD project. Their focus will be on training TBAs in educating and counselling mothers on home case management of diarrhea and prevention strategies. This would be a new approach for FGAE and they realize the need to coordinate with the National CDD Program. This plan depends on funding of the CBD project, if this is not funded in the near future, workshop organizers have suggested that FGAE design a new plan emphasizing exclusive breastfeeding as a refresher training activity with existing government clinic based family planning service providers.

GAMBIA GAMBIA FOOD AND NUTRITION ASSOCIATION (GAFNA)

The Gambia Food and Nutrition Association proposes to improve the practices of mothers in home case management of diarrhea by training TBAs to counsel mothers concerning the use of locally available fluids for children with diarrhea. Research on home available fluids will be conducted to complement existing information concerning weaning foods. The project will build on

existing GAFNA activities in the area of child nutrition as well as on the on-going activities of the National CDD Program. Activities will target 15 TBAs working with 3 Health and Nutrition Centers serving 600 mothers. Appropriate educational approaches and materials will be developed in collaboration with the National CDD Program and integrated into activities at the HN Centers including group education and home visits.

GHANA RED CROSS SOCIETY OF GHANA

The Ghana Red Cross intends to work through its network of mothers' clubs to improve practices related to the use of home available fluids and foods, early referral and prevention of diarrhea. By training 50 mothers' club members from 5 villages in Bongo District in north east Ghana, the project aims to improve the health of 13,000 children under the age of 5. The trained club members will organize educational sessions for other mothers as well as conduct home visits with the context of an ongoing program of health education, income generation and environmental improvements. This activity represents ongoing collaboration with the National CDD Program.

KENYA AGA KHAN HEALTH SERVICES (AKHS)

The Aga Khan Health Services proposes to conduct an operations research project in one project area, approximate population 10,000, within the Mombasa Primary Health Care Program. This OR project proposes to improve case management at four health facilities with special emphasis on diarrheal disease counselling by health workers combined with community based training of volunteers and child caretakers in improved home case management of diarrhea. The expected outcome would be that children with "simple" diarrhea would be effectively managed at home and those needing referral would be appropriately managed and counselled at the health facility. This OR project will be reviewed by AKHS and PRITECH to assure an adequate monitoring and evaluation strategy is integrated into the project plan. The community based training activity will pilot an approach that will be used in the KCS/CHAK CDD training described below.

KENYA KENYA CATHOLIC SECRETARIAT (KCS) AND CHRISTIAN HEALTH ASSOCIATION OF KENYA (CHAK)

In coordination with PRITECH Kenya, the two major religious based health associations, KCS and CHAK, propose to improve clinic based case management of diarrhea as well as outreach activities targeted at improved home case management of diarrhea by child caretakers. As a first step PRITECH Kenya will support KCS and CHAK to design and implement a training of trainers in effective case management

(ECM) at the clinic level. The curriculum will be based on an intensive needs assessment both of health care providers and clinic management issues. After the TOT, 6 effective case management courses will be held. One of the cadre to be trained in ECM will be the community outreach supervisor who is responsible for training of community health workers. After the ECM training, PRITECH Kenya will support a curriculum development activity for the community outreach supervisors who, together with KCS and CHAK training staff, plan a training approach for community health workers. Aga Khan Health Services pilot experience at this type of community volunteer training will be incorporated as needed.

MALAWI - CHRISTIAN HOSPITAL ASSOCIATION OF MALAWI (CHAM)

The Christian Hospital Association of Malawi has an integrated PHC outreach program in 500 villages throughout the country. CHAM already trains village volunteers in CDD issues. As a result of the workshop, CHAM participants have prepared a pilot plan to integrate improved diarrhea prevention messages into its existing PHC network. CHAM proposes to start small by focusing on one village and stress exclusive breastfeeding, improved measles immunization coverage of children under five and increase use of latrines by family members. Community health volunteers and village leaders will be trained to carry out educational and motivational activities in these three prevention strategies. Depending on the evaluation of this pilot, expansion to other PHC outreach villages will take place. Close collaboration with the National CDD Program is detailed.

SIERRA LEONE SIERRA LEONE HOME ECONOMICS ASSOCIATION (SLHEA)

The Sierra Leone Home Economics Association (SLHEA) seeks to improve the health status of 6,250 children 1-5 years of age in Petifu Village by reducing morbidity and mortality from diarrheal diseases. After conducting a training needs assessment, SLHEA will train local field workers in the use of Home Available Fluids (HAF) for home-based management of diarrheal disease, and preparation of nutritious local foods for prevention of diarrhea. The field workers will help mothers in the community to care for their children who are suffering from diarrhea, and provide information and education regarding prevention and case management. SLEHA will design, review, and develop training and educational materials and will distribute local language pictorials and handouts to households in the target area.

TANZANIA TANZANIA HOME ECONOMICS ASSOCIATION (THEA)

The Tanzania Home Economics Association (TAHEA), a professional association founded in 1980, aims to improve the health status of 9,000 children under-five in the Kinondoni District in Dar-es-Salaam region. Their project focuses on prevention of diarrhea through improved water sources, proper food hygiene, and improved

weaning practices and nutrition. TAHEA will train 45 Home Economics Extension workers who will train mothers on food and personal hygiene, environmental sanitation, and nutrition. The extension workers will be closely monitored and supervised, with a mid-project assessment conducted after three months, and a refresher training held within 18 months. TAHEA will carry out these activities in collaboration with the Ministry of Education, Ministry of Health, Ministry of Community Development, Women and Children, and Ministry of Water and Energy.

UGANDA ACTION FOR DEVELOPMENT (ACFODE)

Action for Development (ACFODE) is an indigenous, non-governmental women's organization in Uganda. ACFODE seeks to improve the health of children 0-24 months of age in Butemba sub-county, Kiboga District through the prevention of diarrheal disease. Their project focuses on sanitation and hygiene education including safe disposal of excreta, hand-washing, and proper food storage, and nutrition education with an emphasis on breastfeeding and proper weaning practices. Project objectives include increasing the number of mother practicing proper breastfeeding and weaning of children, and increasing the number of households with latrines. ACFODE will collaborate with established agencies and organizations in the implementation of this project.

UGANDA - UGANDA RED CROSS SOCIETY - (URC)

Uganda Red Cross Society (URC) has been active in Primary Health Care programs since 1980. They propose to implement an improved home case management of diarrheal diseases component in the area of four parishes of Masindi District with an estimated population of 8000. URC plans to train 40 TBAs in improved home case management of diarrhea stressing home available fluids, improved feeding during and after diarrhea and early referral. Since the target population is stated as being far from existing health services, URC plans to equip TBAs with ORS sachets so they are more readily available at the community level. Key messages will be developed following a community needs assessment examining the cultural beliefs and practices related to management of diarrhea in the home.

ANNEX H
FOLLOW UP ACTION PLAN

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PRITECH/CEDPA NGO CDD INITIATIVE
 ACTION PLAN FOR POST WORKSHOP FOLLOW UP
 EXPECTED TECHNICAL ASSISTANCE PLAN - APRIL - DECEMBER 1992

PLACE-NGO	CONSULTANT	TYPE OF TA	DAYS	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
UGANDA-ACFODE	J. LWANGA	Assessment of NGO committment. Could lead to revised plan	4	x								
UGANDA-RED CROSS	J. LWANGA P. OCHOLA	Revision of Plan w/ design of Com'ty Needs Assessment.	12 5		x							
GHANA-RED CROSS	J. LWANGA KINDAY	Design Needs Assess. Prepare final plan w/ budget for funding.	5 5			x						
CAMEROON-FEMEC	NKODOU	Training Curriculum Design & Revised plan & budget for funding.	10		x							
MALAWI-PHAM	E. NAGAWA NKODOU	Revision of Plan w/ design of Com'ty Needs Assessment.	5				x					
GAMBIA-GAFNA		Discuss w/ J. Millsap Need complete plan. ? P/Gambia funding										
KENYA-CHAK/KCS		To be followed up by PRITECH Kenya										
KENYA-AGA KHAN		To be followed up by PRITECH Kenya										

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PRITECH/CEDPA NGO CDD INITIATIVE
 ACTION PLAN FOR POST WORKSHOP FOLLOW UP
 EXPECTED TECHNICAL ASSISTANCE PLAN - APRIL - DECEMBER 1992

Continued Pa

S. LEONE-SLHEA		Depends on Mission (plan needs revision to be intergated into existing program.)											
ETHIOPIA-EFGA		Depends on response to concerns & funding of their CBD project. Could assist with Needs Ass											
TANZANIA-THERA		Depends on revision of plan to integrate into existing program											
FOLLOW UP VISITS	ALL CONSULTANT	Monitoring visits to all funded projects. 3 days 5 funded NGOs	15									x	
FOLLOW UP MEETING	PRITECH/ CEDPA & AL CONSULTANT	Review progress and plan for remaining 9 months. (4 day mtg)	16									x	
Estimated Days			77										

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ANNEX I

GUIDELINES FOR PREPARING SCOPE OF WORK FOR TECHNICAL ASSISTANCE

Following is an outline to serve as a guide in preparing the scope-of-work for technical assistance visits. This outline specifies the major areas that should be included in the scope of work, and provides examples of the type of information which should be included under each area.

1. Organization

2. Contact Person

3. Address, Telephone, and Telefax Numbers

4. Overview of situation which calls for technical assistance. What is the problem you have identified that requires outside assistance? Why is technical assistance required from outside your organization?

5. Skills Needed. What type of skill, experience, expertise are required to perform the technical assistance?

Example: nutritionist, health education specialist, experience in curriculum development, experience in community mobilization, etc.

6. Expected Tasks and Activities of Consultant. What are the specific activities or tasks that will need to be carried out in order to provide the technical assistance?

Example: Meetings with NGO staff, Visit target villages, Meetings with village health committees, etc.

7. Expected Outputs of the Assignment. What will be the products of the technical assistance?

Example: revised project plan and budget, nutrition education curriculum, design for needs assessment, plan for strengthening health education component, training curriculum, etc.

8. Number of Days. How many days will be required to perform the task?

9. Name of Consultant

10. Requested dates for visit

ANNEX J

CONSULTANT ASSESSMENT FORM

Consultants Name: _____ Today's Date: _____
Requesting Organization: _____
Dates of Assignment _____

- 1) Summary of Scope of Work:

- 2) Did Consultant Achieve SOW to the satisfaction of requesting NGO?

- 3) Please comment on the following:
Technical ability of the consultant

Ability to work with NGO staff and other agencies

Ability to work with community (if applicable)

Quality of Outputs

Language Capability (if applicable)

- 4) Overall Rating of Consultant:
very poor / poor / average / good / very good

- 5) Would you recommend using this consultant in the future?

- 6) Other comments:

Title of Person Completing the form _____

NOTE: Please complete this form at the end of the consultancy and give to consultant on send directly to the CEDPA - Washington. It is only through direct feedback from you that we know if a particular consultant is meeting the needs of your organization.

Thank You - Use reverse for further comments: