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**WORLD VISION**

**PVO CHILD SURVIVAL  
SUPPORT PROGRAM**  
The Johns Hopkins University



# **"Long Live the Haitian Child"**

## **Haiti Child Survival Workshop**

### **Summary Report**

*La Gonave Island*

*HAITI*

*Port-au-Prince*



With Financial Support from  
The United States Agency  
for International  
Development

## **La Gonave Island, Haiti**

### **Sept. 1-7, 1991**

***LONG LIVE THE HAITIAN CHILD!***  
**HAITI CHILD SURVIVAL WORKSHOP**

**SUMMARY REPORT**

**La Gonave Island, Haiti  
September 1-7, 1991**

**Host PVO:  
World Vision Relief & Development**

**with:  
Technical Support from Johns Hopkins University  
PVO Child Survival Support Program  
and  
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## **ACKNOWLEDGMENTS**

The workshop organizers wish to gratefully acknowledge the support and assistance of the local USAID Mission and the entire staff of the World Vision Haiti Field Office, without which the success of this workshop would not have been possible.

## INTRODUCTION

The health assistance program of the United States Agency for International Development (USAID) has as its overall goal to improve the health status of children and communities in USAID-assisted countries, whose primary health problems—malnutrition, infectious diseases (including diarrheal diseases, acute respiratory illnesses, measles, tetanus, and tuberculosis), and parasitic diseases—stem largely from poor environmental conditions and a lack of adequate health care and knowledge. Recognizing that children under five years are most vulnerable to such problems, USAID has long emphasized the importance of addressing the health problems of children and mothers as the most direct way to improve general health status in developing countries. Consequently, within USAID's health assistance program, priority has been given to funding activities aimed at Child Survival.



In 1985, USAID initiated its Child Survival grants program. There are currently 23 U.S.-based Private Voluntary Organizations (PVOs) implementing Child Survival Projects (CSPs) in 28 developing countries with support from this program. Part of this support includes technical assistance, a key component of which is the organization of field-based workshops designed to increase the skills and knowledge of the staff of PVOs implementing Child Survival activities. Through the

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sharing of experiences, ideas, materials, and lessons learned, these workshops promote improved technical performance of projects as well as increased networking and collaboration among the participating PVOs.

Since 1986, nine regional workshops have been conducted as part of the technical support strategy, with assistance from the PVO Child Survival Support Program (CSSP) of The Johns Hopkins University, with PVO Child Survival country projects as hosts, as follows:

Meals for Millions	Sierra Leone	April, 1986
Adventist Development & Relief Agency	Rwanda	July, 1987
World Vision	Zimbabwe	July, 1987
African Medical & Research Foundation	Kenya	June, 1988
Project HOPE	Guatemala	August, 1989
Project Concern Int'l.	Indonesia	Dec., 1989
Africare	Nigeria	June, 1990
Int'l. Eye Foundation	Honduras	August, 1991
Save the Children	Mali	October, 1991

The workshop, "Long Live the Haitian Child," was similarly supported by The Johns Hopkins University PVO CSSP and was conducted in Haiti from September 1 to 7, 1991. Originally it was to have been held in April 1991, hosted by World Relief Corporation, but it was rescheduled for September with responsibility endorsed to World Vision Relief & Development. An initial planning meeting involving the workshop staff took place in Haiti July 8-12, 1991. The purpose of this meeting, achieved through structured discussions in Port-au-Prince and field visits to the WV CSP site on La Gonave Island, was to establish the training objectives, activities, and desired outcomes, to assign responsibilities to team members, and to review administrative and logistical matters to ensure the successful organization and carrying out of the workshop.

This workshop differed from those above in that it was an in-country workshop, targeted specifically at PVOs implementing CSPs in Haiti, and was thus able to focus on the special circumstances and needs of this particular country. The Haiti workshop was also unique in that the participating PVOs were a mixture of those funded centrally by USAID/Washington and those funded by the local USAID mission. These

unique features contributed to the success with which the workshop was conducted and will promote the effective implementation of Child Survival activities in Haiti by all the participating PVOs.

## **WORKSHOP GOALS**

The overall purpose of this workshop was to enhance the effectiveness of Child Survival technologies as they are implemented in Haiti. To this end, four training goals were established:

1. To share up-to-date information and materials among PVOs implementing Child Survival activities in Haiti.
2. To increase participants' awareness of different approaches to establishing sustainability in CSPs.
3. To strengthen specific technical facets of each of the participants' projects.
4. To share lessons learned at the project level in order to improve in-service activities carried out by PVO CSPs.



**WORKSHOP  
OBJECTIVES**

Based on the needs and expectations expressed by the participants, the specific objectives set for the workshop included the following:

1. Promote the sharing of knowledge, ideas, experiences, and lessons learned regarding Child Survival activities through training sessions, field observation, dialogue with other participants, and the sharing of materials which are currently being used or produced.
2. Improve the capacity of each participating PVO to strengthen its own CSP through the promotion of a network of PVOs involved in Child Survival activities in Haiti.
3. Improve participants' knowledge regarding Child Survival information systems, including the principal characteristics of an effective information system and ways to improve the system to achieve efficient utilization of data in the management of the project.
4. Improve participants' knowledge related to the Expanded Program on Immunization (EPI), specifically the principles of an effective cold chain and strategies for reducing missed opportunities and dropout rates.
5. Promote improved communication in Child Survival activities, including the identification of appropriate health messages for families and better understanding of the most important principles and methods involved with adult education.
6. Help participants to identify a variety of strategies for promoting sustainability of their CSPs and to understand the positive and negative aspects of each.
7. Expose participants to an ongoing CSP, observe it critically, and in the process identify ways in which the design, implementation, and evaluation of their own projects might be improved.



**WORKSHOP  
FORMAT**

To achieve these objectives, the workshop was designed with the following format:

1. The workshop would be participatory in nature and designed to train project representatives who are directly involved in USAID Child Survival activities, and are likely to remain with the project into the future.
2. To promote project sustainability, participation and training of host country national staff who anticipate continued involvement in the project area would be emphasized. The workshop would be conducted primarily in French with some small group sessions in Creole.
3. The World Vision Haiti CSP on La Gonave Island would be utilized for site visits to maximize hands-on learning.
4. A broad variety of resource materials would be made available during daily evening resource center hours to strengthen the exchange of information and ideas.



## THE PARTICIPANTS

Each of the USAID-funded PVOs implementing Child Survival activities in Haiti were invited to send two representatives to the workshop. The following organizations and representatives participated:

ADRA (Adventist Development and Relief Agency) Haiti

Annie Henry  
Ariel Henry

ICC (International Child Care)

Blaise Sévère

PLAN International

Yollette Caseus  
Marie José Castera

SADA (Service Agency and Development)

Joseph Frantz Champagne

Save the Children

Patrick Paul

World Vision Haiti

Jonas André  
Jean Louis Pierre (Jackson)

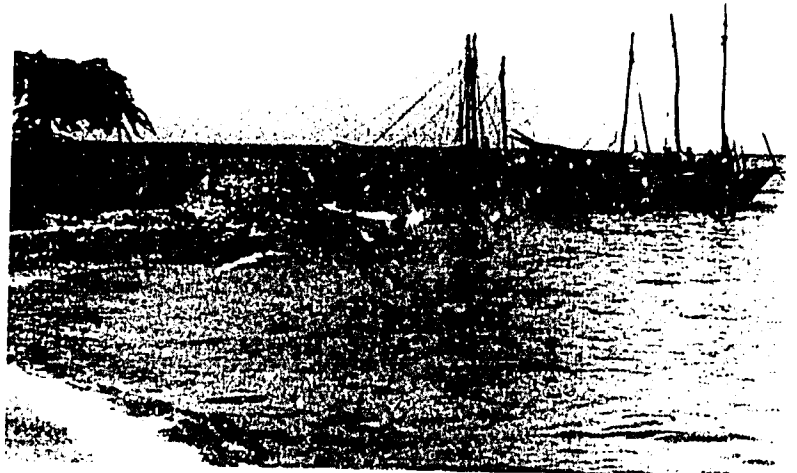
## THE STAFF

The workshop staff was composed of the following seven people:

Barbara Greig	Meta Systems (Workshop Facilitator)
Cynthia Carter	Johns Hopkins University, PVO CSSP
Philippe Hirsch	AOPS (Consultant)
Bernadette Christian	Ministry of Health
Florence Dyer	World Vision Haiti (Host NGO Representative)
Milton Amayun	World Vision Relief & Development
Jonas André	World Vision Haiti

## THE WORKSHOP

A needs assessment was conducted prior to the workshop to establish the needs and expectations of the participants. Based on this assessment and information provided in the Detailed Implementation Plans (DIPs) and annual reports submitted by the PVOs, the content of the workshop was developed. The program was based on a variety of methodologies used effectively in previous workshops, such as on-site training sessions, field observation, lecture presentations, small group discussions, group reports, informal exchanges between project staff, and formulation of action plans at the conclusion of the workshop.



## WORKSHOP LOCATION

To effectively utilize World Vision's La Gonave CSP for on-site training and field observation, the majority of the activities of the workshop were held on La Gonave island.

A unique challenge to the organization of this workshop was the location of the host project's base, Ti Palmiste. It was necessary to plan the itinerary in stages. First, the participants gathered at a hotel in Montrouis, one and one-half hour by road north of Port-au-Prince, the capital of Haiti. From there, boats were hired to transport participants, staff, and supplies

across the channel that separates La Gonave island from the mainland. Depending on the type of boat, the size of the waves, and the weather, the boat trip could last from one to three hours. It took the workshop participants and staff just over an hour to reach the principal port of La Gonave, Anse à Galets.

The group spent one night and one day in this port town. Since facilities for tourism are still rudimentary on La Gonave, lodging, and restaurant facilities at the only hotel on the island were strained during the short period.

To reach the workshop's site for the rest of the week, another two hours the next day had to be spent in a Land Rover over a short distance of 15 kilometers on what is arguably the most rugged terrain on earth! One vehicle had a tire punctured shortly after starting the journey. The panorama along the way, with the calm blue sea on one side and the rugged hills on the other, made the trip doubly memorable.

## **OPENING CEREMONY**

The opening ceremony was held on the workshop's second day in Anse à Galets (not in Ti Palmiste) because of the difficulties of transporting guests from Port-au-Prince to the island and back in a day. In a meeting hall in the Wesleyan Church compound, participants of the workshop gathered together with villagers involved in the Child Survival project. Community Health Workers sat side by side with invited guests.

During the program, local authorities welcomed the participants and expressed delight at the choice of the workshop venue. Representing World Vision Haiti, Mr. Salnave Sylvestre, Field Director, talked about the remarkable progress the La Gonave Child Survival project has made since inception three years back. Ms. Shelagh O'Rourke, Population Officer of the Haiti USAID Mission, challenged the group to focus on the gains in child survival to move forward with the unfinished task of development in Haiti. A special treat during the program was the performance of a singing group composed of village people involved in health and development work.

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The wonderful meal that followed was typically Haitian: fried plantains, goat's meat, beans, salad, and rice in black mushroom sauce.

The schedule of the workshop activities is presented on the following pages.



**LONG LIVE THE HAITIAN CHILD**  
**Haiti Child Survival Workshop Schedule**  
**September 1-7, 1991**

Time	Sunday, Sept. 1	Monday, Sept. 2	Tuesday, Sept. 3	
8:00		Breakfast	Breakfast	
8:30			Sustainability Session II	
9:00			Participant Expectations	Managing EPI: <ul style="list-style-type: none"> <li>• Cold Chain</li> <li>• Dropouts</li> <li>• Missed opportunities</li> </ul>
10:00			Matrix: Strengths and Constraints of Projects	
11:00			Walking Tour of Anse à Galets	
12:00	Arrival in Montrouis	Opening Ceremony	Lunch	
12:30	Lunch			
1:00		Lunch		
2:00	Leave for Anse à Galets		PVO Health Information Systems	
2:30				
3:00		Leave for Ti Palmiste		
5:30	Registration		Preparation for Site Visit	
6:00			WAWA	
6:30			Dinner	
7:00	Dinner	Dinner		
7:30	<ul style="list-style-type: none"> <li>• Participant Introductions</li> <li>• Overview of the Week</li> </ul>	<ul style="list-style-type: none"> <li>• Preparation of Resource Center</li> <li>• Sustainability Session I</li> </ul>	Resource Center	

**LONG LIVE THE HAITIAN CHILD**  
**Haiti Child Survival Workshop Schedule**  
**September 1-7, 1991**

Time	Wednesday, Sept. 4	Thursday, Sept. 5	Friday, Sept. 6	Saturday, Sept. 7
8:00	Breakfast	Breakfast	Breakfast	Breakfast
8:30	Site Visit: • Rally Post • Meet with Community Leaders	Introduction to Sustainability Action Plans	Communication with Mothers	Evaluations  Leave for Anse à Galets
9:00				
10:30				
11:30		Discussion with Health Committees		
12:00		Networking Lunch: PVOs Working in Haiti		
12:30				
1:00	Lunch	Lunch		
2:00	Discussion on Site Visit	Feedback on Health Committee Visit	Work Session: Sustainability Action Plans	
3:00		Field Trip	Presentation of Sustainability Action Plans	
4:00	EPI and HIS -- Recommendations		Roundtable Discussions:  1. Future of Child Survival 2. Issues in Child Survival Project Implementation	
4:30				
5:00				Sustainability -- Debate
6:00	WAWA	WAWA		
7:00	Dinner	Dinner	Dinner	
8:00-9:30	Resource Center	Closing of Resource Center	Closing Ceremony	

## HIGHLIGHTS OF SESSIONS

### Introductions, Overview, and Expectations

The first two sessions and the opening ceremony were held at the hotel in Anse à Galets. The time during the sessions was devoted to getting participants and facilitators to know each other better and to discuss the scope of the workshop vis-a-vis participants' expectations.

During the evening ice-breakers, group members were asked to separate into pairs for mutual interviews and subsequent introductions to the rest of the group. There was a wide variety of personal and professional interests and expertise represented. One common thread emerged: a strong commitment to Haitian infants and children and their well-being.

The next day's morning session allowed each participant to express her/his particular needs and expectations from the workshop. The ensuing discussion led to some changes in the format and emphasis of the schedule. Each of the participants wanted a strong focus on sustainability.

Just before the opening ceremony, the participants and facilitators walked around Anse à Galets, visiting the village plaza, the Wesleyan hospital and the market. The tour ended at the Wesleyan Church compound.

### Strengths and Constraints of Projects

In this session, participants were asked to consider the features which contribute to the success of their projects, as well as the constraints to effective project implementation inherent in the projects themselves and in the national context. Examples of these project strengths and constraints among the CSPs of the participating PVOs follow:

#### *Strengths*

- Good knowledge and understanding of the area and the population.
- Effective systems for the selection, development, and motivation of project personnel.
- Cohesiveness of the project staff at all levels.



**Constraints**

- Solid links and cooperation with the Ministry of Public Health.
- Successful motivation of the community and promotion of community participation in project activities.
- Collaboration with local health committees in the provision of health services.
- Well developed systems for collection of data.
- Problems related to geography, resulting in difficulties in extending health services over a wide area.
- Insufficient funds, resources, and personnel.
- Time constraints which limit the development of certain project components.
- Frequent turnover of senior staff.
- Inadequate supervision and coordination of project activities.
- Difficulties promoting acceptability of projects at the village level.
- Poorly developed systems for referrals of patients.
- Problems regarding inadequate output of health agents and issues of compensation.
- Lack of integration and communication with other sectors, especially agriculture.
- Ecologic problems, such as poor soil quality.

**Sustainability**

A major focus of the workshop was the issue of sustainability, which was defined as follows:

"the possibility of extending or continuing the benefits (or activities) of a project beyond the termination of inputs coming from external sources"

**Factors Influencing Sustainability**

In considering how to achieve project sustainability, participants first examined the factors that influence sustainability. Some of these factors are associated with the political, economic, and/or institutional

context in which a project is to operate, and include political stability, governmental infrastructure, administrative routines, degree of decentralization, budgetary resources and processes, income levels, balance of payments, debt situation, skill level of officials, leadership, objectives, etc.

In addition to these factors, a variety of sociocultural factors may influence the sustainability of a project. The integration of a program with the social and cultural characteristics of its beneficiaries and operating circumstances is required if the activities are not to be rejected after assistance ends. Programs that attempt to function in ways that are inconsistent with local customs or social norms have a high risk of not being sustained.

Finally, environmental and ecologic factors, especially to the extent that they affect the supply of critical resources and the economic base for development programs, will also influence the sustainability prospects of a program. These factors, as well as those mentioned above, are usually out of the control of NGOs implementing CSPs.

Sustainability is also, however, influenced by a number of factors related to the project itself which are more easily influenced by those designing and implementing the project. These factors include, but are not limited to, the following:

- Those involved in the conception and planning of the project.
- Whether project implementation structure is vertical or integrated.
- Administrative leadership of both USAID and implementing institutions.
- Degree of national absorption of project costs.
- Foreign exchange requirements.
- Cost-recovery mechanisms designed into the project.
- Budget.

- Benefits of project.
- Amount of demand generated for services.
- Ethnic and gender balance in all aspects of implementation.
- Training components.
- Design for phasing over of project activities.
- Economic, institutional, and technical capabilities of the community.
- Use of existing infrastructure.
- Personnel incentives.
- Supplies and logistic systems.
- Information systems.

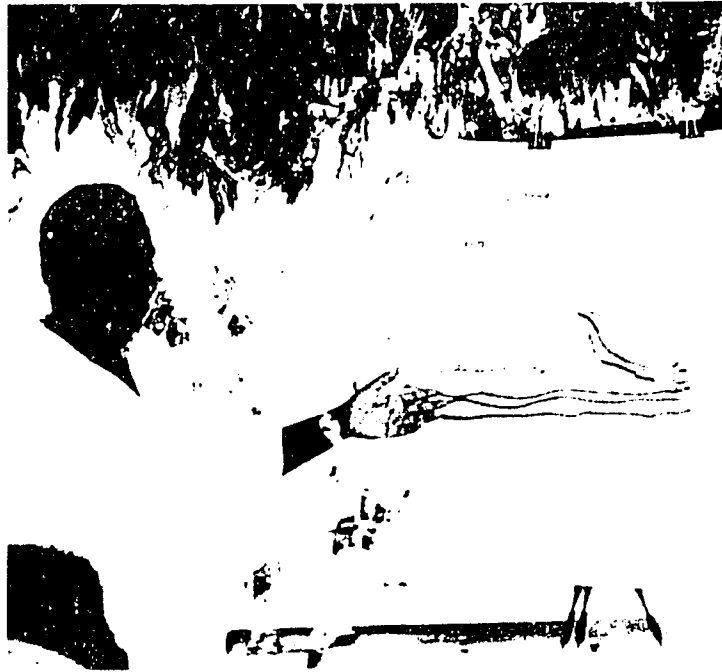
### *Components of Sustainability*

The effective achievement of project sustainability requires the promotion and development of four main complementary components: community participation, collaboration with the health ministry and with other NGOs, transfer of skills and knowledge, and financial sustainability. Although none of these are on their own sufficient to ensure sustainability, and all have drawbacks and difficulties associated with them, each was considered to be vital for achieving sustainability of Child Survival activities.

#### **A. Community Participation**

The most actively developed component of sustainability in CSPs is community participation. Community participation involves not only acceptance by the community of project activities, but also its active participation in all phases, from design to implementation to monitoring and evaluation. When a community is involved in project decisions, it has the opportunity to identify and prioritize its health needs and to generate solutions to its own perceived problems. The community more fully comprehends both the costs and the benefits of project activities, has increased demand for services, and ultimately develops a sense of project "ownership," responsibility, confidence, and self-reliance.

The importance of community participation in sustaining project activities derives from the fact that CSPs are usually located in areas where government health services are weak, and where communities do not have the private resources to purchase good health care. Since access to health care is not likely to be significantly improved in these areas in the short term, it is more realistic for interventions to be designed and implemented so that communities themselves will be able to take over activities when external project funding ceases.



The following additional positive aspects of community participation were discussed:

- Makes use of local resources.
- Improves the quality of project objectives and results.
- Accelerates the process of development.
- Results in better utilization of services.
- Allows objectives to be achieved more rapidly.

- Motivates and enables the community to continue project activities.
- Fosters greater community satisfaction with provided services.

Although community participation and ownership should be basic to Child Survival activities, it has not been shown to be sufficient by itself to sustain those activities. Part of the problem may have to do with the status of the target beneficiaries—mothers and children. While these potential beneficiaries may comprise 60 percent of the population, they are one of the least powerful segments, and are less able to garner economic resources for continuation of health activities.

Furthermore, it was noted that there are some potential drawbacks of community participation, including the following:

- It may not always be possible to satisfy the perceived and expressed needs of the community at the desired time.
- The objectives of the project may not necessarily correspond with the priorities of the population.
- The community's participation increases the time required for planning, decision making, and initiation of project activities.
- Conflicts or other ongoing internal problems unrelated to the program itself may adversely affect project activities.
- Language/communication barriers.

#### **B. Transfer of Skills and Knowledge**

A transfer of skills and knowledge promotes sustainability of project activities by allowing community members as well as health personnel involved in providing services to these communities to learn, adopt, practice, and then pass on to

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others new health-related behaviors. Such a transfer involves not only training with regard to these behaviors and practices, but also training of national staff to assume management of programs, to supervise community health workers, etc. Thus, this process involves continuous education at several levels, from staff in the Ministry of Health (MOH) to locally active health workers to mothers.

This transfer promotes sustainability in the following ways:

- Increases the ability of the community to address their own health needs.
- Allows preventive measures to be practiced at the family level in the homes of community members.
- Utilizes personnel with a better awareness of the real needs of a community.
- Use of local personnel and emphasis on prevention is cost-effective.



There were mentioned, however, several difficulties associated with this aspect of sustainability:

- These activities are difficult with an illiterate target population.
- Services rendered by community members subsequent to the transfer of knowledge may be less effective.
- These activities decrease the speed with which a program may be executed.
- The impact of a project is more difficult to evaluate.
- Transfer of knowledge increases the potential for charlatanism and abuse of power.
- Recipients of this education may leave the project area, or fail to use their knowledge in the service of the community.

### **C. Collaboration with Others**

No CSP works alone, but each may work to greater or lesser degree in cooperation with other NGOs and with the MOH. Collaboration has as its goal to improve health services delivery and efficiency and may include regular meetings for sharing of ideas and information; division of work within the project area involved; cooperative training of health services personnel; upgrading of the supervision, management, and training skills of MOH and other personnel; development of effective health information systems; and reinforcement of the technical Child Survival activities of local NGOs and the MOH.

In particular, MOH commitment to the project services, regardless of the degree to which it actively participates in project activities, is a prerequisite for sustaining service coverage. For this to occur, the project must be seen as important to the host government, as well as to recipient groups. The project objectives must be in line with the government's own priorities and

standards. The MOH must also perceive the implementing PVO to be of sufficient professional and technical capability to give the kind of assistance that is desired. Since commitment may vary over time and be affected by external factors and competing interests, it needs to be assessed on a continuing basis.

Sustainability may also be promoted through intersectoral collaboration; that is, cooperative support with not only the MOH, but also with ministries such as Agriculture and Food Production, Education, Water Development, and any others needed for development. Improvements in these sectors not only improve health status, but community health programs are likely to be better accepted by communities when they are presented within the broader context of community development, and this will in turn foster community participation.

The following benefits of collaboration were noted:

- Allows the sharing of resources, including any already existing infrastructure or institutions, for more effective and efficient use.
- Permits the sharing of knowledge regarding the population, the interventions, and problems which may arise.
- Increases coordination and helps avoid duplication of services and efforts.
- Increases the likelihood of all organizations working collectively in accordance with and towards the realization of the goals of the national health policy.
- Takes advantage of the superior ability of local NGOs and the MOH to mobilize community members to support and become involved in project activities, thus fostering collective ownership of the project.



- Facilitates the phasing over of project activities from external organizations to those of the host country.

The drawbacks of collaboration noted were:

- Priorities may differ among PVOs or between PVOs and the MOH or other government ministries.
- Governmental and/or organizational protocols may frustrate collaboration or the innovation needed for sustainability.
- Some of those involved may be unwilling to collaborate or compromise.
- Unequal collaboration can result in dependence.
- Collaboration may make it more difficult to change the project design or activities if needed.

The workshop stressed the importance of reducing inter-agency and intersectoral competition and of working together, in recognition that much more can be done together than separately to assist the Haitian child.

#### **D. Financial Sustainability**

This component of sustainability refers to the ability of the community, the Ministry of Health, or local NGOs to financially support the continuation of Child Survival activities and services after the termination of donor funding. Clearly, projects which generate high recurrent costs with no foreseeable mechanisms to pay them, or projects which foster a preoccupation and dependence upon inappropriate technologies that are expensive to maintain, are not sustainable. Sustainability requires a flow of funds to cover operations, maintenance, and depreciation of the investments. Financial analyses to demonstrate that funds will be available via cost-recovery provisions, commercial sales receipts, or direct

appropriation of funds, then, are an important part of any program.

Financial sustainability has the following advantages:

- Gives the community and government a sense of project ownership.
- Promotes self-sufficiency.
- Permits the perpetuation of project activities and their benefits to the community in need.

Drawbacks of promoting sustainability in financial terms were noted as follows:

- Resources may simply be inadequate.
- Can cause divisions or conflict within the community.
- Requires considerable amount of time and attention for its success.
- Requires a degree of expertise in matters other than those concerning health.

To promote financial sustainability, it becomes important for project staff to understand and be competent at determining project costs (both financial and otherwise), cost-efficiency, recurrent costs, future costs, means of recovering costs, generating income, identifying alternate or complementary sources of revenue, etc. Without such an understanding, it is difficult to know what resources are needed to sustain a project's activities and benefits, and difficult to plan for, solicit, and/or generate these resources.

### *Strategies for Promoting Sustainability*

In developing plans of action for sustainability, a strategy development process was discussed. Such a process includes a situation analysis (evaluation of the project, the community, and political, economic, and social trends), formulation of goals and objectives regarding the project and its sustainability, identification of actions and resources needed to achieve these

goals, and evaluation or monitoring of performance against the plan of action and the objectives.



Depending on the political, economic, and sociocultural context in which the project is to be implemented, such a plan for sustainability will necessarily vary from one project to the next, but should make use of the four-step process mentioned above and should seek, where possible, to maximize the major components of sustainability—community support and participation, transfer of skills and knowledge, collaboration with the government and other NGOs, and financial viability. Following is an outline of some strategies suggested to promote these components of sustainability.

1. Maximize project viability and cost-effectiveness in preparation for phase-over.
  - a. Train all staff/volunteers on the need for and the nature of sustainability.

- b. Prepare updated sustainability action plans that are increasingly more detailed, practical, understood, and agreed to by all parties.
    - c. Redesign all management systems to make them as streamlined and easy to administer as possible.
    - d. Develop existing or new staff to administer programs after the project period.
  2. Maximize the proportion of resources needed by programs that come from the community.
    - a. Increase the community's understanding of the nature of project benefits and operations, and their role in it.
    - b. Maximize the community's level of in-kind services and contributions to minimize the program's recurring costs.
    - c. Maximize community participation in income-generating activities (IGAs) that not only support cash needs of programs, but contribute to the local economy.
    - d. Train community leaders to take over the management of programs.
  3. Maximize the proportion of program budget supported by agencies of government, particularly the MOH.
    - a. Maximize understanding among government leaders of the benefits, operations, and costs of the project, and their role in its future.
    - b. Maximize MOH reallocation of some scarce resources from curative services to community-based health development and prevention activities.

- c. Maximize MOH role in provision of funds for vaccines, support of CHWs, and dispensaries.
  - d. Maximize intersectoral support for the provision of adequate food, water, shelter, and sanitation.
4. Maximize available NGO support throughout the transition period.
    - a. Conduct joint training for all relevant NGOs on the need for and the nature of sustainability support for programs.
    - b. Secure targeted cash grants to support catalyzing implementation of the components of the sustainability action plans.
    - c. Secure targeted in-kind support to reduce ongoing recurring costs of programs.
    - d. Secure collaboration to gain political influence with the government in order to maximize government support.

### *Weak Sustainability*

The consequences of a project's failure to plan to sustain itself or to effectively implement strategies to promote sustainability may include the complete or partial cessation of project activities and benefits. Other less tangible, but no less consequential, results of weak sustainability may include:

- Loss of enthusiasm among the community leading to a cessation of current positive efforts, a resistance to try future initiatives that may be beneficial, or damage to the community's sense of self-worth.
- The MOH or other government ministries may conclude that funds were wasted and may resist future attempts at collaboration in community health development.
- Project staff or workers may become discouraged and reduce or cease their service roles with the project, or may leave the area altogether.

- If government agencies are not adequately warned and, hence, prepared for the cutback of NGO support and leadership, this may leave a void of leadership and/or resources that reinforces the above negative consequences.

### *Plans of Action*

As a practical application of the ideas discussed, each PVO represented at the workshop devised a plan of action for their own organization to follow in order to encourage the development of one of the four components of sustainability. Examples of ideas contained in the plans of action formulated by the participants at the workshop include:

#### Community Participation

- Identify all members of health committees and coordinate with them the revitalization of procedures for monthly reporting of health-related activities.
- Conduct meetings with community leaders to discuss project benefits and promote support for the project.

#### Transfer of Knowledge

- Continue to educate health committee members, community leaders, and the target population regarding health matters.
- Initiate education of women's club members regarding health issues and management of IGAs.

#### Collaboration

- Discuss with the Ministry of Health and with other NGOs the possibility of their assuming responsibility for certain CSP activities.

#### Financial Sustainability

- Initiate three small IGAs in communities having active mothers' clubs or health committees, including the provision of training on management, budgeting, and evaluation.

- Increase to 80 percent the number of women's clubs involved in IGAs.
- Establish health care cooperatives where the subscriptions of participants are used to support project activities.
- Develop agricultural cooperatives/commercials to increase employment opportunities.
- Investigate the feasibility of a system of payment for certain health services.



*Conclusion* In conclusion, the following general guidelines for promoting sustainability in Child Survival projects were formulated:

- Sustainability must be addressed from the inception of the project, and decisions about what can or should be sustained must be determined cooperatively between the PVO staff, host country institutions, and the participant communities.
- PVO headquarters and project staff need to identify crucial components of Child Survival interventions and the recurrent costs necessary to sustain these activities.

- USAID should provide PVOs with guidelines and standards for calculating recurrent costs of crucial program elements and measures of cost-effectiveness of the Child Survival interventions.
- Project management must determine mechanisms to fund crucial components of Child Survival interventions and develop a schedule for phase-over from PVO/USAID funding.
- Projects should develop indicators to monitor progress toward achieving sustainability.
- PVOs and USAID should agree that midterm evaluations for PVO CSPs include a review of the potential for sustainability of crucial program components.

### Expanded Program of Immunization

One of the technical Child Survival interventions receiving attention at the workshop was EPI. The objective of the session on EPI was to provide participants with knowledge about the principles of a good cold chain system and strategies for reducing the number of missed opportunities and dropout rates.

#### *Cold Chain*

The principles of an effective cold chain revolve around three key features: (1) the ordering of vaccines; (2) the use and maintenance of equipment; and (3) the handling of the vaccines. Each of these components of the cold chain was discussed in detail in the session.

#### *Missed Opportunities and Dropout Rate*

In addition to a discussion of the different types of missed opportunities and the proper calculation of the dropout rate, considerable attention was given to the most important factors in Haiti contributing to the dropout rate and a variety of potential solutions to this problem were suggested.

#### Contributing Factors

- Lack of communication between health providers and the target population.
- Inability of health workers to gain the confidence of this population.



- Temporary nonavailability of immunization services.
- Inadequate education regarding immunization.
- Lack of motivation to use the services.
- Secondary reactions to vaccines.
- Migration of the target population out of the project area.

#### Potential Solutions

- Implement systems to track dropouts.
- Register births.
- Improve motivation of the target group.
- Develop messages with social marketing strategies.
- Conduct house-to-house campaigns.

#### *Recommendations for EPI*

The workshop participants collectively came up with a number of recommendations for improving EPI activities in Haiti including:

#### NGOs

- The different NGOs should improve coordination of services and share with each other experiences and technical resources.

#### Ministry of Public Health (MSPP)

- Make better known the MSPP's standards and procedures regarding immunizations.
- Conduct periodic meetings to discuss needs forecasts.
- Make arrangements to allow NGOs to procure adequate quantities of materials for their immunization activities, particularly vaccines, needles, and syringes.
- Refine educational messages for reaching dropouts.

- Expand vaccination services to include women 15-49 years, regardless of whether or not they are pregnant.
- Consider a return to use of the previous BCG syringes, as the present ones result in wasted vaccine.

#### USAID

- Permit the purchase of nondisposable vaccination materials.
- Accept the impossibility of recovering the costs of immunization interventions.

#### JHU

- Continue to facilitate technical assistance.
- Share technical information and experiences from other countries.

Finally, recommendations were made to the NGOs, USAID, and JHU jointly to continue staff training, conduct operational studies on dropouts, and strengthen social marketing to promote immunization.

### **Health Information Systems**

The session on HIS focused on the main characteristics of a well developed information system and means of improving the system for using data in the management of CSPs. The HIS was examined with regard to the following four components of these projects:

- Demographics and health-related statistics of Haiti.
- Child Survival objectives.
- Target groups of Child Survival activities.
- Evaluation of Child Survival interventions.

Participants recognized the need for improvements in their information systems, particularly in the areas of simplifying and standardizing the HIS, improving feedback and sharing of information between the NGOs and MSPP, and increased training opportunities.

*Recommendations  
for HIS*

Several specific recommendations were made regarding ways in which the NGOs themselves, as well as the MSPP and those providing technical and other assistance (JHU and USAID), could contribute to improving the HIS. The recommendations included:

NGOs

- Investigate and implement ways to simplify the HIS.
- Collaborate with other NGOs, the MSPP, and USAID to standardize the HIS.
- Promote the participation of the community in the planning, implementation, and evaluation of CS activities and the HIS.
- Analyze epidemiological, financial, and other data, and share the analysis of the results with other NGOs and the MSPP.

MSPP

- Provide feedback to NGOs about the community and about the HIS in quarterly sharing meetings between those responsible in the MSPP for HIS and NGO representatives.
- Guide efforts to standardize target groups.
- Participate in meetings at the regional level for planning and evaluating project activities.

JHU/USAID

- Conduct training seminars on HIS.
- Diffuse new monitoring and evaluation techniques.
- Provide technical assistance on cost accounting methods.
- Provide feedback on quarterly, annual, and other reports.
- Consult the NGOs before making changes on reporting forms.

**Communication  
With Mothers**

Health education, particularly that which targets mothers, is an integral part of a CSP. Successful health education depends on effective communication and has as its goal to motivate and enable community members to adopt and to practice behaviors that protect and promote the good health of the community, especially children.

Communication was presented as a process, involving six key stages.

1. Investigation or research regarding:
  - Characteristics of target groups (both those providing and those receiving or using services).
  - Behaviors needing modification.
  - Appropriate channels of communication and resources available for this activity.
  - Strategies for the implementation of the activities of communication.
2. Planning, including the formulation of clear and manageable objectives, concerning:
  - Definition of the affected group, behaviors to be adopted, and constraints to the adoption of these behaviors.
  - Means of communication to be used.
  - Schedule of activities.
3. Development of educational materials
4. Testing and revision of educational materials
5. Finalization of materials
6. Evaluation of educational materials and activities

Appropriate methods for effective education should be varied and complementary and developed in accordance with the needs and resources of the population



and the social and cultural context in which they live. Potential educational channels discussed include:

- Radio
- Mobile visits to markets, schools, etc.
- Face-to-face sessions at group meetings, in homes, etc.
- Printed materials, including newspapers, posters, pamphlets, etc.
- Television

Health messages themselves must be simple, clear, precise, and pertinent, and be based on an analysis of the targeted population and the given health situation.

The most effective way to educate and motivate mothers in Haiti was identified to be through women's groups, which furnish an environment wherein new ideas are not only more readily accepted but also reinforced in practice, and these groups should be targeted for communication. Other groups, however, particularly health committees, health workers, and neighborhood groups, can be effectively engaged to strengthen educational activities and should be mobilized for this purpose.

Several examples of educational messages which were presented (in Creole) at the workshop are provided below:

On nutrition: "Only mother's milk is good for feeding small babies until four months."

"For a child to grow well, give him something to eat that will build the body, protect the body, and give the body energy."

On EPI: "Before one year of age, have the baby complete all the dosages of necessary vaccines."

"The baby who receives all the vaccines is protected against disease."

On Family Planning:	"Don't make too many small children. Practice family planning."
	"Have the number of children that you are well capable of taking care of. Practice family planning."
On ORT:	"Give the child with diarrhea ORT to prevent death."
	"Three coke bottles of clean water, Two big pinches of sugar, One small pinch of salt, And a little taste of lemon." (a song)

## DESCRIPTION OF FIELD VISIT

The objective of the field visit was for the workshop participants to examine how Child Survival field projects, with unique constraints and resources, work with families to achieve health behavior change in rural communities. For the field visit, the group was divided and deployed to two different locations, where Rally Posts were scheduled.

Group A traveled by jeep to the far side of the island to observe a growth monitoring/immunization clinic. The local Health Committee had arranged for the clinic to be permanently held at the church, and provided the necessary benches, chairs, and tables needed for the large group of mothers and infants that normally attend.

Workshop participants were able to interview mothers and health workers about the Rally Post activities and see the health information system in action. During the clinic, community elders discussed issues of sustainability with the workshop participants and gave evidence that they were aware of the project's intention of handing over to the community some project components, in particular the income-generation intervention, for their control and management.

Group B traveled by foot to a nearby Rally Post where immunization, ORT training, and weighing of children were done. A nurse's aide was permanently assigned to the village to monitor these activities. The Child

**RESULTS OF FINAL  
DAY EVALUATIONS  
BY PARTICIPANTS**

Survival activities performed were orderly and done with the assistance of community members.

On the final day of the workshop, participants were requested to evaluate a variety of aspects of the workshop using the following scale:

- 1-2 very poor
- 3-4 satisfactory
- 5-6 average
- 7-8 good
- 9-10 very good

The means of the responses to each question (based on nine responses) have been tabulated and are presented below:

1.	The organization of the workshop	8.50
2.	The degree to which the training provided at the workshop corresponded with the objectives established for the workshop	8.39
3.	The degree to which the training provided at the workshop corresponded with your particular needs	8.06
4.	The materials presented were clearly explained	8.06
5.	The materials relating to project implementation (project outlines and graphs) were useful	8.06
6.	The methods used for presenting the materials have helped you	8.06
7.	The participants were relatively involved in the training	9.06
8.	The educators were receptive to suggestions made by the participants	9.17
9.	The educators provided adequate control and direction in the sessions	9.17
10.	The preliminary information regarding the workshop was adequate	7.67*
11.	The training location was suitable	8.72

\*Six responses only.

## HIGHLIGHTS OF FINAL DAY EVALUATIONS BY PARTICIPANTS

"Which aspects of the workshop did you find most useful?"

- The discussions and especially the small work groups.
- Reflecting, fraternizing, and sharing experiences with other participants.
- The discussions on sustainability and HIS.
- Brainstorming and deep reflection on the necessity and constraints of sustainability for projects in Haiti.
- Direct contact with the health committees, which provided a real feel for community participation.

"Which aspects of the workshop did you find least useful?"

- The session on HIS.
- The session on communication with mothers.
- The "where are we at?" sessions—these did not, for the most part, concern the effective work being done during the day.
- Time was too limited.
- Not any.
- There was nothing un-useful because when one meets with others to discuss any problem whatsoever, one profits by being able to improve what one is doing.

"In what ways could the workshop be improved?"

- Include more participants from other NGOs and from the Ministry.
- Don't limit discussion to only EPI and HIS, but adapt the program to include other services such as nutrition and income-generating activities.
- Produce something written from the discussions of the small groups since sometimes these groups did not report on their work.



**BUDGET SUMMARY**

<u>Line Items</u>	<u>Actual Expenses</u>	<u>Budget</u>
Consultants	\$7,175	\$7,933
Supplies	1,593	4,986
Other Direct Costs	3,222	5,425
Indirect Costs	3,015	5,000
Travel	4,730	6,656
<b>Total</b>	<b>\$19,735</b>	<b>\$30,000</b>



CERTIFICATE OF  
PARTICIPATION

World Vision Relief & Development  
World Vision Haiti  
et  
l'Agence Américaine de Développement  
International

*certifient que*

*a participé à*


*l'Atelier National des ONGs Haïtiennes sur  
la Survie de l'Enfant*

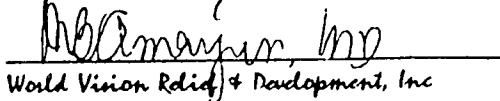
*Thème*

*Vive l'Enfant Haïtien!*

*Tenue à La Gonave, Haïti*

*du 1er au 7 Septembre 1991*

  
World Vision Haiti

  
World Vision Relief & Development, Inc

  
USAID/ Haiti

*Cynthia A. Carter*  
John Hopkins University

**POST SCRIPT**

Since the workshop in Haiti was conducted, a major political upheaval in this country has occurred which has already negatively influenced the health status of the general population and which is certain to impact future efforts to promote improved health through Child Survival and other projects. Not long after the workshop, September 30, 1991, a military coup was staged, overthrowing the government and forcing Haiti's first freely elected president, Jean-Bertrand Aristide, into exile. In response to this coup, the Organization of American States (OAS) and several other countries instituted a total economic embargo against Haiti, including the suspension of direct government aid, until Aristide is reinstated or until another acceptable agreement is reached. The United States recently relaxed some of its restrictions on trade with Haiti, but the prospects of reaching an agreement and lifting the embargo seem dim. Meanwhile, the embargo has by many accounts already worsened hunger and malnutrition in the country, severely decreased industrial and agricultural production, and increased unemployment, with substantial ill effects on the economic and health status of the general population, especially the poor. What direct impact the coup will have on local and external NGO Child Survival projects is unclear, but it is likely to offset many of the health-related gains that these projects have realized if the situation is prolonged.

## APPENDIX 1

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