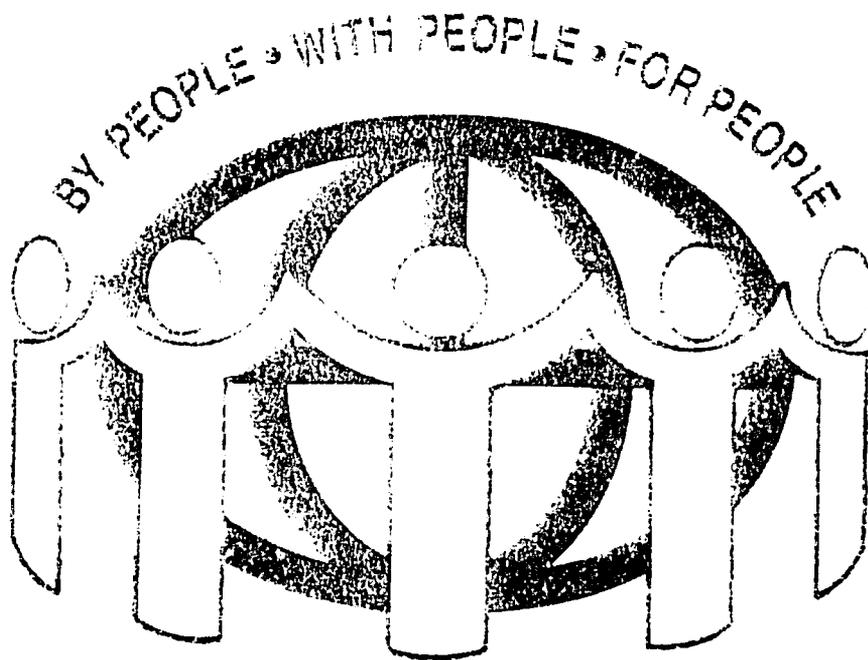


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REPORT OF THE RWANDA WORKSHOP:
**"INTEGRATION OF CHILD SURVIVAL ACTIVITIES
INTO COMMUNITY DEVELOPMENT"**
July 17 - 24, 1987



**A Regional Training Workshop For Administrators Of Child Survival Health And Nutrition
Projects Carried Out By Pvos In Francophone Africa.**

Adventist Development and Relief Agency/International
6840 Eastern Avenue, NW
Washington, DC 20012

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A regional training workshop for administrators
of child survival health and nutrition projects carried
out by PVOs in francophone Africa.

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with

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GLOSSARY OF ACRONYMS

AID	Agency for International Development
ADRA	Adventist Development and Relief Agency
ADRA/I	Adventist Development and Relief Agency/International
AIDS	Acquired Immune Deficiency Syndrome
CARE	Cooperative for American Relief Everywhere
CIE	Centre International de L'Enfance (International Children's Center)
CRS	Catholic Relief Services
CS	Child Survival
DIP	Detailed Implementation Plan
EPI	Expanded Program of Immunization
FVA/PVC	Bureau of Food for Peace and Voluntary Assistance, Office of Private and Voluntary Cooperation, USAID (Office of USAID responsible for Child Survival)
FY	Fiscal Year
GOR	Government of Rwanda
HKI	Helen Keller International
ISTI	International Science and Technology Institute
IIP/JHU	Institute of International Programs/ Johns Hopkins University
MFM	Meals for Millions
MOH	Ministry of Health
OMS	Organization Mondiale de la Sante (World Health Organization)
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PLAN	Foster Parents Plan
PVO	Private Voluntary Organization
REACH	Resources for Child Health
SCF	Save the Children Fund
TALC	Teaching Aids at Low Cost
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WVRO	World Vision Relief Organization

EXECUTIVE SUMMARY

Regional workshops for field staff of private voluntary organizations implementing Child Survival projects are an important part of A.I.D.'s strategy to improve child health in developing countries. Based on previous experience in child survival, FVA/PVC has set aside funds for a series of regional and country workshops where ideas and experience can be shared, and staff updated on technical and management issues to more effectively apply the key child survival interventions.

The second such workshop sponsored by FVA/PVC was held July 17-24 at Gitwe, Rwanda, for PVO projects operating in French-speaking Africa. The Adventist Development and Relief Agency (ADRA) hosted the workshop at the site of one of its dispensaries in the rural areas surrounding Gitwe. The modest rural setting with immediate access to project communities provided excellent opportunities for workshop participants to interact with local people served by the project.

Participants came to the workshop from ADRA/Rwanda, CARE/Mali, CRS/Senegal, HKI/Niger, PLAN/Mali, CRS/Cameroon, and WVRO/Senegal. Two additional observers from CRS/Rwanda and CRS/Kenya also attended. The participants brought a rich background of experience in primary health care and community organization to the session. Staff support for the workshop was provided by ADRA Headquarters with technical assistance from John's Hopkins PVO Child Survival Support Program. ADRA/Rwanda (CS FY85 award) provided in-country logistical support. Technical representatives from ADRA/Rwanda and the Ministry of Health also assisted with workshop presentations.

The participatory format of the workshop was designed to promote information sharing among the PVC project staff present. Emphasis of the technical content was in two principal areas. The first centered on ways to improve information gathering and analysis, using information to monitor progress towards project objectives, and clarification of donor reporting requirements. The second area related to technical issues in immunization and oral rehydration and delivery of these interventions in the community.

Three field visits illustrated three different and complementary ways of gathering information on project implementation and community involvement. Groups of participants interviewed key informants on the community's perception of health problems and demographic survey which the ADRA CS project had recently completed; probed in focus groups the knowledge and practices of mothers about ORT; and conducted a practical household demographics and EPI coverage sample survey.

Other highlights of the workshop were the informal evening sessions organized by participants to discuss ideas of particular interest to some of them such as the impact of AIDS on child

survival activities, nutrition, survey techniques, and coordination with government ministries, multilateral agencies, and other PVOs.

The workshop ended with a round table discussion involving local representatives of the Ministry of Health, UNICEF, WHO, and other PVOs in Rwanda who clarified their unique roles in the child survival effort, with a focus on EPI, and discussed complementing each others activities. This discussion pointed up the importance of collaboration.

At the close of the workshop, participants and staff evaluated its accomplishments. Most often mentioned were the following:

1. Competence in Information Gathering and Reporting

The field work done on-site to collect information from the community coupled with the explanation of the new A.I.D. reporting requirements was felt by many participants to be a most helpful part of the workshop. This can be expected to lead to better documentation and reporting on the effectiveness of child survival activities.

2. Sharing of Experiences

A diverse mix of project strategies and participant expertise enriched the workshop. The informal style of the workshop was such that participants appeared unthreatened, and quite willing to share the shortcomings, as well as successes of their projects. For some, this was an occasion that greatly expanded their perception of the child survival program and enabled them to examine ways of working to which they might not otherwise have been exposed. All sessions of the workshop were conducted in French. For some of the American project staff for whom French is a second language, the opportunity to discuss, in-depth, their projects in English with others knowledgeable proved invaluable.

3. Clarification of A.I.D.'s Perspective and Expectations

The setting facilitated a two-way communication process between PVO field staff and A.I.D. representatives that is vital to project success, but difficult to achieve through other means. To some participants, the understanding of field circumstances and flexibility that A.I.D. representatives projected was most encouraging. Correspondingly, A.I.D. representatives expressed enhanced appreciation of the technical and managerial needs PVO's have.

4. Networking and Next Steps

Plans for future networking were made and seem most likely to be actualized in Mali and Senegal which have two CS projects in each country. Follow-up meetings in-country were arranged. Participants from SCF in Cameroon suggested that a workshop which they would be willing to host be held next

year and include CS grantees in the region funded since 1985.

5. Organizational Development

The experience which ADRA has gained in hosting this international workshop has been a distinct benefit to ADRA in that it has strengthened ties to the network of agencies working in Child Survival and enhanced the agency's capacity to organize similar events.

In summary, despite the complexities involved in hosting an international workshop, and cost of transcontinental travel in Africa, bringing this group of field staff together in the setting of an on-going project was probably one of the most efficient ways of strengthening the PVO's capacity to implement child survival interventions and document their effectiveness.

I. INTRODUCTION

In the three years that have elapsed since the US Congress set aside funds for a special Child Survival account, the Child Survival Action Program has become one of AID's highest priorities. The Agency has increasingly focused its resources to achieve child survival goals and has refined its strategy to maximize the impact of its resources.

The strategy involves concentration of effort on a few major interventions that can help break the cycle of malnutrition and disease which results in death for so many children. These interventions are immunization, oral rehydration therapy, nutritional improvements, and birth spacing.

The impact of child survival resources is multiplied through collaboration with ministries of health, multilateral and bilateral agencies, and involvement of the private sector, including private voluntary organizations. The major donors have taken steps to coordinate, on an international and regional level, ambitious programs to focus efforts and resources to achieve the common goal of child survival.

Private Voluntary Organizations (PVOs) take a particularly active role in child survival activities. To date, AID has committed 10 million dollars to the implementation of PVO Child Survival projects in Africa, Asia, and Latin America. Some of these are funded directly by the AID mission, and others by the central AID Office of Private and Voluntary Cooperation (PVC), Bureau of Food for Peace and Voluntary Assistance, through a competitive PVC Child Survival grants award program.

Child Survival is a relatively new area for many of the health-related PVOs. Since PVC interfaces with PVO headquarters' offices in the US, it is uniquely positioned to strengthen PVO capabilities in the design, implementation, monitoring, and evaluation of Child Survival projects. The central PVC program enables AID to keep PVOs informed about the special requirements of the Child Survival Action Program, and to keep them up-to-date on new developments in this rapidly evolving field.

PVC has established a variety of effective central mechanisms to provide technical assistance and training to the staff of PVO Child Survival projects. In particular, PVC has a cooperative agreement with The Johns Hopkins University (JHU) to facilitate a broad range of support services to the centrally funded PVOs in child survival. A very useful activity carried out under the JHU cooperative agreement has been the organization of training workshops for PVO project field staff. Through workshops, PVOs enhance their roles in the Child Survival initiative and improve their strategic competence in Child Survival projects.

The Rwanda Child Survival Workshop was one of two regional

workshops conducted in Africa in 1987 as part of A.I.D's technical assistance strategy for Private Voluntary Organizations (PVO) who have received funding under the Competitive Child Survival Grants Program administered by the Bureau of Food for Peace and Voluntary Assistance, Office of Private and Voluntary Cooperation, USAID. (FVA/PVC). In-country workshops were selected as a strategy to strengthen PVO field staff in the effective delivery and evaluation of priority child survival interventions. Hosted by PVOs, using a participant-observer methodology, these workshops were planned to achieve a variety of objectives:

1. Promote collaborative networking of PVO field staff within the African Region
2. Provide a good learning environment for PVO field staff, offering an opportunity to share experiences and learn from each other
3. Promote the technical development of the sponsoring PVO through the process of workshop planning and by the field-based review of their project by others in CS
4. Allow AID a better understanding of field conditions and facilitate a two-way transfer of information
5. Provide technical training at a lower cost than by individual field visits to all projects

This workshop, designed for Francophone African projects funded in FY 1986, included representation from projects with a strong community-based focus. It was anticipated that they would have much to share about their strategies for outreach, community mobilization, and local participation in decision-making. However, their technical needs for designing and implementing the key interventions (EPI, ORT), doing baseline data collection, and program monitoring were seen as possible areas for major concentration at the workshop.

The goal of FVA/PVC's technical support activities for PVO Child Survival programs is to improve infant and child potential for survival in developing countries. Through field-based participatory workshops, PVOs enhance their roles in the child survival initiative and improve their strategic competence to promote and deliver Child Survival services to the community.

It was hoped that the Rwanda Child Survival workshop would also promote networking among the PVOs in the francophone region in the same way the Meals for Millions/Sierra Leone Workshop in April of 1986 did for Anglophone African CS projects.

This report, taken together with the reports of the other Child Survival workshops held in 1987, will provide much needed information to widen our collective base of experience. This experience will aid in the development of strategies and guidelines which will, in turn, strengthen both the PVOs and AID's approach to field-centered workshops.

II. PLANNING AND PREPARATION

Plans for this workshop were initiated as early as April, 1986 at the MFM workshop in Sierra Leone. ADRA's Rwanda program director, a participant at that workshop, in discussions with A.I.D. representatives suggested that ADRA might be prepared to host a workshop in the next year. Further negotiations between ADRA and A.I.D. resulted in the acceptance of ADRA's proposal to host this workshop in the summer of 1987.

ADRA's role in planning the workshop was coordinating all activities and meeting the expectations of the individual participants and the organizations involved. These included: AID/PVC staff, headquarters and field staff of PVO's in Francophone Africa receiving A.I.D. Child Survival grants, technical assistance personnel from REACH, ADRA headquarters staff and consultant, ADRA Rwanda staff, and in-country resource persons.

ADRA's major concerns as host and organizer were to:

- 1) Structure a learning experience which would:
 - a) Facilitate information sharing and promote collaboration among the PVO's who have FVA/PVC funded Child Survival III grants;
 - b) Improve management information systems for more timely and useful monitoring, evaluation and reporting;
 - c) Improve the delivery and effectiveness of child survival technologies by the PVO's, including immunization, oral rehydration, and growth monitoring.
 - d) Improve coordination and communication on PVO child survival activities among host country governments, bilateral, international, and other non-governmental organizations working in health.
- 2) Coordinate logistics to bring together the PVO participants from West Africa, local resource persons, and expatriate workshop staff.
- 3) Assess the training needs felt by the participating PVOs and formulate appropriate training objectives.
- 4) Develop, in collaboration with FVA/PVC and IIP, a workshop schedule and format to integrate technical issues, community participation, and information processing, meet the needs of the participants; and capitalize on the expertise they bring to the workshop.
- 5) Provide a site and resource materials to support the training activity with appropriate field experience, and reference readings.

A. ADRA Headquarters Workshop Planning Strategy

Budget - Planning formally began with the preparation and submission of a budget for the proposed francophone Africa workshop in early August of 1986. This proposed \$40,000 budget was approved by A.I.D. and the funds made available August 29, 1986.

Management Information System - It was decided to track the planning of this workshop using TimeLine software (a project management tool) on the ADRA AT&T PC. By the spring of 1987, TimeLine proved unwieldy in handling the information needed and the project was transferred to SuperProject+ which proved much more versatile, met our needs, and showed potential for much more complex project management.

Planning Sessions - Planning was coordinated through the office of Human Resource Development at ADRA/I. Preparatory work proceeded here throughout. Specific planning sessions with staff, consultants, A.I.D., and resource persons began in September, 1986 and continued until the beginning of the workshop. Major planning sessions are outlined below.

- Sept. 22, 1986 - ADRA representatives met with FVA/PVC office at A.I.D. in mid-September to outline in broad terms what A.I.D.'s priorities were for this workshop and to look at potential participants, staff, consultants, and resources. The month of July was selected for holding the workshop and a plan of work outlined.
- Feb. 15, 1987 - Agnes Guyon was contracted by A.I.D. to do a field visit to the francophone PVOs in Africa. A meeting was set up for ADRA/I to brief Dr. Guyon on workshop plans. It was intended that ADRA/I would use information she gathered on her trip as background in program design as well as the trip being an outside assessment of technical needs. During the second week of March she visited the ADRA/Rwanda CS project and was able to make some preliminary plans with the staff there for the workshop. Potential sites for field visits during the workshop were visited and selected.
- April 1, 1987 - Dr. Guyon presented a summary of the findings of her trip to the A.I.D. FVA/PVC staff. ADRA/I was invited to attend. Steve Bergen, John Grant, Doris Storms and other staff participated in this debriefing.
- April 21, 1987 - A meeting was held between ADRA/I workshop personnel and the director of ADRA/Rwanda who was in DC on business. Many of the details and logistics for the workshop were worked out with him such as accommodations, food, local travel arrangements, and participation of the Rwanda staff. He was also given a briefing on what was being planned for presentation at the workshop.
- April 22, 1987 - A major planning session was called including James Conran, the ADRA/Rwanda director, Dr. Carnell - A.I.D. workshop technical liaison, Dr. Guyon, Dr. Storms - A.I.D., FVA/PVC; the ADRA/I staff involved and Ms. Reier - workshop facilitator. Available participant information was summarized and shared, including the ranking of various areas of interest from the different PVO's. Areas of need were identified and objectives for the workshop defined.

Housing and logistical arrangements were reviewed. A rough draft of a schedule was also drawn up.

May-June 1987 - Several meetings were held between ADRA/I staff and Dr. Carnell to elaborate the schedule, gather french resources, and prepare participant packets.

June 12, 1987 - A briefing session was held at the Institute of International Programs at Johns Hopkins University for some of their staff and representatives of A.I.D.. The workshop plans were reviewed.

June 23, 1987 - The staff and A.I.D. resource people involved in the actual presentation of the workshop met at the ADRA/I offices to go over last minute details and confirm that Ms. Reier, Dr. Carnell, and Dr. Buhler would be arriving a week before the workshop to do final planning on-site. It was also an opportunity to brief Ms. Subhi Mehdi, the representative from Information Systems Technology, Inc. (ISTI), the group which collates and analyzes the AID Health and CS Reporting schedules. Mr. Nick Danforth, a British consultant requested to attend by AID, joined the planning group.

July 12-17, 1987 - Gordon Buhler, Mary Carnell, Suzanne Reier, Workshop Facilitator, and the ADRA/Rwanda staff met in Kigali to work out detailed lesson plans, confirming participation of local resource people and the times of their presentations to the workshop, and confirming the final details of the workshop planning.

B. ADRA/Rwanda and the Workshop Setting

Site Selection - The site was selected in collaboration with ADRA/Rwanda and the FVA/PVC office of A.I.D. Gitwe, Rwanda was chosen as it offered facilities to house the number of participants expected at the Seventh-Day Adventist Secondary and Vocational School dormitory and guest rooms as well as being the site of ADRA/Rwanda's Child Survival project. The site and date for the workshop were confirmed by the middle of December, 1986.

C. PVO Participants

Participants - Two participants were invited from each of the PVOs in French-speaking Africa that were implementing A.I.D.-centrally-funded Child Survival programs. These included: CARE/Mali, PLAN/Mali, CRS/Senegal, SCF/Cameroon, WVRO/Senegal, ADRA/Rwanda, and HKI/Niger. These projects were funded in 1986, except for ADRA/Rwanda which was funded in 1985. A total of 16 were able to participate, including observers from CRS/Rwanda and CRS/Kenya. (See Appendix A for Participant List).

In early March, 1987, a letter of invitation was sent to the

respective PVO headquarters. They were responsible for giving ADRA the names of those that would participate in the Rwanda workshop, whom we contacted directly later on to make travel arrangements. Included with that initial letter was a registration form (See Appendix H) for their participants which requested the name and address of the in-country contact person, and a simple survey form asking them to rank 10 areas of program implementation in order of their program's needs. This "needs assessment" form was returned to us and served to aid the staff and consultants in designing the workshop.

Follow-up letters with instructions as to what to bring to the workshop, schedules, and an outlines of the workshop design were sent out in early June. Details on travel and logistics were included. (Appendix H)

D. Support Activities

Travel Logistics - Itineraries for the various participants were planned at the beginning of May through the transportation office at ADRA/I. The tickets and travel instructions were sent out by courier on June 5. These follow-up letters had instructions on what to bring to the workshop, schedules, and an outline of the workshop design.

Complications arose in early June when we found that various countries involved had no Rwandan embassy and therefore could not get visas in-country. ADRA/I investigated various possibilities including sending participants' passports and visa information by courier to Ivory Coast or even USA and then returning them in time for their travel. The uncertainty of this arrangement caused some anxiety on the part of the travelers.

Information about each participant (passport number, date and place of issue, etc.) was cabled to Rwanda and then telexed to the ADRA/Rwanda office by the middle of June. By the end of June ADRA/I had confirmation that the head of the Rwanda Immigration service had authorized an entry visa to be issued on arrival to each participant. ADRA/I endeavored to get this confirmation to each participant by telecommunications as well as hard copy. It seems that telephone/telex facilities were quite unreliable in several countries and difficulty was experienced in getting that information to them. ADRA/I received a number of panic messages from various participants that were not sure they would be able to attend without a visa.

In the end, the planned participants arrived in Kigali, all but one on schedule. He arrived July 18 due to a delayed flight. There was no delay in workshop startup due to travel problems.

Resource materials - French materials for the participant packets, as well as for use in the resource room at the workshop were collected from April through July.

Dr. Guyon stopped at the International Children's Center in Paris on her way back from Africa at the end of March. There she was able to obtain some French material on Child Survival issues that was duplicated and included in the participant packets.

Chris Grundmann, a student at the Johns Hopkins University School of Hygiene and Public Health, went to the American Public Health Association to locate materials in April.

Mary Carnell was also able to contribute a substantial amount of resource material which was combined with the materials that ADRA/I had gathered from local agencies, TALC, and WHO, Geneva. Much of the French material came from CIE (International Children's Center, Paris) and WHO/OMS in Geneva.

Orders were telexed and some materials sent by air, yet ADRA/I found that not quite enough time had been allowed in planning for the delivery of materials. Although most materials for the packets arrived on time, some of the binders were late. Half of the participant binders were sent to England for pickup by Gordon Buhler on his way to Africa. They were missed and arrived after the workshop was over. Enough arrived on time so that one binder went to each PVO. The late arrivals were mailed to participants in September, 1987.

A reference room was set up at the site of the workshop with materials for the participants' use. A complete list of materials included in the packet as well as those provided in the Workshop Resource Room are in Appendix G.

III. THE WORKSHOP

A. The Workshop Team

For purposes of identifying roles and responsibilities, the workshop team is divided into 4 categories:

1. Organizers: Primary roles were organizational, technical assistance, support to resource people and continually listening to the participants to ensure their needs were being met.

Staff members:

Mary Carnell, MD, MPH - Workshop Technical Liaison

Gordon Buhler, PhD - ADRA/Washington Workshop
Coordinator

Suzanne Reier, MPH - Workshop Facilitator

Subhi Mehdi - Reporting and Monitoring Consultant

James Conran - ADRA/Rwanda workshop coordinator

2. Participants: Primarily acted as resources for each other and were actively involved in workshop activities. Participants included physicians, administrators, community workers and other health personnel. Each team (2 from each

country except HKI, who had only 1 representative) included at least one local person. The 2 ADRA/Rwanda participants also offered logistical support.

3. Resource People: Offered their particular expertise to meet previously identified needs. They attended most workshop sessions. Resource persons included:

Charles Rufuku, M.D. - District Health Officer, Gitwe, Rwanda

Gabriel Muligande - Health Education Service Training Coordinator. Rwanda Ministry of Health and Social Affairs.

Jean-Marc Michel, M.D. - ADRA/Rwanda

Nick Danforth - AID Representative of FVA/PVC, Washington, D.C.

4. Local Support Staff: Provided much needed logistical support, transportation, translation and food. Staff included:

Secretary - ADRA/Rwanda (also brought typewriter and copy machine - very helpful!)

Cooks - ADRA/Rwanda - Director's wife and one staff person provided all meals.

CHW's and Nurses - Gitwe Health Center, provided "advance notice" for setting up community visits, translation, and guidance.

Drivers - ADRA/Rwanda

Janitor/Caretaker - ADRA/Rwanda, plumbing responsibilities

For a complete list of those who attended the workshop, see Appendix A.

B. The Workshop Approach and Format

The workshop was designed to maximize the level of participant participation and resource sharing. A careful review of the MFM's Sierra Leone workshop (April 1986) report was very helpful in planning that this workshop would emphasize these points, as well as seriously considering each participant as a resource who brings a tremendous amount of knowledge and experience to every session.

Workshop objectives were identified during the pre-workshop planning process. To ensure that the workshop would meet the needs of participants, and make the best use of participants' expertise, the first day's morning activity focused on refining workshop objectives and activities. Participants divided into small groups and discussed their expectations of the workshop, the objectives and agenda relative to those expectations, and identified their areas of expertise. (See Appendix C).

An important concern of all participants was stated during the first session. They anticipated receiving feedback on their

Detailed Implementation Plans at this workshop. Submitted to AID on April 1, they had yet to receive formal or informal comments. It was clear that until the workshop agenda accommodated this justified need, the show could not go forward. Private sessions, by project, were scheduled with Mary Carnell to provide feedback.

The whole group reconvened to collectively refine objectives (See Appendix B) and the agenda, noting where particular participants could be used as resources. It was important, however, to look at the group's needs collectively and to clarify that we were not ready to revamp the entire agenda, as it had been developed based on an assessment of their needs. The result of this activity was very positive. By having participants take some of the responsibility for the design and content of the workshop, a sense of ownership of the workshop schedule was developed.

In addition to getting participants to "buy in" it was essential to keep a pulse of the groups' feelings as the week progressed. This was accomplished informally and formally. Informally, staff mingled and "checked in" with participants at all meal times and free times. A special effort was made to speak FRENCH at all times, (not only during workshop sessions), even among native English speakers. This was very important in encouraging French speaking participants to express their ideas and feelings.

Formally, feedback came at the end of the day with the wrap-up and review of key messages (See Appendix D). This was an important check-in point since each day was filled with so many activities and information. During the first two days, people only stated specific facts which seemed important; however, as the week went on, information was generalized into real key messages.

In addition, staff meetings were attended by two participants chosen during the day's activities. Staff meetings occurred each evening after dinner. The purpose of these meetings was to: 1) Check-in with everyone to get perceptions of how things were going, 2) to resolve issues or problems, and 3) to prepare for the next day's activities. The two participants were very helpful in keeping a pulse of the group.

The check-in time at the end of the 4th day was very important, since we asked for specific suggestions for changing the next morning's agenda (the afternoon was set with the Panel) to better meet people's needs. This proved to be quite productive as participants decided to take full charge of the supervision session, added community participation and put together a skit entitled "The Coming of Western Assistance"

Throughout the workshop participants were encouraged to meet informally. By posting a chart of all staff and participants' expertise (See Appendix D) in the dining room, participants were

inclined to approach each other about specific issues or problems they wanted to discuss. The workshop schedule easily accommodated these meetings since no formal sessions were scheduled for two hrs. around lunch or after dinner. These periods also allowed large blocks of time for those people particularly interested in holding discussion groups on a topic which could not be covered in the formal workshop sessions.

The training emphasized experiential learning. "Lecture format" was limited, but when used was always followed by a practical learning experience. Sharing technical information, discussing and then practically applying theory was stressed.

Large and small group design was used. The facilitator organized groups beforehand to avoid confusion and to insure that almost everyone had a chance to work with everyone else and was not paired with their own counterpart, except when needing to work on their own project-specific task.

One of the primary objectives of the workshop was to elaborate various methods of collecting community data in the planning of CS programs. Activities from Sunday (Day 1) P.M. to Wednesday (Day 4) A.M. focused attention on the practicalities of gathering data from the community. Key informant interviews, focus groups, and quantitative surveys were three information gathering techniques presented in detail during the workshop. For each of these techniques there were activities in which participants prepared, experienced, discussed, and analyzed. During the preparation phase technical information was presented through lecture, discussions, and demonstrations. This was then followed by a step-by-step explanation for each group in how to prepare for the next day's activity. Theoretical, technical, and practical information was presented during these preparatory times. The next day the groups carried out the specific tasks during field visits, then reported back, discussed, analyzed and generalized information gathered.

The remainder of the workshop sessions focused on the overall monitoring, evaluation and supervision of their projects. These sessions relied heavily on the participants, not only for lively discussion, but also for their actual planning and implementation of particular sessions.

The final workshop activity emphasized the need for coordination for the successful implementation of CS projects. A panel, moderated by Naphtal Rucibwe, the ADRA/Rwanda CS Project Manager, was made up of representatives from WHO, UNICEF, CRS, and the local District Hospital. Using EPI as an example, the panel addressed the importance of coordination in carrying out a nationwide program where the goal of better immunizing the nation's children was common to all groups participating.

C. Opening and Closing Sessions

These sessions primarily served as the formal opening and closing of the Workshop. In the opening session, officials from the Ministry of Health attended. The burgomaster (local community leader), Gitwe school principal, and Gordon Buhler welcomed everyone and Nick Danforth briefly explained AID's interest in PVO's and Child Survival. During the closing session, Gordon Buhler presented each participant with a workshop certificate. Gratitude was expressed to those responsible for the workshop and we were then entertained by a local traditional dance troupe of about 50 people.

D. Description of Workshop Sessions

1. **Link between C/S, AID, and PVOs** - Nick Danforth expanded his introductory speech to focus on "Why Child Survival?" and "Why PVOs?". He emphasized the ability of PVOs to reach the underserved populations. The choice of EPI and ORT as the main focus of CS activities was also briefly discussed. He then led into the importance of monitoring, AID requirements and the lifecycle of a project.

2. **Monitoring** - Subhi Mehdi introduced the new monitoring forms to be used for annual reporting by all AID CS projects. These were welcomed by participants due to their simplicity over past forms. Participants, staff, and resource people broke into groups according to individual expertise and project emphases. Each group took a section of the new form and analyzed it. Potential problems with the French translation in collecting information or responding to questions were identified. Over all, the forms did not present too many problems, but discussion permitted correction of some errors in translation and clarification of certain AID terminology.

Subhi Mehdi described the differences between Tier 1 and Tier 2 reporting. Tier 1 applies to all CS projects and looks at inputs and outputs. Tier 2 reporting on EPI is requested for those CS projects which have an EPI component and address effectiveness issues such as coverage and utilization.

Later in the week after community field visits took place, Subhi led another session where participants worked on their own projects' monitoring plans (See Appendix E - Workshop Activities, Day 4, P.M.). The focus of the small group work was to identify indicators that would correspond to specific objectives of a CS program. Emphasis was placed on:

1. Choose only 2-3 key indicators to monitor each program component.
2. Link indicators to program objectives. It is essential to know objectives before you can choose indicators.
3. Determine how you can find the needed data in your project.

4. Decide how and by whom it will be analyzed.
5. Most importantly, decide how it will be used for decision making in project management.

Subhi Mehdi emphasized that no more than 10-12% of the budget should be spent on a monitoring and evaluation system. She also emphasized that the reason for monitoring and evaluation is first and foremost to help take a critical look at the project, and to contribute to its future success by getting a better grasp of the magnitude of the problems. Monitoring permits the discovery of effective solutions to problems.

3. Community Activities (Field Visits)

a. Cultural sensitization and community participation. In preparation for our community activities, Naphthal Recibwa, ADRA/Rwanda CS Project Manager, gave a presentation and led a discussion on the civil and health structure of Rwanda from National to community level. This was extremely helpful for the group's better understanding of the community activities planned. He then went on to discuss how CS activities were initially introduced into the community and how to maintain much needed community involvement. (See Appendix E - Workshop activities Day 1, P.M.).

b. Field Visits - Field visits focused on methods of information gathering. Through the use of Child Survival topics, participants had hands on experiences in each of the methodologies. The three methods covered were: Interviewing Key Informants, Focus Groups, and EPI Coverage Survey.

The afternoon prior to each of these morning field visits was used to provide some theory on methodology and specific logistical arrangements for the visit. Specific preparatory steps were included for the groups to use during the next days activity. In addition, technical aspects of topics to be dealt with in the visit were discussed during this preparation time.

Mary Carnell oriented the group to all field visits for the week. Her very practical key messages drove home the essential need for information gathering:

Key Message: If you don't know where you're going, any road will do.

Therefore: Choose your methods of collecting information according to the specific needs of the program.

Key Message: If you don't know how many guests you're going to have, it's difficult to plan a dinner.

Therefore: It is necessary to know the numbers in your target groups to be served in order to plan for personnel, materials, vaccines, vehicles, etc.

She went on to describe that during the workshop, we were demonstrating three complementary types of information gathering techniques. No one method is best for all aspects of projects at all times. It is therefore necessary to choose the method that

gives you the best information for the particular question you're asking, at the least cost in terms of personnel, time, and logistics.

For quantitative information (how many, how often) you may need a survey. For qualitative information (why? why not? people act as they do) focus groups or interviews with key informants may be more appropriate. Quantitative and qualitative data act to complement each other and provide a complete picture necessary to properly plan, manage, evaluate, and monitor CS programs.

4. **Key Informants** - Mary Carnell then went on to orient the group to the next day's activity of interviewing key informants. (See Appendix E - Workshop Activities Day 1 - P.M.) Working together, each small group chose specific questions that they would ask their key informants the next day. The focus was to get basic demographics, and to find out how those statistics were collected.

All groups returned and reported back their findings. (See Appendix E - Day 2 - A.M.) Although the groups had similar tasks, each approached their interviews with a different orientation. The need to standardize questions and format if one wants to compare results from a variety of interviewers was discussed.

Several people had expressed some concern about why we were going to do this field visit. Yet participants were particularly enthused after the actual visit, talking with people and getting a better understanding of the area.

5. **Focus Groups** - The presentation by Gabriel Muligande from the Health Education Service Ministry, GOR, was one of the week's highlights. Through his dynamic presentation of focus group methodology and actual findings on the use of ORT training in Rwanda (See Appendix E) it was apparent that focus groups can be a powerful tool in planning, monitoring, and evaluating the impact of a CS program. He also described the training methodology he employs which relies heavily on presenting information and then immediately supporting that information with a practical demonstration. It is then important that the trainees have an opportunity to take part and to succeed in such a demonstration. As a result of Gabriel's presentation, almost every remaining session of the workshop made attempts to employ this effective training technique of coupling theory with practice.

Gabriel Muligande went on to discuss the actual methodology of focus groups and how to prepare for the next day's activities. Careful planning is essential and objectives mandatory. Groups met to determine their objectives and to decide on specific questions to ask. The use of a tape recorder was highly recommended to enable careful reviewing of responses and critical pauses, non-responses. Groups were instructed to note general tendencies and differences in their groups and between groups,

rather than to dwell on individual peculiarities among participants in the group.

All field visits went particularly well. Each group met with community women to discuss the extent of their knowledge about diarrhea and how ORT affects it. In the discussion after the visits it appeared that the women had a good idea of signs, symptoms and treatment of diarrhea; however, some points arose when analyzing the information gathered.

-Health promoters need to emphasize cause and prevention rather than the clinical presentation of dehydration. Not all women understood the importance to continue breastfeeding and other foods/fluids during diarrhea.

-It is insufficient to ask questions such as "what do you do when your child has diarrhea?" as quantitative studies can better document this. Rather, try to ascertain why they act as they do.

-There is a need to ask questions which will verify answers to other questions as people often try to give you the answers that they think you came looking for!

6. EPI Coverage Survey - In preparation for the demographics and EPI coverage survey, technical information on EPI was covered. This information appears in a subsequent section.

In preparing for the next day's door to door survey, Mary Carnell described standard WHO EPI coverage survey which can help in the program planning process. The survey is simple and does not require much time, money or outside consultation to perform. Approximately two to three workers can complete the 210 children required (7 in each of 30 clusters) over a two week period. She also explained the statistical methodology of such a survey (See Appendix E, DAY 3 - P.M. Notes). Teams of two participants, one staff and one translator met to prepare for the next days strategy and to review forms. (See Appendix E - DAY 3 - P.M.)

All groups completed their surveys of five families, each with children 12 to 23 months of age, in one specific area and reported back to the group by completing a chart which put all groups' data together. Immunization coverage was particularly high in comparison to other countries. This finding stimulated discussion of possible biases in our mock coverage survey. In order to complete our survey in the allotted time, areas were not randomly selected but chosen by project personnel. In addition, households were also often selected by the local translator rather than taken in a random fashion.

7. Nutrition and ORT - This session focused on growth monitoring and its capacity to identify nutrition problems. Jean Marc Michel, M.D., a pediatrician and nutrition specialist with

ADRA Rwanda, presented a model demonstrating the relationship between nutrition, infection and infant mortality. His paper and model can be found in Appendix E - DAY 2, P.M. The ORT Demonstration, lead by Nkodo Nkodo of SCF/Cameroon, very effectively illustrated how each program/country employs different measurements for mixing ORS (See Appendix E - DAY 3, A.M.)

8. EPI - The technical session on EPI was organized by Mary Carnell with support from Charles Rufuku, Nkodo Nkodo, and Milton Amayun. The session which supported and prepared participants for the field visit was lively and captured the interest of all participants. The agenda for the session included AIDS and EPI in Child Survival, discussion and demonstration of new sterilization techniques, and an EPI Strategy designed to balance increasing demand with increased supply. Part of the session outlined how PVOs could meet the often dual demands of host countries and AID for age groups included in EPI target groups.

By setting a sub-objective and designing a strategy for achieving series completion for the High Risk under one age group, PVOs can concentrate their efforts where they will be most effective. Each project then shared one important lesson in EPI they had learned from their programs to date. All notes for this session are found under Appendix E - DAY 3, P.M.

9. Evaluation and Self-Sustainability - Nick Danforth went into an in-depth presentation and discussion of evaluation. He discussed how setting realistic, measurable objectives and using them as part of your evaluation can benefit your program, and how evaluation is essential to providing an effective program. Self-sustainability was of keen interest to all participants - the theme of "Life after A.I.D." was the focus of the session. All notes for the session can be found under Appendix E - Day 5, A.M.

10. Coordination - The culminating session was a panel demonstrating the coordination efforts in place to implement Rwanda's EPI program. The panel moderated by ADRA's participant Napthal Rucibwa, was comprised of: a representative from UNICEF, WHO, CRS, and the MOH. Clarification of roles of each group in the EPI strategy as well as problems they have encountered were shared.

11. Participant Initiated Sessions - The first day's session adjusted the agenda to better meet the needs of participants and included the opportunity for participants to lead sessions either within the formal or informal context of the workshop. The following participant-initiated and led sessions were implemented:

a. Supervision - This was a formal session within the context of the planned agenda organized by two participants, Nkodo Nkodo and Daouda Malle. Essential points of supervision were discussed and all participants broke into problem-solving groups. Notes

from the session and group work results are in Appendix E, Day 5, A.M.

b. Community Participation - As the result of an informal session one evening, two participants, Wendy Newcomer and Bolle Mbaye of CRS/Senegal, conducted a session on the last day of the workshop which identified important issues in community participation and two examples (one failure, one success).

c. Skit - "The Arrival of Western Assistance" - As a result of much informal discussion about the meaning of Western money and its impact, a number of participants put on a comic skit after lunch on the last day.

d. Other informal group discussions held : Operations Research, Nutrition, and Vitamin A.

IV. PARTICIPANT EVALUATIONS

Participants responded this way to the following open-ended questions on their evaluation forms:

1. What did you find most useful in the workshop?
 - Exchange of ideas/sharing experience with others working in child survival (10)
 - Clarification of USAID's perspective and reporting requirements (8)
 - Field visits to practice information-gathering methods--focus groups and EPI coverage survey (6)
 - Understanding of roles and relationships of PVOs, local government, UNICEF, WHO, and USAID in child survival
 - Facilitation well done--needs of participants were understood
 - Feedback on the Detailed Implementation Plans
2. What was the least useful?
 - Community participation--formalities with local leaders and orientation to the culture in which we were to do field visits (4)
 - Discussion on AIDS during EPI (2)
 - Needed more time to make some of the discussions useful--presentation of projects, philosophy of child survival initiative, and cultural orientation
 - Demonstrations -- ORS sterilization
 - Presentation on EPI
 - Presentation on Nutrition
 - Workshop discussions were not well-oriented
3. How would you improve the workshop?
 - Accommodation facilities and food needed improvement--toilets not flushing, quality and variety of food not acceptable, lack of hot water and electricity (6)
 - Increase involvement of participants in planning the workshop--more information on and participation in setting workshop objectives and more opportunity to prepare and present their projects to the whole group (6)

- Establish a committee or rapporteur to summarize the discussions of the workshop and to present a document to the participants at the end of the workshop (2)
 - Better representation by AID--need to address particular problems of the project with USAID personnel i.e. DIP feedback (2)
 - Better preparation of teaching materials and pedagogical strategies
 - Increase the use of case studies and role play
 - More informal meetings
 - Hold the workshop earlier in the project cycle, i.e. before DIP preparation
 - Need more time - 10 days to 2 weeks
4. What will be the long-term results of this workshop?
- Changes and improvement in the implementation of child survival projects (6)
 - Better understanding of and improved ability to work with AID (6)
 - Network contacts with other PVOs (4)
 - Results may be limited due to short-term (3 years) project life (3)
 - Plans for phase-over/phase-out of CS project
5. What follow-up would you like to see from this workshop?
- Maintain contact with other participants--continue to share experience, field visits among PVOs, another workshop next year, written materials (7)
 - Written summary report of the workshop circulated to the participants (5)
 - Modifications in AID's relationship to the projects--increase funding period, simplify reporting requirements, provide in-country technical assistance (5)

In addition to the evaluation form, participants answered the following questions:

1. State something important which happened this week in regards to your project. Responses were as follows:
- Learning how each project approached the planning and implementation of their projects was very instructive. The problems, the differences, the similarities, etc.
 - We will think more seriously about the question of self-financing, but also the question of project sustainability after the A.I.D. funding ends.
 - We will study the questions of self-financing and reducing the recurrent costs.
 - Look at some deficiencies in order to improve the delivery of services.
 - We will study the distribution of the budget for the different components of our project.

-We are going to discuss further the question of recurrent costs for our project with our government partners.

-We will try to improve our data system for monitoring and evaluation.

2. State something important which happened this week in regards to the group in general.

-The workshop was truly the participants' workshop. They managed and/or participated in all sessions. Everyone had a chance to speak and no one was afraid to say what they thought.

-There was 100% participation of everyone despite certain difficulties (language, housing, etc.).

-The sharing of experiences was very interesting.

-The contribution of each participant was enormous - as concerned technical, cultural and social matters.

-The team spirit, the contacts made during the non-structured time.

-The workshop was very beneficial to each participant because so many experiences were exchanged.

-I very much appreciated the opportunity to discuss with the other participants the problems in the various projects and to exchange ideas about solutions

V. COMMENTS AND RECOMMENDATIONS

1. Plan the workshop at headquarters, country, and site. Planning in Washington began well in advance of the workshop and benefitted by input from the ADRA/Rwanda Country Director. An advance site visit was made by an A.I.D. contractor but no written report provided to the PVO coordinator. However, an advance visit from the headquarters' coordinator could have avoided some of the last minute planning done after arrival of workshop staff in-country. Communication between A.I.D. and the PVO on this type of visit would facilitate planning.
2. Keep the group size small. The small number of participants (16) made for a cohesive group and gave opportunity for each project to receive technical input from staff and resource persons.
3. Allow time and opportunity for informal sharing of experience. Participant evaluation speaks most positively of the informal sessions planned and conducted by participants in evening sessions. No formal sessions were scheduled for the evenings, but small group sessions in such areas as Vitamin A supplements, operational research, training and support of community health workers, and the impact of AIDS on Child Survival were initiated by resource persons in the group that drew active response from participants.
4. More information on the projects and expertise of participants should be collected prior to the workshop and made available to participants at the beginning of the workshop. This could be done in a brief outline form that would complete a grid showing the elements of each participants' project.
5. The regional aspect of the CS workshops should take priority over the attempt to bring together participants from the same generation projects. Travel for this workshop took an amount of time equal to the time spent at the workshop and approximately 40% of the budget. At the same time it was apparent that the experience of the older project (ADRA/Rwanda) was an asset to the workshop. This suggests grouping projects for workshops within a smaller region and including projects in various phases of implementation in the region.
6. A.I.D. representation at the workshop is important to participants and should be those who are able to speak decisively on the policies and expectations of the agency. A.I.D. response to their DIPs was of overriding concern to participants at the workshop. This concern was partially allayed by scheduling with each project additional hour-long sessions with Dr. Carnell, who had reviewed the DIPs.
7. Two additional workdays could have been very profitably used. A number of topics were insufficiently addressed due to time limitation. More time was needed for discussion of manage-

ment and supervision. The resource room and the packets provided were not as well used as they might have been had some time been allotted for their use.

VI. BUDGET

Line Items	Rwanda Child Survival AID	Workshop Actual	Over(Under)
1. Travel	27,000	25,850	(1,150)
2. Supplies	3,000	2,421	(579)
3. Telephone	1,600	2,972	1,372
4. Consultant	5,300	4,085	(1,215)
5. Other	2,300	5,738	3,438
6. Overhead	800	800	0

TOTAL	40,000	41,866	1,866

Budget Detail

Each line item is made up of the following:

1. Travel
Costs of fares, per diem, and in-country travel for participants from Niger, Mali, Cameroon, Senegal, and Rwanda, as well as the workshop facilitator and ADRA staff.
2. Supplies
Costs of printed materials, reproduction, and transport of workshop supplies.
3. Telephone
Costs of telephone, telex, postage and courier services.
4. Consultant
Fees for the time of Suzanne Reier, workshop facilitator.
5. Other
Cost of ADRA staff time for planning, arranging travel, preparation of resource materials, coordinating the workshop, and reporting. (Estimate 40 person/days).
6. Overhead
Costs attributable to, but not definable for, a specific line item in the workshop budget.

Appendix A
Participant, Staff, and Resource Persons List

Appendix A
Participant, Staff, and Resource Persons Lists

PARTICIPANTS

Dr. Ahmed Zayan MPH	HKI Niger BP 10155 Niamey, Niger
Wendy Crane	PLAN/International BP 1598 Bamako, Mali
Adama Fomba	PLAN International BP 1598 Bamako, Mali
Lisa Nichols	CARE-Mali BP 1766 Bamako, Mali
Dr. Daouda Malle	CARE-Mali BP 1766 Bamako, Mali
Dr. Milton Amayun MPH	World Vision B.P. 325 Dakar, Senegal
Lamine Thiam	World Vision B.P. 325 Dakar, Senegal
Wendy Newcomer, MPH	Catholic Relief Services B.P. 216 Dakar, Senegal
Bolle Mbaye	Catholic Relief Services B.P. 216 Dakar, Senegal
Dr. Nkodo Nkodo Emmanuel	Save the Children B.P. 1554 Yaounde, Cameroon
Pierre Celestine Onguene	Save the Children B.P. 1554 Yaounde, Cameroon
Judith Kanakuze	Catholic Relief Services B.P. 65 Kigali, Rwanda

Susan Igras	Catholic Relief Services P.O. Box 48932 Nairobi, Kenya
Napthal Rucibwa	ADRA/Rwanda BP 2 Kigali, Rwanda
Dr. Charles Rufuku	ADRA/Rwanda BP 2 Kigali, Rwanda
Lars Gustavsson	ADRA/Rwanda BP 2 Kigali, Rwanda
 <u>STAFF</u>	
Gordon Buhler, PhD, MPH Workshop Coordinator	Director of Human Resources Development ADRA/International 6840 Eastern Ave. NW Washington, DC 20012
Mary Carnell, MD, MPH AID Workshop Technical Liaison	Consultant/Institute for Int'l Programs, Johns Hopkins University 4010 Deepwood Rd. Baltimore, MD 21218 (301) 235-5326
Suzanne Reier, MPH Workshop Facilitator	Consultant Institute for Health Policy studies Int'l Health Programs Univ. of Calif. San Francisco, CA 94117 (415) 621-0109
Nick Danforth Representative of FVA/PVC	A.I.D. Rm. 241, SA-8 Washington, DC 20523 Ph: (202) 235-3494
Subhi Mehdi Technical Consultant	Deputy Director for Health Information Systems Project 1601 N. Kent St. Arlington, VA 22209 (703) 524-5225

RESOURCE PERSONS

Gabriel Muligande Social	Ministry of Health and Affairs Health Education Svce. Training Coordinator BP 84 Kigali, Rwanda
Dr. John Wright	WHO Representative Kigali Rwanda
Maurice Ramakavelo	UNICEF Representative Kigali Rwanda
Dr. Jean-Marc Michel	B.P. 367 Kigali, Rwanda

ADRA/RWANDA STAFF

Napthal Rucibwa	ADRA/Rwanda BP 2 Kigali, Rwanda
Dr. Charles Rufuku	ADRA/Rwanda BP 2 Kigali, Rwanda
Lars Gustavsson	ADRA/Rwanda BP 2 Kigali, Rwanda
James Conran	ADRA/Rwanda BP 2 Kigali, Rwanda

Appendix B
Workshop Objectives

Appendix B
Learning Objectives for Rwanda Child Survival Workshop

By the end of the workshop, participants will have:

1. Expressed and incorporated their expectations into the workshop program.
2. Become familiar with critical technical standards for effective intervention through ORT, EPI, and Nutrition.
3. Updated and tailored their monitoring strategies to better track and assess effectiveness of CS program activities., e.g. ORT, EPI.
4. Experienced different information gathering systems and identified techniques that will be most helpful in designing and managing specific project activities. e.g. focus groups, surveys, and key informant techniques.
5. Better understood community dynamics and how to mobilize community support, particularly women, for CS activities.
6. Explored and identified criteria for definition of high risk groups, and practical methods for locating them and maintaining their involvement in CS activities.
7. Developed and practiced the use of simple, appropriate tools and techniques for effective supervision of project workers. e.g. checklists, supervision plans, record-keeping, training, and effective patterns of interpersonal relations.
8. Better understood their particular roles and different strategies for the interaction with women's and men's groups. The other organizations and the government in the effective execution of Child Survival activities.
9. Shared their ideas and their experiences in Child Survival activities.
10. Understood the philosophy of Child Survival.

Appendix C
Special Interests/Expertise of Participants

Appendix C

SPECIAL INTERESTS/EXPERTISE OF PARTICIPANTS:**ORT -**

J.M. Michel
N. Nkodo

VIT A -

A. Zayan

EPI -

Mary Carnell
C. Rufuku
M. Amayun

SURVEYS -

M. Carnell
S. Ingras
N. Nkodo
W. Newcomer
M. Amayun

COMMUNICATION -

B. Mbaye
S. Mehdi

SELF-FINANCING OF PROJ. -

N. Danforth

MONITORING AND EVALUATION-

M. Carnell (eval.)
S. Mehdi
D. Malle
L. Thiam (eval.)
P. Onguene
S. Ingras (eval.)

COMMUNITY SENSITIZATION-

L. Nichols (women)
L. Thiam (EPI)
N. Rucibwa

COMMUNITY PARTICIPATION-

N. Danforth

TRAINING AND EDUCATION -

J-M. Michel
L. Thiam
N. Rucibwa
D. Malle
S. Reier
S. Ingras

SUPERVISION/MANAGEMENT -

M. Amayun
N. Rucibwa
P. Onguene
W. Crane
L. Thiam
A. Fomba

NUTRITION/GROWTH MONITORING -

J. Kamakuze
J. M. Michel
L. Thiam
N. Rucibwa
S. Ingras
M. Amayun
W. Newcomer

Appendix D
Key Messages

Appendix D
Key Messages

Day 1

1. Feedback on DIP was expected at workshop.
2. Multisectoral integration to support the CS projects.
3. Adapt the program to the local situation.
4. The new AID monitoring forms are easier but we must await the translation of the guide for details on completing forms.
5. The support of the government is indispensable to the success of the project.
6. Collaboration between all partners in CS is indispensable.
7. A mid-term evaluation internal to each PVO and a final evaluation in collaboration with AID are required.

Day 2

1. There will be meat for dinner tonight.
2. Supervision is the most efficient method in identifying the prevention of malnutrition of children.
3. Visit to vaccination center was instructive.
4. Group interview will be practical.
5. Synergic harmony and sequence (a continuous thread).
6. Demonstrations are more efficient than speech.
7. Basic surveys are essential before you elaborate a plan of

action of a project.

Day 3

Key Messages:

1. Practice demonstration before training.
2. Continued feedings and breastfeeding important for control of diarrhea with ORT complement.
3. Sanitation and hygiene important to diarrhea control (Cause)
4. Need to emphasize cause and prevention (public health) in ORT health education rather than signs and symptoms (clinical)
5. Use qualitative studies to answer WHY people do what they do - quantitative only can tell you what.
6. 6 months to prepare an EPI program vs. 15 min. to give a vaccine.
7. Need to coordinate and collaborate amongst all partners in EPI and share objectives.

Day 4

1. Planning for the evaluation system must respond to all the questions required by the funding agencies, headquarters, and the government.
2. Monitoring and evaluation are more important for project management than for reporting to USAID.
3. Evaluation based on specific objectives (defined by action verb, time period, criteria for action, content) is a necessary instrument or tool to measure the degree of success of a program or project.

4. 75% coverage is sufficient for an EPI program from a public health standpoint.
5. A demographic survey is easy and fast to do and can be a significant aid to managing a program.
6. The monitoring system to follow the progress of a project needs to be planned at the beginning of a project.
7. More programs need to include family planning.
8. Be careful with data - interpret them fairly, to assure valid conclusions.
9. Monitoring could be limited to 2-3 essential indicators for each component of a project.
10. Monitoring is a continuous process which can help to produce needed data.
11. Adapt programs to the needs of the communities.
12. The evaluation is done to decide WHY something worked or did not work and what can be done to improve it.
13. Child Survival will not have a positive impact until the problem of malnutrition no longer exists in the community.
14. Without "Key information" there are no "key messages".

Day 5

1. The continuation of CS project activities needs to be well planned from the beginning of projects.
2. If in 10 years the IMR has not changed, we must examine more what we are doing.
3. Adapt our programs to the needs of the communities.

4. We cannot envision the complete transfer of CS programs to the national health system in the near future.
5. A project should address the problem of replication/expansion once it has achieved its objectives in one area.
6. The maximum participation of the community increases the degree of success of a project.
7. The success of CS projects depends on the clarity of the terms of collaboration between the government and the PVO, as well as the planning at the community level.

Appendix E
Workshop Activities - Group Work and Presentations

Appendix E

Workshop Activities - Group Work and PresentationsDAY 1-A.M.WORKSHOP EXPECTATIONS

Group I

- To receive feedback on the detailed implementation plan (DIP)
- Suggestions for objectives revision

Group II

- Operational Research
- Relation between Government-NGO
- Relation between AID-NGO
- Feedback on the DIP
- Nutritional Survey techniques/Vitamin A
- Methodology for "Process Evaluation"

Group III

- Exchange of information on projects - success, problems, etc.
- Organization and management of a system of information for Child Survival projects.
- Philosophy - Why Child Survival? Why not Maternal-Child Health?
- Method of estimating the projects' impact
- Feedback on the DIP

Group IV

- EPI: strategies in order to ensure:
 - social sensitization and mass participation
 - good definition of health workers roles
- Continuity of project activities after the financing has stopped - "Self-sustainability"
- Harmony of objectives with priorities of sponsors and government
- Review of plan of action and evaluation
- Gradual development of PHC program

DAY 1 - P.M.

Cultural Sensitivity and Community Relations
Administrative Structure of Rwanda

Conducting a Structured Interview

1. Training Field Workers - They need to understand:

- purpose of the research
- content of each question
- basic concepts of reliability and standardization

Useful aids to improve their interview skills include:

- role play and critique of each other
- repeated supervision of their accuracy in recording and coding
- observation in field with retraining as necessary.

2. Use of a structured instrument. In structured interviewing situations it is important to:

- not "lead" informants
- ask questions uniformly
- move smoothly through all items
- not judge responses
- note comments or anomalous responses under "observations"

The usual purpose of structured interviews is to assemble quantitative evidence about a problem whose outlines are clear. Interviews should be as standardized as possible. Order and manner of delivering the questions and coding the information should not vary. If unusual or interesting information arises, the interviewer does not follow it up during a structured interview although he may do so later.

3. Group Interviews. The interview techniques discussed above are individual interview techniques. Another technique for data collection is to interview a group of informants together. Often informants will be more forthcoming in discussing local beliefs if they can be shared in a one on one interview situation involving an investigator and one informant; group interviews allow a number of local informants to express common knowledge to the investigator. Also the group interview situation permits confirmation of what is truly local knowledge and what is idiosyncratic. However, for group interviews to be productive, the investigator must have some skill in group dynamics and motivation.

One strategy for making effective use of the group interview situation is to have the investigator play the role of student. Upon presentation to the group, the investigator would explain that he or she is visiting to discover what people in the town think about health services. "Tell me what you think about using the clinic in town." would, in most places, start a long tirade about inadequacies. The group interview situation is also a good opportunity to develop vocabulary for educational promotion or for formulating survey questions.

DAY 2 - A.M.

Key Informants - Field Visit #1

Participants divided into four groups and traveled to four areas of project area to conduct interviews with key persons related to health in the district. Two groups concentrated on demographics, one group focused on EPI, and the last on diarrhea/ORT.

The key informants included 5 health agents, 3 school teachers, 1 nurse, 3 village leaders, 2 administrative leaders, 2 village council members, and 2 mothers.

Findings were summarized and presented to the large group upon return.

Demographics:

How was survey accomplished to obtain baseline data?

- 1 month training of surveyors (health agents)
- 56 question survey developed
- Mother or father of household surveyed and health advice given at same time.
- Total of 1 year to finish survey in all 9 sectors using 11 agents (complete household registration. Household registry updated monthly by local health agents (volunteers) and annually by central health agents (paid).
- Village leaders and council members very important in sensitization of villagers to survey.
- Difficulties: logistics - mountainous and long distances to walk between houses; fathers not able to give much information about children.

EPI

How is EPI organized? Cold chain, supervision, participation of mothers? How are vaccination sessions conducted? Registers, cards, stations? Problems? Observations on site visit to vaccination center:

- Lots of sensitization done prior to sessions
- Sessions held twice monthly in each sector, always in same location
- All 20 women with children line up, cards collected, children weighed at session.
- Cold chain: petrol refrigerator with 4 thermos
- Mothers seemed well informed about diseases targeted by EPI
- Supervision: 2 levels; once every 3 months
- Problems: time consuming for mothers to travel from home to vaccination site; all vaccines on same table; site well constructed (2 separate doors for entry, exit) but not well utilized (only one door used, inhibits flow).

ORT/diarrhea

What are major health problems? Prevention? Causes of diarrhea? Treatment of dehydration? What means used to sensitize villagers?

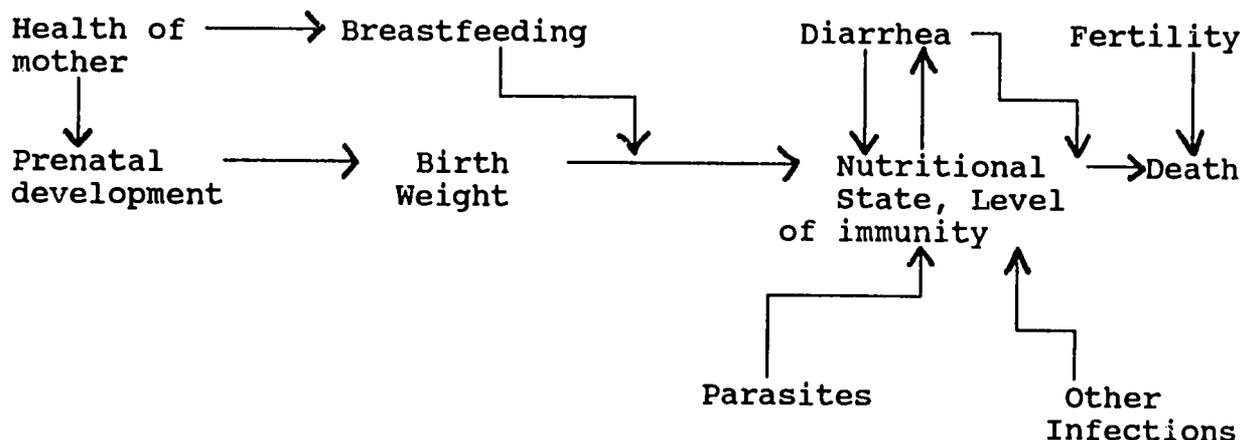
- Major health problems: malaria, diarrhea
- Prevention: malaria - chloroquine and fill mud puddles with dirt. Diarrhea - dirty water from canal - needs to be boiled.
- Sensitization to ORT: village leaders sensitize pregnant mothers; teachers in health and nutrition classes: radio programs on health.
- Treatment dehydration - continue to feed and ORT - recipe used: 1 liter water, 1 bottle cap salt, 10 bottle caps sugar.

DAY 2 - P.M.

Presentation by Jean Marc Michel
Growth Monitoring

Written presentation in French follows.

Graphic: Factors affecting Nutritional State of Child



July 2, P.M.
7/20

PRESENTATION BY JEAN-MARC MICHEL

GROWTH MONITORING LA SURVEILLANCE DE LA CROISSANCE DE L'ENFANT

Un potentiel de protection à réaliser...

Parmi les éléments qui constituent le Programme "Survie de l'enfant", la surveillance de la croissance est peut être la stratégie dont l'efficacité est la plus discutée et qui est la plus difficile à évaluer.

Est-ce en premier lieu une activité académique qui sert les besoins des pédiatres ou mérite-t-elle une place prioritaire dans les services de santé de base en Afrique?

Pour certains, l'intérêt de peser régulièrement les enfants pendant les trois premières années et inscrire la courbe de croissance paraît évident. Elle fournit une observation continue de l'état de santé et facilite le dépistage précoce des enfants à haut risque d'être atteint par une maladie et d'être gravement malade ou de mourir. Pour l'UNICEF la surveillance de la croissance représente une technologie appropriée, peu coûteuse, pour résoudre à long terme le problème dominant de la malnutrition infantile à travers le monde. La prévention de la malnutrition (un problème qui est pour l'essentiel invisible aux parents et même aux agents de santé) exige un moyen de déceler les troubles de la croissance au stade le plus précoce possible car comme le déclare David Morley "Si l'on intervient trop tard, même le programme de réhabilitation nutritionnelle le plus efficace ne pourra que rarement remettre l'enfant sur la voie d'une croissance normale."

Par contre la surveillance de la croissance n'est pas une intervention directe (en comparaison avec la vaccination) sur l'état de santé et le bien être des enfants. Sa réalisation nécessite le plus haut niveau d'instruction et de participation de la part des agents de santé, des familles et de la communauté.

L'argument primordial en faveur de la surveillance de la croissance, qui mène à rien en elle même, est qu'elle offre un moyen de réunir d'autres stratégies peu coûteuse (traitement oral de la déshydratation, traitement des maladies endémiques comme le palue et les maladies respiratoires et la vaccination) en un ensemble synergique pour promouvoir la croissance

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Au Rwanda, la grande majorité des formations médicales n'utilisent pas les fiches de croissance. Par contre 65% des familles disposent d'une fiche de vaccination même si le nombre d'enfants complètement vaccinés reste très bas (35%). Des études menées depuis 1971 indiquent que 30-40% des enfants âgés de 0-5 ans ne grandissent pas comme ils devraient (poids au dessous de 80% du poids de référence pour l'âge)

La supervision et la formation des agents de santé présente des lacunes: il existe une confusion quant à l'objectif de la surveillance de la croissance qui devient une action peu réfléchie et qui se fait sans la participation de la mère.

On peut retrouver dans certains centres de santé des fiches où le poids de l'enfant est marqué, à la première visite, dans la colonne correspondant au mois de la naissance. En conséquence, tous les poids enregistrés lors des visites subséquentes sont mal situés sur la fiche!

On utilise rarement les fiches pour inscrire des renseignements supplémentaires ou les antécédants médicaux, renseignements très valables pour l'évaluation de l'enfant dans un contexte plus élargi. Les fiches sont généralement utilisées uniquement comme courbe de référence pour identifier les enfants malnutris dont la croissance est déjà ralentie et qui ont besoin d'une réhabilitation nutritionnelle. Par contre on n'interprète pas d'une façon dynamique la direction ou l'angle de la courbe de croissance. Ces programmes qui tendent un filet de sécurité sous une barre nutritionnelle ne sont pas en réalité des programmes de surveillance.

Dans la pratique, beaucoup de programmes ne sont pas fréquentés par les parents parce que la pesée n'est pas organisée à proximité du domicile. Il arrive souvent qu'une mère passe toute une journée au centre pour tendre son enfant à un agent de santé qui note quelques lignes ou un chiffre mystérieux sur la fiche et rend la fiche et l'enfant à la mère en se hâtant déjà vers la suivante. Dans certains programmes, les mères participent à ce bizarre rituel parce qu'elles reçoivent des vivres mais comment convaincre les parents de venir chaque mois peser leurs enfants si ils ne se rendent pas compte qu'il y a un problème avec la croissance de ces enfants? C'est la mère qui a besoin de comprendre la fiche qui l'incite à agir et qui reflète les résultats de ses efforts. Les séances de pesées mensuelles ne sont que rarement intégrées avec des soins compréhensifs pour la mère et ses enfants (consultations prénatales, planification familiale et soins curatifs) qui devraient être disponibles en même temps, sous le même toit.

Est-ce que les mères peuvent comprendre les graphiques et faire les interprétations nécessaires? La réponse est définitivement OUI, si on prend le temps de

Même si cette analyse est limitée; elle ne tient pas compte par exemple de l'état de santé de la mère pendant la grossesse et la période d'allaitement, elle nous permet de suggérer avec l'aide des mères elles-mêmes quelques interventions qui sont reliées à la situation sociale, économique, et la vie quotidienne des familles Rwandaise.

Chez les enfants les maladies contagieuses, en particulier la diarrhée, et la malnutrition vont de pair et combinent leurs effets. Il faut donc faire des interventions contre les maladies et en même temps améliorer l'alimentation des enfants et des mères au niveau de la famille. (Fig 2 et Appendix 1.)

CERCLE VICIEUX DE L'INFECTION ET DE LA MALNUTRITION
Vicious Cycle of Infection and Malnutrition

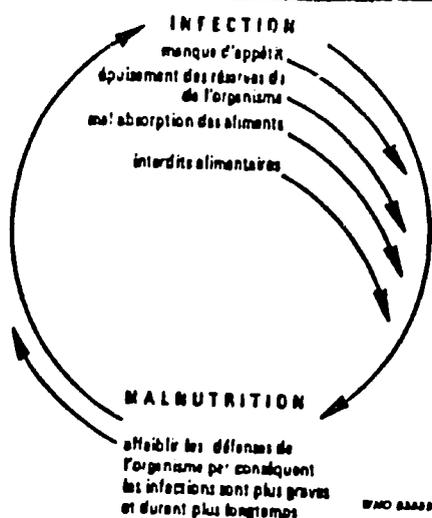


Fig. 2; Source: GUIDE POUR LA FORMATION EN NUTRITION DES AGENTS DE SANTE COMMUNAUTAIRES OMS, 1982

L'utilisation d'un questionnaire (exemple: Appendix 2) peut être utile aux agents de santé qui font face à un enfant qui ne grandit pas et qui veulent comprendre davantage la situation familiale et identifier les facteurs dominants qui exercent une force négative sur la croissance de cet individu. Elle sert également comme moyen d'établir un registre des enfants à haut risque et qui ont besoin d'une attention particulière.

Dr. Jean Marc MICHEL (MRCP, Pédiatrie) DTCH (Liverpool)

Kigali, 15 Juillet, 1987

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Variations saisonnières des haricots (source de protéines)
 par exemple possibilités de stockage limitées
 Accès limité aux protéines animales (lait/viande/poisson)

Techniques appropriées à domicile pour la conservation et préservation des vivres; greniers; mélange des haricots avec la cendre; séchage au soleil des fruits, légumes etc.
 Petit élevage, lapin, poules
 Vente de semences au centre
 Participation du mari au Programme "Vivres pour la Paix"
 USAID Food for Work

Pénurie de combustibles Terrains limités, érosion

Fours en argile plus économique (bois ou charbon)
 Reboisement
 Energie solaire pour cuisson lente à la vapeur ou directe

Accaparement de la mère Fermes responsables de la plus grande partie de la production agricole

Redistribution des responsabilités
 Programme Enfant à l'enfant aux écoles primaires - les plus grands aident les parents à promouvoir la santé des petits.
 Services 'garde enfants'

INTERVENTIONS SUR LES MALADIES CONTAGIEUSES:

INTERVENTIONS AGAINST INFECTIOUS DISEASES:

La diarrhée 1^o cause de mortalité 0-5ans
 Epidémies de dysenterie bacillaire
 Instruction non standardisée sur la préparation à domicile de la solution de réhydratation. Erreurs fréquentes sur le contenu de sel.
 Sachets de SRO pas toujours disponible à proximité du domicile.

Formation du personnel de santé sur la relation entre la diarrhée et la malnutrition et l'efficacité du TRO
 Education des mères sur l'importance de continuer l'allaitement/repas pendant une episode de diarrhée
 Banane comme source de calories/K⁺
 Encourager les traitements traditionnels qui peuvent combattre la deshydratation
 Hygiène de la préparation des repas pour les enfants.

La fièvre/le paludisme (malaria) 1^o cause de morbidité 0-5ans
 Moins de 50% visitent un centre de santé (distance, mauvaise route etc)
 5% des familles disposent le chloroquine pour le traitement à domicile

Education sur les soins primaires contre la fièvre
 Importance de donner le chloroquine à la maison
 Mesures pratiques pour éviter les moustiques-mazout dans les latrines chaque semaine, moustiquaire, hygiène de la maison et de l'environnement.

Tuberculose Rougeole etc Taux d'enfants vaccinés très bas
 Manque de confiance sur l'efficacité des vaccins
 Ruptures de stock de vaccins au centre de santé-problèmes de la 'chaîne de froid'

Education et mobilisation sociale
 Equipes mobiles

DAY 2 - P.M.

Focus Group Methodology
for ORT - The Rwanda Experience

Gabriel Mugande

FOCUS GROUPS

NOTES : ~~REZ~~ Gabriel Mulienda
ON METHODOLOGY

Travaux de groupe
sur
L'interview de groupe focalisée

Vous avez l'intention de mettre en place un programme de lutte contre les maladies diarrhéiques de l'enfance dans votre zone d'action. La promotion de la TRO fait partie de la stratégie envisagée.

Vous décidez d'effectuer au préalable une enquête, par interview de groupe à fin de diagnostiquer les connaissances, attitudes et pratiques des mères face à la diarrhée/déshydratation/TRO.

1. Comment allez-vous planifier cette enquête?

Elaborez, en petits groupes; un plan d'action et défendez-le devant les membres des autres groupes.

2. Exécutez le plan lors de la visite sur le terrain.

3. Servez-vous des données recueillies pour planifier votre programme de lutte contre les maladies diarrhéiques et de vulgarisation de la TRO.

L'Interview de Groupe

Autres appellations:

Interview de groupe focalisée

Interview de Groupe centrée

Groupe de réflexions

INTRODUCTION

- C'est un outil de recherche pour sonder les attitudes, opinions, préoccupations, motivations, croyances, la psychologie des gens.
- Elle permet de découvrir POURQUOI les gens agissent comme ils le font. Tandis que les méthodes quantitatives aident à déceler le comment des comportements.
- L'I.G. exploratoire permet de déterminer le contenu et langage des questionnaires d'études quantitatives.

N.B

- Vérifier des Hypothèses, l'I.G ne doit pas remplacer un véritable sondage, il peut le compléter.
- Les données recueillies par l'I.G. ne sont pas forcément applicables à toute la région (échantillon est faible).

Indications majeures:

- explorer un domaine encore mal connu
- orienter la mise en place des projets
- évaluer périodiquement les changements imputables au développement d'un programme donnée
- découvrir les raisons profondes d'un comportement identifié par tout autre moyen d'investigation

1. Qu'est-ce que l'interview de groupe

- Discussion entre 6 à 12 participants sous la direction d'un animateur
- Les participants doivent être représentatifs du groupe cible même si l'échantillonnage n'est pas aussi rigoureux que dans les enquêtes quantitatives.
- Plusieurs groupes de discussions permettront de recueillir des opinions représentant la tendance générale.
- C'est une discussion ouverte. Chaque participant donne ses commentaires, pose des questions aux autres et réagit aux observations des autres membres, y compris celles de l'animateur. On encourage fortement une interaction

entre les participants à fin de stimuler une discussion en profondeur.

2. Avantages de l'interview de groupe

- . Les méthodes de recherche quantitative sont un complément de la recherche quantitative. La combinaison des deux permet d'obtenir des renseignements sur différentes facettes de comportement.
- . Elle ne vise pas à quantifier les ~~résultats~~ *ME/UCJ*.
- . L'approche est souple, peu structurée, tolérante, sans cérémonie. Néanmoins la discussion doit être dirigée discrètement. Elle garantit l'anonymat et permet de s'ouvrir plus volontiers.
- . L'environnement favorable; le dialogue animé, l'homogénéité stimulent une interaction spontanée, franche, complète.
- . Elle est bon marché, facile à organiser, rapide.

3. Méthodologie

- Réunir les gens de même sexe, groupe d'âge, niveau socio-économique
- Choisir des participants représentatifs du groupe cible
- Des groupes hétérogènes ne sont pas recommandés, il est plutôt conseillé de réunir plusieurs groupes homogènes qui représentent différentes tendances.
- Ecarter les individus intimidants: considérés comme "experts"
- Eviter de donner des précisions sur le sujet à l'avance (peur des biais)

4. Guide de l'interview de groupe

- . Identifier les objectifs de la recherche
- . Etablir la liste des sujets à aborder
- . Préparer un guide de discussion mentionnant la totalité des sujets à aborder et la stratégie d'animation

5. L'animation d'une interview de groupe

- . Choisir un endroit et une heure qui conviennent aux participants
- . Accueillir les gens à l'arrivée, avec courtoisie

- Commencer l'entretien sur des questions d'ordre général et passer progressivement aux questions spécifiques
- Adopter une attitude souple, discrète, sensible, sociable

6. Analyse des résultats

- . Utiliser le magnétophone, le lire, le relire et le transcrire
- . Pas compiler les interventions individuelles
- . Noter les tendances générales et les différences qui se dégagent à l'intérieur de chaque groupe
- . Entre les groupes

7. Interview de groupe dans les projets de développement social

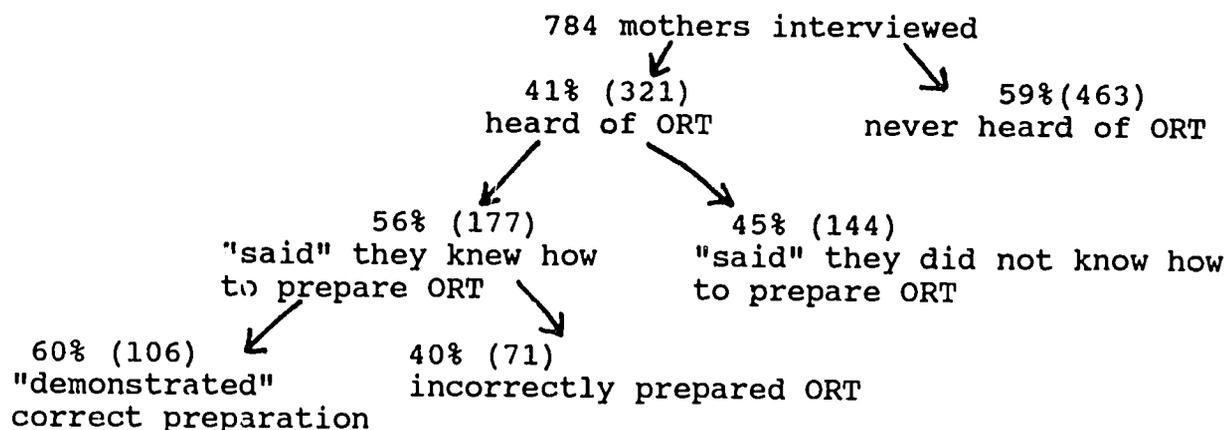
1. Définir les objectifs de la recherche
2. Identifier les questions à poser
3. Faire un plan de recherche
4. Choisir les participants
5. Elaborer le guide
6. Préciser le plan de travail

8. Conseils pratiques

- Faire connaître, à l'avance, lors de l'invitation, le contexte global de la recherche pour détendre les esprits
- Écarter les témoins gênants et les individus intimidants parce que responsables ou concernés
- Dans certains cas choisir des gens qui ne se connaissent pas (ils seront plus à l'aise)
- Pas hésiter à consacrer du temps à la phase d'échauffement où l'on met les gens à l'aise avant de passer au questionnaire proprement dit.
- Encourager les discussions chaudes entre les membres du groupe eux-mêmes
- Pendant le dépouillement, écouter la cassette à plusieurs reprises
- Faire attention aux interjections, silences, répétitions et au fait d'omettre de parler de certaines choses
- Interchanger les cassettes, au dépouillement, pour vérifier le travail l'un de l'autre
- Éviter la tendance de chiffrer les résultats

Bibliographie: Evelyn Folch-Lyon et John F. Trost, Review studies in family planning, Volume 12, N° 12, Dec. 1981

ORT for Diarrhea Control - Rwanda Experience



This means -- 14% of 784 mothers interviewed could correctly prepare ORT.

Teaching Methods need to match outcome desired!

cognitive understanding "to know"	affective attitudes "to be"	psycho-motor habits "to do"
---	-----------------------------------	-----------------------------------

lecture -----	X
role play -----	X
demonstrations -----	X

Teaching Method vs. Recall after 3 hours, 3 days:

	After 3 hours	After 3 days
Lecture -----	70%	10%
Demonstration -----	72%	20%
*Lecture and Demonstration -----	85%	65%

ORT Demonstration

Nkodo Nkodo directed an animated session where participants measured their country's recipes for home ORS, then weighed them on a small portable scale. Appreciable differences in both the visual size and actual weights of sugar and salt left a lasting impression. Participants felt the use of the small scales could aid their training of trainers and supervision of ORT programs.

WHO Allowable Range for ORS solutions:

1 liter water
3.5 - 7.0 g salt
20 - 40 g sugar

The scale used is available from:

OHAUS Scale
Florham Park, NJ 07932 USA
"Portable metric balance - small pan #505-10"
Approximately \$50 U.S.

Country	Salt	Sugar
Rwanda	1.34 g 3.8 g	26.3 g 24.5 g
MS Senegal	2.05 g 5.7 g	6.1 g 28 g
Cameroon		36 g

DAY 3 - P.M.

EPI Technical Sessions
Mary Carnell

AIDS and EPI

Comments from International AIDS conference 1987, Washington, D.C. (Limited to CS/EPI).

-Threatens to unravel progress from CS efforts

-Localized to portions of certain African countries - mostly urban but pressures will overflow to rural (Trans Africa Hwy).

-Complicates treatments for other diseases - AIDS patients not responding to usual drugs for TB, malaria, and pneumonia.

-Uganda Ministry Of Health on AIDS: "Malnutrition, High IMR still most important health problems and causes of mortality in developing countries; Until this is addressed, we will be less able to address AIDS."

EPI - Things to Consider for Success

Nkodo Nkodo/SCF

1. Utilize the national EPI campaigns to maximum
2. Close monitoring of cold chain
3. Planning for division of labor
4. Sensitization
5. Training of personnel
6. Evaluation

Role of NGO in EPI

Charles Rufuku/ADRA

PVOs need to work out clear understanding with MOH and others with whom they are collaborating.

In Rwanda, 4 groups collaborate:

ASSA - Adventist Health Service Association -
Infrastructure

MOH - Infrastructure and institutional support

UNICEF - Vaccines

ADRA - \$ and training

Each contributes a different component.

See how their different reporting requirements can be combined, coordinated.

Training Vaccinators - ADRA/Rwanda

5 weeks total, 4 hours every week at Health center.

How to handle cold chain, refrigerator, thermos, sterilizers.

Key Messages :

- Remember the PVO is only one member of the team, must be well-coordinated with others (in reporting, scheduling, etc.).. AID/Wash should recognize this interdependence more clearly.

EPI Target Groups

Why 0-1 yr. only?

Balance between greatest benefit for individual vs. total population. Few in this age range will have been exposed to the diseases protected by vaccination so that nearly all will benefit; as children get older more and more in each age group (1-2, 2-3, 3-4, etc.) will have been exposed and had a clinical or subclinical infection. Vaccine will be wasted on these children.

When resources (financial, human, logistical) are limited, best pay-off comes from concentrating on youngest (0-1 yr) then keeping up an effective campaign for newly born children. Fewer sessions, fewer personnel, less vaccines, less material and less management will be required, yet the overall results in preventing disease should be altered little.

AID vs. Government target groups

Mali: 0-6 yrs.
 Senegal: 0-23 months
 Cameroon: 0-5 yrs.
 Rwanda: 0-2 yrs.
 Kenya: 0-3 yrs.
 AID/WHO: 0-1 yr.

NGOs must comply with government standards. However, SUB-OBJECTIVES can be set by NGOs to assure that 0-1 yr. subgroup is emphasized and that high coverage with EPI campaign is assured. Coverage surveys and/or follow-up for no-shows, drop outs from program rarely required by government/MOH.

Possible strategies: NGO could do coverage survey and limit it to 0-1 yr. age group. i.e. those 12-17 or 12-23 months at time of survey.

-NGO could institute a tracking system for 0-1 (and newborns on a continuing basis) to follow-up no-shows or drop outs so as to improve coverage of this group.

EPI Lessons Learned From Country Programs

CRS/Senegal

- initially free vaccines from government
- money now gone, but government won't allow fees to be charged
- inadequate monies for logistics, supervision
- break in cold chain; vaccines not working with many cases of disease
- CRS wants to help, but fears duplicating same process.

CARE/Mali

- role of NGO's in EPI national program minimal
- delays to start program until authorization from National EPI center
- mobile teams, supervision controlled by national program.

PLAN/Mali

- Government wants full control of EPI program
- government desires only financing from NGOs, no more

SCF/Cameroon

- Change in strategy since submitted DIP to AID
- Will submit update in annual report outlining use of mobile teams (advance strategy) and fixed centers.

WVRO/Senegal

- reports 100% coverage!!

Preparatory Tasks for an EPI program
 (see following xerox)

LES TACHES PREPARATOIRES POUR LA STRATEGIE

PROGRAMME ELARGI DE VACCINATION

1. Décider si le projet aura un volet vaccination.
2. Existe-t-il un Plan National pour le PEV? Si OUI, étudier-le.
3. Quel niveau/sorte d'activités sont déjà sur place?
 - Dans quelle phase sont-elles?
 - Quels sont les infrastructures sanitaires impliquées?
4. Quels sont les moyens/expertises disponibles à l'ONG?
5. Est-ce que c'est possible de faire un partenariat avec le gouvernement dans l'exécution du PEV?

Si OUI, procéder aux
 ↓
 NEGOCIATIONS

1. Le rôle de l'ONG
 - appui logistiques
 - achats des vaccins et fournitures
 - détachement ou formation de personnel
 - la zone géographique de la participation
2. Coordination avec UNICEF, les autres ONGs, etc.
3. Elaborer le Plan d'Action et le budget
 - Combien de villages seront couverts?
 - Combien d'enfants et femmes seront vaccinés?
 - Combien de vaccins, seringues, aiguilles, etc. seront achetés?

L'enfant va passer 15 minutes dans le centre de vaccination pour recevoir ses vaccins, mais cette rencontre doit être bien organisée. L'écart de planification quelques dizaines de jours ou un an.

BEST AVAILABLE DOCUMENT

Milton B. Amayun, MD, MPH
 Gitwe, Rwanda
 21 Juillet 1987

Scheme for an NGO EPI Program
(see following xerox)

BEST AVAILABLE DOCUMENT

SCHEMA D'UNE STRATEGIE DE PROGRAMME ELARGI DE VACCINATION POUR UNE ONG

1. ASSURER LA DEMANDE

- Mass Media/Social Marketing
- Affiches et brochures
- Sensibilisation
 - :Réunion Villageoises
 - :Groupes Focalisés

Le contenu des messages:

- les vaccins et leurs avantages
- populations cibles
- calendrier de vaccinations
- les dates et les lieux de vaccinations

2. ORGANISER LE SYSTEME QUI REPOIND A LA DEMANDE

- Commander les vaccins selon le protocole du pays et selon la population cible
- Etablir le bon fonctionnement de la Chaine de Froid
- Former le personnel
- Publier le calendrier des séances de vaccinations
- Assurer les moyens de déplacement des vaccins et de personnel aux centres de vaccination

VACCINATIONS

Centre Fixe ou Equipe Mobile
Les vaccinateurs sont bien formés
Les leaders villageois sont impliqués

POST-VACCINATION

Evaluation

1. Court-Terme

- Processus et Stratégie
- Chaine de Froid
- Personnel et Technique
- Dépenses
- Taux de Couverture
:enfants vaccinés vs
 enfants ciblés
:registres de vaccin
 des villages senti
:enquête

↓
75%?

↓
Rattrapage
ou Maintenance
Modification de la
Stratégie

2. Moyen-Terme

- Diminution des Maladies
- Renforcement des Services Sanitaires
- Amélioration de l'expérience de personnel

3. Long-Terme

- Diminution du Taux de Mortalité Infantile
- des taux de morbidité

Milton B. Amayun, MD, MPH
Gitwe, Rwanda
21 Juillet 1987

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Coverage Survey Briefing/Preparation

Survey Methodology - Mary Carnell

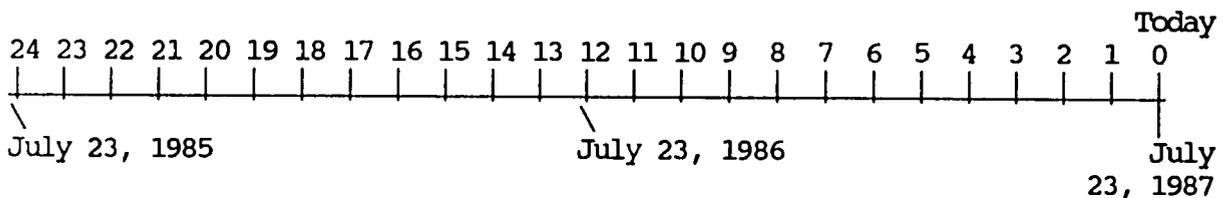
1. WHO EPI vaccine coverage survey format

- 30 clusters
- 7 children per cluster (age restricted)
- precision: $\pm 10\%$ true coverage

Will limit survey to children presently 12-23 months old.

How to determine who these are?

All children born between July 23, 1985 and July 23, 1986 will be accepted in survey.



2. Sampling Population

- most difficult; try to represent the "truth"
- absolute "truth" only if every child studied
- Public Health compromise: cluster instead of random sampling due to considerations of logistics, time, cost.
- Caution! If you wish to compare coverage rates between 2 or more zones (strata) then will require 210 children in each zone or subgroup - not a total of 210 from all zones.

3. Practical use of coverage survey for project management

1) If coverage DPT high, DPT low consider:

- a) poor sensitization of population?
 - date, place clearly communicated?
 - need for complete series understood?
 - explanation of possible side-effects?
- b) low motivation of team?
- c) lack of strategy to find drop-outs, no-shows?

2) If overall coverage poor, consider:

- a) inadequate planning?
- b) insufficient equipment, personnel?
- c) concentrated efforts on a small area of target zone?

3) Coverage survey simple, easy enough to repeat after every campaign or once per year

- final evaluation should be no surprise to a project which monitors its progress and modifies its planning accordingly.

DAY 4 - A.M. EPI Coverage Survey

Six teams completed a total of 32 households (goal 5 each) in the allotted 3 hours and returned to pool their results on a group chart. Their results of EPI coverage and demographics follow. The

group then discussed their experiences and analyzed the data. Few had ever actually participated in an EPI survey and were impressed how quickly concrete information could be collected and results analyzed.

Household Demographics

	Pop. Total	15-49 yrs.old -female	Children <5 yrs. 0-59mon	12-23 months	0-12 months
R	25	05	10	05	01
S	16	04	05	04	01
T	28	08	10	05	00
V	54	14	19	09	01
W	47	12	11	07	00
<u>X</u>	<u>33</u>	<u>07</u>	<u>10</u>	<u>05</u>	<u>00</u>
Total	203	50	65	35	03
%		25%	32%	17%	1.5%

Note: If include all houses in demographics part of survey until find the 7 children necessary for the EPI survey (0-1 yr.) can use the % distribution to estimate size of various target groups. i.e. women 15-49 yrs, children <5 yrs., 0-2 yrs., 0-1 yr. However, if only include demographics on families with children 0-1, then have a biased idea of the community age distribution (excluded old people, houses with only older children, single persons, etc.)

See next two pages for sample survey form and coverage rates of each vaccine.

Coverage Survey - Day 3, P.M.

- (1) Groupe No. _____
 (2) Groupe d'âge évalué _____ à _____ mois
 (3) Date de l'interrogatoire _____
 (4) Écart entre les dates de naissance
 du groupe d'âge à évaluer _____ à _____

- (5) Région _____
 (6) Ville, agglomération ou village _____
 (7) Enquêteur/trice _____

(8) No. du Sujet	(9) No. du foyer	(5) Nom de l'enfant dans les limites du groupe d'âge	(10) Date de Naissance	(11) Carte de Vaccination (+,-)	(12) Vaccinations effectuées (inscrivez la date de vaccination)								(13) Sujets complète- ment vacci- nés (+, -)	
					Cicatrice Date	Polio 1 (P ₁)	Polio 2 (P ₂)	Polio 3 (P ₃)	DTCoq1 (D ₁)	DTCoq2 (D ₂)	DTCoq3 (D ₃)	Kou- geule (K)		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
TOTAL DES SUJETS COMPLETEMENT VACCINES														

Fiche de travail pour l'exercice C

(Each team)

Petite enquête démographique du ménage

Cellule _____ Secteur _____
 Nom du chef de famille _____
 Combien de personnes vivent-elles dans
 cette famille? _____
 Combien parmi celles-ci sont des femmes
 âgées de 15 - 49 ans? _____

Combien d'enfants au-dessous de 5ans (0-59mois)? _____
 Combien d'enfants âgés de 12 - 23 mois? _____
 Combien d'enfants âgés de 0 - 12 mois? _____

(Each family)

Coverage Rates

Cluster	Vacc. Card Present	BCG	Polio 1	Polio 2	Polio 3	DPT 1	DPT 2	DPT 3	Measles	Completely Vaccinated
R	05	05	05	05	05	05	05	05	03	03(2)
S	03	02	03	03	03	03	03	03	03	02(1)
T	05	05	05	05	04	05	05	04	04	03(2)
V	08	08	08	08	08	08	08	08	08	08(0)
W	06	06	06	06	06	06	06	06	06	06(0)
X	<u>05</u>	<u>05</u>	<u>05</u>	<u>05</u>	<u>05</u>	<u>05</u>	<u>05</u>	<u>05</u>	<u>05</u>	<u>05(0)</u>
Subtotal		31	32	32	31	32	32	31	29	27/32
TOTAL	32	32	32	32	32	32	32	32	32	

% Coverage		97	100	100	97	100	100	97	91	84

DAY 4 - P.M. - Subhi MehdiMonitoring - Indicators for project components

Participants divided into small groups, by project, with the task of assigning one key indicator to monitor each component of their CS project. Then, in large group, useful criticism was shared.

CRS/Senegal

1. ORT - # personnel trained
2. EPI - % completely vaccinated 0-23 months
= # completing vaccination each month
total population 0-23 months/12 months

objective 75% complete vaccinated at 3 years
3. Nutrition - % participating in growth monitoring

WVRO/Senegal

1. ORT - # mothers who know how to prepare ORS using focus group demonstrations to test
2. EPI - % under 1 fully vaccinated
objective - 75%
3. Nutrition - # mothers attending nutrition education compared to # anticipated.
4. MCH - % births assisted by birth attendant.

SCF/Cameroon

(Family registration system (100%) to give denominators)

1. ORT - % families trained in ORT
2. EPI - % <1 yr. fully vaccinated after each campaign
3. Growth monitoring - % infants with growth charts up to date
4. Monitoring system - analysis of family registers, home visits.

PLAN/Mali

1. EPI - % coverage
objective - 70% mobile
90% after 5 years
Essential indicators
-functioning cold chain
-training 26 health agents
-get green light from national program

CARE/Mali

1. ORT - mothers correctly using ORS
Source: monthly reports and interview/demos
2. EPI - % coverage
Source: Cluster survey, incidence targeted diseases
3. Nutrition - # mothers capable of describing and preparing appropriate weaning foods
Source: monthly reports and household survey
4. Clean Deliveries: # traditional birth attendants trained/retrained
Source: formal program attendance

5. Village Health Committees - # meetings/month

HKI/Niger

1. Vit. A - # capsules distributed (children and mothers) in areas without dispensaries
children receiving capsules compared to targeted population
Source: cards in dispensary
of children with xerophthalmia identified and treated from targeted population.

ADRA/Rwanda

1. ORT - # women correctly preparing ORS - demonstration
2. EPI - # children <1 year completely vaccinated
3. Growth Monitoring - # children with weight/age <80% standard
4. Family Planning - % women using modern method of contraception

DAY 5 - A.M.Evaluation - Nick Danforth

Timeline of reporting for AID on CS projects:

Proposal - general plan, objectives

Detailed Implementation Plan - specific plan, refined objectives

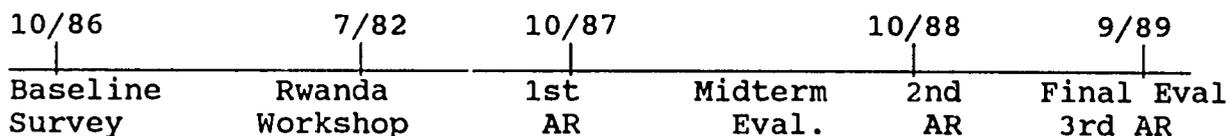
First Annual Report (AR)

Midterm Evaluation - internal

Second Annual Report

Final Evaluation - external

Third Annual Report

Goalsvs. Objectives

1. Difficult or impossible to reach during life of project.

1. Realistic, reachable within life of project.

2. Not measurable (e.g. lower infant mortality resulting from project).

2. Definitely measurable and concrete. "Objectively verifiable" says AID.

3. If achieved, will contribute to goal. Includes action verbs, time limit, quantified target, location.

4. Tends to be subjective.

4. Usually more objective.

Monitoring

vs.

Evaluation

Continuous

Occasional

What's Happening?

Why? What to change? Where to go next?

Internal

Internal or External

Can include process, must include outcome measures

Should include both process and outcome.

Quantitative measures

Qualitative measures

Objective

More subjective because many complex issues (e.g. community involvement) should be measured.

Issues to Consider in Evaluation

1. Results and their analysis

- what was achieved? Measurable?
- why?

2. Inputs

- human resources
- financial resources
- equipment
- supplies, drugs
- logistics

3. Management

- staff: hiring, training, supervision
- budget: planning tracking costs
- job descriptions - clear agreed to

Building Local Capacity/Institution Building

1. Why important?

- future funding uncertain
- NGOs reach small % unserved - need replication to reach more people.

2. Three levels

- Community: quality services required for beneficiaries to support activities
- Government: major role in recurrent cost take-over
- Indigenous groups and practitioners:

3. Financial

- encourage beneficiaries to contribute cash or in-kind
- control recurrent costs carefully
- develop income generating activities for health

ADRA/Rwanda and SCF/Cameroon each presented one program objective of their CS projects along with their plans for monitoring and evaluating their progress.

ADRA/Rwanda

Goal:

Reduce mortality rate due to diseases preventable by vaccination.

Specific Objectives:

1. Vaccinate 90% children <5 yrs. in 9 communes in Rwanda.
2. Vaccinate 90% of pregnant women against tetanus.

Strategy/Activities:

1. Train 28 vaccinators
2. Hire and train 2 supervisors for vaccinators
3. Train mobile teams
4. Etc.

Evaluation Data:

(presented in First Annual Report - ADRA/Rwanda)

Antigen Specific Vaccine

% of children 1-5
who have received
each vaccine:

Polio 1	96%
Polio 3	70%
Measles	59%
DPT 1	94%
DPT 3	67%
Completely vaccinated	53%
% children older than 5 years completely vaccinated	25%
% women 15-45 years who received TT 2	2.2%

Evaluation:

Plan revisions of vaccination strategy to increase number of women vaccinated.

SCF/Cameroon

Objective:

60% of families capable of treating diarrhea by appropriate feeding and effective ORT, as well as referral in time if diarrhea not improving.

Activities:

Training of all personnel - coordinators (nurses), community health workers, families.
Surveillance, all deaths investigated.
Surveys

Objective:

60% of families able to practice a method which allows child spacing and prevention of STD.

Activities:

Baseline surveys
 Training
 Prenatal visits
 Education of target population

Evaluation Plan:

- A. Family registration system. Data collected on all objectives.
- B. Rosters created of children 0-5 and women 13-49.
- C. Home visit cards
- D. Reports and registers
 - vaccination sessions
 - training sessions
 - etc.
- E. Quantitative Indicators
 - # children and women vaccinated
 - # families trained
 - # home visits
 - # participants
- F. Qualitative Indicators (via focus groups, home visits)
 - social marketing
 - observation

Supervision - Nkodo Nkodo**Essential Points:**

1. Definition:
 Supervision consists of assuring that the personnel accomplish correctly their work and that they become more efficient and competent in their work.
2. Planning for supervision needs to be elaborated as soon as objectives are known/established.
3. Practical Points:
 - Description of task/job - who?
 - Materials, stock, etc. - what?
 - Style - how?
 - autocratic - "do what I say"
 - anarchic - "do as you like"
 - democratic - "work together"
 - Intervening Factors:
 - where?
 - when?
 - why?
4. Types of problems and levels for resolution:
 - Health worker -- community
 - Health worker -- supervisor local
 - Village leader -- local supervisor
 - National reports PVO -- government

Resolution: verbal or written

Needs: new orientation, training, retraining/review course, continue work.

Small Group Work

The Group divided into 4 working groups to each address two questions (total 8 questions) regarding project supervision.

Questions concerning supervision - All in French

DAY 5 - P.M.Panel discussion - "Collaboration between partners in EPI"

Moderator - Napthal

Members: UNICEF, Maurice Ramakavel
 OMS, Dr. Wright
 CRS - Judith Kanakuze
 ADRA - Dr. Rufuku

What are the future plans for EPI when UNICEF and OMS phase out?

UNICEF -

- Supplies not up to date in Rwanda.
- Must be ordered by country.
- New sterilizers due in October.
- UNICEF on 5 yr. plans.
- With IMR still up no forseen plans for UNICEF to pull out of Rwanda.
- Only work through government; Not directly with PVOs for vaccines.

ADRA -

- Women overburdened in work and child care.
- In bad health.
- Bring services as close to women as possible.
- Arrange schedule to their hours.

OMS -

- Why not concerned about men's health?
- Coordinating community - for EPI in Rwanda.
- AIDS conference next week.

CRS -

- Coordinate with government

Appendix F
Session Designs

ALKA Rwanda Child Survival II Workshop - July 1987

Day: One Date: 19 July Time: 7:30-10:15 Subject: Participant Expectations and Expertise Objectives and Agenda
 Staff: Suzanne Reier Resource person(s):

Objectives	Key Messages	Methods	Materials
<p>1. Participants will express their expectations and expertise within their small groups and to the large group.</p>	<p>1. The workshop is based on the needs and expectations of the participants.</p>	<p>1. Intro to session and overview of agenda and objectives. 15 min.</p>	<p>-Daily agenda and objectives -Lists of tasks for groups (one for each person)</p>
<p>2. Participants will modify the workshop objectives according to their expectations.</p>	<p>2. The program can be modified according to participant input.</p>	<p>2. Small Group Work:- -each group identifies participants' expertise and expectations -compare to objectives of workshop - suggestions, additions, deletions. -compare to agenda of workshop - suggest additions, deletions.</p>	

ADRA Rwanda Child Survival II Workshop - July 1987

Day: One Date: 19 July Time: 7:30-10:15 Subject: Participant Expectations and Expertise Objectives and Agenda
 Staff: Suzanne Reier Resource person(s):

Objectives	Key Messages	Methods	Materials
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3. Participants will modify the workshop objectives according to their expertise.

3. All participants are resources and have various areas of expertise.

3. Large group

- Report back
- Make suggestions for changes, discuss and change objectives of program.
- Identify what should be in formal program, informal program and who should be responsible.

Day: One Date: 19 July Time: 10:15 - 10:45 Subject: AID Child Survival Initiative and
 AID-PVO Partnership
 Staff: Nick Danforth Resource person(s):

Objectives	Key Messages	Methods	Materials
<p>Participants will:</p> <p>1. Understand origin and reasons for Child Survival initiative of AID and for its 4 major foci.</p> <p>2. Understand importance of ORT and EPI in particular.</p> <p>3. Understand why AID needs PVOs to assist in reaching unserved.</p>	<p>1. Since mid-70's, AID has emphasized primary care, especially focused on mothers and children, and supports in particular four child health interventions (ORT, EPI, nutrition, and child spacing) through the Child Survival fund, contributing about \$10 million annually to PVOs.</p> <p>2. ORT can save half the infants (30-40,000) who die every day in the Third World. Immunization can save most of those in the other half.</p> <p>3. PVOs are serving many people in remote areas not served by governments. They are often more competent than other providers. Their infrastructure and staff are already in place for providing health outreach from their hospitals, schools.</p>	<p>-Short talks</p> <p>-Questions and answers</p> <p>-Individual Meetings</p> <p>-Distribution of Selected AID Child Survival Materials</p>	<p>- Newsprint posters summarizing points</p> <p>- AID publications for review and/or distribution: - Annual report from AID to Congress on Child Survival, 1985-86</p> <p>- Child Survival Fact Sheet</p> <p>-MSH Study of PVO health projects</p> <p>-MSH Study of PVO Effectiveness</p>

Day: One

Date: 19 July

Time: 10:15-10:45

Subject:

Staff: Nick Danforth

Resource person(s):

Objectives	Key Messages	Methods	Materials
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Cont. . .

4. Understand need for carefully monitoring, reporting, evaluating.

AID evaluations reveal health projects do not adequately document effectiveness. AID will encourage grantees to better monitor, evaluate their activities to demonstrate to each other, AID, and Congress how effective they are.

Day: One Date: 19 Jul Time: 11:00 - 12:30 Subject: Monitoring and Reporting Requirements

Staff: Subhi Mehdi

Resource person(s):

Objectives	Key Messages	Methods	Materials
Participants will have: 1. Been acquainted with AID's three tiered reporting system. 2. Reviewed Tier I Questionnaire in detail.	1. Monitoring system is an important management tool. 2. Tier I reporting is required of all the health and child survival projects. 3. For Tier II only those projects which have an EPI component should report on immunization coverage rates.	- Explanation of AID's three tiered monitoring system. - Item by item review of pages 1-4 of the Tier I questionnaire, French version. - 5 small group discussions on Demographic, ORT, EPI, Nutrition, and Birth spacing schedules. - Regroup for summary, questions, and answers.	1. AID's Tier I Health and Child Survival Reporting Schedules (English version). 2. Same as above in French.

Day: One

Date: 19 Jul

Time: 2:00 -3:00

Subject: Cultural Sensitivity and Community Participation

Staff: Suzanne Reier

Resource person(s): Rucibwa Naphtal

Objectives	Key Messages	Methods	Materials
1. Connaître les étapes à suivre pour un bon diagnostic de la communauté	-Les étapes de connaître une communauté est importante dans le recensement et la résolution de leurs problèmes.	Lecture - Discussion	Black board Chalk Handouts
2. Connaître le rôle d'un agent de changement dans le processus de changement.	-L'agent de santé est un catalyseur -La participation de la communauté est indispensable à la réussite d'un projet.	Discussion	Tableau noir, Crai, Papeirs
3. Comprendre la similarité entre les systèmes de sensibilisation de la population dans les pays participants à l'atelier.	-Le système de sensibiliser la population. -Le système organisationnel du Rwanda -La collaboration des autorités administratives du pays est indispensable à la réussite d'un projet.	Discussion	

Day: One Date: 19 July Time: 3:30 - 4:00

Subject: Orientation for field visit #1 - Key Informants

Staff: Mary Carnell

Resource person(s):

Objectives	Key Messages	Methods	Materials
<p>After session participants will have:</p> <p>1. <u>Discussed</u> various methods to gather information from projects which will be the subject of each of 3 field visits in the workshop.</p> <p>2. <u>Discussed</u> why simple, but precise information is needed to plan and effectively manage a project.</p> <p>3. <u>Understood</u> logistics for first field visit.</p> <p>4. <u>Determined</u> objectives for field visit and what questions are to be asked.</p>	<p>1. Key informant interviews, focus groups and quantitative surveys are <u>complementary</u> methods to gather information for project management.</p> <p>2. If you don't know where you are going, any road will do.</p> <p>3. If you plan a dinner, you need to know how many are coming.</p> <p>4. Key informant interviews need focused questions as well as open-ended discussion on pertinent topics.</p>	<p>Discussion</p> <p>Same</p> <p>Break into small groups who will be together on field visit.</p> <p>Decide who will be recorder for small groups during interview.</p>	<p>Newsprint Materials</p> <p>Same</p> <p>Same</p>

Day: Two Date: 20 July Time: 7:30-11:30

Subject: Field Visit - Key Informant

Staff: Mary Carnell, Suzanne Reier

Resource person(s): Jim Conran, Charles Rufuku

Objectives	Key Messages	Methods	Materials
Participants will have: 1. <u>Participated</u> in a key informant(s) interview using focused objectives and questions.	1. Need to experience a method in order to be able to use it effectively in own CS project.	1. 4 small groups to 4 sites for interviews.	- vehicles - drivers -translators
2. <u>Presented</u> summary of interviews to large group.	2. Given same assignments, information gathered by 4 groups depends heavily on the <u>objectives and focus</u> of each group.	2. Large group presentation.	-Newsprint -Markers
3. <u>Discussed</u> how key informant interviews have been or could be used in their CS projects.	3. Need to be clear about the objectives of key informant interview and plan questions, yet allow time for unforeseen topics to be discussed.	3. Large group presentation.	

Day: Two

Date: 20 Jul

Time: 2:00 - 3:00

Subject: Growth Monitoring - Nutrition/ORT

Staff:

Resource person(s): Jean Marc Michel

Objectives	Key Messages	Methods	Materials
<p>1. Demonstrate the great potential for Growth Monitoring for promoting Child health and development.</p>	<p>1. GM is a tool for prevention of malnutrition and an important part of the sick child's health record.</p>	<p>1. Lecture</p>	<p>1. Blackboard, posters</p>
<p>2. Demonstrate the difficulties in realizing this potential.</p>	<p>2. GM can serve to unite the other strategies in CS into a synergistic group.</p>		
<p>3. Analyze the factors working against GM in Rwanda, as an example.</p>			
<p>4. Outline the interventions which are applicable to the Rwanda situation for promoting GM.</p>	<p>4. The importance of doing a series of interventions (ORT, family planning, treatment of endemic diseases, etc.) against these factors which have a harmful effect on a child's health.</p>	<p>4. <u>Demonstration.</u> Variation in composition of salt and sugar solution recipes for rehydration from various countries.</p>	<p>4. Scale, salt, sugar</p>
	<p>5. The importance of doing an analysis of the diverse factors at the level of the individual <u>and his/her family</u> (affecting nutrition and illness) before doing interventions to affect growth.</p>		

Day: Two Date: 20 Jul Time: 3:00 - 4:45 Subject:

Staff: Resource person(s):

Objectives	Key Messages	Methods	Materials
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6. Vicious cycle of diarrhea and malnutrition.

6. ORT - methodology to do focus groups on ORT, diarrhea and analyse these "interviews" (KAP - knowledge, attitudes, practice on diarrhea

Day: Two Date: 20 July Time: 3:00 - 4:45

Subject: Focus Group Interviews

Staff: Mary Carnell

Resource person(s): Gabriel Muligande

Objectives	Key Messages	Methods	Materials
<p>Will be able to:</p> <p>1. <u>Describe</u> what a focus group interview is.</p>	<p>1. 6-12 participants representative of target group who participate in open discussion where information between members is challenged to stimulate a deep discussion.</p>	<p>Large Group discussion</p>	<p>Newsprint</p> <p>Markers</p>
<p>2. <u>Understand</u> the advantage of group interviews versus quantitative surveys, and their complementary natures.</p>	<p>2. Qualitative information: -inexpensive -quick -easy to organize</p>	<p>As above</p>	
<p>3. <u>Plan</u> a group interview tailored to a prescribed methodology.</p>	<p>3. Best if groups composed of same sex, ages, and socio-economic level. Give little advance notice of subject.</p>	<p>As above</p>	
<p>4. <u>Discuss</u> the use of these groups in own project settings.</p>			

Day: Two

Date: 20 July

Time:

Subject: ORT Demonstration

Staff: Mary Carnell

Resource person(s): Nkodo Nkodo

Objectives	Key Messages	Methods	Materials
1. Share the different ORT formulas used in the individual's project countries.	-ORT not standardized in countries or between countries.	-List ORT formulas on newsprint	Newsprint
2. Experience the use of a precise scales as a teaching tool for training in ORT - T.O.T. and for mothers.	<p>-Simple method to check accuracy of salt/sugar measures can be a tremendous teaching aid. Surprises assured for everyone!</p> <p>-Some methods are not accurate and can be dangerous.</p>	<p>-Have various participants measure salt, sugar by their method then weigh on scale to check accuracy of method.</p> <p>-Compare results to WHO permissible limits: Salt 3.5 - 7.0 gm Sugar 20 - 40 gm Water - 1 liter</p>	Scale Salt Sugar

Day: Two Date: 20 July Time: 4:00 - 4:30 Subject: Focus Group Orientation to field Visit

Staff: Mary Carnell

Resource person(s): Gabriel Muligande

Objectives	Key Messages	Methods	Materials
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Participants will have:

1. Planned objectives and guidelines to direct focus groups.

-Adopt a supple attitude, discreet, sensitive, sociable.

Small groups

General guidelines - written

-Use tape recorder to allow you to listen over and over to subtleties and to transcribe later on.

Day: Three Date: 21 Jul Time: 8:00 - 11:30 Subject: Field Visit #2 - Focus Groups

Staff: Mary Carnell

Resource person(s): G. Muligande

Objectives	Key Messages	Methods	Materials
1. <u>Experience</u> doing a focus group.	-Experience is the best teacher; "See one, do one, teach one".	-Field visit 4 focus groups	-vehicles -translators -tape recorders
2. <u>Share</u> information with other groups.			
3. <u>Analyze</u> data collected.			
4. <u>Discuss</u> how focus groups could be used in planning CS programs as well as mid-term and final evaluations.	-Focus groups can be extremely useful tools to understanding <u>WHY</u> something is or is not working in a project.		

Day: Three Date: 21 July Time: 2:00 - 3:45

Subject: EPI Technical Session - Current Issues

Staff: Mary Carnell

Resource person(s): Drs. Amayun, Rufuku, Nkodo

Objectives	Key Messages	Methods	Materials
<p>Participants will have:</p> <ol style="list-style-type: none"> 1. <u>Understood</u> the topics in EPI to be covered during the session and the time allotted to each area. 2. <u>Discussed</u> comments from AIDS III Conference June 87/Washington as pertains to CS and EPI. 3. <u>Observed</u> a demonstration of new sterilization equipment adopted by WHO in light of AIDS for EPI program. 	<ol style="list-style-type: none"> 1. Important to strike balance between theory and practice: discussion and demonstration; technical updates in EPI with important lessons learned in EPI by each project in field. 2. AIDS: <ul style="list-style-type: none"> -threatens to unravel progress from CS efforts. -Localized to portions (urban) of certain African countries -complicates standard treatments for other diseases. -High IMR and malnutrition still most important health issues in developing countries. -One Needle - One Syringe per child vaccinated. 	<ol style="list-style-type: none"> 1. Agenda listed on newsprint with "discussion" and "demonstration" for each topic. 10 min. 2. Presentation to Large group with brief discussion of AIDS and CS in their countries. 15 min. 3. Demonstration of current WHO recommended technique. 10 min. 	<ol style="list-style-type: none"> 1. Newsprint Markers 2. Same as above 3. Pressure cooker Needles syringes stove, fuel, matches water

Day: Three Date: Time: Subject: EPI, cont.

Staff: Resource person(s):

Objectives	Key Messages	Methods	Materials
Cont. . .			
4. <u>Discussed</u> a reusable vs. disposable vs. jet injection for EPI programs.	4. Plastic reusable syringes are inexpensive and durable. Offer best solution for safe EPI programs.	4. Discussion-large group. 5 min.	
5. <u>Analyzed</u> EPI strategy of supply and demand.	5. Long-range planning necessary to coordinate effective EPI campaign. Must pay attention to both increasing "demand" for EPI (sensitization of population, publicity) as well as "supply" (cold chain, logistics, vaccine, etc.).	5. Discussion - large group. 15 min.	Blackboard Chalk
6. <u>Understood</u> practical application using ADRA/Rwanda as example.	6. NGO is only one of several partners in EPI in a country, but all have similar goals.	6. Large group "demonstration" 10 min.	Newsprint Markers
7. <u>Shared</u> 1 important lesson in EPI from each CS project.		7. Each CS team to present one experience in EPI in their project. (4 min. each to 25 min. total)	
8. <u>Understood</u> a strategy to comply with BOTH AID and government target groups for EPI.	8. Establish SUB-OBJECTIVE to monitor coverage of 0-1yr. <u>HIGH RISK</u> group - track separately from target group.	8. Discussion	

Day: Three Date: Time: Subject: EPI

Staff: Resource person(s):

Objectives	Key Messages	Methods	Materials
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Cont. . .

9. Shared their projects' schemes to track HIGH RISK (0-1yr).

9. Full series completion of 0-1yr GOAL!

9. List ways to track the high risk group. 10 min.

Day: Three Date: 21 July Time: 4:00 - 4:45 Subject: EPI Coverage Survey - Orientation

Staff: Mary Carnell

Resource person(s): Napthal, Rufuku

Objectives	Key Messages	Methods	Materials
<p>Participants will have:</p> <ol style="list-style-type: none"> 1. Been oriented to Wednesday's site visit and understood the mechanics of the survey - logistics, groups, translator accustomed to questions. 	<ol style="list-style-type: none"> 1. Simple demographic and EPI coverage survey can help program planning. 	<ol style="list-style-type: none"> 1. Large group introduction and short discussion. 15 min. Divide into survey teams: 2 participants 1 staff 1 translator (CHW) to discuss strategy. 30 min. 	<ol style="list-style-type: none"> 1. Survey forms -demographic -EPI coverage Map of sector to be surveyed.

Day: Four Date: 22 Jul Time: 7:30 - 12:00 Subject: EPI Coverage Survey - Field

Staff: Mary Carnell

Resource person(s): Napthal, Rufuku

Objectives	Key Messages	Methods	Materials
<p>Participants will have:</p> <p>1. Completed an EPI-demographic survey of 5 households with 5 children 0-1 yrs.</p> <p>2. Collated and analyzed data from the group to establish the EPI coverage of 0-1 yrs. in sample.</p>	<p>1. Does not require a lot of time, money or outside consultation to perform.</p> <p>2. Sampling Methodology needs more attention. Too much time spent on questionnaire, not enough on choosing sample and quality of data collected.</p>	<p>1. Field Visit - Household surveys door to door until 5 children age 0-1 yrs. found for each team. Logistics: Reviewed. 3 hours.</p> <p>2. Teams will fill in dummy graph as they return. Totals and percentage coverage by antigen quickly calculated. Sampling methods discussed. 1 hour.</p>	<p>Field 6 vehicles 7 teams survey forms 7 translators</p> <p>Newsprint Dummy graph</p>

Day: Four

Date: 22 July

Time: 2:00 - 4:45

Subject: Revision of monitoring plans

Staff: Subhi Mehdi

Resource person(s):

Objectives	Key Messages	Methods	Materials
<p>Participants will have:</p> <p>1. Revised their monitoring plans to meet their project reporting and management needs.</p>	<p>1. Monitoring system is an important management tool.</p> <p>2. Good information from the field helps AID/W gather support for continuing funding of these projects.</p> <p>3. Apart from basic Tier I indicators established by AID, each PVO may need additional indicators to track the progress of its project.</p> <p>4. A monitoring system should:</p> <p>a. Have a set of indicators that track the progress of its objectives,</p> <p>b. indicate how the data is to be collected, and,</p> <p>c. indicate how the data will used.</p>	<p>1. Each participant will group with his/her organizational counterpart to work on their project monitoring plans.</p> <p>3. For each objective of their projects, the participants will select one essential indicator to track its progress.</p> <p>4. The reporter for each group will explain why his/her group chose particular indicators and how they plan to collect and use the data.</p>	<p>1. Black board and chalk to write progress indicators.</p> <p>2. Newsprint for writing key messages.</p>

Day: Five

Date: 23 July

Time: A.M.

Subject: Evaluation - Self-sustainability

Staff: Nick Danforth

Resource person(s):

Objectives	Key Messages	Methods	Materials
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No Training plans submitted.

Day: Five

Date: 23 Jul

Time: 10-12 A.M.

Subject: Supervision

Staff:

Resource person(s): Dauda Malle and Nkojo Nkodo

Objectives	Key Messages	Methods	Materials
<p>Participants will have:</p> <ol style="list-style-type: none"> 1. Outlined the elements of supervision in the various activities of their CS projects 2. Discuss the idfferent types of problems which can exist between the health worker and the community he/she serves. 3. Discussed at what time the issue of supervision should be considered in planning a project and what practical steps need to be taken to assure good supervision. 4. Listed various types and techniques for supervision. 5. Outlined problems which can exist between health worker and supervisor. 		<ol style="list-style-type: none"> 1. Small groups to discuss 2 assigned subjects and summarize on newsprint in large group. 	<ol style="list-style-type: none"> 1. Newsprint, markers, blackboard, chalk.

Day: Five

Date: 23 Jul

Time: A.M.

Subject: Community Participation

Staff:

Resource person(s): Wendy Newcomer and Bolle Mbaye

Objectives	Key Messages	Methods	Materials
<p>6. Suggested alternatives for supervision for 30 health workers who work at long distances from each other and from the health center.</p> <p>7. Determined which parameters to examine during a supervisory visit.</p> <p>8. Discussed the various levels at which problems encountered during supervision can be resolved.</p>			

ADRA Rwanda Child Survival II Workshop - July 1987

Day: Five

Date: 23 July

Time: A.M.

Subject: Community Participation

Staff:

Resource person(s): Wendy Newcomer and Bolle Mbaye

Objectives	Key Messages	Methods	Materials
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No Training plans

ADRA Rwanda Child Survival II Workshop - July 1987

Day: Five

Date: 23 July Time: P.M.

Subject: Panel Discussion

Staff:

Resource person(s): Naphthal Rucibwa-Moderator

Objectives	Key Messages	Methods	Materials
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No Training plans

Appendix G
Resource Materials for Packets and Resource Room

PARTICIPANT PACKET MATERIALS LIST

Population Reports, Serie L, Numero 2, Juillet 1981, Population Information Program, Johns Hopkins Univ., Hampton House, 624 North Broadway, Baltimore, MD 21205

Hirschhorn, Norbert. Questions sur la réhydratation orale, Diarrhee-Dialogue, numéro 1, pg. 4,5 . Publication trimestrielle - AHRTAG: 85 Marylebone High Street London, W1 M 3 DE

Series: Techniques de supervision, from Organisation Mondiale de la Santé.

Traitement de la diarrhée
Participation de la communauté
Formation

Tron-Carroz, Martine. La réhydratation par voie orale: une expérience nouvelle. Afrique Santé no. 35 - 8 déc 83, pp. 22-29

Traitement et prévention des Diarrhées aiguës: Directives destinées aux instructeurs des agents de santé. OMS.

Programme de Lutte Contre Les Maladies Diarrhéiques. Document Destiné Aux Personnel infirmier, Travailleurs, Sociaux et Instituteurs. Centre International de l'Enfance, 1985.

L'Enfant en milieu Tropical, No. 162/163, 1986 - Les Vaccinations. Centre International de L'Enfance.

Henderson, Dr. R.H. Le point sur les vaccinations: les récentes recommandations du programme élargi de vaccination de l'OMS. Contact, No. 73, Janvier 1985, pp. 12-16.

Series: OMS Programme élargi de vaccination - Formation des cadres Moyens.

Introduction
Superviser L'Execution (Paquet d'Imprimés)
Diriger La Surveillance des Maladies
Evaluer la Couverture vaccinale
Diriger les Seances de Vaccinations
Repartir les Ressources
Assurer La Formation
Assurer Le Fonctionnement de la Chaine du Froid (Revision Fevrier 1985)

Quelques faits et chiffres sur la vaccination. 3 pg. xerox

La Vaccination de par le Monde - One page chart xerox from UNICEF.

Issues of: Mères et enfants

- Vol. 5, No. 1, 11/12 1985 - Comment Les Mères Mesurent La Croissance
- Vol. 4, No. 1, Mar/Mai 1984 - L'écart entre les naissances: pour la santé de la mère et de l'enfant
- Vol. 4, No. 2, Sept. 1984 -- Encadrement des activités sur l'amélioration des méthodes de sevrage.
- Vol. 2, No. 1, Hiver 1982 - Le contrôle de la croissance: des techniques pour moniteurs.

1987 Maternal-Infant Health poster calendar

Vincent, D.M.; Kekana, L. Les Croyances Traditionnelles et la malnutrition. Salubritas. Vol. 1, No. 2, Avril 1977.

APHA Action Issue Papers

ORT

Growth Monitoring

EPI

Breastfeeding

State of the World's Children. UNICEF. French.

Population Reports (French)

Series J, No.24, 1984 - Family Planning

Series L, No.5, 1987 - EPI

Series L, No.6, 1987 - AIDS

Series J, No.27, 1985 - Family Planning

Somer, A. Field Guide to the Detection and Control of Xerophthalmia. (2nd Ed) French. WHO 1982

MATERIALS FOR RESOURCE ROOM

Cole-King, Susan. La thérapie par réhydratation orale, liens avec d'autres programmes. Carnets de l'enfance, No. 61/62, pp. 109-123, 1983.

Knebel, Peter. La Réhydratation par voie orale dans les centres implantés dans les pays en développement - Manuel fondé l'expérience du Mali. Club du Sahel, Organisation de coopération et de développement économiques (OCDE)

Carte des calories et des vitamines pour 150 aliments africains. ORANA, 39, Avenue Pasteur - BP 2089 Dakar, Senegal.

Gibbons, G., et al. Redécouverte De L'Allaitement Au Sein - Document d'information sur le film. UNICEF, Jan. 1986

Series: Vaccination en Pratique: Guide à l'usage des agents de santé qui administrent les vaccins, WHO (OMS)

Guide à l'Usage du Formateur

1. Les Vaccins et Quand les Administrer
2. Seringues, Aiguilles, et stérilisation
3. Comment Administrer les Vaccins
4. Préparation d'une séance de vaccination
5. Comment diriger une séance de vaccination dans un poste avancé
6. Education sanitaire dans le cadre d'un programme de vaccination
7. Comment évaluer votre propre programme de vaccination

Diarrhoeal Diseases Control/Lutte Contre les maladies Diarrhéiques. WHO/CDD Rev.1 (1986) - bilingual

La Chaîne de Froid - Entretien du matériel de chaîne de froid. OMS slide set with guide

La Chaîne de Froid - Surveillance des vaccins. OMS slide set with guide.

Le Probleme des Maladies Diarrhéiques Aigues et les Moyens de Prevention. OMS Slide set with guide.

Maladies Diarrhéiques Aigues - Caracteristiques Cliniques et prise in charge. OMS slide set with guide.

Last four issues of:
Diarrhea Dialog
Contact

Meres et Enfants

Accélération des Activités de vaccination: Principes de Planification, (WHO).

Contact - the following issues:

- #69 May 84 Formation d'agents sanitaire
- #47 July 80 Community Organization
- #60 Sept 82 Malnutrition in the community
- Special Edition #1 June 81
- Special Edition #2 July 81

International Children's Center Documents:

- Ref. # 850808788L
1985 Vol. 6, #2, pp. 215-228
Bulletin du L'association de pediatrique, Apercu des Activités
- Ref. # 850506446D
Forum Mondiale de la Santé, 1985, Vol. 6, No. 1, pp 22-26. Les soins de santé premiere de l'esprit qui s'acquiert
- Ref. # 850808581L
Forum Mondiale de la santé, 1984, Vol 5, #4, pp 321-327. Les agents de sante de communautaire sont-ils varaiment progresse les soins de sante de premiere.

Cahiers du Cidesso, Series A. An Approach to the global evaluation of PHC: Internal and external. 1984, No. 2, Sept, pp. 1-39.

Accélération des Activités de vaccination: Principes de Planification, (WHO).

Vaccination in practice: a guide to the use of health agents.
Geneva OMS, EPI/CHW/84/TG (French edition)

Women, health and development. OMS offset pub. #90, pp. 1-38
(French edition)

Accelerating the health for all program by the year 2000 by activities at the local level.
OMS offset #28. (French edition) RPM.9/WP/03 Rev.2.

Pour la mesure de l'impact nutritionale des programmes d'alimentation complimantaire visant les group vulnerable.
(1983) OMS document.

WHO ISBN 9242541443 Series: Agent de Sante Communautaire
Guide d'action
Guide de formation
Guide d'adaptation

WHO ISBN 9242541486
Si Veus etes change

WHO ISBN 1242541664

Measure des modifications de l'etat nutritionale. (1983)

OMS Offset #68 ISBN 9242700681

Formation des agent de sant : Auto-evaluation des enseignants
pour mieux ensiegner.

Warner, David. Where there is no doctor. (L    ll'n'y pas de
docterer). Hesperian Foundation.

Population Handbook. (Int'l Edition) 1984 reprint. Population
Reference Bureau. 2213 M St., Wash.DC 785-4664.

Appendix H
Registration Form and Letters

March 9, 1987

PVO Headquarters Contact Person
Address

Dear Contact Person,

ADRA will host a workshop for PVO field staff working in Child Survival francophone Africa. We are inviting one or two participants from your organization's project in (country name) to this workshop. It will be held in Rwanda from July 17 to 24 and involve participants from PVO's operating Child Survival projects funded through USAID Office of Private and Voluntary Cooperation in their first year implementation.

This workshop is part of USAID's technical assistance strategy to enhance the role of PVO's and improve their competence in Child Survival programming. It is directed to improving the delivery, use and effectiveness of child survival technologies, including immunization, oral rehydration, and nutrition. Ways will be identified to improve the coordination and communication of Child Survival activities between PVO's, host country governments, and international organizations working in health. This type of meeting will be particularly fruitful as a means of facilitating the exchange of ideas and experiences among PVO field personnel working in Child Survival.

I will be corresponding further with you as logistics of the workshop proceed, but initial steps need to be taken soon. These are outlined below.

1. Participant selection.

These should be local field staff who are actually responsible for delivery of services or direct supervision of service delivery. More senior staff may attend on a case-by-case basis, but first preference will be given to those actually involved in service delivery. No more than two persons from each PVO will attend.

These participants should be named as soon as possible and the attached registration form returned to me. This information on the names and addresses of the participants and your organization's officer in-country will be vital

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to arrangements for travel and finance as we prepare for the workshop.

2. Workshop design.

In late April a group of workshop staff and USAID child survival staff will meet to prepare session designs for the workshop. These will be based on a review of your detailed implementation plans and your identification of priority interests. Attached is a list of interest areas, please rank these from 1 (most important) to 10 (least important) based on the information you have about your project in (country name) and your organization's priorities for this project. This should be returned with the participant registration form.

3. Finances.

ADRA is hosting this workshop under a contract with the Office of Private and Voluntary Cooperation of USAID. We will cover the expenses for up to two participants from each PVO, including air fare, per diem while traveling to and from Rwanda. Travel, accommodation and food will be provided by ADRA in Rwanda. Air tickets will be purchased by ADRA in Washington and forwarded through the airlines to the city from which your participant's flights originate. The airline office there will notify your country director's office regarding where and when to pick up the tickets. I will correspond with you again regarding your participants' itineraries. Per diem for participants will be sent to your headquarters office to be forwarded by you to the participants. Per diem amounts are based on ADRA's rates. Travel within Rwanda will be provided by ADRA, as will food and lodging at the workshop site. We request that your organization in (country name) take responsibility for obtaining visas where necessary.

If your organization plans to send participants to the workshop we would like to have a brief (2 page) description of your project in the participating country. These descriptions will be sent to all participants prior to the workshop. We would like to have these project descriptions, your prioritized checklist of workshop content areas, and the

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registration information from you by April 10.

If I can be of help or if you have further questions,
please call me.

Yours sincerely,

R. Gordon Buhler
Assistant Director for Technical Support
Human Resource Development

RGB:lg

Enclosures

cc: John Grant
Dori Storms
Mario Ochoa

Checklist for Workshop Content Areas

(Please rank content areas in order of importance to your project. One (1) indicates the highest priority and ten (10) the lowest.)

- _____ Technology of Immunization (i.e. cold chain)
- _____ Growth Monitoring
- _____ Oral Rehydration Therapy
- _____ Baseline Data Collection Methods
- _____ Monitoring, Reporting and Evaluation Methods
- _____ Program Design
- _____ Health and Nutrition Education
- _____ Community Organization
- _____ Coordination with Government and other Agencies
- _____ Training Methods and Materials

Registration

Participant #1

Name _____ Organization _____
Address _____ Title _____
_____ Traveling from _____
_____ (nearest major airport)

Participant #2

Name _____ Title _____
Address _____ Traveling from _____
_____ (nearest major airport)

PVO Office in-country:

Director or Project Manager: _____

Address: _____

Telex _____ Telephone _____

June 4, 1987

PVO Participant Name
African Address

Dear Participant,

Our Child Survival Workshop is getting closer. Things seem to be shaping up fairly well, but the last minute preparations are most important. I hope that your travel to and from the workshop will be without any delays or difficulties.

We have purchased the tickets. They are enclosed with a list of information you will need to use to make this a pleasant journey. Also, enclosed are a set of general objectives and a schedule for the workshop. You will notice that one of the first sessions is devoted to getting your objectives for the workshop. These will be integrated in the program as far as possible.

I apologize for writing this in English, and hope that you all have someone who can help you understand it if you read only French.

I look forward to meeting you in Kigali. Please telex me if you have any questions or problems.

Yours Sincerely,

R. Gordon Buhler, Ph.D.
Assistant Director
Human Resources Development

RGB/pad

Enclosures