

**REPORT ON THE
BOLIVIA PVO CHILD SURVIVAL PROJECT
MONITORING AND EVALUATION WORKSHOP**

September 15 - 18, 1987

Huatajata, Bolivia

A training workshop for implementors of child survival projects carried out by private voluntary organizations in Bolivia, in collaboration with Government health authorities, UNICEF, PAHO, and other multilateral agencies working to improve health and nutrition of mothers and children in Bolivia.

by

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SUMMARY OF ACCOMPLISHMENTS

A workshop on evaluating and monitoring child survival (CS) interventions was held in Huatajata, Bolivia, September 15 - 18, 1987. The two themes of the workshop were (a) to provide useful techniques to monitor, report, and evaluate CS interventions and (b) to facilitate enhanced collaboration among agencies working in child survival activities. The workshop was co-sponsored by United States Agency for International Development, and the PVO Child Survival Support Program at The Johns Hopkins University, in cooperation with Planning Assistance/Bolivia.

The 32 workshop participants included representatives of private voluntary organizations (19), PAHO (1), UNICEF (1), USAID/Bolivia (3), World Food Program (1), and members of the Bolivian Ministry of Health (MOH) at the national and departmental levels (4). Both local and US-based PVOs were represented: CARE, Save the Children, Foster Parents Plan, Meals for Millions¹, Food for the Hungry, Project Concern, Andean Rural Health Service, Project Esperanca, Catholic Relief Services, CARITAS/Bolivia, and PRITECH. All participants are working in child survival activities in Bolivia.

There were two highly unusual aspects to this workshop. It was the first time in Bolivia for members of the PVO community, the Ministry of Health, and multilateral organizations to meet together and attempt to strengthen coordination and improve effectiveness of child survival activities. It was also one of the very first collaborative workshops to be concerned with improvement of monitoring and evaluation activities at the local or district health level.

The workshop staff included: Beverly Tucker, Workshop Coordinator; Juan Carlos Castro and John Branez, Workshop Facilitators from IDEA/Bolivia; Mr. Robert Steinglass, Immunization Consultant from REACH; Dr. Sally Stansfield, Diarrheal Disease Consultant from PRITECH; Dr. Charles Teller, Growth Monitoring Consultant from International Nutrition Unit; Dr. Michele Denize, Health Information Systems Consultant from Save The Children/USA; Dr. Anne Gadowski, Vitamin A Consultant from The Johns Hopkins University; and Dr. Doris Storms, Coordinator of the PVO Child Survival Support Program and representative of the Bureau of Food for Peace and Voluntary Assistance, A.I.D./Washington. The workshop staff was assisted by PVO regional technical staff persons: Dr. Victor Lara of PLAN International/USA and Dr. Sharon Guild of SCF/USA. Responsibility for sessions was also taken by Jaime Medrano of Planning Assistance; Dr. Anna Marie Aguilar of PRITECH/Bolivia; and Dr. Gary Smith of The Johns Hopkins University.

¹ Also known as the Freedom from Hunger Foundation.

The workshop design emphasized simple techniques to collect information needed when monitoring and evaluating key CS program components such as immunization, management of childhood diarrheal diseases, promotion of better infant/child feeding practices, and growth monitoring. Individual and group tasks were assigned to the participants. Reading material and handouts in both Spanish and English were available at each session.

The participants were encouraged to share past or current experiences in project monitoring and evaluation. Such country-specific experiences were contributed by staff from CARITAS/Bolivia, CARE, Project Concern International, and Save the Children.

On the final day of the workshop, the individual PVOs presented 90-day work plans and recommendations for collaborating with the non-PVO participants in better serving the needs of women and of high-risk children under five years of age.

The points of interest resulting from the workshop are:

- a) The 90-day work plans developed by each group of participants;
- b) The recommendations developed by the participants to achieve better coordination of services in their CS activities;
- c) The identification of specific areas needing further epidemiological study to increase effectiveness of child survival activities in Bolivia;
- d) The interest generated in possible birth spacing activities as a means to decrease maternal mortality.

The group dynamics and spirit of partnership were prominent outcomes of the workshop. In the opinion of the majority, the workshop fulfilled its goals, met the individual expectations of participants, enhanced collaboration among PVOs, and most importantly, strengthened coordination of resources against the major diseases of childhood. A follow-up meeting of PVOs was scheduled for October to begin implementation of workshop recommendations.

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 (CSAP) has become one of A.I.D.'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 goals of child survival.

In Bolivia, private voluntary organizations take a particularly active role in child survival activities. To date, A.I.D. has committed 10 million dollars to the implementation of PVO child survival projects in Bolivia. Some of these are funded directly by the USAID mission, and others by the central A.I.D. Office of Private and Voluntary Cooperation (PVC), Bureau of Food for Peace and Voluntary Assistance, through a competitive PVO child survival grants award program.

A. Workshop Support Available from A.I.D./Washington

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 A.I.D. to keep PVOs informed about the special requirements of the CSAP 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 CS projects. In particular, PVC has called upon two technical resource groups for short-term consultancies:

- a) REACH (Resources for Child Health) draws upon experts in the field of immunization and health care financing to offer technical assistance to A.I.D.- assisted countries, to A.I.D.

bureaus and missions, to PVOs, and to other agencies and organizations. The focus of REACH's technical assistance is on the design, implementation, and evaluation of EPI and primary health care, and the financing of primary health care and child survival activities.

b) PRITECH (Technologies for Primary Health Care) is a consortium of international organizations and individuals working to assist developing nations in reducing infant and child mortality through ORT, immunization, and other disease control technologies. PRITECH provides project design assistance in the areas of management, financing, non-government alternatives, training, commodities production, public education, and commercial sales of ORS.

Through its agreements with REACH and PRITECH, PVC has been able to obtain the services of health specialists to provide needed technical assistance to the PVOs in project planning, implementation, and evaluation.

In addition, 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. The arrangement with JHU has made it possible for consultants to travel to the field where they may orient CS project field staff to the CS reporting requirements, provide feedback on technical reviews of project documents, meet with the USAID program officers, and perform a valuable monitoring function for the central office.

B. Origins of the Bolivia Workshop

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. In the past two years, JHU has assisted with regional Africa implementation workshops which have been held in cooperation with Meals for Millions in Sierra Leone, the Adventist Development Relief Agency in Rwanda, and World Vision in Zimbabwe. These field-based workshops have focused on issues in implementation of PVO CS projects. The workshops have been very successful in encouraging sharing of experiences among PVOs, promoting coordination with national health programs, while increasing awareness of state-of-the-art child survival technologies.

Because 10 projects funded by PVC were located in Bolivia, the PVC Child Survival Coordinator and members of the JHU PVO Support Program thought that a workshop might be of assistance to project staff. In September 1986, Dr. Gary Smith, consultant for the PVO Support Program, visited the Bolivian CSII projects in their first

months of implementation. While there, he inquired whether a workshop would be desirable, and if so, what topics should be covered in the meeting. Upon his return to the US he presented a draft for a five-day workshop to be held in the winter. However, difficulties encountered in coordinating existing workshop planning at Johns Hopkins, and the changes occurring in the Health Development office at USAID/Bolivia, resulted in the postponement of workshop planning for Bolivia.

In July 1987, the objectives for and scheduling of the workshop were decided on when the PVOs working in child survival met with Mr. Paul Hartenberger, USAID/Bolivia, and with Dr. Petra Reyes, Child Survival Fellow from A.I.D./Washington, and specifically requested that a workshop for monitoring and evaluation be held in the fall of 1987. USAID took the initiative of organizing a workshop, for which it requested Johns Hopkins to take direction from the PVO Executive Committee's deliberations.

The request to focus on monitoring, reporting, and evaluation is understandable. The extensive monitoring and reporting requirements of A.I.D.'s Child Survival Program have exacerbated weaknesses in existing health information systems. The need to strengthen PVO health information systems is not specific to any country or PVO. Most PVOs recognize that careful monitoring can improve project functioning. Half of all technical assistance requests from PVO CS projects around the world have been for help with the design of health information systems (HIS), the conduct of baseline studies, or participation in project evaluations.

In addition to specifying the subject of the workshop, the request specified that the participants of the workshop include representatives of many organizations that are promoting and assisting the delivery of health services to mothers and children in communities throughout Bolivia. In fact, the PVO Executive Committee (representatives of local and US-based PVOs with child survival activities in Bolivia) requested a reduction in the number of participants from PVOs to permit more personnel from collaborating agencies in Bolivia to attend the workshop. Clearly, a major theme of the workshop was collaboration and coordination of resources.

The JHU PVO Support Program agreed to assist USAID/Bolivia in design and conduct of a workshop whose purpose was two-fold:

1. To provide CS project staff with useful techniques for monitoring, reporting, and evaluation.
2. To facilitate collaboration among PVOs, government health authorities, and other bilateral and multilateral agencies working in CS.

II. PLANNING AND PREPARATION

The USAID Mission contracted a local PVO, Planning Assistance/Bolivia, to plan, administer, and provide logistical support for the workshop. Thus, Planning Assistance was responsible for hotel accommodations, translation, transportation to and from La Paz, and support for the preparation of the final written summary of the workshop. Also, USAID arranged for a technical consultant in nutrition, from the International Nutrition Unit (INU) in A.I.D., to attend the workshop.

To meet the tight work schedule, JHU contracted with Ms. Beverly Tucker to be the workshop coordinator. Tucker was uniquely qualified for this role: she had been a director of a PVO Child Survival project, was familiar with all the required reporting, and brought to the planning a decided field emphasis. Her emphasis on practical activities, appropriate to field conditions and acceptable to communities, was considered essential if the workshop was to reach its objectives.

During a three-week period in late July and early August 1987, the workshop coordinator contacted the US headquarters of the PVOs to solicit input into the workshop content and ideas for appropriate resource materials. In addition, during this period a draft of the workshop training plan was developed, resource materials were located, and the appropriate resource persons were contacted. Ms. Tucker kept in close contact with Planning Assistance and with Mr. Paul Hartenberger at USAID as planning proceeded.

A. Participants

For sustainability, the participation of PVO staff who are country nationals is vital; and for translating workshop training into action, it is essential to have the participation of field staff responsible for implementation and monitoring of services. Although the original intent of the organizers was to direct the workshop to field workers, several PVOs thought it important that their administrative staff attend. About a third of the invited participants were administrative personnel.

The list of participants was revised and augmented several times to reflect the need for representatives from the Ministry of Health as well as bilateral and multilateral agencies working in child survival, all of whom were essential if the issue of collaboration was to be effectively discussed.

The final list of 31 registered participants is found in Appendix A.

B. Support Staff

Planning Assistance contracted for two local facilitators, Mr. Juan Carlos Castro and Mr. John Branez. They met with the workshop coordinator and the technical resource persons several days in advance of the workshop, to review the schedule and expectations.

Two experienced translators were contracted by Planning Assistance. (See Appendix A.) The United States Information Service (USIS) provided the workshop with simultaneous translation equipment. Unfortunately, the unit was unsuitable for the site, and the technician sent from USIS could not modify it. Thus, the two translators were unable to provide simultaneous translations via headphones and were required to provide repeated translations during the workshop.

C. Technical Consultants

The technical resources of JHU, REACH, PRITECH, INU, and selected PVOs were pooled to present a program that would provide PVO field staff and collaborating agencies with useful techniques for monitoring, reporting, and evaluating child survival interventions. The technical resource persons are listed in Appendix A.

Considerable thought went into the selection of technical resource persons. The criteria for selection included demonstration of (a) expertise in monitoring, reporting, and evaluating one of the key child survival interventions; (b) state-of-the-art knowledge in at least one of the key interventions; (c) emphasis on the practical rather than the academic; (d) familiarity with child survival activities at the community level; (e) ability to speak Spanish; and (f) knowledge of the Child Survival Program.

One innovation was to involve technical staff from USA PVO home offices in the presentations at the workshop. As a direct result of the support systems established by PVC to strengthen PVO capabilities in child survival, many PVOs are now better equipped to design and implement CS projects than they were a year or two ago. Most participating PVOs have competent health personnel on staff who are familiar with the CS program and its requirements. Many health-related PVOs have now made an agency commitment to Child Survival and have developed agency strategies for greatly expanding CS activities in their field programs. Two such PVOs are Save the Children Federation (SCF) and Foster Parents Plan (PLAN).

Dr. Michele Denize of SCF was asked to organize the sessions on health information. Dr. Denize has been conducting workshops for SCF field personnel on development of practical and useful health

information systems. Dr. Sharon Guild of SCF assisted as a workshop discussion leader. She is responsible for technical back-stopping to SCF's child survival activities in Bolivia. PLAN's CS Technical Advisor, Dr. Victor Lara, was invited to attend the workshop as a discussion leader and to assist with overall workshop organization. He is well versed in development of primary health care programs, and has provided on-going technical support to the Bolivia PLAN activities. All speak Spanish (one a native speaker.) Their presence at the workshop established links between the PVO field activities, technical activities of PVO offices in the US, and the consultants brought in from the central technical assistance groups used by A.I.D. Their presence demonstrated the worth of collaborative effort in project support, far more than mere words would have done.

PRITECH consultant, Dr. Sally Stansfield, was given responsibility for the session on monitoring and evaluation of programs of diarrheal disease management. Also, because Dr. Stansfield has been instrumental in refining the Tier I and Tier II CS reporting indicators for A.I.D., she was asked to discuss the revisions in the CS reporting schedule. Dr. Dory Storms, Coordinator of the PVO Support Program at Johns Hopkins, took on the task of presenting the reporting requirements for the centrally funded PVO programs. She also reviewed at a small group session the sustainability indicators being developed by PVO projects in other countries. Stansfield and Storms have no working knowledge of Spanish, and relied on translators in their presentations.

REACH consultant, Mr. Robert Steinglass, prepared the sessions on monitoring of immunization programming and ways of determining immunization coverage. He also held small group sessions that went deeper into epidemiological issues in tracking of immunization activities. Dr. Charles Teller, INU consultant, presented information on growth monitoring and nutritional surveillance. Teller is fluent in Spanish. Steinglass has a conversational knowledge of Spanish, but used translators to aid in teaching sessions. Both Steinglass and Teller had follow-up technical consultations in Bolivia after the workshop. It was hoped that involving these two resource persons would enhance their follow-up technical assistance with PVOs, MOH, UNICEF, and PAHO.

The Johns Hopkins University provided two additional resource persons, Dr. Gary Smith and Dr. Anne Gadowski. For the past two years, Dr. Smith has periodically visited the PVO CS projects in Bolivia to orient field staff to the CS program and project reporting requirements, and to review recommendations of the technical review panel for strengthening the projects. He also carried out the initial inquiry about workshop content and timing. These consultations were uniformly positive. Smith's new role was to lead the beginning discussions on the workshop themes,

objectives, and expected outcomes, and to build on the skills and resources of the participants in group discussions. He is fluent in Spanish. Dr. Gadomski, a Child Survival Fellow at The Johns Hopkins University, was the workshop resource person for monitoring and evaluation of vitamin A components in CS projects. Gadomski has recently completed field trials in Guatemala of the conjunctival impression cytology method for detection of sub-clinical vitamin A deficiency. She reviewed those findings as well as the evidence for the link between vitamin A and childhood morbidity and mortality.

The workshop team was joined by Arch. Jaime Medrano of Planning Assistance, who contributed to a small group session with a presentation on approaches to involving beneficiaries in project monitoring and evaluation. His knowledge of community development increased the relevance of this session to the needs of the participants. Dr. Marcelo Castrillo, Coordinator of Health Programs, Save The Children/Bolivia, also contributed to the workshop by presenting a small group session on the use of microcomputers in CS project management.

D. Workshop Design

As workshop planning proceeded, the coordinator, Beverly Tucker, provided PVO headquarters with information regarding preliminary planning activities, and briefed PVC in Washington on progress in planning. Tucker was working within general workshop guidelines that had been developed for the PVO regional and country workshop activities scheduled for 1987. These guidelines captured some lessons learned from last year's Meals for Millions Workshop in Sierra Leone and the summer's PVO workshops in Rwanda and Zimbabwe.

Overall, the principles guiding design of the Bolivia workshop were as follows:

- Base workshop content on field-identified needs and reports from PVO home offices, and on review of the strengths and weaknesses of projects' implementation plans.
- Concentrate on practical messages about the key interventions, the information system, and issues of sustainability.
- Emphasize country-appropriate and project-specific methods of monitoring and evaluating specific child survival interventions.
- Obtain appropriate resource persons to fill organizational and technical roles.
- Establish a climate in which all participants are

considered as resource persons -- an environment of equality, sharing, and active involvement.

- Maximize networking and interaction among workshop participants by the use of task-oriented small groups, shifting group composition for tasks.
- Encourage participants to develop practical "next steps" for follow-up actions, and foster group recommendations for follow-up action.

E. Expected Outcomes

The organizers of the workshop expected the participants to produce two sets of recommendations, one for individual projects and the other for the group as a whole. These two "products" would serve as evidence that the workshop had fulfilled its dual purpose: fostering collaboration and transmitting knowledge of useful techniques in monitoring and evaluation of child survival interventions. The organizers expected the participants of the workshop to achieve two basic ends:

1. Identify concrete actions to be taken in the next 90 days by each PVO project for improvement of project monitoring and evaluation.
2. Develop a consensus on follow-up activities to be taken at the country level for increasing effectiveness of CS interventions. For example,
 - subsequent workshops
 - special monitoring and evaluation activities
 - collaboration with key government and multilateral health agencies
 - technical assistance follow-up.

To encourage participants to translate the ideas presented in the workshop into concrete actions, on the final day of the workshop individual PVOs presented 90-day work plans and recommendations for collaborating with the non-PVO participants in better serving the needs of women and of high-risk children under five years of age.

F. Support Activities

1. Resource Material

The workshop planners thought that it was important to provide participants with current information on topics to be covered. Given the limited amount of time available for this aspect of workshop planning - the US portion of her assignment was 3 weeks - the Course Coordinator, Beverly Tucker, devised a strategy for collecting appropriate resource materials that

built upon resource collections from earlier workshops. This listing was supplemented by a request list submitted by USAID/Bolivia, and by materials identified by PVO headquarters. Tucker located potentially useful materials, and then contacted the distributors to determine which materials were available in Spanish. This involved contacts with Columbia University, The Johns Hopkins University Population Information Program, UNESCO, UNICEF, A.I.D., American Public Health Association, Pan-American Health Organization, International Nutrition Communication Service, and IMPACT.

Materials, once received at the PVO Child Survival Support Program office, were packed for mailing to La Paz. Some of the resource material was mailed to Bolivia for translation in early August. However, most documents were sent to the participants in the language in which they were received by Planning Assistance prior to the workshop.

The organizers at Planning Assistance arranged for the design and printing of a certificate to be awarded to each participant upon completion of the workshop. The designer also prepared signs and a logo for the workshop.

2. Housing and Training Facilities

Hotel Lake Titicaca, Huatajata, was chosen as the workshop site by USAID/Bolivia, and contracted by Planning Assistance prior to the completion of the final list of participants. The hotel housed participants and provided meals in the hotel dining room. Participants shared modern hotel rooms; each room had an attached bathroom with toilet and shower.

The large number of participants lodged at the hotel made service and accommodation difficult. Although every attempt was made to lodge each participant with a colleague, it was culturally inappropriate to expect 'strangers' to enjoy sharing a room and sometimes a double bed. The hotel did not add extra employees during the workshop, often resulting in slow service.

The hotel had ample room for conducting large group meetings and was also able to accommodate requests for five separate work areas for the special interest sessions on Thursday afternoon. Organizers conducted most of the training sessions in one large room on the first floor. The room was light and airy, and overlooked the lake front.

Participants were seated at small round tables during working sessions. The seating arrangements were shifted from session to session so that participants would have the opportunity to interact with a greater number of people. This avoided the formation of small cliques, and encouraged partnership and cooperation.

A resource room was established for use by the participants during the workshop. It housed a master copy of all handouts as well as single issues of pertinent reports. After the workshop, the PVO Executive Committee was to determine where the resource materials will be permanently located in La Paz. (See Appendix C for list of workshop resource materials.)

The resource room, secretary, and the office equipment were located off the main meeting room. Electrical outages prevented full use of the electric typewriter and duplicating machine, brought by Planning Assistance to the hotel. However, with considerable effort on the part of the secretary and the workshop coordinator, participants did receive a typed record of classroom activities at the end of the workshop.

The hotel provided coffee, tea, and cakes during morning and afternoon breaks between working sessions. They also served a special dinner on Friday noon, following the workshop's closing ceremony.

In addition to planned activities, participants could enjoy swimming, racquetball, canoeing, and other recreational activities possible at the site.

3. Logistics

Round-trip transportation from La Paz to the workshop site was arranged by Planning Assistance. However, costs incurred by participants traveling to La Paz from elsewhere were not covered.

G. Final Plans

Ten days before the workshop, Tucker and Storms traveled to La Paz to review the workshop design, process, and resources and to begin final preparations. They met with the PVO Executive Committee and USAID to review the draft materials on workshop themes, objectives, expected outcomes, schedule, and content. Suggestions regarding daily activities, participation of local resource persons, and the evaluation form were incorporated into the final workshop design. The final list of workshop objectives is presented in Table 1, page 13.

Table 1

OBJECTIVES OF THE

PVO CHILD SURVIVAL MONITORING AND EVALUATION WORKSHOP

September 17-21, Huatajata, Bolivia

1. To discuss uses of health information in management decision making.
2. To provide the opportunity for participants to discuss the design of their respective project Health Information Systems (HIS) and to share strategies for achieving a smoothly functioning HIS.
3. To provide the opportunity for participants to share some pragmatic lessons learned in conducting baseline studies, monitoring project implementation, and making mid-term evaluations of progress and effectiveness.
4. To present participants with (a) current methodological standards for assessing coverage and effectiveness of key CS program components, such as immunization and oral rehydration therapy, (b) information on how to carry out nutrition surveillance and growth monitoring, and (c) approaches to assessing interventions directed toward preventing vitamin A deficiency and treating acute respiratory infections.
5. To clarify A.I.D.'s revised Health and Child Survival Reporting Schedule and other donor reporting requirements.
6. To present resources for other program components integral to the health of mothers and children, e.g. birth spacing, potable water systems.

The workshop planners met with UNICEF and PAHO officials to brief them on the workshop design and define their participation in the workshop. Mr. Hartenberger, USAID, also arranged for the workshop technical resource persons for EPI and for Diarrheal Disease Management to meet with the officials from the Bolivia Ministry of Health to obtain information on child survival activities in Bolivia.

Final details of each individual training session were not prepared until all the technical resource persons had arrived in Bolivia. Two days prior to the arrival of participants, team members met in La Paz and reviewed in detail the overall training plan and procedures, discussed the content of each of the sessions, and clarified their roles. In addition, each resource person had the chance to present the design of each individual training session with other members of the technical resource group. Changes were made in the design of the individual training sessions to integrate the technical comments made by other members of the team. This important process encouraged good team integration, better task definition, and a more coherent overall flow to the workshop technical material.

Prior to the workshop, the coordinator and staff from Planning Assistance visited the training site to check on housing and classroom space. They returned to the Lake Titicaca Hotel the day before the workshop with the facilitators, secretary, and several other members of the team to set up the resource center, allocate rooms to the final list of participants, and make final logistical arrangements.

III. THE WORKSHOP

A. Workshop Staff and Participants

The workshop staff consisted of two facilitators, two translators, one secretary, three discussion leaders, six technical resource persons, and one workshop coordinator. They were joined by several workshop participants who gave presentations during some sessions.

All 31 workshop participants work in child survival activities in Bolivia; the majority are directly responsible for implementation of child survival activities. Participants included representatives of private voluntary organizations (19), PAHO (1), UNICEF (1), USAID/Bolivia (3), World Food Program (1), and members of the Bolivian Ministry of Health (MOH) at the national and departmental levels (4). Both local and US-based PVOs were represented: CARE, Save the Children, Foster Parents Plan, Meals for Millions, Food for the Hungry, Project Concern, Andean Rural Health Service, Project Esperanca, Catholic Relief Services, CARITAS, and PRITECH.

Three funding cycles were represented: CSI, CSII, and CSIII. About 50 percent of the PVO participants were from 10 centrally funded CS projects, and 20 percent were from PVO CS projects funded by USAID/Bolivia. In addition, a few PVO participants represented organizations that do not have Child Survival funding, but intend to establish PVO CS project activities in the future.

B. Characteristics of the PVO Information Systems

The participants from the PVOs represented 12 CS projects in various stages of implementation, ranging from early project design to mid-term evaluations of progress. Dr. Sharon Guild interviewed PVO participants about the policy, practices, and quality of information collection existing in the 12 CS country projects. The following are her findings:

- All nine sponsoring organizations consider children under five years of age as the priority group for services; seven of the nine include in this group pregnant and lactating women.
- Five organizations take a census of all people in their impact areas through house-by-house family enrollment. Two rely on government census figures, and one supplements this information with sample surveys. Two organizations derive their baseline population data from questioning of community leaders. One does not enumerate its service population.
- In all cases, information collection is done by the equivalent of a community health worker, i.e. a health technician, promoter, or rural auxiliary nurse. Two groups use community-designated volunteers, four use Unidad Sanitaria workers, and three use PVO employees who live and work in the community but are not natives of the community.
- Five organizations have training courses for promoters in data collection, and one has computer information system training.
- Quality control is assigned to a supervisor in all cases except one which does not have a quality control system. Supervisory field visits are variably scheduled, from weekly to quarterly to biannually. Quality control generally consists of supervisors collecting the information and questioning anything that seems inconsistent with good practice.
- All but one organization includes information collection time in their workers' schedules. (One group noted that job descriptions were originally written without data collection tasks; with the information collection task, the workers now do not have enough time to perform all the tasks expected.) Two groups vary the time set aside to meet health information activity needs; one PVO schedules 3-5 days each month of health

worker time to collect or update health information; one schedules 1 day/month; another schedules 3 days/month. The remaining organizations estimate that between 5 and 15 percent of a worker's time is scheduled for data collection.

- Only two of the nine organizations budget data collection as a line item.

C. Workshop Approach and Format

The workshop activities took place in the sequence indicated by the workshop agenda, Table 2, page 17. In general, the format incorporated individual presentations, group and individual exercises, and panel discussions. Whenever possible, in-country case studies were used so that the participants could exchange experiences. The technical resource persons generally presented short lectures and prepared individual and small group exercises to reinforce the main points of their subject and to provide practical examples of monitoring and evaluating techniques. All of the participants were considered valuable sources of information and ideas, and everyone contributed to the participatory environment that permeated the workshop.

At the close of each working day, time was set aside for an evaluation of the day by the workshop participants. Plans for the next day were reviewed by the facilitator. Later, members of the workshop team met to review the day's events and evaluate from their own perspective what went well and what needed revision, and to finalize plans for the following day. Changes were made in the agenda to incorporate the feedback from participants and team members. This created an atmosphere of ad hoc planning throughout the workshop but allowed the workshop staff to better address the expectations and needs of the participants.

Consistent with the guidelines for the workshop, no evening sessions were scheduled in advance. This flexibility in the schedule gave participants time for social exchange and adequate rest, and made it possible to organize a session on Thursday evening especially devoted to issues in collaboration. This meeting was extremely important to developing a consensus for a set of resolutions for follow-up action.

Table 2

PVO CHILD SURVIVAL PROJECT MONITORING AND EVALUATION WORKSHOP-BOLIVIA 1987
WORKSHOP AGENDA

	Tuesday 15/9	Wednesday 16/9	Thursday 17/9	Friday 18/9
Morning Sessions Starting Time: 8:00	Opening Ceremony	Baseline Studies	Reporting Requirements for PVO CS Projects	"Next Steps" - 90 day Action Plan - Recommendations for Follow-Up Action
	Workshop Themes, Objectives and Expected Outcomes	Monitoring Immun- ization Activi- ties and Determi- ning Coverage	Special Interest Groups: Part I - Growth monitoring - Cold chain/AIDS - Monitoring/Eval- uation of Vit. A - ARI - Beneficiary input	Evaluation ----- Closing Ceremony
12:30-2:00 Afternoon	Participant Expectations	LUNCH		
	Information, Monitoring, and Evaluation	Monitoring and Evaluation of Programs for Diarrheal Disease Management	Special Interest Groups: Part II - Nutritional surveillance - EPI evaluation - Vit. A deficiency - Microcomputer use - Sustainability	Return to La Paz
5:00 Ending Time: 5:30	Day's Evaluation Preview of Next Day's Activities	Day's Evaluation Preview of Next Day's Activities	Day's Evaluation Preview of Next Day's Activities	
6:30-7:30		DINNER		
7:30- 10:00	Open .	Open	Themes in Collaboration	

Training plans for the individual sessions and a detailed daily agenda can be found in Appendix B. Appendix D provides detailed notes on the workshop activities, by session.

C. Day 1

1. Opening Ceremony

The opening statements from the guest speakers reflected the importance of such a workshop for participants from the various agencies working in child survival interventions in Bolivia. The Ambassador shared his interest in reducing the infant mortality in Bolivia and the need for a united effort to address this issue. Dr. Maria Teresa Paz, Sub-Director of the Ministry of Health, acknowledged the cooperation received from the PVOs in child survival activities. She stressed the need to emphasize maternal mortality, perhaps due to abortions used as a method of family planning, and the need for better coordination and cooperation among the PVOs and the Bolivian government offices. Dr. Paz offered MOH support for future activities in this area. Mr. Jim Mayrides, Representative for UNICEF, discussed the role of UNICEF in assisting in the coordination of resources and the vital role of PVOs in addressing the issue of child survival in Bolivia.

2. Session 2: Review of The Workshop Themes, Objectives, and Schedule; and Participant Expectations of Outcomes

Following a brief break for refreshments, participants met in the main classroom. The facilitator provided structured activities allowing participants to get to know about each other's affiliation and current work in child survival.

Dr. Gary Smith presented the workshop themes and activities. He discussed the objectives set by the workshop organizers, and how the planned schedule and sequence of activities related to the objectives. The facilitator then asked workshop participants for their expectations, to establish a clear understanding of expected outcomes and enable all to work toward mutual goals.

The facilitator obtained over 30 expressed expectations from the workshop participants. As seen in Appendix D, some of the expectations were similar and all were related in some way to the themes and objectives of the workshop.

3. Session 3: Information, Monitoring, and Evaluation

Dr. Michele Denize started the workshop sessions with a participatory approach to the need for and the "how to" of an adequate and viable health information system. In simple terms Dr. Denize explained why monitoring and evaluation are important

tools in project management. She stressed that we all want to know we are doing a good job and she suggested that workers in CS projects ask themselves three simple questions:

- Have I done what I planned?
- Have I done it in the way I planned?
- Has what I have done caused any difference?

This session set the scene for the participatory and practical nature of the remaining sessions.

E. Day 2

1. Session 4: Baseline Studies

Dr. Denize built upon the theme of the previous afternoon, presenting practical methodologies in baseline study design and stressing the need to collect only those data that are helpful to manage and administer the program. She cautioned against collection of information that is of general interest, but lacking in programmatic implications.

2. Session 5: Monitoring Immunization Program Activities and Determining Coverage

Mr. Robert Steinglass, technical resource person in EPI, interviewed participants about the immunization activities carried out in the PVO CS projects represented at the workshop. He summarized the findings as follows:

- According to the questionnaire, approximately 60,000 under-fives reside in the PVO's EPI-operational areas, constituting approximately 5 percent of the estimated 1.1 million under-fives in Bolivia as a whole.
- Most of the PVOs include immunizations to under-fives as part of their CS interventions. A majority of the PVO projects deliver childhood immunizations themselves, as well as assisting the MOH. Few of the PVOs deliver tetanus toxoid immunizations to either pregnant or fertile-aged women. Some also offer yellow fever vaccine in the eastern part of Bolivia.
- Vaccines are exclusively obtained from the MOH. Some PVOs provide immunizations all year around, while others are active only during campaigns. Many of the PVOs have estimated coverage levels based on tally data. DPT3 coverage ranges from 50 to 90 percent. Coverage surveys have not been done.
- All the PVOs engage in EPI training of various cadres including nurses, nutrition and nurse auxiliaries, supervisors, and both paid promoters and volunteer health workers. A variety of methods are employed for promoting immunizations and providing health education. These include flip-charts,

audiovisual aids, demonstrations in market places, mothers' groups, house-to-house visits, sociodrama, puppets, games, adolescent groups, etc.

- Data on EPI target diseases are collected and analyzed by only a few of the PVOs.

Mr. Steinglass responded to the need and apparent desire to learn practical techniques for monitoring of progress in immunization activities, using concrete examples in his session on immunization. He emphasized that monitoring and evaluation must be a routine part of immunization program management to improve implementation and to guide action. An information system is needed to measure whether program objectives and targets are being met. The information thus generated should be of practical local use to enhance staff motivation and to encourage continued collection of data.

One approach used by Mr. Steinglass worked particularly well and demonstrated the potential value of information routinely collected at the immunization sessions. A sample, filled-out immunization register was distributed, and small groups of participants, playing the role of the supervisors, were asked to review the register. The register was illustrative of problems to be found in immunization programs. Many immunization opportunities had been missed, possibly resulting from unfamiliarity with or failure to follow sound government policies. Areas for needed action were then identified.

3. Session 6: Monitoring and Evaluation of Programs for Diarrheal Disease Management

Dr. Sally Stansfield spent the greater part of the afternoon presenting ways to monitor and evaluate activities that address the management of childhood diarrheal diseases. Dr. Stansfield discussed the difference between process and effectiveness indicators, and these were better defined during a group exercise that used current Bolivian reporting forms for the surveillance of diarrheal disease control activities. Dr. Stansfield's discussion was augmented by a presentation by the local PVO, CARITAS/Bolivia.

Table 3, page 21, shows the results of the interviews regarding project efforts in diarrheal disease management.

Table 3

PVO PROGRAMMING IN DIARRHEAL DISEASE MANAGEMENT

- A. Nine PVOs have an ORT component in their CS project. The target groups for ORT education are:
- | | |
|--------------------------|---|
| Mothers | 9 |
| Health promoters or CHWs | 6 |
| Community leaders | 3 |
| School teachers | 1 |
- B. In PVO service area, mothers' usual practices for children with diarrheal disease are to:
- | | |
|--|---|
| Increase fluids and/or food | 0 |
| Give liquids (herbal teas, soup, etc.) | 8 |
| Give food | 2 |
| Stop breast feeding | 4 |
| Stop fluids | 3 |
| Stop feeding | 2 |
- C. Six of the nine PVOs distribute the MOH ORS packets to:
- | | | | |
|---------|---|-----------------|---|
| Mothers | 6 | and Communities | 4 |
|---------|---|-----------------|---|
- D. Nine PVOs give instructions to the mother on how to prepare a salt/sugar/water mix. The formulas differ:
- | <u>Water</u> | <u>Sugar</u> | <u>Salt</u> |
|--------------|----------------|----------------------|
| one liter 5 | two spoons 2 | a quarter teaspoon 1 |
| | eight spoons 3 | one teaspoon 4 |
- E. Measuring tools used in demonstration:
- | <u>For water</u> | <u>For sugar</u> | <u>For salt</u> |
|----------------------------|------------------|-----------------|
| one liter oil containers 5 | spoon 3 | spoon 2 |
| one liter jars 2 | teaspoon 3 | teaspoon 5 |
| pots 1 | | |
| glass 1 | | |
- F. Person who demonstrates how to prepare and administer ORT:
- | | |
|---------------------|---|
| Technician or nurse | 9 |
| CHW | 3 |
| Mother | 2 |
| Community Leader | 1 |
| Nutritionist | 1 |
- G. Five of the nine PVOs state that they need to study safety of preparation and administration of solution.

F. Day 3

1. Session 7: Reporting Requirements for PVO Child Survival Projects

It was announced that this session would be of most interest to participants representing centrally funded CS activities in Bolivia. Small groups were formed to discuss the A.I.D. reporting requirements. Dr. Storms reviewed the guidelines for the annual report required of PVO CS projects funded by FVA/PVC by October 15, 1987. Dr. Stansfield joined the session with a presentation of the revised A.I.D. Health and Child Survival Reporting Schedule, and the reporting indicators required by A.I.D./Washington of all agency-funded health and CS projects.

2. Sessions 8 and 9: Special Interest Groups

A small group format was selected to provide most efficient use of the technical resource persons, and to permit participants to explore their individual interests in monitoring and evaluation. The participants were advised that they could select any one of the small groups to attend in the morning and any one group to attend in the afternoon. The topic, discussion leader, and location of the small groups were posted in the hotel lobby and the main meeting room.

a) Morning:

- (1) Growth Monitoring - C. Teller
- (2) Monitoring Cold Chain/EPI and AIDS - R. Steinglass
- (3) Review of Vitamin A Deficiency and Evaluation of Vitamin A Components of CS Projects - A. Gadomski
- (4) Assessing Prevention & Treatment of Acute Respiratory Infections - S. Stansfield
- (5) Beneficiary Input in Project Design - J. Medrano

b) Afternoon:

- (1) Nutritional Surveillance - C. Teller
- (2) EPI Evaluation Techniques including Coverage Surveys and Disease Surveillance - R. Steinglass
- (3) Review of Vitamin A Deficiency - A. Gadomski
- (4) Microcomputer Use in Project HIS - M. Castrillo
- (5) Sustainability Indicators - D. Storms

3. Birth Spacing Discussions

During lunch on Thursday at 12:30, various people met to discuss birth spacing. The notes on the meeting are as follows:

a) AGENDA:

(1) To discuss the reactions to the opening remarks by the MOH Representative, Dr. Maria Teresa Paz, Deputy Secretary

(2) Concrete actions to be suggested considering:
- the open attitude expressed by the MOH
- evaluate the MOH's attitude, and
- maintain a careful sensitivity due to subject complexity

b) CONCRETE ACTIONS:

(1) Complete a diagnostic study:

a) What is the situation according to the agreements between the MOH and each PVO?

b) What is the actual situation of the local PVOs providing services related to birth spacing? Where is it applied, and the capacity to extend it to the rural areas?

(2) Present any birth spacing program as an integral part within the health program, and/or as women and development program, and/or as child survival program.

a) Maintain health/women and development approach, using names such as Birth Spacing or Fight Against Abortion.

b) Maintain two approaches: rural and urban.

(3) Consider a first phase is when the PVOs are limited to Birth Spacing (BS) education. During this phase coordinate with other local PVOs providing services.

(4) Alternatively, prepare a proposal for a pilot project involving:

- a PVO in charge of community education and training MOH personnel in the area.
- the MOH or local PVOs to provide services.
 - (a) Suggest Cochabamba as an appropriate area for this.
 - (b) Present Ana Quiroga/MOH and Andres Bartos/MOH a profile on the pilot project.
 - (c) Organize a meeting with Ana Quiroga and interested PVOs to review the proposals.
- (5) Request Ana Quiroga to be the coordinator between the pilot projects or whatever other strategies, and the Women's Commission.
- (6) Provide the means for a PVO to carry out anthropological studies in the Andean areas on:
 - concepts of reproduction and fertility
 - convenient ways to provide birth spacing education in the communities.
- (7) The PVOs study maternal mortality.
- (8) The PVOs study the incidence rate on mortality due to abortions. USAID provides technical assistance for this.
- (9) Facilitate a trip of MOH representatives to Mexico and Colombia to study the history and nature of cooperation of the Catholic Church in programs in birth spacing.

c) PARTICIPANTS

Andres Bartos, MD - Chief of Maternal & Child Health,
 Ministry of Health
 Elba Calero - USAID/Bolivia
 Rafael Indaburu - USAID/Bolivia
 Gerardo Romero Gil - CARE
 Javier Espindola, MD, - CARITAS
 Kathy de Reimer - Catholic Relief Services
 Olga de Oliva - Food for the Hungry
 Nieves Quino - Meals for Millions
 Martha Clavijo - Meals for Millions (now known as
 Freedom from Hunger Foundation)

4. Special Session: Issues in Collaboration

One of the principal themes of the seminar was to facilitate the collaboration among PVOs, the Ministry of Health, and other bilateral and multilateral agencies that work in child survival in Bolivia. A special session was scheduled for Thursday evening to enable the participants to consider in depth the issues in collaboration and to make recommendations for increased cooperation in ORT, immunization, and growth monitoring activities.

That evening, a panel of representatives of the Ministry of Health (Lic. Enrique Lavadenz, Head of EPI), the PVOs (Dr. Ana Maria Aguilar, PRITECH), and USAID/La Paz (Mr. Paul Hartenberger) provided statements about the importance of improving both collaboration and coordination, giving examples of recent problems and suggesting ways to improve the situation. Despite a long day of activities, the participants spent over three hours in animated and supportive discussion of their problems, presenting general resolutions and specific recommendations. These issues were then prioritized by everyone and separated into short and medium term categories.

Table 4, page 26, presents the short and medium term resolutions developed at the CS Project Monitoring and Evaluation Workshop regarding coordination among the PVOs, the MOH, and the multilateral and bilateral agencies to strengthen CS program operations and evaluation.

G. Day 4

1. Session 10: "Next Steps"

The PVO representatives were seated with their colleagues and asked to develop a 90-day work plan to reflect what had been learned during the workshop. As seen in Appendix E, many of the plans reflected the workshop objectives.

2. Recommendations for Follow-up Action

The PVO participants were then asked for recommendations for collaborating with the non-PVO participants in better use of health information. Following discussion, the representatives of the PVOs, the MOH, and multilateral and bilateral agencies agreed on carrying out certain follow-up activities, which were defined as recommendations.

Table 4

**WORKSHOP RESOLUTIONS FOR COORDINATION AND COOPERATION
TO IMPROVE CHILD SURVIVAL OPERATIONS AND EVALUATION IN BOLIVIA**

SHORT TERM

1. Organize a follow-up meeting for 1 October 1987. The Ministries of Health, Education and Planning should attend the PVO meeting at Patacamaya.
2. Carry out a workshop with the MOH's participation on 11 November 1987.
3. PVOs promise to transmit regularly to the MOH all statistical information related to their services.
4. PVOs promise to follow and adjust themselves to the MOH national programs and regulations within their project area.
5. PVOs promise to collaborate on
 - information exchange
 - technical assistance
 - materials
6. PVOs promise to carry out their activities according to the MOH regional organizational structure.
7. PVOs request that the MOH appoint a person to be in charge of coordinating the work relationship between the MOH and the PVOs, and also to attend the meeting on 1 October, 1987.

MEDIUM TERM

1. PVOs that have not yet done so, should update their agreements with the MOH.
2. A Joint Committee between the MOH and PVOs should be established to identify priority areas needing service and CS activities.
3. National authorities should study some mechanism to avoid agreement duplications with PVOs.

The recommended next steps are to:

- (a) Prepare and present the HIS of each PVO to the MOH. (Each PVO is responsible, Mr. Curt Schaeffer to consolidate.)
- (b) Work to establish policies with the MOH regarding
 - standardization of information systems
 - access and use of information(This is the responsibility of the Mother and Child ASONGS)
- (c) Update information at the Health Units using census information collected by the PVOs. (Each PVO should send to UNICEF, which will consolidate and interpret the information.)
- (d) Design software to be used in computerized child survival health information systems of the PVOs and the MOH. (This is already an ongoing project of WHO, and each PVO and district MOH should be involved also.)
- (e) Analyze the local information sent by each PVO to the MOH, according to district.
- (f) Design a chart for Bolivia showing the PVO service areas and explaining services offered as well as the services required. (PVOs working in the same area should avoid surveying the same families.)
- (g) Organize a meeting for evaluating the actions taken on these recommendations, and further institutionalize the suggestions. (This is the responsibility of the PVO Executive Committee.)

3. Closing Session

Dr. Javier Esendola of CARITAS/Bolivia presented the resolutions and recommendations developed at the CS Project Monitoring and Evaluation Workshop, held at Huatajata, La Paz, September 15-18, 1987. These recommendations are detailed in Table 4.

The closing remarks of the Director of USAID/Bolivia (Mr. Reginald van Raalte) and the Representative from PAHO (Dr. Andres Bartos) demonstrated support for the workshop and the content as it relates to the improved management of child survival projects. Participants were encouraged to implement the group's recommendations and action plans, and also to continue the spirit of cooperation that was so apparent to the guest speakers.

Finally, each of the participants received a certificate

showing the Child Survival logo and signed by the Director of USAID/Bolivia, the Director of the PVO Child Survival Support Program, and the spokesperson for the PVO Executive Committee in Bolivia. The awarding of certificates stressed solidarity among the participants. A certificate was handed to a participant, who in turn called the name of another participant to come forward and receive a certificate, and so on, until each had received a certificate.

IV. BUDGET

Expenditures for the workshop totaled \$49,839. Over half the costs were met by A.I.D. (28 percent by USAID/Bolivia, and 24 percent from the FVA/PVC technical assistance accounts with REACH and PRITECH), and 48 percent of costs were met by the PVO Support Program at JHU. The workshop budget appears in Table 5, page 29.

USAID provided \$13,697 to Planning Assistance to coordinate the planning and implementation of the Child Survival course with the resource group from The Johns Hopkins University, and to make all preparations necessary for the seminar. These funds covered invitations to the participating PVOs, multilateral organizations, and government of Bolivia agencies; room and board for 50+ persons at the hotel; transport to and from seminar for all participants; partial per diem for invited Government of Bolivia participants; office space and facilities for the resource team to prepare for the course and prepare reports; the services of a bilingual secretary and two Bolivian national facilitators before, during, and after the course, also two bilingual simultaneous translators during the course; translation and distribution of course materials; and a summary report on accomplishments, course participants, and recommendations for future similar programs.

The JHU contribution of \$24,226 was distributed 30 percent for planning costs, and 70 percent for workshop and report costs. The JHU total seen in Table 5 reflects transportation and per diem costs for the JHU workshop coordinator and three resource persons; 26 days of consulting time; temporary help for three weeks to handle secretarial costs; communication costs; supplies and workshop materials; editing and publication of the final report, and on-campus and off-campus overhead costs. The costs do not reflect staff time in Baltimore of the administrative assistant (approximately 1.5 weeks pre-workshop, and 1 week post-workshop), nor that of Dr. Storms in workshop planning, implementation, and report preparation (4.5 weeks in total).

Table 5
WORKSHOP BUDGET (IN DOLLARS)

Category	JHU	USAID/ Bolivia	FVA/PVC Technical	Total Costs
Staff Time	35 days*			
Consultant Fees	6,980		7,272	14,252
Travel/Per Diem	10,106		4,644	14,750
Temporary Help	2,030			
Telephone Telex	65			
Postage	621			
Supplies/Materials	496			
Subtotal	20,298	13,697	11,916	45,911
Overhead	3,928			
TOTAL	24,226	13,697	11,916	49,839

* JHU staff time amounted to 4.5 weeks by the Program Coordinator, and 2.5 weeks by the Administrative Assistant

V. PARTICIPANT EVALUATION

Participants completed a workshop evaluation following the close of the workshop. Responses were received from 20 of 29 participants present on the last day, and the results are summarized below.

The first question concerned the achievement of workshop objectives, and it was the consensus of the respondents that the workshop had achieved its general objectives. As one participant said, "Those attending proved more interested in the questions of PVO coordination than in the objectives of monitoring and evaluation!" In that regard, the workshop was a great success. Respondents found the workshop a boost to increased coordination at various levels. Others remarked on the extent of learning about evaluation, implementation, design, and planning, despite the diversity of the group.

When asked to predict the main effects of the workshop over the next year, respondents foresaw improvement in project coordination, annual plans, and monitoring and evaluation systems. One respondent said the main effect would be "a drive to develop practical tools for effective inter-agency linkups and PVO coordination in the message and medium." The national commitments to coordination made during the workshop were expected to reinforce local coordination.

The majority of respondents found the workshop personally satisfying. Several reported that they were able to make important informal contacts to share project information. Knowledge gained from the sessions on monitoring and evaluation, baseline studies, EPI indicators, cold chain surveillance, growth monitoring, cold chain monitoring, and coordination seemed to be the most applicable to the respondents' own projects.

Participants also rated 25 items (shown in Appendix F) grouped under five general headings: organization, facilities, content, process, and resulting action. Scores ranged from 0 to 10, 0 being the worst rating and 10 being the best rating. The scores for each item were averaged, and a mean ranking was obtained for each general heading, and distributed as follows:

process	8.5
content	7.9
action outcomes	7.8
facilities	7.4
organization	7.2

Overall, the workshop received good marks -- the overall workshop score was 7.8.

The area of "pre-workshop communications" received the lowest

rating, -- an average of 4.5. Presumably this referred to early availability of materials and documents, since there was considerable pre-workshop communication about workshop design. (Each of the centrally funded PVO CS projects was polled several times on need for the workshop, desirable content, and timing. USAID/Bolivia kept the PVO CS Committee informed of all workshop planning decisions. The draft agenda was reviewed with the PVO Executive Committee, and changes made in response to their critique.) Perhaps the workshop planning was not communicated to the broader group of participants. There did seem to be some problem in distributing the workshop invitations sufficiently in advance. The low rating given to pre-workshop communications suggests a need to identify the exact problems so that this important element of workshop organization can be improved.

Another criticism of the workshop was related to the desire for additional information on the "how to" of project implementation. One respondent identified the need for more discussion on community participation in information gathering. Comments were also directed toward the need to improve translation equipment.

Participants also made a number of suggestions for future workshops in Bolivia. Several suggested increasing representation from field staff and decreasing the numbers of administrators in attendance. Increased attendance from the Ministry of Health was another suggestion. (However, others saw a need to limit the number of participants.) Several recommended that future workshops conduct more sessions in Spanish, make available more Spanish resource materials, or use more local experts. It was also suggested that a future workshop include additional practical exercises or practical field activities. One person would welcome an opportunity to spend more workshop time on each of the themes.

Participants were asked to assess the appropriateness of their attendance at this workshop, and also asked to suggest others from their organizations who might benefit from workshop participation. All respondents reported that they were the appropriate person to attend because of their project planning responsibilities. Many respondents suggested that, in addition, field coordinators, field staff, and health assistants from their respective organizations would have benefited from the workshop. A few mentioned the possible participation of regional coordinators, MOH personnel responsible for CS activities, and persons in charge of project evaluation.

Additional detail on the responses to the evaluation questionnaire can be found in Appendix F.

VI. COMMENTS AND RECOMMENDATIONS

In late September, a cable was received from USAID/Bolivia: "PVOs beginning to implement workshop recommendations even before the initial English draft report is finished. ... Intra PVO collaboration and coordination has been enhanced and October 1 PVO meeting with MOH has been scheduled to begin implementation of workshop recommendations."

The assistance and cooperation of the staff and participants were the keys to the success of this workshop. The difficulties with logistics, translation facilities, and the strenuous schedule seemed somewhat overwhelming but everyone was undaunted. The willingness to "go the extra step" was crucial in this endeavor.

There is much to be learned from this successful experience. Workshops are to some extent experimental and can always be improved. The elements that make one workshop successful may do the opposite for another. Here the list of elements that were appropriate in this workshop is shorter than the list of things that could be improved. However, the end product was a workshop that attained its objectives and opened the doors of collaboration among the agencies working in child survival.

A. What Worked

Overall, there was a validation of the general principles guiding workshop design that had been developed from the lessons learned with the preceding three regional workshops in Africa. This workshop, however, was unique in its emphasis on the theme of collaboration. Specifically, the isolation of the workshop site, the small group format, and the relaxed atmosphere helped develop an invaluable sense of partnership among participants.

In addition, four innovations worked well at this workshop:

- Feedback to participants on the interviews that had been conducted regarding project information systems, and programming for EPI and ORT, helped to identify areas needing greater collaboration
- The special evening session on issues in collaboration permitted time outside the regular schedule to discuss the sensitive issues around collaboration and to achieve some consensus on recommendations that could then be presented to the group in the closing session
- The special interest sessions gave participants the opportunity to explore certain monitoring and evaluation issues in greater depth, according to their own individual needs and interests

- Including PVO home office and regional technical staff as part of the technical resource team kept the workshop focused on practical issues in PVO CS project implementation, and created a working relationship between consultants from central technical firms and the staff who backstop PVO projects

B. What Could Have Been Improved

It would have been better if:

- the resource people had arrived enough days in advance to become acclimated to the altitude, and had arrived sufficiently close in time for organizers to properly orient everyone at the same time
- the planning had been more thorough, and more components had been completed in advance, such as a list of participants and speakers, resource documents in place, etc.
 - transportation costs to La Paz had been provided so that more field people would have attended
- there was only one facilitator
- more social time had been available
- the hotel was better equipped for 50 workshop guests
- the translation equipment had been in better condition
- more secretarial services had been available

APPENDIX A. PARTICIPANTS

Workshop Participants A1

Workshop Support Staff A5

LIST OF PVO CHILD SURVIVAL WORKSHOP PARTICIPANTS - BOLIVIA SEPT 15-18, 1987

<u>PARTICIPANT</u>	<u>POSITION</u>	<u>ADDRESS</u>
1. Mr Consuelo de Rada	Administrative Director	ANDEAN RURAL HEALTH CENTER Victor Sanjines 2948, 2do piso - Casilla 3133 La Paz, Bolivia Telefono: 342950
2. Mr Ernesto Mendizabal Eyzaguirre	Administrator, 'Proyecto de Salud Rural Andino'	CARE/BOLIVIA Avenida Arce # 2678 - Casilla 6034 La Paz, Bolivia Telefono: 3632270, 363227
3. Mr Emil Steinkrauss	Director	CARE/BOLIVIANA Avenida 6 de Agosto # 2864 - Casilla 475 La Paz, Bolivia Telefono: 341767
4. Dr Gerardo Romero Gil	Coordinator, National CS Program	CATHOLIC RELIEF SERVICES Pasaje Corneta Mamani #1973 - Casilla 2561 La Paz, Bolivia Telefono: 323335, 352993
5. Dr Javier Espindola	Coordinator, 'Mejoramiento Infantil'	FOOD FOR THE HUNGRY (FHI) Pedro Salazar #2516 - Casilla 5671 La Paz, Bolivia Telefono: 321414, 322238 Telex: 5712 FHB
6. Dr C. Ballesteros		
7. Dr A. Alarcon Ibes	Director, Diocesana Coroico	
8. Miss Kathy De Riemer	Project Manager	
9. Mr Randall L. Hoag	Director, FHI-Bolivia	
10. Miss Olga de la Oliva	Chief, 'Materno-Infantil' Program	

<u>PARTICIPANT</u>	<u>POSITION</u>	<u>ADDRESS</u>
11. Dr Carlos Figueroa	Coordinator, CS Program	FOSTER PARENTS PLAN Avenida Arce No. 2142 - Casilla 6181 La Paz, Bolivia Telefono: 326111
12. Miss Diana Everaert	Coordinator, CAS Program	MEALS FOR MILLIONS Calle Hermanos Manchego #2510 - Casilla 4791 La Paz, Bolivia Telefono: 351353
13. Lic Martha Clavijo	Chief, 'Nutricion Aplicada Regional'	PRITECH Avenida Arce #1513 - Casilla 8065 La Paz, Bolivia Telefono: 322419
14. Lic Nieves Quino	Assigned to Mano Kapac Province	PROJECT CONCERN INTERNATIONAL-BOLIVIA Calle Castro #1508, 3er. piso Casilla 21006 La Paz, Bolivia Telefono: 351353
15. Mr Curt Schaeffer	Representative in Bolivia	PROJECT ESPERANCA Casilla 4577, Santa Cruz, Bolivia Telex: 7380 CABPUVI BV 4333 HCORTEZ BV Villamontes, Bolivia: Telefono (0684) 2382
16. Dr Ana Maria Aguilar	Consultant	SAVE THE CHILDREN-BOLIVIA Edificio Illampu, Mezanine Casilla 5793, Avenida Arce La Paz, Bolivia Telefono: 323362, 325011 Telex 2557 CRITUR BV
17. Mr Wallace Chastain	Director	
18. Mr Alonzo Wind	Director	
19. Mr Bruce Harris	Executive Director	
20. Dr Marcelo Castrillo	Medical Director	

<u>PARTICIPANT</u>	<u>POSITION</u>	<u>ADDRESS</u>
21. Dr Percy Halkyer	Chief Epidemiology Section	MINISTERIO DE PREVISION SOCIAL Y SALUD PUBLICA Avda. Capitan Ravelo #2199 Edificio Recursos Humanos La Paz, Bolivia Telefono: 375479
22. Dr Andres Bartos	Director, 'Materno-Infantil'	
23. Mrs Cristina Gardel	Associate Expert	PAHO Landaeta #221, 4to piso - Casilla 20094 La Paz, Bolivia Telefono: 371644, 364757, 363836
24. Dr Oscar Castillo	Representative	UNICEF Avenida 20 de Octubre, eq. Campos La Paz, Bolivia Telefono: 340880, 321699, 343410
25. Miss Graciela Uriburu	Representative	WORLD FOOD PROGRAM (WFP) Plaza Isabel La Catolica La Paz, Bolivia Telefono: 358596, 538589
26. Dr Alfonso Arzabe	Director Sanitary Unit	Unidad Sanitaria Cochabamba Telefono 29441 Cochabamba, Bolivia
27. Dr Juan Carlos Carazas	Chief, 'Materno-Infantil'	Unidad Sanitaria La Paz Division Materno Infantil MPSSP - Casilla 2930 La Paz, Bolivia Telefono: 376677, 376460

<u>PARTICIPANT</u>	<u>POSITION</u>	<u>ADDRESS</u>
28. Mr Paul Hartenberger	Deputy Chief	USAID/BOLIVIA
29. Ms Elba Calero	Program Coordinator	Health and Human Resources Office
30. Mr Rafael Indaburu	Program Coordinator	Casilla 673 La Paz, Bolivia Telefono: 320262, 320824
31. Dr Ronald Rivero Cruz	Director Sanitary Unit	Unidad Sanitaria Santa Cruz Santa Cruz, Bolivia

WORKSHOP SUPPORT STAFF

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1. Ms Beverly Tucker	Workshop Coordinator, Johns Hopkins Consultant	2421 University Avenue Kalamazoo, MI 49008 U.S.A.
2. Mr Juan Carlos Castro	Workshop Facilitator	IDEA
3. Mr John Branez	Workshop Facilitator	Edificio "La Urbana" Avenida Camacho La Paz, Bolivia
4. Arq Jaime Medrano	Resource Person for Community Participation	PLANNING ASSISTANCE Avenida 6 de Agosto #2376 La Paz, Bolivia
5. Ms Martha Uriona	Translator	Telefono: 321313
6. Ms Marcia Paz Campero	Translator	
7. Ms Maria Choquetaxi	Workshop Secretary	
8. Mr Paulino Soliz	Draftsman	
9. Dr Michele Denize	Resource Person for Health Information Systems and Baseline Studies	SAVE THE CHILDREN Primary Health Care 54 Wilton Rd. P.O. Box 950 Westpark, CT 06881 Telephone: (203) 226-7272 Telex: 4750020 SAVCHILD
10. Dr Sharon Guild	Discussion Leader	
11. Mr Robert Steinglass	Resource Person for Monitor- ing Immunization Activities and Determining Coverage	REACH 1100 Wilson Blvd. 9th floor Arlington, VA 22209 Telephone: 703-528-7474 Telex: 272896 JSIWUR

<u>STAFF MEMBER</u>	<u>ROLE</u>	<u>ADDRESS</u>
12. Dr Sally Stansfield	Resource Person for Monitoring Programs for Diarrheal Disease Management and Acute Respiratory Disease	PRITECH 1201 N. Nach St. #1143 Arlington, VA 22209 Tel. 703-243-2326
13. Dr Charles Teller	Resource Person for Growth Monitoring and Nutritional Surveillance	International Nutrition Unit OIH/INN - Logical Technical Services 121 Congressional La. #205 Rockville, MD 20852
14. Dr Victor Lara	Discussion Leader	FOSTER PARENTS PLAN INTERNATIONAL 804 Qudken Lane East Greenwich, RI 02818 U.S.A. Telex: 681707 PLAVINTL UW
15. Dr Dory Storms	Represented AID/Washington and Resource Person for Sessions on Sustainability and PVO Reporting Requirements	PVO Child Survival Support Program Johns Hopkins University Institute for International Programs 615 North Wolfe Street Baltimore, MD 21205 USA Telephone: 301-955-1251 Telex: 7012340022 PUB HYG BAL Cable Address: PUBHYG
16. Dr. Anne Gadomski	Resource Person Vitamin A	
17. Dr. Gary Smith	Discussion Leader	

APPENDIX B. WORKSHOP TRAINING PLAN

Daily Agenda B1

Training Plans for B5
Individual Sessions

PVO CHILD SURVIVAL PROJECT MONITORING AND EVALUATION WORKSHOP

DAILY SCHEDULE

DAY 1 - September 15, 1987

<u>Time</u>		
9:30-	Session 1	Opening Ceremony
10:30	Introduction	Michael Hacker, Chief, Health and Human Resources Division, USAID/Bolivia
	Opening	Honorable Edward Rowell United States Ambassador - Bolivia
	Remarks	Dra. Maria Teresa Paz, Sub-Secretaria Ministerio de Prevision Social y Salud Publica Bolivia.
	Remarks	Jim Mayrides, UNICEF
	Remarks	Dr. Dory Storms PVO Child Survival Support Program The Johns Hopkins University
	Remarks	Emil G. Steinkrauss - PVO Child Survival Executive Committee, Bolivia
	Break	
11:00-	Session 2	Introduction to Workshop - Dr. Gary Smith
12:30		- Review of Workshop Themes, Objectives, and Expected Outcomes
		- Review of Workshop Schedule
		- Review of Participant Expectations
12:30-	Lunch	
2:00		
2:00-	Session 3	Information, Monitoring, and Evaluation-
5:15		Dr. Michele Denize
		- Why a health information system?
		- Does the health information system work for the project or vice versa?
		- Evaluation: numbers can be fun and simple
	Break	
5:15-		Day's Evaluation and Preview of Next
5:30		Day's Activities

BOLIVIA PVO CHILD SURVIVAL WORKSHOP DAILY SCHEDULE

Day 2 - September 16, 1987

Time

8:00- Session 4
10:00

- Baseline Studies - Dr. Michele Denize
- Broadening the concept of baseline survey to baseline information
 - Identification of problems and solutions which PVOs have had in carrying out baseline surveys
 - Pragmatic how-to's in planning and implementing baseline studies for Child Survival projects.

Break

10:00- Session 5
12:30

Monitoring Program Activities and Determining Immunization Coverage
Mr. Robert Steinglass

- Identification of information requirements
- Use of routine data and surveys for program management and action
- Data recording, monitoring and evaluation techniques appropriate to immunization components of Child Survival Projects

12:30- Lunch
2:00

2:00- Session 6
5:15

Monitoring and Evaluation of Programs for Diarrheal Disease Management -Dr. Sally Stansfield

- Selecting indicators
 - a. Process indicators
 - b. Effectiveness indicators
- Data collection methods
- Use and dissemination of information

Break

5:15
5:30

Day's Evaluation and Preview of Next Day's Activities

BOLIVIA PVO CHILD SURVIVAL WORKSHOP DAILY SCHEDULE

Day 3 - September 17, 1987

Time

8:00- Session 7

10:00

A.I.D. Reporting Requirements of PVO Child Survival Projects.

- Review of FVA/PVC requirements for Detailed Implementation Plan, annual reports, midterm evaluation - Dr. Dory Storms

- Revised AID Health and Child Survival Reporting Schedule - Dr. Sally Stansfield

10:00- Session 8

11:45

Special Interest Groups - Part I
Participants select only one group to attend:

- A. Growth Monitoring - Dr. Charles Teller
- B. Monitoring Cold Chain/EPI and AIDS - Mr. Robert Steinglass
- C. Review of Vitamin A Deficiency and Evaluation of Vitamin A Components in Child Survival Projects - Dr. Anne Gadomski
- D. Assessing Prevention and Treatment of ARI - Dr. Sally Stansfield
- E. Beneficiary Input in Project Design, Monitoring and Evaluation. - Arq. Jaime Medrano

Break

12:00-

12:45

Report of Small Groups and Large Group Discussion.

12:45- Lunch

2:00

2:00- Session 9

3:45

Special Interest Groups - Part II
Participants select only one group to attend:

- A. Nutritional Surveillance - Dr. Charles Teller
- B. EPI Evaluation Techniques (including coverage surveys and disease surveillance) - Mr. Robert Steinglass
- C. Review of Vitamin A Deficiency - Detection, Treatment and Prevention - Dr. Anne Gadomski
- D. Microcomputer Use in Project Health Information Systems - Dr. Marcelo Castrillo
- E. Sustainability Indicators - Dr. Dory Storms

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T R A I N I N G P L A N

Setting: Day 1 - EARLY MORNING Place: Dining Room, Hotel Titicaca
 Session: 1 Subject: OPENING CEREMONY Date: September 15, 1987

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
Distribute materials	8:00 8:30			Information materials	Facilitator Michael Hacker, USAID
OPENING CEREMONY	9:30- 10:30	Individual Presentations	Design Opening Ceremony	Child Survival banner	Edward Rowell, U.S. Ambassador Bolivia
Officially welcome participants		Local officials, local resource people, and workshop organizers	Invite speakers		Dr. Maria T. Paz, Min. of Health
Introduce project resource persons, officials and workshop organizers			Type agenda		Jim Mayride, UNICEF
Provide background on Child Survival Program			Prepare and send invitations to officials and resource persons		Dory Storms, JHU
Provide background on Bolivia Child Survival initiatives			Obtain map, make banner		Emil Steinkrauss, PVO Executive Committee
Provide background on the problem of monitoring and evaluation in PVO Child Survival projects around the world			Obtain translators		(PAHO not able to attend)
			Make list of persons attending workshop		
			Prepare name tags		
Break	10:45 11:00	Translation equipment in and working			

T R A I N I N G P L A N

Setting: Day 1 - MID MORNING Place: Ground Floor, Seminar Rm., Hotel Titicaca

Session: 2 Date: September 15, 1987

Subject: REVIEW OF WORKSHOP THEMES, OBJECTIVES, EXPECTED OUTCOMES, WORKSHOP SCHEDULE, AND PARTICIPANT EXPECTATIONS

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
Conduct "Ice Breaker" exercises	11:30- 12:30	Individual Pre- sentations (2 minute limit) Each person interviews 2 persons		Translation equipment	Facilitator
Develop atmosphere conducive to group working and learning (not held due to time constraints)				Markers and Flip charts	
Review workshop themes, objectives and expected outcomes in order to familiarize participant with organization of the workshop		Review with participants the workshop documents	Distribute mate- rials on themes, objectives and outcomes	Workshop booklet	Dr. Gary Smith
Review workshop schedule to familiarize participants with organization of the workshop		Review with participants the workshop schedule.	Distribute work- shop schedule Write out schedule on flip chart	Workshop booklet	Dr. Gary Smith
Discuss participant expectations for the workshop; obtain feedback on workshop agenda; develop consensus on objectives and process					

T R A I N I N G P L A N

Setting: Day 1 - LATE AFTERNOON Place: Ground Floor, Seminar Room
 Session: 3 Subject: INFORMATION, MONITORING AND EVALUATION Date: September 15, 1987

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
Identify and discuss purposes of establish a project health information system (HIS)	2:00	Non-formal education methodology using small group tasks	Meeting of resource persons to achieve consensus on session objectives and use of terms	Newsprint Markers	Dr. Michele Denize Dr. Sharon Guild (to interview participants about HIS)
Discuss monitoring of current projects			Make flipcharts		
Review differences between evaluation and monitoring					
Use of the health information system for management decision making					
Identify/discuss key issues in planning for evaluation of a project					

T R A I N I N G P L A N

Setting: Day 2 - EARLY MORNING Place: Ground Floor, Seminar Room
 Session: 4 Subject: BASELINE STUDIES Date: September 16, 1987

Objectives	Time	Methods	Preparations	Materials	Trainers/ Resource Persons
Describe various methodologies which exist and can be used for gathering baseline information	8:00-10:30	Non-formal education methodology using small group tasks	Advance meeting with resource persons to achieve consensus on terms and objectives	Newsprint Markers	Dr. Michele Denize Panel from CARE, PCI, and SCF
Highlight PVO experience in baseline survey		Panel with group question and answer	Make flip charts		
Provide practical guidelines for choosing methodology appropriate for project and purpose of baseline studies					
Reinforce need to call for technical assistance in planning and carrying out baseline studies					

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T R A I N I N G P L A N

Setting: Day 2 - LATE MORNING Place: Ground Floor, Seminar Room
 Session: 5 Date: September 16, 1987
 Subject: MONITORING IMMUNIZATON ACTIVITY AND DETERMINING COVERAGE

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
Present practical information on:	10:30- 12:30	Presentation	Meet with UNICEF and MOH/EPI to discuss national program	Newsprint Markers	Mr. Robert Steinglass
-What information do we need		Group discussion	Design practical exercises	Immunization Schedule MOH Immunization card	MOH/EPI Personnel
-How to use routine survey data for program management and action		Case studies	Make flip charts	MOH recording & reporting forms WHO sample forms	
-Data recording and techniques of monitoring and evaluation		Questions and answers		WHO graph for monitoring coverage and for data presentation Sample immunization reports WHO list of evaluation methods and thier use in EPI	
				Module: Evaluate vaccination coverage (WHO)	

T R A I N I N G P L A N

Setting: Day 2 - AFTERNOON Place: Ground Floor, Seminar Room

Session: 6 Date: September 16, 1987

Subject: MONITORING AND EVALUATION OF PROGRAMS FOR DIARRHEAL DISEASE MANAGEMENT

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparation</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
Interview project managers to identify local policy and practice for ORT	2:00 5:30	Presentation	Meet with PRITECH and MOH, CDD personnel to discuss national program	Newsprint Markers	Dr. Sally Stansfield with:
Identify indicators for the monitoring and evaluation of diarrheal diseases		Presentation Small Groups	Distribute resource list	See appendix for list of handouts	C. Teller R. Steinglass G. Smith A. Gadomski
Discuss control activities (CDD)					Caritas and PRITECH
Present a case study on ORT collection in Bolivia		Presentation			
Discuss techniques for collection, analysis, and presentation of data for CDD activities		Small Groups			

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T R A I N I N G P L A N

Setting: Day 3 - MORNING Place: Ground Floor, Seminar Room

Session: 7 Date: September 17, 1987

Subject: REPORTING REQUIREMENTS FOR PVO CHILD SURVIVAL PROJECTS

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
A. REPORTING REQUIREMENTS FOR CENTRALLY FUNDED CS PROJECTS	8:00			Newsprint	
Clarify purposes and process of project reporting to FVA/PVC	9:00	Presentation	Prepare flip charts	Markers	Dory Storms
-Detailed Implementation Plan (DIP)		Small groups	review form	Translate FVA/PVC guidelines	Michele Denize
-Annual reports				FVA/PVC Annual Report Guidelines	Translators
Mid-term evaluation					
Obtain feedback from PVO field staff regarding problems in reporting				A.I.D. Health & CS Reporting Schedule	
Clarify any question concerning Annual Report Guidelines					
B. REVIEW OF A.I.D. CS REPORTING SCHEDULE					
Clarify revised AID Reporting Schedule for PVO CS participants	9:15 10:15	Presentation	Prepare flip charts	FY 87 Health & CS Reporting Schedule	S. Stansfield with:
			Translate		G. Smith
			CS Reporting		S. Guild
			Schedule	Reference Guide FY 87	V. Lara/M. Denise
Develop atmosphere conducive to group desire and ability to report on projects					C. Teller

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T R A I N I N G P L A N

Setting: Day 3 - LATE MORNING Place: 5 Locations - Hotel Titicaca

Session: 8 Subject: SPECIAL INTEREST SESSION/PART I Date: September 17, 1987

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
GIVE PARTICIPANTS THE OPPORTUNITY TO OBTAIN MORE IN-DEPTH INFORMATION ON:	10:00 11:30	Participants select one small group to attend	Set-up rooms with flipcharts, slide projectors and computers	Flipcharts	Organizer: Anne Gadomski Juan Carlos Castro
A. Growth Monitoring				Flipchart	Charlie Teller
B. Monitoring the Cold Chain, EPI and AIDS		Presentation followed by questions and answers	Explain small group session to participants	Flipchart	Robert Steinglass
C. Monitoring & Evaluation of Vitamin A Comp- onents in Child			Post schedule including room, title, and presenter	Slide projector	Anna Gadomski
D. Assessing Preven- tion & Treatment of Acute Respir- atory Diseases				Flipchart	Sally Stansfield
E. Beneficiary Input in Project Design Monitoring & Evaluation					Jaime Medrano
	11:45	Report of small groups			

T R A I N I N G P L A N

Setting: Day 3 - AFTERNOON Place: 5 Locations - Hotel Titicaca

Session: 9 Subject: SPECIAL INTEREST SESSION/PART II Date: September 17, 1987

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
GIVE PARTICIPANTS THE OPPORTUNITY TO OBTAIN IN-DEPTH INFORMATION ON:	2:00 4:00	Participants select one small group to attend	Set-up rooms with flipcharts, slide projector and computers	Flipcharts	Organizer: Anna Gadomski Juan Carlos Castro
A. Nutritional Surveillance		Presentation followed by discussion, questions and answers	Explain small group session to participants	Slide projector	Charlie Teller Robert Steinglass
B. EPI Evaluation Methods (including coverage surveys and Epidemiological disease surveillance)			Post schedule including room, title and presenter		
C. Review of Vitamin A Deficiency: Detection Treatment & Prevention					Anna Gadomski
D. Microcomputer Use in Project HIS				Computers	Marcelo Castrillo
E. Sustainability Indicators	4:00	Report of small groups		Flipcharts	Dory Storms

T R A I N I N G P L A N

Setting: Day 4 - MORNING Place: Meeting Room

Session: 10 Subject: "NEXT STEPS" Date: September 18, 1987

Objectives	Time	Methods	Preparations	Materials	Trainers/ Resource Persons
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A. PVO NEXT STEPS

Encourage follow-up action to workshop discussions	8:00 9:15	Each PVO will identify concrete actions to be done in 90 days One group will consist of MOH, PAHO & UNICEF Share plans with large group	Make flipcharts with instructions for their task Distribute flipcharts & tape to each PVO Handout the group recommendations which involve actions by the PVO's Prepare model flipchart for report to large group	Flipchart Tape Paper & Markers for each PVO	Michele Denize
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ACTIVITY CS PROJECT MONITORING & EVALUATION WORKSHOP September 1987 B-11

BR

T R A I N I N G P L A N

Setting: Day 4 - MORNING Place: Ground Floor, Seminar Room
 Session: 10 Subject: *NEXT STEPS (cont'd) Date: September 18, 1987

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
B. GROUP RECOMMENDATIONS					
Encourage follow-up action to workshop discussions	9:30	Small group brainstorming (15 minutes) Plenary session discussion (20 minutes) Define responsibility for follow-up actions and set deadline for completion	Flipchart reminding groups to make recommendations feasible, identify people responsible and set deadlines Handout the recommendations of the sessions on coordinating issues	Flipcharts from session of Thursday 7 pm taped on wall Flipchart, markers	Michele Denize
Provide feedback to working organizers and staff on learning and satisfaction with workshop			Plan for presentation by Carlos before the MOH, USAID and PAHO authorities at closing ceremony		
Participants	10:15	Fill out the evaluation form	Type and photocopy evaluation form	40 Evaluation forms	Juan Carlos Castro

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T R A I N I N G P L A N

Setting: Day 4 - LATE MORNING Place: Ground Floor, Seminar Room
 Session: 11 Subject: CLOSING CEREMONY Date: September 18, 1987

<u>Objectives</u>	<u>Time</u>	<u>Methods</u>	<u>Preparations</u>	<u>Materials</u>	<u>Trainers/ Resource Persons</u>
<u>CLOSING CEREMONY</u>	11:00		Schedule Ceremony	Certificates	
Provide positive feedback to participants so that they can leave the workshop with a sense of accomplishment and satisfaction		Participants Comments	Identify Speakers before closing remarks	Gifts	Dr. Victor Lara
		Representative of PVO's			Miss Olga de la Oliva
		Representative of MOH			Dr. Juan Carlos Carazas, MPSSP
		Acknowledgements to the support staff			Beverly Tucker
		Present recommendations for follow-up action			Dr. Carlos Figueroa, PLAN
		Closing Remarks			Michael Hacker, USAID
					G. Reginald van Raalte, US AID Director
					Dr. Gustavo Mora, PAHO
		Presentation of Certificates			

APPENDIX C. RESOURCE MATERIALS

Recommended Reading for Monitoring and Evaluation of EPI, ORT and Vitamin A Components of CS Projects	C 1
Resource Materials Available at Workshop	C 4
Handouts to Private Voluntary Organizations at Workshop	C 11

RECOMMENDED READING FOR MONITORING AND EVALUATING EPI, ORT, AND VITAMIN A COMPONENTS OF CHILD SURVIVAL PROJECTS

A. Documents Referenced By Mr. Steinglass, EPI

"Evaluate Vaccination Coverage" WHO EPI Mid-Level Manager's Course Module, Geneva (English, French, Spanish)

Document from WHO used in Indonesia (EPI/18/445/3) available from SEARO, New Delhi (English). Which provide operational instructions for conducting the coverage survey.

Evaluation & Monitoring of National Immunization Programmes, WHO, Geneva (English, French).

"Modulo 5: Evaluación del PAI, Taller sobre Planificación, Administración y Evaluación," PAHO, Washington, D.C. (Spanish)

"Epidemiología de la Omisión de la Vacunación (Epidemiology of not administering vaccines)," Stan Foster, Newsletter PAHO, Oct. 1986 (Spanish, English).

"Evaluación de los Servicios de Inmunización," Stan Foster, EPI Newsletter, PAHO, October 1984 (Spanish, English)

B. Documents distributed by Dr. Stansfield, ORT

CARITAS/PRITECH OFT KAP survey instrument

Formulario Diario de Captación de Datos para URO, Ministerio de Previsión Social y Salud Pública, Dirección Nacional de Salud Materno-Infantil.

Organización Mundial de la Salud: "Indicadores de Programa CDD para Programas Nacionales"

Programa de Acción de Supervivencia Infantil-Indicadores.

"Structured Interview for Assessing Treatment and Home Management of Childhood Diarrhea in PVOs CS Programs." Carl Kendall (draft), 1987.

Documents referenced by Dr. Stansfield, ORT

Normas para el manejo de la enfermedad diarreica aguda: Manual para Médicos. MPSSP, Departamento Materno-Infantil, Bolivia, 1986.

Nosotros tambien luchamos contra la diarrea y la deshidratación: Manual del responsable popular de salud. MPSSP, Departamento Materno-Infantil, Bolivia, 1986.

Manual de Manejo de Diarrea Aguda. Caritas Bolivianas, Proyecto Mejoramiento Infantil, Bolivia, October 1986.

"Evaluating Community ORT programmes: Indicators for Use and Safety." A. Mushtaque, R. Chowdhoy. Health Policy and Planning 1 (3):214-221, 1986.

"Conducting Group Interviews in Developing Countries." AID Program Design and Evaluation. Methodology Report N 8. AID, Washington, D.C., 1987.

"Information Systems." Primary Health Care Issues, Series 1, #6, APHA, 1983.

"Monitoring and Evaluating," Chapter VI from ORT in Africa. Malawi Workshop, March 1985.

"Evaluation and Cost Issues," ICORT II Proceedings, 1987, pp. 96-98.

"Information Systems for ORT programs," chapter 13 from Manual for Assessment and Planning of National Programs, PRITECH, 1985.

"Monitoring and Evaluation of Child Survival Projects: A Guide for PVO Managers," Mark Mitchell and Polly Harrison, AID/FVA/PVC, December 1985.

Manual for Conducting a Lot Quality Assessment in Oral Rehydration Therapy (ORT) Clinic. Mark C. Wolff and Robert E. Black, JHU, June 1986.

C. Documents Referenced By Dr. Gadomski, Vitamin A

"La Sintomatología de la deficiencia de Vitamina A y su relación con la nutrición aplicada IVACG," Nutrition Foundation, Washington, D.C., July 1983,

IVACG Recommendations for Safety "Improving the Vitamin A Status of Pregnant and Lactating Women, and the Nursing Infant." Public Health Considerations, Nutrition Foundation, Washington, D.C., April 1986

"Delivery of Oral Doses of Vitamin A to Prevent Vitamin A Deficiency and Nutritional Blindness," Keith West and Alfred Sommer, Food Reviews International 1 (2):393-404, 1985.

"Vitamin A: Partner in Child Health." Mothers and Children, Bulletin on Infant Feeding and Maternal Nutrition. Vol. 5, #3, 1986.

"Stability of Vitamins in Fortified Milk Powders, During a Two Year Storage Period." D. Wollard and A. D. Edmiston, New Zealand Journal of Dairy Science and Technology, 18, 21-26 (1983). N. Cohen et.al.

"Impact of massive doses of Vitamin A on nutritional blindness in Bangladesh." American Journal of Clinical Nutrition, 1987; 45:970-6.

Resource Materials Available at Workshop

"A Catalog of Manuals, Reprints, Case Studies, and Resource Packets." Information Collections and Exchange Manual, T-14. Peace Corps, Washington, D.C., 1987.

"A Household Survey of Health and Illness in Rural Bolivia." Ralph R. Frerichs, James N. Becht, and Betsy Foxman, PAHO Bulletin Volume 14, Number 4, pp. 343-355. Pan American Health Organization, 1980.

APHA Bibliographies (compiled 8 August 1987):

- growth monitoring evaluations
- education materials (Spanish)
- breastfeeding (Spanish)
- growth monitoring (Spanish)
- oral rehydration therapy (Spanish), and
- immunization (Spanish)

"A Retrospective and Prospective Look at International Breastfeeding Promotion Programs". International Nutrition Communication Service, 1986.

Asistencia Sanitaria y Dignidad Humana - Un exámen Subjetivo de los Programas Sanitarios para el Medio Rural Basados en la Comunidad en America Latina. David Werner (Spanish)

"Growth Monitoring of Preschool Children: Practical Considerations for Primary Health Care Projects". Information for Action Issue Paper, WFPHA, September 1985.

"Guide to Mass Media and Support Materials for Nutrition Education in Developing Countries." International Nutrition Communication Service, January 1985.

"Health Status of Migrants." Betsy Foxman, Ralph R. Frerichs and James N. Becht, Human Biology, Volume 56, Number 1, pp. 129-141. Wayne State University Press, 1984.

"La Participación Comunitaria, Clave de la Atención Primaria de Salud." Manzoor Ahmed. (Spanish)

"Growth Monitoring of Preschool Children: Practical considerations for Primary Health Care Projects." Information for Action Issue Paper, WFPHA, September 1985.

- "Madres y Ninos". One complete set, APHA, 1987 (Spanish and English)
- "Maternal and Infant Nutrition Reviews: Bolivia" International Nutrition Communication Service, May 1983.
- "Maternal Nutrition", Information for Action Issue Paper WFPHA, 1983.
- "Monitoring and Evaluation of Child Survival Projects: A Guide for PVO Managers". Marc. D. Mitchell and Polly F. Harrison. Office of Private and Voluntary Cooperation (FVA/PVC, December 1985.
- "Training Manual Catalogue" International Nutrition Service, 1986.
- "Oral Rehydration Therapy and the Control of Diarrheal Diseases". Information Collection and Exchange Training Manual T-34, Peace Corps Washington, D.C. 11985.
- Participación de la Comunidad en las Actividades-Ocho Propuestas.
- "Para Planificar un Programa de Capacitación".
- "The Population Information Program, "The JHU (Spanish and English)
- "Prevalence and Cost of Illness Episodes in Rural Bolivia": Ralph R. Frerichs, James N. Becht, and Betsy Foxman. from International Journal of Epidemiology. Volume 9, Number 3, pp. 233-238. 1980, OUP
- "Program Activities for Improving Weaning Practices", Information for Action Issue Paper. WFPHA, July 1984.
- "Promotion of Breast Feeding: Can it Really Decrease Fertility?" Sandra L. Huffman, ScD. Clearinghouse on Infant Feeding and Maternal Nutrition, APHA, February 1986.
- "Review of Breastfeeding Program Evaluations", by Janet Tognetti, International Nutrition Communication Service, Washington, D.C. 1985.
- Soluciones Orales: Un Tratamiento Sencillo contra la Deshidratación en Casos de Diarrea. N.F. Pierce y N. Hirschhorn. From Cronica de la OMS, Volume 31, pp. 99-106, 1987.
- "Teaching Aids at Low Cost" Tropical Child Health Unit, Institute of Child Health, 1987.

"Training Materials Catalogue: Development Communications"
World Neighbors, 1987.

"Women's Activities and Child Nutrition: A Review of the Literature: Sandra L. Huffman, Sc.D. Clearinghouse on Infant Feeding and Maternal Nutrition, APHA, February 1986.

NUTRITION

Birthweigh: Low-Birth-Weight Indicator. PATH

Growth Monitoring - A Child's Road to Health Report Card. International Health News, No. 7. NCIH, 1987.

Notes on Developing the Nutrition Package. Tina Sanghvi, Ph.D.

AIDS AND CHILD SURVIVAL

El SIDA: Una crisis de salud pública. Population Report, Serie L. Num. 6. Population Information Program -JHU, Abril 1987. (Spanish & English)

Joint WHO/UNICEF Statement on Immunization and AIDS, from Expanded Programme on Immunization. WHO, Feb. 1987.

Public Health Aspects of AIDS: HIV in Pediatrics. Douglas R. Mendoza (MPH Program, 1986-1987, Fourth Quarter). JHU, May 1987.

Special Programme on AIDS. Progress Report Num. 1 - WHO, April 1987.

Medical Progress: Acute Lower Respiratory Tract Infections In Non-hospitalized Children. From The Journal of Pediatrics, Vol. 108, Num. 5, Part I. pp. 635-646. Floyd W. Denney, M.D., and Wallace A. Clyde, Jr. M.D., May 1986.

Diálogo Diarrea, AHRTAG
- Número 18-24, Junio 1987
- Issue No. 25, June
- Issue No. 26, September 1986
- Numero 3, Noviembre de 1980

Documentos Básicos: Control de Enfermedades Diarreicas- PAHO, 1986

El Tratamiento de la Diarrea y Uso de la Terapia de Rehidratación Oral; Segunda Edición. OMS/UNICEF, 1985.

El uso de los Medicamentos en el Manejo de la Diarrea Aguda en los Niños menores de 5 años. Translated from DOC. WHO/CDD/CMT/86.1.

Emfermedades Diarreicas. Salud Mundial, Abril de 1986

Oral Rehydration Therapy (ORT) for Childhood Diarrhea, from Population Reports, series L, Num. 2. Population Information Program JHU., July-August 1984.

Terapia de Rehidratación Oral Bases de su Uso. Control de Enfermedad Diarreicas (CED), Programa de Salud materno-infantil PAHO.

Un Proceso de Decisión para Establecer una Política sobre el Tratamiento de la Diarrea en el Hogar. Translated from DOC. WHO/CDD/SER/87.10.1

Family Planning As a Health Intervention. Birth Spacing and Child Survival. Deborah Maine and Regina McNamara. Center for Population and Family Health. Columbia University.

Population Reports: Population Information Program, The Johns Hopkins University.

- Migración, crecimiento demografico y desarrollo. Serie M. Num. 7, Noviembre de 1984.
- Actualización de las encuestas de fecundidad y de planificación familiar. Serie M. Num. 8, Noviembre de 1986.
- Update on Condoms - Products, Protection, Promotion. Series H. Num. 6 September - October 1982 (S and E)
- Periodic Abstinence: How Well Do New Approaches Work? Series I. [Number 3, September 1981.
- Como salvar la Brecha en Planificacion Familiar. Serie J. Num. 20, Marzo 1979.
- Traditional Midwives and Family Planning. Series J, Num. 22, May 1980.
- Healthier Mothers and Children through Family Planning. Series J. Number 27, May - June, 1984.
- Hormonal Contraception: New Long-Acting Methods. Series K, Num. 3.
- Breast-Feeding, Fertility and Family Planning. Series J. Num. 24, March Community-Based Health and Family Planning. Series L, Num. 3, November - December 1982.
- Las progestinas de accion prolongada: perspectivas sobre metodos prometedores. Serie K. Numero 2, Mayo de 1984.

Salubritas. Volume 8, Number 4. APHA and WFPHA, October - December 1985.

World Health. WHO, January - February 1987.

- EPI: 'Shots that save lives', Ralph H. Henderson
- Vaccines Versus Disability. Sir John Wilson
- A Chance for Every Child
- Motivating Parents. Mohammad Ilyas Burney and Faiyaz Ahmed Lari

Avances Recientes en Inmunización. Una Revisión Bibliográfica.
Publicación Científica, No. 451, OPS, 1985.

Programa Ampliado de Inmunización (PAI) Taller sobre
Planificación Administración y Evaluación, Modelo 1,
Enfermedades del PAI: Modelo II Vacunas del PH; Modelo III,
Cadena del Frio del PAI. Modelo IV Programación del PAI, OMS.

Curso "Mantenimiento y Reparación de Equipos de Refrigeración
para Conservación de Vacunas, PAI, OMS.

Programa Ampliado de Inmunización (PAI) - Manual para Técnicos
Reparadores de Refrigeradores por Compresión.

Parte A: Servicio y Técnicas de Reparación

B: Localización de Fallas y Defectos

C: Trabajos de Reparación

OMS 1983.

Curso Básico de Refrigeración para Supervisores de la Cadena de
Frio. Unidad I, Programa Ampliado de Inmunización, OPS 1986.

Curso de Mantenimiento y Reparación de Equipos de Refrigeración
para Conservación de Vacunas PAI:

Modulo: Electricidad "EL"

I Sección "EL"

Modulo: Electricidad "EL"

II Sección EZ

OPS/OMS.

Entrenamiento de personal para el control de las enfermedades
inmuno-preventivas del PAI. Curso Básico de Vigilancia
Epidemiológica de Enfermedades del PAI.

- PRE TEST
- POST TEST

Modulo 1 - Vigilancia Epidemiológica: Información para
Prevención

Modulo 2 - Unidad 1 - Análisis Epidemiológico

Modulo 3 - Unidad 1 - Sarampión

Modulo 4 - Acciones Educativas en el Control de las
Enfermedades transmisibles

Assignment Children Universal Child Immunization, by 1990 -
UNICEF, 1985.

Kallaway: Investigación sobre prácticas medicinales y
mágicas. Louis Girault, La Paz, Bolivia 1987.

The State of the World's Children 1987. James P. Grant,
UNICEF, 1987.

- Documentos Básicos Control de Enfermedades Diarreicas,
Desarrollo de Programas de Salud, DPS/OMS. Septiembre 1986.
- 3ra. Evaluación Internacional del Programa Ampliado de
Inmunización, OPS/OMS
- Reconozca la Enfermedad, Guía para el diagnóstico de seis
enfermedades objeto del PAI. Programa Ampliado de
Inmunización, OPS/OMS 1985.
(slides/Tape/Narration).
- La Cadena de Frio, Hojas de Información Programa Ampliado de
Inmunización 1986/87, No. 1 UNICEF, 1986.
- Information for Action Resource Guide - Information for
Management of Primary Health Care (Prepared for UNICEF, July
1984)
- Family Planning for Maternal and Child Health, An annotated
bibliography and resource directory -Feb. 1986.
- Women and Health, Prepared for Aga Khan Foundation and UNICEF,
March 1986.
- Population Reports.
- World Health Organization Expanded Programme on Immunization -
Training for mid-level managers - evaluate vaccination coverage.
- Birth Spacing and Child Survival, Columbia University, New York.
- Trip Report Latin American Regional Video Production Needs
Assessment, Rogelio Villarreal - June 6, 1987.
- UNFPA PIACT - Product Information Memo (Volume 10, No. 1)
Barriers and Oral Contraceptives.
- Occasional Papers - SOMARC Social Marketing for Change, Edward
C. Green, June 1987.
- II Evaluacion Nacional del Programa Ampliado de Inmunizaciones
- Ministerio de Prevision Social y Salud Publica (Bolivia,
Septiembre 1983).
- Curso Logística y Supervisión de la Cadena de Frio.
- Curso Operacion y Mantenimiento de la Cadena de Frio.
- USAID - Sample Cover Letter for Annual Report Guidelines 1987.
- USAID Tier I through Tier III Indicators.
- Community Participation - Primary Health Care Issues. APHA

Planificación Familiar: Su efecto en la salud de la mujer y el niño-Center for Population and Family Health, Columbia University.

Planificación Familiar: Salvando las Vidas de Madres y Niños, Population Reference Bureau, Washington, D.C. - IMPACT

Organizacion Comunitaria - PRICOR, Monografias: Tema Vol. 3
Arthur Godsmith, Barbara Pillsbury and David Nicholas

Financiación Comunitaria - Sharon Stanton Russell, Jack Reynolds, Dic. 1986 - PRICOR, Monografias: Tema Vol. 1

Métodos de Investigaciones Operativas: Una Metodología General Aplicada a la Atención Primaria de Salud - Stewart N. Blumenfeld, Dic. 1986 - PRICOR: Serie de Monografias: Metodos Vol. 1.

Análisis de Costo-Efectividad, Jack Reynolds, K Celeste Gaspari, Dic. 1986 - PRICOR, Serie Monografias: Metodos Vol. 2

Trabajadores Comunitarios de Salud, Morris Schaefer, Jack Reynolds, Dic. 1986 - PRICOR, Serie de Monografias: Temas Volunn 2.

Evaluate Vaccination Coverage -WHO - Expanded Programme on Immunization

HANDOUTS TO PRIVATE VOLUNTARY ORGANIZATIONS AT WORKSHOP

Universal Child Immunization by 1990. UNICEF, 1985.

Kallawaya - Curanderos Itinerantes de Los Andes, Louis Girault,
La Paz, Bolivia, 1987.

Atlas Censal de Bolivia, Instituto Nacional de Estadística,
1982.

Evaluate Vaccination Coverage, OMS.

Workshop Resource Center List.

APPENDIX D. WORKSHOP ACTIVITIES

Session 2: Participant Expectations	D	1
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SESSION 2: PARTICIPANT EXPECTATIONS

The following list of participant expectations of the Workshop was recorded during the opening session:

1. To learn something practical
2. To learn technical aspects
3. To plan a common area - definitions
4. To make informal contacts
5. To learn evaluation methods
6. To coordinate
7. Multisectoral activities
8. To clasify participatory evaluation methods
9. To unify criteria
10. To coordinate health and education
11. To share experiences
12. To get to know expectations (of A.I.D./Washington)
13. To coordinate actions
14. To unify monitoring and evaluation
15. To form concepts
16. To learn practical elements
17. To hear the practical experiences of others
18. To learn how to use technical assistance resources
19. To learn methodologies and their use
20. To learn about the better use of physical and economic resources
21. To learn simple monitoring systems
22. To know what to do in the future
23. To use the energy of the participants
24. Child Survival as a strategy
25. To increase efficiency
26. To coordinate actions of the MOH with PVOs
27. To develop coordination strategies
28. The problem of project permanents
29. To get to know the policies of A.I.D., Washington, D.C.
30. To share evaluations/community
31. To transmit results to the MOH for coordination.

WORKSHOP THEMES AND OBJECTIVES CORRESPONDING TO PARTICIPANT EXPECTATIONS:

<u>Theme</u>	<u>Expectation number</u>
1	1, 2, 5, 8, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25
2	3, 4, 6, 9, 10, 13, 14, 21, 23, 26, 27, 31
<u>Objective</u>	
A.	1, 2, 5, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25
B.	1, 11, 16, 17, 18, 30
C.	1, 11, 16, 17, 18, 30
D.	1, 2, 5, 8, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25
E.	12, 21, 28, 29
F.	15, 18, 21

Presented by: Dr. Michele Denize

Outline to be followed:

- A. Why information on health?
 - 1) Individual experiences
 - 2) Program experiences
- B. What kind of information do we need?
- C. How do we organize the health information system (HIS) order to use it effectively?
- D. How does the HIS help to coordinate and cooperate?
- E. What is the relationship between HIS and Evaluation?

- A. WE ALL WANT TO KNOW THAT WE ARE DOING A GOOD JOB
 1. What are the things that make project Evaluation good for you? (15 minutes for small groups to identify positive features)
 - Gratifying for the person
 - Self criticism
 - Healthy
 - Decisive
 - Honest and courteous
 - Affirming
 - New approach
 - Gives solutions
 - Participation
 - Realistic
 - Constructive
 - Confidence in people
 2. Describe some activity carried out during the last month (or within the last quarter), which shows that the work done was a good job. (15 minutes for small groups to identify beneficial evaluation activities.)

Group Responses:

- Community participates in programs and expresses opinions.
- It is hard, but community is heard.

Session 3: continued

3. Accountability

Responsibility are the words that gives us the tools to know that we are doing a good job.

The basic reason to collect and follow up information is to provide information for:

- ourselves
- the community
- authorities
- Central Office and donors

B. THE INFORMATION WE NEED TO COLLECT IN ORDER TO KNOW THAT WE ARE DOING A GOOD JOB

- Quantitative and qualitative
- Supervision of community health workers
- Timely
- Demographic data
- Related to objectives and goals
- Use simple instruments
- Morbidity - mortality

C. WE ORGANIZE INFORMATION TO ANSWER 3 SIMPLE QUESTIONS:

- Have I done what I planned?
- Have I done it in the way I planned?
- What is done, has it caused any difference?

1. Process to follow:

- Have I done what I planned? (SPECIFIC GOALS)
- Have I done it the way I planned? (ACTIVITIES WHICH ACCOMPLISH OBJECTIVES)
- What is done, has it caused any difference? (WHAT WAS THE PROBLEM WE TRIED TO SOLVE BY MEANS OF OBJECTIVE?)

D. THE WAY WE ORGANIZE A HEALTH INFORMATION SYSTEM

1. Problems, questions and ideas about organizing a Health Information System

Who is going to use the information?

What we are going to do with the information?

Session 3. continued

Do we have flexible instruments?

Does it help to adapt information requirements to your program?

2. Choose a sub-program:

Fill out the following chart for the chosen sub-program:

E.G. Subprogram: GROWTH CONTROL

Question	Information Requirement	Who Collects/ Where/ And Frequency	Who Sees The Information (Analyze)/ Frequency/How/ Where
I. GOAL			
II. ACTIVITY	e.g. # of children attending control session	CHW, roster for each session with CHW	Supervisor monthly meetings with CHW
III. PROBLEM TO BE SOLVED			
III. WHAT TO DO IN ORDER TO HAVE H.I.S. WORKING			
a. b. c. d. e. f. g. h. i.	Integrate within services Review the system regularly Know how to analyze and what decision to take Train staff to collect information, and know how to interpret it for decision making Reinforce supervision to ensure use in all levels Stop collecting information which is not needed Establish frequency needs for all information according to levels Prepare schedules at local level Inform the community of findings		

Session 3: continued

2. Examples of the three questions applied to two sub-programs:

IMMUNIZATION

- a. Have I done what I planned?

Objective:

Immunize 80% of children from
0-1 years old

Required information:

Immunization coverage of
children from 12-23
months

- b. Have I done it the way I planned?

Activity:

Regular 5 group community ses-
sions; once every 3 mos.

Required information:

% of sanitary posts
where sessions took
place

- c. Has it caused any difference?

Identifying problems:

Unnecessary death because of
measles

Community not satisfied with
vaccination services

Required information:

Mortality rate for
measles

e.g. Waiting time for
vaccination sessions

WEIGHT CONTROL

- a. Have I done what I planned?

Goal:

60% of children from 0-3 years
old weighed at least once
quarterly

- b. Have I done it the way I planned?

Activity:

Monthly weight control
sessions in each community.

Having at least one trained
person for each community, in
order to weigh, schedule, and
advise mothers

Session 3: continued

c. Has it caused any difference?

Identifying problem:

Required information:

Nothing has been done for
malnutrition

% of undernourished
who received children
follow-up services

Children whose mothers are unsat-
isfied and do not participate

% of undernourished
children who improved

SESSION 5: MONITORING IMMUNIZATION ACTIVITIES AND DETERMINING COVERAGE

Presented by Mr. Robert Steinglass

- A. Themes:
1. What information do we need?
 2. How do we use routine survey data for program management and action?
 3. Data recording and monitoring evaluation techniques
- B. Differences between the medical/curative model and the public health/preventive model concerning evaluation
- Either recovery or death of the individual
 - Impact frequently unknown for the community
- C. How to measure importance of EPI charts
- Relevance (the number of deaths in immunized populations)
 - Progress (coverage in Bolivia)
 - Impact (reduction of incidence in Bolivia)
- D. Monitoring and Evaluation
- Collection and analysis of information for action
 - Must be a part of routine management for program improvement
 - An information system is needed to measure whether objectives and targets are being reached
- E. Uses of Data Routinely Collected at Immunization Sessions (Please note that the needs and resources of Ministry of Health and PVOs may differ)
1. Monitoring/Supervision for Action
 - Are all required immunizations given appropriate to age?
 - Are there missed measles immunization opportunities?
 - Have you immunized too many older children versus infants?
 - Are intervals too long between visits?
 2. Monitoring Service Delivery
 - Tracing defaulters
 - Documentation in case card is lost
 3. Management
 - Used to calculate vaccine required on next visit or session

Session 5. continued

4. Monitoring/Evaluation for Action
 - a. Assess: $\frac{\text{annual number BCG in infants}}{\text{eligible infant population (newborns)}}$
 - b. Completion: $\frac{\text{annual number DPT3 in infants}}{\text{eligible infant population (newborns)}}$
 - c. Drop-out: $\frac{\text{annual number of DPT1-DPT3 in infants}}{\text{annual number of DPT1 in infants}}$
 - d. Progress: every quarter, compare number of infant DPT3 BCG, measles, TT2 against annual number of eligibles

(Please note that local collection consolidation and analysis of data encourages continued accurate data collection and enhance staff motivation.)

- F. Special Considerations for Data Recording During Campaigns.
 - Continue using routine records to permit later follow-up
 - Obtain assistance from community members
- G. Frequent Areas of Confusion in Data Collection, Reporting, and Analysis
 - Age not categorized 0-11, 12-23, 24 + months
 - Percent of target achieved is reported. Instead of percent of eligible population
 - DPT, Polio, TT are not reported by dose
 - Eligible infant population for measles immunization considered to be 1/4 of that for DPT, Polio, and BCG. Should be the same as for DPT.
- H. Limitations of Routine Data for Evaluation of Impact
 - Absent, incomplete, doubtful data
 - Output, does not predict impact (That is, the number of immunizations does not reduce incidence)
 - Cold chain problems
 - Inappropriate dose and age of immunization
 - Vaccine efficacy
 - Child already had the disease
- I. Other Evaluation Techniques (to be fully discussed in afternoon session)

Session 5. continued

- b. - Children 12-23 months old in 100 houses nearest the health center
- 2. Analysis of health center's records for missed measles immunization opportunities
 - 2 hours
 - Especially useful if incidence in infants is high
- 3. Cold chain monitoring and evaluation
 - Assess every 6 months
 - Identifying chronically weak links in cold chain
- 4. Knowledge, Attitude, Practice Survey of Mothers leaving immunization session
 - 30 minutes in length
 - Do if coverage is low or drop-out rate is high
- 5. Disease Surveillance
 - Decided if routine or sentinel
 - Can measure incidence, trends, and/or seasonality

SESSION 6: MONITORING AND EVALUATION OF PROGRAMS FOR DIARRHEAL DISEASE MANAGEMENT

Presented by: Sally Stansfield

- A. Background
- Goal: To reduce diarrhea-specific mortality among children 0-5
- "Have I made a difference?" Objective: To promote the use of ORT (appropriate management of diarrhea)
- "Have I done what I planned?" Strategy: 1) Develop implementation plan
2) Training
3) Education
4) Supervision
5) Monitoring & Evaluation

Monitoring and Evaluation consists of determining:

- Are activities being carried out?
- Are the activities of sufficient quantity and quality to meet project objectives?

Please assure that activities are on track before trying to measure achievement of objectives.

- Counting is easier than observing performance
- We have a tendency to emphasize that which is easiest and appears more scientific
- Qualitative assessment of performance is very important.

B. Small Group Exercise #1

Training, supervision and education are examples of project activities which require periodic assessment of quality of performance. Form 3 groups, and list 5 kinds of information which would help you assess the quality of the following activities:

<u>Activity</u>	<u>Information (Example)</u>
Training	<ul style="list-style-type: none">- Can health workers demonstrate their skills 3 months after training?- Have workers had an opportunity to practice their skills?

Session 6. continued

- Supervision - Has the health worker's teaching techniques improved?
- Education - Do families appropriately refer severely dehydrated children?

Don't forget to monitor and evaluate the quality of your monitoring and evaluation system!

B. Locally Available Data

What information is already available regarding CDD programs in Bolivia?

- MOH surveillance data (review of forms and sample data will be the subject of Small Group Session # 2)
- Information obtained in interview of PVO activities in CDD presented by Dr. Victor Lara (see appendix).
- Results of these interviews point up the need for enhanced coordination among PVOs and with the MOH in the implementation of CDD programs.

C. Case Study: RESULTS OF THE CARITAS BOLIVIANA - CHILD IMPROVEMENT PROJECT KAP SURVEY

The child improvement project is providing health education in the rural areas, and will be implemented in three areas within the 9 Departments in Bolivia. The project will phase in the new areas.

A survey was made which obtained information on:

- Data about associates
- Knowledge about SRO and home made serum
- Mother's attitude and practices for diarrheal diseases
- Radio
- Materials

For sample selection purposes, Maternal-Child Centers were considered as primary units, and associated mothers were minor units. In each Center 2 associates were surveyed.

The general objective was to provide information to each individual CARITAS unit, and provide global information for Area number I of the Project.

The survey data includes the rural sector within the La Paz and Oruro Departments, Area I.

Session 6. continued

The population sample included 929 Maternal-Child Centers, with 30,235 associates. The selection process identified 84 centers with a total of 588 associates. 168 associates were selected.

Various data was collected and will be published soon. For example, data obtained include: 66.9% of the associates know SRO, and a 95% of these know the right quantity of water to be used in the mix.

56.2% knew the home made serum, and 79% of these know how to correctly prepare the mix. Only 12.22% knew to recognize dehydration signs.

Average family size was 7 members per home.

D. Selecting Process Indicators

These indicators measure activities, and help us answer the question, "have I done what I planned to do?"

The following 3 indicators are easily measured and are the only quantitative measures required by A.I.D. of all PVO CS projects with CDD components:

- Funds budgeted for ORT/CDD activities
- # packets obtained/distributed
- # workers trained, by type

Tracking four additional indicators over time also will give a measure of project effectiveness.

- Number and percent of families who have received ORT education.
- Ingredient availability
- Access to packets (if relevant to project area)
- Numbers and severity of case treated at URO-I's and URO-P's

E. Small Group Exercise #2

The forms you have received are the reporting forms for the surveillance for diarrheal disease control activities. The set of 3 forms dated 1986, 1987 and 1988 present sample data you might receive at the MCH summarizing the activities in UROs. In your new job as the national director for CDD, review the data and tell us:

- What conclusions can you make from the data?
- What decisions would you make?
- What additional data would you request?

Session 6. continued

F. Selecting Effectiveness Indicators

Effectiveness indicators measure achievements in meeting project objectives, and help us answer the question, "Has the work we have done made a difference?"

Morbidity and mortality indicators are difficult to measure in absolute terms, but may be worth monitoring, if your health information system is "population-based". If, it is health center based, you may choose to monitor trends instead.

Indicators of appropriate case management must be measured in the community and in the home. PVOs have the advantage often, of being in daily contact with their communities. Two types of indicators of appropriate case management are:

- "Effective Use"
- "Use"

The most widespread indicator of ORT use:

"The percentage of children under 5 with diarrhea in the past 2 weeks who were treated with ORT"

Locally, definitions of diarrhea and ORT may differ from place to place, but CS projects should use the definition as set forth in national policy.

When selecting "Effectiveness Indicators", remember:

- Select just 1 or 2 key indicators
- Ideally, indicators should be consistent with those used by other programs or agencies (we learn from comparisons)
- Indicators should be action-oriented.

G. Data Collection Methods

1. Qualitative methods
 - interviews
 - observational studies
 - focus groups
2. Quantitative methods
 - surveys
 - lot quality assessment

Session 6. continued

Remember:

- Limit the number of indicators, especially if you have multiple program interventions to monitor and evaluate
- Determine the frequency of data collection
- Adapt the form with consideration for the capabilities of the interviewers
- Field-test instruments
- Supervise the interviewers carefully
- Plan the analysis and use of the information before data is collected

I. Use and Dissemination of Information

Remember:

- Use data for making decisions about project design and management
- Use data for supervision
- Feedback to health workers/community
- Disseminate information to other PVOs and to the MOH

H. WHO CDD Program Indicators for National Programmes

1. Measured in the Community (using a household survey)

Denominator

- ORS use
- ORT use
- Feeding during diarrhea
(unchanged or increased) Cases of diarrhea in
Children under 5
- Administration of adequate
volumes of ORT
- Correct knowledge of when to
seek treatment outside the home Mothers of children
under 5 years
- Correct preparation of ORS
- Correction preparation of the
recommended home fluid

Session 6. continued

<u>2. Measured At Health Facilities</u>	<u>Denominator</u>
- Cases correctly assessed	
- Cases correctly given rehydration (IV or oral)	Diarrhea cases in children under 5 years which are treated at health facilities
- Cases correctly advised on management of the child with diarrhea at home	
- Acute dysentery cases given appropriate antibiotics	Cases of acute dysentery
<u>3. Measured from Records</u>	
- Training coverage	Health staff who treat diarrhea
- Number of staff trained in ORT	
- Access to ORS	Children under 5 years

SESSION 7: REPORTING REQUIREMENTS FOR PVO CHILD SURVIVAL PROJECTS

Presented by Dr. Dory Storms and Dr. Sally Stansfield

A. Objectives of This Session

- Clarify purposes and process of CS project reporting to FVA/PVC
- Obtain feedback from PVO field staff regarding problems in reporting
- Clarify questions concerning the Annual Report, due October 1987
(FVA/PVC means: the Office of Private and Voluntary Cooperation, Bureau of Food for Peace and Voluntary Assistance -- A.I.D. Washington, D. C.)

B. Reporting Requirements for CS Projects Funded By FVA/PVC in 1987

- Due at 6 months: Detailed Implementation Plan (DIP), projects develop DIP during October-March
- Due at 12 months: First Annual Report and the A.I.D. Health and Child Survival Reporting Schedule due in Washington D.C. October 15. (Includes copy of Baseline Study Report)

Due at 24 months: Second Annual Report and the A.I.D. Health and Child Survival Reporting Schedule due Oct. 15. (Include copy of Midterm Evaluation Report)

- Due at 36 months: Third Annual Report and the A.I.D. Health and Child Survival Reporting Schedule due October 15 in Washington D.C.

No information as yet on requirements for final evaluation and final report.

C. Small Group Exercise #1

GROUPS: CARE, ANDEAN RURAL HEALTH CARE (G. Smith)
SCF, MEALS FOR MILLIONS (S. Guild)
PLAN, ESPERANCA (M. Denize & V. Lara)
CRS, CARITAS/BOLIVIA, PRITECH (C. Teller)

QUESTION: How do we get the required information together and remain sane!

TASKS: (10 minutes)

CS I project staff will share with field staff of CS II and III projects their experiences with the process of preparing the required A.I.D. reports.

The group will identify principles and actions that can make the process go smoothly, and in a timely fashion.

D. Small Group Exercise #2

GROUPS: CARE, ANDEAN RURAL HEALTH CARE (G. Smith)
SCF, MEALS FOR MILLIONS (S. Guild)
PLAN, ESPERANCA (M. Denize & V. Lara)
CRS, CARITAS/BOLIVIA, PRITECH (C. Teller)

QUESTION: Do we understand the questions asked in the Annual Report Guidelines?

TASK: (20 minutes)

Each group will review the 1987 Annual Report Guidelines with a resource person, clarify questions, and make suggestions to strengthen the process of Child Survival project reporting.

Suggestions from Small Group Exercise

- PVO reception of Annual Report Guidelines should be timely and, if possible, in Spanish. (Perhaps FVA/PVC could send a computer diskette containing the A.I.D. guidelines to USAID/Bolivia for translation and quick transmittal to the PVOs.)
- The PVO should hold a workshop for Child Survival personnel in order to discuss Annual Report guidelines.
- The Annual Report should be a team effort, not a report from one individual.
- The Annual Report should be useful for the project.
- The project annual report should be used for in service training of project staff.

E. Review of the Revised A.I.D. Health and Child Survival Reporting Schedule

Enclosure #1

FVA/PVC CHILD SURVIVAL PROJECT
ANNUAL REPORT GUIDELINES
FOR CSI (FY85) AND CSII (FY86) PVO COUNTRY PROJECTS

I. Project Design Summary

A. Statement of Country Project Objectives

In the case of CSI projects, please indicate if objectives have changed since the First Annual Report.

In the case of CSII projects, please indicate if objectives have changed since the Detailed Implementation Plan (DIP).

B. Estimates of the Size of the Priority Population in the Child Survival Impact Area(s) -- Numbers of Children under 1, under 2 and Women of Child-Bearing Ages

Please indicate any changes in the size or location of the priority population from your previous DIP or Annual Report description.

C. Identify Health Problems Your Project Addresses

Please indicate any changes in program focus from your previous DIP or Annual Report description.

D. Identify Child Survival Interventions Your Project Provides or Promotes in the Community

Indicate any changes in type or scope of services from your DIP or Annual Report description.

E. Identify Linkages to Other Health and Development Activities Offered through this Field Program.

Please indicate any new linkages this year between Child Survival program components and previously existing health and development activities.

F. Identify Strategies For Identifying and Providing Follow-Up Service to People at Higher Risk (e.g., women with high risk pregnancies, children with chronic diarrhea, malnourished children)

Please indicate any changes in high risk approach taken this past year.

II. Human Resources

CSI and CSII projects should indicate any changes in PVO country organization or infrastructure supporting child survival project activities.

--Attach job descriptions and resumes of any new staff who have joined your project in the past year.

--Indicate any Headquarters/Regional Office assistance received in support of Child Survival field activities.

--Describe any changes in the number of community health committees; describe any community activities undertaken this past year in support of health program.

--Describe agreements with governments, collaborative efforts with other organizations, etc. which have not been previously described in your Annual Report or DIP.

III. Project Health Information Systems

CSI and CSII projects should respond to all questions in this section.

A. Baseline Surveys

Only CSI and CSII projects which completed their baseline survey this year need answer the following questions. Also, you may attach a copy of the baseline survey report instead of answering each of these questions, if you have already addressed these issues in that report.

--Did you undertake a baseline survey this past year? If so, what was the cost of the survey to your project? How many weeks did it take to complete the task?

--Describe development of questionnaire, pretesting, and use of the instrument in interviews. (Attach a copy of the survey instruments to your Annual Report submission.)

--Describe your survey sampling. What was the criteria for being included in the survey? What was the primary sampling unit? What was the your overall sample size? How long did it take, on the average, to interview one mother or one household?

--Describe work in developing a code book, data entry, and tabulation specifications. Did you use a microcomputer in analysis of your data? What software did you use? Did you use any technical assistance in preparation of your questionnaire, sampling, data collection and preparation for data entry, cleaning or tabulation? Did your staff benefit from the assistance?

--Describe interesting findings of your baseline surveys. How were these findings communicated to the communities, and to project health workers? How did you re-design your program to take into account the new information obtained in your surveys?

B. Monitoring Systems

In the case of CSII projects, please answer these questions about the monitoring systems of your child survival program. (CS I projects need only indicate changes in their monitoring systems which have occurred over the past year.)

--What is the system at the clinic level to maintain records on the family or on the individual? What is the system at the community level for collection of data useful for local service delivery? Do you use family cards or registers? Does the record-keeping system identify people for necessary follow-up service?

--What data are collected for central planning and management? What is the system for reporting information on the activities of community health workers?

--A.I.D. requires your project to collect Tier 1 indicators for donor reporting. Do you collect any effectiveness indicators? Which of the A.I.D. Tier 1 and Tier 2 indicators are the most difficult for your project staff to collect?

--Do you monitor any additional indicators which are especially relevant to the country, or especially important to your PVO?

--What is the feedback of this information to the people who collect the information, to CHWs, and to communities?

--Do the CHWs use "maps" of their communities, or rosters, which serve as a reminder to the community health worker and a tool for planning further actions?

--How many people are responsible for collecting, recording or analyzing information to monitor progress of your child survival project? What are the steps you have taken to ensure quality of your health information system?

--What proportion of your last year's expenditures was spent on project monitoring costs?

C. Midterm Evaluation

In the case of a CSI project only, please answer:

--Did you carry out a midterm evaluation? If so, what was the methodology? Who was involved? What were the main findings of your evaluation? How will you change your work plan this coming year to reflect the findings of the midterm evaluation? How will the results of the evaluation be communicated to the communities and to project workers? What was the approximate cost of this mid-term evaluation to your project? (Please attach a copy of the midterm evaluation report to your Annual Report submission.)

IV. Revised Work Plan and Budget

A. Work Plan

CSI and CSII projects need to address the following items if there are any changes in the work plan or budget:

--Discuss any problems and/or constraints to implementation as planned in either the DIP or the Annual Report.

--Discuss new strategies which will be followed for overcoming constraints.

--Attach revised work plan describing critical activities to be carried out for remainder of project, including dates.

B. Project Expenditures and Budget Revision

All CSI and CSII projects must report on project expenses for the year.

--Report on Project Expenses for the Year. Itemize funds spent by budget item. Differentiate headquarters and field expenditures.

--Attach a "Pipeline Analysis" which shows program expenditures to date by line item and remaining monies to spend over the life of the grant.

--CS II projects should provide a justification for any budget revisions from the original budget proposal. CSI projects need to provide a justification for any major changes from the budget submitted with the First Annual Report.

V. Steps Taken to Improve Program Quality and Effectiveness

CSI and CSII projects are encouraged to describe any new steps which they are taking to make health activities more effective. For example, PVOs may wish to share:

--Developments in monitoring and maintenance of cold chain, improved accuracy in recording child weight and height

--Conference or training workshop activities attended by project staff

--Improvements in the supervision of health workers

--Formation of an oversight committee composed of people from the community and/or local government health services

--Assessments of program quality conducted by persons outside your immediate project staff.

VI. Analysis of Program Costs

CSI and CSII projects should respond to all items in this section.

A. Estimate of Recurrent Costs and Potential for Recovery

Please take your estimate of total program costs this past year and separate the total costs into recurrent and start-up costs; estimate the average cost of your ORT component per beneficiaries under age 2 and the average cost of the immunization component per beneficiaries under age 1; describe your cost recovery record to date.

Indicate any changes or refinements of your cost estimates for sustaining this program; identify any costs of program components which you feel can not be sustained; identify any program components which you feel the government will not be able to absorb into their programming by the time the Child Survival funding terminates.

B. Strategies for Reducing Sustainability Concerns

Please indicate any development or changes in your approach to creating sustainable health activities in your local communities. Some ideas you may want to share are:

-- collaboration with community residents and leaders in determining the health care needs, interests, and resources of the community

--willingness and ability of the community to pay for preventive care, your PVO's work with community leaders and residents to increase support for sustaining the program

--resource generation to pay for basic drugs, CHW compensation, etc.

--attempts to cut costs

--employment of available trained local staff, and plan for phasing out expatriate workers.

1987 HEALTH AND CHILD SURVIVAL PROJECT REPORTING SCHEDULE

1. Project Number: _____ 2. Subproject Number: _____ 3. COUNTRY: _____

4. Project Title: _____

5. Project Beginning Date: / / 6. Project Activity Completion Date (PACD): / /

7. Current Project Status: (Circle One) 1 - Proposed 2 - Ongoing 3 - Discontinued 4 - Completed

8. For each contract or grant, please provide the A.I.D. contract (or grant) number, the COMPLETE name of the contractor (or grantee), the name of the implementing agency/organization and the type of organization for each. SEE CODES BELOW. USE ADDITIONAL SHEETS IF NECESSARY. PLEASE PRINT OR TYPE

	Type of Organization
Principal Contractor/Grantee: _____	_____
Principal Implementing Agency/Organization: _____	_____
Other Contractors/Grantees/Implementing Agencies/Organizations:	
Contractor/Grantee: _____	_____
Implementing Agency/Organization: _____	_____
Contractor/Grantee: _____	_____
Implementing Agency/Organization: _____	_____

Codes for Type of Contractor/Grantee/Implementing Agent: (Place Appropriate Code on Lines Provided Above)

1 - Non-Profit/Private Voluntary Organizations/US	4 - University	7 - Multilateral Agency
2 - Non-Profit/Private Voluntary Organizations/LOCAL	5 - Private Sector (For Profit)	8 - Host Country/Government
3 - Non-Profit/Other (Includes NGOs)	6 - U.S. Government	9 - Host Country/Other

9. Life of Project Budget: (A.I.D. Funds from ALL funding accounts) \$ _____

10. Other Funding Sources:

ACCOUNT		LIFE OF PROJECT BUDGET (in Thousands)
PL-480/Title I	\$	_____
PL-480/Title B (including Value of Food and Medication)	\$	_____
PL-480/Title III	\$	_____
HOST GOVERNMENT: (\$M \$ Equivalent)	\$	_____
OTHER DONORS: (country)	\$	_____
A. UNICEF Funds:	\$	_____
B. _____	\$	_____
C. _____	\$	_____
TOTAL, ALL SOURCES	\$	_____

1987 HEALTH AND CHILD SURVIVAL PROJECT REPORTING SCHEDULE

11. Program Functions:

(Use of Project Attributions From ALL Funding Accounts)

CHILD SURVIVAL:

Oral Rehydration/Diarrheal Diseases
 Immunization/Vaccination

PER CENT
 ATTRIBUTION

COMPLETE SCHEDULES

_____ % → 1 AND 2
 _____ % → 1 AND 3
 _____ % → 1 AND 4

Nutrition

Includes:

- 1 - Breastfeeding
- 2 - Growth Monitoring
- 3 - Infant/Child Feeding Practices
- 4 - Vitamin A

Circle
All That
Apply

High Risk Births (e.g., Brain Injuries,
 Measles, etc., High Parity)

_____ % → 1 AND 5

Other Child Survival Activities

Are Any of the Following Types
 of Activity Included?

- 1 - Acute Respiratory Infection
- 2 - Water & Sanitation
- 3 - Disease Control/Malaria
- 4 - Disease Control/AIDS
- 5 - Disease Control/All Other

Circle
All That
Apply

_____ % → 1 AND 6

PORTION OF
 "OTHER FUNCTIONS"
 LISTED BELOW
 ATTRIBUTABLE TO
 CHILD SURVIVAL

OTHER FUNCTIONS:

- Health Care Financing
- Water & Sanitation
- Medical Education (Academic Only)
- Disease Control/Malaria
- Disease Control/AIDS
- Disease Control/All Other
- Other, Non-Child Survival

DO NOT INCLUDE
 CHILD SURVIVAL
 PORTION

_____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %

COMPLETE
 SCHEDULE
 1

TOTAL ALL PROGRAM FUNCTIONS

1 0 0 %

12. Types of Health Workers and Others Trained Under the Project During the Reporting Period. (10/1/86 - 9/30/87)

- | | | | |
|----------------|----------------------------------|--------------------------|------------------------|
| 1 - Physicians | 3 - Community Health Workers | 6 - Pharmacists | 9 - School Teachers |
| 2 - Nurses | 4 - Traditional Birth Attendants | 8 - Other Health Workers | 10 - Religious Leaders |
| | | 7 - Mothers | 11 - Community Leaders |
| | | 8 - Other Family Members | 12 - Other (Specify) |

Circle
All That
Apply

13. Number of Health Workers and Others Trained Under the Project During the Reporting Period. (10/1/86 - 9/30/87)

	In-Country	Third Country	U.S.
Physicians/Nurses/All Other Health Workers	_____	_____	_____
All Others	_____	_____	_____
TOTAL TRAINED DURING THE REPORTING PERIOD	_____	_____	_____
Source of Information:	DC BG DK	DC BG DK	DC BG DK

14. Number of Person Months of Long-Term Expatriate Advisors Supported By the Project During the 1987 Reporting Period.

- Long-Term = Assigned to Country for 12 Months or Longer
- | | | |
|---------------------------------|----------------------------|-----------------------------|
| _____ Health Administrator | _____ Health Planner | _____ Management Specialist |
| _____ Communications Specialist | _____ Logistics Specialist | _____ Midwife |
| _____ Demographer/Statistician | _____ Malaria Advisor | _____ Nurse |
| _____ Economist | _____ Physician | _____ Nutritionist |
| _____ Epidemiologist | _____ Medical Educator | _____ Sanitary Engineer |
| _____ Health Educator | _____ Other (Specify) | |

SOURCE CODE: DC - Data Collection System BG - Best Guess DK - Don't Know

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SCHEDULE 1: DEMOGRAPHIC CHARACTERISTICS

Project Number: _____

Subproject Number: _____

NO. ITEM IF YOU DO NOT KNOW THE ANSWER TO A QUESTION, PUT IN A "DK"

1-1.1 Is the project involved in the delivery of health and child survival services? 1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY 3 - NO 9 - DON'T KNOW

1-1.2 Which of the following groups does this project serve? **GO TO NEXT SCHEDULE**

Children:

- 1 - < 12 Mos.
- 2 - 12-23 Mos.
- 3 - 24-35 Mos.
- 4 - 36-47 Mos.
- 5 - 48-59 Mos.
- 6 - Other Children Specify: _____
- 7 - Lactating Mothers
- 8 - Pregnant Women
- 9 - Other Women Specify: _____
- 10 - Men
- 11 - Aged (65 or Older)
- 12 - Other Specify: _____

Circle All That Apply

1-1.3 Is the project involved in the delivery of health and child survival services within a defined geographic area? 1 - YES, NATIONWIDE 2 - YES, LESS THAN NATIONWIDE 3 - NO 8 - DON'T KNOW

GO TO ITEM 1-1.4 **GO TO NEXT SCHEDULE**

1-1.4 If this area is less than nationwide, what is (are) the name(s) of the PROVINCE(S), STATE(S), or DEPARTMENT(S) (i.e., the MAJOR or FIRST LEVEL POLITICAL SUBDIVISION(S)) in which project activities are being carried out?

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

1-1.5 Is this area (Are these areas) primarily URBAN, primarily RURAL, or mixed? 1 - Primarily Urban 2 - Primarily Rural 3 - Mixed 4 - Don't Know

	NUMBER (Use Actual Numbers)	SOURCE OF INFORMATION (Circle One)
1-2.1 How many people live in the geographic area served by the project?	_____	DC BG DK
1-3.1 Of all the people living in the project area, how many are under 12 months of age?	_____	DC BG DK
1-3.2 How many are at least 12 months old, BUT are not yet 60 months old?	_____	DC BG DK
1-3.3 Of the children in this 12 - 59 month age group, how many are aged 12 - 23 months?	_____	DC BG DK
1-4.1 Of all the people living in the project area, how many are women of REPRODUCTIVE AGE (i.e., ages 15 - 49)?	_____	DC BG DK
1-4.2 How many of these women of reproductive age are in the HIGHER RISK age group 15 - 19 years?	_____	DC BG DK
1-4.3 How many of these women of reproductive age are in the HIGHER RISK age group 35 - 49 years?	_____	DC BG DK
1-5.1 How many babies are born alive each year in the project area?	_____	DC BG DK

SOURCE CODE: DC - Data Collection System BG - Best Guess DK - Don't Know

SCHEDULE 2: ORAL REHYDRATION/DIARRHEAL DISEASES

PROJECT NUMBER: _____

SUBPROJECT NUMBER: _____

NO. ITEM IF YOU DO NOT KNOW THE ANSWER TO A QUESTION, PUT IN A "DK"

2-1.1 During the 1987 reporting period, did the project distribute ORS packets to consumers or to organizations which distributed packets to consumers?

- 1 - YES, SUBSTANTIAL ACTIVITY
- 2 - YES, MINOR ACTIVITY
- 3 - NO
- 9 - DON'T KNOW

SKIP TO ITEM 2-2.1

2-1.2 How many of these packets were:
 Purchased With A.I.D. Funds
 Purchased or Donated by Other Governments or Organizations
 Source of Information

Imported	Locally Produced	Packet Size
_____	_____	_____
DC BG DK	DC BG DK	DC BG DK

2-1.3 Did the project sell ORS packets?

- 1 - YES, SUBSTANTIAL ACTIVITY
- 2 - YES, MINOR ACTIVITY
- 3 - NO
- 9 - DON'T KNOW

2-1.4 How many packets did the project sell during the reporting period?

Actual Number	Information Source
_____	DC BG DK

2-2.1 During the reporting period, did the project sponsor training sessions on oral rehydration (ORT) in the project area?

- 1 - YES, SUBSTANTIAL ACTIVITY
- 2 - YES, MINOR ACTIVITY
- 3 - NO
- 9 - DON'T KNOW

SKIP TO ITEM 2-3.1

2-2.2 Which of the following types of HEALTH WORKERS and OTHERS completed these ORT training sessions?

Circle All That Apply

- 1 - Physicians
- 2 - Nurses
- 3 - Community Health Workers
- 4 - Traditional Birth Attendants
- 5 - Pharmacists
- 6 - Other Health Workers
- 7 - Mothers
- 8 - Other Family Members
- 9 - School Teachers
- 10 - Religious Leaders
- 11 - Community Leaders
- 12 - Other (Specify)

2-2.3 How many health workers and others in the project area completed these ORT training sessions?

Physicians/Nurses/All Other Health Workers	All Others	Information Source
_____	_____	DC BG DK

2-3.1 During the 1987 reporting period, did the project sponsor or participate in activities designed to promote the use of HOME-BASED FLUIDS to prevent dehydration?

- 1 - YES, SUBSTANTIAL ACTIVITY
- 2 - YES, MINOR ACTIVITY
- 3 - NO
- 9 - DON'T KNOW

2-3.2 Did the project sponsor or participate in activities designed to promote or market ORS products through PRIVATE or COMMERCIAL OUTLETS? (Includes social marketing, advertising, etc.)

- 1 - YES, SUBSTANTIAL ACTIVITY
- 2 - YES, MINOR ACTIVITY
- 3 - NO
- 9 - DON'T KNOW

2-4.1 Did the project provide technical assistance for improving the MANAGEMENT of ORS/ORT programs? (Including logistics support)

- 1 - YES, SUBSTANTIAL ACTIVITY
- 2 - YES, MINOR ACTIVITY
- 3 - NO
- 9 - DON'T KNOW

2-5.1 Please describe ANY other ORS/ORT activity in which the project engaged not identified above.

Please describe any ACCOMPLISHMENTS/SUCCESSSES in the "HIGHLIGHTS" section of the main schedule.

SCHEDULE 3: IMMUNIZATION

PROJECT NUMBER: _____

SUBPROJECT NUMBER: _____

IF YOU DO NOT KNOW THE ANSWER TO A QUESTION, PUT IN A "DK" SOURCE CODE: DC - Data Collection System BC - Best Guess DK - Don't Know

NO. ITEM

3-1.1 During the 1987 reporting period, did the project distribute vaccines or participate in vaccination programs in the project area?

1 - YES, SUBSTANTIAL ACTIVITY 3 - NO
2 - YES, MINOR ACTIVITY 4 - DON'T KNOW

3-1.2 How many doses of the following vaccines were:

Purchased With A.I.D. Funds
Purchased or Donated by Other Governments or Organizations
Source of Information

Measles	Polio	DPT	BCG	Tetanus 2
DC BC DK				

3-1.3 How many children (or women in the case of tetanus toxoid) were immunized as part of project activities with the following vaccines?

Number of Children Under Age 6 Immunized
Number Immunized Who Were Under Age 1
Source of Information

Children Only						Women 15-49
Measles	Polio 1	Polio 3	DPT 1	DPT 3	BCG	Tetanus 2
DC BC DK	DC BC DK	DC BC DK	DC BC DK	DC BC DK	DC BC DK	DC BC DK

3-1.4 At any time during the reporting period, was a fee charged for immunizations?

1 - YES → Please describe in Item 3-3.1
2 - NO 4 - DON'T KNOW

3-2.1 During the reporting period, did the project sponsor training sessions on immunization in the project area?

1 - YES, SUBSTANTIAL ACTIVITY 3 - NO
2 - YES, MINOR ACTIVITY 4 - DON'T KNOW

3-2.2 Which of the following types of HEALTH WORKERS and OTHERS completed these immunization training sessions?

Circle All That Apply

1 - Physicians	7 - Mothers
2 - Nurses	8 - Other Family Members
3 - Community Health Workers	9 - School Teachers
4 - Traditional Birth Attendants	10 - Religious Leaders
5 - Pharmacists	11 - Community Leaders
6 - Other Health Workers	12 - Other (Specify)

3-2.3 How many health workers and others in the project area completed these immunization training sessions?

Physicians/Nurses/All Other Health Workers	All Others	Information Source
		DC BC DK

3-3.1 During the 1987 reporting period, did the project sponsor or participate in activities designed to promote or market immunization services through PRIVATE or COMMERCIAL OUTLETS? (includes soda marketing, advertising, etc.)

1 - YES, SUBSTANTIAL ACTIVITY 3 - NO
2 - YES, MINOR ACTIVITY 4 - DON'T KNOW

3-3.2 Did the project sponsor any of the following in the project area?

Mass Immunization Campaign →

Fixed Immunization Center(s) →

Mobile Vaccination Team(s) →

1 - YES, SUBSTANTIAL ACTIVITY	3 - NO
2 - YES, MINOR ACTIVITY	4 - DON'T KNOW

3-4.1 Did the project provide technical assistance for improving the MANAGEMENT of immunization programs? (including logistic support)

1 - YES, SUBSTANTIAL ACTIVITY 3 - NO
2 - YES, MINOR ACTIVITY 4 - DON'T KNOW

3-5.1 Please describe ANY other immunization activity in which the project engaged not identified above.

Please describe any ACCOMPLISHMENTS/SUCCESSSES in the "Highlights" section of the main schedule.

SCHEDULE 4. NUTRITION

PROJECT NUMBER: _____

SUBPROJECT NUMBER: _____

IF YOU DO NOT KNOW THE ANSWER TO A QUESTION, PUT IN A "DK"
SOURCE CODE: DC - Data Collection System BG - Best Guess DK - Don't Know

NO.	ITEM	ANSWERS	NOTES
4-1.1	During the 1987 reporting period, did the project distribute or provide equipment or commodities for use in participating countries?	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW [] → REF TO ITEM 4-1.3
4-1.2	Which of the following did the project distribute or provide?	1 - Food 2 - Vitamin A 3 - Iron	4 - Other Nutritional Supplements 5 - Scales 6 - Growth Monitoring Charts 7 - Other (Specify)
4-1.3	During the reporting period, did the project sponsor or provide counseling on proper INFANT AND CHILD FEEDING PRACTICES?	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW [] → REF TO ITEM 4-1.3
4-1.4	How many persons received such counseling?		Information Source: DC BG DK
4-1.5	During the reporting period, did the project sponsor GROWTH MONITORING PROGRAMS in the project area?	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW [] → REF TO ITEM 4-2.1
4-1.6	How many children under age five were enrolled in such programs during the reporting period?		Information Source: DC BG DK
4-2.1	During the reporting period, did the project sponsor training sessions on INFANT AND CHILD FEEDING PRACTICES in the project area?	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW [] → REF TO ITEM 4-2.4
4-2.2	Which of the following types of HEALTH WORKERS and OTHERS completed these training sessions on INFANT AND CHILD FEEDING PRACTICES?	1 - Physicians 2 - Nurses 3 - Community Health Workers 4 - Traditional Birth Attendants 5 - Pharmacists 6 - Other Health Workers	7 - Mothers 8 - Other Family Members 9 - School Teachers 10 - Religious Leaders 11 - Community Leaders 12 - Other (Specify)
4-2.3	How many health workers and others in the project area completed the training sessions on INFANT AND CHILD FEEDING PRACTICES (including breastfeeding)?	Physicians/Nurses/All Other Health Workers	All Others Information Source: DC BG DK
4-2.4	During the reporting period, did the project sponsor training sessions on GROWTH MONITORING in the project area?	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW [] → REF TO ITEM 4-2.1
4-2.5	Which of the following types of HEALTH WORKERS and OTHERS completed these training sessions on GROWTH MONITORING?	1 - Physicians 2 - Nurses 3 - Community Health Workers 4 - Traditional Birth Attendants 5 - Pharmacists 6 - Other Health Workers	7 - Mothers 8 - Other Family Members 9 - School Teachers 10 - Religious Leaders 11 - Community Leaders 12 - Other (Specify)
4-2.6	How many health workers and others in the project area completed the training sessions on GROWTH MONITORING?	Physicians/Nurses/All Other Health Workers	All Others Information Source: DC BG DK
4-3.1	During the 1987 reporting period, did the project sponsor SUPPLEMENTARY FEEDING ACTIVITIES in the project area? (Please describe VITAMIN A activities in No. 4-6.1)	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW [] → REF TO ITEM 4-4.1
4-3.2	Were these SUPPLEMENTARY FEEDING ACTIVITIES designed for CHILDREN, for LACTATING MOTHERS, for PREGNANT WOMEN, or for OTHER groups?	Children: 1 - < 12 Mos. 2 - 12-23 Mos. 3 - 24-35 Mos. 4 - Other (Specify)	5 - Lactating Mothers 6 - Pregnant Women 7 - Other Groups (Specify) 8 - Don't Know
4-4.1	During the 1987 reporting period, did the project sponsor or participate in activities designed to promote breastfeeding?	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW
4-4.2	During the 1987 reporting period, did the project sponsor or participate in activities designed to promote nutritional interventions via mass media, social marketing, etc.?	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW [] → IF YES, please describe under Item 4-6.1 on separate sheet.
4-5.1	Did the project provide technical assistance for improving the MANAGEMENT of nutrition programs? (including logistics support)	1 - YES, SUBSTANTIAL ACTIVITY 2 - YES, MINOR ACTIVITY	3 - NO 8 - DON'T KNOW
4-6.1	Please describe ANY other nutrition activities in which the project engaged not identified above.		

Please describe any ACCOMPLISHMENTS/SUCCESSSES in the "Highlights" section of the main schedule.

SESSION 8: SPECIAL INTEREST SESSION-MORNING: GROWTH MONITORING

The group was oriented by resource person, Dr. Charles Teller, in a review of the major issues concerning the implementation of this component in child survival projects. A model was presented of what a growth monitoring/promotion (GM/P) component is intended to do, as was a list of the three major uses of GM/P (case management, education, and promotion/motivation) at the individual, community and program levels.

Then a list of 10 essential stages in a comprehensive GM/P component was presented. Participants identified the "Dialogue with the Mother" and "Plan of Action" as weaker stages in most Bolivian programs. The central instrument utilized in Bolivian GM/P programs was identified in the Growth Card, and recent experiences in its application were exchanged. Finally, the group discussed simple indicators from GM/P data which are useful for program monitoring and evaluation.

The main conclusions were:

- Use the MOH Growth Card as the basic monitoring instrument for GM/P.
- Orient GM/P components be more towards presentation and less toward rehabilitation
- Use social and biological risk factors in the diagnosis and counselling stages.
- Generate three indicators for monitoring and evaluation of GM/P.
 1. Efficiency: number of control visits per child per year.
 2. Effectiveness: number of children who lost weight (with red string) in the last trimester.
 3. Frequency: the last weight control, during the last trimester.

SESSION 8: SPECIAL INTEREST SESSION-MORNING:
 COLD CHAIN/AIDS AND EPI

Presented by Robert Steinglass

A. Recommendations for Cold Chain Monitoring

1. Write on the top of the box of vaccine, the date it arrived at the District.
2. The vaccine expiration date should be 18 months from its arrival date in the country because it takes 10 months to pass through the system and arrive at the district level.
3. A consistent flow of information is required, from basic information up to the utilization at the central level, so it is possible to have an estimate about quantity of vaccines needed.
4. Prepare cold chain and begin manufacturing ice on a daily basis at least one month in advance of the beginning of the campaign.

B. Recommendations Regarding Preventions of AID Infection

1. One sterile needle and one sterile syringe should be used for each injection.
2. Children are infected generally by vertical transmission - through the mother. Need to be careful of all immunizations.
3. It is dangerous to change the needle but not the syringe.
4. If possible, sterilizable plastic syringes should be used and sterilized under steam pressure.
5. Some African countries are afraid of vaccinating, but all children should be vaccinated, except children with clinically confirmed AIDS should not receive BCG.

SESSION 8: SPECIAL INTEREST SESSION - MORNING

Presented by Dr. Anne Gadomski

MONITORING AND EVALUATION OF VITAMIN A COMPONENTS IN CHILD SURVIVAL

A. Educational Methods

1. Slides were projected to show:
 - WHO classification of clinical signs of xerophthalmia
 - Clinical signs (clinical photos of various stages of xerophthalmia)
 - Use of clinical signs in evaluating a program's success (source IVACG)
 - Use of retinol levels in evaluating a program's success (source IVACG)
 - Example of evaluation of sugar fortification in Guatemala 1977
 - Summary slide of different approaches to vitamin A and how they compare to each other (IVACG)
 - Bangladesh impact evaluation
 - Impression cytology techniques
2. Flipchart used to review sample sizes needed for evaluation, indicators for evaluation and dietary sources of B carotene and retinol in the Bolivian diet.

B. Lesson Plan Outline

1. Brief review of vitamin A deficiency
 - Clinical signs
 - Prevalence surveys
 - Retinol levels
 - Impression cytology
 - Program approaches to vitamin A
2. Review of Evaluation of vitamin A program
 - coverage (capsule distribution)
 - pre and post evaluation
 - Bangladesh 1982-1983 Impact Evaluation
3. Discussion of Indicators
4. Discussion of dietary sources of B carotene and retinol in the Bolivian diet
5. Treatment vs. Prevention of vitamin A deficiency
 - review of doses and dosing schedule.

SESSION 8: SPECIAL INTEREST SESSION - MORNING

Presented by Dr. Anne Gadomski

C. Summary of Participants Discussion in Small Group Session

1. Difficult to plan vitamin A programs in Bolivia since there is no data on prevalence of Vitamin A deficiency.
Expressed need for national survey.
2. Agricultural approaches are difficult on the Altiplano on account of the difficulty of growing anything except in green houses.
3. Participant from PLAN has had success in growing carrots in green houses on the Altiplano.
4. Fortification will be difficult because the people who are the poorest and probably need vitamin A the most (given their monotonous diets) will not be able to afford to buy the fortified product.

D. Summary of Participant Discussion in Small Group (session p.m. - not reported as only one person came)

1. Impression cytology seems too complicated in terms of staining and reading the specimen, however obtaining the specimen appears easy.
2. Other assessment methods (serum levels, ocular surveys) require too many resources for a small PVO to implement.
3. The lack of oil and fat in the Bolivian diet is probably a contributing factor to Vitamin A deficiency in Bolivia.

E. Review and Discussion Items for Small Sessions

1. Brief review of vitamin A deficiency
2. Review of clinical signs of xerophthalmia with regard to usage in ocular surveys to determine prevalence.
3. Review of serum retinal levels in evaluation.
4. Review of vitamin A program evaluation, especially in Bangladesh 1986.
5. Discussion and review of indicators that could be used in monitoring and evaluating vitamin A programs.

Indicators:

- Availability of B carotene sources
- Availability of retinol sources
- Dietary vitamin A intake
- Serum retinol levels
- Clinical levels
- Impression cytology
- Coverage of target population

Session 8: SPECIAL INTEREST SESSION - MORNING

Presented by Dr. Sally Stansfield

ACUTE RESPIRATORY INFECTIONS

About 2-5 million children die annually because of acute respiratory infections these kind of illnesses. About 98% of these deaths could be prevented.

In Bolivia, ARI are the cause of 40-44 deaths per 1000 children.

Due to the various etiologic germs causing ARI, it is not possible to establish the main agent causing pneumonia, but the Haemophilus influenzae and the streptococcus are the most common. Factors contributing to these conditions are mainly socio-economical, nutritional and overcrowding in housing.

Although management of ARI is complicated due to the variety of agents, education is an important factor at community level as well as at referral centers.

Some Conclusions:

- Child survival programs in Bolivia cannot afford to overlook ARI, probably the major cause of infant and child mortality in Bolivia, at 40-44/1000 per year.
- The ARI Control program in Bolivia is currently health center-based coverage, however a strategy to improve coverage with ARI treatment services may require training more peripheral health workers to diagnose and treat ARI.
- Current monitoring and evaluation systems for ARI in Bolivia record severity of illness and use of antibiotics, but do not permit documentation of the outcome for non-hospitalized cases. Any expansion of ARI control programs in Bolivia might include a pilot program which permits accurate documentation of impact before national coverage is attempted.
- Additional studies are required to evaluate strategies to prevent ARI through use of polysaccharide vaccines (current or/and conjugated preparations of hemophilus influenzae are pneumococcal vaccines) among children under 5 or women in their last trimester of pregnancy.

Session 8: SPECIAL INTEREST SESSION - MORNING

Presented by Arq. Jorge Medrano

PARTICIPATION PROCESS FOR PROJECT DESIGN, MONITORING AND EVALUATION

1. From the 1986 Urban and rural development experience, give a short summary about health and nutrition situation in Bolivia as well as the lack of a social and physical framework for services.
2. Establish location according to individuals, families and communities within the urban or rural context (Altiplano, Valle, Llanos).
3. Identify problems, from the point of view of training processes in a continuous and participative way.
 - a. Initial contact
 - b. Diagnosis
 - c. Planning
 - d. Project execution
 - e. Follow up to assess evaluation and impact
 - TO WHOM?
 - WHAT?
 - WHERE?
 - WHEN?
 - HOW?
4. Participants should know well, components for project execution and evaluation.
5. Participant should be able to expose his own projects.
6. Training is the only way to attain higher life standards.

SESSION 9: SPECIAL INTEREST SESSION - AFTERNOON

Presented by Charles Teller

NUTRITIONAL SURVEILLANCE

The session began with a discussion of the difference between growth monitoring and nutritional status surveillance, particularly at community level.

The facilitator, Charles Teller, presented a framework which identified five main purposes of Nutritional Status Surveillance (NSS): planning, evaluation, management, early warning, and allocation of resources. These were matched with different types of nutritional problems and the participants indicated who were the key decision makers in Bolivia who would use the NSS information for problem solving.

The NSS of a PVO community nutrition program in another country was diagrammed, and the link between program evaluation supervision and promotion and community action stressed. Finally different methods of collecting and the process of transforming weight and age data from the growth chart into useful indicators for community surveillance was discussed.

The group concluded that a NSS is very important to facilitate community decision making for appropriate actions.

Indicators that a NSS should generate are the same as discussed in the GM/P, and they should be presented promptly in a clearly understood way to five levels of users: monthly to promoters and community groups; quarterly by community and district to area supervisors and program directors; semestrally or annually by comparison areas to national directors; and annual national trends to the international community.

Indicators:

- Continuous participation of children by year and age groups.
- Reduce cases of malnutrition.
- Compare the cases of children weighed during this period with the previous period. (Promotor level)
- Recover children who have dropped out of the program. (Community level)
- Compare different communities, areas, and districts. (Regional level)
- Compare between departments. (Central level)
- Know the impact in order to allocate resources. (International level)

SESSION 9: SPECIAL INTEREST SESSION - AFTERNOON

Presented by Robert Steinglass

EPI EVALUATION METHODS INCLUDING COVERAGE SURVEYS, AND
EPIDEMIOLOGICAL DISEASE SURVEILLANCE

A. Immunization Coverage Surveys

1. Coverage Surveys

- a. Importance
- b. Methods
 - forms
 - surveys
 - other

B. Epidemiological Disease Surveillance

1. One hundred measles vaccinations does not equal 100 cases prevented.
2. When to conduct a survey
3. What information to collect
4. What action to take
5. Keep the survey simple

SESSION 9: SPECIAL INTEREST SESSION-AFTERNOON

Presented by Dr. Anne Gadomski

REVIEW OF VITAMIN A DEFICIENCY-DETECTION,
TREATMENT AND PREVENTION

- Review of treatment of vitamin A deficiency, i.e. doses and dose schedule.
- Review of prevention programme of vitamin A deficiency
- Discussion of sources of B carotene - retinol in the Bolivian diet.
- Review of assessment methods for vitamin A deficiency.

SESSION 9: SPECIAL INTEREST SESSION - AFTERNOON

Presented by Marcelo Castrillo

MICROCOMPUTER USE IN HEALTH INFORMATION SYSTEMS

A. Objectives

1. Baseline study on population
2. Family registration by member
3. Establish risk groups and target population
4. Follow up for individual members in the family.

B. Conclusions

1. Follow up could be manual or computerized.
2. Facilitates analysis process and speeds up information flow for different levels.
3. Centralizes and condenses information.
4. Analyzes results.
5. Computer is only a work tool.

SESSION 9: SPECIAL INTEREST SESSION - AFTERNOON

Presented by Dory Storms

SUSTAINABILITY INDICATORS

A. Reason for Interest in Sustainability

PVOs are interested in ensuring that the gains made in child survival and health are sustained. This will require continued commitment and resources of the community, and other organizations involved in the program, including effective donor coordination. It also will require that PVO projects be of reasonable cost and efficiency.

B. Meaning of the Word "Sustainability"

When we speak about sustainability we do not refer to sustaining particular projects, rather, we mean sustaining effective health activities. Thus we must know which activities are effective, and how much those activities cost on a recurrent basis. One of the greatest problems in the PVO Child Survival projects is lack of knowledge of the amount of resources (both human and financial) which are spent at the field level to achieve a certain coverage, for example, of immunization.

C. Possible Indicators of Sustainability

Some PVOs have attempted to develop indicators to track progress of the project in being able to sustain child survival gains. They are:

1. Is the project of reasonable cost and efficiency?
2. Has the project trained local people to continue activities when PVO CS funding terminates?
3. Does the community want the activities to continue?
4. If so, is the community willing to support the key project activities in one form or another? (This leads to a more general question of whether the community is willing to pay for preventive health services?)
5. What is the ratio of recovered costs to recurrent costs?
6. What is the turnover rate of community health workers?
If turnover is high, then there will be considerable recurrent costs in training of new workers. A possible indicator is the % of community health workers who were initially trained who are still on the job.

General Discussion: Although some costs will never be sustainable each PVO must decide which of these are most needed. The Group is not in agreement to suppress programs because they are expensive, and stressed the educative process in the

SESSION 9: (continued)

communities cannot be interrupted. Three years is a very small amount of time to establish an adequate community health education. It is very difficult to reduce costs further. It is suggested that the PVOs request TA to develop the cost/benefit components.

APPENDIX E. 90-DAY ACTION PLANS

PARTICIPANT 90 DAY PLANS FOR FOLLOW-UP ACTION

ANDEAN RURAL HEALTH CARE

WHAT ACTION? Determine immunization coverage of eligibles

WHO DOES IT? Health technicians and nurse assistants

WHO SUPERVISES? Supervisor responsible

HOW WILL IT BE DONE? -Community census
-Estimate number eligible children (0-1, 0-2, less than 5)
Compare family folders with the number of children attending vaccination sessions

HOW DETERMINE IF DONE? Calculate # eligibles vaccinated over all eligibles (i.e., % eligibles immunized)

WHEN REVIEW RESULTS? At end of 90 days

CARE

WHAT ACTION? Disseminate information to the community

WHO DOES IT? Health promoters and health educators

WHO SUPERVISES? PVO Health Coordinator

HOW WILL IT BE DONE? -Workshop for health promoters and personnel at the health education department

-Health promoters talk with community leaders, hold community meetings, and conduct focus groups

HOW WILL VERIFY? Check reports of health promoters and supervisors; survey community knowledge

WHEN REVIEW RESULTS? February 1988 community survey

CARITAS/BOLIVIA

WHAT ACTION? Evaluate effects of training mothers to prepare and use ORT

HOW WILL IT BE DONE? Process and analyze information system, data, including:
- direct observation
- report to the Diocesans
- sample survey monitoring at national level

WHEN REVIEW RESULTS? At end of 90 days.

ESPERANCA

WHAT ACTION?

Undertake an accurate population census

HOW WILL IT BE DONE?

Survey 25% of the population; process the census results in our computerized H.I.S., and supply to MOH

FOOD FOR THE HUNGRY

WHAT ACTION?

Revise the growth monitoring and nutrition surveillance systems between October and March

WHO SUPERVISES IT?

Supervisors and the CHWs Head Supervisor

HOW WILL IT BE DONE?

Revise objectives, educational activities, indicators, population registration and information flow, using knowledge gained in workshop sessions with Meals for Millions, Andean Rural Health Care, and Dr. C. Teller

WHEN REVIEW RESULTS?

Review at end of March

FOSTER PARENTS PLAN

WHAT ACTION?

Evaluate PLAN's participation in the next immunization campaign

HOW WILL IT BE DONE?

- Compare data between PLAN and the district MOH (15 days)
- Develop a plan with the district MOH (15 days)
- Analyze information and take action

WHO DOES IT?

District doctors, nurses, CHWs and PLAN

MEALS FOR MILLIONS

WHAT ACTION?

Baseline survey

WHO DOES IT?

Health promoters and PVO field people

WHO SUPERVISES IT?

Regional responsibility

HOW WILL IT BE DONE?

- Community meetings
- Household census
- Sampling
- Observation

HOW DETERMINE IF DONE?

Vist homes for verification; tabulate and analyze information

WHEN REVIEW RESULTS?

The end of December

PROJECT CONCERN
WHAT ACTION?

Include in CHW training the subject of evaluation and these three questions:
1. Did I do what I planned to do?
2. Do the activities reflect what was needed to meet my plans?
3. Did what I do make any difference?

WHEN WILL IT BE DONE? Within the next 15 days, after the workshop ends.

MOH, USAID, PAHO, UNICEF, PLANNING ASSISTANCE

WHAT ACTION?

Identify the populations with whom the PVOs are working; decrease service duplication and increase coordination of information

WHO DOES IT?

Each PVO and the Directorates of MOH and Epidemiology

WHO SUPERVISES IT?

MOH International Relations

HOW WILL IT BE DONE?
and WHEN WILL IT BE
DONE?

- Make maps (15 days)
- Register PVOs (30 days)
- Agree on unified and simple system (60 days)
- Meeting for adjusting evaluation (80 days)
- Ministerial Resolutions (90 days)

APPENDIX F. WORKSHOP EVALUATION

Workshop Evaluation Form	F1
Responses to Participant Evaluation	F3

CHILD SURVIVAL PROJECT MONITORING AND EVALUATION WORKSHOP
Bolivia, 15-18 September 1987

Workshop Evaluation Form

Please respond to the following questions. Your opinions will help us to continue doing what is of value, and correct what is less effective. Thank you.

1. Attached is a copy of the themes and objectives of this workshop. Did this workshop achieve these objectives? Please explain: _____

2. Did this workshop meet your personal expectations?

3. What do you think will be the main effect of this workshop over the next year?

- 4a. Do you think you were the appropriate person from your organization to have attended this workshop on project monitoring and evaluation?

- 4b. Who else from your organization might benefit from such a workshop?

5. What are the main things you learned during this workshop that you intend to apply in your project?

6. Is there any content area or subject on which you would like follow-up information?

6. Please rate on a scale of 0 through 10 (0 being of "least value" or "worst", and 10 being of "most value" or "best") each of the following:

Organization

- a. Degree to which the workshop was organized? a. _____
- b. Pre-workshop communications? b. _____
- c. Workshop theme and objectives? c. _____
- d. Workshop schedule? d. _____
- e. Workshop materials - notebook, pads, etc? e. _____
- f. Resource room documents, materials? f. _____
- g. Translation of sessions? g. _____

Accomodations

- h. Hotel accomodations? h. _____
- i. Food i. _____
- j. Workshop meeting space? j. _____
- k. Seating and lighting? k. _____

Content

- l. Value of Health Information Systems session? l. _____
- m. Value of the Baseline Survey session? m. _____
- n. Value of the Immunization Coverage session? n. _____
- o. Value of the session on Assessing Safety of ORS/SSS Mix and Administration? o. _____
- p. Value of the session on Evaluating Practices During Childhood Diarrhea? p. _____
- q. Value of session on the A.I.D. Child Survival Reporting Schedule and other requirments? q. _____
- r. Value of the Special Interest sessions:
(Please rate only those which you attended)
Vitamin A: _____ Impression Cytol: _____
Growth Monitoring: _____ Nutrit. Surveillance: _____
Cold Chain/AIDS + EPI: _____ EPI Surveillance: _____
Beneficiary Group: _____ Sustainability Indicat: _____
ARI: _____ Computers: _____ Other, please identify _____

Process

- s. Effectiveness of facilitator? s. _____
- t. Friendliness of atmosphere? t. _____
- u. Freedom to express any view? u. _____
- v. Degree to which discussions kept to the topic? v. _____
- w. Degree to which cliques did not develop? w. _____
- x. Acceptance of suggestions from participants? x. _____

Outcomes

- y. Degree to which you think what was learned in this workshop will lead to action? y. _____

Bolivia is the site of the first PVO Child Survival country workshop. How could future country workshops be improved?

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RESPONSES TO PARTICIPANT EVALUATION

The workshop was evaluated by means of a questionnaire filled out by participants on the last day of the workshop. Twenty evaluation forms were completed: 16 by PVO staff and 4 by non-PVO participants.

A. Individual Rating

In this set of questions participants were presented with 25 items and were asked to give a numerical rating on a scale of 0-10. A score of 0 being of "least value" or "worst" and 10 being of "most value" or "best".

In the following summary an average score for each item is given; i.e. the scores given by the respondents were added for each item, and the sum was divided by the number of responses to that item.

	<u>\bar{x}</u>	<u>n</u>
1. Organization		
a. Degree to which the workshop was organized?	6.1	20
b. Pre-workshop communications?	4.4	20
c. Workshop themes and objectives?	8.2	20
d. Workshop schedule?	7.9	20
e. Workshop materials - notebooks, pads, etc.?	8.2	20
f. Resource room documents, materials?	8.3	20
g. Translation of sessions?	6.4	20
2. Facilities		
h. Hotel accomodations?	6.8	20
i. Food?	6.7	20
j. Workshop meeting space?	7.9	20
k. Seating and lighting?	7.7	20
3. Content (rate only the sessions that you attended)		
l. Health Information Systems?	7.4	19
m. Baseline survey sessions?	7.3	19
n. Immunization coverage sessions?	8.8	19
o. Assessing safety of ORS/SSS mix and administration	8.1	16
p. Evaluation practices during childhood diarrhea	8.0	18
q. A.I.D. CS reporting schedule and other requirements	7.9	14

The number of responses does not reflect the number of participants in those session.

r. Special Interest Sessions		\bar{x}	\bar{n}
1) Vitamin A		8.0	2
2) Growth monitoring		7.6	8
3) EPI/cold chain/AIDS		9.7	3
4) Beneficiary group		9.0	6
5) Acute respiratory infections		7.0	3
6) Impression cytology		8.0	1
7) Nutritional surveillance		9.6	3
8) EPI surveillance		8.6	5
9) Sustainability indicators		8.2	6
10) Computers		8.0	1
4. Process			
s. Effectiveness of facilitator?		7.2	20
t. Friendliness of atmosphere?		8.6	20
u. Freedom to express any view?		9.0	20
v. Degree to which discussions kept to the topic?		3.1	20
w. Degree to which cliques did not develop?		7.9	18
x. Acceptance of suggestions from participants?		8.6	19
5. Resulting Actions			
y. Degree to which you think what was learned in this workshop will lead to action?		7.7	20
B. Participant suggestions for future workshops:			
1. Organization (1 unless otherwise noted)			
- have more time per theme (3)			
- have more field staff than administrators attend (3)			
- limit the number of participants (2)			
- have more MOH participants (2)			
- increase participant input in the planning sessions (2)			
- prioritize objectives and goals			
- have more than one secretary			
- increase pre-workshop communication			
2. Process			
- conduct more or all sessions in Spanish (3)			
- repeat important sessions			
- have a pre- and post-test			
- prepare executive summaries prior to workshop			
- have workshop last only 2 days			

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3. Content

- have more practical exercises (2)
- have more material in Spanish (2)
- use more local experts
- provide additional information on family planning
- have practical field activities
- provide better audiovisual material and prepare in advance
- decrease the number of themes presented

4. Facilities

- improve translation equipment (5)
- improve the hotel service (2)
- conduct workshop in La Paz