

PA-ABX-190  
ISN 97124

**INTERPERSONAL CURRICULUM  
DEVELOPMENT IN HAITI**

April 23 - May 25, 1995

Jean Moorhead-Feruzi

BASICS Technical Directive: 000 HA 01 015  
USAID Contract Number: HRN-6006-C-00-3031-00

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	v
ACRONYMS .....	vii
I. EXECUTIVE SUMMARY .....	1
II. PURPOSE OF VISIT .....	2
III. BACKGROUND INFORMATION .....	2
IV. TRIP ACTIVITIES .....	3
A. Preparing for the Workshop .....	3
B. First Week of the Workshop .....	4
C. Second Week of the Workshop .....	7
D. Finalizing the Curriculum .....	7
V. LESSONS LEARNED .....	8
VI. RESULTS AND CONCLUSIONS .....	9
VII. RECOMMENDATIONS AND FOLLOW-UP ACTIONS .....	10
APPENDICES: .....	11
APPENDIX A: WORKSHOP CALENDAR .....	13
APPENDIX B: LIST OF PARTICIPANTS .....	17
APPENDIX C: PEOPLE MET .....	21

## ACKNOWLEDGMENTS

I would like to thank a number of people who helped me during my visit to Haiti, including Shelagh O'Rourke, POP/HPN officer at USAID/Port-au-Prince who encouraged me while I conducted this assignment; and the INHSAC staff and Roberte Eveillard, the IEC Director, for their assistance in preparing and conducting the workshop. My immense thanks go to the workshop participants who shared their experiences and contributed their time in putting together the community health workers' curriculum.

My thanks to Luca Spinelli, BASICS/Haiti Country Advisor, for his support and, particularly, sincere thanks to Lee Ann Smith, BASICS/Haiti Technical Advisor, whose field experience in Haiti, coordinating skills, and hospitality were of great help and comfort during my visit.

I am especially grateful to Danielle Baron, John Hopkins University/PCS Resident Advisor to Haiti, for her untiring, thoughtful guidance and assistance based on her long experience, and her excellent technical input which contributed to making the workshop a success.

This workshop and the resulting curriculum are certain to become a new yardstick for curriculum development for community health workers in other countries as well. Thanks also are in order to the BASICS and JHU/PCS staffs for their administrative, secretarial, and logistical assistance.

## ACRONYMS

AOPS	Association des Oeuvres Privées de Santé
BASICS	Basic Support for Institutionalizing Child Survival
CBP	Comité Bienfaisance de Pignon
CDS	Centre pour le Développement et la Santé
COLVOLS	Collaborateur Volontaire
HHF	Haitian Health Foundation
ICC/GCH	International Child Care/Grace Childrens' Hospital
ICC/CAT/PSC	International Child Care/Crusade Anti-Tuberculeux/Promotion de Santé Communautaire
IEC	Information, Education, and Communication
INHSAC	Institut Haïtien de Santé Communautaire
IPC	Interpersonal Communication
JHU/PCS	Johns Hopkins University/Population Communication Services
MSP	Ministère de la Santé Publique et de la Population
TSC	Travailleur en Santé Communautaire
USAID	United States Agency for International Development
VACS	Voluntary Agencies for Child Survival

## I. EXECUTIVE SUMMARY

The BASICS consultant, Jean Moorhead-Feruzi, visited Haiti from April to May 1995. The purposes of the visit were to: facilitate a curriculum development workshop aimed at training Community Health Workers (CHWs); finalize the draft of an interpersonal communication (IPC) curriculum using the findings from the workshop; and clearly describe follow-up activities necessary to successfully train CHWs.

The curriculum development workshop and the resulting IPC curriculum for CHWs are project outputs of the USAID-funded project, Promoting the Happy and Healthy Child, managed by Johns Hopkins University/Population Communication Services (JHU/PCS) and carried out by the Haitian Institute for Community Health (INHSAC). The goal of this project is to reduce child mortality rates. The primary target audience is mothers with children (from birth to five years) living in both rural and urban areas. A first draft of the IPC training curriculum for CHWs or Collaborateur Volontaire (COLVOLS) was written by a small subcommittee group formed out of a larger IEC Child Survival Task Force that wanted to use practical approaches to IPC. This will be the first IPC training curriculum to exist in Haiti for this target category of health worker, COLVOLS.

Eighteen participants attended the workshop; they represented eight Voluntary Agencies for Child Survival (VACs) institutions (child survival, private voluntary organizations in different parts of Haiti). Differences in educational level among the participants slowed down the development of the curriculum, but also enriched it due to the variety of experiences.

The general objectives of the workshop were to:

- Train trainers in curriculum development;
- Review appropriate training techniques;
- Review child survival issues; and
- Develop a curriculum.

Modern participatory methods of training were used and new ways of communicating in child survival areas were introduced.

Subjects covered during the workshop included:

- The Prerequisites of a Good Health Worker
- Principles of Adult Learning
- The Lesson Plan:
  - How to Formulate Objectives
  - How to Develop Content based on Training Objectives
  - Different Training Methodologies
  - Developing Evaluation Tools

- An Integrated Approach to Standard Case Management
- Key Health Information Messages for Mothers or Substitutes

A high point in the workshop was the pretesting of one module by each group before six health agents using role-play and practical demonstrations, held on the last day of the workshop. The health agents gave their suggestions and comments allowing the participants to learn, for example, if their methodology and time-frame were appropriate.

The resulting draft curriculum must be pretested and translated into Creole to become a manual. The success of this curriculum will be defined by the number of COLVOLS in Haiti who will use it.

## **II. PURPOSE OF VISIT**

The consultant visited Haiti from April 23 to May 25, 1995. The purposes of this visit were to:

- Prepare the curriculum development workshop program, with clear objectives, participant handouts, evaluation tools, and facilitator presentations.
- Co-facilitate the curriculum development workshop; assist with the pretesting of curriculum materials, if required; and document major discussion points and outcomes from the workshop.
- Use the findings from the workshop to finalize a draft of the interpersonal communication curriculum.
- Clearly describe follow-on activities required in order to successfully conduct training of community health workers.

## **III. BACKGROUND INFORMATION**

The curriculum development workshop and the resulting interpersonal communication curriculum for community health workers which resulted are project outputs in the project document of the USAID-funded Promoting the Happy and Healthy Child, managed by The Johns Hopkins University/Population Communication Services (JHU/PCS) and carried out by the Haitian Institute for Community Health (INHSAC).

The overall goal of this project is to reduce child mortality rates. The primary target audience for the project is mothers with children from zero to five years, who live in rural and urban areas.

Based on the results of a baseline survey, the project's specific communication objectives are to increase:

- Vaccination coverage of one to two years old children by 25 percent over baseline;
- The number of mothers who correctly identify the signs of malnutrition by 50 percent over the baseline;
- The number of mothers who practice proper diarrhea case management by 15 percent over the baseline; and
- The number of mothers who can correctly describe the signs of pneumonia by 30 percent over the baseline.<sup>1</sup>

A first draft of the interpersonal communication curriculum for community health workers was written by a small subcommittee group formed out of a larger IEC Child Survival Task Force. The group wanted to develop a curriculum which would include very practical approaches to interpersonal communication training. This first draft was developed between February 21 and April 10, 1995. It includes information from existing curricula and modules developed in Haiti and in other countries. Up until now, no interpersonal communication curriculum existed in Haiti for this target category of health worker.<sup>2</sup>

INHSAC is presently conducting a needs assessment among community health workers, the results of which were not ready for the workshop. However, the results of a recent focus group study of men and women in two urban and two rural areas to determine attitudes, beliefs, and practices, were available and presented at the workshop as background research for the curriculum.

#### **IV. TRIP ACTIVITIES**

##### **A. Preparing for the Workshop**

*Monday, April 24, 1995*

The first working morning was spent at INHSAC, reviewing and revising, when necessary, the workshop calendar (see Appendix A), presentations, and discussing possible facilitators with Roberte Eveillard, Danielle Baron, and Lee Ann Smith. The seminar site chosen by INHSAC was a small hotel in Kenscoff, a town in the mountains one-half hour away from Port-au-Prince,

---

<sup>1</sup> Subagreement between The Johns Hopkins University and the Haitian Institute for Community Health.

<sup>2</sup> April 10 memo from Danielle Baron to Jean Moorhead-Feruzi: Curriculum Development Workshop

where the cool temperature was ideal for a workshop. Workshop dates were May 2 to May 12, 1995, as Monday, May 1, was a holiday. Participants opted to return home to Port-au-Prince in the evenings.

*Tuesday, April 25 to Friday, April 28, 1995*

The week was spent reviewing various curricula and modules from Haiti and other countries, along with interpersonal communication training materials and materials on child survival issues brought to Haiti by the BASICS consultant from the BASICS and JHU/PCS libraries. Planning facilitator presentations and preparing participant handouts from various materials and documents were the week's most important activities. The consultant also contacted possible facilitators or resource persons from organizations such as PAHO, UNICEF, CARE, and other organizations working in child health. The participants, IEC coordinators of Child Survival organizations working in different parts of Haiti, (see Appendix B for List of Participants and Institutions), had been invited weeks earlier. During the first week, the workshop would aim at improving participants' skills in interpersonal communication and curriculum development, and reviewing basic child survival skills, while giving training in important key health information messages using an integrated approach.

During the second week, the participants worked on developing the curriculum from the IEC subcommittee's draft curriculum. Facilitators preparing the workshop felt that it was important that they use and give training in the participatory experiential approach.

## **B. First Week of the Workshop**

*Tuesday, May 2, 1995*

Shelagh O'Rourke of USAID/POP/HPN, as well as Jean-Robert Brutus, Executive Director of INHSAC, who opened the workshop, and Marie-Christine Bertrand, the Deputy Director, were at the workshop opening. Facilitators were (in order of presentations): Roberte Eveillard, Jean Moorhead-Feruzi, and Agnes Bastien. The objectives of the workshop were presented, namely:

**General objective: To finalize an interpersonal curriculum for community health workers.**

*Specific objective: From existing curricula and from the draft of the curriculum prepared by the IEC/Child Survival training subcommittee, the workshop participants will:*

- Revise the training objectives for the interpersonal communication curriculum;
- Formulate training activities according to the training objectives;
- Develop the lesson content for each training objective;
- Describe the training materials needed for each training objective; and
- Develop evaluation instruments for the training.

There were 18 participants at the workshop representing eight VACs (child survival, private voluntary organizations), and one representative from the Ministry of Public Health (MSPP). Their backgrounds ranged from physicians to auxiliary nurses. Participants decided seminar hours would be 9:00 a.m. - 4:00 p.m., with one 15-minute pause in the morning, one in the afternoon, and an hour for lunch. Next, the facilitator requested that they pair off, introduce themselves, and give their expectations of the workshop. After a pretest, participants were given an icebreaker, "The Nine-Dot Puzzle." The solution of this puzzle teaches participants that when solving problems, one needs to overcome tunnel vision and sometimes take new approaches or risks. This icebreaker was intentionally chosen to prepare for the session on non-traditional learning.

The first presentation was a description of the project, *Promoting the Happy and Healthy Child*. The next two presentations were on "Principles of Adult Learning" and "Profile of the Community Health Worker." Methodologies used during presentations were the flip charts with question-answer sessions and working in pairs. In the session on "Principles of Adult Learning," for example, participants were asked to discuss, in pairs, something which they enjoyed learning and then remember why they enjoyed learning it. A general discussion followed. A review in plenary discussion followed, using the flip chart, on the differences between traditional learning and experiential learning. The approach involved explaining why experiential and participatory learning is a key factor in adult learning, to participants unfamiliar with the subject, and met with a good deal of feedback. General discussion took place after the "Profile of the Community Health Worker" presentation. Evaluation questionnaires were distributed at the end of each workshop day.

*Wednesday, May 3, 1995*

Facilitators: Danielle Baron, Jean Moorhead-Feruzi

Participants gave the results of the previous day's evaluation; a summary was given of the previous day's sessions and a short discussion followed. The morning's subjects were: "The Formulation of Training Objectives," "The Development of Training Content," and "The Lesson Plan." The methodology used involved short presentations with a flip chart, followed by a group exercise after each presentation with each group reporter later presenting on the flip chart. Each group first drew up their objectives, and, after the second presentation, developed the lesson content for a project of their choosing. "Different Learning Methodologies" came at the end of the day. It was completed on Thursday with groups choosing methodologies for their lesson content and later explaining with the flip chart the advantages and disadvantages of the methodologies chosen.

*Thursday, May 4, 1995*

Facilitators: Jean Moorhead-Feruzi, Laurent Eustace, Danielle Baron, Agnes Bastien

Participants gave results of the previous day's evaluation and a summary of the previous day's session. In the morning, group exercise presentations on "Different Learning Methodologies"

continued. "Evaluation Tools" was the next presentation. After lunch, a talk on "Tips on Format, Time-length, and Training Materials" was presented followed by group exercises. In the last presentation, a short question and answer approach to introduce the subject of "Key Health Information Messages," looking at the differences between these new health messages and health messages used in public announcements or in slogans. Later in the afternoon, the "First Draft Curriculum" was presented to participants.

*Friday, May 5, 1995*

Facilitators: Lee Ann Smith, Danielle Baron

Participants gave results of the previous day's evaluation and a summary of the previous day's session. The results of the Focus Group Study were presented. "Standard Case Management of the Child - An Integrated Approach" was the next subject. Finally, "Key Health Messages for Mothers" was presented. Four message categories along with their messages were given and discussed, putting them into a Haitian context:

- Preventive messages at the health center;
- Preventive messages at home;
- Curative messages at the health center; and
- Curative messages at home.

Participants were divided into four groups. Using the key health information messages for mothers mentioned above, they were asked to make a list of barriers to these messages which existed in their milieu, (e.g., constraints, beliefs, rumors), and then propose solutions to get around these barriers.

As expected, the new approach to IEC child survival training of CHWs, (i.e., giving certain simple key health information messages to mothers), was not immediately accepted by most participants. Facilitators explained during discussions that these important key health information messages have been established worldwide and are the result of serious research. Moreover, some facilitators felt that the technical content of disease specific areas (as described in the original draft of Module I) might not be the most useful information for community health workers, and there was some discussion on whether or not to leave it in. However, the majority of participants felt that a technical review of child survival areas was needed in the curriculum, but agreed that a more integrated approach should be included. Solutions given to cultural barriers in group exercises were usually too vague and general. Groups were asked to do more work on "solutions."

### **C. Second Week of the Workshop**

*May 8 to May 12, 1995*

The second week was devoted to group work. Participants were divided into five groups to develop the modules of the first draft curriculum (regrouping, reshaping objectives, if necessary, developing content and methodology):

- Group I: Introduction to the curriculum and evaluation tools
- Group II: Module 1 - Standard Case Management and Content  
Resource persons - Roberte Eveillard, Lee Ann Smith
- Group III: Module II - Interpersonal Communication - MCH1  
Techniques of Interpersonal Communication  
Resource person - Jean Moorhead-Feruzi
- Group IV: Module II - Interpersonal Communication - MCH2  
Approaches in Interpersonal Communication  
Resource person - Danielle Baron
- Group V: Modules III & IV - Know your Community; Planning & Management

On Wednesday, May 10, each group was requested to present one sub-module, completely carrying out its methodology, (e.g., demonstration, or role play, etc.), for comments from participants and facilitators. On Friday, the last day of the workshop, a mini pretest was carried out in front of six community health agents. The agents watched the groups carry out demonstrations and role play for parts of their modules, and then gave the groups their suggestions and comments. This mini pretest permitted participants to realize that their ideas may not always be appropriate and the importance of knowing the length of time to carry out a session. An evaluation of the workshop as well as an auto-evaluation (questionnaire) ended the session. Generally, participants stated that they enjoyed the workshop and the presentations, and learned new skills. A post-test was given which showed a marked improvement over the pretest. (JHU/PCS/Haiti archives)

Jean-Robert Brutus, INHSAC Director, gave the closing speech, encouraging the participants in their work, and urging them to internalize, and make good use of what they had learned in the last two weeks. Certificates were handed out to participants.

### **D. Finalizing the Curriculum**

*May 15 to May 25, 1995*

This week was spent in finalizing the modules, as the drafts were incomplete. Reasons for the incompleteness included the fact that in the second week of the workshop, many participants did not attend regularly. Other participants complained that their modules hinged on unfinished

work in other modules, slowing down their work. During this week, only one participant showed up, although several had agreed to assist in completing and finalizing the modules.

Two Haitian curriculum development specialists, Anne Kary Perrault and Marie Carmen Flambert, volunteered their time to be resource persons with the groups for one day in the second week of the workshop. Perrault and Flambert teach at the University and run a training center, the Center for Human Development. They were recommended by Sheila O'Rourke of USAID. Both have experience working with community health workers in Haiti and use modern methods in curriculum development. After the workshop, they were hired by BASICS to finalize the first module which includes the sub-modules: "Standard Case Management of the Child - An Integrated Approach" and "Knowing Your Community."

The finalized modules will be sent to the participants, highlighting what was changed and asking for their comments.

## V. LESSONS LEARNED

- In writing a curriculum covering several areas such as interpersonal communication, curriculum development, child survival themes, and new health information messages for mothers, it takes skill to sort out the key objectives that you wish to include in the modules. Therefore, much reflection and reshaping must be done before choosing final objectives for the curriculum.
- When developing the curriculum, the order of the components should clearly link up to each other. For example, "Key Messages," which originally was in Module I, was later moved to Module II, as part of interpersonal communication. In this way, participants will learn about communication strategies while using health messages or key information which they will transmit to the community.
- One has to think carefully about the best approaches to use to introduce participants to unfamiliar or new subjects like "Experiential Learning" or "Key Health Information Messages for Mothers." Approaches used and described above during the workshop kept interest high with this group of participants.
- In forming groups to develop the curriculum, participants should be working on modules in which they have the most experience/knowledge, even though they may ask to work on other topics. The participants' effectiveness and time available are important considerations here.
- Developing a good curriculum for community health workers such as this one cannot be done in only two or three months, even with a workshop added. To reach CHWs needs more of the experiences and input of people who have worked with or as CHWs and the

input of people who listen to mothers tell CHWs about their children when they are sick or well, and know the language used by good CHWs with mothers of young children. Pretesting the curriculum in different parts of Haiti will be helpful in providing more information in this sphere.

## VI. RESULTS AND CONCLUSIONS

The following describes the accomplishments of each objective of the trip:

**Objective 1: Prepare the curriculum development workshop program, with clear objectives, participant handouts, evaluation tools, and facilitator presentations.**

The curriculum development workshop program was prepared, with clear objectives, participant handouts with the main points of facilitator presentations, and evaluation tools.

**Objective 2: Co-facilitate the curriculum development workshop; assist with the pretesting of curriculum materials, if required; and document major discussion points and outcomes from the workshop.**

A description of the curriculum development workshop, the main discussion points, and the facilitators' names are given in this report. A mini-pretest of parts of the curriculum was given on the last day of the workshop. A more extensive pretest cannot be done before the results of the needs assessment are available to be incorporated into the curriculum.

**Objective 3: Use the findings from the workshop to finalize a draft of the interpersonal communication curriculum.**

This curriculum draft, *Training Manual in Interpersonal Communication for Community Health Workers*, (available from BASICS, on request) has been submitted and is currently under development. It will take more time and commitment on the part of INHSAC to eventually publish a manual which will be user-friendly, but if they have the necessary funds, they will be able to do it.

**Objective 4: Clearly describe follow-on activities required in order to successfully conduct training of community health workers.**

For a description of the follow-on activities recommended to use the curriculum to successfully conduct training of CHWs, see the section below on Recommendations and Follow-up Actions.

## VII. RECOMMENDATIONS AND FOLLOW-UP ACTIONS

Key responsibilities for each of the following tasks still need to be finalized. Organizations' names listed below for each task are suggestions:

- Include the results of the needs assessment (which has not yet been completed) in the curriculum. (INHSAC: June 1995)
- Simplify the language in the curriculum to be on the level of a community health worker. (IEC subcommittee: June - August 1995)
- Include more "Notes for the Trainer," which can be taken from existing modules and materials. (INHSAC: June - August 1995)
- Develop a complete training package with pictures. (INHSAC: June - August 1995)
- Translate the curriculum into simple Creole. (INHSAC, June - August 1995)
- Conduct a pretest of the curriculum. In the pretest, also pretest the Creole version. (INHSAC and BASICS: September 1995)
- Submit the curriculum to the IEC Child Survival task force, BASICS, JHU/PCS, and USAID for their comments. (September 1995)
- Print, publish, and disseminate the two manuals (in French and in Creole) based on this curriculum, while funds remain available. (INHSAC and BASICS: October 1995)
- The IEC Child Survival task force and the MSPP should develop a strategy for putting the curriculum to use. (November 1995)

## APPENDICES

## APPENDIX A

## CALENDRIER DE L'ATELIER DE DEVELOPPEMENT DE CURRICULUM EN COMMUNICATION INTERPERSONNELLE POUR LES TRAVAILLEURS DE SANTE COMMUNAUTAIRE

Page 1

Heures	Mardi 2 Mai 1995	Mercredi 3 Mai 1995	Jeudi 4 Mai 1995 *	Vendredi 5 Mai 1995
9h00 10h30	<p><u>Ouverture et objectifs</u> <u>Présentation calendrier de l'atelier</u></p> <p>&gt; <u>Mise en ambiance</u></p> <p>Prétest</p> <p>Méthodologie: Exposé et exercices</p>	<p>Où en sommes nous?</p> <p><u>Principes développement de curriculum - Le plan de formation</u></p> <p>&gt; La formulation d'objectifs de formation (principes)</p> <p>Méthodologie: Mini exposé et travaux de groupes</p>	<p>Où en sommes nous?</p> <p><u>Principes de développement de curriculum - Le plan de formation</u></p> <p>&gt; Les outils d'évaluation</p> <p>Méthodologie: Exposé - Exercices pratiques</p>	<p>Où en sommes-nous?</p> <p><u>Présentations des thèmes de survie de l'enfant</u></p> <p>Méthodologie: Mini exposé Résultats des Focus groupes Barrières et solutions Exercice en groupe</p> <p><u>Présentation des thèmes de Survie de l'Enfant</u></p> <p>&gt; Barrières et Solutions</p> <p>Méthodologie: Travaux de groupe GT1</p>
15mn	Pause		Pause	Pause
10h45 11h30	<p><u>Rappel des activités du Projet de l'Enfant Heureux et en Santé</u></p>	<p><u>Formulation des objectifs (suite)</u></p> <p>&gt; Le développement du contenu de la formation</p> <p>Méthodologie: Travaux de groupes suite aux exercices</p>	<p><u>Principes de développement d'un curriculum</u></p> <p>&gt; Format, durée et matériel de formation</p> <p>Lessons apprises dans le développement d'un curriculum (résumé)</p> <p>Méthodologie: Mini exposé - Exercices en groupe</p>	<p>GT1: Introduction curriculum et outil d'évaluation</p> <p>GT2: Module I - PEGGE et contenu</p> <p>GT3: Module CI - SM1 Techniques de CI</p> <p>GT4: Module CI - SM2 Approches en CI</p> <p>GT5: Modules III et IV: Connaître sa communauté et Planification</p>
11h30 1h30	<p>Principes de l'apprentissage des adultes</p> <p>Méthodologie: Mini exposé Questions/Réponses</p>			
1h30 2h30	Repas	Repas	Repas	Repas
2h30 3h30	<p><u>Principes de développement du curriculum</u></p> <p>Définition d'un curriculum Pré requis pour le développement d'un curriculum</p> <p>Méthodologie: Mini exposé Questions - réponses</p>	<p><u>Principes de développement du curriculum</u></p> <p>&gt; Les différentes méthodes d'apprentissage</p> <p>Méthodologie: Travaux de groupe et exercice pratique</p>	<p><u>Présentation du draft du curriculum préparé par le sous comité de formation</u></p> <p>Méthodologie: Mini exposé - Questions / réponses</p>	<p><u>Révision des différents Modules</u></p> <p>Méthodologie: Travaux de groupe</p>
4h00	Evaluation Journalière		Evaluation Journalière	Evaluation Journalière

Heures	Lundi 8 Mai 1995	Mardi 9 Mai 1995	Mercredi 10 Mai 1995	Jeudi 11 Mai 1995	Vendredi 12 Mai 1995
9h 10h	Où en sommes-nous? <u>Travaux de groupe</u>	Où en sommes-nous? <u>Présentation Travaux groupes d'introduction (1hr.)</u>	Où en sommes-nous? <u>Présentation Travaux de Groupe - Module III et IV</u>	Où en sommes-nous! <u>Révision des différents modules</u>	Où en sommes nous! <u>Présentation des modules finalisés</u>
15mn	Pause	Pause	Pause	Pause	Pause
10h45  1h30	<u>Travaux de groupe</u> Modules (suite)	<u>Présentation Travaux de groupe - Module 1 - Prise en charge de l'Enfant</u>	<u>Révision des différents Modules</u>	<u>Révision des différents Modules</u>	<u>Présentation des modules et instruments finalisés</u>
1h30 2h30	Repas	Repas	Repas		Repas
2h30  3h30	<u>Travaux de groupe modules (suite)</u>	<u>Présentation Travaux de groupe - Module II - sous module 1 et 2</u>  Méthodologie: Présentation et Discussion Développement Curriculum	<u>Révision des différents Modules</u>	<u>Révision des différents Modules</u>	<u>Recommandations pour le suivi et prétest du curriculum</u>  Evaluation de l'atelier Post Test
4h00	Evaluation journalière	Evaluation Journalière	Evaluation Journalière	Evaluation Journalière	Clôture

## **APPENDIX B**

## Appendix B: List of Participants and Institutions

1.	Alfred Casimir	HHF
2.	Solanges Alix	CDS
3.	Lucito Jeannis	AOPS
4.	Marie Maud Cornely	ICC/GCH
5.	Micheline Emilien	CDS
6.	Mona Maitre	St. Croix/Leogeone
7.	Elcie D. Jean Francois	-----
8.	Jean Andre Jean Charles	ICC/CAT/PSC
9.	Elsie Laforce	INHSAC
10.	Jocelyn Laurin	INHSAC
11.	Agnes Bastien	INHSAC
12.	Paule Colette E. Cupidon	Gonaive
13.	Linda Gershuny	CARE
14.	Marianne Augustin	CBP
15.	Idevert Brillant	CBP
16.	Marie Carmel Thesee	CDS
17.	Pierre Max Charitable	St. Croix/Leogeone
18.	Marie France M. Dejean	ICC/GCH

## **APPENDIX C**

## **Appendix C: PEOPLE MET**

### **BASICS:**

Mr. Luca Spinelli Barrile, Resident Advisor  
Mrs. Lee Ann Smith, ARI Technical Advisor

### **INHSAC**

Dr. Jean-Robert Brutus, Executive Director  
Mrs. Marie-Christine Bertrand, Deputy Director  
Dr. Roberte Eveillard, Director of Communications Unit  
Ms. Agnes Bastien, Deputy Director of Communications Unit  
Dr. Elsie Laforce, Communications Unit  
Dr. Laurent Eustace, Consultant to Communications Unit  
Mrs. Jocelyne Laurin, Communications Unit

### **JHU/PCS**

Ms. Danielle Baron, Resident Advisor  
Mr. Jacques A. Jasmin, Assistant to the Resident Advisor

### **UNICEF:**

Dr. Max Lelio Joseph  
Mr. Sayibou Aboubacar

### **USAID:**

Mr. Brad Barker, AIDS and Child Survival Technical Officer  
Ms. Shelagh O'Rourke, USAID/Health and Population Office  
Mrs. Gisele Balmir, USAID/Health and Population Office