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To: Regional Directors
Country Representatives
HQ Directors and Section Chiefs
MOHONK II Participants

17 March 1983

From: Richard Jolly

A handwritten signature in dark ink, appearing to read "Richard Jolly".

Ref: EXD/IC 83-06

Subject: MOHONK II Report

Traduction Française sera
envoyée bientôt.
Traducción al Español a
seguir.

Attached please find our report of the Mohonk II meeting. We have made considerable effort to get it out to you quickly and hope that you will find it of interest. French and Spanish versions will follow as quickly as possible -- they are in process of translation.

The Mohonk discussions focussed on the possibility of significant advances in child health and survival. This report summarizes the discussion, including many of the operational steps for action at country level. The next step is for further discussion at country and regional levels to carry forward these and related ideas, in the specific context of each country. As mentioned in earlier documentation and as agreed at Mohonk, we hope all offices will take the initiative in discussing the report, drawing on colleagues who participated in Mohonk. Some time will be devoted to Mohonk II and the issues discussed there at each of the forthcoming Regional Meetings.

Follow-up activity has already started here in New York. A Task Force, consisting of persons from programme, information and supply divisions and chaired by myself and Tarzie Vittachi has been set up to co-ordinate Headquarters support for these efforts. We hope shortly to produce an integrated frame of follow-up action for priority attention in the coming year.

A source book containing all the documents used at Mohonk will shortly be sent to each country office, to provide additional background material.

ACCELERATING THE REVOLUTION IN CHILD
HEALTH AND SURVIVAL

Report on Mohonk II: 27 February - 2 March 1983

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NOTE TO THE READER

Before launching into this report we would like to give the reader some background explanation of what the report is ... and is not, how it was put together, and possible uses it may serve.

What is this report and what is it not?

It is an effort to pull together the wide ranging discussion of more than 60 people from all parts of UNICEF who spent three intensive days exploring the issue of how to accelerate the revolution in child health and survival. Little of the discussion was technical/medical. The consensus seemed to be that issues of organization, approach, structure, motivation, advocacy and problem solving in all these areas were the priority for attention. And it was agreed that considerable of the technical information is available in other ways.

The report is organized around issues which seemed to stand out as of special importance. Information on one issue has been clustered together regardless of whether it is material which came out in early discussion or late, in a written paper or verbal presentation. The report reflects a fact frequently repeated during the meeting: "Mohonk is not a decision making meeting." It was a consultative, working, thinking meeting. The report is not a chronological record of discussion or how topics evolved. It is not an action document -- though follow up actions are suggested and later some of these will be followed throughout the year. Rather, it is a reassembling and consolidation of many of the main points of group discussion, plenary discussion, and working papers -- both from headquarters and the field. Although we have tried to touch on all the highlights, undoubtedly, some good ideas have been lost along the way. For that we apologize.

The gravest shortcoming is that there is no way one can, in a written report, capture the flavor of discussion, the waving arms of emphasis, the "ah-ha" of understanding, the red faces of differences and smiles of compromise. Evaluation forms were given to all but filled in by only a few. The common concern: more time was needed - for group discussion, for rapportur meetings, for more focused plenary sessions.

SUMMARY

"Going national is important.
Reaching the poor is critical."

"There should be no feeling of possessiveness
about the message or the actions required."

1. From 27 February through 2 March 1983 just over 60 members of the UNICEF staff and 3 invited guests met at Mohonk Mountain, New Paltz, New York for discussion and exchange of experience. The meeting had two objectives: a) to improve internal UNICEF communication, b) to explore opportunities and methods for significantly accelerating improvements in child health and survival. Particular attention was given to the problems and programme thrusts highlighted in the 1982-83 State of the World's Children Report. One internal management issue was given some attention, specifically, the role of the regional directors/offices.

2. The majority of discussion focused on how UNICEF can encourage and support as many countries as possible in their efforts to achieve their potential for a revolution in child health and survival. The frame for action was seen as being within existing UNICEF policies and areas of concern, especially Basic Services and Primary Health Care. The new elements -- carrying us forward to the vision of a health revolution -- are the growing availability in many countries of improved channels of mass communication, our growing understanding of simple, appropriate technology and the interrelationship of non-medical elements in solving health problems, and a growing infrastructure of basic health organization. While the central thrusts of the action for a child health and survival revolution lie in the technology of GOBI-FF programmes, it is the new elements mentioned above that contribute most to the potential for the revolution.

3. It was stressed that this does not mean that UNICEF is moving away from its concern for education and water or support for women and women's activities. Rather there was a call to look anew at what we can do in these existing activities in the light of the new potential. Some programmes are already doing all they can. Others, perhaps by reorganization, new initiatives, piggy-backing with programmes of others or by insertion of this sharply focused health concern could significantly increase health impact for children. That is what we are looking for.

- e. Concern to avoid what some participants saw as tension between "the country programming approach" and "global campaigns".
7. Major attention was given to the role and methods of advocacy & PSC most supportive of this sharp focus on issues of child health and survival. This was emphasized for three reasons:
- a. First, because of the direct impact well planned, placed and supported health messages can have on child health by making information about simple, appropriate, effective health interventions widely known.
 - b. Secondly, because of the enormously rapid and continuing growth in the means and the potential outreach of modern communications systems.
 - c. Thirdly, because of UNICEF's own limited resources and need to alert others who have resources to the importance of and immediate potential for a health revolution if activities are sufficiently well focused, supplied and supported.
8. The meeting was also reminded more than once that no matter how good the "plan" is, and no matter how good the media campaign is, they amount to nothing if we are not able to respond when called upon and needed. As one participant put it, "What happens if we succeed in too big a way? Are we ready for Act II? Emphasis was given to the importance of keeping strong links between advocacy efforts and programme activity and capacity both in the context of our own, UNICEF work and the programmes we support.
9. All UNICEF country representatives are encouraged to explore the potential for nationwide approaches, plans, and targets in the light of the new developments and taking into account the greatly increased appeal of these programmes to political and other leaders at all levels. It was agreed that it is ill advised to press for countrywide targets if it is unrealistic politically or organizationally within the country. To do so might simply discredit the effort. In such a case, helping build toward national programmes would be appropriate.

MEETING FACTS AND PROGRAMME

13. Location: Mohonk Mountain House, New Paltz, New York.
14. Dates: 27 February - 2 March 1983
15. Participants: 63 UNICEF staff (about 1/2 from field duty stations and 1/4 women)
3 invited guests: Peter Adamson, (State of the World's Children), Rafe Henderson, (WHO), David Morley (Institute of Child Health)
16. Programme:
- 27 February Opening: James P. Grant
- 28 February Presentations and discussion
- .. Country cases: -Indonesia (Victor Soler-Sala)
-Malawi (Susan Cole-King)
-Honduras and Nicaragua (Agop Kayayan)
-India (David Haxton)
- .. Special Issues: -EPI (Rafe Henderson from WHO)
-Behavior change and motivation at grass roots and within systems. (Vesna Bosnjak, Revy Tuluhungwa)
State of the World's Children 1982-83 as advocacy tool and media success (Tarzie Vittachi)
- 5 Working groups focused primarily on:
- .. Constraints in implementing interventions suggested by State of the World's Children Report and how to overcome them.
- .. Is more money needed? If available, how should it be allocated?
- 1 March Plenary: Reports from groups and general discussion of reports.
- Talk: David Morley, "The Resource Center: A possible agent for change."

MAIN THEMES AND DISCUSSION

17. Opportunity for a revolution in child health and survival.

The stage was set for the meeting:

There is newly recognized potential for accelerating reductions in infant mortality and improvements in the health status of children. Our accumulated knowledge and the growth in the capacity of national programmes to reach the majority of people, make it clear that with the right analysis of the situation, commitment, cooperation, mix of resources and action, we can have significant impact. World wide recession has made people ready to respond to new initiatives which provide hope. Improvements in the health and survival of children could both bring hope and stimulate new commitment to expand the effort. Without such a call and dramatic advocacy the focus of resources, knowledge and interest may be too disbursed to have impact. The problem must be met with the children of today. If not the price will be paid, and dramatically so by tomorrow's adults.

18. General issues of Basic Services, PHC and GOBI-FF

a. The relationship of the three

"GOBI-FF cannot succeed as a separate programme.
It must be seen as a spearhead, not an entity in itself."

.. UNICEF's concern with Basic Services and PHC is undiminished. GOBI-FF is a way of focusing priorities within PHC and Basic Services. It is recognized that in many cases what might be called "the GOBI elements" are already the center piece to country programmes. It was suggested that the focus on GOBI-FF elements may sometimes serve a useful purpose in programming, in advocacy and in fund raising. However, they are not expected to stand alone.

.. In this connection PHC was also seen as particularly important with its broad approach to health problems and the centrality it gives to people identifying their own problems, organizing to address them and staffing and sustaining activity in the long run.

c. Inequities of power and income

"Remedial measures to deal with the world economic situation focus on rescue of the financial system but with little specific attention to poor countries or people in them".

"We are far from understanding the political factor in social development".

In both plenary sessions and some group discussions the wider issues of development were noted, especially the issues of inequities in power and income. Such inequities were clearly identified as often being contributing factors or root causes for the problems to be addressed as we work to reduce the more obvious causes of child death and disability. What do we do? Seldom is UNICEF in a position to attack the system as a whole, and yet, at the same time it was suggested, we cannot sit by idly and not comment on conditions or patterns which experience shows to be contrary to the best interests of children. Every effort must be made to design programmes and, if need be, withhold co-operation, to demonstrate our serious concern with the inequities which perpetuate environments which create problems for children rather than solving them. The specific issue of the relationship between poverty and child problems has been identified as an issue of concern to UNICEF and the meeting was informed that the State of the World's Children Report for 1983-84 will focus on the question of the impact of the world recession on the lives of children, in particular poor children. Country studies are to be prepared and field offices have been and will continue to be consulted.

d. "We can't do it alone. Look for allies"

"The question is: How to get more than marginal return on the marginal money we have."

within UNICEF itself and in programmes we support no programme can move faster or more effectively than the management system with which it is associated. At the community level it is an issue which is often overlooked and yet, it is just at that level that it is, perhaps most important.

The major problem identified was that of back-up and support for field workers - both government extension workers and community workers. Too often they are given one-time training and left on their own with no supervision or support either material or moral. Experience demonstrates that is not effective. Management systems must be in place to facilitate and support the people active at the point of service utilization. Issues of flow of information and resources, use of manpower and quality of service need attention at all levels.

- b. Birth Spacing: Birth spacing is an issue which came through clearly both in some case studies and in discussion as an issue having direct and significant impact on child survival, child health, and, obviously, on maternal health. David Morley gave the following information from one area in India:

<u>Birth Interval</u>	<u>Mortality</u>		
	<u>0 - 1st</u>	<u>1 - 2nd</u>	<u>2 - 4th birthday</u>
Less than 2 years	185	54	81
2 - 4 years	89	28	62
over 4 years	58	10	27

It was felt by many participants that while the issue of family planning as such is one of great delicacy that the health related aspects of birth spacing could and should be more widely publicized and kept in mind when planning and reviewing programmes.

- c. Women and women's concerns:

"How can women do what they already know, when their burden is so heavy? Let alone learn or do new things.
We must first help them with the lives they lead.

The intimate and dominant role of women -- as mothers, as home managers, as economic beings, as people -- and the prospects for a health revolution was emphasized by many people.

Efforts are needed to identify obstacles for women who would like to breast feed and find ways to support them. Care needs to be given that approaches are not advocated which will, inadvertently, cause a negative back lash against women. For example, it is clear that in many cases extremely "protective" legislation for women in industry causes discrimination against them in hiring.

With regard to infant feeding: attention needs to be given to the development of convenient, socially acceptable, inexpensive, nutritionally satisfactory, community based, food production and/or support.

- .. Cooking stoves and fuel issues are often at the center of women's lives. Time which women spend in finding fuel wood may often be time which could otherwise be spent on child care, self advancement, economically productive or educational activity all of which might have a better impact on child survival. In some areas the issues around food preparation and cooking could be a vital part of efforts to improve the situation of children.

- .. Issues of a woman's own health and nutrition directly influence her ability to give birth to a healthy child and to breast feed without harm to herself, if she wishes. Education for women and their families on issues of maternal health and nutrition -- particularly food during pregnancy and lactation -- and on child spacing are important.

The number one concern, of course, should be the search for clusters of poor women, already working in groups and trying to improve their own situation. They should be supported.

Finally, in this context, a need for strong advocacy was identified. In particular PSC should focus on changing negative, unrealistic or limiting attitudes toward women both among women themselves and among men and community institutions.

- .. The education discussion group suggested each UNICEF office should make an assessment of formal and non-formal education channels in their respective country in order to identify opportunities for introducing child health and survival components into the education programme.

- .. It was also suggested that experience in using educational programmes to promote child health and survival should be examined to identify successful approaches, methods and ways of overcoming obstacles.

e. Community Participation:

"There are other people besides UNICEF who do things well -- parents, for example. That's why some kids survive. Do we know how to work with them?"

"We should offer knowledge which is needed, not externally designed packages".

Many participants emphasized the importance of community involvement as a critical element for reductions in infant mortality, and sustained long term improvements in child health. Unless communities themselves are encouraged, permitted and supported in their own child survival and health activities, the revolution we seek will be long delayed.

- .. One example of how this might be done is in relation to the use of growth charts. In the long run what is important is that the mother see the growth chart as her tool which gives her important information on the basis of which she can take action. So long as the growth chart is part of a mystical "health programme" it will have fallen short of its potential.

- .. In this and other participatory efforts PSC work, training, supervision, decentralized participatory planning and management, and flexible use of resources are vital.

2. Mount major PSC-advocacy efforts at national level. Even more important is the issue of community relations and community understanding.
 3. Look for and help support (or develop if non-existent) horizontal linkages within the system. In other words, help create networks of support -- NGO, government, professional, community -- for the approach and specific interventions which are in the programme.
 4. The vital next step is to define the role of parents, both actual and potential. Capitalize on this, support it, develop systems to create a child-focused programme. This is particularly important if dealing with issues of survival or remedial health-nutrition activity.
 5. Assess the capacity of UNICEF on the spot to act and support the programme. Arrange supplementary staff training, as necessary.
- .. On the same topic, another participant commented: "Going national on a national level would be advocacy. We must also look for new mechanisms for delivery." Then we must look for "weak links in the system" and figure out how to strengthen them. Finally, we must "go national" by having carefully monitored and documented efforts in selected areas and, on the basis of that, move to advocacy and encouraging others to follow the successful model. Several people gave examples of this latter sort of effort.
- .. One group proposed that in evaluating the appropriateness of GOBI FF or any other set of interventions as a stimulus and support for a national child health and survival revolution a matrix could be used against which the elements of the programme might be tested. The items in the matrix could include: political attractiveness and acceptability of idea; availability of technology; ease of supporting community involvement; amount, availability and acceptability of training needed; cost, both reasonableness thereof and availability of funds.

BRAZIL

Context

Advocacy(channels
& messages)

Operational Support

High income

Insert survival emphasis
in ongoing, particularly
urban, programme...then
monitor and advocate on
national scale.

Concentrate on local
situation and problem
analysis: example -
how to promote
breastfeeding?
What are obstacles?
How overcome or compensate?

UNICEF assistance small
- emphasize co-operation
with other national/inter-
national agencies

No supply assistance.

LIBERIA

Administrative
structure and resources
weak. Low absorbtive
capacity.

Modest as more effort
directed to helping
implement ongoing
activity.

Training, developing
capacity for action.
(Training stipends,
kerosene etc.)

UNICEF must balance doing
and developing
long term.

.. The case study of the Indonesian nutrition programme presented at
Mohonk highlighted many points which came out in the general
discussion of "going national":

1. The programme was an integrated health-nutrition programme comprising
all basic GOBI-FF components, as needed, as well as more general
nutrition activities. At later stages it also moved into special
concern for involvement of women and economic activities.

b. Tools for action in country programmes

"We must look into constraints in our own house".

"It is more important for us to ask the right questions than try to have all the answers".

- .. Great emphasis was put on the need for good situation analyses as the basis for action. An obstacle in producing situation analyses is the unevenness of statistics and child related data in many countries. We must learn more about working with available data. It is also appropriate for UNICEF to help improve capacity to generate and use such data. The meeting was given a copy of the draft paper being prepared at headquarters to help improve UNICEF approaches to, skill in preparing, and capacity to use situation analyses more effectively in the future.

- .. Information systems - referred to also in Mohonk I - have an important role to play both within UNICEF management systems, in our advocacy and fund raising activities and in field programme planning and implementation. Presently, although some improvements have been made, our information systems are still not up to the demands we place on them.

- .. Professionalization of UNICEF staff - also an idea referred to in Mohonk I discussions - was identified as critical to UNICEF's capacity to contribute to and stimulate activities which might lead to a child health and survival revolution. Programme management and analysis skills, planning, evaluation, and training all have direct contributions to make to programme effectiveness. And we must be more knowledgeable on the substantive issues in which we are involved. A range of methods is possible - learning packages, workshops, enrolment in programmes of others, internships, etc. - and all must be used. This was seen as a shared responsibility of all levels of the organization.

Advocacy was looked at in different ways:

- .. as part of the country programme - promoting appropriate policy frameworks, national commitment, programme priorities.
 - .. as part of the UNICEF effort to get others active in supporting the revolution in child health and survival with their own programmes and their resources.
- b. It was reiterated that "we must do our homework. We cannot advocate something which we don't understand ourselves." Part of preparation for any advocacy campaign must be thorough preparation personally and preparation of material to back up the effort.
- c. It was stressed that an advocacy campaign should use every possible avenue - media, opinion leaders, film stars, private organizations, religious leaders, community leaders, etc. Considerable time was given specifically to the question of appropriate advocacy at the national level and the importance of understanding the political climate. In one country the bureaucracy is important and in another it might be the politicians. Recently UNICEF in Sri Lanka arranged a very successful one day meeting on the State of the World's Children Report 1982-83 for the parliamentarians of that country, an effective example of advocacy at the national level.
- d. Content of the advocacy campaign must be suited to the audience and to the reality of programming and possible accomplishments. Part of what must be learned for improved advocacy is "packaging" of information and experience in appropriate and interesting ways for different audiences.
- e. There were differences on whether there is a line drawn between advocacy and PSC or if it is all part of the same effort. However, the importance of PSC activities at all levels, but particularly within the context of programme implementation and support at the community level, was emphasized. It was also agreed that congruence between advocacy and programme is critical.

- g. Part of any advocacy effort usually includes discussion of cost benefits, how economical the activity is to carry out. With issues such as those of health, nutrition, education, etc. one should also include costs saved. For example, costs avoided because no hospitalization is needed for a healthy child, more effective education brought about by the more consistent attendance of a healthy child etc.
- h. Finally, a participant reminded the meeting: no government is monolithic; advocacy does not have to be only through large organizations and the media, ... and one should never give up. In advocacy one must keep up the search for interested partners, both inside and outside government, and support them in their own efforts to accomplish goals we share.

ROLE OF REGIONAL DIRECTORS/OFFICES

22. Examination of this topic was stimulated by a discussion paper in which suggestions and proposals received from various sources - including field and HQ staff - were consolidated. Introductory comments were made by Mrs. Catley-Carlson and Karl Erik Knudson. Mrs. Catley-Carlson said:

- .. We are in a continuing process of role definition for country and regional offices. Further work on this will proceed over the next few months and should result in a "final for now" paper by late summer, but this clarification of roles is not something that can or should ever be cast in concrete in a dynamic organization like UNICEF.
- .. Work should proceed on related topics, including the roles of suboffices in UNICEF (Mr. Mostefaoui and the West Africa Region have done useful work here, and they shared a paper with Mohonk participants) and the role of Headquarters.
- .. Clearly we cannot define roles for the field structure without doing so for HQ at the same time. This must be done.

- .. There was consensus on the importance of formalizing procedures for handover - financial and programmatic - from one representative to another and one regional director to his/her successor.
24. It was concluded that the discussion paper, when "completed," should serve as a useful tool in organizational management clarifying roles and responsibilities and, thereby facilitating appraisal and continuity in case of change in directors. It should also be useful in the process of institutionalizing decentralization, which is impossible if there are not commonly shared views on roles, responsibilities, accountability, resources needed and available and reporting requirements.
25. In addition to the paper on regional directors there were also some comments on the paper on country representatives. Most participants seemed in agreement that it needed extensive rewriting and direct participation by more country representatives. This will be done.
26. Full notes on this discussion are with Carl Tinstman in New York, who is backstopping Mrs. Catley-Carlson on this issue. Further comments on the issue can be directed to either party and are warmly invited. A revised draft, incorporating the Mohonk-generated ideas, will be sent to UNICEF field offices for further suggestions.

STATE OF THE WORLD'S CHILDREN REPORT

"UNICEF has an Executive Director willing to highlight the critical issues and in a loud voice and often."

Peter Adamson and Tarzie Vittachi gave some background on the preparation and presentation of the State of the World's Children Report and why it had been such a media success.

Mohonk focused on two themes:

- a. How to get more than marginal impact from our marginal resources, in particular, with reference to promoting the child health revolution?
- b. How to develop better understanding of this problem and improve communication both among ourselves at Mohonk and in the larger context of UNICEF as a whole.

Key points of discussion:

- a. This is a time of both new opportunity and challenging constraints to action. The opportunity comes from our improved understanding of and channels of popular communication, growing technical knowledge, and expanding, wide reaching networks of organized people who are working on their own health problems and who can make better use of and spread information about the elements of the child health revolution. The constraints come from tight resources and expanding problems, expanding both in complexity and in number.

We need to hone our skills in UNICEF to work on both opportunities and constraints:

- .. We must learn to be more creative and perceptive in recognizing opportunities ... and realistic and resourceful about identifying constraints and overcoming them.
 - .. "We must prepare for act II" If there is a response to the concerns and challenges we raise, are we prepared to act? The answer must be "yes" and if it is not now "yes" we should work in that direction.
- b. UNICEF's key concern in going national is that programmes reach the majority of those in need: the majority who are the poor. All other issues are of secondary importance compared to this concern. It is not sufficient that programmes be nationwide but only reach the better off fraction of 50% or less.

We are in dark times economically and getting darker. There is an urgent silent emergency for children. If we are not successful in accelerating the child health revolution, millions will die needlessly and many millions more will suffer from disabilities and ill health. The world needs new hope in these times. If the health revolution can be successful it will become an example of what can be done if people work together. We must put to work the knowledge we have, and look for more. Together, in UNICEF, we can and must contribute to something much bigger than ourselves."



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CF-RAI-USAA-PD-GEN-2007-000120

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000120**

External ID

Title

"Mohonk II Report. Accelerating the Revolution in Child Health and Survival" Reoprt no Mohonk II, 27 February - 2 March 1983.

Date Created / From Date

2/27/1983

Date Registered

8/10/2007 at 2:21 PM

Date Closed / To Date

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-09430 (In Container)**

F12: Status Certain? **No**

Itm Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-09430 (Upasana Young)' since 8/19/2007 at**

F13: Record Copy? **No**

Document Details **Record has no document attached.**

Contained Records

Container **CF/RA/BX/PD/CM/1986/T001: PSC Files - Programme Support Comr**

Date Published

Fd3: Doc Type - Format

Da1:Date First Published

Priority

Record Type **A01 PD-GEN ITEM**

Notes

With memo from Richard Jolly dd 17 March 1983, transmitting report to Regional Directors, Country Reps, HQ Directors and Section Chief, and MOHONK II Participants. Without specifically mentioning PSC, the report reflects similar concerns and approaches, especially p. 17, Community participation.

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